physiotherapist-directed interventions and adapting the approach, with lived experience experts, for clinical studies.

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Scoping Review: Psychotherapeutic Interventions in Older Adults With Depression and Anxiety

Dr Ellena Businge[1,2], Miss Danielle Bilkey[2], Prof Chris Fox[1] and Dr Louise Allan[1]

[1]The University of Exeter, Exeter, United Kingdom and [2]Cornwall Partnership Foundation NHS Trust, Cornwall, United Kingdom

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Aims: The objective of this scoping review is to understand the extent and type of evidence in relation to psychotherapeutic interventions for older adults with depression and/or anxiety.
Methods: Prior to undertaking this scoping review, a preliminary search of the Cochrane Database of Systematic Reviews, JBI Evidence Synthesis, PubMed, CINAHL and American Journal of Psychiatry was conducted and no identical current or underway systematic reviews or scoping reviews on the topic were identified. The terms 'old age psychiatry' and 'psychotherapy' were used, and results were filtered for reviews and systematic reviews only. The scoping review will be conducted in accordance with the JBI methodology for scoping reviews. An electronic search for articles will be conducted using PubMed, American Journal of Psychiatry, Cambridge Core (BJPsych,) PsychInfo and Open Journal of Psychiatry. The databases will be searched for the following components: Older person's mental health (using terms geriatric psychiatry, older person's mental health, old age psychiatry.) AND Psychotherapy (using terms psychotherapy, talking therapies, cognitive behavioural therapy, cognitive analytical therapy, interpersonal therapy, group therapy, dialectical behavioural therapy, mindfulness, self help, psychodynamic therapy, psychoanalytical therapy, brief intervention, motivational interviewing.) AND Depression (using terms depression, loneliness, suicide, low mood) OR anxiety (using terms anxiety, panic disorder, generalised anxiety) using the title and abstract.

Only primary research studies to be included. Once the articles have been retrieved, they will be saved to an Excel spreadsheet and uploaded to Rayyan. The articles will then be checked and any duplicates will be removed. Two reviewers will check the articles by abstract and either include, exclude. The included articles will then be read, and analysed and written up into the scoping review report.
Results: Preliminary search: This returned 570 articles: 109 of these were relevant to this topic. The results returned 855. **Results:** 121 were included and 734 excluded. Psychotherapy research is worldwide but the main areas for primary research are North America and Europe. The majority of papers were randomised controlled trials looking at short-form therapy such as randomised controlled trials.
Conclusion: This scoping review has provided a foundation for the current evidence base looking at psychotherapeutic interventions for older adults with anxiety and depression. It would be good to do a similar review for older adults with other mental disorders such as mild cognitive impairment. It provides the foundation for researchers to move on to systematic reviews.

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Delusional Misidentification Syndromes and Violent Offending: A Systematic Review of the Literature

Miss Corinne Selin Calkam[1,2], Dr Artemis Igoumenou[1] and Prof Vaughan Bell[1]

[1]University College London, London, United Kingdom and [2]Queen Mary University of London, London, United Kingdom

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Aims: Delusional misidentification syndromes (DMS) are characterised by a delusional belief of misidentification concerning familiar individuals, places or objects and by the conviction that they have been replaced or transformed. Violent behaviours towards the "impostor" are often observed and can take the form of verbal threats or physical assault. This review explores the specific factors that increase the risk of violence in individuals with DMS.
Methods: An initial search was conducted in PsycInfo, MEDLINE, PubMed and PsycArticles in May 2023, followed by a subsequent search in November 2024, to identify publications reporting severe violence (e.g. homicide, attempted murder, assault) in individuals with DMS. 13 papers comprising 16 case reports were included in the review.
Results: The majority of patients were male (N=15), aged 29–43 (i.e. early- to mid-adult years) (N=14) at the time of the offence and had a prior diagnosis of a psychiatric disorder (N=13) (i.e. psychotic disorder). In 13 of 16 cases, the DMS was Capgras syndrome. The violent act most commonly perpetrated was homicide (including uxoricide, matricide, patricide, parricide and filicide) (N=21). Victims were mostly acquaintances or strangers (N=16), followed closely by familiar individuals (N=13). In 13 cases, social behaviour of the patients prior to the offence was described as "hostile", "aggressive", "solitary" or involving "poor social interactions from a young age". Only 3 patients were described as "lively" or "social".
Conclusion: The current systematic review identified specific factors such as a prior psychiatric diagnosis (i.e. of psychotic disorders), as well as male gender, early- to mid-adulthood, the type of DMS (i.e. Capgras syndrome) and social behaviour marked by isolation and hostility prior to the offence as potential contributors to severe violence in individuals with DMS. However, the lack of available case reports and empirical studies makes it challenging to understand the psychopathology exhibited and its relationship with violent behaviour. Further research is needed to advance our understanding of the possible factors associated with and the possible causes underlying the severity of violence exhibited in DMS.

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Rebranding Inpatient Community Meetings

Dr Hannah Campling, Dr Bharat Velani and Miss Georgina Hearn

North London Foundation Trust, London, United Kingdom

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Aims: The North London Foundation Trust was established in 2024. The partnership has created a new clinical strategy for the next 5 years (2024–2029) and some of the main priorities are: "For all services to use a trauma informed approach", "Service users must be involved in co-production and decision making", "Value feedback from service users", "Facilitate communication and information sharing with service users".

