recorded. Of those scoring ≥20, seven (70%) received documented advice on avoiding abrupt alcohol reduction and eight (80%) had a formulation addressing alcohol use. Signposting to specialist alcohol services was documented for 7 of 10 (70%) patients who met criteria.
**Conclusion:** The re-audit demonstrates substantial improvements across all areas compared with the initial audit. Full AUDIT completion improved from 0% to 100%, delivery of brief interventions from 7% → 67%, advice on safe alcohol reduction from (0% → 70%) and signposting for patients improved substantially. Maintaining current standards with improvement in documentation consistency, staff education and reinforcement of intervention thresholds can help improve these gains.

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# Research

## Maintaining Psychotropic Medication Adherence Among War-Affected Patients: Lessons from Gaza

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doi: 10.1192/bjo.2026.11183

**Aims:** Background: Armed conflict severely disrupts the continuity of psychiatric care, particularly for patients dependent on long-term psychotropic medication. During the recent Gaza war, widespread displacement of patients and medical personnel and destruction of the health service infrastructure created unprecedented barriers to treatment continuity. Mental health professionals were compelled to develop innovative, context-specific solutions to prevent clinical deterioration and safeguard patient stability.

Aims were to identify the main challenges affecting psychotropic medication adherence among war-affected patients in Gaza and to describe adaptive strategies that supported treatment continuity under crisis conditions.
**Methods:** This study was conducted between October 2023 and January 2024 within five community mental health centres and two psychiatric hospitals in Gaza. This was a mixed-methods study, that used triangulated data from semi-structured interviews with clinicians, focus group discussions with multi-disciplinary teams, clinical records and medication tracking data. Thematic analysis of interviews and focus groups was used to identify recurring patterns of non-adherence, contributing factors, and responsive interventions. Themes were identified and refined through iterative discussions to ensure they reflected clinical observations across sites. Descriptive statistics were used to describe reasons for medication interruption as recorded in clinical records.
**Results:** Medication discontinuation was due to drug shortages (45%), forced displacement (33%), and restricted mobility caused by security risks (22%). Thematic analysis identified several adaptive strategies: decentralised medication distribution through NGO partnerships, telepsychiatry follow-ups, substitution with pharmacological equivalents, and family engagement in adherence monitoring. Clinicians reported that these strategies reduced relapse rates and preserved treatment stability in most high-risk cases.
**Conclusion:** Maintaining psychotropic medication adherence during armed conflict is both a clinical and ethical imperative. The Gaza experience demonstrates that flexible, community-driven, and ethically grounded models of care can sustain treatment continuity in extreme humanitarian settings. Strengthening emergency medication supply chains and integrating psychosocial support into humanitarian response frameworks are essential to protect psychiatric outcomes in conflict-affected populations.

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## Artificial Intelligence (AI) Assisted Brief Psychological Intervention for Adolescents with Complex Emotional Needs

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doi: 10.1192/bjo.2026.11184

**Aims:** The aim of this study is to design and create a virtual coach powered by artificial intelligence (AI) to support young people aged 14–17 who are receiving a brief talking therapy for complex emotional needs (CEN).

Creating an AI-driven virtual coach to use in-between the sessions offers a potential solution to enhance engagement, accessibility and outcome without replacing the human therapist.
**Methods:** We planned three work packages over a 10-month period starting from July 2025.

Work package 1 focused on understanding the needs and preferences of the AI coach's intended users and those who will be influential in its adoption and sustainment, including young people aged 14–17 with CEN, their parents/carers and youth mental health clinicians. Semi-structured qualitative interviews and focus groups were carried out, transcribed verbatim and analysed thematically using a framework approach.

Work package 2 focused on design and creation of an initial prototype of the AI coach based on the findings of work package one. A code design workshop was planned where the participants advisory group worked with the research team to agree on how the AI coach should be structured and operate to support the brief psychological intervention.

The objective of work package 3 is to refine the prototype AI coach in preparation for future research. Participants who took part in work package 1 will be invited to interact with the prototype AI coach for the purpose of providing feedback. A bespoke feedback form will be designed to encourage participants to critique all relevant aspects of the prototype. This feedback will be used to produce a refined version which participants will again be invited to review. The refined prototype will also undergo technical and clinical review including for equitable performance across demographic groups.
**Results:** Participants viewed the virtual coach as a feasible and acceptable adjunct to traditional care. Based on the themes from work package 1, an initial prototype of the AI coach based is created. We aim to further refine the prototype AI coach in preparation for future research.
**Conclusion:** We believe an AI-powered virtual coach can improve accessibility, engagement and outcome for adolescents receiving

brief interventions. Based on the findings, the research team will work further to agree plans for future research mostly to evaluate clinical outcomes and address ethical considerations in AI-driven mental health support.

