

Based on the CORONERVE Programme and latest retrospective Lancet cohort studies, the period between 14 and 90 days after diagnosis, 5.8% COVID-19 survivors had their first recorded diagnosis of psychiatric illness.

It is also important to consider other organic disease given the simultaneous diagnosis of COVID-19. Although it is not yet possible to confirm here due to the lack of a validated CSF-PCR assay, previous reports have implicated SARS-CoV-2 in the development of viral encephalitis, and this remains an important differential.

Conclusion. Clinicians should be alert to the possibility of patients with COVID-19 developing neuropsychiatric complications post SARS-CoV-2 infection, mandating the need for vigilant initial neuropsychiatric assessment and possibly follow-up care in 3 months.

The effectiveness of telepsychiatry: a thematic review

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Aims. The authors conducted a thematic review on the effectiveness of Telepsychiatry in light of the COVID-19 pandemic. The study aimed to clarify the effectiveness of Telepsychiatry, providing an evidence base for the growing use of Telepsychiatry.

Method. The authors searched three databases - Cochrane, PubMed and PsychINFO - using the terms virtual consultation/telepsychiatry/video consultation AND psychiatry/mental illness.

The authors excluded all papers that were not in English and that did not focus on the psychiatric consultation.

Result. 961 papers were identified, reduced to 321 using exclusion criteria and removal of duplicates. Using thematic analysis the authors found five themes that occurred across all papers in relation to the effectiveness of Telepsychiatry.

Patient & Clinician Satisfaction

There is consistently high patient satisfaction with telepsychiatry but lower clinician satisfaction, often as a result of cynicism and a lack of familiarity. Clinician satisfaction increases when clinicians trial Telepsychiatry and become more positive about its uses.

Diagnostic Reliability

Telepsychiatry was found to have high levels of inter-rater reliability equivalent to face-to-face consultations for common disorders including mood and psychotic disorders, substance misuse and dementia. It was also found to have high levels of diagnostic reliability across age groups.

Outcome. Telepsychiatry has been found to reduce symptoms of common psychiatric disorders and improve quality of life in a variety of environments including emergency departments, inpatient units and prisons. Telepsychiatry increases access to specialised services resulting in quicker access to treatment and reduction in admissions.

Technology

Without adequate internet connectivity clinicians are unable to conduct an appropriate mental state examination and the therapeutic relationship becomes challenging. Inadequate technology can impact the effectiveness of Telepsychiatry amongst those who are socio-economically disadvantaged and may not have access to appropriate technology.

Professional Guidance

There is a concerning lack of guidance around the use of Telepsychiatry. Without clear protocols there is a lack of standardisation and clinicians are unwilling to integrate Telepsychiatry into

their practice. Main concerns raised are around confidentiality, consent, the appropriateness of certain patient groups and emergencies.

Conclusion. This review found evidence for the effectiveness of Telepsychiatry with greatest emphasis on technology and patient satisfaction. The main barrier is the reluctance amongst clinicians to facilitate Telepsychiatry into their practice, often due to cynicism and a lack of familiarity. The authors recommend training in the uses of Telepsychiatry and the provision of professional guidance from medical bodies to allay concerns and provide clear standards.

Working in the woodlands: a mixed methods evaluation of Green Care in first episode psychosis

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Aims. Recognition of the essential role of nature-based activities for general wellbeing is expanding. Previous evaluation of nature-based activities has shown that those with greater mental health needs may benefit proportionally more compared to the general population. Currently, there is limited evidence of the benefits of green care for those with severe and enduring mental illness, including psychosis.

We aim to establish benefits and difficulties encountered during a 10-session green care programme for 18-30 year olds who have experienced first episode of psychosis (FEP) using a mixed methods approach.

Method. This was a service evaluation of the Woodland Group, run by Circle of Life Rediscovery (CLR) and commissioned by Sussex Partnership NHS Foundation Trust in Autumn 2019 for 10 half-day sessions. All participants were aged 18-30 years, referred from Early Intervention in Psychosis service and had experienced FEP. Patients were supported by EIS staff with a ratio of at least 3:1. Sessions consisted of a welcome and agenda setting, ice-breaking activity, core nature-based activity (such as roasting chestnuts, maintaining the woodland area) and a 'sense meditation'.

Quantitative data for this evaluation were collected through routinely collected 15-item Questionnaire on the Process of Recovery (QPR), and a semi-structured intervention experience questionnaire. Qualitative data were collected via a focus group within the final session of the Woodlands Group. Thematic analysis was performed by the three co-authors.

Result. Session attendance ranged between 3-15. 4/8 patients showed reliable improvement on QPR outcome measures, 1 showed deterioration and 3 showed no change. Mean QPR scores showed modest increase from average 3.4 (week 1) to 3.8 (week 10). 100% of respondents would recommend this group to others. Thematic analysis identified themes of connection with nature and others, development of a sense of wellbeing and 'peacefulness' and new perspectives on psychotic experience.

Conclusion. This small, retrospective evaluation is the first to investigate green care interventions for young people experiencing FEP. Our results reflect the positive informal feedback from participants and supporting staff following attendance at the Woodlands Group. Limitations include small sample size, incomplete data, and reliance on patient-reported outcomes. These findings show promise for green care activities within EIS and represents a sustainable intervention in mental health care.

