

were depressed according to HADS showed significantly lower emotional intelligence (OR: 0.37, CI: 0.16–0.86)

Conclusion. Emotional intelligence is now being recognized as an important life skill for healthcare providers. Emotional intelligence of medical undergraduates is influenced by a number of factors such as early schooling, family's living situation, current mental health and adverse childhood experiences. More prospective researches should be conducted to evaluate these relationships. Carefully crafted interventions for improving emotional intelligence for medical students must be implied at an early level to achieve better outcomes from medical education.

Experience and Reflection From Inpatient Staff at an Intellectual Disability Hospital During COVID-19

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Aims. The COVID-19 pandemic and the associated impact on the NHS led to particular challenges for Intellectual Disability (ID) inpatient hospitals across the country. The aim of this Research Project is to gather the experience of Inpatient staff in our local ID Hospital following the first wave of COVID-19 pandemic in July 2020.

Methods. We gathered data by means of survey from inpatient staff including 'staff nurses' and 'health care support workers' from 2 acute assessment and treatment units and 1 rehabilitation unit over the preceding 3 months. We obtained 15 responses. We gathered quantitative data via a questionnaire on the views of staff regarding the service provision for patients and staff during COVID-19. We also gathered qualitative data on learning points and how things would have been done differently in hindsight.

Results. The responses were anonymised, directly transcribed, coded and grouped into themes. 67% of staff stated appropriate type and quantity of Personal Protective Equipment was available. 60% of staff stated it was 'easy' to access a General Practitioner for patient reviews. 60% of staff stated, there was a change in arrangements for Do Not Resuscitate/Escalation plans during COVID-19. 47% of staff stated there was availability of virtual or face-to-face clinical training support. 67% of staff did not take sickness leave due to symptoms or contact with a COVID-19 patient. 67% of staff did not receive or found it difficult to access a COVID-19 test. 47% of staff reported a negative impact of the pandemic on their physical and mental health well being. 13% of staff found the Counselling/emotional Support helpful.

Some of the key themes that emerged in the qualitative data analysis included the importance of being grateful for personal health and well being, more lives could be saved if earlier and more frequent testing was available during the first wave, delays in the arrival of PPE in the hospital and ideas to mitigate risk by designating members of staff to a fixed work area to reduce mixing.

Conclusion. A wide range of reflections, suggestions and feedback were obtained during the research project which will be helpful to plan and organise services moving forward should future waves of COVID-19 emerge.

Comparative Study of Care Home Referrals During Three National COVID-19 Pandemic Lockdowns

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Aims. To compare characteristics, presentation and treatment of care home patients referred to care home pathway team during three lockdowns.

Methods. Data were collected from referrals to G&W care home pathway team during lockdowns:

First: 23rd March 2020 to 30th June 2020

Second: 5th November 2020 to 2nd December 2020

Third: 5th January 2021 to 8th March 2021

Variables collected included number of referrals, age, gender, type of care home, reason for referral, type of behavioural and psychological symptoms of dementia (BPSD), diagnosis, new diagnosis of dementia, comorbidity, type and professional to make initial contact, blood tests at point of referral, appointments, duration on caseload, type of interventions for BPSD, admission, and use of antipsychotics. They were analysed for statistical significance at p value <0.05 .

Results. There were 23, 21 and 34 referrals respectively in the three lockdowns, with significant reduction in the weekly average of referrals (1.6), and number of men (17.4%) referred in the first lockdown. Significantly greater proportion of referrals in first lockdown was for BPSD (65.2%), with aggression (40%) as most common BPSD. Alzheimer's dementia was commonest dementia (67%) across lockdowns with fewer new diagnosis (21.7%) made in first lockdown. There was lower rate of delirium (21.7%) in first lockdown associated with fewer blood investigations (56.5%) at point of referral. Although there was no difference by type of professional, number of appointments, and discharges, duration on caseload (median 58.5 days) was significantly longer during first lockdown. There was access to medical, nursing, and psychological therapies input during all lockdowns. There was reduction in medication prescription including antipsychotics (33%), with no new antipsychotics commenced in all lockdowns.

Conclusion. Despite availability of mental health services, this study highlights reduction in access to mental health services as well as physical health investigations for elderly residents in care homes during the first lockdown.

Does the Presence of Psychiatric Symptoms in Adolescents With Special Educational Needs at Certain Time Points in Earlier Life Predict Functional Outcome Later On?

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Aims. This study analyses the progression of psychiatric symptoms over time of young people with special educational needs (SEN). The aims of this study were: 1) To examine whether the presence of psychiatric symptoms in earlier life are more likely to impact functional outcomes in later life in those with SEN; 2) Whether the presence of psychiatric symptoms in adolescence predicts functional outcomes in early adult life.

Methods. Data were obtained from the Edinburgh Study of Comorbidity (ESC) which was a longitudinal follow-up study of

adolescents with SEN. This study had ethical approval from the Multicentre Research Ethics Committee for Scotland. It involved head teachers of 99 schools around Scotland identifying pupils aged 13–22 years whom they would estimate as functioning in the borderline to mild intellectual disability range (estimated IQ between 50–80) and were therefore receiving special educational assistance.

