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The Role of Depression and Anxiety in Explaining the Association Between Cognitive Function and Disability in the General Population

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Aims. In the United Kingdom, 14.6 million people reported having a disability in the year 2020-2021. Cognition may be one factor that contributes to disability, as previous studies have shown that cognitive abilities predict later health outcomes and prevalence of disability increases with decreasing cognitive function. Furthermore, studies have demonstrated a link between cognition and common psychiatric disorders, such as depression and anxiety. To our knowledge, no studies have examined the role of current mental health in the association between cognition and disability in a general population sample. The aim of this study was to examine the relationship between cognition, mental health and measures of disability/daily functioning in an online population sample. Our hypotheses were: 1) that lower cognitive performance would be associated with increased reported disability, and 2) that this association would be partly explained by current depression and anxiety symptoms.

Methods. The sample consisted of 3679 participants recruited from HealthWise Wales. Participants completed the Cardiff ONline Cognitive Assessment, a web-based battery of five tasks assessing processing speed, working memory, vocabulary, reasoning, and emotion identification. Disability was assessed using the World Health Organisation Disability Assessment Schedule (WHODAS). Real world measures of functioning were also included (currently employed, living with a partner, children and ever married). Current depression and anxiety symptoms were assessed using the Hospital Anxiety and Depression Scale (HADS). Linear and logistic regressions were conducted to assess the associations between cognitive performance and measures of disability/functioning. Structural equation modelling was performed to assess whether these associations could be partially explained by HADS scores, as well as measures of education and health/lifestyle factors.

Results. Higher cognitive performance was associated with lower overall WHODAS scores (B=-0.1, SE = 0.01, P = $1 \times 10-13$), living with a partner (OR = 1.13, 95% CIs = 1.06-1.21, P = $4.3 \times 10-4$) and being in employment or education (OR = 1.22, 95% CIs = 1.13-1.33, P = $2.1 \times 10-6$). HADS scores partially explained the relationship between cognition and: 1) WHODAS (80%), 2) employment (63%) and 3) living with a partner (37%). In addition, smoking status explained 3% of the relationship between cognition and WHODAS.

Conclusion. Current symptoms of depression and anxiety partially explained the relationship between cognition and three measures of disability/functioning. Alleviating these symptoms may improve patients' daily difficulties. Future research should establish the direction of causality of these associations.

Recruitment and Retention Survey – What Did Speciality Trainees (STs) Say?

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Aims. Recruitment and retention of medical staff is a national issue. Leicestershire Partnership NHS Trust (LPT) has significant challenge like many other neighbouring Trusts in this regard. Low level of staff means challenges in provision of adequate and efficient patientcare. There is a lack of flexibility for clinicians to get time for Supported Programmed Activity (SPA). Burn out of existing clinicians and loosing good will is common which increases patients' complaint and potential risk of near misses and serious incidents. Despite the East Midland being one of the popular deaneries among STs, retention of locally trained STs post CCT remained a challenge. Thus, the aim of this study was to find out proportion of speciality trainees (STs) doctors satisfied with current job and to explore their views on current difficulties and ways to retain and support them post CCT in career progression within the training Trust.

Methods. It was a cross-sectional survey. The target population was STs working in the East Midland deanery. An online questionnaire was developed for data collection. Data were gathered through open (free text) and close (options provided) questions. Information was collected regarding job satisfaction, positive and negative of job, difficulties and challenges in current role, willingness to continue post CCT within Trust and if they would recommend friends or colleagues to join LPT. Results are reported in percentages for descriptive statistics.

Results. About 59% of the STs were satisfied with their current training. Key positive of jobs include helpful colleagues, good trainers and supervision, autonomy, flexibility, good on-call rota pattern, work life balance, and protected time for teaching. Interest is shown for various SPA activities (teaching, audit, QI project, research, leadership and management). However, wide variety of challenges being also reported at individual, team and organisational level.

Over 70% of the participants shown interest to work for LPT post CCT but requested for additional support in term of flexibility of job description and role whereas remaining 30% reported to move into private sector due to better pay and work life balance. Surprisingly only 23.5% clearly stated, they would recommend a friend or a colleague to join LPT.

Conclusion. Majority of STs doctors were satisfied and willing to continue working post CCT in LPT. However, reported challenges need prompt response and early discussion and planning with STs in term of what local Trust can offer and support would ensure their retention and enhance recruitment while they are being advocate for the LPT.

