

Method. This cross-sectional survey was conducted using Google Form then subsequent telephone interview between June and August 2020. Using random sampling, a total of 479 health care professionals participated in the study. We collected data on demographics. Anxiety and depression were measured using 4 items Patient Health Questionnaire-4 (PHQ-4), PTSD was measured using 4 items Primary Care (PC)-PTSD-Screen, and insomnia was measured by using a 7-item Insomnia Severity Index (ISI). A multivariable logistic regression analysis was performed to assess risk factors associated with mental health symptoms.

Result. Overall, 17.6% of frontline health workers had symptoms of anxiety, 15.5% had depression symptoms, 7.6% had PTSD symptoms and 5.9% had symptoms of insomnia. Compared to allied health professionals ($n = 113$, 24%), doctors ($n = 366$, 76%) had significantly higher prevalence of anxiety: 21.1% vs 06%, (OR = 4.19; 95% CI = 1.88–9.35; p -value <0.001); depression: 18% vs 6.8%, (OR = 2.99; 95% CI = 1.40–6.42; p -value 0.005); PTSD: 9.4% vs 1.7%, (OR = 5.96; 95% CI = 1.41–25.11; p -value 0.015) and insomnia: 7.4% vs 0.9%, (OR = 9.22; 95% CI = 1.24–68.4; p -value 0.03). Logistic regression analysis showed that pre-existing medical illness has significantly more risks of developing symptoms of anxiety (adjusted OR = 2.85; 95% CI = 1.71–4.76; p -value <0.001) and depression (OR = 2.29; 95% CI = 1.39–3.77; p -value 0.001). Having a postgraduate degree (adjusted OR = 6.13; 95% CI = 1.28–29.28; p -value 0.023) and working in secondary care setting (adjusted OR = 3.08; 95% CI = 1.18–8.02; p value 0.021) have significant predictors of developing anxiety symptoms among health workers. Those who had worked more than 6 weeks in COVID-19 dedicated hospitals had risk of developing symptoms of PTSD (OR = 2.83; 95% CI = 1.35–5.93; p value 0.006) and insomnia (OR = 2.63; 95% CI = 1.15–6.02; p value 0.022).

Conclusion. Our study demonstrated a high prevalence of symptoms of depression, anxiety, PTSD, and insomnia among Bangladeshi frontline health workers (particularly among doctors) during the COVID-19 pandemic. There is an urgent need to address the mental health needs of frontline health workers.

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Attitudes and decision-making processes of Midwakh smoking among adult males in UAE

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Aims. Midwakh, which involves smoking an Arabian tobacco blend typically mixed with herbs and spices, has recently become a major health concern due to a spreading popularity among adolescents and young adults in the United Arab Emirates (UAE). It is known to contain a higher nicotine content than cigarettes, potentially increasing the risk of addiction, despite contrary popular belief among young smokers. Yet, little is known about attitudes and decision-making processes involving this emerging smoking behaviour. The aim of this study was to ascertain the knowledge, attitudes and practices of Midwakh use among adult males in the UAE.

Method. A cross sectional study was conducted among male adults in Abu Dhabi, Dubai and Sharjah. A total of 500 participants completed self-administered validated questionnaires, which consisted of 30 questions that targeted the public's understanding, perception

and use of Midwakh. Data were analysed using SPSS 23. Percentages and means were calculated for demographic data and Chi-Square was utilised to measure relations between categorical variables. Odds Ratio (OR) was used to estimate how strongly a predictor was associated to an outcome. A p -value less than 0.05 was considered statistically significant.

Result. The prevalence of smoking Midwakh was 34.8% among the study sample. Males between ages 26 to 35 were found to be 4.48 times (95% CI: 1.59–12.66) more likely to be current Midwakh smokers than any other age groups ($P = 0.01$). Emiratis in the study were 5.92 times (95% CI: 2.83–12.35) more likely to smoke Midwakh than expats. 65% of respondents reported willingness to smoke Midwakh if it was offered to them. Adults with 3-4 close friends who smoke Midwakh were 6.8 times (95% CI: 2.08–22.41) more likely to smoke Midwakh themselves. Knowledge of being unsafe was cited in 62% of the participants as a cause of quitting Midwakh within two years.

Conclusion. Our results demonstrate a significant impact of peer pressure on the decision-making process of Midwakh smoking. The high prevalence among young male residents warrants a multi-agency public health approach to tackle the issue. Culturally sensitive campaigns raising awareness to the harmful effect of Midwakh including its addictiveness appear to be essential. Further research investigating the effects of a targeted Midwakh-smoking cessation approaches is warranted.

Impact of community treatment orders on inpatient bed usage in assertive outreach team

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Aims. To examine the impact of using Community Treatment Orders (CTO) of the Mental Health Act on use of inpatient care in Assertive Outreach team.

Background. Currently there is little evidence of the efficacy of community treatment orders (CTOs), and in particular with patients who use the Assertive Outreach service. One large randomised controlled study found no impact on use of inpatient care while a naturalistic study found significant impact.

Method. Our primary outcome was the number of admissions with and without a CTO comparing each patient with themselves before CTO and under CTO ("mirror-image"). Our secondary outcomes were the number of bed days, and the percentage of missed community visits post-discharge. We also looked at the potential cost savings of a reduction in inpatient bed usage.

Result. All the 63 patients studied over period of 6 years had a severe and enduring mental illness. The use of a CTO was linked to a significant reduction in the number of admissions (mean difference = 0.89, 95% CI = 0.53–1.25, $P < 0.0001$) and bed days (mean difference = 158.65, 95% CI = 102.21–215.09, $P < 0.0001$) There was no significant difference in the percentage of missed community visits post-discharge. Looking at the costs, an average cost for an inpatient Assertive Outreach bed per day in the local Trust was £250, and there were 8145 bed days saved in total, making a potential saving of just over £2million, during the study period.

Conclusion. This study suggests that the implementation of CTOs using clinical judgment and knowledge of patients can significantly reduce the bed usage of Assertive Outreach patients. The financial implications of CTOs need to be reviewed further,