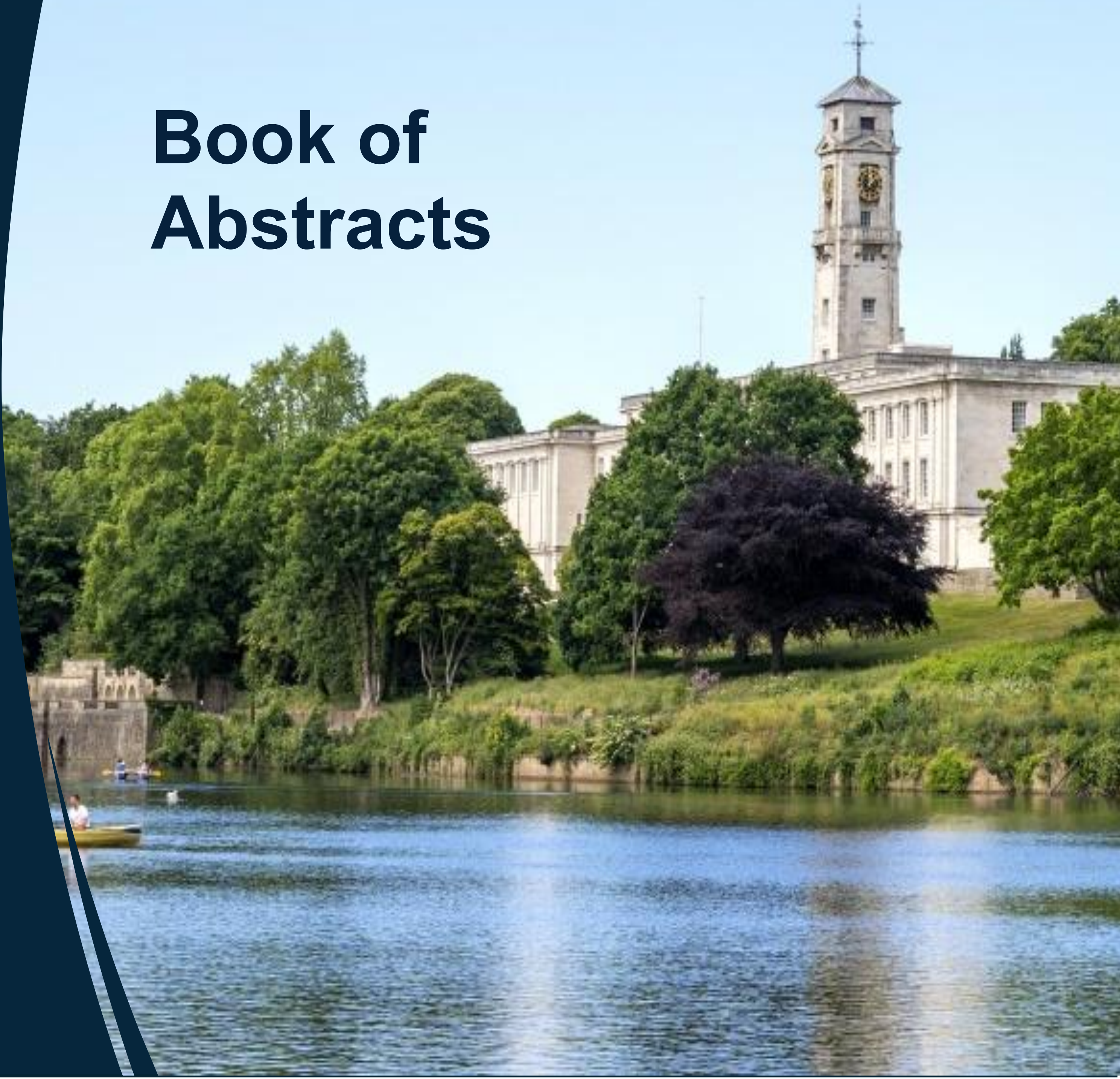
SAPC Mental Health SIG Primary Care Conference 2026

(Wednesday 13 May 2026)

Providing Better Care for Underserved Communities in Primary Care Mental Health

Book of Abstracts



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Abstracts are listed by presentation type, ordered by submission ID number.

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Oral Presentations

Discharge from Early Intervention in Psychosis Services to primary care: a multi-perspective qualitative study

Presenter(s): Michelle Rickett (ORCID ID: 0009-0001-2503-9951)
Author(s): Michelle Rickett; Tom Kingstone; David Shiers; Carolyn Chew-Graham
Affiliate Institution(s): Keele University

Abstract:

The Problem

Early Intervention in Psychosis (EIP) services are commissioned to provide 3 years' treatment to people with a first episode of psychosis in the UK. Over half of service users (SUs) are discharged to primary care with no additional specialist mental health support. There is a risk that progress made during EIP is lost.

The Approach

Longitudinal, qualitative study. Ethics and HRA approvals gained. Semi-structured interviews conducted with SUs at point of EIP discharge or shortly after (x16); carers (x14); EIP healthcare practitioners (x24); GPs (x8); mental health commissioners (x6); SU follow-up interviews after 6-11 months (x12).

Interviews conducted online/by telephone, recorded and transcribed with consent. Thematic analysis conducted using principles of constant comparison within and across cases.

Patient and public involvement key at all stages, including contributing to data analysis.

The Findings

Most SUs received the standard three-year EIP care package, which worked well when SUs felt supported and ready for discharge. SUs and carers reported feelings of disempowerment and abandonment when decision-making about discharge was not shared. This was particularly described by those SUs discharged to primary care.
Some participants were discharged before three years - either a negotiated decision, based on being well, or because of perceived 'poor engagement' with the service. Care was reported to be extended beyond 3 years due to individual needs or delayed transfer to Community Mental Health Teams. This offer of flexibility varied across Mental Health Trusts, leading to unequal experiences. All participant groups described the importance of person-centred, relationship-based care and suggested that transition from EIP to primary care should be better supported

The Implications

Person-centred care should be promoted for this under-served patient group, through flexible, supported EIP discharge processes and clear specialist/primary care communication. SUs and carers should be actively involved in discharge planning and decision-making. We suggest that a structured joint consultation in primary care at

point of discharge from EIP would help build relationships, improve communication and promote a smoother transition.

‘You just have to get on with it’: Exploring mental health, suicide risk and ‘good’ help in Gypsy and Traveller communities in England

Presenter(s): Laura Tucker (ORCID ID: 0009-0006-4602-4237)
Author(s): Laura Tucker, Violet Cannon, Kyle Schwartz, Aisha Valenzuela, Roseann Black, Liz Titchner, Michaela Tyers, Mark Crowe, Gene Feder, Martin Webber
Affiliate Institution(s): University of York

Abstract:

Gypsy and Traveller people are among the most health disadvantaged in the UK, experiencing substantial mental health inequality even by comparison to other ‘at-risk’ groups, and at high risk for almost all suicide predictors. However, they are underserved by health services and poorly recognised in suicide prevention planning, while mistrust arising from experiences of discrimination and mental health stigma limit opportunities to seek support. Poor overall understanding of this complexity limits effective support and impacts poorly on community outcomes.

The research aimed to explore Gypsy and Traveller views around mental health and suicide, focusing on how communities understood this, what contributed to their experiences, how to build on community strengths and what ‘good’ help might look like.

Approximately 300 community members across two UK regions took part in one-to-one unstructured interviews, community outreach sessions or activity-focused consultations. Conversation was introduced around three key areas: nature and causes of mental distress, what made help ‘good’, and proposed solutions. Participants led the discussions supported by researchers to focus on community priorities. Data were collected through fieldnotes, analysed using reflexive thematic analysis and workshopped with community members to check relevance.

Findings showed a strong connection between mental health, suicide and social factors including housing, finances, employment and education. Community expectations prioritised self-resilience with some acceptance of family support. Underpinning this were core themes of shame and trust linked to expectations of external prejudice from mainstream services and practitioners and fear of internal judgement from within their own communities. This was compounded by practical challenges in accessing primary care and mental health services and a lack of recognition of cultural priorities, which reinforced some perceptions of prejudice. Mental health and suicide risk was difficult to separate from the wider social and historical context and how this impacted people’s lives. Services can potentially support communities to address these risks, but there is a need to recognise the fractured trust between these communities and service providers. Effective support requires rebuilding trust and addressing historic and current injustices.

A Systematic Review of Behavioural Self-Management Interventions Targeting Loneliness and Perceived Social Isolation from Adolescence to Early-Adulthood

Presenter(s): Fahad S Al-Huda (ORCID ID: 0000-0002-2918-1613)
Author(s): Al-Huda F S, Ibbott B, Guo Y, Devaney H, Knight E, Zhu S, Roberts N, Kirk Chang M, Fleming S, Lindson N
Affiliate Institution(s): University of Oxford

Abstract:

Background

Loneliness is a rapidly growing public health concern, particularly during adolescence and early adulthood, associated with poorer mental and physical health outcomes. Behavioural self-management interventions may offer scalable approaches to reduce loneliness, yet their effectiveness in younger populations is underexplored. This review aimed to evaluate the effectiveness of behavioural self-management interventions in reducing loneliness among individuals aged 12–35 years.

Methods

Five databases were searched from inception to April 2025. Eligible studies were randomised controlled trials evaluating behavioural interventions with a significant self-management component and measuring loneliness outcomes in participants aged 12–35 years. Screening, data extraction and risk of bias assessment (using the Cochrane RoB 1 tool) were conducted in duplicate. Random-effects meta-analyses were performed to calculate standardised mean differences (SMD) with 95% confidence intervals (CI). Certainty of evidence was assessed using the GRADE tool.

Results

Thirty-four trials (n=15898), investigating 52 interventions, were included. Meta-analyses were conducted for intervention groupings with passive control comparators. Interventions targeting emotion regulation demonstrated a small but statistically significant reduction in loneliness (10 comparisons, 1875 participants; SMD −0.23, 95% CI −0.38 to −0.08, I2=50.7%), as did interventions targeting socialisation (5 comparisons, 550 participants; SMD −0.24, 95% CI −0.42 to −0.06, I2=9.1%). Other intervention types (i.e. expressive writing, education materials, structured tasks and limiting social media) showed small, non-significant effects. Most trials were brief and underpowered. Evidence certainty was rated low to very low due to high risk of bias and imprecision.

Conclusions

Behavioural self-management interventions targeting emotion regulation and socialisation may produce modest reductions in loneliness among young people. However the low certainty of evidence indicates further high-quality research is needed, which may alter the interpretation of these findings. Future studies should assess longitudinal outcomes and examine adaptation of effective intervention components for youth populations at elevated risk of mental health difficulties.

Can we prevent relapse of depression in primary care? A Cochrane systematic review and network meta-analysis

Presenter(s): Andrew S Moriarty (ORCID ID: 0000-0003-0770-3262)
Author(s): Andrew S Moriarty, Matthew Marchant, Lindsay Robertson, Faraz Mughal, Carolyn A Chew-Graham, Noortje Uphoff, Robolge Lenora, Natalie Cook, Emily Sanger, Ellen Van Leeuwen, Dean McMillan, Simon Gilbody, Rachel Churchill, Shehzad Ali, Nicholas Meader
Affiliate Institution(s): Hull York Medical School and Department of Health Sciences, University of York

Abstract:

Importance of the problem

Depression is the primary cause of disability worldwide and the majority of people with depression are managed in primary care. Relapse of depression is common (around 50% relapse within one year of achieving remission), which contributes to the morbidity and burden associated with depression. Relapse prevention interventions (which can include cognitive behavioural therapy, mindfulness-based cognitive therapy and maintenance antidepressants) are inconsistently provided to patients in primary care who might benefit from them. Our aim in this review is to identify and assess the effectiveness and cost-effectiveness of all existing relapse prevention interventions which have been developed and trialled in primary care settings.

The approach

We present an ongoing Cochrane Interventions systematic review and network meta-analysis (NMA). NMA allows indirect comparisons to assess the relative effectiveness of all interventions. We searched major databases including CENTRAL, MEDLINE, Embase, and PsycINFO for randomised controlled trials. We identified twenty relevant studies assessing a range of pharmacological and non-pharmacological relapse prevention interventions for adults (18 years and over) in primary care settings. Data extraction and analysis is ongoing – we are performing standard pairwise meta-analyses and random-effects NMA to estimate relative treatment effects and rank interventions. The primary outcome is relapse or recurrence of depression; secondary outcomes include treatment acceptability, adverse events, quality of life, and economic commentary. The certainty of evidence will be assessed using the CINeMA (Confidence in Network Meta-Analysis) framework.

Findings

This review is currently in progress; preliminary results will be available for presentation at this conference.

Implications

The findings from this review will present the relative effectiveness and cost-effectiveness of the full range of relapse prevention interventions in primary care settings. This could inform guidance and clinical practice around the allocation of relapse prevention interventions for people with depression in primary care. Longer term, the goal is to improve outcomes for people with depression in primary care. Beyond this review, we will undertake a realist synthesis (to understand which interventions work for which patients in which circumstances), co-produce a novel,

scalable relapse prevention intervention for use in primary care, and ultimately evaluate its effectiveness.

The MINDS Study: Understanding Mental Health Needs within the context of Neurodivergence in Primary Care

Presenter(s): Sian Zena Holt (ORCID ID: 0000-0001-5448-3499)
Author(s): Sian Zena Holt, Sarah Clark, Adam Geraghty, Carolyn A. Chew-Graham, Dheeraj Rai, Liz Pellicano, Kate Henaghan-Sykes, Anna Price, Blandine French & Hannah Bowers
Affiliate Institution(s): Primary Care Research Centre, University of Southampton

Abstract:

Importance of the problem

Autistic, ADHD, and AuDHD (co-occurring autism and ADHD) adults represent an under-served population in primary care mental health with 75% experiencing depression, anxiety, and psychological distress, yet overlapping characteristics between neurodivergence and mental health problems often obscure accurate diagnosis and appropriate management. This diagnostic complexity contributes to misdiagnosis, inappropriate medication use, inadequate support, and unmet needs. This research explores how neurodivergent adults experience common mental health problems and their experiences of primary care support.

The Approach (design/methods)

This study has ethical approval from the University of Southampton, Faculty of Medicine ethics committee (ERGO: 107124) and Health Research Authority (IRAS: 361255).

