

were conducted at pre- and post-intervention stage with each type of stakeholder (students, teachers, parents and health professionals) by trained qualitative researchers using the semi-structured topic guides. Each FGDs involved a detailed presentation on intervention, sharing videos and educational posters.

Results. As a result of pre-intervention FGDs, adaptations were made in the content of the interventions and were further refined through consultations with Patient and Public Involvement and Engagement group. All stakeholders who participated in post-intervention FGDs marked this suicide prevention program as feasible, acceptable and helpful in both identifying the risk of and preventing self-harm and suicide among young individuals, while also enhancing treatment pathways. Stakeholders perceived the interventions as valuable in augmenting knowledge about mental health, understanding the impact of mental health challenges on functioning, reducing stigma, and providing stakeholders with the necessary skills to identify and guide at-risk individuals. Teachers and parents endorsed the importance of discussing issues with children. Improvement in clinical practice of clinicians and teaching practice of teachers as well as understanding others' behaviors were also reported.

Conclusion. This study highlights potential role of culturally adapted school-based youth suicide prevention program for settings where rates of suicide are high and there are limited mental healthcare resources in addition to limited access to healthcare. School-based suicide prevention program is perceived as helpful in improving knowledge, attitudes, and help-seeking behaviours in adolescents.

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Culturally Adapted Manual Assisted Problem-Solving Intervention for Older Adults With Suicidal Ideation (E-CMAP): A Study Protocol From Pakistan

Ms Sehrish Tofique¹, Prof Nasim Chaudhry^{1*}, Prof Imran Bashir Chaudhry^{2,3}, Ms Jahanara Miah⁴ and Prof Nusrat Husain³

¹Pakistan Institute of Living and Learning, Karachi, Pakistan; ²Ziauddin Univeristy, Karachi, Pakistan; ³University of Manchester, Manchester, United Kingdom and ⁴University of Manchester, Manchester, United Kingdom

*Presenting author.

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Aims. Suicide poses a significant public health issue, and the presence of suicidal thoughts stands out as a prominent risk factor, highlighting the importance of addressing this aspect for early intervention and prevention efforts. While older adults face an elevated risk of attempted suicide, research in this domain is currently constrained. This study aims to enhance and evaluate the efficacy of an E-CMAP (Culturally Manual Assisted psychological intervention for Elderly) in mitigating suicidal ideation among individuals aged 55 years and older in Pakistan.

Methods. The study will be carried out in 2 phases. Phase 1 is cultural adaptation and refinement of the intervention and phase 2 is exploratory randomised control trial. In Phase 1, focus groups were conducted (N = 2) with Health professionals and service users and carers for adaptation of CMAP manual for suicidal ideation. In Phase 2 randomized exploratory trial will be conducted with 192 older adults with suicidal ideation randomized

either to 1) E-CMAP added to Treatment As Usual (TAU) or TAU arm. E-CMAP is a problem solving intervention comprising 6 sessions delivered one to one over 3 months by trained therapists. All participants will be assessed at baseline and after intervention (i.e. 3 months) for suicidal ideation, hopelessness, depression, health-related quality of life, coping resources, satisfaction with intervention, and episodes of self-harm.

Results. Thematic Analysis of focus group discussions indicates that participants expressed a preference for incorporating a religious element into distraction techniques, delivering information about the significance of medical treatment, showcasing recorded sessions illustrating problem-solving techniques, and involving family throughout the intervention period.

Conclusion. A culturally tailored psychosocial intervention that incorporates problem-solving and cognitive components has the potential to decrease the risk of suicide among older adults.

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Adherence to a Mediterranean Diet and Impact on Mental Health Outcomes in Adolescents and Adults With Severe Mental Illness: A Systematic Review

Dr Seetal Chavda^{1*}, Dr Amina Sarwar²,
Dr Holly Batchelor-Parry³, Dr Kishan Pankhania⁴
and Professor Rachel Upthegrove⁵

¹Coventry and Warwickshire Partnership NHS Trust, Coventry, United Kingdom; ²Royal Free London NHS Foundation Trust, London, United Kingdom; ³Birmingham Women's and Children's NHS Foundation Trust, Birmingham, United Kingdom; ⁴Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, United Kingdom and ⁵Institute of Mental Health, School of Psychology, University of Birmingham, Birmingham, United Kingdom

*Presenting author.

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Aims. The Mediterranean diet has shown to improve mental health outcomes in people with depressive disorder. However, little is known of the impact of the Mediterranean diet on severe mental illness. The aim of this systematic review was to evaluate the impact of a Mediterranean diet on mental health and quality of life outcomes in adolescents and adults with severe mental illness (as defined by schizophrenia spectrum disorders, at risk mental states for psychosis, bipolar affective disorder and severe depression with psychosis).

Methods. The following databases were systematically searched: MEDLINE and EMBASE via Ovid, CINAHL via EBSCO, PsychInfo via ProQuest, PubMed and Clinicaltrials.gov, using relevant subject headings and free text search terms to encompass severe mental illness and the Mediterranean diet. Screening, data extraction and quality assessment were completed by two independent reviewers. Eligible study designs included randomised controlled trials, other non-controlled or controlled interventional or experimental studies, cohort studies, case-control studies and cross-sectional studies that included adults and adolescents. The search was not limited to a specific time frame or language. The Mediterranean diet and mental health and quality of life outcomes were defined by primary paper author definitions.

