

self-reported and parent reported SDQ scores were within the “very high” range (21.52 and 22.03, respectively). All participants were offered an initial assessment within 3 weeks of consenting (average 19.6 days) and treatment began within a month. Qualitative feedback from families has identified how the service “fills a gap” between physical and mental health and their satisfaction with how “time-sensitive” support was available.

Conclusion. There is significant demand for this service and CYP living with different LTCs are accessing and utilising the service provided. This model of intervention allows timely access to evidence-based mental health support for CYP attending a general hospital for their physical health needs, compared with standard waiting times in other services.

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Unlocking Optimal Strategies: A Systematic Review Exploring the Efficacy of Physical Exercise vs Cognitive Training for Enhancing Executive Functions in Mild Cognitive Impairment and Dementia

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Aims. While there is research on physical exercise and cognitive training on cognitive improvement in older adults, there is none comparing these two interventions for their efficacy on executive functioning specifically in the population with a diagnosis of Mild Cognitive Impairment (MCI) or dementia. This study aims to bridge this gap and determine the superiority between the two interventions to enhance executive functions among individuals with MCI or dementia. Besides establishing evidence for the benefits of these socially prescribed interventions, it also aims to highlight their differential effects on executive functions. Additionally, it seeks to evaluate the feasibility of implementing these interventions to provide evidence-based insights that inform clinical practice.

Methods. Sixteen randomised control trials were meticulously selected using the Cochrane selection manual and PRISMA guidelines from an extensive search across prominent academic databases. Stringent quality assessment was conducted for each study using the modified Centre for Reviews and Dissemination checklist, Jadad and PEDro scales and the Cochrane Risk of Bias tool ensuring methodological rigour. The studies provided a total of 1593 participants with a mean age of 74.36 (SD = 5.54), randomly allocated in various intervention groups. Each study was critically appraised, analysed and the findings presented as a narrative synthesis and a meta-analysis performed with the available data.

Results. Physical exercise showed statistically insignificant improvement on the Stroop Test ($p = 0.19$) while no significant correlation was seen in Verbal Fluency ($p = 0.032$). Cognitive Training intervention had a significant improvement in both Stroop test ($P = 0.0009$) and Verbal Fluency ($p = 0.00$). The study also found that diverse contextual and personal factors like socioeconomic levels, education, personal preferences, general health conditions, mood, dependence on others, and genetics, are some factors that influence an individual's response to intervention and hence determine its efficacy.

Conclusion. There is limited statistical evidence to conclude the superiority of one intervention over the other. However, this systematic review highlights that the effectiveness of an intervention cannot be assessed solely on its statistical effect size. Rather, one must go beyond numerical assessments for a comprehensive understanding of individual circumstances that may pose barriers to engagement with the interventions, thus influencing their acceptability and effectiveness. A holistic and multidimensional perspective of the disease with a personalised intervention plan may be the new solution.

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Developing a Framework for Examining and Improving Decision-Making in Complex Mental Health Systems

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Aims. Whether focusing on clinical or non-clinical roles, activity within organizations (and, by extension, outcomes) depends on decision-making. The conscious experience of decision-making (as if it is the outcome of an objective and explicit appraisal of pertinent information) belies the complex nexus of influences on this process. Whilst extensive research has been undertaken on both organizational and clinical decision-making, these literatures have largely remained separate. The authors contend that, when account is taken not only of the interplay between decisions that are deemed either ‘organizational’ or ‘clinical’, but also that this dichotomy itself is invalid, there is an imperative to take a whole system approach to decision-making in health organizations.

The aim of this study was to develop a framework for understanding decision-making that has applicability across a complex mental health system.

Methods.

- Step 1: Define the domain of discourse (i.e. decision-making in a complex adaptive mental health system including clinical and non-clinical settings);
- Step 2: Generate a dataset of domain-relevant statements by iterative reflection on the respective areas of practice (clinical and non-clinical);
- Step 3: Thematically analyse the dataset to identify a thematic structure.

Results. A hierarchical thematic structure was identified. At the highest order, this structure comprises a dichotomy between embodied and disembodied conceptualizations. The embodied theme is further divisible by perspectives that are intra- or inter-personal. The former includes ways of thinking, assumptions, approximations, uncertainty, holding the model, and epistemic humility; and the latter includes relationships, trust/resentment, and disagreeing well. The disembodied theme incorporates both broad-brush characteristics of the system (such as holistic, connections, relata and complexity) and those characteristics with explanatory power (such as nonlinear, fuzziness and nondeterministic).