Our methodology has been co-developed using a participatory approach with our public contributor group. The group consists of four adults with lived experience of Autism/ADHD.

We conducted a qualitative study using semi-structured interviews with 25 Autistic/ADHD/AuDHD adults who have sought mental health support in primary care. Interviews were offered online, by phone, or in person, with tailored accommodations for communication preferences. We analysed the data using reflexive thematic analysis, in collaboration with our public contributor group and co-produced an illustration of perceived similarities/differences between mental health symptoms and neurodivergent characteristics.

Findings

Analysis is ongoing, with 13 interviews completed so far. Themes will be available by April 2026. Initial ideas include ways participants experience mental health and neurodivergence, including how participants differentiate between identity-related neurodivergent traits and situationally driven distress, recognising some behaviours as authentic preferences and others as markers of mental health struggles, and how specific life experiences shape this meaning-making. Discussions around primary care support include ideas such as diagnostic overshadowing, misdiagnosis, disbelief that

mental health issues and neurodiversity can co-exist, gendered assumptions, and medical trauma. Participants also report systemic barriers such as communication challenges between practitioner and patient, and inflexible services.

Implications (significance)

Findings will inform the development of primary care interventions and practitioner training to improve recognition and management of co-occurring mental health difficulties in neurodivergent adults.

Winner of the best oral presentation in the Complex Needs and Long-Term Mental Health Conditions room

Long-term antidepressant use and discontinuation in the context of socioeconomic deprivation: a qualitative interview study with public involvement

Presenter(s): Hannah Bowers
Author(s): H. Bowers, T. Kendrick, C. Chew-Graham, A. Moriarty, C. Woods, E. Van Leeuwen, K. Henaghan-Sykes, B. Palmer, S. Mir, M. Ford, A W A. Geraghty
Affiliate Institution(s): Primary Care Research Centre, University of Southampton

Abstract:

Problem

About one in ten adults are prescribed antidepressants and around half are taking them for more than two years. Antidepressants are associated with side-effects that increase with treatment duration and there is evidence that up to half of people taking them long term may not have a clinical indication to do so. People experiencing socioeconomic deprivation are more likely to be taking antidepressants and may face greater challenges stopping them. We aimed to explore perspectives of long-term antidepressant use and discontinuation with this under-served population.

Approach

We are conducting semi-structured interviews with up to 25 adults who have taken antidepressants for more than two years and experience socioeconomic deprivation. We are recruiting participants from community settings and via primary care. We are conducting interviews via telephone, Microsoft Teams, in-person and WhatsApp. We have conducted informal public involvement workshops (‘Listening Cafes’) with a local community group in a deprived area which has informed the research approach. People have shared their experiences of antidepressant use we have co-produced plans for discontinuation support.

Findings

Analysis is ongoing. We will present challenges faced with recruiting under-served communities in mental health research and what we have learned from our inclusive public involvement. We will present preliminary thematic findings exploring perspectives on stopping antidepressants within the context of socioeconomic deprivation, including barriers to discontinuation and implications for primary care support.

Implications

Conducting qualitative research on a mental health topic with people in under-served populations poses unique challenges. Our reflections on recruitment and engagement will provide practical learning for researchers seeking to involve underserved populations in primary care mental health research. Our qualitative findings will inform a plan for primary care support for antidepressant discontinuation that suits the needs of this population.

Bridging primary care and underserved Muslim communities: exploring faith leaders' role in supporting men's mental health in Wales

Presenter(s): Hassan Awan (ORCID ID: 0000-0002-8025-0426)
Author(s): Hassan Awan, Mohammed Mustafa, Tom Kingstone, Carolyn Chew-Graham
Affiliate Institution(s): Keele University

Abstract:

Importance of the problem

Muslim communities are underserved by primary care mental health services, with the highest dropout rates from NHS Talking Therapies (63%). South Asian men are referred at lower rates than White British individuals and experience poorer outcomes. Care inequalities reflect barriers including cultural expectations, masculine norms, stigma, and lack of culturally appropriate services. Muslim men often prefer seeking support from faith leaders before presenting to primary care, positioning faith leaders as potential bridges to professional services. Faith leaders typically lack formal mental health training; UK studies found over half felt inadequately trained despite 63% counselling individuals with mental health concerns. This study examines how Muslim faith leaders in Wales currently support men experiencing mental health difficulties, their training needs and how referral pathways to primary care are navigated or constrained in practice

The approach

This qualitative study will use semi-structured interviews with Muslim male faith leaders purposively sampled across Wales, supported by Cardiff University's Centre for the Study of Islam in the UK and the Muslim Council of Wales. Interviews will explore experiences supporting Muslim men's mental health, training needs, cultural considerations, and referral pathways to primary care. Interviews will be conducted by two researchers who are GPs with long-standing relationships in Muslim communities, with reflexive attention to positionality throughout analysis. Data will be analysed using Braun and Clarke's reflexive thematic analysis. Working with communities: A group comprising Muslim men with lived experience and faith leaders has been integral throughout the research, including informing the research question, recruitment materials and topic guide. They will also contribute to interpretation of data.

Findings

Data collection is under-way. Initial findings will be presented.

Implications

Findings will inform co-design of a culturally-grounded mental health training programme for faith leaders, integrating Islamic principles with evidence-based practices. By equipping faith leaders to recognise mental health needs, support them in culturally-grounded systems and facilitate appropriate referrals, this research will strengthen pathways between underserved Muslim communities and primary care, improving access and outcomes for a population experiencing significant health inequalities.

Facilitating choice and ensuring equitable access to interventions for Perinatal Anxiety (PNA): a qualitative study exploring lived experience and primary care practitioner perspectives.

Presenter(s): Victoria Silverwood (ORCID ID: 0000-0002-6754-7129)
Author(s): Victoria Silverwood, Tom Kingstone, Tamsin Fisher, Katrina Turner, Janine Proctor, Noureen Shivji, Carolyn A. Chew-Graham.
Affiliate Institution(s): School of Medicine, Keele University

Abstract:

Importance of the problem

Perinatal anxiety (PNA) occurs during pregnancy or in the twelve months after birth and is experienced by 21% of women worldwide. PNA can have a negative impact on mothers, children and their families. The National Institute for Health and Care Excellence (NICE) has identified evidence gaps around non-pharmacological interventions as a research priority. This qualitative study explored evidence gaps around acceptability, appropriateness and accessibility of access to interventions for PNA across primary and community care.

The approach

Semi-structured interviews with participants with lived experience of PNA and individuals who work in perinatal mental health (PMH) settings. Topic guides modified in response to identified themes. Interviews audio-recorded with consent, anonymised, transcribed, and analysed thematically. University ethics approval secured. Patient advisory group (PAG) involved throughout.

Findings

30 interviews conducted: 13 women with lived experience of PNA, 10 healthcare professionals (HCPs) from a variety of professional backgrounds, 4 PMH community organisation practitioners and 3 commissioners of PMH services.

Themes identified include recognising the importance of choice of interventions and ensuring equitable access to these choices. Women discussed differing preferences for management options, reflecting their understanding of available options and their personal circumstances. Many options which women choose from are not reflected in clinical guidance. Community based organisations were felt to be able to support women with a more personalised care approach, as well as being more flexible than

healthcare services; therefore facilitating greater choice of interventions. Commissioning across regions varies with regards to PNA management options; therefore introducing inequity of both choice and access.

Implications

Choice of interventions and equity of access to suitable interventions for PNA is important for all women, regardless of personally available resources. HCPs play an important role in providing women with individualised information and supporting them to choose an intervention(s) that will be appropriate and accessible for them. Clinical guidance around PNA should emphasise the need to consider women's preferences across both primary and community care. Inequalities in access to care could be addressed by ensuring that a range of accessible PNA interventions are commissioned across regions which women can choose from.

SERPENT: Skills and Essentials Required to ParticipatE iN the digiTal world

Presenter(s): Kate Bosanquet (ORCID ID: 0000-0002-6241-9734), Trish Darcy, Lisa Thompson-Cox
Author(s): Kate Bosanquet; Trish Darcy; Lisa Thompson-Cox
Affiliate Institution(s): Sheffield Flourish; Sheffield Health Partnership University NHS Foundation Trust, University of York (Mental Health and Addiction Research Group)

Abstract:

Importance of the problem

Individuals living with serious mental illness (SMI) frequently face a "digital divide"—a gap in technology access, literacy, or motivation—that increasingly excludes them from the NHS's digital transformation. This inequity is particularly pronounced for those from culturally diverse backgrounds, who remain disproportionately underserved by existing systems.

The approach (design/methods)

This project explores how to best support digital literacy for people with SMI from culturally diverse backgrounds. Partnering with Sheffield Flourish, a community organisation, we conducted co-production workshops with individuals who have lived experience of SMI to identify the unique preferences, digital capabilities, and systemic barriers within these communities.

Our goal is to understand what makes digital training culturally relevant and accessible. By using co-production, we aim to:

- Co-produce recommendations and guidelines for future online digital skills courses
- Apply for grant funding to develop and test the effectiveness of these tailored resources.

Ultimately, we are working to ensure digital interventions are supportive, inclusive, and effective for underserved populations.

Findings
Preliminary findings from our co-production workshop indicate that an online digital resource can be beneficial in supporting digital skills development among people with SMI from culturally diverse backgrounds. Participants valued the flexibility of user-selected, individually accessible modules across diverse topic areas. However, the use of technical language and the absence of multilingual options were identified as notable challenges and potential barriers to engagement.

Implications (significance)
By embedding inclusion into its core research design, SERPENT moves away from generic digital training in favour of culturally resonant, bespoke guidance. This approach builds on the lived experience of co-researchers to identify what truly matters to their communities, ensuring the resulting tools are both relevant and practical. Ultimately, the project seeks to bridge the digital divide for underserved ethnic minority groups, driving higher NHS App usage, improving digital health literacy, and encouraging proactive health-seeking behaviour. Improving digital literacy will enable individuals with lived experience of SMI from minority ethnic groups to be less intimated by, and more capable of accessing, primary care services.

Winner of the best oral presentation in the Access, Equity and Inclusion room

Women's Lived Understandings of Suicidality: A Scoping Review of Qualitative Evidence

Presenter(s): Joanna Rutter (ORCID ID: 0000-0002-0343-8935)
Author(s): Joanna Rutter
Affiliate Institution(s): University of Sheffield, Public Health lead for suicide prevention at Sheffield City Council

Abstract:
Background and problem
Suicide is a major public health concern and a leading cause of years of life lost worldwide. The World Health Organisation estimates that over 700,000 people die by suicide each year. In England and Wales, recent data from the Office for National Statistics show that 25.8% of suicides registered between 2021 and 2023 were among females, representing the highest female suicide rate since 1994 with women aged 45–64 years experienced the highest age-specific rates.

A gender paradox in suicidality is well documented: while men account for most suicide deaths, women are more likely to report suicidal ideation, self-harm, and suicide attempts. Despite recent increases in female suicide rates, research specifically focused on women remains limited. Existing studies have been dominated by quantitative approaches that prioritise individual risk factors, often overlooking qualitative research that captures women's subjective accounts and meaning-making processes remain under-represented

Purpose of the Review

This scoping review will be conducted in accordance with the PRISMA-ScR guidelines and aims to map and synthesise evidence from women-only qualitative studies that explore women's lived experiences and interpretations of suicidal behaviour

While existing literature has identified gender differences in suicide risk factors through predominantly quantitative research, women's subjective accounts and meaning-making processes remain under-represented. This review seeks to address this gap by focussing on women's lived experience and examining how suicidality is understood, experienced, and contextualised within women-only qualitative research.

By identifying key themes, explanatory frameworks, and gaps in the qualitative evidence base, the review will inform the design, theoretical orientation, and methodological approach of subsequent primary research undertaken as part of a PhD and preliminary findings will be presented at this conference. When completed, this study will directly inform local authority suicide prevention strategies and support the development of more gender-responsive, evidence-based suicide prevention strategies and interventions.

Variation in cardiovascular risk and primary prevention among people prescribed antipsychotics in UK primary care: a matched cohort study using CPRD

Presenter(s): Peiyun Hu
Author(s): Peiyun Hu, Pietà Georgina Schofield, Dan Joyce, Iain Buchan, Yu Fu
Affiliate Institution(s): Primary Care & Mental Health, University of Liverpool

Abstract:

Background
Antipsychotic medications are essential in the treatment of mental health conditions; however, people prescribed antipsychotics experience a substantially higher risk of cardiovascular disease (CVD) than the general population. Despite variation in cardiovascular risk across individual antipsychotic medications, existing clinical guidelines and cardiovascular risk assessment tools do not account for antipsychotic-specific differences in CVD risk. Consequently, people prescribed antipsychotics often receive uniform preventive care that does not align with individual risk profiles. Robust population-based evidence is therefore needed to characterise gaps in cardiovascular prevention and inform improvements in primary care service delivery for this healthcare-disadvantaged population.

Aim
This study aims to examine gaps in cardiovascular primary prevention and service delivery among people prescribed antipsychotics in UK primary care, with a view to informing more equitable and targeted preventive strategies. As part of a broader programme of work, the study will generate evidence to support optimisation of cardiovascular risk assessment in this population, including informing future development and evaluation of antipsychotic-specific risk prediction approaches compared with existing tools such as QRISK.

Methods
We are conducting a large-scale retrospective matched cohort study using anonymised UK primary care data from the Clinical Practice Research Datalink (CPRD) Aurum and GOLD. Adults aged 18 years and over without pre-existing cardiovascular disease (CVD) are included. Individuals prescribed antipsychotics are matched to unexposed controls from the same general practice by age, sex, and calendar time using a 1:10 matching strategy with replacement to ensure baseline comparability. Linked hospital and mortality records ascertain cardiovascular events, comorbidities associated with increased CVD risk, and healthcare utilisation. Primary outcomes include CVD events and related comorbidities, while cardiovascular primary prevention, hospital admissions, and mortality are examined as secondary outcomes.

Progress to date
To date, cohort construction and matching have been completed. We have identified over 500000 individuals prescribed antipsychotics in CPRD Aurum and around 90000 in CPRD GOLD, matched to over 3.8 million and 0.75 million unexposed controls, respectively. Following data linkage, cohorts will be refined, and regression-based and time-to-event analyses will examine cardiovascular risk, prevention measures, and service delivery.

