the institute of mental health
Nottingham

# IMH Research Day

## Question & answer sessions

**Tuesday 18th May 2021**

**Time: 9.50am – 4.00pm**

**Online via MS Teams**

University of Nottingham
UK | CHINA | MALAYSIA

NHS
Nottinghamshire Healthcare
NHS Foundation Trust

Research Excellence **for Innovation**

# Introduction

This year's Research Day will have a slightly different programme as we host an online event for the first time.

**Pre-recorded videos** for oral (approx. 20mins) and poster presentations (approx. 4mins) will be available to watch in advance of the event. These will be uploading to the IMH Event listing page prior to the 18th May. Please note that the presentation videos **will not be played on the day** these should be viewed prior to the event. The written abstracts for each presentation can be found below as an introduction to their video.

**On the day of the event: 18th May** we will be joined by the presenters for a series of Q&A sessions in connection to their video presentation. Please see the programme below for these timings. All registered attendees will have the opportunity to join on the day and ask questions to each presenter.

**Vote for best oral and poster presentations:** all those registered to attend the event will be invited to vote for the best oral and poster presentation (in their view) based on the presenter's video content and their Q&A session. All registered attendees will receive a survey link to cast their vote shortly after the event finishes where you will be able to vote for the best oral and poster presentations (you can select up to 3 presentations in each category)

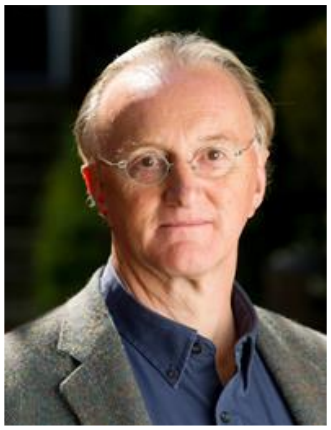
We also welcome our keynote speaker, Professor Sir Graham Thornicroft, for an inspirational keynote speech.

| Time | Programme |
|---|---|
| 9.50 | **Welcome and introduction – Professor Peter Bartlett**<br>Nottinghamshire Healthcare NHS Trust Professor of Mental Health Law<br>Director, Centre for Mental Health & Human Rights, Institute of Mental Health<br>Professor, School of Law, University of Nottingham |
| | Oral presentations Q&A Session 1 – Chair: Professor Peter Bartlett<br><br>The event audience and fellow presenters get the opportunity to pose questions to each of the panellists about their research and presentation videos |
| 10.00 | **Presenter**: Dr Aislinn Bergin (Questions to Dr Joanna Lockwood)<br>**Title of talk:** Enabling young people to contribute expertise in the development of online materials about self-harm and suicide: Ethical remote involvement during COVID-19. |
| 10.05 | **Presenter**: Bethan Davies<br>**Title of talk:** "WE are the real experts": An online survey exploring online support communities for Tourette Syndrome and Tic Disorders |
| 10.10 | **Presenter**: Blandine French<br>**Title of talk:** Development and evaluation of an ADHD online educational tool for GPs |
| 10.15 | **Presenter**: Alice Waitt<br>**Title of talk:** Can physiological measures of pupillary dilation and cardiac function be used to assess the efficacy of intervention tools for disorders affecting attention? |
| 10.20 | **Presenter**: Dr Joanna Lockwood<br>**Title of talk:** Immersive gaming technology to mobile evidence-based interventions for childhood anxiety – learning from an early evaluation of the Lumi Nova app |
| 10.25 | **Presenter**: Gemma Voysey<br>**Title of talk:** Public perceptions of unwanted sexual behaviour on public transport: An exploration of perceived motivation and likelihood of reporting |
| 10.30 | **Presenter:** Mat Rawsthorne<br>**Title of talk:** Assessing the use of Artificial Intelligence and Computer Models in Digital Health Applications |
| 10.35 | **Break** |
| Time | Oral presentations Q&A Session 2 – Chair: Bryony Waters, PhD Researcher, Division of Psychiatry and Applied Psychology, University of Nottingham/ Institute of Mental Health<br><br>The event audience and fellow presenters get the opportunity to pose questions to each of the panellists about their research and presentation videos |
| 11.00 | **Presenter**: Dr Kristina Newman<br>**Title of talk:** Experiences and emotional strain of NHS frontline workers during the peak of the COVID19 pandemic |
| 11.05 | **Presenter**: Nazm Berry<br>**Title of talk:** Exploring the link between stress and work performance among nurses working in the national health service (NHS): A mixed method study |
| 11.10 | **Presenter**: Aisha Ali Hawsawi<br>**Title of talk:** A systematic review of studies that have assessed mental health and psychological wellbeing outcomes in medical students |
| 11.15 | **Presenter**: Amber-Reneé Gayle<br>**Title of talk:** Exploring ethnic minority staff experiences of working in Forensic Mental Health (FMH) settings: A qualitative approach. |
| 11.20 | **Presenter**: Cory Walters-Wright |

| | |
|---|---|
| | **Title of talk:** A systematic review of the impact of secondary traumatisation on professionals working with forensic populations. |
| 11.25 | **Presenter**: Amna Alshamsi<br>**Title of talk:** The moderating effect of psychosocial safety climate in hospital accreditation. |
| 11.30 | **Presenter**: Dr Lucy McCarthy<br>**Title of talk:** The extended ALACRITy study. Outcomes on discharge from medium security - is this still a cause for concern? |
| 11.35 | **Break** |
| Time | Oral presentation Q&A Session 3 – Chair: Dr Maddie Groom, Associate Professor in Applied Developmental Cognitive Neuroscience, Division of Psychiatry & Applied Psychology, School of Medicine, University of Nottingham/Institute of Mental Health<br><br>The event audience and fellow presenters get the opportunity to pose questions to each of the panellists about their research and presentation videos |
| 12.00 | **Presenter**: Paul M Briley<br>**Title of talk:** Evidence for dysfunction of beta-frequency brain activity in psychosis: Implications for predictive coding models of schizophrenia |
| 12.05 | **Presenter**: Lauren A Taylor<br>**Title of talk:** Memory rehabilitation for people with multiple sclerosis |
| 12.10 | **Presenter**: Becky Dowson<br>**Title of talk:** Singing groups for people with dementia during the coronavirus pandemic |
| 12.15 | **Presenter**: Bryony Waters<br>**Title of talk:** Person Attuned Musical Interaction Manual in Dementia (PAMI) |
| 12.20 | **Presenter**: Emma Putland<br>**Title of talk:** Brains, relationships and floating leaves. The implications of visual metaphors for dementia. |
| 12.25 | **Presenter**: Dolly Sud<br>**Title of talk:** Utilising dyads in medicines optimisation and illness management research |
| 12.30 | **Presenter**: Ellen Marshall<br>**Title of talk:** Understanding the support needs of partners of transgender individuals: A qualitative study |
| 12.40 | **Break** |
| Time | Posters presentations - Q&A Session 4 – Chair: Professor Mike Slade, Professor of Mental Health Recovery and Social Inclusion, School of Health Sciences, University of Nottingham/Institute of Mental Health<br><br>The event audience and fellow presenters get the opportunity to pose questions to each of the panellists about their research and presentation videos |
| 1.00 | **Presenter**: Eryna Tarant<br>**Title of talk:** Public perceptions of Stalking: the relationship between stalking attitudes and the attribution of blame in stalking cases. |
| 1.05 | **Presenter**: Cassy Crabtree<br>**Title of talk:** PBS: A tool for sexual offending risk management |
| 1.10 | **Presenter**: Amy Jayne Needham<br>**Title of talk:** Traumatic Brain Injury (TBI) and offending in the general population: An online cross-sectional survey. |
| 1.15 | **Presenter**: Rachel Isgar<br>**Title of talk:** Exploring staff perspective of culture in forensic community homes |

| | |
|---|---|
| 1.20 | **Presenter**: Aggie MacDonald Milner<br>**Title of talk:** The Female Additional Manual (FAM): a systematic review and meta-analysis of the predictive validity of the HCR-20 and FAM risk assessment for female-perpetrated violence |
| 1.25 | **Presenter**: Rosalind Barnett<br>**Title of talk:** The rise of the Sexbots: Moral disengagement, the dark tetrad, and sexual crime myths in association with attitudes towards Sex Robots. |
| 1.30 | **Presenter**: James Patterson<br>**Title of talk:** By the book |
| 1.35 | **Presenter**: Abigail Thickett<br>**Title of talk:** Voyeurism: A systematic review |
| 1.40 | **Break** |
| Time: | Posters Presentations - Q&A Session 5 – Chair: Dr Elena Nixon, Director of Postgraduate Research/PGR Lead, Division of Psychiatry and Applied Psychology, School of Medicine, University of Nottingham/Institute of Mental Health<br><br>The event audience and fellow presenters get the opportunity to pose questions to each of the panellists about their research and presentation videos |
| 2.00 | **Presenter**: Priya Patel<br>**Title of talk:** The Alpha-Stim-D Trial: Investigating the effectiveness of cranial electrotherapy stimulation for treating depression |
| 2.05 | **Presenter**: Hayley Moore<br>**Title of talk:** Interactions, moderators and mediators between bullying involvement and self-harmful thoughts and behaviour in young people: a systematic review |
| 2.10 | **Presenter**: Ellen Marshall<br>**Title of talk:** Relationship satisfaction: A comparative study between trans and cis |
| 2.15 | **Presenter**: Sema Altuntas<br>**Title of talk:** The role of self-compassion and emotion regulation strategies in the relationship between attachment styles and PTSD symptoms in survivors of domestic violence. |
| 2.20 | **Presenter**: Fatma Aysazci<br>**Title of talk:** A systematic review of prevalence and correlates of post-traumatic stress disorder, depression and anxiety in displaced Syrian population |
| 2.25 | **Presenter**: Awa Sabrina Ottiger<br>**Title of talk:** Authenticity - Key to a more sustainable future? |
| 2.30 | **Presenter**: Dr Georgina Mills<br>**Title of talk:** Uptake of the COVID-19 vaccination in a secure psychiatric hospital population |
| 2.40 | **Break** |
| Time | Keynote session – Chair: Professor Peter Bartlett |
| 3.00 – 4.00 | Professor Sir Graham Thornicroft<br>When COVID19 is over, what are the implications for mental health? |
| 4.00 | **Close – Professor Peter Bartlett** |

# IMH Research Day: Plenary Speaker



## Professor Sir Graham Thornicroft, Kings College London

***"When COVID19 is over, what are the implications for mental health?"***

**Chair: Professor Peter Bartlett**

**3.00 – 4.00pm**

**We are delighted to welcome Professor Sir Graham Thornicroft as this year's plenary speaker, and he will join us for the final hour of our online event to deliver his lecture exploring *"When Covid-19 is over, what are the implications for mental health?".***

**Graham Thornicroft** is Professor of Community Psychiatry at the Centre for Global Mental Health and the Centre for Implementation Science, Institute of Psychiatry, Psychology and Neuroscience, King's College London. He is also a Consultant Psychiatrist at South London and Maudsley NHS Foundation Trust, working in a community mental health team in Lambeth. He is a Fellow of the Academy of Medical Sciences, is a National Institute of Health Research Senior Investigator Emeritus and is a Fellow of the Royal Society of Arts, Honorary Fellow of King's College London and the Honorary Fellow of the Royal College of Psychiatrists.

