a validated, computerised assessment tool (THINC-IT). Psychiatric status and medication status were self-reported, and where possible, disorder severity measured using a rating scale (CGI-S).

Results. Participants with depression had a significantly higher COMPASS-31 and VAFS scores (higher being more severe), with effect sizes being medium to large. Medication did not fully explain the associations observed. Overall, participants with mental health disorders, when compared to healthy controls, had significantly higher levels of cognitive impairment. Levels of ANS dysfunction significantly and positively correlated with cognitive impairment. The severity of the psychiatric disorder significantly correlated with both ANS dysfunction ($p < 0.001$) and cognitive impairment. These results were found across all cognitive tests ($p < 0.05$), other than reaction times in the N-back test, a measure of working memory.

Conclusion. Our results show significant association between ANS dysfunction, psychiatric disorders and cognitive impairments. This is consistent with previously published data. There is now a need to understand the underlying mechanisms and the directionality of the associations. If these mechanisms are shared and relate to autonomic dysfunction, targeted treatments addressing this directly could be helpful with mental health disorders and associated burdensome symptoms, such as cognitive impairments and fatigue. This study is part of a wider project assessing cognitive ability and autonomic functioning in psychiatric populations, and investigating treatments that directly address autonomic dysfunction in psychiatric samples, such as non-invasive transauricular vagus nerve stimulation (taVNS).

Mind and Spirit. Chaplaincy and Spiritual Care in Inpatient Psychiatry – a Qualitative Study

Dr Elias Diamantis*, Dr Rupert Miles-Marsh and Dr Anita Stowell

Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, United Kingdom
*Presenting author.

Aims. Introduction. Despite society's secularisation, as of 2019 only 38.4% of the population of England and Wales identified as "No Religion". The integration of chaplaincy and spiritual care teams into health services varies widely and we undertook this qualitative research to better understand the spiritual needs on psychiatric wards.

Methods. Between October 2021 and January 2022, we carried out semi-structured interviews with 10 patients and 10 staff-members, convenience sampled from acute General Adult Wards. The interviews were approximately 10–15 minutes long, documented in shorthand, compiled, and analysed thematically.

Results. Themes (P = patient, S = staff member)

1. Religion and belief, or lack of it, defies categorisation
P1 (36M) identified as Christian but didn't really believe, whilst S2 (Nurse Clinical Team Leader) professed no religion but prayed that her sister would be healed. P7 (59F) was brought up Christian but thought religion was a fantasy. P2(21M) identified as Wiccan but thought all religions hold truth.

2. An incarnational, embodied service
P9 (33F) wished chaplains wandered around the wards and S10 (F1 Junior Doctor) praised their presence in general hospitals. P1 wanted a "prayer circle" and S5 (Student Nurse) suggested weekly worship services.

3. Space to "be"
S10 liked an empty chapel to think in and P4 (29M) said he was Lacking space for reflection and meditation.

4. Unmet needs
P9 felt abandoned by God during the admission and her vicar had recently died. She wanted someone to sit, pray with her and point her to helpful scriptures but was not aware of the existence of chaplaincy. Of the patients, only P3 knew how to contact the service and S8 said it was rarely discussed by the MDT.

5. Caution, ignorance and suspicion
S1 and S8 said chaplaincy visits are sometimes distressing for patients preoccupied with devils and demons and P5 (26M) was worried they'd judge him.

6. Links with wider faith communities
P6 (46F) would like to attend church with her family, P4(29M) would like to know where he could go to worship and S2 was also curious of what's available outside hospital.

Conclusion. Discussion and clinical implications

Despite limitations of small size and recruitment bias, the themes emphasise the complexity of understanding someone's spirituality. It highlights a call for a more visible presence and thoughtful consideration of what a spiritual need is and how it can be met.

Ward visits should be prioritised, having recently been limited by COVID-19 restrictions. Patient information and staff education regarding chaplaincy and spiritual care is urgently needed on psychiatric inpatient wards.

Examining the Levels of Violence in Mental Health Trusts

Dr Charlotte Dinkel[1]* and Dr Khalil Hassanally[2]

[1]West London NHS Trust, London, United Kingdom and [2]CNWL, London, United Kingdom
*Presenting author.

Aims. A recent NICE report stated that there were 68,683 assaults reported by NHS staff between 2013 and 2014. 69% of these were in the mental health or learning disability setting. We sought to explore the number of violent incidents within mental health trusts across England and to understand whether the levels of violence against staff have increased, decreased, or remained the same between the years 2014 to 2019. We also looked at whether a change in bed numbers correlated with the levels of violence experienced.

Methods. Mental Health Trusts in England were identified, and Freedom of Information requests were sent to them. We asked for the numbers of sexual and physical violence between the years 2014 and 2020, broken down by outpatient and inpatient setting. Using bed data from NHS England we looked at whether there was a correlation with violence.

Results. Out of the 53 trusts we approached with freedom of information requests, 43 returned responses with data that could be used for analysis. Data sets were often incomplete, especially for the earlier years requested. The total number of violent incidents from the 43 trusts was 24,393, in the year 2014. There was an increase to 37,907 by the year 2019, which may, in part, be explained by more complete data. Over the same time period, there was a decrease in bed numbers. Average number of episodes of violence per bed increased over 2014 to 2019 from 2 to 2.5, but the increase was not statistically significant. From our data, a correlation between the decrease in bed numbers and increase in rates of violence cannot be drawn.

Conclusion. The high number of violent incidents within the mental health setting remain troubling, particularly when taking into account that this analysis represented only a partial data