Lessons learned in adapting a novel digital mindfulness intervention to support the mental health of agricultural workers

Presenter(s): Mat Rawsthorne (ORCID ID: 0000-0002-7481-693X)
Author(s): Mat Rawsthorne, Kim Bevan, Josh Hall, Liz Haines
Affiliate Institution(s): Tend VR Ltd

Abstract:

Background (Importance)
Agricultural workers represent a significantly underserved community in primary care mental health. Despite facing disproportionately high rates of occupational stress, isolation, and suicide, this demographic engages poorly with traditional mental health services. Standard mindfulness-based interventions (MBIs), while evidence-based, often fail to reach this group due to perceived cultural incongruence and practical barriers. This study aimed to identify the necessary adaptations required to make a novel mindfulness intervention acceptable, accessible, and effective for the farming community.

Approach
Working with specialist farming mental health charities, we recruited a Lived Experience Advisory Panel (LEAP) consisting of farmers, rural support workers, and industry representatives. They were involved in providing vital feedback on the intervention content, promotion channels and materials through a mix of codesign workshops, focus groups and interviews. The LEAP was expanded to include a non-eligible participant who then assisted in refining the communications with those expressing interest. The project team also reached out to other agricultural mental health research teams to understand common issues and best practices in improving access for these underserved communities.

Findings
The adaptation process revealed three critical lessons. First, linguistic reframing was essential; clinical terminology (e.g., "therapy," "meditation") acted as a barrier, whereas functional framing (e.g., "mental fitness," "situational awareness") increased engagement. Second, structural flexibility was non-negotiable; the rigid scheduling of standard primary care interventions was incompatible with agricultural work patterns, necessitating a modular, asynchronous delivery format. Third, trust-based delivery was key; the intervention was significantly more acceptable when introduced through trusted intermediaries (e.g., agricultural chaplains, vets, or peer networks) rather than clinical outsiders. This evolution of understanding can be clearly seen in the ongoing refinements to the recruitment materials.

Implications
This study demonstrates that "one-size-fits-all" mental health interventions in primary care may inadvertently exclude agricultural populations. To provide better care for this underserved community, interventions must undergo culturally sensitive adaptation driven by strong coproduction. These lessons offer a transferable framework for researchers and clinicians seeking to implement psychosocial support in other isolated, male-dominated industries.

Integrating Faith into an Acceptance and Commitment Therapy (ACT) Framework to Inform Guidance for Therapists Working with Muslim Clients

Presenter(s): Imran Khan (ORCID ID: 0000-0002-2069-7410)
Author(s): Imran Khan, Thakmina Begum, Damien Ridge, Siobhan O'dwyer, Stephanie Taylor
Affiliate Institution(s): Queen Mary University of London, Tower Hamlets Talking Therapies

Abstract:
Background
Muslim communities in the UK continue to face significant inequalities in mental health care in terms of engagement and outcomes, often shaped by cultural, religious, and systemic barriers. Faith frequently underpins how individuals understand and respond to psychological distress, yet therapeutic models rarely engage with clients' religious frameworks. This qualitative study explores how faith can be meaningfully integrated into therapy for Muslim patients through acceptance and commitment therapy (ACT), and how such integration can inform future guidance for therapists working with Muslim clients.

ACT was selected because its principles of acceptance, value-based goals, and psychological flexibility align closely with Islamic concepts such as patience (sabr), surrender (tawakkul), and living meaningfully in accordance with one's faith in the face of trials and blessings (Khan et al., Culture, Medicine and Psychiatry, 2025).

Methods
This study uses semi-structured interviews with 6–9 mental health practitioners (NHS and non-NHS) and 7–10 Muslim participants with lived experience of psychological distress in Tower Hamlets and neighbouring boroughs. Thematic analysis will be used to interpret data. A patient and public involvement (PPI) advisory group and faith advisors are embedded throughout to ensure that lived experience and cultural insight meaningfully shape the research process and interpretation.

Results
Full findings are expected in April 2026, however emergent findings will be part of the conference presentation. The study aims to produce guidance for therapists in two key areas:

1. How faith can be incorporated into ACT-based therapy and what this may look like in practice.
2. How a therapist's own faith (or lack thereof) may influence therapeutic delivery.

Implications
This co-produced study unites clients, practitioners, and community members to develop a more inclusive form of therapy rooted in the Islamic tradition. Findings will inform more culturally responsive counselling and psychotherapy practice, supporting equity, trust, and belonging in mental health care, and will contribute to future intervention development and clinical evaluation.

Barriers to treatment for people with diagnosable mental health conditions: rapid review and public consultation

Presenter(s): Stefan Rennick-Egglestone (ORCID ID: 0000-0003-4187-011X)
Author(s): Stefan Rennick-Egglestone, James Roe, Joy Llewellyn-Beardsley, Mike Slade
Affiliate Institution(s): University of Nottingham

Abstract:

Background
The 2023/24 Adult Psychiatric Morbidity Survey found that 54.4% of those diagnosable with a common mental health condition received no treatment in the previous year. Whilst mental health conditions are frequently brief and self-limiting, and treatment may be inappropriate for some, there are substantial barriers to accessing treatment for vulnerable groups such as people at risk of suicide and young carers, which may be modifiable through health service change. Our objectives were to 1) develop a typology of barriers to health service use for diagnosable mental health conditions; 2) identify associations between specific barriers and populations; and 3) identify candidate interventions to ameliorate barriers.

Methods
We are conducting a rapid review of international literature, through a three-stage process: 1) public consultation with experiential knowledge of treatment barriers; 2) systematic review of empirical studies whose primary aim is to identify treatment barriers; 3) umbrella review of systematic reviews whose primary aim is to synthesise

knowledge on predictors of service use. Stage 3 was included, since some research on predictors reveals barriers. We adopted a narrative synthesis approach.

Findings

Categories of barrier include: fear of state services (due to traumatic service use experiences; fear of deportation for documented and undocumented immigrants; prior experiences of institutional injustice for people with minoritised characteristics; expectation of coercive treatment; fear of intrusion on family life for parents), current mental health status (symptoms that constrain help-seeking; not seeing a mental health condition as having internal cause; beliefs about mental health recovery that contradict with service delivery assumptions), lack of service-oriented knowledge (about how services function; about human rights to treatment), service rationing approaches (waiting lists; requirement to complete complex forms). There are place-based and sociodemographic influences on some barriers, including travel costs to treatment centres and digital exclusion, where elements of treatment require online interaction.

Implications

Removing barriers due to service rationing may require political action such as resource reallocation. Some barriers can be reduced through more localised action such as anti-racism efforts, which in turn require resourcing. Specific outreach plans may be required for the most vulnerable groups.

Widening inclusion of underserved groups in research: a co-produced consultation

Presenter(s): Krysia Canvin (ORCID ID: 0000-0001-6571-6411)
Author(s): Krysia Canvin, Kate Bissix, Sam Wheeler, Savannah Bassewitz
Affiliate Institution(s): Keele University

Abstract:

The problem

Health research favours participants who are willing and able to participate efficiently in conventional research methods. This excludes many underserved groups, especially those experiencing stigma, such as people experiencing addiction. Failure to involve underserved groups in research as partners or participants severely limits the applicability of research findings with consequences for health service provision and health inequalities.

We aimed (i) to explore what people who use alcohol or other substances want or need to enable their participation or involvement in research and their priorities for research, and (ii) to build capacity, self-esteem and confidence via our engagement and partnership work.

Approach

We employed a reflexive, participatory research approach combined with an extensive consultation led and conducted by Expert-by-Experience co-investigators who engaged and trained additional Experts-by-Experience with whom they co-produced

and applied various consultation approaches and tools. The Expert-by-Experience partners recorded their activities and rationale in reflexive diaries and we held regular reflective meetings. We conducted thematic analysis of the data.

Findings

The Expert-by-Experience consultation used surveys, focus groups, and interviews to reach a total of 385 people (e.g. street homeless, Roma travellers, young care leavers, criminal justice experienced people) across multiple settings (e.g. hostels, day centres, supported housing, rehabilitation services, community groups). The consultation identified an appetite to contribute to research under the right conditions and research priorities relating to substance-specific and general health research topics. Key learning from the reflexive work includes recognition of existing and potential capacity of Experts-by-Experience to take leadership roles. We also identified key characteristics of effective engagement including integration into valued activities, employment of peer supporters with lived experience, flexibility, adaptability and thinking broadly about reciprocity.

Overall, the project highlighted the crucial role of building trusting partnership through sustained presence and authentic relationships rather than extractive one-off interactions.

Conclusions

The project demonstrates that meaningful engagement with severely underserved populations is achievable through flexible approaches that prioritise relationship-building and mutual benefit. Our findings highlight a range of approaches that have potential transferability beyond the perceived niche research areas of e.g. substance use or homelessness, including wider health services research and evaluation.

Developing a novel Fire and Rescue Service-delivered intervention to support older adults with their mental health.

Presenter(s): Katie Saunders (ORCID ID: 0009-0002-3344-9720)
Author(s): Katie Saunders, Tamsin Fisher, Carolyn Chew-Graham, Sumaya Abdi, Ged Devereux, Jane Southam, Samina Begum, Caroline Lee, Priya Paudyal, Julius Sim, Alec Thomas, Pam Thindal, Rowena Hill, Kay Simcox, Faraz Mughal, Tom Kingstone.
Affiliate Institution(s): Keele University

Abstract:

The Problem

Common mental health difficulties (anxiety and depression) in older adults (OA) are associated with life stressors such as bereavement, retirement, loss of independence, increased isolation and physical health problems. OA may be reluctant to seek help from primary care for various individual, social or system-level barriers. Our previous research highlighted the potential role Fire and Rescue Services (FRS) could play in enabling older adults to access mental health support via Home Fire Safety Visits (HFSVs). In this presentation, we describe our intervention development process.

The Approach
Secondary analysis of transcripts from the FIRESIDE project [OA = 10, FRS = 26] using the Behaviour Change Wheel (BCW), Theoretical Domains Framework (TDF) and APEASE criteria to develop the theoretical scaffolding for our intervention. A public advisory group has informed this work throughout.

The Findings
Target behaviours were identified for OAs (to feel confident and psychologically safe) and FRS staff (to engage with intervention resources, feel confident to engage in mental health talk). BCW intervention functions for both groups included education, environmental restructuring, enablement, modelling and persuasion while skills-based training was uniquely required for FRS staff. Intervention components that aligned to relevant behaviour change functions, techniques and existing evidence were identified.

For OA: consent-focused approach, story-based video animation to provide mental health information and generate empathy, simple action plan templates, and endorsements from respected sources supporting the role of FRS in mental health. For

FRS staff: e-learning with scenario-based role play, scripted mental health conversations, cue cards as aide memoirs during HFSVs, a repository of local services to inform signposting, and endorsements from respected colleagues to reaffirm the relevance of mental health to FRS practice and values.

The Implications
This research is currently informing a series of co-design workshops which involves a diverse group of contributors. Outcomes of which will be shared in the presentation. The intervention will then be evaluated in two case study FRS sites over the next 12 months. If successful, the study will demonstrate the potential role of the FRS as a key asset to Primary Care and in addressing unmet mental health needs of older adults.

Explaining anxiety with evolutionary theory - a randomised experiment on clinician attitudes

Presenter(s): Adam Hunt (ORCID ID: 0000-0002-8923-5812)
Author(s): Adam D. Hunt, Tom Carpenter, Gurjot Brar, Tanay Katiyar, Laith Al-Shawaf, George Gillett, Nikhil Chaudhary, Diarmuid Boyle, Matt Butler, Agnish Das, Bruno de Blaquiere, Anna Eaton, Sirous Golchinheydari, Benjamin Griffin, Baher Ibrahim, Simona Ionita, Ume
Affiliate Institution(s): University of Cambridge

Abstract:

Background
Explanatory frameworks for mental disorders influence stigmatisation and clinical attitudes. Mechanistic biological explanations often yield negative effects on prognostic optimism and empathy. Evolutionary framings might reduce stigma, but this has rarely been tested empirically.

Aims

To experimentally test whether a brief educational intervention presenting an evolutionary explanation of anxiety, compared to a genetic explanation, would influence clinicians' attitudes in directions consistent with anti-stigma goals.

Method

In this pre-registered, multi-site, cluster-randomised trial, 171 practising mental health clinicians across the UK and Ireland were randomised by session to receive a 30-minute educational presentation on either evolutionary or genetic explanations for anxiety. Pre- and post-session questionnaires assessed clinicians' optimism regarding patient recovery, perceived efficacy of psychosocial interventions, expected patient willingness to share diagnosis and seek help, and perceived usefulness of the information. Data were analysed using Bayesian cumulative ordinal regression models.

Results

In line with pre-registered hypotheses, clinicians rated evolutionary explanations as substantially more useful for patients (OR=5.05, 95% CI 2.46–10.28; latent SD shift=1.07) and for clinicians (OR=3.10, 95% CI 1.62–5.81; latent SD shift=0.76) compared to genetic explanations. Evolutionary explanations also resulted in higher anticipated public willingness to seek psychiatric help (OR=1.79, 95% CI 0.93–3.35) and share a diagnosis (OR=1.62, 95% CI 0.88–2.97), optimism about patient recovery (OR=1.58, 95% CI 0.71–3.46), perceived effectiveness of psychosocial interventions (OR=1.62, 95% CI 0.84–3.10), and belief in the functional usefulness of negative emotions (β=0.25 SD, 95% CI 0.01–0.49). These effects were driven by both positive pre-post effects of evolutionary education and negative pre-post effects of genetic education compared to pre-education baseline. Exploratory analysis showed further anti-stigma effects.

Conclusions

Framing anxiety through an evolutionary lens substantially improved clinicians' attitudes on various measures of stigmatisation compared to genetic explanations, and were rated as highly useful, both for clinicians and patients. The opportunities for introducing evolutionary explanations of mental health problems in clinical interactions are widely under-recognised, but offer a promising pathway to patient comfort and destigmatisation.

