Aims. There is a well-established association between sleep disturbance and cognitive decline. Poor sleep can have a significant effect on patient and carer wellbeing and is a potentially modifiable risk factor for dementia. Sleep medications are problematic in cognitive impairment due to the increased risk of adverse events such as falls and confusion. There is good evidence for Cognitive Behavioural Therapy for Insomnia (CBTI) in older adults but its effectiveness in cognitive impairment is unclear. In 2021, only one RCT on CBTI in cognitive impairment was identified (Cassidy-Eagle et al. 2018). This review seeks to establish if there is any new evidence.

Methods. Ovid Medline (1946 to present) and clinicaltrials.gov were searched for all interventional trials testing CBTI including RCTs, single-arm studies and protocols, written in English. Inclusion criteria:

1. Adults with a diagnosis of MCI or Alzheimer's dementia;
2. Sleep as a primary outcome, using a validated outcome measure. Systematic reviews were tracked for references.

Results. 172 citations were screened by the first author and 26 underwent full text review. Eight papers were eligible for inclusion. Four of these studied MCI, three looked at people living with dementia (PLWD) and caregivers as a dyad and one combined MCI and Alzheimer's (protocol only).

The search found two pilot RCTs and two protocols for MCI. Cassidy-Eagle et al. (2018) found a highly significant positive effect on four of five sleep outcome measures with large effect sizes. The Insomnia Severity Index (ISI) decreased from 15.29 to 3.25 ($p < 0.001$; Cohen's d −4.22). Mattos et al. (2021) also found significant improvements on all sleep outcome measures; ISI decreased from 13.5 to 8.3 ($p < 0.01$).

Three papers study joint CBTI for PLWD and their care partners (one pilot RCT and two protocols). Song et al. (2024) reported improvements in sleep parameters for both participants in the dyad but were not statistically significant. They are recruiting for a larger trial.

Conclusion. This review identified 7 new RCTs in progress. In MCI, new data continue to show a significant association between CBTI and improved sleep. Published data for people with dementia have not found a significant relationship, although the data set remains very limited. It is not yet possible to synthesise the results and future systematic reviews are needed. If effective, CBTI could offer a lower risk alternative to medications in managing sleep disturbance in people with cognitive impairment.

Socioeconomic and Psychosocial Stressors Contributing to General Adult Community Mental Health Recovery Service Referrals in Epsom, Surrey, a Retrospective Case Note Analysis

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Aims. Referrals to secondary mental health services in the United Kingdom are at record levels. In the wake of the coronavirus pandemic and cost of living crisis, many experienced a deterioration in their social and financial circumstances. It is widely accepted that social determinants impact mental health and wellbeing. This analysis aimed to investigate socioeconomic and psychosocial stressors contributing to referrals to the Community Mental Health Recovery Service (CMHRS) for the general adult population in Epsom, Surrey.

Methods. This retrospective case note analysis focused on Single Point of Access (SPA) referrals made to CMHRS Epsom between 1st September 2022 and 1st September 2023. A random number generator was used to select a cross-section of 30 cases from 141 referrals. Following exclusion criteria, 29 cases were examined using an ICD–10 social determinants of health (Z55-Z65) lens. Finally, thematic analysis was used to identify key socioeconomic and psychosocial factors impacting referred patients.

Results. Patients were most commonly referred to CMHRS for presentations of suicidal ideation and self-harm ($n = 13$). Referrals were also related to symptoms of depression, anxiety and psychosis, the need for diagnostic clarity and for review of medication. All but one referral ($n = 28$) cited psychosocial stressors contributing to the patient's presentation. Five key themes were identified. These were: current unemployment ($n = 18$), current housing and financial concerns ($n = 18$), ongoing social isolation ($n = 19$), relationship conflict and breakdown ($n = 10$) and a background of child sexual and physical abuse ($n = 10$). Protective factors, for those able to identify them, were exclusively linked to the patient's social network ($n = 22$). Patients cited family members, friends, neighbours, the church and their pets as reasons to stay alive and accept support.

Conclusion. This analysis concluded that referrals to secondary mental health services in Epsom are significantly associated with a person's current and historical social circumstances. Policies and services which provide early intervention support with housing, employment and finances are vital in reducing the mental distress of at-risk individuals while also reducing pressure on mental health services. Reinforcing community and social support systems may be key in helping patients buffer psychosocial stress. Further study on this issue, involving a larger cohort, would be beneficial.

