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**Aims.** Physical activity, sleep, mental health, physical health, well-being, quality of life, cognition, and functioning are interconnected factors. Compared to general population average, people experiencing psychosis have lower levels of physical activity, high levels of sedation, and more sleep problems (Soundy et al. 2013; Vancampfort et al. 2015). This is linked to symptoms of depression, lower well-being, hopelessness, lower quality of life and physical health conditions, such as: cardiovascular disease (CVD), stroke, hypertension, osteoarthritis, diabetes, and chronic obstructive pulmonary disease (COPD) (Rhodes et al. 2017; Schuch et al. 2017). Engaging in physical activity is associated with improved quality of life, psychotic symptomatology, cognition, functioning and physical health for people with psychosis experience (Mittal et al. 2017). To be effective, interventions need to be individualised (Griffiths et al. 2021). An early intervention in psychosis (EIP) service intervention was delivered: the provision of a Fitbit and its software apps, sleep hygiene and physical activity guidance, motivational interviewing, workbook goal setting through three sessions with a clinician. EIP service staff used Fitbits themselves, sharing experiences with patients. Aim was to improve sleep, physical activity, well-being, and prevent weight gain.

**Methods.** Outcome measure data collection from baseline to 6 week follow-up. Change in physical activity, sleep, mental health, well-being and physical weight were assessed in 50 participants, and fifteen participants were interviewed. People with lived experience of psychosis were part of the research team and contributed to design, analysis and reporting.

**Results.** Improvements were found in physical activity, sleep, mental health, and well-being, and there was no weight gain. Most patients actively used the Fitbit and its software apps, guidance and workbook to set goals and to make positive changes to their lifestyle and daily routines to improve motivation, quality of sleep, and level of physical activity.

**Conclusion.** Healthy effective sleep and physical activity/exercise is important to EIP service patients' well-being and mental and physical health. EIP staff successfully and fully integrated the Well-Track intervention into routine service provision. The project has better allowed staff to effectively engage with and discuss issues around sleep, physical activity, well-being and mental health and reducing weight gain. The intervention was beneficial, relatively easy and low cost to implement, and well-liked by patients and staff; and therefore could be offered by all EIP services. EIP services should consider and assess sleep and physical activity/exercise issues and promote healthy effective sleep and physical activity/exercise within recovery focused practice.

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.

### Who Is Calling: A Change in the Profile of the Callers of a Crisis Phone Line During the First Three Waves of the COVID-19 Pandemic

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**Aims.** 'Mental Health Answers' [Salud Mental Responde] is a Crisis Telephone Line that was developed during the first months of the COVID-19 pandemic in the Autonomous City of Buenos Aires, Argentina. It is also a Point of Entry to Mental Health services, providing assisted referrals to the appropriate level of care. The aim of this paper is to evaluate the profile of the callers to the line during the first three waves of COVID-19.

**Methods.** Retrospective case analysis of calls made to the telephone line throughout the different COVID-19 waves under study. For this analysis, the time frame for the first three waves was as follows. First wave: from 1 August to 30 of November 2020; second wave: 15 of March to 30 of July 2021; third wave: from 20 of December 2021 to 25 January 2022.

**Results.** The first wave lasted 122 days. 4,601 calls were recorded, 27 calls were discarded for missing data. Women's mean age 51.79, SD 17.3, n = 3355. Men's mean age 43.29, SD 15.52, n = 1219. Significant differences were found in age, being men younger ( $T = -15.764$ ,  $p < 0.000$ ). Women made the majority of calls (72.9%). Fear and anxiety represented 45.1% of calls, depression 27.3% and psychosis 9%.

The second wave lasted 138 days and there were 4051 calls. Again, most of calls were made by women (71.5%). There were significant differences in age, being men younger ( $T = 14.450$ ,  $p < 0.000$ ). Women's mean age 46.68, SD = 18.72, n = 2872; men's mean age 38.05, SD = 16.34, n = 1138. The three most common detected problems were fear and anxiety 53.3%, depression 14.9% and psychosis 18.3%.

The third wave lasted 36 days; it had 1117 calls. Most calls made by women, 70.5%. Men were younger and this difference was significant (women's mean age 46.09, men's mean age 42.54;  $T = 3.233$ ,  $p = 0.001$ ). Problems detected, fear and anxiety 37.6%, depression 4.5% and psychosis 32.7%.

**Conclusion.** There was a change in the caller profile throughout the studied period, the callers from the first wave were older than the ones from the second and third waves. There was a change in the motivation to call, the most noticeable changes the drop in the number of calls related to depression (from 27.3% to 4.5%) and the increase in calls related to psychotic problems (from 9% to 32.7%). This last change might be related to the shift in the use of the Phonenumber, from a Crisis Line to a Point of Entry to Mental Health Services.

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### Stigma, Secrecy and Masculine Norms: A Systematic Review of How Perinatal Mental Illness in Men and Their Partners Is Experienced by Males

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**Aims.** Background: In recent years, fathers have become increasingly involved in pregnancy and childcare and the concept of paternal perinatal mental illness (PMI) has gained research interest. There has been increased recognition of the impact of parenthood on the mental health of males, particularly in first time