Graham took his undergraduate degree at Cambridge in Social and Political Sciences, studied Medicine at Guy's Hospital, London and then trained in Psychiatry at the Maudsley and Johns Hopkins Hospitals. He gained an MSc in Epidemiology at the London School of Hygiene and Tropical Medicine, and a PhD at the University of London.

Graham has made significant contributions to the development of mental health policy in England, including chairing the External Reference Group for the National Service Framework for Mental Health, the national mental health plan for England for 1999-2009.

He is also active in global mental health, for example, he chaired the World Health Organization Guideline Development Group for the Mental Health Gap Action Programme (mhGAP) Intervention Guide (1st and 2nd editions), a practical support for primary care staff to treat people with mental, neurological and substance use disorders in low and lower middle incomes, which is now used in over 100 countries worldwide. He chaired the External Reference Group for the WHO guidelines on the Management of Physical Health Conditions in adults with severe mental disorders (2018). He now chairs the Guideline Development Group for the WHO guidelines on mental health at work.

He is a Board Trustee of United for Global Mental Health, a Board Member for Mental Health and Human Rights, and he chairs the Board of Implemental. His areas of research expertise include reduction of stigma and discrimination, evaluation of mental health services, and global mental health. Graham has authored or edited over 30 books and over 600 peer-reviewed papers in Pubmed. In 2020 he was named as among the most Highly Cited Researchers in the world by Clarivate. Graham received a Knighthood in the Queen's Birthday Honours Awards in 2017.

**Want to blog about today?**
Share your thoughts and get published on the Institute of Mental Health's blog

The Institute of Mental Health's blog is a diverse collection of essays, opinion pieces and heartfelt comment on a wide variety of subjects relating to mental health.

**https://institutemh.org.uk/news/blog**

Founded in 2012 the blog has continued to go from strength to strength, we would really encourage anyone interested in writing a post, or helping run the blog, to get in touch. The blogs remit is very open and new content is always welcome.

**What is the IMH blog?**
Set up by postgraduates within the Institute of Mental Health in 2012, the blog is a multi-author, cross-disciplinary forum which encourages conversation about issues related to mental health, integrated healthcare, lived experience and wellbeing.

At present the blog is edited and managed by the Institute's Communications team, but it would be great to have a few more IMH researchers involved.

Please get in touch with Jo Higman, Communications Assistant for more information about submitting a blog or joining the editorial team: jo.higman@nottshc.nhs.uk

**Voting for best oral and poster presentation**
The link to vote will be sent to all registered delegates after the event

**Announcement of prizes**
The best oral and poster prizes will be announced after the close of the voting survey.
The publication prizes will be announced shortly after the event.

**Certificates of attendance**
These will be available for all registered attendees.
If you would like a certificate of attendance then please email karen.sugars@nottshc.nhs.uk

**Feedback survey**

Your feedback is very important to us – all those registered to attend the event will receive a link to complete an online feedback survey shortly after the event.

# Oral and poster presentation abstracts in order of the programme

**Please note: the presentation videos will not be played on the day these should be viewed prior to the event.**

| **Oral presentations Q&A Session 1 – Chair: Professor Peter Bartlett<br>10.00 – 10.30** |
|---|

| | |
|---|---|
| **Time** | **10.00 – 10.05** |
| **Presenter** | Dr Aislinn Bergin |
| **Job Title and affiliation** | Research Fellows, NIHR MindTech MedTech Cooperative, Institute of Mental Health, University of Nottingham |
| **Names and affiliations of co-authors** | |
| **Title of talk** | Enabling young people to contribute expertise in the development of online materials about self-harm and suicide: ethical remote involvement during COVID-19 |
| **Abstract** | Self-harm and suicide-related behaviours are prevalent mental health issues affecting young people, with suicide a leading cause of death in adolescence/early adulthood. Social media and online spaces can be accessible, acceptable and beneficial platforms in which young people talk about and access content around self-harm/suicidality, but which nonetheless have potential for harm. The development of tailored tools to help young people safely communicate about and interact with content around self-harm/suicidality in the digital sphere is an important focus of prevention strategies, but one which requires the involvement and expertise of its target audience. While co-production opportunities with youth in the field of suicide are rare, recent studies have shown it is feasible to safely engage young people in face-to-face co-design workshops to create suicide prevention materials with modification to involvement approaches.<br><br>We detail the process of ethically involving young people with lived experience in remote co-production workshops to create online resources for Samaritans, during the Covid-19 national lockdown. Four online co-production workshops were held with nine young people aged 18-25 years using Zoom and Mural. The engagement methodology involved PPI groups and expert youth advisors, in partnership with academic researchers, expert workshop facilitators, and counsellors, to inform the project design, structure and delivery, including a comprehensive safeguarding protocol, technology support plan and sense-check process. We critically discuss the project methodology, ethical decision-making, and success in delivering a safe, engaging, meaningful participatory process, in the interests of contributing learning to online research and involvement practice in youth mental health. |

| | |
|---|---|
| **Time** | **10.05 - 10.10** |
| **Presenter** | Bethan Davies |
| **Job Title and affiliation** | Research Fellow, NIHR MindTech MedTech Cooperative |
| **Names and affiliations of co-authors** | Victoria Perkins, MSc Health Psychology student; Neil Coulson, Professor of Health Psychology, University of Nottingham |
| **Title of talk** | "WE are the real experts": An online survey exploring online support communities for Tourette Syndrome and Tic Disorders |
| **Abstract** | People living with a tic disorder (TD)—such as Tourette syndrome (TS) - experience many psychological and social challenges arising from chronic tics. It can be difficult to access face-to-face support for tics, and so online support communities offer one avenue for support from peers facing similar experiences. This study aimed to explore users' experiences of participation in online support communities for TS and TDs. 90 respondents from 13 countries completed an online survey containing six open-ended questions exploring their experiences of using online support communities for TS/TDs. Respondents were people living with TS/TD themselves (n=68) or supportive others of someone with TS/TD (eg, parent, n=14), or both (n=8).<br>Seven overarching themes captured experiences of using online communities for TS/TDs. The overwhelming reason for their use was to find accessible support due to a lack of offline face-to-face support. Online communities were valued sources of informational and emotional support, and also had a self-reported positive impact upon helping users' psychological well-being. Online communities helped provide a space where people with TS/TDs could feel accepted and reduce the social isolation they felt offline. The suggestible nature of tics and being reminded of the challenging nature of TDs were main disadvantages arising from using online support communities, alongside conflict between different types of users and triggering content, which negatively affected experiences of community participation. |

| | |
|---|---|
| **Time** | **10.10 – 10.15** |
| **Presenter** | Blandine French |
| **Job Title and affiliation** | PhD student, Institute of Mental Health |
| **Names and affiliations of co-authors** | Prof David Daley, Prof Kapil Sayal, Dr Elvira Perez – Institute of Mental Health |
| **Title of talk** | Development and evaluation of an ADHD online educational tool for GPs |
| **Abstract** | Attention deficit hyperactivity disorder (ADHD) is underdiagnosed in the UK and the assessment and diagnosis pathway often involves a general practitioner (GP) referral to secondary care services. GPs' levels of knowledge and understanding about ADHD is often a significant barrier in patients accessing care. The development of an online education resource could improve GPs' knowledge of ADHD and optimise appropriate referrals. Involving end-users in co-creating interventions may enhance their clinical utility and impact routine clinical practice. However, there is limited published evidence describing how to meaningfully involve stakeholders in both the design and development components of co-production. We report a step wise, co-production approach towards developing an online ADHD education intervention for GPs. Preparatory work highlighted the relevant topics to be included in the intervention and workshops were then conducted with GPs, |

| | |
|---|---|
| | leading to further refinement of the content and the final intervention. A pilot usability study (n= 10) was conducted to assess the intervention's acceptability and feasibility, followed by a randomised controlled trial (n= 221) to assess the its efficacy and impact on knowledge and practice.<br>Results: The development of the online intervention was greatly facilitated by the involvement of GPs. Having a co-production development process ensured the consistent adaptation of the intervention to meet GPs' needs. The usability study showed that the content of the intervention was suitable, easily accessible, engaging and delivered at an acceptable level of intensity, validating the development approach taken. s. The knowledge (P.001) and confidence (P.001) of the GPs increased after the intervention, whereas misconceptions decreased (P=.04); this was maintained at the 2-week follow-up. Interviews and surveys also confirmed a change in practice over time.<br>This study highlights the importance of co-development in developing educational program that addresses specific needs for GPs. The RCT findings demonstrate that a short web-based intervention can increase GPs' understanding, attitude, and practice toward ADHD, potentially improving patients' access to care. |

