

Aims. Bethlehem Psychiatric Hospital is the only psychiatric hospital in the West Bank. Gender differences aren't widely studied in medical Palestinian research, therefore, data on it is very scarce. This study aims to study gender-based patterns of clinical and demographic characteristics amongst patients admitted for the first time at Bethlehem Psychiatric Hospital over a year.

Methods. A retrospective cross-sectional study was conducted at the Bethlehem Psychiatric Hospital, reviewing the medical records of patients admitted for the first time between October 2022 and October 2023. First, data collection was conducted manually by residents transferring information from paper-based files to an Excel sheet. Next, sociodemographic and clinical variables were selected. Finally, the 21st version of IBM SPSS was used to analyze the role of gender factors.

Results. For the 140 patients admitted for the first time to the psychiatric hospital between October 2022 and October 2023, the majority (70%) were male, with a mean age of 31.6 for males and 35 for females.

Most variables showed no significant differences between male and female patients. Of the variables that showed significantly ($p < 0.05$) higher occurrence in male patients were imprisonment, physical aggression (78.6% of males, 61.9% of females), smoking (84.4% of males, 14.3% of females), and substance use (36.7% of males, 2.3% of females). However, length of stay, clozapine prescription, and parents' consanguinity were significantly higher in women.

Conclusion. This is the first study conducted about gender differences in Palestinian psychiatric inpatients. Some elements pointing to antisocial traits (like imprisonment and substance use) were more common in males, while women stayed longer at the hospital. Studying these measures and their etiology is crucial for better understanding and management.

There is a need for more research on gender differences, and Palestinian psychiatry as a whole, integrating social-economic, cultural, and medical views, to provide better equitable care for patients, and be able to advocate better for them.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Connecting Past Trauma With Current Mental Health Challenges: A Photovoice Study Exploring Men's Experiences

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Aims. While evidence suggests men experience high rates of trauma, there is little qualitative research investigating men's experiences of past trauma and current mental health challenges. This study aimed to obtain a richer understanding of the trauma histories embedded in men's accounts of living with depression, anxiety, and suicidality, and how men responded to these challenges.

Methods. Twenty-one New Zealand-based men were recruited from the community and asked to take photographs depicting their experiences of living with depression, anxiety, and suicidality including what had helped or hindered their recovery.

Participants shared their narratives and photographs in semi-structured interviews.

Results. The findings show an array of participant experiences of past trauma at the individual, family and community level. Three themes were inductively derived to describe how men responded to these traumas: (1) *struggling to survive* which describes the isolation and emotional pain of men's ever-present trauma, heightened by engaging in risky coping strategies; (2) *connecting with past trauma* referred to the participants' understanding of their trauma, disclosure (or not) and help-seeking; and (3) *moving forward* detailed the strategies employed by participants to overcome these challenging experiences and mend and sustain their mental health.

Conclusion. The findings reinforce the importance of in-depth qualitative work towards revealing the impact of past trauma on men's current mental health as well as how men make sense of, disclose and cope with experiences of trauma. These findings have important implications for mental health practitioners working with men. Addressing trauma histories in men seeking help for current mental health challenges may play a key role in improving mental health services and interventions for men.

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Developing a Digital Therapeutic for Alcohol Reduction – a Pilot Study of Curb, an App for People Who Want to Change Their Relationship With alcohol

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Aims.

1. Evaluate user engagement.
2. Evaluate safety.
3. Evaluate efficacy.
 - a. To reduce drinking.
 - b. To address comorbid symptoms of anxiety and depression.

Methods.

Study Population

Participants applied via social media, identifying as individuals seeking to change relationships with alcohol. Inclusion criteria: Aged >18, Alcohol Use Disorder Identification Test (AUDIT) score of 8–16, no history of withdrawal symptoms, or AUDIT score 16–20 but already abstinent for >14 days. Participants who had already been abstinent for >30 days excluded.

The Programme

Participants given unlimited access to Alma mobile application (app) for 4 weeks. Programme consisted of daily pledge to cut down drinking, drink diary to record alcohol use, weekly feedback on Generalised Anxiety Disorder-7 (GAD-7) scores and Patient Health Questionnaire-9 (PHQ-9) depression scores, unlimited access to mindfulness videos to manage cravings.

Statistical analysis

Mixed-effects linear regression used for analysis.

Results. 57 people volunteered for pilot study. 31 eligible to participate.

Engagement

Progressive weeks of programme showed attrition in user numbers. By end of 4-week programme, 77% (24/31) remained, 58% (18/31) submitted all data.

