

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

educators and mental health professionals to engage Saudi patients in using mental health apps.

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.

Perinatal Referral and Admission Trends in Leeds Mother and Baby Unit 2023–2024

Dr Khadeeja Ansar, Dr Gopinath Narayan, Dr Jessica Hopwood and Dr Nishi Shah

Leeds and York NHS Foundation Trust, Leeds, United Kingdom

doi: [10.1192/bjo.2025.10466](https://doi.org/10.1192/bjo.2025.10466)

Aims: Mother and Baby Units offer specialised treatment to women in the antenatal period from 32 weeks gestation to 12 months postpartum. All referrals are screened for admission suitability. Reasons to reject referrals include absence of serious mental illness and high risk of violence.

To analyse relationships between referrals received and accepted admissions regarding clinical and social variables, including deprivation levels, timing of referrals, diagnosis and ethnicity.

Methods: Retrospective data collection looking at all referrals to Yorkshire and Humber Mother & Baby Unit between 1 April 2023 and 31 March 2024. Total 129 referrals. Patient records were used for data collection.

Results: Deprivation decile: Most referrals were from the most deprived decile (35%). Least from the least deprived decile (3%). Of the most deprived decile referrals, 86% were accepted. All from least deprived decile were accepted.

Ethnicity: Most referrals were white British (71%), then Asian/Asian British (13%), then black/black British (6%). Least were 'other ethnic group' (4%). 6% had no ethnicity stated.

Of the referrals for white British ethnicity, 87% were accepted. For Asian/Asian British ethnicity, 94% were accepted. For black/black British ethnicity, 71% were accepted. For other ethnic group, 40% were accepted. With no ethnicity stated, 63% were accepted.

Diagnosis: Most referrals were for diagnosis of Psychotic Disorder (46%), followed by Mood Disorder (33%), Multiple (10%), Other (7%), and least for Anxiety Disorders (4%).

Of referrals for Psychotic Disorder, 88% were accepted. Mood Disorder, 90% were accepted. Multiple, 53% were accepted. Other, 66% were accepted. Anxiety Disorders, 80% were accepted.

Time of Referral: For point of referral in perinatal timeline, most referrals were between 2–12 weeks postpartum (36%), then 12+ weeks postpartum (32%), 0–2 weeks postpartum (20%), and least from pregnancy (12%).

At 2–12 weeks postpartum, 85% were accepted. At 12+ weeks postpartum, 88% were accepted. At 0–2 weeks postpartum, 96% were accepted. During pregnancy, 47% were accepted.

Conclusion: The data highlighted discrepancies in number of referrals received from different deprivation decile areas and ethnicities, significantly higher from more deprived areas and higher number of referrals for white British ethnicity patients. The acceptance proportion was higher in less deprived areas, this could be due to significant difference in number of referrals. The acceptance proportion for different ethnicities were fairly in the same range. Targeted interventions to promote awareness could improve equitable access.

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.

CMHT GP Fortnightly Consultation Clinics – A Pilot Adjunctive Model for GP Access to Mental Health Advice

Dr Mike Apio¹ and Dr Aamenah Hawash²

¹Priory Hospital, London, United Kingdom and ²Luton GP VTS, Luton, United Kingdom

doi: [10.1192/bjo.2025.10467](https://doi.org/10.1192/bjo.2025.10467)

Aims: Assessing the referral patterns, patient characteristics, constraints, immediate and wider benefits of a GP/CMHT fortnightly consultation-liaison clinic as a component of an enhanced community mental health service design.

Methods: A Transformation initiative pilot GP/CMHT Consultation-Liaison huddles convened over 20 (21) months via video-link; January–December 2021 (23) to September 2022 (14). Initial session in December 2020 enabled both teams comprising two managers, GP, Psychiatrist, Primary care link worker and GP community outreach specialists and CMHT admin support established the format of the Hour long sessions. At various times Other GP Colleagues/Specialist Addiction Services/Sexual Health Consultants/team members/Memory Clinic Specialists joined as appropriate. The sessions provided opportunities for a few video-linked patient consultations and trainee observations. Ahead of the fortnightly sessions is an email list of patients from GP to Psychiatrists with specific queries. Number of patients range from 4 (2) to 12 (14) each session. However, some queries were addressed ahead of sessions or concluded at the meeting. Enquiries varied, ranging from referrals tracking, medication or management advice, diagnosis, risk mitigation strategies and learning on incidents.

Results: Total 354 patient encounters were listed or discussed with number of patients per sessions ranging from 2 to 15 mean of (9). Total 37 sessions with 223 patients (2021) and 131 (2022) discussed. Recurring patient encounters range from 2–14 times. Non-recurring patients overall 113 (32%). All patients were within working age group, with the youngest aged 17 plus and the oldest 67 years (four patients). Mean age 38.4 years. Patient characteristics, diagnoses, risks and immigration issues and impact to access to services frequently encountered. Presentations discussed varied with more complex cases frequently recurring.

Conclusion: Consultation liaison model has evolved over the years. With recent pandemic, demand for secondary care interventions has increased to the degree innovative approaches offer alternatives to mitigate risks, support primary care services, strengthen GP confidence and most importantly, improve transfer to primary care. Further research is required to strengthen approaches to CMHT/Primary care interfaces.

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.

A Retrospective Observational Study on Admissions Timing in a Psychiatry Hospital: Impact of Late-Afternoon Peaks on Patients and Staff

Dr Aalap Asurlekar

NHS Lanarkshire, Glasgow, United Kingdom

doi: [10.1192/bjo.2025.10468](https://doi.org/10.1192/bjo.2025.10468)