| | |
|---|---|
| **Time** | **10.15 – 10.20** |
| **Presenter** | Alice Waitt |
| **Job Title and affiliation** | PhD Researcher, University of Nottingham |
| **Names and affiliations of co-authors** | Jyothika Kumar[1] Lauren Gascoyne[2] Bryony Waters[1] Jessica Ventour[1] Georgia Demarteau[3] Peter Collins[1] Jacob Habgood[4] Maddie Groom[1] Peter Liddle[1] Elizabeth Liddle[1]<br>[1]The Institute of Mental Health, School of Medicine, University of Nottingham, Nottingham, United Kingdom. [2]Sir Peter Mansfield Imaging Centre, School of Physics and Astronomy, University of Nottingham, Nottingham, United Kingdom. [3]Institute of Neuroscience, Université Catholique de Louvain, Brussels, Belgium. [4]Department of Computing, Sheffield Hallam University, Sheffield, United Kingdom |
| **Title of talk** | Can physiological measures of pupillary dilation and cardiac function be used to assess the efficacy of intervention tools for disorders affecting attention? |
| **Abstract** | Problems with visual attention are common in neurodevelopmental disorders and specific learning difficulties (SpLDs), such as attention deficit hyperactivity disorder (ADHD) and dyslexia. This can result in poorer academic attainment and increased incidence of mental health problems compared to their peers, and limited intervention strategies are available. The neurological basis for these conditions is not fully understood but may be related to control of autonomic function. This warrants research into developing new tools to target attention-related disorders. One such tool is a computer program called RECOGNeyes, developed to train inhibitory control over visual attention. RECOGNeyes comprises a series of mini-games using only your eyes for the controller, hence providing practice in the control of gaze-direction. We investigated whether RECOGNeyes could improve gaze-control in a group of 35 university students with ADHD and/or a SpLD. Before and after two weeks of RECOGNeyes training, volunteers completed assessments where they performed a gaze-control task whilst their brain activity (magnetoencephalography), pupillary dilation (pupillometry) and cardiac function (electrocardiography/ECG) were simultaneously recorded. Thus far, our analysis shows that both speed and accuracy improve after training, and that autonomic measures (pupillometry and ECG) are correlated |

| | |
|---|---|
| | with these outcomes. This supports the idea that autonomic control is involved in visual attention and can be improved using programs such as RECOGNeyes, which could aid the development of new clinical interventions. Furthermore, pupillometry and ECG could potentially become incorporated into the treatment program itself as biofeedback to provide sensitive and objective monitoring of progress to facilitate optimisation of treatment. |

| | |
|---|---|
| **Time** | **10.20 – 10.25** |
| **Presenter** | Dr Joanna Lockwood |
| **Job Title and affiliation** | Research Fellow, NIHR MindTech MedTech Co-operative; Institute of Mental Health, University of Nottingham |
| **Names and affiliations of co-authors** | Laura Williams & Dr Jen Martin (NIHR MindTech MedTech Co-operative; Institute of Mental Health, University of Nottingham) |
| **Title of talk** | Immersive gaming technology to mobile evidence-based interventions for childhood anxiety – learning from an early evaluation of the Lumi Nova app |
| **Abstract** | Childhood anxiety is a prevalent mental health problem that can be treated effectively with cognitive behaviour therapy in which exposure is a key component, however access to treatment is poor. Mobile-based applications (apps) on smartphones/tablets may facilitate the delivery of evidenced-based therapy for child anxiety, overcoming access and engagement barriers. Apps that deliver therapeutic content via immersive gaming technology could offer an engaging and flexible treatment proposition. We completed a preliminary, early (development-phase) evaluation of Lumi Nova, a novel app targeting mild/moderate anxiety in children (7-12 years) which delivers exposure therapy via an immersive game. Lumi Nova was co-designed with children, parents, teachers, clinicians, games industry experts and academics. Our objective was to see if playing Lumi Nova was effective, acceptable and safe. Children with mild/moderate anxiety and their guardians took part in an 8-week intervention. We examined change in outcome measures of effectiveness (symptom severity, Goal Based Outcomes, functional impairment), usability (player ratings) and safety for 30 children and analysed automatically-generated gameplay data for 67 children. We found that Lumi Nova was effective in reducing anxiety symptom severity (P=.009) and making progress towards treatment goals, but there were no improvements in relation to functional impairment. Children found it easy to play and engaged safely with the therapeutic content. However, positive effects were small and there were limitations with gameplay data. We provide preliminary evidence that an immersive co-produced mobile app game safely benefits children experiencing difficulties with anxiety and demonstrate the value of rigorous early evaluation of digital interventions. |

| | |
|---|---|
| **Time** | **10.25 – 10.30** |
| **Presenter** | Gemma Voysey |
| **Job Title and affiliation** | Trainee Forensic Psychologist, University of Nottingham |
| **Names and affiliations of co-authors** | |
| **Title of talk** | Public perceptions of unwanted sexual behaviour on public transport: An exploration of perceived motivation and likelihood of reporting |

| | |
|---|---|
| **Abstract** | Unwanted sexual behaviour (USB) on public transport is becoming an increasingly popular area of research due to it being a worldwide problem. Better reporting is believed to be linked with reducing incidents of perpetration but a number of initiatives to increase awareness and reporting have failed. Research indicates barriers to reporting such behaviour include not knowing who to report it to, fear of disbelief or not thinking it is serious enough. It is also believed that males are likely to view certain behaviours as less serious than females. The current research, therefore, uses a vignette-based approach to firstly investigate public perceptions of perpetrator motivation and severity of an ambiguous behaviour compared with more obvious USB on crowded public transport. Secondly, it will investigate the subsequent likelihood of reporting USB. The impact of victim and perpetrator gender on perceived motivation and likelihood of reporting will also be investigated. A series on ANOVA tests will be used to analyse the data. It is expected that overall, the ambiguous behaviour will be viewed as accidental and unnecessary to report. However, it is hypothesised that males will view USB as less severe generally than females. It is also thought that they will perceive the ambiguous behaviour as accidental more so than females and will be less likely to report USB overall. |

| | |
|---|---|
| **Time** | **10.30 – 10.35** |
| **Presenter** | Mat Rawsthorne |
| **Job Title and affiliation** | ESRC Doctoral Researcher, Institute of Mental Health |
| **Names and affiliations of co-authors** | Paul Davies (ORCHA), Rachel Fuller (ORCHA), Andy Etchells (ORCHA), Rob Daly (ORCHA), Paul Marrow (CoEvolve IT) |
| **Title of talk** | Assessing the use of artificial intelligence and computer models in digital health applications |
| **Abstract** | The COVID-19 pandemic has accelerated the shift to technology assisted care. As health applications become more complex there has been concern from healthcare practitioners and patients about whether they can be trusted to support clinical decision making for the particular populations they are prescribed for. This presentation reports on a multidisciplinary collaboration to proto-type an Assessment Framework (AF) and associated process for Artificial Intelligence (AI) and data-driven technologies in Digital Health. It will outline the key steps taken including: grey-literature review of emerging regulation and guidance used to inform an underlying set of principles for an AF; analysis of data available to the Organisation for the Review of Care and Health Applications (ORCHA) to identify best approach to label Digital Health Apps to support the proto-type AF; engagement with a broad range of stakeholders to understand those aspects of AI that are important to be considered in an AF; prototyping the AF through review of existing assessments and stakeholder expectations. The project made extensive use of TrustScapes – a Responsible Research & Innovation (RRI) tool designed to facilitate discussions about potential consequences of and solutions to algorithmic bias. It represents an important milestone in translating high level principles on the use of 'Ethical AI' into practical measures that can be used to provide assurance on the thousands of expert systems already in the hands of professional and self-carers. |

**Oral presentations Q&A Session 2 – Chair: Bryony Waters**
**11.00 – 11.35**

| | |
|---|---|
| **Time** | **11.00 – 11.05** |
| **Presenter** | Dr Kristina Newman |
| **Job Title and affiliation** | Research Support Officer, Institute of Mental Health, Nottinghamshire NHS & Nottingham Trent University |
| **Names and affiliations of co-authors** | Pallab Majumder, University of Nottingham and Nottingham City CAMHS Looked After Children's Team and Yadava Jeve, Birmingham Women's and Children's Hospital NHS Trust |
| **Title of talk** | Experiences and emotional strain of NHS frontline workers during the peak of the COVID19 pandemic |
| **Abstract** | **Background**<br>The mental health of the population has been negatively affected due to the pandemic. Frontline healthcare workers with increased exposure to COVID diagnosis, treatment and care were especially likely to report psychological burden, fear, anxiety and depression. Long work shifts with high death exposure and diverse treatment demands also added to work-related stress and impacted mental health.<br><br>**Aim**<br>To elicit how working as a health professional during the pandemic is impacting on the psychological wellbeing of frontline staff, and what remedies can be put in place to help them cope with the resulting psychological difficulties.<br><br>**Method**<br>United Kingdom population of healthcare workers were approached by advertising the survey via social media, NHS trusts and other organisations. Open-ended survey answers were qualitatively explored using content analysis, where data was coded and categorised.<br>Results: The survey collected data from 533 NHS staff, which was developed into three themes; 1) Despair and uncertainty: feeling overwhelmed trying to protect everyone, 2) Behavioural and psychological impact: affecting wellbeing and functioning, and 3) Coping and employer support: getting the right help.<br><br>**Conclusion**<br>NHS staff felt enormous burden to adequately complete their professional, personal and civil responsibility to keep everyone safe leading to negative psychological and behavioural consequences and desire for NHS employers to offer better support. As the pandemic progresses, the results of this study may inform NHS employers and managers on areas of employee mental health, especially how optimum support can be offered to help them cope with negative psychological consequences of the pandemic. |

