

The Relationship Between Availability and Changes to Perceived Workplace Support and Their Impact on the Mental Health, Well-being and Burn-Out of Healthcare Professionals (HCP): Insight and Mitigating Strategies From the CoPE-HCP Cohort Study

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Aims. To examine the relationship between self-reported level of workplace support (WS) and various mental health outcomes in HCPs and non-HCPs at different time-points during the COVID-19 pandemic, and to examine whether improved WS is associated with improved mental health outcomes over time. Lastly, to identify what support healthcare professionals (HCPs) perceive to be most helpful.

Methods. Cohort survey study at baseline (July-September 2020) and follow-up (approximately four months later).

Setting

HCPs working in primary or secondary care, from UK and other countries, and non-HCP controls from primarily London-based universities.

Participants

1574 HCPs and 147 non-HCPs (academic and research staff at London-based universities). The inclusion criteria for the study were: 1) aged 18 or older, 2) electronic consent given, and 3) identified as HCP or non-healthcare academic staff or self-declared non-HCPs.

Main outcome measures

Presence of generalized anxiety disorder (assessed using the GAD-7), clinical insomnia (ISI), major depressive disorder (PHQ-9), well-being (SWEMWBS), and burnout (emotional exhaustion and depersonalization; EEDP2Q). Qualitative data exploring what support HCPs perceive as most useful was gathered using free-text inputs.

Results. At baseline and follow-up, consistently, compared to those who felt unsupported, those who felt supported had significantly reduced risk (odds) of generalized anxiety disorder (baseline: 59% [95% CI of OR, 0.29 to 0.57], follow-up: 41% [0.38 to 0.92]), clinical insomnia (51% [0.34 to 0.69], 66% [0.20 to 0.55]), major depressive disorder (58% [0.31 to 0.58], 54% [0.31 to 0.74]), emotional exhaustion (65% [0.26 to 0.46], 61% [0.27 to 0.56]) and depersonalization (58% [0.28 to 0.61], 68% [0.21 to 0.50]).

At follow-up, self-reported improved WS (vs. baseline) was associated with significantly improved GAD-7 (adjusted difference, -1.73 [-2.54 to -0.91]), ISI (-0.96 [-1.88 to -0.04]), PHQ-9 (-1.32 [-2.16 to -0.49]), SWEMWBS (0.97 [0.37 to 1.57]) and

EEDP2Q (burnout) (-1.30 [-1.82 to -0.79]) scores, independent of baseline level of support.

Five themes were identified constituting WS: 'managerial support' was the largest sub-theme.

Conclusion. A consistent association was observed between level of WS and the mental health of HCPs and non-HCPs. Improved WS was associated with improved mental health scores over a four-month period during the pandemic.

Exploring the Effects of Early Trauma in a Forensic High Secure Population: Evaluating Associations Between Adverse Childhood Experiences (ACEs) and Diagnosis of Antisocial Personality Disorder (ASPD)

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Aims. To examine links between Adverse Childhood Experiences (ACE) categories and diagnosis of antisocial personality disorder (ASPD) in this population; it is predicted that there will be a positive association between number of ACEs and ASPD. The effectiveness of high secure hospital admission and treatment in reducing number of risk incidents was also examined. ACEs are known to impact significantly on the development of the personality and future psychiatric risk. Currently, research into links between distinct ACE categories and the diagnosis of ASPD in the high-secure inpatient population is limited.

Methods. Data were collected from a sample (n = 221) including all patients in the Mental Health, Personality Disorder and Women's Services at a high-secure hospital. Records were examined for evidence of abuse/neglect during childhood, and a number of markers of household dysfunction. The statistical relationship between each ACE category and subsequent diagnosis of ASPD was examined through paired t-tests. Frequency of incident reports (IRIs) involving violence was compared in the first, third and fifth years post-admission.

Results. Significant associations with adult diagnosis of ASPD were seen in categories of childhood physical abuse, sexual abuse, divorced/separated parents, Looked After Child (LAC) status and parental substance misuse, and total number of ACE categories present overall. Significant reductions in frequency of IRIs were seen in all services between first- and fifth- year post admission.

Conclusion. A significant association between ACEs in specific domains and ASPD in adulthood was found. The importance of detailed exploration of childhood circumstances in this group is highlighted, as well as the need for further investigation of the psychological and social mechanisms underlying.

Uptake of COVID-19 Vaccination in a Medium Secure Psychiatric Hospital Population

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