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*Winner of the best oral presentation in the Therapeutic Approaches and Workforce Capability room*

GPs’ experiences of moving on from patient safety incidents: a qualitative study

Presenter(s): James Tawse (ORCID ID: 0000-0003-2022-6106)
Author(s): James Tawse, Christopher J Armitage, Carolyn A. Chew-Graham and Maria Panagioti

Affiliate Institution(s): University of Manchester, Greater Manchester Patient Safety Research Collaboration

Abstract:

Problem

General practitioners (GPs) involved in patient safety incidents (PSIs) may experience significant emotional and professional distress. Although national strategies promote compassionate, system-focused responses to PSIs, there is little evidence on how GPs in UK general practice experience these events, how they manage their impact, and how accessible and adequate support received is perceived to be.

Approach

We conducted a qualitative study involving semi-structured interviews with 22 GPs working across England who had experience of involvement in a PSI. Interviews explored GPs' experiences of PSIs, emotional and professional impacts, management strategies, help-seeking behaviours, and perceptions of the accessibility and adequacy of available support. Data were analysed using reflexive thematic analysis, allowing for an in-depth and iterative examination of patterns of meaning across the dataset.

Findings

GPs described intense and enduring emotional responses following PSIs, including guilt, self-doubt, and fear of reputational or regulatory consequences. These emotional impacts often extended into professional practice, leading to reduced clinical confidence, heightened risk aversion in decision-making, changes to behaviours, and, in some cases, periods of sickness absence. Informal peer support was highly valued but inconsistently available, while access to formal, structured or psychological support varied widely. Participation in formal investigation processes was frequently experienced as distressing and often exacerbated the emotional impact of the original incident. Empathetic leadership, protected time for reflection, and a supportive and psychologically safe practice culture were identified as key enablers of recovery.

Implications

GPs often rely on informal, self-directed management strategies following PSIs, with limited access to consistent, structured sources of support. Strengthening compassionate, accessible, and non-punitive post-incident support systems is essential for protecting GP well-being, and fostering learning-oriented safety cultures within general practice.

The association between household crowding at birth and mental health outcomes in school-aged children

Presenter(s): Joanna Klaptocz (ORCID ID: 0000-0001-7108-6233)
Author(s): Joanna Klaptocz, Helen Blake, Kimon Krenz, Catherine Knamiller, Rosemary McEachan, Marcella Ucci, Jessica Sheringham
Affiliate Institution(s): University College London

Abstract:

Background

Previous research suggests household crowding is associated with poorer child mental health, but findings are inconsistent, more longitudinal data is required especially from deprived settings where crowding is most prevalent and in ethnically diverse UK settings where living in larger family units is more commonplace. It is uncertain whether features of nearby green space may modify associations between early-life crowding and later child mental health.

Methods

We analysed data from 3543 children in the Born in Bradford study, a longitudinal cohort representing residents of the ethnically diverse and relatively deprived city of Bradford, UK. We used logistic regression to investigate the association between exposure to household crowding (self-reported people per bedroom) at birth, and child mental health score (normal, borderline, raised) 7-14 years later according to parent-reported Strengths and Difficulties Questionnaire, adjusting for gender, ethnicity and socio-economic position. We explored effect modification by ethnicity and various measures of green space.

Results

No crude or adjusted association between exposure to household crowding at birth and child mental health outcomes 7-14 years later was observed, nor was the association modified by ethnicity or parental satisfaction with surrounding green space at the time of outcome measurement.

Conclusions

Household crowding may not always be associated with poorer mental health outcomes in school aged children, exploration of age-specific effects, ideally with measurement of exposure and outcome at frequent intervals over the course of childhood is needed to identify critical periods.

Use of a mixture of subjective and objective measures for defining household crowding along with further exploration of individual and community level protective factors including family and community support is warranted.

Comparison of perceived norms and stigma related to household crowding between different areas of the UK and further afield would clarify the extent to which these factors determine the effects of household crowding on child mental health.

Interaction between indoor and outdoor spaces and their effects on child mental wellbeing remain under explored, the use of subjective and objective measures as demonstrated in this study will better capture the nuances of this question.

Public involvement in intervention development to support the mental health of older adults during the COVID-19 pandemic

Presenter(s): Carolyn Chew-Graham (ORCID ID: 0000-0002-9722-9981)
Author(s): Carolyn Chew-Graham, Elizabeth Littlewood, Anna Taylor, Della Bailey, Peter Coventry, Dean McMillan, Judith Webster, Margaret Ogden, Claire Sloan, El Ryde, Andrew Henry, Simon Gilbody, David Ekers

Affiliate Institution(s): Keele University

Abstract:

Importance of the problem

Approximately 14% of adults aged 70 and over live with a mental health problem. The mental health of older adults deteriorated during the COVID-19 pandemic, with many reporting social isolation, depression and anxiety. A suggested mechanism was that COVID-19 restrictions caused a disruption of typical daily routines, loss of social contact, and thus increased isolation and loneliness.

The approach

This work was embedded within a programme of work which aimed to refine a Behavioural Activation (BA) intervention to reduce depression and improve function in older adults with long-term physical conditions.

Initial qualitative work included semi-structured interviews with older adults, carers, health and social care professionals and community organisations, case series "think-aloud" interviews, followed by consensus groups to agree content and structure of the intervention, training needs for Support Workers (SWs) delivering the intervention, and the BA booklet for older adults.

At the start of the pandemic, COVID-19 restrictions were introduced into the United Kingdom, including ‘lockdowns’ and ‘shielding’. In response, we further refined the BA intervention through an online patient and public advisory group (PPI AG) meeting and consensus group, alongside online research team discussions. This intervention was then evaluated within a trial to support older adults at risk of social isolation and loneliness during the COVID-19 pandemic.

Members of the PPI AG contributed to design and adaptation of the BA intervention, including the booklet for trial participants and SW materials and training. Further work with the PPI AG supported the adaptations to the intervention which was evaluated in a full-scale randomised controlled trial. Co-authors JW and MO are lay co-investigators.

Findings

We will describe how we developed our BA intervention, SW training, and participant materials to be tested in the original programme and further refinement of the intervention to test in a trial to support older adults at risk of social isolation and loneliness during the COVID-19 pandemic in the United Kingdom.

Implications

We will critically reflect on the patient and public involvement (PPI) in intervention development. Our work contributes to the evidence-base of enabling meaningful patient and public involvement in health services research.

Winner of the best oral presentation in the Service Innovation and System Integration room

Shared Medical Appointments in Primary Care: Harnessing the Relational in Multimorbidity Care

Presenter(s): Maria Kordowicz (ORCID ID: 0000-0002-1405-9607)
Author(s): Maria Kordowicz, Duncan Moss, Saul Bloxham, Elizabeth Edwards-Smith, Charles Edward Parry-Jones, Juliet Rayment, Samuel Vaughan
Affiliate Institution(s): Regent's University London

Abstract:

Background
Shared medical appointments (SMAs) involve a clinician seeing more than one patient at a time and are often thought of as advantageous in terms of saving human and financial resources and may be especially helpful in multimorbidity management in primary care. SMAs are typically rated highly by both patients and the clinicians delivering them.

Aim
The aim of the study was to explore primary care and allied staff and patients' views about SMAs, in particular the dynamics and relational processes underpinning their experiences of the SMAs available in their practice within a socio-economically deprived area of Devon.

Design and Setting
The study utilised qualitative inquiry within a general practice setting.
Method: Focus groups were carried out with staff and patients who had been involved with an SMA pilot in general practice.

Results
Results stemming from thematic analysis suggest that the holistic care and space for relational processes provided by SMAs underpin the satisfaction of patients navigating complexity, GPs, and the wider primary care team.

Conclusion
SMAs offer an opportunity for both patients and primary care clinicians to have an enhanced experience of managing chronic multi-morbid health and mental health conditions.

Characterising the behavioural determinants associated with developing antipsychotic-induced metabolic side effects

Presenter(s): Emma Good (ORCID ID: 0000-0001-5443-1816)
Author(s): Emma Good, Debi Bhattacharya, Sion Scott, Sam Tromans, Michelle O'Reilly
Affiliate Institution(s): University of Leicester

Abstract:

Background and Aim

Antipsychotics are the mainstay of treatment for severe mental illness (SMI) but cause metabolic side effects: rapid weight gain; hyperglycaemia; hypercholesterolaemia; and hypertension. The risk of type 2 diabetes and cardiovascular disease is thus increased in people with SMI, who already have a life expectancy 15-20 years lower than the general population. Metabolic side effects develop through physiological mechanisms as well as through changes in behaviour. This study aimed to characterise the behavioural determinants associated with developing metabolic side effects by exploring peoples' experiences of taking antipsychotics for an SMI.

Methods
Participants (n = 22) were recruited, as members of the public via Mental Health charities and an existing database of people who had been previously prescribed antipsychotic treatment (n = 20), and as community patients via National Health Service Trusts who were recently initiated on antipsychotic treatment (n = 2). Sociodemographic characteristics (age group, biological sex, ethnic group, index of multiple deprivation) were collected from participants to ensure a diverse sample. Individual, reflective interviews with a semi-structured style were undertaken. Template analysis was undertaken, comprising an inductive approach and a priori themes.

Results
The main themes included: motivation around healthy eating and physical activity (e.g., convenience, cravings); environmental determinants (e.g., finances, transport, access to food); social determinants (e.g., support, isolation); and emotional determinants (e.g., trauma, shame, low mood). The integrative themes included: impact of weight gain (e.g., on personal identity, quality of life, comorbidities); impact of medication/side effects (e.g., sedation, decreased energy, prior knowledge of side effects); and experiences of being a mental health patient (e.g., support, screening and monitoring of metabolic side effects).

Conclusion and Implications
There are many behavioural determinants associated with developing metabolic side effects. Current clinical practice is to treat side effects once they have manifested with pharmacological and/or non-pharmacological interventions as per National Institute for Health and Care Excellence Guidelines and the Lester Tool. Clinical practice should implement interventions targeting specific behaviours and determinants at the start of antipsychotic treatment to prevent metabolic side effects from developing. Research should explore which behavioural interventions are appropriate for this population.

'You need to learn to love yourself': An evaluation of Compassion Focused Therapy for Perinatal Women in Prison

Presenter(s): Rose Hutton (ORCID ID: 0000-0002-0750-4645)
Author(s): Rose Hutton, Gulshan Tajuria, and Krysia Canvin
Affiliate Institution(s): Keele University

Abstract:

The problem

Women in prison experience high rates of mental health difficulties and trauma, with many in the perinatal period being separated from their young children. Despite this, there is limited access to specialist psychological interventions for perinatal women in custody. Compassion Focused Therapy (CFT) is a talking therapy that aims to help individuals respond to self-criticism with compassion. CFT is widely used in community perinatal mental health services but remains underexplored in prison settings. This study aimed to explore the delivery, acceptability, and perceived utility of a CFT intervention offered to women on a perinatal pathway in a female prison in England.

The approach

To explore the staff and women's experiences and views of the CFT intervention, we conducted in-depth qualitative interviews. The interviews focused on the perceived utility and impact of CFT, as well as its strengths and weaknesses in the prison environment. A total of 15 semi-structured interviews were conducted with women receiving CFT, and staff involved in the delivery or facilitation of the intervention. Our approach to data collection was informed by a lived experience advisory group convened to support the project. Data were analysed using thematic analysis.

Findings

The findings from the evaluation demonstrate the benefits of cultivating greater self-compassion among women living in prison. Key findings include the role of group-based interventions for this group, the importance of supporting a perinatal identity, and the need for consistency in intervention delivery. The impact of the prison environment on therapeutic interventions was also evident. Overall, the project highlights the importance of access to specialist psychological interventions for perinatal women in secure settings.

Implications

This study contributes to understanding how Compassion Focused Therapy can be adapted and delivered effectively for perinatal women in prison. Findings regarding the influence of the prison environment on therapeutic engagement may inform service planning and underscore the need for consistent, specialist provision for this population. Ultimately, this work aims to strengthen the evidence base for perinatal mental health care in custody and guide future implementation and evaluation.

Improving mental health support for socially excluded groups by addressing stigma and discrimination within provision

Presenter(s): Charley Hobson-Merrett
Author(s): Charley Hobson-Merrett, Lucy Cartwright , Siobhan Mitchell, Shahla Bahmanyar, Iain Lang, Charlotte Hewlett, Rebecca Hardwick
Affiliate Institution(s): University of Plymouth, Mental Health Research Initiative, South West Peninsula Applied Research Collaboration, Universities of Plymouth and Exeter, Community and Primary Care Centre

Abstract:

Background

People from socially excluded groups have a higher incidence of mental health problems, poorer access to support, and worse mental health outcomes. This includes people who experience homelessness, people who have been trafficked and other victims of modern slavery, people with drug and alcohol problems, sex workers, refugees and asylum seekers, and people from communities which travel (eg Roma, Gypsy, travellers). Stigma and discrimination act as barriers for accessing equitable mental health care and specialist services can contribute to alleviating these challenges but still leave challenges in accessing mainstream services, such as primary care, A&E, and community mental health support. Therefore, understanding how to address stigma and discrimination in mainstream services remains important.

Methods

We undertook a Realist Synthesis to create adaptable, implementable, programme theory of how to address stigma and discrimination. Using Jagosh's reverse chronological screening and quota approach we aimed to return approximately 35 clusters of theory, and five clusters of evidence importing existing theories. Anticipating different quality of evidence we created sub-quotas for each group. Our initial searches returned 7,327 articles, of which we screened 3,056, to return 27 'includes'. Grey literature and citation searches added 10. We analysed individual reports inductively, creating if/then statements and looked across cases inductively and retroductively, to understand how, why and under what circumstances these need to be tailored for different groups. We are in the process of finalising this analysis.

Results

Extraction and analysis has highlighted skills, attitudes, and behaviours which can address stigma and discrimination in order to provide more equitable mental health support. The completed analysis will be reported in full. Our findings also suggest which changes can create these skills, attitudes, and behaviours, including: staff training and advocacy to address discriminating behaviours; and organisational cultural changes to address structural stigma. Finally, our findings discuss' how these changes may need to be adjusted to optimise results for different socially excluded groups.

Implications

We will discuss in detail how these results could be useful in improving support for these groups within primary care settings, and next steps in research and practice.

