 qualitative study: learning from recovery: what do people who have recovered from alcohol dependence have to teach those who are still struggling?

Anju Soni1* and Ian Treasaden2

1Broadmoor Hospital, West London NHS trust and 2West London NHS trust
*Corresponding author.

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Aims. The aim is to tap into user experience in the UK and to analyse what lessons can be learnt from those who have recovered from alcohol dependence to help those who are struggling including to inform the delivery of alcohol services.

Method. The study was conducted in London, UK. 20 males in the age group 30–45 years were recruited. 10 of these participants had recovered from alcohol dependence and the other 10 were in treatment for alcohol dependency and diagnosed as dependent according to ICD-10 or DSM 5 criteria. In the former group, each participant answered a questionnaire that was developed and used to interview all the subjects.

Males 30–45 years were eligible as alcohol dependence is more common in this age group and purposive sampling drove the selection (i.e. if early analysis suggests the importance of a particular factor, subjects likely not to show that factor would be sampled for comparison).

Grounded analysis was the qualitative analysis method of choice and constant comparison was used, i.e., data were collected and analysed concurrently.

Result. The main "families" that arose grouped around relationships in both the recovered alcoholics (RA) and continued alcoholics (CA). A successful shift required a change in the relationship to self, from feeling empty or critical towards acceptance and this shift was facilitated by being accepted and respected by others.

Relationship as motivator to stop drinking

24% people had the insight to self-refer to voluntary organisations such as AA but 76% did so because of fear of losing either their relationship or their job.

Although 80% of recovered alcoholics had been ambivalent about coming off alcohol, the shift happened when they had a nurturing relationship elsewhere such as a key worker at the Alcoholics Anonymous.

Insight and Perceptions

Awareness of alcohol as an obstacle rather than a solution was key for change to occur. Although 75% people with insight into their difficulties were more successful in maintaining sobriety, insight alone without action was insufficient. Moreover, action was possible without insight. Fear of death alone was a sufficient motivator.

Conclusion. Difference between support systems

As a result of comparing those patients with alcohol dependence who responded well to treatment compared to those who were very recalcitrant to treatment important characteristics of an effective service have been identified. It was clear that the quality of services offered to those with alcohol dependence who attended A&E departments could be improved by offering more time for the initial assessments and adopting a more individualistic approach for each patient.

Training sessions to the A&E staff about the differences required in management between those with alcohol dependence who are motivated to abstain compared to those who will only be able to reduce consumption should be offered rather than mere blanket exhortations to abstain from alcohol consumption. The importance of behavioural avoidance of situations where alcohol is excessively consumed is more helpful in terms of eventual outcome.

The A&E staff should be encouraged to employ individuals from Alcoholics Anonymous in their department as early involvement with AA improves engagement and outcome can greatly improve engagement with treatment programs subsequently and lead to significantly better outcomes.

Prevalence and associated factors of antenatal depression of women attending antenatal clinics in two tertiary care maternity hospitals in Sri Lanka

Chathurie Suraweera1, Iresha Perera1, L.L. Amila Isuru2 and Janith Galhena1

1Professorial Psychiatry Unit, National Hospital of Sri Lanka and 2Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka
*Corresponding author.

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Aims. To determine the prevalence of depression among antenatal mothers in two tertiary care maternity hospitals in Colombo and associated factors of antenatal depression.

Method. A descriptive cross-sectional study was conducted in antenatal clinics in two tertiary care maternity hospitals in Sri Lanka. Every second woman attending the clinic was recruited using systematic sampling until the calculated sample size was obtained. A structured questionnaire and Edinburgh Postnatal Depression Scale (EPDS) were used for data collection. Data were analysed using SPSS.

Result. A total of 536 pregnant women were participated in the study. Around one third (180, 33.6%) of pregnant women had depression according to the EPDS score (Mean = 7.66, SD = 5.17). The mean age was 29.65(SD = 9.30) years and among them 387(74.3%) had at least secondary education. The majority lived with parents or in-laws (329, 61.4%) in addition to nuclear family members and 266(49.6%) were in their third trimester. Most women were in first pregnancy (149, 39.5%) and 11(2.1%) had a history of psychiatric illness. Sixty (11.2%) women and 156(29.1%) of partners used psychoactive substances. Verbal abuse and physical abuse were reported by 5(0.9%) and 3(0.6%) respectively. Sixty one (11.4%) women have reported inadequate family support, and 226 (42.2%) had only support of the partner. Among them 346 (64.6%) reported excellent support from partner. One third (186, 34.7%) of pregnancies were unplanned. 328(61.2%) women reported a very

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good relationship with their partner. Complications were experienced by 123 (22.9%) of women during this pregnancy and commonest was gestational diabetes. The presence of depression was significantly associated with living with extended family (p = 0.033) and in-laws (p = 0.014). Multi parity (>2 children) (p = 0.008), partner’s substance use (p = 0.002), inadequate family support (p = 0.024), inadequate partner’s support (p = 0.003), unsatisfactory relationship with partner (p = 0.000) and unplanned pregnancies (p = 0.001) were also associated with depression. Logistic regression analysis indicated a significant association between depression with partner’s substance use, unavailability of family support and poor relationship with the partner.

