improvements in emotional regulation, reduced anxiety, enhanced social interactions, and increased engagement in learning activities. Some studies also reported positive effects on attendance and independence. Parents and educators perceived NBL as beneficial, although concerns were noted regarding disruption or routines and challenges with implementation.

Conclusion: Nature-based learning appears to offer significant benefits for children with ASD, particularly in supporting emotional well-being and social development. However, variations in study methodologies and small sample sizes highlight the need for further large-scale research. Future studies should explore standardized outcome measures, long-term impacts, and strategies for integrating NBL into educational provisions, ensuring tailored support for children with diverse needs.

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Evaluating the Impact of a Digital Detox Intervention Among Medics in Coventry and Warwickshire Partnership NHS Trust

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Aims: The excessive use of digital devices and social media has been associated with stress, poor focus, and a decline in overall well-being. Healthcare professionals, often working in high-pressure environments, are particularly susceptible to these effects due to their reliance on digital tools for work and personal purposes. This study aimed to assess the feasibility, adherence, and outcomes of a two-week digital detox intervention among medical professionals, focusing on its impact on digital device usage, stress levels, productivity, and overall well-being.

Methods: Thirty medics were invited to participate in a structured digital detox programme. Participants were given the option to either completely abstain from using digital devices or reduce their overall usage, with a particular focus on limiting social media engagement. Surveys were conducted at three stages: before the intervention to capture baseline device usage and social media habits, during the intervention to assess adherence, and after the detox to evaluate outcomes. Participants were encouraged to document their experiences through diaries or video reflections. The collected data included quantitative measures (e.g., screen time, adherence rates) and qualitative feedback on participants' challenges and perceived benefits.

Results: Of the 30 invited participants, 24 (80%) agreed to participate in the digital detox, with 20 (83%) completing the two-week intervention. Pre-detox surveys revealed that participants spent an average of 5.5 hours daily on digital devices, with 40–50% of that time dedicated to social media. Post-intervention findings highlighted significant improvements, with 60% of participants reporting enhanced focus and productivity, 50% experiencing reduced stress levels, 40% noting improved sleep quality, and 30% engaging more in offline activities, such as hobbies and personal relationships.

However, challenges were reported, particularly during the initial stages, with 50% of participants experiencing restlessness or boredom. Furthermore, 20% found it difficult to balance the detox with work-related demands on digital tools, which limited their adherence. Despite these challenges, participants expressed increased mindfulness and a reduced dependency on devices by the end of the detox.

Conclusion: This study highlights the feasibility and potential benefits of a digital detox intervention among medics. The findings suggest that reducing device usage can significantly improve focus, stress levels, and work-life balance. Future studies should explore personalised and sustainable detox strategies that account for the unique demands of professional and personal digital use.

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MIND-OUT: Medications in Intensive Care, Delirium and OUTcomes

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Aims: To investigate how anticholinergic burden of medications changes during hospital stay for Intensive Care Unit (ICU) patients and to review whether anticholinergic burden predicts delirium and mortality.

Delirium is a common cause of morbidity and mortality within ICU. Anticholinergic Burden (ACB) and Anticholinergic Effect on Cognition (AEC) tools are validated to assess anticholinergic effects from medication. Scores of ≥3 are associated with increased delirium and mortality. This study investigates anticholinergic burden from ICU admission through to hospital discharge.

Methods: Retrospective, ethically approved study of adults (N= 6,305) admitted to ICU in University Hospitals Birmingham over 3 years (2021–2023). Subjects were excluded if <48 hours spent in ICU or readmissions (within a year). Both ACB and AEC tools were used to assess anticholinergic burden (AEC is more sensitive to the cognitive effects of medications). Timepoints assessed: ICU admission, ICU discharge, hospital discharge, and maximum score. We explored secondary outcomes including delirium and mortality. Research performed in collaboration with PIONEER (Health Data Research Hub for Acute Care).

Results: Median age 60.0 years, 61.9% male, and 71.6% of white ethnicity. Median time from hospital to ICU admission 17.1 hours, 86.3% emergency admissions. Median length of stay in ICU 5.2 days (19.2 days in hospital).

Difference in mean score from ICU admission to ICU discharge was +0.38 ($p<0.001$) for ACB, and +0.29 ($p<0.001$) for AEC; from ICU discharge to hospital discharge was −0.12 for ACB ($p<0.001$) and +0.36 ($p=0.005$) for AEC.

There was a significant rise in patients with high-risk scores (ACB or AEC ≥3): admission to ICU 9.9% had ACB ≥3, and at discharge from ICU 19.9% ($p<0.001$), with no significant fall back at hospital discharge (18.9%, $p=0.229$). The AEC tool showed similar **Results:** admission to ICU, 4.9% of patients had AEC ≥3 and at discharge from ICU 10.5% ($p<0.001$) However, this tool showed a further rise by hospital discharge 12.3% ($p<0.003$). Delirium was inadequately recorded.