Poster Presentations

Reaching the "Hard-to-Reach": Trauma-Informed Mental Health Care in Supported Accommodation

Presenter(s): Phil Smith
Author(s): Phillip Smith
Affiliate Institution(s): KEEP REACHING OUT

Abstract:

Background

Individuals living in supported accommodation are a significantly underserved population within Primary Care Mental Health. Many experience complex trauma, social exclusion, and fragmented engagement with primary healthcare services. Traditional clinic-based models frequently fail to meet their needs, contributing to disengagement, late presentation, and crisis-driven care.

Aim

To describe the development and implementation of a trauma-informed, community-embedded mental health model within supported accommodation, designed to improve access, engagement, and continuity of Primary Care Mental Health support for underserved populations.

Methods

A relationship-centred mental health model was embedded within supported accommodation settings in Birmingham. Provision focused on consistent on-site presence, informal engagement, and psychologically safe interactions prior to clinical assessment. Innovative therapeutic interventions included community-based activities such as attending football matches, comedy performances, and theatre productions. These were explicitly framed as trauma-informed therapeutic experiences, rather than adjunct social activities. The model acted as a bridge between residents and Primary Care Mental Health services, supporting engagement with GP registration, IAPT referrals, and wider care pathways.

Results

The model demonstrated increased engagement among individuals with previous histories of non-attendance and disengagement from Primary Care Mental Health services. Informal and relational engagement facilitated earlier disclosure of psychological distress, improved emotional expression, and increased willingness to engage with primary care referrals. Enhanced continuity of care and reduced reliance on crisis-led presentations were observed. Collaborative working between housing providers, primary care, and community mental health services was strengthened.

Conclusion

Embedding trauma-informed mental health care within supported accommodation offers an effective approach to improving access and engagement for underserved

populations in Primary Care Mental Health. Reframing community-based experiences as legitimate therapeutic interventions challenges traditional clinical boundaries and highlights the importance of trust, relational safety, and belonging. Individuals often described as “hard-to-reach” are more accurately understood as underserved by inflexible systems. Community-embedded models provide a viable, preventative alternative that aligns with the aims of equitable and accessible Primary Care Mental Health provision.

Improving Primary Care Services for Imprisoned Women with Severe Mental Illness (IP-SIS): Practitioners’ perspectives

Presenter(s): Carolyn Chew-Graham
Author(s): Kate Cowen, Carolyn A. Chew-Graham, Jake Hard, Paula Harriott, Hannah King, Emma Mastrocola, Gloria Roden-Lui, and Tammi Walker
Affiliate Institution(s): Durham University

Abstract:

Problem
Imprisoned women often have comorbid physical and mental health needs which may be complicated magnified for women from diverse ethnic groups. There is limited evidence about delivery of primary care to women in prison, especially for women living with severe mental illness (SMI).

Approach
Qualitative study exploring perspectives of prison primary care practitioners. Ethics approvals obtained.

Topic guides were co-created with the study’s Lived-Experience Advisory Group (LEAG) of former imprisoned women. Practitioners’ experiences of providing primary care services in prison to women with SMI and intersectionality of ethnicity was explored. Interviews/focus groups recorded with consent and transcribed verbatim. Analysis utilising a Framework approach. Data collection and analysis are ongoing.

Findings
Thirteen interviews and 1 focus group conducted across 5 female prisons in England. Primary Care practitioners described how the differing priorities between health and justice serve as barriers to providing primary care including the prison regime, prison staff focus on safety over health provision, for example women, at times, may be unable to access healthcare due to prison ‘lockdowns’.

Primary care practitioners suggested that prison is not an appropriate environment for women with SMI. Lack of access to specialist mental health support with conflicting opinions of what is considered ‘severe’ by primary care compared to mental health impacts timely intervention. Practitioners report that women living with SMI may be difficult to support due to lack of engagement with health interventions and monitoring. There are additional complications for ethnic minority women due to cultural variations (stigma around mental health), language barriers and mistrust of staff.

Facilitators to delivering good quality primary care include highly trained and supportive prison officers, collaborative multi-disciplinary case management and responsive community services upon release.

Implications

This qualitative research contributed to later phases of a larger study which will lead to the development of a culturally-sensitive framework to improve primary care provision for imprisoned women and on release.

Long-Term Mental and Physical Health Outcomes of Perinatal Depression in Women: A Scoping Review

Presenter(s): Holly Christina Smith
Author(s): Karina Benza, Holly Christina Smith, Cini Bhanu, Sonia Saxena, Martin Knapp, Annette Bauer, Irene Petersen
Affiliate Institution(s): University College London (UCL)

Abstract:

The problem

Perinatal depression is a prevalent mental health condition affecting around a quarter of all women during pregnancy and the first year postpartum. While perinatal depression has been linked to adverse child outcomes and short-term effects in women, its long-term impact (beyond 12 months after birth) on women's mental and physical health remains underexplored. This scoping review aims to examine the impact of perinatal depression on women's mental and physical well-being beyond 12 months after delivery.

The approach

We conducted a scoping review with searches performed across Embase, Medline®, PsycINFO, and Social Policy & Practice, and other relevant sources, including ResearchRabbit and UCL Library Services. Search terms related to perinatal depression, and its outcomes, were used to identify relevant quantitative literature. The studies were screened by title and abstract, followed by a full-text review. Data pertaining to the long-term consequences of perinatal depression in women was extracted and synthesized through a narrative approach.

Findings

A total of 27 articles were included, representing over 1.3 million women. Our findings showed that perinatal depression is most frequently associated with recurrent depression, anxiety, psychotic symptoms, and suicidal ideation and is also linked to a wide range of physical health consequences, including new cardiovascular disease, increased pain and chronic illness, weight gain and retention issues, and elevated mortality risk. Certain difficulties persisted well beyond the first year after childbirth, with postnatal onset linked to less favourable trajectories than antenatal onset for some outcomes, particularly chronic depression. Evidence also indicated that younger age, non-White ethnicity, lower socioeconomic status, and a history of psychiatric disorders were associated with poorer long-term outcome trajectories.

Implications

This review provides evidence that women with perinatal depression face elevated risks of adverse mental and physical health outcomes years after childbirth. With perinatal depression potentially marking the beginning of long-term health problems for some women. Together, these findings support a more integrated model of maternal care that addresses both mental and physical health beyond the postpartum period and underscore the importance of policy investment in sustained screening and primary care support to reduce lasting adverse outcomes and promote recovery.

Longitudinal network analysis of depressive symptoms during antidepressant discontinuation and maintenance in the ANTLER trial.

Presenter(s): Seline Uran (ORCID ID: 0009-0003-1806-1629)
Author(s): Seline Uran, Lucy Waldren, Jan Stochl, Glyn Lewis, Irwin Nazareth, Nicola Wiles, David Kessler, Graeme Fairchild and Katherine Button
Affiliate Institution(s): University of Bath

Abstract:

Background

Patients discontinuing antidepressant treatment are at higher risk of relapse than those maintaining treatment. Identifying which symptoms emerge during discontinuation and predict further symptom deterioration could help clinicians provide targeted support to those at highest risk.

Methods

We applied cross-sectional and longitudinal network analyses to data from the ANTLER trial to examine the associations between depressive symptoms over time. Networks of symptoms were compared between patients who either maintained (n=238) or discontinued (n=240) antidepressant treatment. Networks of symptoms were also compared across patients who did (n=227) or did not relapse (n=251), regardless of their initial treatment allocation.

Results

Network analyses focused on the first 3 time points (baseline, 6 and 12-week follow-up). Descriptive statistics showed symptoms increased up to the 12-week follow-up (declining thereafter) in the discontinuation compared to the maintenance group. Cross-sectional network analysis indicated that symptom associations were more variable over time during antidepressant discontinuation compared to maintenance. More symptom connectivity was observed in patients who relapsed than in those who did not. Longitudinal analyses showed that appetite changes predicted subsequent increases in guilt, concentration difficulties, anhedonia, sleep changes and tiredness during antidepressant discontinuation, but not maintenance.

Conclusions

These findings underscore the importance of monitoring depressive symptoms and providing targeted support, especially during the first 12 weeks of antidepressant discontinuation. Depressive symptoms may fluctuate in severity during antidepressant discontinuation compared to maintaining treatment. Appetite changes may represent an early indicator of worsening depression during antidepressant discontinuation and therefore a key symptom for clinicians to monitor during withdrawal.

Using Ecological Momentary Assessment to track mood, social interaction and sleep quality, withdrawal side effects and wellbeing during antidepressant discontinuation and maintenance.

Presenter(s): Seline Uran (ORCID ID: 0009-0003-1806-1629)
Author(s): Raqeeb Mahmood, Seline Uran, Nicola Wiles, David Kessler, Katherine Button, Graeme Fairchild
Affiliate Institution(s): University of Bath

Abstract:

Introduction

Around 15% of individuals are thought to experience withdrawal symptoms during antidepressant discontinuation, yet longitudinal research examining psychological and physical changes in real time during this process is lacking.

Methods

This study used ecological momentary assessment (EMA) to track momentary mood, positive and negative affect, social interactions, sleep quality, withdrawal side effects, and wellbeing whilst participants either gradually reduced (Withdraw group; n=31) or maintained antidepressant treatment (Maintain group; n=37), under GP supervision. Participants completed daily EMA surveys for four weeks via a mobile app. Depressive (PHQ-9) and anxiety (GAD-7) symptoms were assessed at baseline and at 4-week, 3-month, and 6-month follow-ups.

Results

Linear mixed-effects models showed that both groups experienced small declines in mood, positive affect, wellbeing, and social interaction quality across the survey period. Otherwise, the groups did not differ across outcomes. In the final week of EMA surveys, the Withdraw group showed a smaller reduction in social interaction quality and a slight increase in withdrawal side effect severity compared to the Maintain group. Between-group comparison tests indicated that the Withdraw group exhibited more stable positive and negative affect than the Maintain group. Negative affect predicted increased depressive symptoms at the 4-week follow-up, but affect was otherwise unrelated to depressive or anxiety symptoms at later assessments.

Discussion

Overall, this study provides novel insights into the early stages of antidepressant discontinuation and finds few withdrawal-specific changes during gradual dose reduction. The findings also indicate that affect may be more stable among individuals reducing antidepressant medication than those maintaining treatment.

Supporting people with Long Covid: the role of Community Pharmacy Staff. A multi method study.

Presenter(s): Katie Saunders (ORCID ID: 0009-0002-3344-9720)
Author(s): Katie Saunders, Tamsin Fisher, Carolyn Chew-Graham, Sukvinder Bhamra, Tracy Briggs, Adele Higginbottom, Paula Higginson, Geraint Jones, Ian Maidment, Rachel Murray, Matthew Shaw, Tom Kingstone
Affiliate Institution(s): Keele University, Midlands Partnership University NHS Foundation trust

Abstract:

The Importance of the problem

Long Covid affects an estimated 2 million people across the UK. Symptoms of Long Covid vary and has a significant impact on daily life, function and psychological wellbeing. People living with Long Covid (PwLC) can experience uncertainty around symptom management and the prospect of recovery, causing distress. They may have difficulty accessing support from general practice and Long Covid clinics have recently been decommissioned. Community pharmacy (CP) has a potential role for providing support to PwLC. We aimed to design, develop and evaluate a Long Covid training resource for CP staff to support PwLC.

The Approach

Ethics approvals obtained (1) Semi-structured interviews with PwLC to explore experiences of seeking help from CP and CP staff to explore knowledge and discuss training needs. (2) Co-design workshops with PwLC and CP staff to co-produce the training resource with the Centre for Pharmacy Postgraduate Education (CPPE). (3) Focus group with pharmacy staff who piloted the training before launch. (4) Anonymous post-training feedback from pharmacy staff completing the training within first three months post launch. A Patient Advisory Group and Expert Advisory Group are involved in all aspects of the research.

Findings

Interviews conducted: PwLC (n=17), CP (n=13). Participants suggested that training should be online. PwLC emphasised the need to be believed for an empathic response, include real life stories alongside signposting to relevant evidence-informed resources. Findings were discussed in the first co-design workshop and informed development of learning objectives. CPPE led development of the training with the 5 modules. Participants in the second co-design workshop viewed the training and suggested minor changes. A focus group with pharmacy staff (n = 6) who piloted the training, reported that that, with further minor amendments, the training was accessible and developed their understanding of Long Covid. Anonymous post training feedback (n =11) revealed an improved awareness.

Implications (significance)

The project findings detail the importance of demonstrating empathy to PwLC who attend a CP for support. The training has provided insight for pharmacy staff to understand the importance of their role in providing support, which may in turn limit distress for PwLC.

Exploring associations between trust in doctors and healthcare access for anxiety, depression and menstrual problems

Presenter(s): Diya Hoque
Author(s): Diya Hoque, Robyn Wootton, Claire Haworth, Kayleigh Easey
Affiliate Institution(s): University of Bristol

Abstract:

The problem

The growing erosion of trust in healthcare providers, institutions and research poses a major challenge for researchers and clinicians alike. This study explored this tenet of a productive patient-physician relationship, examining the associations between trust in doctors and healthcare access for anxiety, depression and menstrual problems.

The approach

Multivariable regressions were performed on cross-sectional data from the Avon Longitudinal Study of Parents and Children, at two timepoints, to investigate associations between trust in doctors and healthcare access for anxiety, depression (mothers and partners) and menstrual problems (mothers only). Complete case analysis and multiple imputation was also conducted as a sensitivity analysis.

Findings

When offspring were 21 months old, mothers reporting greater trust in doctors (measured using a composite score assessing perceptions of their doctor as “supportive,” “helpful,” and similar attributes) were more likely access care for anxiety (n=1265, adjusted odds ratio (AOR) 1.11, confidence interval (CI) 1.07-1.14), depression (n=1592, AOR 1.08 CI 1.06-1.11), and menstrual problems (n=1110, AOR 1.03 CI 0.01-1.06).

At 6 years, similar associations were observed for depression among both mothers and partners, but not for anxiety. For depression, one item showed an association in both groups (“the doctor is always helpful”; mothers: n=1207, AOR 1.29, 95% CI 1.12–1.48; partners: n = 295, AOR 1.46, 95% CI 1.05–2.03). Similarly for anxiety, the same item showed associations for mothers (n=1148, AOR 1.39 CI 1.19 to 1.63) and partners (n=410, AOR 1.42 CI 1.02-2.00). Further, only mothers also showed this association for two other items:“I don’t have any confidence in the NHS” (n=1126, AOR 1.21 CI 1.01-1.44) and “If my child was ill, my doctor would come quickly” (n=1153, AOR 1.17, CI 1.02-1.34).