Conclusion. The framework defined by this analysis has the potential to facilitate the examination of facets of, and influences

on, decision-making across a mental health organization. With further empirical testing and revision, such a framework can be used to inform the improvement of approaches to making decisions.

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Do Medical Students Adopt Problem-Focused or Emotion-Focused Coping Strategies?

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Aims. The pursuit of a career in medicine, while potentially rewarding, is undeniably accompanied by demanding challenges. These challenges encompass not only rigorous academic demands and long work hours but also contend with a competitive academic environment, conflicts in maintaining a study-life balance, and a multitude of other stressors unique to the medical profession. Amidst this backdrop, concerns are growing worldwide about the mental health challenges that medical students face as they start their careers in medicine. Coping can play a pivotal role in overcoming these challenges. This study explores how coping is associated with wellbeing aspects, i.e., anxiety and depression, as well as personality, and looks into the coping strategies adopted by medical students, specifically focusing on whether they predominantly employ problem-focused or emotion-focused coping. Additionally, it aims to explore contextual factors influencing students' coping strategies, which is crucial for informing wellbeing interventions and support services.

Methods. This study used a mixed-methods approach, employing quantitative data on coping, personality, stress, anxiety and depression and qualitative data from semi-structured interviews with preclinical and clinical year medical students at the University of Nottingham.

Results. Regression findings revealed that medical students primarily used emotion-focused over problem-focused coping. Interestingly, thematic analysis showed that medical students employ problem-focused coping strategies in rigorous, academically challenging and controllable situations such as upcoming exams; they prioritise structured study schedules, seek additional academic resources, and actively engage with faculty to enhance their understanding of complex topics; conversely, emotion-focused coping emerged prominently in the face of personal or interpersonal stressors, particularly in situations perceived as uncontrollable. In such instances, like unexpected setbacks or health concerns, students may acknowledge and express their emotions and engage in activities for emotional relief, including seeking wellbeing support.

Conclusion. The study reveals a dynamic interplay between problem-focused and emotion-focused coping strategies in medical students. Recognising that medical students tend to adopt different coping strategies in different situations, medical education systems should aim to develop or tailor existing resources to provide appropriate academic and wellbeing support.

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Prevalence of Low Mood, Thoughts of Self-Harm and Suicidal Ideation in Women Affected by the Perimenopause and Menopause

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Aims. Low mood is a common clinical symptom during the perimenopause and menopause. However, the extent to which low mood in menopausal women intersects with thoughts of self-harm and suicidal ideation is largely unknown. In this study we aimed to explore these questions by using two different validated symptom scores.

Methods. We administered a modified version of the Greene Climacteric Symptom Questionnaire (Greene 1976) to all new patients attending the Newson Health Menopause and Wellbeing Clinic, Stratford-upon-Avon, between 1 September 2023 and 31 December 2023. Patients were also asked to complete the PHQ-9 symptom questionnaire, an instrument for diagnosing and measuring the severity of depression. Data were collected from electronic health records and analysed using descriptive statistics.

Results. 1,212 patients were included in the study and completed the Greene Climacteric and PHQ-9 questionnaires at baseline and after 3 months. Mood and mental health symptoms including self-reported anxiety and depression affected 98% of patients. 16% of respondents indicated that they had thoughts of self-harm or suicidal ideation on at least some days in the 2 weeks prior to their initial appointment (Question 9 of the PHQ-9).

Conclusion. The findings of our study demonstrate that negative mood symptoms are common in perimenopausal and menopausal women. 1 in 6 women reported thoughts of self-harm prior to initiation of HRT. Our observational data suggest that mood symptoms are highly prevalent and some women have severe symptoms and may experience suicidal ideation. Our findings should inform better mental health support and access to treatment for women experiencing negative mood symptoms in the menopause transition.

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Healthcare Needs of an Older Adult Population Referred for Psychiatric Assessment in the Emergency Department of a University Hospital

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Aims. It is estimated that approximately 15% of adults over 60 years old suffer from a mental disorder. Self-harm and suicidal ideation are associated with a range of mental disorders, and