**Conclusion.** Around one-third of mothers were having antenatal depression. Several spouse related factors and unsatisfactory family support were associated with depression among antenatal mothers.

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**An analytical cross-sectional study to describe and compare the mental health status of doctors and medical undergraduates in selected institutions in Colombo, Sri Lanka during COVID-19 pandemic**

Chathurie Suraweera1*, Iresha Perera1, Priyanka Rupasinghe2 and Janith Galenage1

1Professorial Psychiatry Unit, National Hospital of Sri Lanka and 2Department of Paediatric Neurology, Lady Ridgeway Hospital for Children, Colombo

*Corresponding author.

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**Aims.** The aim of this study was to describe and compare the mental health status of doctors and medical undergraduates in selected institutions during COVID-19 pandemic.

**Method.** A cross-sectional analytical study was conducted among doctors working in major tertiary care hospitals two of which, risk is unpredictable and high, the other where all patients are positive for COVID-19 and among medical undergraduates. The doctors were selected using disproportionate stratified sampling and medical undergraduates using stratified cluster sampling. Data were gathered using a Google form containing socio-demographic details, perception on the pandemic and the General Health Questionnaire-12 (GHQ-12).

**Result.** There were 468 participants in the study and among them 243 (51.9%) were doctors. Mean age of the doctors’ is 34.54 (SD = 7.43) years and more than half (50.06%) were in post graduate training. Majority were worried about their health (65%) and their loved one’s health (90.1%). Among doctors 220 (90.5%) felt that they have moderate or higher risk of acquiring COVID-19 and 15.6% would not have worked due to the risk. According to GHQ-12, 182 (74%) doctors were psychologically distressed (mean GHQ = 12.64, SD = 4.54) and it was significantly associated with age less than 35 years (p = 0.039) and worry about interruption of their daily routines (p = 0.010).

The mean age of 225 medical undergraduates was 25.20 (SD = 1.34) years and 176 (78.2%) of the participants were psychologically distressed (mean GHQ = 14.32, SD = 6.67). Majority (59.11%) believed that they are at high risk of getting COVID-19. Their distress was significantly associated with the worry about the impact of COVID-19 related restrictions on their daily routines (p = 0.000). Binomial logistic regression confirmed that doctors were distressed due to impact on their income whereas both doctors and medical undergraduates were distressed due to impact on daily routines.

**Conclusion.** Nearly three quarter of both doctors and medical undergraduates were psychologically distressed during COVID-19 pandemic. The worry was due to contracting illness, financial issues and the COVID-19 regulations.

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**Prevalence and associations of psychoactive substance use among male supportive staff members in a tertiary care hospital of Sri Lanka**

Chathurie Suraweera1*, Iresha Perera1, Priyanka Rupasinghe2 and Janith Galenage1

1Professorial Psychiatry Unit, National Hospital of Sri Lanka and 2Department of Paediatric Neurology, Lady Ridgeway Hospital for Children

*Corresponding author.

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**Aims.** The study describes the prevalence and associated socio-demographic variables of psychoactive substance use among male supportive staff members at a tertiary care hospital in Sri Lanka.

**Method.** A cross-sectional descriptive study was carried out among male supportive staff members of a tertiary care hospital in Colombo District, Sri Lanka by using a self-administered anonymous questionnaire. Participants were recruited using stratified cluster sampling in thirteen overseer divisions of the hospital. Anonymous questionnaires were collected into a sealed box and analysed using Statistical Package for Social Sciences 20.

**Result.** The mean age of the 404 male staff members who participated in the study was 38.78 (SD = 10.90) years and 71.5% were married. Among them 202 (49.1%) were educated up to grade 6-11 and 30 of them has had encounters with law in the past. Thirty of participants had history of psychoactive substance use in the family. Alcohol was used more than once a month by 127 (30.9%) and more than once a week by 19 (4.6%) individuals. Among other substances, tobacco, beetle and beedi were used by 104 (25.3%), 78 (19.0%) and 18 (4.4%) respectively at least once a month. Further, 22 (5.3%), 20 (4.8%), 7 (1.7%) and 7 (1.7%) participants used Mava, Cannabis, Methamphetamine and Thool respectively at least less than once a month. Heroin, Tramadol and Morphine were used by two individuals at least less than once a month. Among substance using participants, 132 wished to cut down their habit. Most commonly identified (14.1%) adverse consequence was financial issues secondary to psychoactive substance use. Eleven (4.5%) staff members used the substance at hospital. Alcohol use was associated with age more than 35 years (p = 0.039) and history of forensic involvement (p = 0.038). Tobacco (p = 0.000), beetle (p = 0.056), Cannabis (p = 0.000) and mava (p = 0.015) use were significantly associated with positive forensic history. Supportive staff members’ alcohol and cannabis use was associated with tobacco (p = 0.000, p = 0.000) and beetle use (p = 0.001, p = 0.049). Mava use was associated with alcohol (p = 0.060) use in addition to tobacco (p = 0.020) and beetle use (p = 0.008).

Binomial logistic regression revealed alcohol use and beetle use were associated with the number of children in family and above associations.

**Conclusion.** Commonest psychoactive substance consumed by supportive staff members were alcohol, tobacco, beetle, Cannabis and Mava in descending order of frequency. Forensic history was significantly associated with substance use. True prevalence of substance use can be higher than these values.