anxiety, and depression levels correlated with elevated FOMO scores ($p < 0.001$). Variations in FOMO scores were noted across university, gender, and college. Strong associations existed between severe nomophobia and heightened stress, anxiety, and depression ($p < 0.001$). The findings underscored contextual influences on nomophobia intensity among diverse individuals.

Conclusion. The study identified a high prevalence of nomophobia and FOMO among UAE university students. Significant correlations were observed between these digital-related fears and mental health issues like depression, anxiety, and stress. Our results delineate the necessity for exploring and implementing interventions that address smartphone-related phobias to safeguard the mental well-being of UAE university students, considering their unique cultural context.

The Neurobiology of Depression, Burnout and Resilience Among Healthcare Students

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Aims. Adapting to academic and social demands may be challenging for university students. Healthcare students are thought to be at high risk of burnout and Major Depressive Disorder (MDD) due to the demands of their training and emotional toll of caring for patients. This risk extends well into physician years, suggesting the persistence of an abnormal psychological state developed during training years. We aimed to investigate the prevalence and severity of depressive symptoms, burnout, and resilience in healthcare students, examine their correlation with salivary cortisol levels, and assess how these factors change during examination periods.

Methods. This longitudinal study investigated the mental health and salivary cortisol levels of medical, dental, or health science students in the UAE at two distinct periods, at the start of the academic semester, and within one week of the examination period. A total of 147 students (51% females) were included, and their demographics and education variables, including cumulative GPA (cGPA), were assessed. Depression, resilience, and burnout scores were measured using the Patient Health Questionnaire-9, Nicholson-McBride Resilience questionnaire, and Maslach Burnout Inventory-Student-Survey, respectively. Participants who met the criteria for MDD were identified. Time-dependent cortisol levels were modelled using functional data analysis and standardised cortisol levels were calculated. Data analysis was done using mixed effect models in R 4.1.2.

Results. Among participants, 12.2% screened positive for MDD at the beginning of the semester, increasing to 16.6% during the examination period. Depression scores were higher during the examination period ($p = 0.011$). Female gender was significantly associated with higher levels of depression (median difference = 3.00; $p < 0.001$) and burnout but lower levels of resilience (mean difference = 3.27; $p < 0.001$). cGPA below 75% ($p = 0.009$) and history of mental illness ($p = 0.015$) were associated with increased levels of depression. High cortisol responders (z-value > 1) developed higher depression scores ($p = 0.033$) compared with low cortisol responders (z-value < −1). Participants with higher resilience were less likely to develop depression and burnout ($p < 0.003$).

Conclusion. This study shows relatively high levels of depression among healthcare students in the UAE, particularly in females, students with history of mental illness, students with low cGPA, and students with high cortisol levels. Efforts to promote culturally appropriate resilience skills need to be developed to reduce distress and depression in this population.

Navigating ADHD in Higher Education: Evaluating Psychosocial Interventions for Student Self-Esteem, Well-Being, and Quality of Life

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Aims. Several studies have shown that individuals diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) have difficulties in maintaining their psychological well-being and are at risk of negative impacts on their psychological health during higher education. Consequently, it is crucial to introduce targeted interventions to promote self-esteem, quality of life, and overall well-being to minimise potential adverse outcomes. For this reason, the main objective of this systematic literature review was to identify and evaluate studies on the target population that explored the effects of psychosocial interventions on dimensions of psychological well-being, such as self-esteem, well-being, or quality of life.

Methods. A systematic literature review was conducted following the PICO approach and PRISMA guidelines. The electronic databases – MEDLINE, PsycINFO, Web of Science, PubMed, COCHRANE Central and Education Research Complete were searched for English-language studies published between 2013–2023 on interventions conducted in university-level ADHD students that impacted their psychological well-being. Exclusion criteria encompassed studies focusing on comorbid clinical diagnoses such as anxiety or depression outcomes and pharmacological interventions. Nine studies that met the inclusion criteria were identified.

Results. Cognitive-behavioural therapy (CBT), interpersonal group therapy, and coaching emerged as interventions with the strongest evidence base for improving psychological well-being in university students with ADHD. The ACCESS (Accessing Campus Connections and Empowering Student Success) intervention, a CBT and mentoring programme, demonstrated increased well-being over time ($p = 0.001$, $d = 0.45$). Interpersonal group therapy yielded significant improvements in global self-esteem ($p = 0.001$, $\eta2 = 0.12$), with a significant difference from the control group ($p = 0.01$, $\eta2 = 0.07$), while the coaching intervention revealed significantly higher well-being scores in participants compared with the control ($p = 0.05$, $R2 = 0.11$).