| | |
|---|---|
| **Time** | **11.05 – 11.10** |
| **Presenter** | Nazm Berry |
| **Job Title and affiliation** | PhD Health Psychology Research, University of Nottingham |
| **Names and affiliations of co-authors** | Dr Elena Nixon, University of Nottingham |

| | |
|---|---|
| **Title of talk** | Exploring the link between stress and work performance among nurses working in the national health service (NHS): A mixed method study |
| **Abstract** | Poor mental health and low wellbeing of nurses impact the care quality, organisational productivity, absenteeism and turnover, and patient safety. Hence it is crucial to consider and investigate occupational stress in nursing, as it is also most likely to be associated with decreased work performance. It has been widely recognized that great support is required for the NHS frontline staff, particularly the nurses. Reducing stress and enhancing the wellbeing of the nurses is needed to prevent serious incidents and achieve higher performance throughout the service. There is a significant relationship between stress and work performance. Vast research studies have taken place on the stress-performance relationship, but most of these studies have used only quantitative measures to conduct the research. There is still a need to understand this relationship from a qualitative perspective. Therefore, the main objective of this study is to explore, in-depth, the relationship between stress and work performance in nurses working in the NHS, using a mixed-method approach (qualitative and quantitative). This research study will seek to address three main research questions:<br><br>1. What is the role of stress in work performance among nurses?<br>2. What is the role of Emotional Intelligence as a moderator/mediator between stress and performance?<br>3. How do wellbeing programs, available to nurses in the NHS, have an impact on stress and work performance?<br><br>The study requires data from 218 nurses working in the Nottingham University Hospitals and Nottinghamshire Healthcare Trust using 5 questionnaires which are administered online via BOS. In addition, those who wish to take part in the follow-up interview, will be contacted by the researcher post the questionnaire completion. So far, 54 nurses have completed the questionnaires and 17 interviews have been conducted. |

| | |
|---|---|
| **Time** | **11.10 – 11.15** |
| **Presenter** | Aisha Ali Hawsawi |
| **Job Title and affiliation** | PhD student in Clinical Psychology, University of Nottingham; Dar Alhekma University |
| **Names and affiliations of co-authors** | Dr Neil Nixon, Alice Derbyshire, Dr Elena Nixon; University of Nottingham |
| **Title of talk** | A systematic review of studies that have assessed mental health and psychological wellbeing outcomes in medical students |
| **Abstract** | **Context**<br>Medical students' mental health and psychological wellbeing have been raised as a priority concern in a recent General Medical Council report. There seems to be inconsistency in the measures and/or outcomes included in studies assessing medical students' wellbeing. Therefore, this systematic review aims to identify the direct wellbeing outcomes measured and the methods utilised to measure them amongst studies with medical students.<br><br>**Method**:<br>OVID Medline, PsycINFO, Embase, Cochrane Library and Web of Science databases were searched, identifying wellbeing literature, published from inception to May 2020. Grey literature through google scholar and reference lists of included studies were further searched. 16 studies were included in |

| | |
|---|---|
| | the final analysis of the review. A narrative synthesis of the findings and structure around the selection and reporting of study outcomes and methodology were performed.<br><br>**Results**<br>The searches identified 16 eligible studies. The review highlighted a wide range of outcomes and measures utilised to index psychological wellbeing in medical students. Studies were heterogeneous in method, design and quality. Researchers assessed wellbeing drawing upon self-report measures and one or multiple different measures that focus merely on pathological aspects of wellbeing. The findings suggested that medical students experience poor wellbeing generally while mindfulness was described as a predominant method for enhancing wellbeing.<br><br>**Conclusions**<br>Identifying well-defined outcomes and a consistent set of measures to assess and target mental health and wellbeing may have a considerable impact on the research and clinical implications of wellbeing interventions targeted to medical students. |

| | |
|---|---|
| **Time** | **11.15 – 11.20** |
| **Presenter** | Amber-Reneé Gayle |
| **Job Title and affiliation** | Trainee Forensic Psychologist, School of Medicine, Faculty of Medicine, University of Nottingham |
| **Names and affiliations of co-authors** | |
| **Title of talk** | Exploring ethnic minority staff experiences of working in Forensic Mental Health (FMH) settings: A qualitative approach |
| **Abstract** | **Objective**<br>The experience of ethnic minority staff members in various occupations can be characterised by inequality, discrimination and lack of support. Currently, there are gaps of knowledge relating to the experiences of ethnic minority staff in Forensic Mental Health (FMH) settings. FMH is a niche setting where staff face a dual obligation as a carer and a custodian. The aim of the current research will explore the lived experiences of ethnic minority staff in FMH settings, uncovering matters of identity and racialisation.<br><br>**Design**<br>A qualitative study with by Interpretative Phenomenological Analysis (IPA) is currently conducted to illuminate the lived experiences of a phenomenon for a small sample of individuals.<br><br>**Methods**<br>Ten participants representing a diverse range of FMH professionals have been recruited through social media and networking platforms, using opportunistic and criterion sampling. Participants complete a semi-structured interview. The IPA will be used to comprehend the raw data to draw out relevant themes.<br><br>**Results**<br>It is anticipated that IPA analysis will elicit several themes addressing areas such as identity formation, microaggressions, bias and discrimination, and negotiating personal and professional identity within FMH settings. |

| | |
|---|---|
| | **Conclusions**<br>The study is aimed to shed light on how FMH professionals from ethnic minority backgrounds negotiate their cultural, personal and professional values whilst in a highly challenging environment. It is hoped that results will contribute to efforts to actively consider the wider experiences of difference in relation to race, identity and culture and the direct impact this has on patient care." |

| | |
|---|---|
| **Time** | **11.20 – 11.25** |
| **Presenter** | Cory Walters-Wright |
| **Job Title and affiliation** | Trainee Forensic Psychologist, University of Nottingham |
| **Names and affiliations of co-authors** | Dr Simon Duff |
| **Title of talk** | A systematic review of the impact of secondary traumatisation on professionals working with forensic populations |
| **Abstract** | The literature has begun to explore whether there is a cost of caring for clients with mental health problems and trauma histories. Secondary exposure to a traumatic event has been noted in the literature as having a similar impact on an individual as being exposed to the primary traumatic stimuli. Secondary traumatic stress, compassion fatigue and vicarious trauma are terms used to describe an individual who is experiencing PTSD like symptoms following engaging in empathetic support for someone who has experienced a traumatic event/events. This systematic review synthesised the literature on professionals working with forensic clients and the potential impact of secondary exposure to traumatic events. A total of n = 20 papers met the inclusion criteria for the systematic review. Narrative synthesis revealed that professionals who work with forensic clients are at risk of being secondarily traumatised. More specifically, the synthesis revealed that professionals who have less face to face contact with clients, are younger and have been in the profession longer are more susceptible to being secondarily traumatised. Additionally, prior trauma has been identified as a risk factor for professionals. Lastly, psychological empowerment and compassion fatigue have been identified as potential moderating factors for secondary traumatisation. The results suggest that services and establishments may benefit from a robust recruiting process which aims to explore the candidate's characteristics thoroughly. Additionally, ensuring clinician's feel safe within their working environment is imperative. Clinical and research implications are discussed to inform future empirical research, particularly exploring the creation of a universal tool. |

| | |
|---|---|
| **Time** | **11.25 – 11.30** |
| **Presenter** | Amna Alshamsi |
| **Job Title and affiliation** | PhD student, University of Nottingham |
| **Names and affiliations of co-authors** | |
| **Title of talk** | The moderating effect of psychosocial safety climate in hospital accreditation |

| | |
|---|---|
| **Abstract** | **Background**<br>Understanding the psychological health of frontline healthcare professionals (HCP) during hospital accreditation (HA) has never been more important. Although HA has been studied comprehensively, few studies have observed the impact of HA on the work environment.<br><br>**Purpose**<br>This presentation investigates the moderating factor that arises during the HA processes, such as psychosocial safety climate. Specifically, PSC was proposed to moderate the relationship between the job demands-resources (JD-R) model, burnout, and work engagement.<br>Methodology: This study used a two waves cross-lagged panel model with a sample of 113 HCPs working in the United Arab Emirates' public hospitals. Tools were translated into Arabic, and some were modified to make them more suitable. Data were analyzed using moderated structural equation modelling.<br><br>**Results**<br>As expected, PSC was able to interact with job demands (i.e., Accreditation Demands) and job resources (i.e., Social Support) before HA. We also found that the Burnout level among HCPs after accreditation increases by the increased level of accreditation Demands before accreditation, after adjusting for HCPs' age and role. Further, insufficient Social Support before accreditation was negatively associated with Work-Engagement after accreditation.<br><br>**Conclusion**<br>The results strengthen the idea that PSC can moderate the relationship between Accreditation Demands and Burnout and Social Support and Work-Engagement.<br><br>**Practice Implications**<br>Findings of this study suggest a relationship between HCPs' psychological health and their working environment during the process of HA. However, such findings need to be interpreted with caution. Future research needs to closely examine the link between PSC and JD-R before and after HA to assess the causal relationship between burnout and work engagement. |

| | |
|---|---|
| **Time** | **11.30 – 11.35** |
| **Presenter** | Dr Lucy McCarthy |
| **Job Title and affiliation** | Senior Research Fellow, Nottinghamshire Healthcare NHS Foundation Trust |
| **Names and affiliations of co-authors** | Dr Simon Gibbon (Nottinghamshire Healthcare NHS Foundation Trust), Dr Martin Clarke (Nottinghamshire Healthcare NHS Foundation Trust), Dr Ruth Hatcher (University of Leicester), Dr Jodie Westhead (Nottinghamshire Healthcare NHS Foundation Trust) |
| **Title of talk** | The Extended ALACRITy study. Outcomes on discharge from medium security - is this still a cause for concern? |
| **Abstract** | The extended 'Arnold Lodge Admission Cohort Reconvictions and Intervening Treatment' (ALACRITy) study is a retrospective follow-up study of outcomes for first admission patients discharged from a medium secure psychiatric hospital (Arnold Lodge, Nottinghamshire Healthcare NHSFT) between July 1983 June 2013. The study has explored clinically relevant outcomes on the largest complete admission/discharge cohort from a medium secure unit (n = |

| | |
|---|---|
| | 909) for an average follow-up period of over 13 years and has been undertaken as a PhD project for Jodie Westhead.<br><br>In this presentation we will discuss how this extension builds on the original ALACRITy study (Davies et al., 2007) and describe the methodology (e.g. use of Section 251 of the NHS Act 2006) and data sources used for our main outcomes of mortality, readmission and reconviction.<br><br>We will present data on each of our main outcomes.<br>Mortality data will include age and causes of death, and predictors of premature mortality.<br>Readmission data will include the time taken to readmission, type of hospital and predictors of readmission to secure care.<br>Reconviction data will include time taken to reconviction, type/severity of reconviction offences, predictors of reconviction and comparison of index and follow-up offences.<br><br>Our data indicate that there is still cause for concern in regard of the outcomes of mortality, readmission and reconviction, for people discharged from medium secure care and we need to consider how the long-term support needs of patients can be better met to improve these outcomes in the future. |

