

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

ethics committees in Pakistan. We also conducted a discussion group (n = 13) with members of REC from Pakistan, Nigeria and Sri Lanka. The topic guide delved into the opinions of REC members regarding ethical issues that they have come across while reviewing self-harm/suicide-related research proposals, the relevance of these issues with specific study designs, recommendations to resolve these issues, their approach to balancing risk and benefit, and guidance for researchers.

Results. The preliminary findings from thematic analysis revealed five major themes; 1) Ethical challenges, 2) Reasons for application rejection, 3) Areas of improvement, 4) Suggestions for addressing ethical issues, and 5) Researchers' attitudes towards amendments. Challenges in self-harm and suicide research included the sensitivity and stigma surrounding the topic, lack of interest and support, and difficulties in participant recruitment. The application faced rejection from the ethics committees primarily due to methodological errors, lack of procedural clarity, and insufficient understanding of the research procedure. Identified areas for improvement were the need for enhanced methodology and research patterns, as well as a better understanding of the methodological procedure. Recommendations for developing a robust research proposal included training and supervision for intervention studies, the inclusion of comprehensive ethical elements and practical plans in the proposal, and a focus on data protection, confidentiality, risk management, and harm identification. While a significant number positively acknowledged reviewer comments, some researchers opted for in-depth discussions rather than directly addressing the issues.

Conclusion. The study highlights the importance of ethical considerations and emphasises the need to address the lack of robust methodological procedures in self-harm and suicide research. Addressing these challenges and adopting suggested improvements is paramount for advancing ethical and impactful research in this context.

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Unravelling the Complex of Substance Use and Suicide: Insights From a Qualitative Study in Pakistan

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Aims. Suicide and substance use all contribute significantly to the global burden of mortality and morbidity. While existing evidence establishes the association between substance use and suicidal behaviour in Lower- and Middle-Income Countries (LMICs), only a few studies illustrate how substance use affected deceased people's lifestyles and suicide attempts. The study addresses this gap by exploring the role of substance use (particularly, alcohol and drug use) in overall lifestyles and suicides of deceased with substance use in Pakistan – an underexplored and under-researched country regarding suicide and substance use.

Methods. We conducted in-depth qualitative interviews (N = 11) with close relatives and friends of those who died by suicide and

have a history of substance use. The topic guide was comprised of a narrative part exploring the circumstances that surrounded the suicidal death of the deceased and a problem-focused part collecting comprehensive details about the deceased's personal, family, psychological, and social context and the role of substance use in the lifestyles and the suicide of the deceased.

Results. The content analysis of interviews revealed five key themes: 1) Reasons for suicide, 2) Personality traits, 3) Psychological distress, 4) Initiation of substance use, and 5) Suicidal tendencies. Most of the participants reported the reason for their loved one's suicide was either an overdose of drugs or alcohol, family dynamics, or societal attitudes such as difficulty in building trust and finding acceptance within the family or society. Deceased individuals were perceived as impulsive with low control over their emotional states. Participants highlighted the underlying psychological distress in the deceased, emphasising the complexity of mental health and substance use problems. Participants reported that the deceased initiated drugs at an early age; had suicidal ideations; and overdosed themselves as a means of suicide.

Conclusion. This study provides valuable insights into the role of substance use in suicide. The findings highlight the need for a holistic approach to understanding the multifaceted factors that may influence suicidal behaviours in individuals with substance use. Understanding these factors can help develop targeted suicide prevention and intervention strategies, particularly in low-resource settings such as Pakistan.

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Therapeutic Patient Education for Severe Mental Disorders: A Systematic Review

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Aims. Therapeutic Patient Education (TPE) aims to help patients self-manage their chronic condition over their lifetime, adapting to their evolving circumstances, as well as changes in their condition and treatment. The National Institute for Clinical and Healthcare Excellence underscores the importance of patient education as a crucial part of early interventions for mental disorders. This systematic review aimed to review TPE programmes in managing psychiatric disorders, considering the diversity in delivering agents, intervention formats, targeted skills, and therapeutic outcomes.

Methods. Comprehensive database searches, including Web of Science, PubMed, and COCHRANE, were conducted from September 2019 to January 2023, yielding 514 unique records, with 33 making it through rigorous evaluation for full-text review. Eleven studies met the inclusion criteria, focusing on various psychiatric disorders such as depression, bipolar disorder, psychosis, and multiple serious mental illnesses. A total of 38 studies were included from our previous review to supplement the current database search.

Results. Among 49 included interventions, 13 were aimed at bipolar disorder, depression (n = 12), multiple serious mental illnesses and comorbidities (n = 11), schizophrenia and psychoses (n = 13). A total of 21 interventions were delivered in groups