

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

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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

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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