Adolescents with SEN were assessed with the Clinical Interview Schedule (CIS) to evaluate the presence of psychiatric symptoms. A total of 247 individuals with SEN were recruited to the study. They completed the CIS at baseline (T1), 1–2 years later (T2) and 6 years later (T3). At T3, the participants also completed the World Health Organisation Disability Assessment Schedule 2.0 (WHO-DAS) to measure the degree of functional impairment. Correlation statistical analyses were carried out to find whether there was a significant relationship between CIS and total WHO-DAS scores.

Results. There was a statistically significant correlation between total WHO-DAS score with slowness and anxiety symptoms (p values 0.008 and 0.024 respectively) measured on the CIS at T1. None of the symptoms measured on CIS at T2 had a statistically significant correlation with total WHO-DAS score. With the symptoms that were significant, after application of a Bonferroni correction, none of the symptoms measured on CIS had a statistically significant correlation at any time point with total WHO-DAS score.

Conclusion. Our results show that there is some evidence that anxiety and slowness in adolescence are associated with greater functional impairment in young adulthood. However, further research is required to confirm this relationship. Our data highlight the potential value of identification and treatment of psychiatric symptoms in early adolescence.

The Effect of the COVID-19 Pandemic on Young People With OCD

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Aims. The full impact of the ongoing COVID-19 pandemic is yet to be determined, but it is likely to have had a significant influence on the development of young people, especially those with mental health conditions such as Obsessive Compulsive Disorder (OCD). This study aims to investigate the change in symptoms and whether these were linked to COVID-19/lockdown, as well as the treatment and support received.

Methods. The Mood and Anxiety team for West Kent were contacted to request patients with a diagnosis of OCD. A total of 16 patients were included (12–18 years, 63% female), as they were known to services prior to March 2020. Data were retrospectively collected by searching electronic notes between September 2018 and October 2021 to identify patient demographics, OCD symptoms and severity (and whether this had been affected by COVID-19/lockdown), and if they were receiving medication and therapy. It was noted whether questionnaires had been completed, and how frequently patients were contacted by CAMHS.

Results. 75% of young people reported increasing OCD symptoms after March 2020. Of the patients who reported an increase in symptoms, nearly half (47%) explicitly attributed this to either the COVID-19 pandemic or lockdown. Prior to March 2020, 31% of patients were receiving medication for OCD, this increased to

69% of patients between March 2020 and September 2021. 31% of patients were undergoing therapy for OCD prior to March 2020, and over the following 18 months, 50% were receiving therapy, with the remainder of patients on the waiting list. The most common therapy was CBT. Prior to March 2020, 13% of patients had completed questionnaires relevant to OCD, which increased to 44% between March 2020–September 2021. Patients were contacted more frequently via CAMHS post-March 2020 (62.5% vs 25%), but the method of contact switched to mainly remote methods.

Conclusion. Overall, there was an increase in OCD symptoms during the pandemic, with a proportion of patients identifying either COVID-19 or lockdown as contributing factors. The number of patients receiving both psychological and pharmacological therapy for OCD increased. There were low numbers of patients completing questionnaires for OCD, which would be a useful way to identify changes in symptoms across patients. Contact from mental health services increased during the pandemic, although this shifted to virtual formats. This suggests that CAMHS need to prepare for the possible increasing need for services due to the pandemic and provide support targeted to those with OCD.

Gender Identity and Questioning in Klinefelter's Syndrome

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Aims. KS is a congenital condition with 47, XXY chromosome karyotype. Due to a lack of understanding of the condition amongst healthcare providers, KS is grossly underdiagnosed, with most patients never receiving a diagnosis. Within this population, gender dysphoria is suggested to be of higher incidence than in the general population. To establish the validity of this claim and to improve care for patients with KS, particularly in the area of gender service provision, we need to identify whether there is a significant proportion of XXY individuals that experience gender dysphoria. The aim of our study is to determine whether UK patients with a diagnosis of KS are more predisposed to gender dissatisfaction.

Methods. A PRISMA literature review was conducted on the epidemiology, management, and treatment outcomes of KS patients with gender dysphoria. Based on the results of the literature review, we then conducted a cross-sectional survey of patients serviced by the Klinefelter Syndrome Association on gender satisfaction. The survey recorded 81 responses.

Results. Of the entire study population, gender distribution was 65% male, 6% female, 4% non-binary, 2% gender fluid, 3% neither, 1% equally male and female, and 1% intersex. This contrasted with most patients' assigned birth on their birth certificate, which was 92.5% male and 3.75% female. Most patients surveyed enjoyed living as the sex written on their birth certificate (61.64%), which seemed to correlate closely with the proportion of patients that identified as male (65%).

Conclusion. Literature Review: As a whole, KS patients documented in research presented to psychiatric and sexual health services during adulthood, requesting either sex reassignment surgery or changes to hormonal replacement therapy. The sparse amount of research over a long period of time has created a reliance on outdated research techniques. Patient Survey: Survey results show that there are a significant proportion of survey respondents