Conclusion. This systematic review found psychosocial interventions focussing on CBT, interpersonal group therapy, and coaching were effective in improving the psychological well-being of university students with ADHD. Future intervention studies should establish a specific ADHD-focused CBT approach and have more extended follow-up periods to understand long-term effectiveness. This review also identifies priority areas for additional research.

Understanding Perceptions of Mental Health Practitioners on Care and Treatment Reviews (CTRs)

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Aims. NHS England's 'Transforming Care' initiative introduced care and treatment reviews (CTRs) for adults with intellectual disabilities and/or autism to avoid inpatient admissions, improve inpatient care quality and support timely discharge. CTRs are completed by an independent panel including an expert by experience, a clinician, and the commissioner. Since 2015, thousands of CTRs have been carried out. In a survey of ID psychiatrists involved in CTRs, many felt that discharge planning was limited by a lack of appropriate community placements. Proposed changes to the Mental Health Act indicate that CTRs should become statutory.

Our aim was to obtain the views of professionals working in intellectual disability services on the proposed reforms to the Mental Health Act and CTRs.

Methods. A mixed methods 34-item questionnaire exploring views of professionals working in ID services (n = 66) on the CTR process, their perception on its usefulness and the proposal to make CTR recommendations statutory. Survey shared with ID MDT professionals working in the UK. Of the respondents, 30% were psychiatrists, 29% psychologists and 21% nurses, with average length of mental health service of 18.2 years. More than 80% work in the NHS and most worked either in inpatient or forensic units.

Results. Although in 80% of CTRs attended, patients have a current risk assessment and management plan, in less than 10% of CTRs attended were people ready for discharge and had a current discharge plan. In terms of CTR actions, 70% of the time, patients were receiving the right care, over 60% of the time, care was person centred, person's health needs are met and 50% of the time key areas of concerns were covered. In less than 40% of CTRs were the person's rights always upheld, family or carers always involved, medications being used appropriately or were there clear, safe and positive approaches to risk. Reasons for delayed discharges included no placement options (68%), no placement profile or community needs assessment (24%), placement funding disputes (23%), no agreed social care responsibility (18%) and no agreed community clinical care responsibility (18%). Only 7% of respondents felt CTRs were always useful, 44% felt they were sometimes useful and 23% often useful. Professionals had mixed views about whether CTRs should become statutory/enforceable (45%) versus those who did not (48%).

Conclusion. This is a survey with a relatively representative sample of MDT professionals involved in CTRs. It gives insight into the typical CTR process, duration, and professionals involved. It summarises the opinions of clinicians towards CTRs and their views on proposed changes.

The Effectiveness of Antipsychotic Drug Therapy for Treating Psychosis in People With Epilepsy – a Systematic Review

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Aims. Individuals with epilepsy are at risk of developing preictal, ictal, postictal or interictal psychoses. Antipsychotic drugs (APDs) are the main class of drugs used to treat psychosis and schizophrenia. The efficacy and safety of APDs as a treatment for epileptic psychosis is not well understood. Hence, we aimed to conduct a systematic review assessing the effectiveness and adverse effects of antipsychotic drugs to treat psychosis in people with epilepsy.

Methods. We adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. We searched MEDLINE, Embase, PsycInfo and AMED from database inception to 20/06/2023. We contacted experts in the field and performed citation searches to identify additional records. Title, abstract, full-text review, and data analysis were conducted in duplicate, with conflicts resolved by discussion among authors. Given the heterogeneity of study designs, meta-analysis was not deemed appropriate; instead, the results were tabulated in a narrative synthesis. The Joanna Briggs Institute Risk of Bias tool was used to assess study quality.

Results. We identified 13 studies, with a total of 1,180 participants. In the 9 case series included, the psychotic symptoms of all but 3 out of 28 patients treated with APDs partially improved or fully resolved. 3 of the cohort studies reported an association between antipsychotic use and longer duration of psychotic episodes, 2 found similar results in both APD and non-APD groups, and 2 did not report control psychosis outcomes. When reported, seizure frequency was observed to remain unchanged or decrease following APD treatment.

Conclusion. Available evidence does not suggest that antipsychotics increase seizure risk in individuals with epilepsy. However, further data from randomised controlled trials and well-controlled cohort studies are urgently needed to draw more definitive conclusions.
