multivariate linear regression analyses were run, adjusting for peace index, wealth and inequalities, and urbanisation at country level. A sensitivity analysis including sanitation and food security was run. Interaction with country gross domestic product per capita was assessed.

Results: Based on data for 230 countries, country forestry area is negatively associated with the prevalence of mental health disorders in 2016 (β −0.02 (195% C.I. −0.04/−0.01). This association was maintained in sensitivity analyses, and found mainly in lower- and upper-middle income countries. Change in forestry area is not associated with mental health prevalence nor estimated DALYs due to mental health.

Conclusion: This is the first study showing that forestry area at country level is associated with a lower prevalence of mental health disorders. If these results are replicated at individual level, this would suggest that public health implications should play a strong role in weighting ecological decisions, such as optimising forestry area coverage.

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.

The Physical Health Conditions in People With Gambling Disorder

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Aims: Gambling Disorder is a mental health condition in which people experience impaired ability to control or stop gambling behaviours despite adverse consequences. It is associated with psychiatric co-morbidities and risk factors for physical health conditions. There is growing exploration into physical health conditions associated with gambling disorder and this study sought to further contribute towards understanding that association. The first aim was to describe rates of physical health conditions. The second aim was to explore potential associations between physical health conditions and individuals' sociodemographic characteristics.

Methods: Dataset one comprised aggregated anonymised subject-level data from clinical trials conducted in participants with gambling disorder (n=423). Dataset two comprised aggregated anonymised patient data from the NHS Southern Gambling Service (n=352). Descriptive characteristics of people with versus without physical health co-morbidities were presented. Statistical tests were undertaken to compare those with versus without physical health co-morbidities, independent t-tests were utilised to compare continuous variables whereas Chi Square or Fisher's Exact test were utilised when comparing categorical variables.

Results: In dataset one 42.9% reported one or more physical health condition, the most frequent reported physical health conditions were musculoskeletal, cardiovascular, and endocrine and metabolic conditions. People in dataset one with physical health condition(s) versus without had significantly older age. In dataset two 27.1% reported one or more physical health condition, with respiratory, musculoskeletal, and endocrine and metabolic being the most reported. The presence of physical health conditions, musculoskeletal conditions, and endocrine and metabolic conditions was associated with significantly older age and female sex.

Conclusion: Increased age in individuals with gambling disorder is a crucial sociodemographic factor regarding physical health morbidity. In dataset two being female was identified as a risk factor for having physical health morbidity. Implementation of treatments targeting these risk factors may reduce the public health and individual health burden of gambling disorder.

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BioMeQ-MD: Developing Biomechanical Interventions for Major Depression

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Aims: Changes in body biomechanics – that is, changes in gait, posture, and balance – have been identified during episodes of major depressive disorder (MDD). Whilst biomechanical changes are related to the level of disability experienced by people with MDD, such changes are rarely asked about by clinicians or addressed directly by interventions. As part of a project studying whether interventions that target biomechanics might be helpful for MDD, we are conducting an initial non-patient study quantifying biomechanics, mood and anxiety, before and after physiotherapist-directed interventions.

Methods: Twenty young people (aged 19–21) from a higher education setting have completed baseline measurements so far. The baseline protocol consists of questionnaire measures, a happy–sad emotional bias task, and a comprehensive biomechanical assessment including walking tasks, static and dynamic balance tasks, and postural measures.

The baseline walking-task metrics described here were collected using a force plate flush with the floor of a 10-metre walkway. Participants were asked to walk at a comfortable pace across the walkway six times. Walking speed was recorded, and the plate measured reaction forces from which were derived peak/mean forces in three dimensions, as well as variability in these forces across the six repetitions. There were no exclusion criteria for baseline analyses, other than physical disability preventing completion of key measures.

Results: In the fifteen participants (13 male) for whom baseline analyses are complete, mean PHQ-8 (self-reported depressive symptoms) ranged from 0–11 (none to low-moderate), and mean GAD-7 (self-reported anxiety) ranged from 0–25 (none to severe). One participant was taking sertraline, the others reported no mental health medications. Ratings of pain and mobility difficulties were low (EQ-5D domains, scored 1–5: fourteen participants scored 1, one participant scored 2).

Whilst there were no significant relationships between PHQ-8 total score and baseline gait metrics, mean reaction time to sad faces on the emotional bias task was correlated with *variability* in vertical and horizontal walking forces (28–50% variance explained, r^2, across individual metrics, p=0.042–0.003). Greater GAD-7 total score was associated with greater walking speed and mean vertical and horizontal force (32–39% variance explained, p=0.029–0.012).

Conclusion: Gait variability was associated with a sensitive mood marker (average reaction time to sad faces), in this non-patient sample with low levels of self-reported depression. Self-reported anxiety was associated with average walking force and speed. Ongoing work is examining changes in metrics following

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

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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

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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

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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".