

type of epilepsy, monotherapy or polytherapy or family history of psychiatric illness.

Conclusion. A higher proportion of adolescents with epilepsy were identified to risk of having a psychiatric morbidity, which can possibly impair the quality of life and treatment outcome, particularly in Indian context.

Early identification of such disorders using screening tools and a multidisciplinary approach for managing them at the earliest can possibly improve the outcome, for which further research is recommended.

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Perception of Trainees and Trainers Working in Birmingham and Solihull Mental Health NHS Foundation Trust About Exception Reporting and Its Implication on Medical Education - a Qualitative and Quantitative Research

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doi: 10.1192/bjo.2023.202

Aims. The aim of this research was to explore if exception reporting (ER) has improved the work life balance of junior doctors, and if safeguards proposed during junior doctors' contract have helped doctors in raising concerns about unsafe work patterns or any missed training opportunities.

Methods. This study was reviewed and approved by the Health Research Authority (HRA). We reviewed the number and nature of exception reports completed by trainees between January 2017 and February 2020 by analysing the available ER data (obtained from Guardian of Safe Working) and explored perception of trainees and trainers about exception reporting (ER) by using semi structured and structured surveys. The target population included Core Psychiatry Trainees, GPVTS, Speciality Trainees, Foundation year Trainees and Consultant Psychiatrists.

Results. About 383 exceptions were reported between February 2017 and February 2020 by trainees in BSMHFT. Two separate surveys emailed to trainees and trainers (between December 2020 and July 2021) collected 35 responses from trainees and 22 from trainers.

80% of the trainees had not reported any exceptions in the last one year and 57.14% of the trainers never got involved in exception reporting. Main issues reported were working unsafe hours by trainees (15%), working beyond rostered hours (52.38%) trainers and (52.38%) trainees, failing to achieve educational goals (4.76%) trainers and (10%) trainees, impact on clinical supervision (4.76%) trainers. Reasons for failing ER "Too busy (58.06%), reporting makes no difference (29.03%), a culture to discourage exceptions (29.03%), didn't have logins (16.13%), did not know how to report (35.48%), other reasons. Time off in lieu (TOIL) was commonly reported outcome by trainees (69%) and trainers (62%). 62.07% trainees and 57.14% of trainers neither agreed nor disagreed that ER had improved the quality of training.

Trainees (43.67%) and trainers (58.82%) both did not think that TOIL had resulted in reduction in training time (never

44%). 51.74 % trainees neither agreed nor disagreed that ER made any improvement to their work life balance.

Conclusion. This is the first, mixed method, research looking at both exception reporting data and perception of trainees and trainers. Emerging themes for failure to exception report are guilt, self-blame, culture to discourage, too time consuming, busy work-place, not to offend, reflects being weak.

This research can have wider implications if applied across other trusts nationally, exploring emerging themes. Reasons for declining number of ER needs further exploring of trainees' anxiety, regarding implications and repercussions of ER, impact of TOIL on continuity of care.

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A Systematic Review of Cognitive Behavioural Therapy as a Non-Pharmacological Intervention for School Aged Children With ADHD

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doi: 10.1192/bjo.2023.203

Aims. The aim of this poster is to illustrate a systematic review exploring Cognitive Behavioural Therapy (CBT) as a Non-Pharmacological Intervention for School Aged Children with Attention Deficit Hyperactivity Disorder (ADHD). CBT is a common behavioural intervention in several child and adolescent psychopathologies as reported by Ramsay (2010); Solanto et al. (2010); Ramsay (2012); and Lopez et al. (2018). It is recommended as a non-pharmacological intervention alongside parent training, in school-aged children with a moderate severity of ADHD symptoms (National Institute for Health Care and Excellence [NICE] 2018b). This systematic review aimed to evaluate the effects of CBT as an intervention for ADHD in school-aged children. The research objective was to assess the effects of CBT in reducing the core symptoms of ADHD.

Methods. A search strategy was developed and a search of four databases initially yielded 1100 results. The search was then limited to randomised controlled trials (RCT) which evaluated the efficacy of CBT compared with treatment as usual, no treatment, and waitlist, in school-aged children. Inclusion criteria included participants who were diagnosed by a medical professional, and participants under the age of 18 in full-time, mainstream education. Those with co-morbid autism or tic disorder and those with an intellectual disability were excluded.

Results. Six RCTs met the inclusion criteria. The age range of participants was 8–18 years. The medication status of participants varied across the included studies. A narrative synthesis of the results included assessment of methodological quality and risk of bias. Jadad scores were used alongside the Cochrane Risk of Bias Tool (RoB 2) for RCTs, to assess the quality of evidence. The studies all included different modalities of CBT intervention and a variety of measurement tools.

Conclusion. The findings support the use of CBT as a non-pharmacological intervention to reduce the severity of ADHD symptoms in adolescents. However, as there were no available studies that included children aged under 8 years, the findings cannot support the use of CBT in the reduction of severity of ADHD symptoms in this group. Methodological issues within the study designs mean the findings need to be treated with

caution. Future research is warranted that includes larger sample sizes and younger children with longer follow-up periods. Different modalities of CBT should be explored with and without pharmacological interventions. There is also a case for exploring modalities of CBT that are suitable for targeting in the younger age range of children.

