

Designing a Virtual Reality Café to Treat Eating Disorders: A Thematic Analysis of Stakeholder Viewpoints

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Aims. Eating disorders (ED) have significant physical and psychosocial impacts, and the highest mortality rates of any psychiatric illness. About a third of patients with Anorexia Nervosa or Bulimia Nervosa do not recover and develop persistent ED. Development of novel treatments is a priority to prevent adverse effects on young people's physical, relational and educational development. Virtual reality (VR) has shown promising efficacy as an innovative mental health treatment, and has potential therapeutic value within ED. People with lived experience (PWLE) and clinicians have demonstrated enthusiasm for a VR café intervention to practice social and food-related challenges. A VR café would enable gradual exposure to challenges in a protected environment, aiming to support people with ED to return to real-life cafés and social eating. This study aims to explore the opinions of key stakeholders to help inform the development of a VR café scenario as an adjunctive treatment for ED.

Methods. We conducted semi-structured focus groups and 1:1 interviews with PWLE aged 14–25 years ($n = 15$), parents/carers ($n = 4$), and clinicians ($n = 6$). Participants were recruited via social media, advertisement via ED charities, posters in public places, and snowballing. Following completion of an online screening survey, eligible individuals were invited to participate using purposive sampling to ensure diversity of ages, ethnicities, genders, ED diagnoses, and health professional roles. Data were analysed thematically.

Results. Preliminary analysis indicates that PWLE, parents/carers and clinicians expressed mostly positive opinions regarding a VR café adjunctive treatment. Expressed concerns related to themes of intervention efficacy, translation of learnt skills to real life, and use of VR technology. Most participants agreed a VR café intervention should be a repeated experience (many suggested graded exposure), realistic, and maximally individualised. All stakeholder groups identified a similar range of challenges to experience within a VR café, with themes including choosing food, other people, eating socially or alone, and the café environment. Differences in specific aspects of the scenario that might make challenges harder or easier reflected the unique experiences of individual participants.

Conclusion. These findings build upon previous research demonstrating support from PWLE, parents/carers, and clinicians for the development of a VR café adjunctive treatment for ED. Themes identified are largely consistent across stakeholder groups and relate to the design of a VR café scenario and its implementation as a treatment. This analysis enables the perspectives of key stakeholders to be incorporated into the design of a novel VR café intervention to optimise efficacy and acceptability.

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.

Hatred Is a Mindset Triggered by Stressful External Events, Negative Personal or Group Interpretations and Unhealthy Social Environments

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Aims. To carry out systematic literature search on an international medical database to find what the emerging categories in which the word hatred is used in medical literature are, and to gather information regarding the generation of the emotion of hatred in human beings by thematically analysing the relevant collected data.

Methods. To identify the information on hatred relevant for mental health professionals, we performed a systematic review using a systematic approach and criteria.

Results. Six themes regarding generation of hatred identified.

Theme one: Targets of hatred.

Theme two: Self-hatred.

Theme three: Self-perceived hatred.

Theme four: Hatred towards inanimate objects.

Theme five: Reasons for hating other humans.

Theme six: Internal reasons for development of hatred.

Conclusion. The word 'hatred' is used in medical literature in a multiplicity of meanings that range from using it in its literal sense to describe a subtle attitude such as a phobia-philia relationship, or to describe a unique outcome that is generated as an interplay of several different kind of factors. These may include cognitions, behaviours, social interactions, attitudes, sentiments, developmental backgrounds, psychodynamic interactions with others in real and virtual worlds etc. Hatred is more like a mindset that people can develop towards themselves, towards others and towards inanimate objects or situations too. Fear, anger and disgust are primary emotions (that we are born with); human psyche is naturally prone to several inevitable cognitive errors; human thought is subjected to unavoidable logical fallacies; and human ego cannot avoid utilising unhealthy ego-defence mechanisms. Every child is born in a family and culture that has its own unique background and history. We humans are prone to the generation of the hateful mindset as an unavoidable outcome in a variety of scenarios. Keeping these generational patterns in view, it would be reasonable to say that an early detection and addressing the early warning signs towards development of the hateful mind-set would be helpful for ourselves and for others. As the word is used in several different meanings, the background information, context, and overall scenario of the discussion needs to be kept in mind whilst attempting to draw any meanings about the use of hate/hatred in a verbal or written expression. In each case where the word 'hatred' is used, needs to be approached with epistemic curiosity and in some instances, it may need detailed epistemic inquiry to fully comprehend the meaning of this word in any given expression.

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Arabo-Persian Perspective on Classification of Psychotic Disorders

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