Risk Factors in the Development of Very Late-Onset Schizophrenia-Like Psychosis: A Scoping Review

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Aims. Very Late-Onset Schizophrenia-Like Psychosis (VLOSLP) is a condition resembling schizophrenia, which has a first onset in individuals at age 60 or later. Understanding the risk factors associated with the development of this condition is crucial, given the increasing ageing population and the elevated mortality rate in VLOSLP patients compared with the general population. This scoping review aims to explore and map the risk factors associated with VLOSLP development and begin to identify potential mechanisms linking these factors through

comprehensive literature searching, screening and data extraction.

Methods. Conducted as a scoping review; MEDLINE, Embase and APA PsycInfo were searched using the terms: "Very-Late Onset Schizophrenia-Like Psychosis", "VLOSLP", "Geriatric Psychosis" and "Geriatric Schizophrenia". Inclusion criteria focused on psychosis with onset at 60 years or older and the identification of at least one potential risk factor. Studies were excluded which did not specifically refer to age of onset or concerned psychosis with an attributable organic cause. Thematic analysis was used to categorise risk factors into biological and psychosocial themes, followed by further organisation into specific subthemes.

Results. Out of 326 initial results, 41 studies met inclusion criteria and underwent data analysis. Key risk factors included female gender, sensory impairment, social isolation, and migration, with potential interconnections identified between factors. Postulated mechanisms for the role of a risk factor in VLOSLP development recorded in the literature were included in the review. Mechanisms showed potential co-linkage between subthemes of risk factor. Migration status was also shown to impact gender as a risk factor, with male migrants experiencing higher rates of VLOSLP than their female counterparts. Thematic analysis highlighted how social isolation, a prominent risk factor, might be linked to, or reinforced by, sensory impairment, trauma, bereavement, and premorbid personality traits.

Conclusion. The scoping review revealed that risk factors for VLOSLP span across biological, social, and psychological domains, with the findings contributing to the broader understanding of schizophrenia-like psychoses in the elderly population. Social isolation emerged as a widely-cited factor, reiterating the importance of managing risk factors for VLOSLP in vulnerable individuals via a holistic and multidisciplinary approach. Results bring attention to the bi-directional relationships between risk factors and psychotic illness, with perceived risk factors a potential consequence of the psychosis. In response to this, future work may involve large-cohort longitudinal studies to outline temporal relationships between risk factors and symptom development.

What Are the Precipitating Factors of Suicide in South Korea? A Systematic Review

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Aims. Today the problem of suicide remains one of the topical issues among Asian countries like South Korea. The primary objective of this Systematic Review (SR) was the identification of the risk factors in suicide attempts and completions in South Korea. South Korea has one of the highest reported suicide rates in the world, and there was no prior systematic review on this topic. The main intention was to provide evidence-based results for future research studies and to inform suicide prevention policies.

Methods. PubMed, Science Direct, and Medline databases were searched from 1990 to October 2022. Studies focused on the problem of suicide in South Korea were selected with an emphasis on risk factors. Since the rate of suicide rises with age, studies examining 18-year-olds and above were included. Studies examining people of different sociodemographic backgrounds and people diagnosed with psychiatric/psychological disorders and those who attempted suicide, as well as those without a psychiatric/psychological problem, were also included. To assess the overall quality of the included studies, the Critical Appraisal Skills Programme (CASP) checklist was applied for the evaluation of case-control and cohort studies. The National Institutes of Health (NIH) Quality Assessment Tool was implemented for the evaluation of cross-sectional studies. The Jadad Scale was used to assess the risk of bias. PRISMA reporting guidelines were followed.

Results. Ten studies met the eligibility criteria to be included in SR: Four cross-sectional, two cross-cultural, and four cohort studies. Risk of bias assessment demonstrated low quality and moderate risk of bias. The quality assessment showed an acceptable level of relevance and quality. Findings suggested factors leading to suicide in South Korea were mental health conditions, financial status, such as unemployment and low income, education level less than high school, and households with poor living conditions. The identified risk factors significantly increased the likelihood of suicide ideation, suicide attempt and suicide completion among people in South Korea. Stigma was identified as a barrier to those with mental health conditions seeking professional help.

Conclusion. The identified risk factors are similar across the world; however, the suicide rates are not as high in other Western cultures as they are in South Korea. Future studies could compare Western countries to hierarchical countries to identify if there are any local risk factors that can help guide local prevention policies and educational programs with city officials' engagement. Moreover, it would be essential to investigate the impact of stigma thoroughly since it is still hard to clarify whether it is a cultural issue or a worldwide issue preventing individuals from getting professional help.

Disordered Eating and Service Contact in a Representative UK Sample

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Aims.

Aim 1: Identify the proportion of 11–19-year-olds in the Mental Health of Children and Young People 2017 survey screening positive for a possible eating problem, using the Development and Wellbeing Assessment.

Aim 2: Describe patterns of service contact in individuals screening positive for possible eating problems.