Implications/potential impact

This study suggests an association between trust in doctors and healthcare access for anxiety, depression and menstrual problems, with stronger associations observed amongst mothers. Further research is needed on strengthening the patient-physician relationship, to champion patient-centered equity.

Recognition assumed rather than studied: A gap-mapping review of perinatal mental health care for minority ethnic women in primary care

Presenter(s): Marika Axisa (ORCID ID: 0009-0003-5968-6094)
Author(s): Marika Axisa, Mohammed Mustafa, Hassan Awan
Affiliate Institution(s): University of Buckingham

Abstract:

Background

Perinatal mental health conditions are a major source of morbidity for women and families, yet persistent inequalities in identification and management are reported for minority ethnic women in primary care. Existing research has made substantial contributions to understanding barriers to access, patterns of service use, and post-consultation outcomes. Less clear is what empirical evidence exists on how distress is recognised within routine primary care consultations, and whether recognition is examined directly rather than inferred.

Aim

To examine how the primary care literature on perinatal mental health among minority ethnic women addresses recognition of distress, and to identify which aspects of care are empirically examined and which are assumed.

Design and methods

A narrative review with explicit gap-mapping aims was conducted. A structured search of PubMed, PsycINFO, EBSCOhost, and the Cochrane Library was supplemented by citation tracking and targeted journal searches. Included studies were analysed using a framework distinguishing evidence focused on access and engagement, service pathways and outcomes, and empirical material located within primary care consultations.

Results

Forty six studies were included. Most examined awareness of services, barriers to help-seeking, referral pathways, and post-consultation outcomes, providing a detailed account of structural and service-level contributors to inequity. No studies examined recognition as a clinical judgement process within consultations. Four qualitative studies included within-consultation accounts describing how distress was voiced and handled, including experiences of brief or procedural questioning, limited acknowledgment of emotional concerns, and perceptions of being dismissed or insufficiently understood. These accounts were based on women's retrospective descriptions rather than observation of clinical interaction or analysis of clinician decision-making.

Conclusion

This review shows that while the primary care literature on perinatal mental health among minority ethnic women is strong in documenting access barriers and service outcomes, recognition within consultations is largely assumed rather than studied. For research, this identifies a specific gap concerning how distress becomes clinically actionable at the point of care. For practice, it highlights that clinicians work in contexts where recognition relies on interpretive judgement in the absence of direct empirical

guidance, underscoring the need for research methods capable of examining consultation level processes directly

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Growing Proficiency in Tic Disorder Care and Skills (GP-TiCS)

Presenter(s): Adam Parker
Author(s): Adam Parker
Affiliate Institution(s): University of Nottingham/MindTech

Abstract:

There are an estimated 300,000 people in the UK living with a tic disorder, including Tourette syndrome. Despite this, many people accessing services report negative experiences resulting from a lack of knowledge of primary tics, possibly delaying much needed additional clinical support. This is compounded by there being few tic specialists in the UK and many secondary care services not readily equipped to appropriately support tics.

Living with tics is a very individualised experience, impacting people and families in a multitude of ways. However, the education and learning resources available to GPs about primary tics and tic disorders during their medical training is limited, creating challenges when frequently co-occurring disorders share symptomology or the daily impact is not well understood.

The GP-TiCS project aims to explore the experiences of people accessing care and professionals delivering care for tics in primary care. It is hoped that by better understanding these gaps and through the development of time-manageable and clinically relevant learning resources, GPs will be able to support the needs of this population.

This project includes a systematic review exploring primary care experiences both nationally, and internationally, which concluded that this is not an issue specific to the UK. Subsequent interviews with patients revealed that poor experiences were a result of a perceived lack of understanding of tics and occasional dismissal of experience. Interviews with GPs revealed that they experienced a lack of confidence around tic disorders, and an unclear pathway and unavailability of support services presented referral challenges.

Working with the leading tic charity, Tourettes Action, we are conducting a feasibility study to evaluate their online learning resource for GPs to assess its suitability to clinical work in primary care, while considering the ever-increasing demands placed upon GPs. This systemic issue is cyclical, where even if one area is addressed, improvement in another is necessary before change can begin. GPs are the gatekeepers for referring onto services that can treat tics, and with a recent NICE recommendation for a digital tool for tics (ORBIT), it has never been so important to that GPs are able to make these referrals confidently.

An interdisciplinary service to increase research capacity and provide medical and non-medical advice to patients with difficult to treat depression

Presenter(s): Ikra Mahmood
Author(s): Rebecca Derry, Maxine Fletcher, Ikra Mahmood, Hannah Rigby, Chloe Law, Paul M Briley, Vibhore Prasad, Mike Skelton, Neil Nixon
Affiliate Institution(s): Nottinghamshire Healthcare NHS Foundation Trust, University of Nottingham

Abstract:

Background

Access to research opportunities is limited for people with depression, particularly those from underserved communities. Primary care professionals have limited access to treatment advice for patients with difficult-to-treat depression. The Nottingham Research and Advice for Depression (NRAD) clinics were developed to address these issues, funded by the NIHR Mental Health Translational Research Collaboration. Clinics were developed through co-production between lived experience experts and healthcare professionals in mental health and primary care.

Method

NRAD clinics offer one-stop assessments and treatment advice for adults with difficult-to-treat depression referred directly from primary care. At referral, patients consent to consider research opportunities. A two-hour assessment is conducted within a patient's GP practice or a nearby practice, including clinical interview and ratings of depression, anxiety, day-to-day functioning and quality of life. Assessments are discussed at weekly multi-disciplinary team meetings, aiming to provide a letter within 2 weeks containing advice for the patient to consider independently and advice for them to consider alongside their GP. Consenting patients will be informed about future research opportunities, including nationwide cohort studies seeking to understand the experience and outcomes of depression in the UK.

Results

Following pilot in a single Primary Care Network (PCN) in May 2025, three additional sites opened in November 2025. 49 patients have been referred and 32 accepted. Of those seen, 38% are female, median age 47 (range 26–71) and median postcode deprivation decile 2 (20% most deprived areas of England). Depression was diagnosed in 94% of cases, typically of moderate severity (median MADRS score 26) and associated with moderate-severe difficulties in day-to-day functioning (median WSAS score 31). 100% of patients seen consented to contact about future research opportunities. Advice letters were sent within a median of seven days. Narrative patient feedback using co-created forms will be presented. Referrer feedback highlighted the value of advice in guiding collaborative discussions around next steps treatments.

Discussion

Early findings show NRAD clinics are feasible, acceptable and reach underserved communities with high illness burden from depression, who are agreeable to research opportunities. The clinical assessment experience is valued by both patients and referring clinicians.

How has the cultural, historical, and gender principle been defined, implemented and evaluated within trauma-informed care in adult healthcare settings: a scoping review

Presenter(s): Shuvasree Maitra
Author(s): Shuvasree Maitra, Natalia Lewis, Katrina Turner, Farhad Shokraneh, Shoba Dawson
Affiliate Institution(s): Centre for Academic Primary Care, Bristol Medical School (PHS), University of Bristol

Abstract:

Background

Trauma is highly prevalent, with an estimated 70% of the global population experiencing at least one traumatic event during their lifetime. Traumatic experiences occur at different levels, including individual, group, and community contexts. Certain communities and cultural groups experience disproportionate trauma exposure due to structural, historical and intergenerational inequities. These experiences negatively impact individuals' mental, physical, social, emotional and spiritual well-being. The healthcare system itself can also re-traumatise by triggering past memories and also by removing their choice, control, and autonomy. Trauma-informed care (TIC) acknowledges that trauma affects both patients and professionals and aims to promote safety and mitigate re-traumatisation. One core TIC principle-"Cultural, historical and gender issues"- emphasises recognising and responding to the culture specific trauma through the construct of cultural responsivity. However, its operationalisation within adult healthcare settings remains underexplored.

Objective

This scoping review aimed to explore how the cultural principle is defined, implemented and evaluated across adult healthcare settings.

Design

This review followed JBI methodology. Four databases (MEDLINE, EMBASE, PsycINFO, and CINAHL) were searched for peer reviewed reports published since 2001. Eligible studies included primary qualitative, quantitative, and mixed methods studies of TIC that reported on cultural principles in adult healthcare settings involving adult participants. The first reviewer (SM) screened all titles, abstracts, and full texts, and the second and third reviewers (SD and NL) did the secondary screening. Equity-relevant participant characteristics were extracted using PRO EDI criteria, and findings were shared with a Patient and Public Involvement (PPI) group.

Results

Of 6,484 reports screened, 11 studies were eligible. Studies were conducted in the USA, Canada, and Australia. The manner in which the cultural principle was integrated was synthesised into two broad domains: Explicit integration, which was either system-integrated or training-led while implicit integration was consistently practice-led. Across studies, culturally responsive trauma-informed care (CR-TIC) was variably defined, implemented, and evaluated.

Conclusion

This review highlights the potential and benefits of CR-TIC; however, the complexity and lack of uniformity in its operationalisation underscore both its promise and current gaps.

Lessons Primary Care providers can learn about supporting the mental health needs of Autistic children and those with social communication difficulties from a CAMHS team's service evaluation data.

Presenter(s): Nicki Lunstone (ORCID ID: 0009-0000-2601-2294), Ellie-Mae Fuidge
Author(s): Nicki Lunstone, Hazel Nash, Natalie Inker, Ellie-Mae Fuidge, Grace Jordan-Richardson
Affiliate Institution(s): Avon and Wiltshire Partnership NHS Trust

Abstract:

There is national recognition that autistic young people do not have access to effective mental health support in the same way as their neurotypical peers This trend was mirrored in a recent service evaluation completed in CAMHS Services. This evaluation utilised routine data captured via electronic patient records to explore the experience of autistic children, and those with suspected autism however no diagnosis, compared to neurotypical children presenting at the service. Whilst the small sample size and lack of generalisation of the data is acknowledged, there was a trend suggesting Autistic children and those with social communication difficulties with no diagnosis, were overrepresented in the service (65%). CAMHS data also suggests that autistic children in the service were typically diagnosed significantly later than the national average (16 years versus 3 years) and open to the CAMHS team much longer than their neurotypical peers (twice as likely to be open between 500 and 3000 days). The results of this evaluation highlight the importance of improving outcomes for autistic children in relation to mental wellbeing, via a focus on areas such as improving connection with peers, supporting them to build trusted relationships with key adults, addressing individual differences (e.g. sensory and routine needs) and addressing parental mental health. Furthermore, that addressing the needs of children who are struggling with social communication at an earlier stage, regardless of whether they have a diagnosis, may prevent them from developing chronic mental health difficulties in the future. It is suggested that further research is needed that focuses on understanding the contributors to the mental health difficulties experienced by these children and the kinds of support which they might find the most useful. Such research should play a crucial role in shaping service provision in primary and secondary care as well as in CAMHS services.

The feasibility and potential efficacy of a co-developed Virtual Reality Mindfulness Based Intervention for difficult-to-treat depression

Presenter(s): Rebecca McNaughton (ORCID ID: 0000-0001-9786-8743), Mat Rawsthorne (ORCID ID: 0000-0002-7481-693X), Rebecca Woodcock, Kim Bevan
Author(s): Rebecca McNaughton, Mat Rawsthorne, Rebecca Woodcock, Kim Bevan

Affiliate Institution(s): Tend VR Ltd

Abstract:

Importance

Difficult to Treat Depression (DTD) occurs when major depression fails to improve after standard high-intensity therapy or recurs shortly after recovery. Patients with DTD often struggle to access or engage with traditional mental health services. This research explores a Virtual Reality Mindfulness Based Intervention (VR-MBI), with its foundations in Mindfulness Based Cognitive Therapy (MBCT) as an accessible solution for this underserved community. It aims to determine if an immersive VR format can bypass barriers associated with standard care pathways.

Approach

The study design is anchored in robust Patient and Public Involvement (PPI). We established a specific DTD Lived Experience Advisory Panel (LEAP) in partnership with the NIHR Health Tech Research Centre (Mindtech), comprising eight members with lived experience of DTD or caring for family members with the condition. By the time of presentation, this panel has been instrumental in the pre-trial phase (Nov 2025–May 2026). The intention is for the LEAP to contribute to all stages of the research, including co-designing recruitment strategies to reach disengaged patients, critically reviewing study documentation (including consent forms and interview schedules), and providing user-experience feedback on and recommendations for improvement of the VR-MBI programme and companion app functions.

Findings

While the final trial data regarding the DTD cohort is forthcoming, previous phases have repeatedly demonstrated the general feasibility, acceptability, and potential efficacy of VR-MBI for depression and anxiety. Crucially, the initial qualitative outputs from the LEAP process indicate that standard VR protocols require adaptation for DTD populations. The panel's early input on the mobile companion app and VR-MBI programme elements has ensured the intervention is sufficiently sensitive for patients who have previously failed to find relief through standard talking therapies.

Implications

This study highlights that adapting digital interventions for groups of people who have struggled to benefit from other interventions requires deep, early-stage collaboration with lived experience experts. By embedding them into the study design, we ensure the VR-MBI is not only more likely to be clinically effective but also acceptable to those who have lost faith in traditional mental healthcare. This offers a scalable model for reducing health inequalities in primary care.

Incidence of personality disorder and its co-occurrence with self-harm in general practice in England, 2004-23

Presenter(s): Jessica Hackney (ORCID ID: 0009-0004-0380-5397), Faraz Mughal
Author(s): Jessica Hackney, Rosa Parisi, Pearl LH Mok, Faraz Mughal, Darren M Ashcroft, Nav Kapur, Paul Moran, Roger T Webb, Sarah Steeg
Affiliate Institution(s): University of Manchester

Abstract:

Background

People with a personality disorder (PD) diagnosis experience difficulties in daily life and are at an increased risk of self-harm. Patients with PD frequently present to general practice, and GPs have reported that referrals to specialist services for these patients can be rejected. There is limited evidence about incidence of PD and its relationship to self-harm. We aimed to investigate rates of PD diagnosis and how frequently PD co-occurs with self-harm.