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Effect of Accelerated TMS vs Daily Sessions on Clinical Outcomes in Depression

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doi: 10.1192/bjo.2023.204

Aims. This study investigated the impact of accelerated Transcranial Magnetic Stimulation (aTMS) compared to daily sessions on outcomes in depression patients. While traditional TMS protocols involved daily sessions 4/5 times per week, this can be inconvenient for patients, particularly those travelling long distances to a TMS clinic. Recent well-designed studies have demonstrated that multiple sessions per day (aTMS) can be as effective as daily TMS. It was expected that these findings would be replicated in a clinical setting and that aTMS would be just as effective at reducing symptoms of depression as daily TMS.

Methods. A retrospective chart review of 240 patients (126 males, mean age = 42.36, range = 16–86) was analysed using multiple regression. Patients were treated for unipolar depression over the left Dorsolateral Prefrontal Cortex (LDLPFC) using TMS protocols that have been shown to deliver equivalent outcomes (Blumberger et al, 2018).

The aTMS intensity variable (aTMSiv) was calculated by dividing total number of TMS sessions by number of days between the first and last session (minimum of five days for inclusion). Therefore, a patient who had 30 sessions over 15 days would have an aTMSiv of 2. The mean number of sessions delivered was 24.46 (SD = 8.01, Range = 7–45) and the mean days between first and last treatment was 35 (SD = 20.21 Range = 6–105).

The main outcome variable was percentage reduction of PHQ-9 scores from baseline (mean = 17.89) to treatment completion (mean = 10.76). The mean reduction in PHQ-9 was 40%. The independent variables (IVs) included: aTMSiv, PHQ-9 baseline score, number of sessions, age and sex.

Results. Collectively the IVs predicted PHQ-9 reduction at a statistically significant level ($F(5,234) = 7.91, p = 6.70E-07, R^2 = 0.14$). Individual analysis of predictors revealed that aTMSiv did not significantly predict PHQ-9 reduction ($F(1,238) = 0.05, p = 0.82, R^2 = 0.0002$). Only number of sessions significantly predicted PHQ-9 reduction in this model ($t = 6.04, p = 5.88E-09$).

Conclusion. As the aTMSiv did not predict the change in PHQ-9, this suggests the frequency at which TMS is delivered does not affect the outcome when treating depression. Thus, either daily sessions or aTMS can be utilised to best fit the schedule and lifestyle of the patient.

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Risk Perception and Psychosocial Impact During the Early Period of the COVID-19 Pandemic on Healthcare Workers

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doi: 10.1192/bjo.2023.205

Aims. This study sought to elucidate the occupational health risk perception and psychological impact during the early phase of the COVID-19 pandemic on healthcare workers in a general hospital in Singapore, and factors that influenced risk perception and psychological impact.

Methods. Healthcare workers from a general hospital in Singapore were invited to participate in an online survey in June 2020. It posed questions on demographic and occupational information (age, gender, nationality, marital status, profession, working area, length of working experience in healthcare), 20 items on occupational health risk perception and psychological impact of COVID-19, and the Depression Anxiety and Stress Scale-21 (DASS-21).

The 20 items were adapted from a previous study during the 2003 Severe Acute Respiratory Syndrome (SARS) outbreak and designed to assess participants' perceived exposure risk, risk acceptance, families' perception, stigmatisation, feelings of appreciation, workload, and perceived effectiveness of workplace protective measures. Participants' responses were obtained on a 6-point Likert scale (strongly agree, agree, somewhat agree, somewhat disagree, disagree, strongly disagree).

For data analysis, responses on occupational risk perception were regrouped into three levels. Depression, anxiety, and stress scores were categorised into quartiles. Ordinal logistics regression was used to compare the association of occupational risk perception with DASS-21 scores, and demographic factors with occupational risk perception. Variables that showed statistical significance (set at $P < 0.05$) in univariate analysis were included in the multivariate ordinal logistics regression model to identify independent predictors.

Results. There were 1252 respondents (92 doctors, 661 nurses, 318 allied health professionals, 181 administrative and support personnel). 85% felt an increased risk of exposure to COVID-19 while 90% accepted the risk as part of their jobs. Stigmatisation against healthcare workers was present, with 45% reported they were shunned and 21% reported their families were avoided. 78% experienced increased workload. Fortunately, most (94%) found workplace protective measures adequate, and felt appreciated by their employer (87%) and society (81%).

Increased perception of occupational health risk was significantly associated with nursing profession, workers in patient-facing areas, and staff with shortest working experience in healthcare.

The mean DASS-21 scores were 9.2 (borderline normal) for Depression, 8.5 (borderline mild) for Anxiety, and 10.9 (normal) for Stress. Increased DASS-21 scores were significantly associated with greater occupational risk perception, younger age, and less years of working experience.

Conclusion. Occupational risk perception amid the early COVID-19 pandemic is associated with adverse mental health among healthcare workers. Nurses, younger staff, and staff with least working experience are more vulnerable.