Results. Thirteen eligible studies were identified: 4 interventional, 2 cohort, 2 case-control and 4 cross-sectional studies and 1 mixed

methods (interventional and observational) study. Diagnoses in most studies were psychotic illness, schizophrenia, schizoaffective disorder, bipolar affective disorder and depression with psychosis. There was a lack of studies found that included adolescents or participants with at-risk mental states for psychosis. A range of Mediterranean diet adherence scoring systems were used across studies, indicating a notable heterogeneity in the way adherence was evaluated. Most studies included other lifestyle exposures or interventions alongside the Mediterranean diet. There was a marked heterogeneity between studies in how mental health and quality of life outcomes were assessed. Although there was an overall trend towards improved mental health or quality of life outcomes in some studies, others reported no change or a negative association with the dietary/lifestyle exposure or intervention.

Conclusion. The association between Mediterranean diet adherence and mental health outcomes and quality of life in adults and adolescents with severe mental illness remains inconsistent. Lifestyle-based interventions for the treatment of mental illness are cost-effective and relatively easy to implement with less concern about side effects. Therefore, this area requires further research.

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Functions, Characteristics, and Experiences of Non-Suicidal Self-Injury: A Cross-Sectional Study of Youth and Adolescents in Singapore

Ms Xiaowen Lin¹, Ms Michelle Hui Ling Neo^{2,1}, Ms Jamie Jiehan Ong^{1,2}, Ms Ying Jie Fong¹ and Dr Tji Tjian Chee^{2,1*}

¹National University Singapore, Singapore, Singapore and ²National University Hospital, Singapore, Singapore

*Presenting author.

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Aims. Non-Suicidal Self-Injury (NSSI) occurs when direct, deliberate harm is caused to one's physical body without intention of suicide. Approximately 22.1% of youth worldwide would engage in NSSI in their lifetimes. Due to the increased risk of harm and future suicide attempts, NSSI is a behaviour that warrants attention and has been identified as a condition in need of further study. While some studies have examined the prevalence and experiences of NSSI in Singapore, there is a lack of detailed studies on the presentation and overall phenomenology of NSSI in the local context. This study aims to assess the characteristics of NSSI using the Non-Suicidal Self-Injury – Assessment Tool (NSSI-AT) in a cross-sectional design. We investigated the functions, characteristics, and personal experiences of local youths who engage in NSSI for the development and improvement of patient-centred care.

Methods. 121 youths between 12 and 25 years old were recruited from the National University Health System. The study included patients seeking treatment for mood disorders and have self-reported NSSI behaviours such as cutting, hitting, and scratching prior to or at the time of visit. Outcomes for the NSSI-AT, including the actions, functions, frequency, age of onset, initial motivations, severity, practice patterns, disclosure, and treatment experiences of self-harm, were reported using descriptive analysis. Personal reflections were analysed using thematic analysis.

Results. Participants were mostly female ($n = 86$, 71.1%) with a mean age of 16.2 years ($SD = 2.33$). Many participants engaged in NSSI actions such as cutting, scratching, and banging on objects, to manage high-pressure agitating and low-pressure depressive emotional states. Most participants started engaging in NSSI in early adolescence (mean = 13.0 years old, $SD = 2.37$, range = 7–23) and have hurt themselves more severely than intended ($n = 79$, 65.3%). When reflecting on overall NSSI experiences, participants had similar levels of ambivalence toward NSSI and growth due to NSSI. Participants also gave encouragement to others going through similar experiences and reported the negative aspects of self-harm.

Conclusion. Findings support emotional regulation as a function of NSSI in the local population, where self-harm was not generally used for social communication purposes. Findings also suggest that youths may be more vulnerable to NSSI during early adolescence, corresponding to a time of substantial life changes. This study also demonstrated the individuality of NSSI experiences among the local youth, highlighting the importance of having a person-centred approach in NSSI treatment. Taken together, this highlights the need to develop interventions that can effectively serve this age group and their specific challenges.

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The Association Between Outdoor Ambient Temperature and Depression and Mania: An Ecological Momentary Assessment Study

Dr Pip Clery^{1,2*}, Professor David Osborn^{1,2}, Professor Joseph Hayes^{1,2}, Dr Annie Jeffery¹ and Dr Jen Dykxhoorn¹

¹University College London, London, United Kingdom and ²Camden and Islington NHS Foundation Trust, London, United Kingdom

*Presenting author.

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Aims. Heat exposure can negatively impact mental health. Evidence for the effect of temperature on mood disorders is inconsistent. Current studies exploring the link between temperature and mood disorders are limited by poor temporal and geographical resolution. We aimed to use ecological momentary assessment (EMA) to investigate the effect of real-time temperature on depressive and manic symptoms. We hypothesised higher temperatures would be associated with increased depressive and manic symptoms.

Methods. We used EMA data from the digital platform and smartphone app juli to investigate the effect of real-time mean and maximum ambient temperature on depressive and manic symptoms in adults with depression and bipolar disorder. Depressive and manic symptoms were assessed using the Patient Health Questionnaire-8 and the Altman Self Rating Mania score, respectively. Time- and location-specific temperature data were collected from participants' smartphone geolocation on a 5-by-5 km resolution grid. We analysed data using negative binomial mixed-effects regression models, controlled for demographic and weather variables, and stratified by season.

Results. We analysed data from 4,000 participants with depressive symptoms and 2,132 with manic symptoms, between July 2021 and March 2023. We found that each 1°C increase in mean daily temperature in the preceding two weeks was associated