Methods

We used the Clinical Practice Research Datalink Aurum dataset, which contains routinely collected general practice data, as well as linked ethnicity and deprivation data, to carry out a retrospective population-based study. We analysed incidence rates of PD diagnosis among adults aged 18+ in England between 2004 and 2023. We stratified yearly, and by age group, sex, ethnicity, deprivation and PD subgroup. We also calculated the proportion and incidence of patients with a diagnosis of PD who also had a record of adult self-harm. A group of patients with lived experience were involved in the project, offering feedback on methods and providing valuable interpretation of findings.

Findings

We examined records from over 36,000,000 patients and over 1800 general practices. The overall incidence rate of PD diagnosis was 31.2 per 100,000 person-years, and of PD and self-harm was 17.0 per 100,000 person-years. Notably, we observed an almost five-fold increase in PD incidence rates between 2007 and 2021, that was most apparent in females, people aged 18-24, and people of mixed/multiple ethnicity. Almost half of people with an incident PD code also had a record of adult self-harm.

Implications

The observed increase in PD diagnosis rates may be due to improved case ascertainment, worsening population mental health, overdiagnosis, misdiagnosis or a combination of factors. Our findings highlight increased numbers of patients potentially exposed to the stigma of a PD diagnosis. The substantial increase in numbers of patients presenting to general practice with complex mental health needs suggests a proportional increase in healthcare resources is needed for this population.

Funding

National Institute for Health and Care (NIHR) Research Greater Manchester Patient Safety Research Collaboration; NIHR School for Primary Care Research.

'I'm not old' and 'you can't use the word depression': Navigating stigma in the co-design of a mental health intervention for people over the age of 60.

Presenter(s): Tamsin Fisher (ORCID ID: 0000-0002-2033-4329)
Author(s): Fisher T, Chew-Graham C.A, Saunders K, Devereux G, Southam J, Begum S, Lee C, Paudyal P, Sims J, Thomas A, Thindal P, Hill R, Simcox K, Kingstone T
Affiliate Institution(s): Keele University

Abstract:

Importance of the problem or topic

People over 60-years-old are under-served by mental health services in the UK. This population experience life transitions and challenges (e.g. bereavement, disability, retirement, social isolation) that may risk the development or exacerbation of common mental health problems. Individual, social and systemic barriers – compounded by pervasive stigma – prevent help-seeking for mental health and engagement with services. We are working with the Fire and Rescue Service (FRS) to co-design and evaluate a novel intervention to support signposting for mental health problems in people over 60 years. We discuss the challenges and opportunities experienced during the intervention design process.

The approach (design/methods)

Research design and conduct have been informed by a Public Participation Group and an Expert Advisory Group.

Two-phase multi-method study. Phase One: a series of 6-8 co-design workshop partners (C-DWPs) including the public, older adults, FRS staff, health and social care providers and voluntary sector. Workshops facilitated interaction between members to support the design of intervention resources: animation and information resources for older adults and training resources for FRS staff. Resources created in Phase One will be implemented into Phase Two – a case-study pilot with evaluation in two FRS sites.

Findings

During Phase One, we worked with C-DWPs to agree principles for collaboration. We discussed the use of inclusive language in terms of the study population ('older adults') and mental health outcomes. Some of the C-DWPs challenged the use of medical terms (depression, anxiety) and colloquial terms ('mental health issues'). They also challenged the use of 'older adults' or any terms that may be perceived as implying old. C-DWPs preferred language that positively framed ageing, including 'ageing well', and 'mental health issues/problems', such as 'wellbeing'.

Consequences (significance) / implications

Addressing unmet mental health needs in older adults, barriers to help-seeking and low engagement with mental health services are a public health priority. Our co-design approach has highlighted challenges in language use which has implications for intervention design and targeting. We discuss the trade-offs between reducing stigma, being inclusive, intervention targeting and unintended consequences.

The Utility and Quality of Digital Mental Health Trials for Children and Young People in Healthcare Settings: A Systematic Review

Presenter(s): Alexia Jeayes (ORCID ID: 0009-0006-9545-6503)
Author(s): Alexia Jeayes, Kirsty Sprange, Camilla Babbage, Beverley Brown, Naomi Thorpe, Hannah Wright, Alessio Bellato, Charlotte L Hall

Affiliate Institution(s): Mental Health & Clinical Neurosciences, NIHR Nottingham Biomedical Research Centre, MindTech Medtech Co-operative, School of Medicine, University of Nottingham

Abstract:

Importance

Children and young people (CYP) are widely recognised as an underserved population in mental healthcare, including within primary care settings. Digital mental health interventions (DMHIs) are frequently positioned as potential solutions to address access and capacity challenges in primary care; however, it remains unclear whether trials of DMHIs conducted in healthcare contexts generate evidence that is sufficiently informative to support real-world clinical decision-making. In practice, primary care clinicians need to understand the effectiveness, safety, and usability of mental health interventions when referring CYP to these. Understanding the informativeness of DMHI trials is therefore critical to determining whether this growing body of research can meaningfully inform primary care mental health practice for CYP.

This systematic review explores the informativeness of DMHI trials for CYP conducted in healthcare settings, focusing on their capacity to inform clinical practice.

Approach

A systematic review of DMHI trials involving CYP in healthcare settings is underway and was pre-registered on PROSPERO (CRD42025646439). Searches were conducted across four electronic databases (MEDLINE, PsycINFO, CINAHL, Web of Science) and one trial registry up to March 2025, with an updated search in January 2026. Eligible trials included CYP populations (0–25 years), DMHIs targeting mental health conditions, and trials involving healthcare services in recruitment or delivery.

The review operationalises trial informativeness using a multi-domain framework co-developed with researchers and young people with lived experience of mental health conditions. Domains assess team capacity, methodological quality, feasibility, integrity, ethical and equitable conduct, reporting quality, and importance.

Findings

The review is ongoing. Initial findings from the first 50 included trials, all involving healthcare services, will be presented. Preliminary analyses indicate substantial variation in the extent to which trials address key domains of informativeness, particularly in relation to reporting quality, methodological quality, and ethical and equitable conduct.

Implications

This review will provide insight into whether existing DMHI trials are capable of informing clinical decision-making in mental health. By identifying areas where trials fall short of informativeness, the findings will support researchers and clinicians to improve future youth mental health research, ultimately enhancing its impact on practice and policy.

A Cognitive Analytic Therapy (CAT) perspective on inter- and intra-organisational interactions within NHS Mental Health services and their impact on patients, staff and society

Presenter(s): Furo Cookey (ORCID ID: 0009-0007-3138-6865)
Author(s): Furo Cookey
Affiliate Institution(s): CaPE Clinic, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)

Abstract:

In the context of increasing demand and limited resources, the primary/secondary care interface has emerged as a location of considerable challenge regarding mental health provision in the NHS. Patients often present with complex difficulties with multiple contributing factors, diagnoses are not always clear and access to support for patients feels hard to come by. The interfaces between teams can be contentious and ill-defined, creating discord and disagreement about where patients “belong”. The way in which services interact with each other can have a significant impact on how care is delivered, and on the patient’s experience of navigating the system. Patients often fall into gaps between services and are left feeling alone and without support, while clinicians and organisations struggle to meet the need within a capacity that often feels insufficient.

Cognitive Analytic Therapy is a psychological treatment model that explores relational patterns and other processes to address a wide range of mental health problems. It uses formulation through visual diagrams, or maps, to understand and illustrate the problem and demonstrate potential solutions. In therapy it focuses on the way a person relates to themselves and to other people; it can also be applied to more systemic issues, helping teams and organisations consider problematic patterns on a larger scale.

Through the lens of CAT, this presentation explores the patterns and procedures at play in the interactions between services and organisations providing mental health care within the NHS. The roles of “help-seeker” and “provider” are used to analyse these dynamics at an individual level, through teams and organisations, up to a governmental and societal perspective. Aspects such as expertise, specialty, collective responsibility, and multi-disciplinary team-working are considered, whilst examining the impact of power differential and health inequality. This presentation incorporates CAT theory and the existing literature from writers such as Ryle, Hamilton and Winnicott to understand the processes involved in these organisational dynamics, identifying cyclical traps, false dilemmas and unconscious snags that contribute to the discrepancy in care demand and supply, whilst seeking potential solutions through the concepts of trust, reciprocation, accountability and the delivery and appreciation of “good enough” care.

Postnatal antidepressant treatment duration: a UK cohort study of 1,496,988 mothers in 2003-2022

Presenter(s): Holly Christina Smith

Author(s): Holly Christina Smith, Patricia Schartau, Sonia Saxena, Irene Petersen
Affiliate Institution(s): University College London

Abstract:

The problem

Around 1 in 8 women with postnatal depression will use antidepressant treatment in the year after childbirth (postnatal period). It is recommended by National Institute for Care Excellence (NICE) that antidepressant treatment is continued for at least six weeks to experience the full effect and that treatment is then continued for around 6 months after women start to feel better. Despite these recommendations, there has been very limited research into how long women with postnatal depression remain on antidepressant treatment. In this study, we investigated postnatal antidepressant treatment duration and in a large cohort of women drawn from primary care data.

The approach

We conducted an observational cohort study of women aged 15 to 49 years who had a single live birth recorded in Clinical Practice Research Database (CPRD) 2002-2023. Our outcome measure was antidepressant prescription initiation within 12 months after the date of childbirth and duration of this treatment. We estimated treatment duration using a Waiting Time Distribution approach. Women were followed-up for up to a maximum of five years to identify duration of first antidepressant episode, censoring for practice transfer or death.

Findings

Of the 1,496,988 women included in this study, 13.1% (n=196,181) had at least one antidepressant prescribed in the year after childbirth and median duration was 6.9 months (IQR: 3.1-16.3). Women with a recent history of antidepressant treatment were more likely to have a postnatal prescription compared to those with no history (69.0% vs 5.8%) and longer duration (11.1 vs 5.3 months respectively). Younger women were more likely to have a prescription compared to older women (21.1% aged 15-19 years, vs 11.9% aged 40-44 years) but have a shorter treatment duration (4.1 vs 9.8 months respectively).

Implications

History of antidepressant treatment remains a crucial factor in understanding depression after having a child and GPs should be mindful of this. Our findings add valuable new information about how long women may expect to remain on antidepressant treatment after childbirth which is a crucial consideration for treatment options for both patients and GPs.

Exploring Mental Health Experiences and Support in Montserrat: A Qualitative Study

Presenter(s): Hiyam Al-Jabr (ORCID ID: 0000-0002-4038-3996)
Author(s): Hiyam Al-Jabr, 1,2, Bill Berners-Lee3, Thomas Shepherd1, Ruth Lambley-Burke2, Toby Helliwell1,2, Christian Mallen1
Affiliate Institution(s): 1 Faculty of Medicine and Health Sciences, Keele University, Staffordshire, UK. 2 Department of Research and Innovation, Midlands Partnership

University NHS Foundation Trust, Stafford, UK. 3 UK Overseas Territories, UK Health Security Agency, Keele University and Midlands Partnership University NHS Foundation Trust

Abstract:

Introduction

Natural disasters, such as volcanic eruptions, have a profound impact on populations health and wellbeing. After being dormant for nearly 400 years, the Soufrière Hills volcano (SHV) in Montserrat, started erupting in 1995, causing massive destruction to the island, and long-lasting effects that stand until today. On its 30th anniversary, this study aimed to investigate the long-term impact of the SHV volcanic eruption on mental health in Montserrat, and to identify barriers and strategies to mental health support on the island.

Methods

This is a qualitative study that was conducted in Montserrat in collaboration with Keele University, UK. Individual interviews were conducted, with eligible participants who were patients and public members aged 18 years and above. Participants were recruited using poster advertisements in healthcare facilities and on local social media groups. Interviews were conducted face-to-face by a researcher in Montserrat, and were recorded, transcribed verbatim and thematically analysed by a researcher at Keele University. Ethical approvals were sought before commencing the study.

Results

Eleven participants were recruited, mostly female (n=8, 73%), of Black ethnicity (n=6, 55%), and aged 50–69 years. Four themes were identified: views on mental health in Montserrat, the impact of the volcanic eruption, barriers to mental health support, and strategies to enhance support. Mental health was broadly defined, with support from family, church, and healthcare professionals. The volcanic eruption affected wellbeing and led to relocation within and outside the island. Key barriers included limited understanding, stigma, and confidentiality concerns. Suggested strategies included integrated and flexible services, community involvement, and improved mental health awareness.

Conclusion

This study highlights the complex and context-specific nature of mental health in Montserrat, which is influenced by local factors including those imposed by nature. Although mental health was broadly understood and supported through different pathways, stigma, limited understanding, and concerns about confidentiality remain key barriers to accessing and seeking support. Participants emphasised the need for integrated, flexible, and community-focused approaches, alongside increased awareness and education, to strengthen mental health services on the island.

****Winner of the Best Presented Poster Award****

Supporting help-seeking in farmers to prevent self-harm and suicide

Presenter(s): Tamsin Fisher (ORCID ID: 0000-0002-2033-4329)

Author(s): Fisher T, Kingstone T, Ashford G, Clark M, Corp N, Daniel K, Hayes S, Michail M, Mughal F, Noble, H, Platt N, Saunders K, White J, Chew-Graham C.A,
Affiliate Institution(s): Keele University

Abstract:

Importance of the problem or topic

People who live and work within farming communities experience prolonged hours of isolation and stress which may lead to mental health difficulties and increased risk of self-harm and suicide. There is a stigma around help-seeking for mental health problems.

We are working with farming communities and existing community organisations to explore how farmers could be better supported to seek help for mental health difficulties.

The approach (design/methods)

University Ethics approval obtained.

A multi-method qualitative study: Semi-structured and go-along interviews with people from farming communities with lived experiences of stress, distress, anxiety, depression, self-harm and suicide; and health and social care professionals, veterinary practice staff and third sector practitioners working with farming communities. Non-participant observations of farming spaces such as livestock markets and agricultural shows. Study sites are across the West Midlands.

A lived experience advisory group and expert advisory group have informed all aspects of the research.

Findings

Data collection and analysis are on-going.

‘Mental health’ seems to be conflated with suicide by many farmers and the terms ‘anxiety’, ‘depression’, or ‘mental health’, are not used. Farmers do talk about ‘stress’ linked to working conditions and external pressures, but farming communities normalise stress and associated symptoms such as lack of sleep and feeling overwhelmed and helpless.