Results showed anticholinergic burden significantly increases following ICU admission. The proportion of patients with high-risk

scores doubles during ICU admission and does not significantly reduce prior to discharge. We were unable to link these scores to delirium with insufficient data collected, but investigations on possible links to mortality are ongoing.
Conclusion: This study demonstrated a significant rise in anticholinergic burden linked to ICU admission, persisting to hospital discharge. This places such patients at risk of drug-induced morbidity and mortality.

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How Do Individuals With Bipolar Disorder Experience Ecological Momentary Assessment and Mood Monitoring? A Systematic Review and Qualitative Meta-Synthesis

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Aims: Advancements in smartphone technology and wearable devices allow for novel ways to monitor behaviour, mood, and mental state, as well as to develop new interventions. Understanding the perspectives and preferences of individuals with bipolar disorder (BD) is essential for the success of these mood monitoring interventions and for Ecological Momentary Assessment (EMA) as a data collection method.

This systematic review and meta-synthesis aimed to explore the user experience of mood monitoring and EMA, including the barriers and facilitators for both individuals with BD and clinicians, as well as the intended purposes of these tools.
Methods: A systematic review and meta-synthesis of qualitative studies were conducted (PROSPERO: CRD42023396473), focusing on the experiences of participants, users, and clinicians with mood monitoring and EMA in BD. Eight electronic databases were searched, and mixed-methods studies were included. A meta-synthesis approach was used to analyse the data, employing first-, second-, and third-order constructs, guided by Noblit & Hare's meta-ethnography framework. Studies were assessed for the risk of bias in qualitative research. Results were checked for coherence by individuals with lived experience and psychiatrists.
Results: The search identified 23,515 papers. A total of 20 studies using 12 different EMA protocols were identified and included in the meta-synthesis, from which nine overarching themes emerged: adverse effects, barriers to mood monitoring, facilitators of mood monitoring, the purpose of mood monitoring, negative experiences of data sharing, positive experiences of data sharing, clinician-related barriers and concerns, clinician-related facilitators and suggestions, and desired features.
Conclusion: This review highlights key factors that can enhance user experience, engagement, retention, usability, and acceptance of EMA and mood monitoring protocols for individuals with BD. A central finding is that users strongly value control over their data, with an emphasis on customisability and personalisation. Many users were sceptical about involving formal mental health services and preferred to use the tool as an aid for self-managing their condition in highly personal and iterative ways. We also report key adverse effects experienced by individuals with BD when engaging in mood monitoring, which may need to be addressed by incorporating additional therapeutic elements into the intervention — for example, subjective worsening of mood and the monitoring process serving as an unhelpful reminder of their mental illness.

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Sublingual Ketamine for Treatment Resistant Depression: Embracing the Change

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Aims: 1. Examine efficacy and durability of antidepressant effects. 2. Identify specific symptoms of improvement. 3. Compare response rates and duration of antidepressant effects in failed to respond to previous treatments.
Methods: Prospective review study of patients who received off-label rapid dissolve wafer for SL delivery in hospital setting 2–3 times a week for 4 weeks. The study examined the effectiveness and safety of the clinical use on depression and anxiety symptoms. The regimen was determined by Psychiatrist experiential CME in ketamine therapy. Dosing increases were made based on patient's report, clinical response and side effects. Optimisation of maintenance dose based on pharmacokinetic modelling to achieve serum (2–2.5 mg/kg wt.). Clinician rated scales MADRS, MoCA and CADSS were completed to evaluate response & KSET protocol for side effects. Patient completed the online experience survey within 24 hours of dose administration.
Results: N=60 with no dropouts from treatment and no patients were hospitalized during treatment course. The mean patient age was 45.4, most common comorbid psychiatric diagnoses were Generalized Anxiety Disorder and mean of 3.6 previous psychotropic drug trials. Responders had > dissociation (mean CADSS 11.8). We found a moderately strong but not statistically significant correlation between the CADSS score during treatment and the reduction in MADRS from baseline to week 4 (r=0.52, p=0.059). Minor adverse events and side effects including nausea, dizziness, headache, loss of balance, were assessed and were self-limited and resolved without medical intervention.

Effectiveness – nearly 50% of patients with moderate to severe depression saw an improvement of MADRS and GAD-7 scores. This reduction rate improved to 60% in patients who completed a clinically recommended 12 ketamine course.
Conclusion: Increased dissociation correlated moderately strongly, but not significantly, with a decrease in depressive symptoms. Reductions in scores matched those with 6 vs 12 completed treatments and it is reasonable to speculate that there would be maintenance of improvement with additional treatments.

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