

such as repeated abuse. This type of trauma is hypothesized to lead to more severe psychopathology and poorer cognitive function than other non-complex traumas, such as road traffic accidents. However, empirical testing of this hypothesis has been limited to clinical or convenience samples and cross-sectional designs. To better understand this topic, we aimed to investigate psychopathology and cognitive function in young people exposed to complex, non-complex, or no trauma from a population-representative longitudinal cohort, and to consider the role of pre-existing vulnerabilities.

Method. Participants were from the Environmental Risk (E-Risk) Longitudinal Twin Study, a population-representative birth-cohort of 2,232 children born in England and Wales in 1994-95. At age 18 years (93% participation), we assessed lifetime exposure to complex and non-complex trauma. We also assessed past-year psychopathology including general psychopathology 'p' and several psychiatric disorders, as well as current cognitive function including IQ, executive function, and processing speed. Additionally, we prospectively assessed early childhood vulnerabilities including internalizing and externalizing symptoms at age 5, IQ at age 5, family history of mental illness, family socioeconomic status, and sex.

Result. We found that participants who had been exposed to complex trauma had more severe psychopathology and poorer cognitive function across wide-ranging measures at age 18, compared to both trauma-unexposed participants and those exposed to non-complex trauma. Early childhood vulnerabilities had an important role in these presentations, as they predicted risk of later complex trauma exposure, and largely explained associations of complex trauma with cognitive deficits, but not with psychopathology.

Conclusion. By conflating complex and non-complex traumas, current research and clinical practice under-estimate the severity of psychopathology and cognitive deficits linked with complex trauma, as well as the role of pre-existing vulnerabilities. A better understanding of the mental health needs of people exposed to complex trauma and underlying mechanisms could inform the development of new effective interventions.

Training foundation doctors in mental health risk assessment as a tool in the fight against suicide

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Aims. To determine the perceptions of Junior Doctors on whether formal training in risk assessment could help to reduce the number of completed suicides following medical contact.

Method. Foundation trainees within the Great Western Trust were surveyed using a questionnaire. For those trainees that were not present on the acute hospital site, the same questionnaire was distributed by the postgraduate medical team to all trainees using survey monkey. The survey was left open for four weeks. The total response rate was 57/88 foundation trainees. Simple statistical analysis of the data was performed and outlined below.

Result. 87% of all the trainees have never done a rotation in psychiatry. 51% of foundation doctors have had between 1-5 patients with suicidal behaviour or ideations admitted under the care of a medical team on which they were the junior doctor and up to 26% have admitted to encountering greater than 10 such patients. Only 37% of foundation trainees who have

managed patients with suicidal behaviours admitted to having had any formal training in mental health risk assessment. Foundation trainees report being only somewhat confident in the identifying of factors that make a person high risk of completing suicide. 63% of all foundation trainees would refer any patient who expressed suicidal ideation for formal psychiatric assessment. Majority of the trainees were 'not so confident' in their ability to assess a patient's risk of suicide and in offering any help to mitigate this risk. None of the trainees have the intention to pursue psychiatry as a medical specialty and majority (60%) intend to pursue medical specialties. 56% of the trainees felt that training foundation doctors formally to assess patient mental health risk, could reduce the percentage of patients with completed suicide following being seen for non-psychiatric reason.

Conclusion. The UK Foundation Program is a bridge that occupies that gap between undergraduate medical education and specialty training. It therefore an ideal opportunity for training clinicians in mental health risk assessment as one strategy to help reduce completed suicide following non-psychiatric health contact.

Beta-frequency electrophysiological bursts: BOLD correlates and relationships with psychotic illness

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Aims. To identify the BOLD (blood oxygenation level dependent) correlates of bursts of beta frequency band electrophysiological activity, and to compare BOLD responses between healthy controls and patients with psychotic illness.

The post movement beta rebound (PMBR) is a transient increase in power in the beta frequency band (13-30 Hz), recorded with methods such as electroencephalography (EEG), following the completion of a movement. PMBR size is reduced in patients with schizophrenia and inversely correlated with severity of illness. PMBR size is inversely correlated with measures of schizotypy in non-clinical groups. Therefore, beta-band activity may reflect a fundamental neural process whose disruption plays an important role in the pathophysiology of schizophrenia. Recent work has found that changes in beta power reflect changes in the probability-of-occurrence of transient bursts of beta-frequency activity. Understanding the generators of beta bursts could help unravel the pathophysiology of psychotic illness and thus identify novel treatment targets.