TMS-EEG indexes abnormal GABAergic signalling in patients with schizophrenia

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Aims. Transcranial magnetic stimulation (TMS) is a non-invasive brain stimulation tool designed to probe the strength of inhibitory and excitatory neurotransmission in the cortex. Combined with electromyography, paired-pulse TMS paradigms have revealed a deficit in inhibition mediated by GABA-A receptors in patients with schizophrenia. Combined TMS-electroencephalography (TMS-EEG) provides a more detailed examination of cortical excitability and may shed more light into the pathophysiology of schizophrenia. Of the various peaks of the TMS-evoked EEG signal, responses at 45 (N45) and 100 ms (N100) likely reflect GABA-A and GABA-B receptor-mediated inhibition, respectively. Responses at 25 ms (P25) are affected by voltage-gated channel ligands, whereas glutamatergic processes may be related to the P70 component. We here aim to systematically investigate the role of these neural processes in patients with schizophrenia by using TMS-EEG.

Method. TMS-evoked EEG potentials (TEPs) were recorded in patients with schizophrenia (n = 19) and in age-matched healthy controls (n = 17). 150 TMS pulses at 90% of resting motor threshold were applied over the left primary motor cortex during EEG recording. Differences in TEPs between the two groups were analysed for all electrodes and for time windows corresponding to each TEP (P25: 0.015-0.035 ms; N45: 0.035-0.06 ms; P70: 0.035-0.06 ms; N100: 0.09-0.14ms) by applying multiple independent sample t-tests. Further, a cluster-based permutation analysis approach was implemented to correct for multiple comparisons.

Result. Compared to controls, patients showed amplitude reduction for the P25 (negative and positive cluster; $p < 0.001$ and $p = 0.04$, respectively), N45 (negative and positive cluster; $p < 0.001$ and $p = 0.001$, respectively) and P70 component (negative and positive cluster; $p = 0.04$ and $p = 0.004$, respectively).

Conclusion. There results extend on previous literature about impairment of GABA-A receptor mediated inhibition in schizophrenia, as demonstrated by the N45 amplitude reduction, whereas no significant differences in GABA-B index (i.e., N100) were revealed. Our results also showed that, although specific mechanisms underlying P25 and P70 have not been fully elucidated yet, excitatory neurotransmission is altered in this clinical population. To conclude, TMS-EEG may provide a more comprehensive view of the inhibitory and excitatory mechanisms involved in the pathophysiology of schizophrenia.

Anxiety levels during COVID 19 pandemic in primary and secondary doctors in UK

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Aims. The study aims to examine the severity of anxiety in primary and secondary doctors in the UK during first wave of COVID-19 pandemic.

Method. An online General Anxiety Disorder-7 (GAD7) survey was distributed during the first wave of COVID-19 pandemic (April-May 2020) to doctors in primary and secondary care in the UK. Seven closed-ended questions were included in the questionnaire. Respondents were to indicate how frequently they experienced specific issues in the previous fortnight: Feeling nervous, anxious, or on edge; being unable to stop or control worrying; worrying too much generally; trouble relaxing; being so restless that it's hard to sit still; becoming easily annoyed or irritable, feeling afraid of something awful happening. Participants were required to tick one of four choices for each of the seven parameters - not at all (0), several days (1), more than half the days (2) and nearly every day (3). A person with minimal or no anxiety will score less than 5. The survey was anonymous and circulated in professional online doctors' forums. Participation was voluntary and no incentives were given.

Result. 273 completed surveys were received; 120 doctors were in primary care and 153 were in secondary care. Average GAD7 score was 6.4 in primary care and 7.9 in secondary care. 57% of primary care doctors and 66% of secondary care doctors reported score of 5 or more, representing at least mild anxiety symptoms. 22% doctors in primary care and 31% doctors in secondary care reported GAD7 score of 10 or more, indicating moderate to severe anxiety. One in ten doctors in both primary and secondary care reported severe anxiety due to the ongoing COVID-19 pandemic.

Conclusion. The finding of more anxiety in secondary care doctors might be because general practitioners could resort early in the pandemic to remote consultations along with inadequacy of resources, greater exposure to suffering/deaths of patients and colleagues in hospital and perceived risk of catching COVID-19 infection.

Results are limited due to relatively low numbers and it would be useful to replicate this study on a larger scale. Doctors are less likely to acknowledge their mental health difficulties due to stigma associated with mental health.

Many employers have psychological support systems in place for their staff, but it is questionable if affected individuals are willing to receive this support. This paper, therefore, calls for creating open anonymous platforms for professionals to get access to appropriate support to address their anxiety.

Cardiovascular risk quantification using QRISK-3 score in people with intellectual disability

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Aims. The prevalence of cardiovascular diseases (CVD) in people with intellectual disability (ID) is around 14%, higher than the general population. However, CVD risk assessments are not consistently performed. Given the high risk of premature deaths in people with ID, it is important to identify preventable risk factors and follow evidence-based interventions. QRISK-3 is a validated risk-stratification tool, which calculates the 10-year risk of developing a heart attack or stroke (<https://qrisk.org/three/index.php>). There are no published studies on the use of QRISK-3 in people with ID. This project aimed to