Many farmers are aware of the support available to them, but do not see themselves as candidates for care. Family and friends of individuals who are struggling are the ones who seek support for or on behalf of a loved one.

Primary care services do offer support to farming communities however access is difficult due to farmers’ working hours. NHS ‘health checks’ are offered at some livestock markets, but many farmers are cautious of the services offered. Enquiry about mental health is not routinely included in these checks.

Consequences (significance) / implications

Support is available to farming communities, and farmers are aware of community support but may not seek help for themselves. There is a need to reduce stigma associated with help-seeking. To improve access for individuals with mental health

problems in farming communities, health services could adopt a more flexible approach.

Workshops are planned to co-develop a framework for help-seeking for farmers experiencing mental health difficulties.

Swimming in the deep end: the representation of under-served communities in a CNTW mental health research clinic

Presenter(s): Lauren Wall, Matthew Pitson, Harry Hackett
Author(s): Harry Hackett, Matthew Pitson, Lauren Wall, Stuart Watson, Mourad Wahba, Linda Davison, Barbara Salas
Affiliate Institution(s): Cumbria Northumberland Tyne and Wear (CNTW) NHS Trust, Translational Clinical Research Institute, Newcastle University

Abstract:

Introduction

This project aimed to analyse the representation of under-served groups in referrals made to the Care Pathway Enhancement (CaPE) clinic. The CaPE Clinic is a mood disorder research service in CNTW supported by the NIHR Mental Health Translational Research Collaboration. It provides a clinical framework for patients who are not meeting the threshold for secondary care and offers research-informed assessments. CaPE accepts referrals from multiple routes including self-referrals and healthcare professionals with a focus on reducing barriers to research and engaging with GP practices. 'Deep end' GP practices deliver care to the most socioeconomically deprived communities. It is imperative that under-served communities are proportionally represented in research to ensure that results are applicable to wider populations.

Methods

Quantitative analysis of clinic data from February 2022 - January 2026. Secondary care referrals to a specific trial were excluded to better reflect CaPE's impact on under-served communities. 2019 Indices of Multiple Deprivation (IMD) data was utilised for this analysis.

Results

846 patients have been referred to the CaPE Clinic resulting in 261 accepted referrals and 56 participants enrolled in research. Of those with a recorded GP practice (n=380) only 6% of referrals (n=21), 6% of patients assessed (n=15) and 5% of those recruited to trials (n=3) were registered at 'deep end' practices. Of referrals with recorded IMD data (n=589), the most deprived quintile accounted for 36% of total referrals, 31% of those offered appointments, and 25% of clinical trial participants.

Conclusions

The findings present two challenges in increasing clinical trial participation in underserved populations. Firstly, patients registered at Deep End practices are under-represented in initial referrals, with a further relative decline in clinical trial participation. Secondly, IMD data suggests strong initial engagement with the most deprived quintile, this steadily reduces which may be explained by systematic attrition. As 29%

of the population covered by CNTW resides within the most deprived quintile, this indicates that research participation levels fall below the regional average. This highlights a need to increase primary care outreach efforts and consider how research criteria may exclude those who are already significantly underserved.

Adverse events during concurrent use of selective serotonin reuptake inhibitors and beta-blockers: a scoping review

Presenter(s): James Sutton
Author(s): Ziyi Cai, James Sutton, Hayley Gorton
Affiliate Institution(s): Aston University

Abstract:

Introduction

Selective serotonin reuptake inhibitors (SSRIs) are commonly prescribed for mental health conditions seen in primary care.

Propranolol, a non-selective beta-blocker, is sometimes prescribed for somatic symptoms of anxiety, and is therefore often prescribed with SSRIs. Other beta-blockers are also used to treat physical health conditions in patients who may be taking SSRIs for a comorbid mental illness.

There has been growing concern about the combined involvement of propranolol and SSRIs in deaths by suicide, including a signal that could suggest a concerning interaction between propranolol and citalopram in overdose, possibly resulting from a cardiac rhythm abnormality.

Given the widespread use of these drugs in primary care and the lack of up-to-date synthesis of evidence on potential interactions between them, we are conducting a scoping review to explore the evidence for adverse events associated with the use of SSRIs and beta-blockers. We aim to identify and explore the nature of reported adverse events, identify any specific drug-drug interactions within these drug classes, gauge the extent of any elevated risk and consider what mechanisms might be responsible.

Methods

This scoping review is being conducted according to JBI methodology for scoping reviews.

Pubmed, Embase, Scopus, Web of Science and PsychInfo were searched between 1990 and 2024 using a prespecified search strategy allowing any study design to be included. Abstracts were screened by two independent reviewers and disputes were resolved through discussion with a third reviewer. Full texts were screened using the same approach.
Data extraction from included articles by two independent reviewers is ongoing.
A linked patient-public involvement group is receiving regular updates about the project.

Findings
50 articles were initially included, followed by another 4 after screening the references of included articles.

The broad impression thus far is that the most frequently reported adverse events are cardiovascular in nature e.g. bradycardia.

Implications
Evidence for a harmful interaction between SSRIs and beta-blockers would necessitate greater caution when prescribing these medications in primary care.

More detailed exploration of identified adverse events and specific drug-drug interactions in future research will help clinicians tailor their prescribing when combined use of SSRIs and beta-blockers is unavoidable.

Situating the Person-Centred Experiential Psychotherapy scale for Equality Diversity and Inclusion

Presenter(s): Emma Tickle
Author(s): Emma Tickle
Affiliate Institution(s): University of Nottingham

Abstract:

Counselling for Depression (CfD) was commissioned within NHS Talking Therapies (NHS-TT) to increase patient choice and modality plurality. The Person-Centred Experiential Psychotherapy Scale (PCEPS) was subsequently developed as a therapist adherence measure to ensure treatment integrity, supported by a national training manual and an associated programme of research. While both the Person-Centred Experiential (PCE) tradition and NHS-TT policy explicitly foreground Equality, Diversity and Inclusion (EDI), mental distress linked to structural, cultural and socio-political conditions continues to proliferate alongside widening health inequalities. This paper argues that one reason for this paradox lies in a persistent conceptual split between “inner” psychological experience and the situations within which experience emerges. Within this split, EDI concerns are frequently positioned as contextual or external to therapeutic process, rendering them only partially available to empathic engagement and therapeutic intervention.

In response, this paper introduces the Situated Person-Centred Experiential Psychotherapy Scale (S-PCEPS), a theoretically and methodologically re-worked adherence measure designed to overcome the limitations of both traditional fidelity models and ‘bolt-on’ approaches to EDI. Rather than treating EDI as a prescriptive set of competencies or supplementary content, the S-PCEPS re-situates diversity, power and difference as integral to experiential process itself. This approach disrupts the implicit normativity that often remains untroubled within person-centred training and evaluation, and reframes therapeutic sensitivity as an attunement to situated, relational, and socially-embedded experiencing.

The paper outlines the conceptual rationale underpinning the S-PCEPS and details its process of development, including expert review and consultation across clinical, training, and research contexts. Illustrative exemplars of S-PCEPS items are presented to demonstrate how ‘the situation’—including social location, structural constraint, and lived inequality—may be explicitly held, responded to, or ethically bracketed within the therapeutic relationship without abandoning core PCE principles. The implications for curriculum innovation within the CfD training manual are discussed, alongside the value of the S-PCEPS as both an adherence measure and a research tool.

The S-PCEPS offers a radical yet faithful extension of PCE practice, positioning EDI not as an adjunct concern but as experientially available, relationally enacted, and central to therapeutic integrity within NHS-TT.

General Practitioners’ Experiences Of Working With Refugees And Asylum Seekers Who Present With Mental Health Difficulties

Presenter(s): Dalia Motamed-Khalatbari (ORCID ID: 0009-0002-0728-3501)
Author(s): Dalia Motamed-Khalatbari, Maria Vidal
Affiliate Institution(s): University of East London

Abstract:

Background

Refugees and asylum seekers face disproportionately high rates of mental health disorders due to trauma, displacement and systemic exclusion. In the UK, restrictive asylum policies and a fragmented healthcare system further limit their access to appropriate mental health support. GPs are the first point of contact for refugee and asylum-seeking populations within the NHS, and this is the first UK qualitative study to examine GP experiences in this context. Despite their crucial role, little research has explored how GPs navigate these challenges or the impact on their wellbeing.

Aims

This study explores GPs' experiences delivering mental healthcare to refugees and asylum seekers in the UK, examining challenges, facilitators, and the personal and professional impact of this work.

Methods

Informed by a critical realist perspective, this qualitative study involved semi-structured interviews with 13 NHS GPs from diverse backgrounds. The interviews were analysed using Reflexive Thematic Analysis. Rigour was maintained through reflexive journalling and ongoing critical reflection throughout the analytic process.

Results

Three themes were identified: (1) "There is no provision for me to provide that": Constrained by the System; (2) "They're not all the same": Bridging cultural and relational gaps; and (3) "Looking into hell": Bearing the emotional weight. GPs reported navigating fragmented pathways, time-limited consultations, high service thresholds and disrupted continuity of care. Language and cultural differences complicated

assessment and trust-building. Most felt unprepared by medical training and emotionally unsupported, often making ethically complex decisions under pressure — experiences consistent with moral injury. Yet, many also found meaning and purpose in their work with refugees and asylum-seekers.

Conclusions

This study highlights the structural, relational and emotional challenges GPs face in refugee mental healthcare. Findings point to the urgent need for structural changes to healthcare delivery, including trauma-informed and culturally responsive models and extended consultation times. Professional training requires reform to equip GPs with cultural and trauma-informed skills. Formal support is needed to address moral injury and sustain practitioner wellbeing. These findings illustrate how systemic inadequacies affect both patient care and clinician wellbeing.

Validating an Online Neuropsychological Battery (UniCog) for Diverse Populations

Presenter(s): Chia-Ping Chou
Author(s): Chia-Ping Chou, Mohammad Zia Ul Haq Katshu
Affiliate Institution(s): University of Nottingham

Abstract:

Background

Cognitive impairment has been identified across a range of mental health conditions (Richardson et al., 2019; Zhu et al., 2019). Early detection of cognitive changes is essential for enabling timely interventions and improving quality of life (Campbell et al., 2025; Nuechterlein et al., 2024). However, clinicians in UK primary care have reported insufficient post-qualification training in detecting cognitive impairment (Ahmad et al., 2010), which may contribute to delayed or missed identification of cognitive difficulties. In addition, time pressure and high workload have been repeatedly identified as barriers to systematic cognitive assessment in primary care (Care Quality Commission, 2024; JaKa et al., 2024).

Many cognitive assessments commonly used in clinical practice are influenced by educational attainment, language proficiency and cultural background, resulting in reduced sensitivity and less reliable outcomes (Khaw et al., 2021; Rajji et al., 2009; Sachs et al., 2022). These limitations may delay clinical decision-making and access to appropriate interventions. A culturally adapted online neuropsychological battery may offer a practical alternative by reducing training requirements and saving time in clinical settings, while enabling more accurate monitoring of cognitive change across diverse populations (Antonacci et al., 2008; Sablone et al., 2024; Watson et al., 2023; Horan et al., 2024).

The primary aim of this study is to develop and validate such a battery, UniCog, designed for individuals with lower educational attainment and linguistic difficulties. A secondary aim is to establish clinically meaningful cut-off scores that account for age, education and socioeconomic factors.

Methods

A target sample of 250 community-dwelling participants will be recruited. Participants will complete traditional cognitive assessments and UniCog, alongside a User Evaluation Questionnaire (UEQ) and a qualitative feedback form. Pearson's correlation analyses will examine relationships between UniCog and the MoCA, as well as between subtests. Multiple regression analyses will determine cut-off scores while accounting for age, education, socioeconomic status and biological sex. Descriptive statistics and one-sample t-tests or Wilcoxon signed-rank tests will evaluate UEQ responses. Qualitative data from open-ended questions will explore participants' experiences and suggestions for improvement.

Findings and Implications

Data collection is ongoing. Findings and clinical implications are expected to be available by May

Reaching the “Hard-to-Reach”: Trauma-Informed Mental Health Care in Supported Accommodation

Presenter(s): Thea Palmer-Bailey
Author(s): Thea A. L. Palmer-Bailey, Neil Nixon
Affiliate Institution(s): University of Nottingham, Institute of Mental Health

Abstract:

Background

There is an acknowledged clinical service gap between NHS primary and secondary mental health care for individuals experiencing mood disorders that also operates as a barrier to research participation. Paradoxically, factors associated with higher rates of mood disorders, such as socioeconomic deprivation, may reinforce this barrier, leading to both less evidence-based care and less influence on the generation of that evidence base. To address this gap, the Mental Health-Translational Research Collaboration (MH-TRC) has developed new depression research and advice clinics across the UK, aiming to provide expert clinical advice and pathways into research participation. Following our initial scoping review of existing specialist mental health advice services, it is evident that the impact of similar service provisions is critically under-evaluated.

Aims

To evaluate the impact of one of these new NIHR funded MH-TRC clinics, the Nottingham Research and Advice for Depression (NRAD), as a model of care delivery and pathway into research for patients in primary care, for later structural comparison with other UK clinics.

Methods

We will use a mixed-methods approach, aiming to:

(i) map the demographic and clinical characteristics of the population attending NRAD clinics, including cultural background, deprivation index, diagnosis and clinical symptom measures;
(ii) develop semi-structured interviews to explore the experience of patients attending NRAD clinics and other key stakeholders, e.g. primary care clinicians. Transcribed interviews will be subjected to thematic analysis including a priori focus on adherence to advice and research involvement;
(iii) following this initial thematic analysis, surveys will be constructed to assess the wider impact of these MH-TRC clinics across the UK;
(iv) NRAD baseline clinical and quality of life measures will be repeated to assess longer-term change in people attending the clinics and, where available, compared in other UK sites;
(v) variables of interest, including the Positive Valence Symptom Scale assessed as baseline moderators of outcome, including adherence to advice.

Impact

We will generate the first substantial evidence on how clinics operating in this primary-secondary care gap influence clinical care and research involvement for

people suffering depression. Early results of this work will be presented at the meeting.