For these priorities to be addressed there need to be forums in which service users are able to be heard and fed back to using a trauma informed approach. Currently there are community meetings on the inpatient wards for service users and staff to feedback on any issues within the ward environment. On my ward these are poorly attended by both staff and patients and feedback from patients is that they raise the same issues, but nothing gets acted on. There is no set policy/protocol for how these meetings should run and who should be in attendance. By formalising the structure of the community meetings using a trauma informed framework, my hope is that both patients and staff benefit from the shared space and that the learning can be shared with other wards.

Objectives: To develop an evidence-based protocol for running community meetings on an inpatient psychiatric ward that fits within a trauma-informed framework; Improved attendance from staff and patients at the ward community meeting; Improved satisfaction from staff and patients attending community meetings; Share learning with other wards in the partnership.

Methods: A literature search to establish current best practice for running community meetings.

Qualitative questionnaires/ structured interviews and thematic analysis of staff interviews.

Development of protocol for running community meetings on inpatient wards.

3 month pilot of the new community meetings.

Attendance records pre and post intervention.

Results: Attendance records show improved attendance of both staff and patients at the weekly community meetings. Prior to the intervention, thematic analysis showed that staff thought there was a lack of clarity about goals, diverse interpretations of community meetings, and mixed expectations about patient involvement. Post intervention, analysis revealed that community meetings were widely appreciated as a valuable initiative that enhanced the ward culture, patient recovery, and staff-patient relationships. Despite challenges, many participants felt these meetings brought significant benefits.

Conclusion: Having a trauma-informed, semi-structured proforma for running inpatient community meetings helps to improve attendance, satisfaction and positive outcomes from the meetings for both staff and patients.

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Comparing the Impact of Flooding on Mental Health in India and the United Kingdom: Who Is More Vulnerable?

Dr Peter Carter, Ms Chartlotte Opoku Gyamfi, Ms Tasneem Quddus, Mr Mershid Varnasseri Ghandali and Ms Ellie Hawken

Anglia Ruskin University, Chelmsford, United Kingdom

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Aims: We hypothesise that mental health impacts of flooding will be greater in India compared with the UK. Climate change is causing an increase in flooding due to the rising frequency of extreme weather patterns globally. The major impacts of flooding on mental health include displacement, financial hardship, and loss of access to healthcare. These can lead to conditions such as anxiety, depression, and post-traumatic stress disorder (PTSD).

Methods: This study was conducted as a comparative analysis. Data was collected by a systematic search of peer-reviewed articles. Standardised tools were used to evaluate psychological outcome and mental health morbidities such as the Generalised Anxiety Disorder scale (GAD-7), Patient Health Questionnaire (PHQ-9), WHO-5 and the PTSD checklist (PCL-6). Data concerning the mental health consequences caused by the floods (specifically regarding anxiety, depression and PTSD), financial impacts and access to mental health services in both countries were extracted. Our findings were then thematically analysed to compare the patterns and disparities.

Results: In both countries, the research conducted on the effects of flooding on mental health has identified that the three main mental health morbidities that arose are depression, anxiety and PTSD. India has an average percentage of 43.2% depression, 32.19% anxiety and 36.46% PTSD amongst individuals affected by flooding, while the UK shows equivalent rates of 25.52% depression, 24.2% anxiety and 31.49% PTSD. These results suggest that socioeconomic differences and access to mental health resources play a significant role in post-flood psychological states. In both countries a larger financial impact links to higher rates of psychological stress.

Conclusion: Although effects are noted in both the UK and India, the prevalence of mental health conditions arising from flooding affect both the UK and India. However, our findings indicate that the mental health impacts are more severe in India, supporting our hypothesis. In disaster recovery, mental health funding is frequently deprioritised in favour of immediate concerns such as physical health and infrastructure.

Stigma surrounding mental health, particularly affecting developing countries, contributes to under-reporting and therefore the accuracy of assessments. To improve outcomes, a public health approach may destigmatise mental health, and enhance social support. Additionally, Psychological First Aid has set international foundations for psychosocial care following distressing events, a framework which supports people whilst respecting culture and abilities.

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Exploring the Link Between Extreme Weather Events and Prevalence of Mental Health Conditions

Dr Peter Carter, Ms Amna Illahi, Mr Fayed Iqbal, Mr Itbaan Husaain and Ms Callaghan Freya

Anglia Ruskin University, Chelmsford, United Kingdom

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Aims: Extreme weather events refer to weather events that are dramatically different from typical patterns. These can be catastrophic, unexpected and pose a risk to the population. This review aims to examine whether sufficient evidence exists to demonstrate a link between extreme weather events and an increase in mental health conditions, specifically PTSD, anxiety, and depression.

Methods: We conducted a literature search across multiple electronic databases, including PubMed, Web of Science, Scopus, and PsycINFO, for articles published between January 2000 and January 2025. Keywords include Extreme weather; Mental health; Depression; Anxiety; Post traumatic stress disorder. From this we used four articles reporting quantitative data on the prevalence of mental health conditions in those exposed to extreme weather events. The selection of these four articles is justified based on the relevance to our research question. They provide figures which allow us to compare mental health prevalence before and after extreme weathers took place. Furthermore, they offer a vast array of data,