**Oral presentations Q&A Session 3 – Chair: Dr Maddie Groom**
**12.00 – 12.40**

| | |
|---|---|
| **Time** | **12.00 – 12.05** |
| **Presenter** | Paul M Briley |
| **Job Title and affiliation** | Academic Clinical Fellow, Nottinghamshire Healthcare NHS Foundation Trust; Institute of Mental Health, University of Nottingham |
| **Names and affiliations of co-authors** | |
| **Title of talk** | Evidence for dysfunction of beta-frequency brain activity in psychosis: implications for predictive coding models of schizophrenia |
| **Abstract** | Electroencephalography (EEG) studies of schizophrenia have sought evidence for dysfunction of fundamental aspects of brain processing. One such aspect is reduction in the size of the so-called “post-movement beta rebound” (PMBR). PMBR refers to an increase in beta frequency (13-30 Hz) brain activity following completion of a motor response. Reduced PMBR is found in patients with schizophrenia, as well as non-patients with higher levels of schizotypy. In patients, reduced PMBR is associated with poorer global functioning, and greater persistence of symptoms of disorganisation.<br><br>In a recently published study, we identified changes in blood flow and oxygenation associated with bursts of beta activity, using simultaneously collected EEG and functional magnetic resonance imaging (fMRI) data. We found evidence for the theory that beta bursts serve to reactivate latently held task-relevant neural representations. We replicated associations between reduced PMBR size and poorer functioning in patients yet found greater and more extensive blood flow and oxygenation increases associated with bursts in patients, suggesting that the beta burst process is imprecise or inefficient in psychosis. |

| | |
|---|---|
| | In a new study, we examined PMBR during two cognitive control tasks, as a function of whether participants made a correct, or incorrect, response. Associations between psychosis and PMBR following incorrect responses have not previously been examined. Alongside the expected reduction in PMBR following correct responses, we found increased PMBR following errors in patients with schizophrenia or non-patients with greater degrees of schizotypy. We explore how this relates to models of schizophrenia that postulate fundamental dysfunctions in predictive coding. |

| | |
|---|---|
| **Time** | **12.05 – 12.10** |
| **Presenter** | Lauren A Taylor |
| **Job Title and affiliation** | PhD Candidate, Institute of Mental Health, University of Nottingham |
| **Names and affiliations of co-authors** | Roshan das Nair, Institute of Mental Health, University of Nottingham; Jacqueline Mhizha-Murira, Institute of Mental Health, University of Nottingham; Laura Smith, Institute of Mental Health, University of Nottingham; Kristy-Jane Potter, University of Nottingham; Dana Wong, School of Psychology and Public Health, La Trobe University; Nikos Evangelou, Division of Clinical Neuroscience, University of Nottingham; Nadina Lincoln, University of Nottingham. |
| **Title of talk** | Memory rehabilitation for people with multiple sclerosis |
| **Abstract** | **Background**<br>Problems with cognition, particularly memory, are common in people with multiple sclerosis (MS) and can affect their ability to complete daily activities, negatively affecting quality of life. There has been considerable growth in the number of randomised controlled trials of memory rehabilitation in MS. To guide clinicians and researchers, this Cochrane systematic review provides an overview of the effectiveness of memory rehabilitation for people with MS.<br><br>**Aims**<br>To determine whether people with MS who received memory rehabilitation compared to those who received no treatment, or an active control showed better immediate (within one month), intermediate (1-6 months), or longer-term (6 months plus) outcomes in their memory, other cognitive abilities, and functional abilities.<br><br>**Methods**<br>We systematically searched nine databases using relevant search terms to identify studies that assessed the effectiveness of memory rehabilitation in MS.<br><br>**Results**<br>29 new studies were included in the review, combined with the 15 studies included in the previous update. We found a significant effect at immediate follow-up for subjective memory, verbal memory, visual memory, working memory, information processing, quality of life and depression measures; at intermediate follow-up for subjective memory, verbal memory, information processing, and quality of life; at longer-term follow-up for subjective memory and quality of life. We found no significant effect for activities of daily living or anxiety measures. |

| | |
|---|---|
| | **Discussion**<br>A significant effect was seen in subjective memory and quality of life measures at each follow-up point, suggesting that the improvements as a result of memory rehabilitation are evident, meaningful and sustainable. |

| | |
|---|---|
| **Time** | **12.10 – 12.15** |
| **Presenter** | Becky Dowson |
| **Job Title and affiliation** | Research Associate, University of Nottingham |
| **Names and affiliations of co-authors** | Professor Justine Schneider, University of Nottingham |
| **Title of talk** | Singing groups for people with dementia during the coronavirus pandemic |
| **Abstract** | In the past year, people with dementia and their carers have faced a dual threat to their wellbeing: increased risk of severe illness from COVID-19, and the cessation of many of their usual routines, activities and support. Online activities can provide a substitute, with video-calling applications such as Zoom offering the chance to meet and socialise across geographical boundaries. However, not everyone can access this technology, and certain activities, such as those involving music, may require significant adaptation to make the transition online a successful one.<br><br>In early 2020 we were in the recruitment phase of the PRESIDE study, a feasibility randomised controlled trial of group singing for people with dementia. Since March 2020 the pandemic and associated restrictions have made it impossible to implement the study as originally planned. We have therefore adapted our research to investigate the barriers and facilitators for online singing groups, examining relevant literature and consulting with experts in the field to develop recommendations for practice. We have also launched a pilot study of group singing for people with dementia using Zoom. This work has resulted in two journal papers which have both been accepted for publication.<br><br>This presentation will discuss our findings from a scoping review and expert consultation, examining technological challenges, digital inclusion and the experience of online singing itself. It will also consider some of the issues involved in implementing an online study of singing and dementia, as well as presenting some initial findings from the pilot study. |

| | |
|---|---|
| **Time** | **12.15 – 12.20** |
| **Presenter** | Bryony Waters |
| **Job Title and affiliation** | PhD researcher, University of Nottingham |
| **Names and affiliations of co-authors** | Orii McDermott and Professor Martin Orrell |
| **Title of talk** | Person Attuned Musical Interaction Manual in Dementia (PAMI) |

| | |
|---|---|
| **Abstract** | Background Care homes residents with dementia often have limited opportunities for social interaction, and they may find it difficult to communicate due to language impairments. A large proportion of resident's daily interactions are with carers, which can be difficult due to staff's time pressures and workload. When staff-resident interactions are observed they are generally short, fragmented and task-orientated with little opportunity for active engagement from the resident. There is a need to promote alternative forms of communication for individuals with dementia and staff, including non-verbal communication and singing.<br>Methods Person Attuned Musical Interactions (PAMI) is a manual based intervention that aims to incorporate music therapeutic skills, generally reserved for music therapy, into carers routines to improve social interactions without adding additional time or work burden to staff.<br>PAMI was originally develop by a Danish team for care homes in Denmark and consists of three main skill sets- Framing, Regulation and Relation, which is currently further developed suitable for UK care homes. The development of the manual has involved consultations with care staff and the public, translations of the manual and producing the manual.<br>Discussion Initial PPI consultations highlighted three main themes: support from manager, care home's views on psychosocial interventions and barriers to implementing interventions in care homes. The views from the PPI guided the manual development. PAMI has the potential to improve resident's engagement, Quality of life, staff stress, burnout and dementia competence as well as improving communication and interactions. Further evaluations in care homes will follow. |

| | |
|---|---|
| **Time** | **12.20 – 12.25** |
| **Presenter** | Emma Putland |
| **Job Title and affiliation** | PhD Student, University of Nottingham |
| **Names and affiliations of co-authors** | |
| **Title of talk** | Brains, relationships and floating leaves. The implications of visual metaphors for dementia |
| **Abstract** | Dementia, in both biomedical and social contexts, is a very 'slippery' concept to define (Zeilig, 2014: 260). How then, do we communicate it?<br>Building on existing research into social representations of dementia in the UK, this project works with 51 people who have experience of dementia, either through having a diagnosis, or through being a carer or loved one of someone who does. Conducting qualitative analysis of 8 focus groups and 7 interviews, I explore how different individuals situate themselves in relation to wider dementia representations. This includes how participants interpret, reproduce and challenge a range of images and phrases shown to them.<br>This talk focuses on a particularly striking metaphorical image, which shows three head-shaped trees progressing from summer to autumn/winter. Metaphors help explain a complex, often intangible concept through relating it to a more familiar entity—and in doing so, influence how we perceive it. Notably, plant metaphors are consistently used to represent degenerative processes in the brain (Caldwell et al., 2021; Zeilig 2014; Zimmerman 2017). Here, I examine how participants with experience of dementia interpret and position themselves in relation to this particular visual metaphor of seasonal decay. As I will outline, responses to the image range from it being 'meaningful' and 'ideal' in explaining the process of dementia, to being deeply inaccurate and too 'hopeless'. After exploring the debate concerning the |

