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SCL 90 (Psychopathology), Addenbrooks scale (Neuro Cognitive impairment), socio demographic proforma which included vaccination status, pulmonary involvement and medical interventions.

The data were analysed by SPPS and compared with matched control group and the following statistical tools were used - independent t test, spearman's rho, chi square test, linear regression analyses and z test.

Results. The results of our study do not indicate any statistically significant differences in the psychosocial parameters (depression, anxiety, psychopathology and quality of life) between case and control group.

Neurocognitive deficits not statistically significant in study population.

Delirium experienced during admission process and vascular insult such as stroke significant in case versus control group.

Conclusion. Our study indicates that COVID-19 does not have any significant psychological or neurocognitive impact.

Our study was one of the few interview based studies conducted on COVID recovered patients.

Certain studies collected data from emergency room case records / meta analysis to suggest that COVID-19 may have a psychological sequel in the long term.

Our study and similar interview based studies contradict this hypothesis.

Development of a mHealth Intervention (TechCare) for First Episode Psychosis: A Focus Group Study With Mental Health Professionals

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Aims. Research in the area of mHealth, has shown much promise in the development of mobile phone interventions which look at the assessment and treatment in real-time of psychiatric disorders. Within the context of Severe Mental Illnesses (SMI), such as psychosis, communication and understanding between health professionals and service users in the reporting of distress and reoccurrence of symptoms is essential in reducing the chances of relapse. An alternative pathway which uses mobile technology to engage with services, may hold the key to gaining a deeper understanding of the lived experiences of those with mental health difficulties, in particular experiences of recovery from SMI's. AIM: The aim of the study was to explore the perspectives and opinions of health professionals on the development and refinement of the TechCare App for psychosis. A qualitative approach was adopted for data collection, which provided an understanding of factors in relation to the development of the intervention.

Methods. A total of two focus groups were held with health professionals to elicit their views on optimising the utility of the TechCare App. The total sample size for the focus groups was n = 16 with a total of 6 males and 10 females. This qualitative study was part of a feasibility study, investigating a novel intervention (TechCare) (Husain et al., 2016; Gire et al., 2021) which monitored participants symptoms and provided a tailored psychosocial response in real-time. Data obtained from the focus

groups was transcribed. Framework analysis were used to analyse the data for emerging themes, focusing on feasibility, acceptability and further development.

Results. The key themes that emerged from the data were; access and usage of digital technologies, implications for clinical practice, challenges & barriers to delivery and development and refinement considerations for the TechCare App.

Conclusion. Results of the focus group with health professionals provided a unique perspective of conducting mHealth research within an EIS context, and the differing challenges professionals anticipated facing in delivering the TechCare App intervention. The main finding of the focus group was that professionals saw the potential for the TechCare App to increase access to digital technologies, providing service users with an alternative medium to communicate with EIS health professionals. However, the participants felt that despite mHealth Apps being a useful platform to deliver interventions, face-to-face contact should remain an important aspect of routine care.

Diabetes Care in the Psychiatric Inpatient Setting: A National Survey of Mental Health Professionals Knowledge, Attitudes and Skills

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Aims. People with Severe Mental Illness (SMI) are at increased risk of developing diabetes. There is currently a lack of monitoring and standardisation of diabetes care in the NHS psychiatric inpatient setting. This presents as a missed opportunity, as inpatient admission could be used to improve diabetes care for this population. We surveyed the multi-disciplinary teams in psychiatric inpatient units across England to develop understanding of current diabetes care in this setting.

Methods. A 13-item questionnaire was designed to assess the knowledge, attitudes and skills relating to diabetes care. This was piloted via think out loud interviews with 5 staff at a Forensic unit. Amendments were then made to the questionnaire to improve the validity prior to national roll-out.

Site coordinators working within General Adult, Old Age, Rehabilitation and Forensic inpatient services were recruited via medical education and academic links. This included 19 inpatient sites within 11 NHS Mental Health Trusts across England. Site coordinators circulated the questionnaire, primarily via electronic survey. A small number of paper responses were also collected.

Results. 156 responses were collected via the national survey (electronic = 136, paper = 20). 6 responses were excluded due to missing professional role information or roles not involving physical healthcare. Respondents included within the analysis comprised 43 Doctors, 55 Nurses and 52 Allied Healthcare Professionals.

93% of respondents agreed that addressing physical health needs was an important part of the mental health team's role, although only 28% had received physical healthcare training within the last 12 months.

68% agreed that they had adequate skills and knowledge to manage diabetes safely on the ward. 69% agreed that the diabetic care on the ward was of an acceptable standard according to National Institute for Health and Care Excellent (NICE) guidelines. This reflects a need for appropriate training and guidance to help improve this aspect of care.