Safety

All participants asked if they had experienced no harm or distress from using app. 25 participants answered, 100% (25/25) responded “no”.

Efficacy

Self-reported capability to reduce drinking significantly increased over time (mean increase from baseline +0.3; $p = 0.007$). At week 4, 8/17 (47.1%) said that Alma had helped them cut down drinking a lot, and a further 8/17 (47.1%) said it helped them cut down a bit.

There was a trend for units drunk on the heaviest drinking day to reduce over time (-0.48 units) and total weekly consumption of units to reduce (-1.01 units), however not statistically significant. There was no trend for drinking days per week to reduce over time.

There was a significant reduction in PHQ-9 scores over time (-1.03 ; $p < 0.001$) and significant reduction in GAD-7 scores (-0.69 ; $p < 0.001$).

A total of 22/24 (92%) respondents said they would recommend Alma to friends and family, 1/24 (4%) would not.

Conclusion.

- Relatively high engagement with Alma compared with similar digital products.
- Pilot study suggests Alma is acceptable, safe and shows potential efficacy in helping reduce alcohol intake and comorbid anxiety/depression, however interpretation limited by small sample size.
- Next steps will be to widen user-base to facilitate larger studies, and gain further insights into factors influencing relapses by studying associations with health-related data from wearable devices and other user inputs.

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Change in Quality of Life After Moving a National Forensic Mental Health Service: A Dundrum Forensic Redevelopment Evaluation Study (D-FOREST)

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Aims. Forensic psychiatric services address the therapeutic needs of mentally disordered offenders in a secure setting. Clinical, ethical, and legal considerations underpinning treatment emphasize that the Quality of Life (QOL) of patients admitted to forensic hospitals should be optimised. This study aims to examine changes in the QOL in Ireland's National Forensic Mental Health Service (NFMHS) following its relocation from the historic 1850 site in Dundrum to a new campus in Portrane, Dublin.

Methods. This multisite prospective longitudinal study is part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST). Repeated measures were taken for all inpatients

in the service at regular 6 monthly intervals. The WHOQOL-BREF questionnaire was offered to all inpatients. An anonymised EssenCES questionnaire was used to measure atmosphere in wards. Data were obtained at 5 time points for each individual patient and ward. WHOQOL-BREF ratings were obtained across 5 time points with comparisons available for 4 time intervals, including immediately before and after relocation. For 101 subjects across 4 time intervals, 215 sets of data were obtained; 140 before and 65 after relocation with 10 community patients who did not move. Using Generalised Estimating Equations (GEE) to correct for multiple comparisons over time, the effect of relocation, with community patients as a control, was analysed by ward cluster and whether patients moved between wards. Observations were categorised according to security level – high dependency, medium secure, rehabilitation, or community – and trichotomised based on positive moves to less secure wards, negative moves to more secure wards, or no moves.

Results. Relocation of the NFMHS was associated with a significant increase in environmental QOL (Wald $X^2 = 15.9$, $df = 1$, $p < 0.001$), even when controlling for cluster location, positive and negative moves. When controlling for ward atmosphere, environmental QOL remained significantly increased after the move (Wald $X^2 = 10.0$, $df = 1$, $p = 0.002$). EssenCES scores were obtained within the hospital for 3 time points before relocation and 2 time points afterwards. No significant differences were found on the three subscales before and after the move. All three EssenCES subscales progressively improved with decreasing security level (Patient Cohesion: Wald $X^2 = 958.3$, $df = 1$, $p < 0.001$; Experiencing Safety: Wald $X^2 = 152.9$, $df = 5$, $p < 0.001$; Therapeutic Hold: Wald $X^2 = 33.6$, $df = 3$, $p < 0.001$).

Conclusion. The GEE model demonstrated that the move of the NFMHS improved self-reported environmental QOL. The cluster location made significant differences, as expected for a system of stratified therapeutic security, with a steady improvement in scores on all three atmosphere subscales.

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Ethical Concerns of Research Ethics Committees in Suicide Research: A Qualitative Study From Pakistan

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Aims. Suicide is a global public health issue that requires sensitive research to inform effective prevention and treatment strategies. Despite the benefits of such research, it is accompanied by significant ethical challenges such as the potential for harm to participants' wellbeing. Various studies have explored the views of researchers in suicide research. This qualitative study aimed to explore the research ethics committee (REC) members' experiences with suicide-related study applications to ascertain whether there are differences in approaches to dealing with suicide-related study applications.

Methods. We conducted semi-structured interviews with members of RECs ($n = 9$) from research-intensive universities and