| | |
|---|---|
| | image's accuracy, I will consider how participants who resist the visual metaphor choose to extend and reimagine it to better align the image with their counter-narratives. |

| | |
|---|---|
| **Time** | **12.25 – 12.30** |
| **Presenter** | Dolly Sud |
| **Job Title and affiliation** | Senior Mental Health Pharmacist/Final Year PhD student, Leicestershire Partnership NHS Trust/Aston University |
| **Names and affiliations of co-authors** | |
| **Title of talk** | Utilising dyads in medicines optimisation and illness management research |
| **Abstract** | There has been much growth in the interest in and use of family-level and dyadic level theories and methodologies to explore the influence of social relationships on health and the influence of health on social relationships. Social relationships include those with romantic partners, friends, siblings, children and care professionals these individuals play a significant role in the physical health, mental health and well-being of a patient. An important part of this includes medicines optimisation and illness management. Studying health and well-being and consideration of both partners in the context of these close social relationships is clearly important in health research; as such both partners become the unit of study – also known as a dyad. The aim of this presentation is to provide an introduction and overview as to how dyads might be used in medicines optimisation and illness management research in mental health and psychiatry. This aim will be achieved through the following objectives: dyadic study designs used in health research; some of the challenges that can occur in recruitment and data collection and strategies that can be used to overcome them; dyadic data analysis: some methodological and substantive considerations that require consideration when using dyadic data analysis. |

| | |
|---|---|
| **Time** | **12.30 – 12.35** |
| **Presenter** | Ellen Marshall |
| **Job Title and affiliation** | PhD student, University of Nottingham |
| **Names and affiliations of co-authors** | Prof. Cris Glazebrook (University of Nottingham), Serge Nicholson (Gendered Intelligence), Prof. Jon Arcelus (University of Nottingham, Nottingham Centre for Transgender Health) |
| **Title of talk** | Understanding the support needs of partners of transgender individuals: A qualitative study |
| **Abstract** | **Background**<br>The support needed to help partners cope with the challenges of sustaining and adapting their relationships with their trans partner following transition is unknown. Evidence has demonstrated the importance of support in trans people's wellbeing and improving trans people's mental health and medical treatment outcomes should be a priority for health services. Therefore, it is imperative to support partners to help them continue supporting their trans |

| | |
|---|---|
| | partner and protect against any detrimental impact on their own wellbeing. Considering this, the aim of this study is to gain an in-depth understanding of the support needs of partners of trans individuals and their perceptions of current support structures.<br><br>**Methods**<br>Semi-structured interviews were conducted with 15 current partners of trans individuals where questions focused on current support and further support needs. Participants were recruited through social media and trans support organisations. Thematic analysis was employed to analyse the interviews.<br><br>**Results**<br>Thematic analysis produced three main themes with several sub-themes: (1) Improvements required in professional support, (2) Need to talk to others with similar experiences, (3) Adequate and appropriate information required.<br><br>**Conclusions**<br>The findings highlight the importance in supporting partners and the current gaps in the support resources available for partners. Based on the findings, recommendations for the future support resources include the need to acknowledge the partner role in the medical transition, creation of partner only support groups to share experiences, production of psychoeducation tools, and training professionals to ensure partners can access their own support without taking on the educator role." |

**Poster presentations Q&A Session 4 – Chair: Professor Mike Slade**
**1.00 – 1.40**

| | |
|---|---|
| **Time** | **1.00 – 1.05** |
| **Presenter** | Eryna Tarant |
| **Job Title and affiliation** | Trainee Forensic Psychologist, University of Nottingham |
| **Names and affiliations of co-authors** | Dr Simon Duff, University of Nottingham |
| **Title of talk** | Public perceptions of stalking: The relationship between stalking attitudes and the attribution of blame in stalking cases |
| **Abstract** | **Objectives**<br>Limited research examining public perceptions of the attributions of blame of stalking in association to sentences recommended exists. We sought to synthesise previous research, alongside introducing stalking myths and personality/dispositional variables, namely emotional intelligence, of those making decisions of blame attribution and sentencing in stalking cases. This study will establish if a relationship exists, if any, between prior experience of being a victim of stalking and decisions of attribution of blame.<br><br>**Methodology**<br>260 individuals will be asked to provide their judgement on a hypothetical stalking case. The relationship composition and breakdown will be manipulated. They then complete questions regarding seriousness of behaviour, blame attribution and sentencing.<br><br>**Findings** |

| | |
|---|---|
| | The initial data collected thus far identified that perpetrator behaviour was most serious when they were a stranger or physically violent ex-partner. Participants who have their own experiences of stalking have higher emotional intelligence, believe fewer stalking myths and rate seriousness as higher.<br><br>**Conclusions**<br>The findings suggest participants feel strangers or only physically violent ex-partners pose most risk. Despite statistics demonstrating those that contact stalking victim helplines are stalked by ex-partners. There is a relationship between participant blame attribution and dispositional variables (prior stalking-related behaviour experience, belief and understanding of stalking myths and emotional intelligence). There could be implications for how the individual experiences of a jury might affect their decision making. Further implications relate to how victims of stalking might believe they are viewed by the public, and impact on them on seeking support or reporting." |

| | |
|---|---|
| **Time** | **1.05 – 1.10** |
| **Presenter** | Cassy Crabtree |
| **Job Title and affiliation** | Trainee Forensic Psychologist, Ludlow Street Healthcare |
| **Names and affiliations of co-authors** | |
| **Title of talk** | PBS: A tool for sexual offending risk management |
| **Abstract** | Positive behaviour support (PBS) is a person-centered approach to the management of challenging behaviour and improving the quality of life of individuals diagnosed with an intellectual disability. The use of PBS has been applied to several contexts and client groups as part of restraint-reduction efforts in the UK. Some research has supported the use of PBS in forensic settings regarding violent behaviours. However, this has yet to be explored in the context of sexual offending behaviours.<br><br>This presentation details the current research being conducted in a community service in South Wales exploring how PBS is currently used to support individuals at risk of sexual offending. Multi-disciplinary team members were interviewed about how the plans are being used in their current service and analysed using a thematic approach. This will further inform how to apply PBS to sexual offending risk management programs in forensic services. |

| | |
|---|---|
| **Time** | **1.10 – 1.15** |
| **Presenter** | Amy Jayne Needham |
| **Job Title and affiliation** | Doctoral Student, University of Nottingham |
| **Names and affiliations of co-authors** | Dr Vincent Egan, University on Nottingham (Retired), Dr katy Jones, University of Nottingham |
| **Title of talk** | Traumatic Brain Injury (TBI) and offending in the general population: An online cross-sectional survey |

| | |
|---|---|
| **Abstract** | **Objectives**<br>To measure prevalence and severity of Traumatic Brain injury (TBI) in the general population and examine the relationship between TBI and offending. Other associated factors such as mental health, Attention Deficit Hyperactivity Disorder (ADHD) and cognitive functioning were also measured.<br>Design: A one-off, cross-sectional online survey of the general population.<br><br>**Methods**<br>Participants (N=344, female N=163, male N=173, M=31.14, SD=11.54) recruited online via social media completed a brain injury screening questionnaire (BISI), and standardised measures of anxiety and depression (GAD-7; PHQ-9), and ADHD (ASRS-6). Participants also completed a short cognitive assessment (ICAR-16).<br><br>**Results in progress**<br>Prevalence of TBI in the general population will be reported and we will examine the relationship between severity of TBI (non TBI, Mild, Moderate/Severe) and offending over the past 12 months (offended/not offended) through a chi squared analysis. It is hypothesized that those who have sustained a TBI will be more likely to have offended than those who have not. A between-subjects analysis of the TBI group will be completed evaluating mental health, ADHD symptomology and cognitive functioning to see whether those who report increased severity of TBI have more symptoms and cognitive impairment.<br><br>**Conclusions**<br>It is hoped this study will improve our understanding of the prevalence and severity of TBI in the general population. It will also improve our understanding of general offending in this group and the relationship between this and TBI. |

| | |
|---|---|
| **Time** | **1.15 – 1.20** |
| **Presenter** | Rachel Isgar |
| **Job Title and affiliation** | Trainee Forensic Psychologist, University of Nottingham |
| **Names and affiliations of co-authors** | Dr Shihning Chou, University of Nottingham. Dr Andrew Hider, Ludlow Street Healthcare |
| **Title of talk** | Exploring staff perspective of culture in forensic community homes |
| **Abstract** | This research project was the first stage of creating a psychometric tool that will measure staff culture in forensic community homes. These homes support offenders with mental illness who have transitioned from secure hospital to the community. They are supported continuously by staff who work within a multidisciplinary team.<br>Culture is comprised as multidimensional, ranging from broad organisational levels to within team facets (Martin, 2002). Organisational culture can be summarised as jointly held values, beliefs and behaviour of individuals across a workplace. It impacts upon how staff set goals, undertake tasks and determine priorities (Lok & Crawford, 2004). Having consensus amongst staff members creates a consistent approach, whilst reducing uncertainty and friction (Melnick, Ulaszek, Lin & Wexler, 2009). Empirical data evidences the influence of organisational culture to the outcomes of patient rehabilitation (Day, Casey, Vess & Huisy, 2012). |

| | |
|---|---|
| | Six open ended interviews were conducted with members of a multi-disciplinary team who work in or support forensic community homes. Questions were focused on exploring staff experience, with the aim to identify components of culture in the setting.<br><br>Through thematic four main themes emerged. Firstly 'The organisation' which incorporated a focus of leadership, values and awareness of need. Secondly 'Forensic risk' referring to staff practice, clinical input and client risk management. Thirdly, 'House Manager' centring on applied practice and qualities of management. Lastly 'The Care Team' which included the approach of the team, roles of staff and factors that impact on team dynamics. Subsequently, themes identified will be utilised to inform items on the psychometric tool. |

