

¹New Forest National Park Authority, Lymington, United Kingdom;
²Hampshire County Council, Winchester, United Kingdom and
³Hampshire and Isle of Wight Healthcare NHS Foundation Trust, Tatchbury, United Kingdom

doi: [10.1192/bjo.2025.10463](https://doi.org/10.1192/bjo.2025.10463)

Aims: Hampshire has an older population structure, compared with the national average, with increases predicted amongst the older population, aged 75 years and older. This group is more susceptible to social isolation, particularly those living in towns of the New Forest. We therefore are focusing on a project aimed at the older population, particularly men, in the town of Lyndhurst.

Our aims are threefold: to understand what current nature-based activities are on offer for older people in the New Forest, to appreciate the barriers for engagement to these and lastly through insights with this group to set up a heritage and nature group to try to tackle isolation and improve physical activity levels.

Methods: We have held several insight groups with local community groups to better understand their route to engage in nature-based activities and what barriers they faced. Additionally, we have met with social prescribers in the New Forest PCN to better understand isolation in the elderly population.

We have arranged two focus groups at the Heritage centre in Lyndhurst to better understand the current community offering and to also help us launch our pilot heritage and nature group running at the centre.

Results: Common themes were highlighted as barriers to engagement in nature activities including poor public transport, reduced mobility, caring responsibilities, lack of diversity of activities as well as the intangible barrier of 'it's not for me'. Digital barriers further negatively impact those who are unable to access information about groups in the local area and space can be difficult to find for groups to run such as for the Lyndhurst shed.

Conclusion: Our work so far has highlighted that older people are more susceptible to isolation and that it is more of a concern in towns rather than rural areas in the New Forest. We have identified that there is a gap in heritage and nature-based activities on offer in the New Forest, which would encompass several aspects of the 5 ways to wellbeing such as connecting with others, being active (brief history walk) and learning new things. By involving local older people in the set-up of the group through focus groups we have been better able to address any barriers they may have to engage in nature and heritage activities. This project adds to the existing evidence of the positive interaction between heritage and wellbeing.

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.

Service Evaluation

Conditionally Discharged Restricted Patients in a General Adult Community Mental Health Setting

Dr Adekunle Adesola¹, Dr Muhammad Saleem²,
 Dr Marlene Kelbrick¹, Dr Zakaria Halim¹ and Dr Joel Nkire¹

¹Northamptonshire Healthcare NHS Foundation Trust, Northampton, United Kingdom and ²University Hospitals of Derby and Burton NHS Foundation Trust, Derby, United Kingdom

doi: [10.1192/bjo.2025.10464](https://doi.org/10.1192/bjo.2025.10464)

Aims: Little is known about the proportion and patient profile of conditionally discharged patients supervised by general adult community mental health teams (CMHTs). In this study we aimed to evaluate the number of patients and their demographic, clinical and risk profile, and current practice in terms of supervision and structures.

Methods: We conducted a retrospective case note service evaluation of all conditionally discharged patients within a typical NHS Trust's CMHTs.

Results: A third of all conditionally discharged patients within the Trust were supervised under the care of general adult community teams. The majority of patients were older, male, unemployed with schizophrenia and related disorder diagnoses. Main index offences were serious violence to others with use of weapons.

Conclusion: Conditionally discharged patients represent a low volume, high risk population. Supervision in the community is time and resource intensive. There is a need for NHS Trusts to ensure adequate support and structures, supervision, training, and joint working opportunity with forensic services to ensure safe quality care.

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.

Understanding Mental Health App Use Among Attendees of Primary Health Care in Taif, Saudi Arabia

Dr Sawsan Alkhamash¹ and Dr Mugtaba Osman²

¹Family Medicine Department, Prince Mansour Community Hospital, Taif, Saudi Arabia and ²Mental Health Department, Prince Mansour Community Hospital, Taif, Saudi Arabia

doi: [10.1192/bjo.2025.10465](https://doi.org/10.1192/bjo.2025.10465)

Aims: Mental health apps are increasingly available and accessible to the public. Global research indicated variable rates of use among people with main barriers identified are cost, privacy concerns, and difficulty of use. Little is known about prevalence and barriers of use of mental health apps in Saudi Arabia.

Methods: Descriptive questionnaire-based cross-sectional survey of a sample of Saudi adult population. We adopted a multiple logistic regression modelling of data to evaluate the impact of potential barriers and facilitators on use of mental health apps.

Results: The survey included (n=636) participants. The prevalence of use of mental health apps was (n=80, 12.6%), with only (n=32, 40%) finding them useful. Younger age, females, separated marital status, students, history of mental illness, taking psychiatric medications, attending psychiatric services, seeing a psychologist (offline and online), and chatting to psychiatric patients online were all associated with unadjusted increase in use of mental health apps. However, the adjusted impact on use of mental health apps was significant only for those using psychiatric medications (odds ratio (OR)=0.1289, p=0.0243), individuals who requested online psychology intervention (OR=7.9866, p<0.00001), individuals who believed in costliness of mental health apps (OR=2.9358, p=0.00034) or difficulty using them (OR=4.1875, p=0.0002). Stigma and privacy concerns were not statistically impactful on use of mental health apps.

Conclusion: Use of mental health apps is very low among Saudi patients. Those who use mental health apps remain sceptical of their therapeutic values and report concerns in terms of difficulty to use them and their cost-effectiveness. Design of effective, readable, safe, and cheap mental health apps should be attempted by health