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## The Eternal Entity: Fear–ICD 11 Diagnosis of Phobia Compared to 9th Century Phenomenology

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doi: 10.1192/bjo.2026.11185

**Aims:** This study explores the historical roots of phobic disorders through an analysis of Abu Zayd al-Balkhi's ninth-century written venture into mental health and wellbeing, "*Sustenance of the Soul*". It compares al-Balkhi's descriptions, differentiation, and management of phobia with the current ICD-11 framework. Previous comparative research has demonstrated consistencies in his writings when compared to contemporary framework. As such, we hypothesised that al-Balkhi's account would show substantial conceptual overlap with modern nosology while offering a more integrated phenomenological perspective that remains relevant to current psychiatric practice.

**Methods:** A multi-stage content analysis was undertaken using the manifest analysis method. First, relevant thematic premises were identified through examination of al Bakhli's text. Second, focussing on aetiology, symptomatology, and therapeutic approaches, psychological terminology and their implied meanings were extracted. Finally, these findings were compared directly with the ICD-11 phobia-related classification and associated diagnostic constructs. The analytical process and mappings were independently cross-checked by a secondary researcher.

**Results:** Al-Balkhi described phobia as an excessive, maladaptive fear response–referred in his work as "terror"–that exceeds the individual's control and impairs functioning. He distinguished normative fear states from the pathological using description of threat appraisal and temporal proximity, paralleling modern distinctions between general anxiety and phobia. He also described symptoms of physiological arousal and cognitive interferences during fear states, including restricted clarity of thought. Management strategies included education regarding feared stimuli and desensitisation-like techniques, anticipating the core principles of contemporary psychological treatments.

**Conclusion:** Al-Balkhi's account of phobia correlates to a significant degree with ICD-11 categorisations of anxiety and phobic disorders. Although some of the ideology lacks modern political correctness which reflects its era, the underlying clinical observations are notably consistent with modern phenomenology and psychologically informed care. These findings support the value of historical psychiatric scholarship in refining contemporary understanding and suggests that pre-modern consolidative models may still enrich current diagnostic and therapeutic approaches.

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## A Systematic Review of Cancel Culture Induced Anxiety (CCIA) and Its Psychological and Behavioural Effects on Gen Z

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doi: 10.1192/bjo.2026.11186

**Aims:** This systematic review investigates the psychological phenomenon of Cancel Culture Induced Anxiety (CCIA) among Generation Z individuals aged 16–25. The primary aims are to synthesise empirical evidence from existing literature and develop an integrated conceptual model mapping the causes, pathways, and psychological effects of this condition.

**Methods:** A systematic review was conducted in accordance with PRISMA guidelines and the Cochrane Method. Comprehensive literature searches were performed across PsychINFO,PubMed, and Scopus to identify peer-reviewed, primary empirical studies. Ten studies were selected for inclusion based on a predefined Population, Exposure, Outcome (PEO) framework. Quality Assessment was then performed using Critical Appraisal Skills Programme (CASP) checklists. Finally, evidence was synthesised using the Temporal Need Threat Model, context collapse, and networked publics as theoretical foundations.

**Results:** Findings indicate that CCIA manifests primarily as acute social anxiety, which frequently escalates to clinical depression, diminished self-esteem, and in severe cases, suicidal ideation. Key behavioural outcomes include avoidance, self-censorship, and both internal and external conformity. These effects are sustained through psychological mechanisms such as rejection sensitivity and rumination. The review establishes that CCIA is driven by simultaneous threats to four fundamental human needs: belonging, self-esteem, control and meaningful existence. Social media, shaped by the dynamics of context collapse, emerges as the dominant environment for CCIA, though its severity is mediated by cultural, socio-economic, and individual predisposing and protective factors. The identified coping strategies are predominantly reactive and individualised, highlighting a significant gap for systemic and preventative interventions.

**Conclusion:** The proposed conceptual model establishes a vital foundation for understanding CCIA across diverse cultural and social contexts. It offers practical guidance for psychiatrists and mental health professionals in designing targeted clinical interventions and institutional policies. Future research should employ longitudinal and mixed-method approaches to validate the model