| | |
|---|---|
| **Time** | **1.20 – 1.25** |
| **Presenter** | Aggie MacDonald Milner |
| **Job Title and affiliation** | Trainee Forensic Psychologist, University of Nottingham |
| **Names and affiliations of co-authors** | Professor Kevin Browne, University of Nottingham |
| **Title of talk** | The Female Additional Manual (FAM): a systematic review and meta-analysis of the predictive validity of the HCR-20 and FAM risk assessment for female-perpetrated violence |
| **Abstract** | Following calls from mental health professionals for a more gender-sensitive risk assessment tool, the Female Additional Manual (FAM) was developed as supplementary guidelines to the widely used HCR-20 for the risk assessment of violence in women. Since its initial development in 2007, the limited research examining the FAM has produced mixed results.<br><br>This poster presents the first systematic review of published and grey literature examining the predictive validity of the HCR-20 and FAM, to explore whether the additional guidelines add value to the HCR-20 when assessing women. The Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines were followed.<br><br>The search produced 2,894 results which underwent the selection and screening process, with seven final studies that were quality assessed for risk of bias by two assessors and included in qualitative data synthesis. Two meta-analyses were completed with four final studies (total sample number = 142) with similar methodology to compare HCR-20 total scores with HCR-20 and FAM total scores. Heterogeneity was estimated using I2 statistic and Chi2 and a random effects model was used. Publication bias was also assessed with funnel plots of effect size against standard error for the studies. Overall, two main conclusions were drawn from the meta-analyses. Firstly, both the HCR-20 (version 2) with and without the additional female guidelines and risk factors suggested a moderate effect size (AUC = 0.645) for the tool's ability to accurately predict inpatient violence by women. Secondly, the FAM does not appear to add value in terms of predictive validity to the HCR-20 (version 2) when assessing risk of future violence by women. However, despite these findings, predictive validity is only one focus. Future research examining the use of the FAM should also consider its application in clinical practice for developing collaborative risk assessment and formulation which inform risk management and treatment of women in forensic settings. |

| | |
|---|---|
| **Time** | **1.25 – 1.30** |
| **Presenter** | Rosalind Barnett |
| **Job Title and affiliation** | Forensic Psychologist in Training, University of Nottingham |
| **Names and affiliations of co-authors** | Professor Kevin Browne and Dr Vincent Egan, University of Nottingham |
| **Title of talk** | The rise of the Sexbots: moral disengagement, the dark tetrad, and sexual crime myths in association with attitudes towards sex robots |
| **Abstract** | **Objectives**<br>Robots capable of mimicking orgasms, sexual orifices, and conversation are available, including those programmed to reject sexual advances, and to appear childlike. One creator of child robots advocates their use as an alternative to offending and researchers have highlighted the possibility of treating sex offenders this way, drawing upon catharsis theory. Several issues arise, for example the blurring of sexual consent and the potential objectification and abuse of women and children. This study aimed to investigate whether those accepting of Sex Robots were more likely to accept rape and child sexual abuse myths, and to demonstrate Moral Disengagement and 'Dark' personality traits.<br><br>**Design**<br>A within-subjects design was utilised, and the questionnaire was counterbalanced, with participants randomly assigned to one of 24 questionnaires, each presented in a different order, to counteract boredom effects.<br><br>**Methods**<br>718 participants completed online questionnaires regarding opinions of Sex Robots, rape and child sexual abuse myths, the Dark Tetrad, and demographics, having been recruited via a convenience sample on sites such as Reddit. Results will be analysed using a stepwise Multiple Regression. A final open question requesting opinions on Sex Robots will be analysed using Linguistic and Word Choice software to examine themes such as emotional tone.<br><br>**Conclusions**<br>This study will enlighten an area with serious implications for sexual crime and victim safety, by informing whether there are common criminogenic themes amongst those more accepting of Sex Robots. Limitations include social desirability bias and the likelihood that responders had strong opinions either for or against robots. |

| | |
|---|---|
| **Time** | **1.30 – 1.35** |
| **Presenter** | James Patterson |
| **Job Title and affiliation** | Assistant Psychologist, Nottinghamshire Healthcare NHS FoundationTrust |
| **Names and affiliations of co-authors** | Dr Laura Ball, Dr Vaishali Kogje, Dr Abdul Shaikh - Nottinghamshire Healthcare NHS Foundation Trust |
| **Title of talk** | By the book |

| | |
|---|---|
| **Abstract** | The Historical Clinical Risk Management-20 (HCR-20), currently in its third version, is a mandatory violence risk assessment and management tool for Forensic Patients within Nottinghamshire Healthcare NHS Foundation Trust. Previous versions of the tool have demonstrated high predictive validity for violence risk in Forensic settings. However, this validity relies upon adherence to the manualised instructions.<br><br>The present study aimed to assess how closely a randomised sample of 10 HCR-20's from a low secure service adhered to the manualised standards. A custom designed quality assessment tool was used to rate adherence to the manual. Each factor in the assessment was judged on a three-point scale, from zero (insufficient adherence) to two (full adherence). Two assessors rated each HCR-20 and once completed came together to agree scoring. A third assessor was available to resolve disputes, however this proved unnecessary.<br><br>Results indicated a general lack of source referencing; formulations often focussed on risks other than violence; and some information was out of date. Positively, risk scenario planning scored highly ($\bar{x}$=81%, range 30%-100%) and case management was considered at an acceptable level ($\bar{x}$=72.5%, range 50%-100%).<br><br>Researchers acknowledge various limitations to this study, including small sample size, subjectivity within scoring assessment and a novel scoring tool. However, the study has value including identifying training needs, such that future assessments are more reliable and valid, thereby ensuring patients receive the most appropriate care and treatment / management of their risks. |

| | |
|---|---|
| **Time** | **1.35 – 1.40** |
| **Presenter** | Abigail Thickett |
| **Job Title and affiliation** | Forensic Psychologist in Training, University of Nottingham |
| **Names and affiliations of co-authors** | Dr Simon Duff, University of Nottingham |
| **Title of talk** | Voyeurism: A systematic review |
| **Abstract** | **Background**<br>Voyeurism is currently an under researched area of sexual offending. A systematic review was conducted to see what the current academic literature tells us about people who engage in voyeurism.<br><br>**Methods**<br>The inclusion/exclusion criteria were defined using a PICO structure. Voyeurism was defined using the following criteria: the behaviour must have a sexual element, involve the observation of someone or something, and the intention is for the offending to be secret (excludes pornography). Participants must have engaged in voyeuristic behaviour. Quantitative studies, qualitative studies and case studies were all included. Searches of various databases (including APA psychArticles, EMBASE & journals@OVID) and hand searches were conducted on 27/11/2020 using voyeurism related terms. Studies were screened and quality assessed by a second researcher.<br><br>**Results** |

| | |
|---|---|
| | Data synthesis is currently in progress. 18 studies were included in the review after screening and quality assessment. This included 14 quantitative/prevalence studies, 1 qualitative study (IPA) and 3 case studies. The current results suggest that engaging in voyeuristic behaviour is one of the most common paraphilic behaviours across different cultures. Voyeuristic behaviour appears to be more prevalent in men than women. There are a number of psychological factors that may be present for people who engage in voyeurism.<br><br>**Discussion**<br>The current literature on voyeurism is sparse and the quality of the most common literature type (case studies) is low. The quality of studies measuring treatment outcomes for voyeuristic offenders is also low. This poses a challenge for practitioners working with voyeuristic offenders. |

| **Poster presentations Q&A Session 5 – Chair: Dr Elena Nixon<br>2.00 – 2.40** |
|---|

| | |
|---|---|
| **Time** | **2.00 – 2.05** |
| **Presenter** | Priya Patel |
| **Job Title and affiliation** | Research Assistant, Institute of Mental Health |
| **Names and affiliations of co-authors** | Professor Richard Morriss, Shireen Patel and Clem Boutry |
| **Title of talk** | The Alpha-Stim-D Trial: Investigating the effectiveness of cranial electrotherapy stimulation for treating depression |
| **Abstract** | **Background**<br>Major depression is the second leading cause of years lost to disability worldwide and is a leading contributor to suicide. Antidepressants are only effective for 33% of people and only 40% of those offered psychological treatment attend 2 sessions or more. This highlights the need to evaluate novel treatments for depression, particularly as the number of people experiencing depressive symptoms has almost doubled during the Covid-19 pandemic, yet access to treatment is reduced. This study investigates the effectiveness of the Alpha-Stim AID device, which is an extremely relevant treatment that people can use safely from their home. The device provides cranial electrotherapy stimulations which change the electrical activity of the brain, from more stressful to more relaxing rhythms.<br><br>**Methods**<br>To date, we have recruited 71 out of 230 participants with mild to moderate depression from Primary Care services. Through a process like tossing a coin, half of the participants are randomly allocated an active device and half are allocated an inactive device, which does not emit a current. Participants are asked to use the device for an hour a day over eight weeks in their home and to complete a daily log. Their symptoms are assessed prior to starting the treatment and at 4, 8 and 16 weeks.<br><br>**Implications**<br>This study is investigating whether patients using the Alpha-Stim AID device display a reduction in depressive symptoms. This, combined with participants' thoughts on using the device, will help to determine whether Alpha-Stim AID should be made available on the NHS. |

