and checked against evidence through an umbrella review of meta-analyses to identify unanswered uncertainties. Verified uncertainties were ranked in an online survey. A structured, facilitated online workshop using nominal group techniques produced the final Top 10 priorities.

Results: In the first survey, 456 participants submitted 1,439 research questions. After removal of out-of-scope submissions and qualitative synthesis, 51 summary questions across 13 thematic domains were generated. Evidence checking identified two questions as adequately answered, leaving 49 verified uncertainties. In the interim prioritisation survey, 317 participants ranked these uncertainties, producing a shortlist of 19 questions. Thirty stakeholders (16 with lived experience or carers; 14 professionals) took part in the final online workshop. The resulting Top 10 priorities focused on dietary interventions, combined lifestyle strategies, GLP-1 receptor agonists for medication-related weight gain and potential mental health benefits, micronutrient deficiencies, physical activity, metabolic effects of psychiatric medications beyond weight gain, gut-brain mechanisms, brain changes associated with metabolic improvement, and the role of ketone bodies in symptom improvement and remission.

Conclusion: This PSP establishes the first stakeholder-driven research agenda for metabolic psychiatry in SMI, identifying priorities that integrate diet, physical activity, pharmacological adjuncts, and mechanistic pathways linking metabolic and mental health. The Top 10 priorities provide a translational roadmap for future trials, mechanistic studies, and implementation research aimed at reducing cardiometabolic inequalities and improving psychiatric outcomes in SMI.

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Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Electroconvulsive Therapy Versus Ketamine for Major Depressive Episode

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Aims: To review and compare the safety, efficacy, cost-effectiveness and remission rates of electroconvulsive therapy (ECT) versus ketamine in patients with major depressive episodes.

Methods: A narrative review of the literature was undertaken, focusing on randomised and non-randomised clinical trials, systematic reviews, and meta-analyses comparing ketamine and ECT in adults with major depressive episodes. Key outcomes studied included depressive symptom severity, suicidal ideation, cognitive effects, safety outcomes, relapse prevention and economic considerations.

Results: Across comparative clinical trials synthesised in recent meta-analyses, ECT demonstrated greater reductions in depressive symptom severity than ketamine across multiple validated outcome measures, including the Montgomery-Åsberg Depression Rating Scale (MADRS), Hamilton Depression Rating Scale (HDRS), and Beck Depression Inventory (BDI). Evidence relating to suicidal ideation was limited, with no clear differences observed between treatments in short-term follow-up. Cognitive outcomes were mixed, with some evidence suggesting better short-term cognitive performance with ketamine, while other studies reported no significant differences. Safety profiles differed between treatments: ECT was associated with headaches and muscle pain, whereas ketamine was more commonly linked to transient dissociative and perceptual symptoms. Cost-utility analyses favoured ECT which generated more quality-adjusted life years at a lower incremental cost compared with esketamine. Failure to respond to ECT was not found to predict failure to respond to ketamine also, highlighting a potential role for patients receiving ketamine who have not responded to ECT.

Conclusion: Current evidence suggests that ECT remains superior to ketamine in overall efficacy, remission, and cost-effectiveness for major depressive episodes. However, ketamine may have a role in selected patients, particularly where rapid antidepressant effects are required. Treatment decisions should be individualised and guided by patient preference, clinical urgency and adverse-effect profiles.

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The Cost-of-Living Crisis and Adverse Childhood Experiences (ACEs) in Children and Adolescents

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Aims: Since 2022, rising living costs have intensified strain on families, leaving many families struggling to meet their basic needs. Economic instability increases the risk of adverse childhood experiences (ACEs), which are associated with long-term mental health (MH) challenges. This project aims to assess the impact of the cost-of-living crisis on children's MH, focusing on the deprived area of Stoke-on-Trent. Following which, strategies to support children and families most affected will be explored both in terms of public health campaigns and strategies within mental health services.

Methods: Initially, a literature review evaluated national trends of the impact of cost-of-living crisis on child MH. More substantial qualitative data on such themes was then developed through interviews with local general practitioners, mental health charities, schools, family hubs, and community centres to gain a better understanding of the local impact so that targeted strategies could be developed.

Results: The crisis has led to children more frequently exposed to neglect and other forms of abuse, increasing ACE exposure. Local charities noted higher food bank reliance among families, and GPs reported rising malnutrition cases. Adolescents in colder homes reported worsened MH symptoms, often due to effects of over-crowding and fuel poverty, including increased witnessing of domestic violence and increased risk of chronic respiratory infections, with chronic diseases known to have long-standing mental health implications. Children from financially unstable families faced bullying due to unclean uniforms, as heating and washing were unaffordable. Limited access to transport and technology prevented families from attending MH appointments, deepening health inequalities. Activities such as sports clubs or swimming lessons were often sacrificed to protect family finances, preventing young people from attending activities known to maintain their MH, and isolating them from their peers. Local community centres found their budgets affected, with cuts to adolescent substance misuse and violence programmes, contributing to increased numbers of first-time young offenders.