Findings of Recruitment and Retention Survey – Consultants' Perspective

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Aims. Recruitment and retention of medical staff is a national issue. Low level of staff means challenges in provision of adequate and efficient patientcare. There is a lack of flexibility for clinicians to get time for Supported Programmed Activity (SPA). Burn out of existing clinicians and loosing good will is common which increases patients' complaint and potential risk of near misses and serious incidents. Leicestershire Partnership NHS Trust (LPT) has significant challenge like many other neighbouring Trusts in term of recruitment and retention of consultant psychiatrists. The aim of this research was to find out proportion of consultant psychiatrists satisfied with current job and to explore their views on current difficulties and ways to support and retain them within their current Trust.

Methods. It was a cross-sectional survey. The target population was consultant psychiatrists working in LPT. An online questionnaire was developed for data collection. Data were gathered through open (free text) and close (options provided) questions. Information was collected regarding job satisfaction, positive and negative of job, difficulties and challenges in current role, willingness to continue work within Trust and if they would recommend friends or colleagues to join LPT. Results are reported in percentages for descriptive statistics.

Results. About 34% of the responders (n = 38) were satisfied with their current job, whereas about 45% reported unsatisfied or very unsatisfied. Regarding quality of admin support, nearly 40% were unsatisfied. Similarly, about 1/3 of the responders reported un-satisfaction with available office and clinic space for clinical and admin activities. Nearly 2/3 reported not getting adequate time for SPA activities, instead 37.5% reported 5 or more hours per week spending over their contracted hours. Over 97% said, their job can be more rewarding by acknowledging their contribution, involving them in Trust activities, provision of adequate clinic space, reducing case load with enhance recruitment. Surprisingly 71.1% reported thought of leaving LPT in the last six months and only 28.9% clearly stated, they would stay within Trust and also recommend a friend or a colleague to join.

Conclusion. Majority of the consultant psychiatrists were unsatisfied with their current job and reported thought of leaving Trust in the last six months. There is an urgent need to address the highlighted challenges and early discussion with them in term of what local Trust can offer and support them to ensure their retention and enhance recruitment while they are being advocate for the LPT.

Stifled Screams: Experiences of Sexual Harassment Survivors at First Generation Universities in Southwest Nigeria

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Aims. Sexual Harassment (SH) in colleges and universities in Nigeria is often shrouded in secrecy. Survivors rarely report the SH experience. This is often because of unequal power relations, fear of loss of status, marks, or job as retaliation, and the attendant stigma. The sexual harassment policy, implementation, and campus climate also have huge roles to play in reportage. This study aimed to investigate the experience of SH by men and women in heterosexual and samesex situations in first-generation universities in South West Nigeria. Methods. Students and staff who had survived SH were targeted for IDIs focused on the experience of SH from the perspective of the survivor including the consequences, reportage, outcomes, and whether justice had been served. A purposive approach was adopted in identifying respondents and a snowballing method guided the process across the three universities. The sensitivity of the topic and the stigma attached called for a recruitment strategy that ensured privacy, confidentiality, and freedom to share experiences without reservation. About four IDIs were conducted in each university. Interviews were held on several (face-to-face via telephone or Whatsapp calls) platforms. Analysis commenced with verbatim transcription of the audio recordings. The accuracy, integrity, and completeness of all transcriptions were verified. A thematic analysis was conducted and all transcripts were coded by three experts which were organized into categories. The most prominent and salient thematic findings were brought forward by merging codes while maintaining the integrity of the individual categories. A cluster analysis of code associations was also performed to facilitate pattern recognition in the data. NVivo Pro v.12 was used to facilitate the analysis. Themes were categorized into four distinct areas: experience of SH, consequences, reportage, and outcome.

Results. The experience of SH ranged from sexual assault to unsolicited physical touch and verbal harassment. In terms of consequences, survivors experienced low self-esteem, had problems in their relationships with others, became less trusting, and increased risk-taking behaviour. Most survivors were not aware of anti-SH policies in their institutions. None reported to law enforcement agents due to stigma, lack of financial means, and lack of trust in the system. **Conclusion.** Institutions need to do more than develop adequate antisexual harassment policies. There is a need to interrogate the culture around implementation and training to improve prevention and raise awareness.

Correlates of Sexual Harassment Among Staff and Students in First Generation South West Nigerian Universities

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Aims. Sexual harassment (SH) is a widespread and recurring problem in educational settings. SH is not easy to define, partly because it does not involve a homogenous set of behaviours. There are gender variations in the experience and perception of SH. Risk factors for SH include female gender and gender inequality, same-sex attraction, poverty, poorly trained, underpaid, and understaffed educators. The study aimed to determine the prevalence rates and correlates of heterosexual and same-sex SH and to explore the social and mental health sequelae of SH among students and staff of first-generation universities in South-west Nigeria.

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