| | |
|---|---|
| **Time** | **2.05 – 2.10** |
| **Presenter** | Hayley Moore |
| **Job Title and affiliation** | PhD student, University of Nottingham |
| **Names and affiliations of co-authors** | Professor Kapil Sayal, A. Jess Williams, Professor Ellen Townsend |
| **Title of talk** | Interactions, moderators and mediators between bullying involvement and self-harmful thoughts and behaviour in young people: a systematic review |
| **Abstract** | Over the past decade, there has been a surge in research investigating the complex relationship between bullying involvement and self-harmful thoughts and behaviour (SHTB) in young people. The aim of this systematic review was to establish underlying factors associated with SHTB in young people involved in traditional and cyber bullying. In June 2020 (updated February 2021), a comprehensive search was conducted across electronic databases. Observational studies containing quantitative primary data or secondary data analyses were included in the review, on the basis that interactions, moderators, or mediators were examined between bullying involvement (perpetrators, victims, or perpetrator-victims) and SHTB. Versions of the Newcastle-Ottawa Scale was used to assess risk of bias in the included studies, whilst the review process was assisted by a second reviewer. Fifty-seven studies were included in the narrative synthesis. Overall, 5 interactions, 47 moderators and 65 mediators were established. The findings were synthesised in the light of the Integrated-Motivational Volitional Model of Suicidal Behaviour and presented under two categories: self-harmful thoughts and self-harmful behaviours. Factors were characterized as socio-demographic; psychiatric; parental; personality and psychological; and social and environmental. Due to significant heterogeneity among bullying measures and outcome domains and measures, it was difficult to draw solid conclusions. Nevertheless, this review merged a broad range of evidence, and produced vital improvements for future research, and recommendations for practice and policy. |

| | |
|---|---|
| **Time** | **2.10 – 2.15** |
| **Presenter** | Ellen Marshall |
| **Job Title and affiliation** | PhD student, University of Nottingham |
| **Names and affiliations of co-authors** | Prof. Cris Glazebrook (University of Nottingham), Emily Boggs (University of Nottingham), Alexandra Hudspeth (University of Nottingham), Nat Thorne (University of Nottingham), Prof. Jon Arcelus (University of Nottingham, Nottingham Centre for Transgender Health) |
| **Title of talk** | Relationship satisfaction: A comparative study between trans and cis people |
| **Abstract** | **Background**<br>Having a highly satisfying relationship has been found to be associated with higher wellbeing and lower levels of mental health symptomology in the general population. Limited research suggests a bi-directional relationship between transition, relationship quality and wellbeing, however the impact of transition specifically on relationship satisfaction for trans individuals remains |

| | |
|---|---|
| | unknown. Considering this, the aim of this study is to compare relationship satisfaction between trans and cis individuals.<br><br>**Methods**<br>Participants were recruited from trans support groups and social media. A total of 167 people participated (75 trans individuals and 92 cis individuals) and analysis is ongoing. Participants completed a series of online questionnaires containing demographic questions and measures assessing relationship satisfaction (Couple Satisfaction Index), attachment style (Relationship Questionnaire), and physical and mental health (Short Form Health Survey).<br><br>**Results**<br>Preliminary analysis suggests no difference in the level of relationship satisfaction between trans and cis individuals. Further analysis on the predictors of relationship satisfaction for trans individuals will occur once recruitment is complete.<br><br>**Conclusions**<br>This study is the first of its kind to compare relationship satisfaction for trans and cis individuals. With a general expectation within society that relationships end during transition, these preliminary findings help to show relationship satisfaction does not differ for trans individuals and, as such, their relationships should not be viewed differently. With high relationship satisfaction related to better wellbeing and lower mental health symptomology for the general population, the current findings suggest other factors may play a part in this association and these will be discussed. |

| | |
|---|---|
| **Time** | **2.15 – 2.20** |
| **Presenter** | Sema Altuntas |
| **Job Title and affiliation** | PhD researcher, University of Nottingham |
| **Names and affiliations of co-authors** | |
| **Title of talk** | The role of self-compassion and emotion regulation strategies in the relationship between attachment styles and PTSD symptoms in survivors of domestic violence |
| **Abstract** | **Background**<br>Post-traumatic stress disorder (PTSD) symptoms have been linked to traumatic experiences including domestic violence (DV). However, not all people who have experienced DV develop PTSD, which suggests that other factors should be considered to predict the risk of PTSD symptoms among survivors of DV. Individual differences in attachment styles, self-compassion, and emotion regulation processes (rumination, thought suppression and dissociation) may help to clarify why certain survivors of DV may be more prone to developing PTSD symptoms. Understanding these mechanisms better is important for ensuring that targeted interventions can be developed to support traumatized people presenting with PTSD symptoms resulting from domestic violence.<br><br>**Aim**<br>This study explores the role of attachment styles in predicting subsequent PTSD symptoms and whether part of the link between attachment styles and |

| | |
|---|---|
| | trauma symptoms might be explained by lack of self-compassion and survivors' use of maladaptive emotion regulation strategies.<br><br>**Method**<br>Anonymous adult survivors of domestic violence (n=131) will complete self-report measures in an online study hyperlinked on support organizations websites/social media platforms.<br><br>**Predicted results**<br>We predict that those who experience more types of interpersonal trauma and who are characterized by more anxious attachment and lower self-compassion and who tend to use maladaptive emotion regulation strategies, especially rumination, may be the most susceptible to experiencing severe posttraumatic stress symptoms. Moreover, emerging findings suggest that higher levels of self-compassion may act as a buffer and therefore are likely to be related to reduced levels of PTSD symptom severity. |

| | |
|---|---|
| **Time** | **2.20 – 2.25** |
| **Presenter** | Fatma Aysazci |
| **Job Title and affiliation** | PhD student, University of Nottingham- School of Medicine/Division of Psychiatry and Applied Psychology |
| **Names and affiliations of co-authors** | |
| **Title of talk** | A systematic review of prevalence and correlates of post-traumatic stress disorder, depression and anxiety in displaced Syrian population |
| **Abstract** | The world has confronted one of the largest migration waves after the civil war started in Syria in March 2011. It has been reported that nearly 13.1 million people from Syria need humanitarian assistance and at least 5.6 million of them are seeking safety in another country. This population has encountered various negative life experiences before, during and after migration, and suffers from psychological problems. However, the prevalence of mental health problems in this population varies widely in the literature. The purpose of this study was to systematically review and find out the prevalence and correlates of PTSD, depression, anxiety in the externally displaced Syrian population. Five different bibliographic databases were searched with inclusion and exclusion criteria set for this review. Seventeen studies met full eligibility criteria (N=9,061). The prevalence of included studies is likely to fall between; 23.26-42.63%, 30.28-50.53% and 17.67-48.93% for PTSD, depression and anxiety, respectively. Marital status, education level and resettlement period were not the predictors of PTSD, depression and anxiety symptoms. However, being female and experiencing more traumatic events were associated with higher PTSD, depression and anxiety symptoms. Low economic status was also the predictor of high depression levels. Among eight different countries, the highest prevalence of PTSD and depression was reported in Turkey and the lowest was reported in Germany for these three mental health problems. More population-based and statistically strong studies are needed to identify the mental health problems and their predictors for providing effective mental health interventions for this population. |

| | |
|---|---|
| **Time** | **2.25 – 2.30** |

| | |
|---|---|
| **Presenter** | Awa Sabrina Ottiger |
| **Job Title and affiliation** | Psychotherapist, University of Nottingham |
| **Names and affiliations of co-authors** | Prof Joseph Stephen |
| **Title of talk** | Authenticity - Key to a more sustainable future? |
| **Abstract** | This study aimed to assess the empirical validity of Carl Rogers' vision of the authentic person to be ecologically minded. 238 participants were asked to complete the Authenticity Scale, the Connectedness to Nature Scale, the Love and Care for Nature Scale, the Ethically Minded Consumer Behavior Scale, and the Brief Social Desirability Scale. It was found that higher scores on authenticity were associated with higher scores on feelings of connection to nature, love and care for nature, and ethically minded consumer choices. Associations remained statistically significant even controlling for social desirability effects. This is the first study to provide empirical support for Rogers' hypothesis that more congruent individuals will be more environmentally aware and concerned. |

| | |
|---|---|
| **Time** | **2.30 – 2.35** |
| **Presenter** | Dr Georgina Mills |
| **Job Title and affiliation** | Research Fellow, Nottinghamshire Healthcare NHS Foundation Trust |
| **Names and affiliations of co-authors** | Dr Gibbon (Consultant Forensic Psychiatrist Arnold Lodge, Nottinghamshire Healthcare NHS Foundation Trust and Honorary (Consultant) Associate Professor, University of Nottingham, School of Medicine) Dr McCarthy (Senior Research Fellow, Arnold Lodge, Nottinghamshire Healthcare NHS Foundation Trust) |
| **Title of talk** | Uptake of the COVID-19 vaccination in a secure psychiatric hospital population |
| **Abstract** | **Background**<br>Little is known about the uptake of the Covid-19 vaccine in people with mental disorder who have a high risk of severe health outcomes in SARS-CoV-2 infection.<br><br>We undertook a service evaluation within a medium secure hospital to examine the capacitous uptake of the COVID-19 vaccine among the population.<br><br>**Method**<br>All patients had a capacity assessment completed by their Consultant Forensic Psychiatrist.<br><br>Age, gender, ethnicity and consent status to receive the vaccine (yes/no) was recorded, along with any reasons for refusal to consent to the vaccine. Descriptive statistics and odds ratios were calculated (for age/ethnic group) with a cut-off for statistical significance set at $p<0.05$.<br><br>**Results**<br>Four patients were ineligible for the vaccine due to recently having a COVID-19 infection. Of the 92 eligible patients (72 men and 20 women; mean age = |

| | |
|---|---|
| | 38.7 years; age range 19 - 62 years), 68 (73.9%) consented to take the vaccination and 17 (18.5%) declined to consent.<br><br>A similar proportion of patients aged under and over 40 years old (73.6% vs. 74.4%) consented to have the vaccine.<br><br>Those from a Black Asian Minority Ethnic (BAME) background were 2.14 times more likely to decline the vaccine than White British patients, though this result was not statistically significant (p = 0.20, 95% CI 0.66 - 6.68).<br><br>**Discussion**<br>This small study shows that among a group of patients who are detained in a secure setting immunisation with the COVD vaccine was broadly acceptable and most patients gave valid consent to receive it. |

If you have any queries about the event please email karen.sugars@nottshc.nhs.uk