features suggestive of a systemic autoimmune disease may be unwarranted.

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.

Brain Health Scotland (BHS) – a Pioneering Brain Health Service in Aberdeen, Scotland

Dr Tom MacEwan[1], Ms Poppy Betts[1], Ms Karen Black[2], Mrs Lyn Pirie[1] and Ms Gillian Councill[2]

[1]NHS Grampian, Aberdeen, United Kingdom and [2]Alzheimer Scotland, Aberdeen, United Kingdom

doi: 10.1192/bjo.2025.10099

Aims: Brain Health Scotland (BHS) is a pioneering nationwide initiative aimed at preventing, assessing, and treating dementia. A collaboration between the Scottish Government (SG), Alzheimer Scotland (AS) and NHS Public Health, the service supports people of any age to understand dementia risk factors, provides early diagnosis, and offers brain health personalised action plans. Aberdeen hosts a 2 year pilot of a Brain Health Service in Scotland, with co-location of AS and NHS Grampian Public Health staff (Psychiatrist/Mental Health Nurse) in a city centre AS building. A unique feature is a self-referral route for people concerned about memory function. Stage 1 of the service involves a risk discussion with an advisor and the provision of a Personalised Action Plan. If the service-user reports memory impairment they enter Stage 2 (Nursing assessment, including ACE) and if more detailed assessment is required they enter Stage 3 (Psychiatrist). GPs can refer patients with mild memory impairment to Stage 2–3. A SG commissioned independent evaluation has issued an interim report.
Methods: We analysed qualitative and quantitative data from the project's first year including service-user comments in the evaluation interim report and data from an audit of NHS patients.
Results: 142 people accessed the service (99 by self-referral) and received a brain health assessment, including evaluation of risk factors for dementia and provision of a personalised action plan. 102 people reported memory impairment and were seen in the NHS clinic. The average age was 64 and the average Addenbrooke's (ACE) score was 87. 29 patients had Mild Cognitive Impairment, 21 had psychological difficulties, 6 had dementia, substance misuse and severe mental illness respectively and the others had a wide range of problems including Motor Neurone Disease (n=1), Lyme disease (n=1), Functional Cognitive Disorder (n=1) and ADHD (n=1). Patients were referred for investigations such as brain scans (including CT, MRI, SPECT) and Neuropsychological assessment as appropriate.
Conclusion: The Aberdeen Brain Health Service demonstrates excellent collaboration between the NHS and 3rd Sector and incorporates Public Health and Mental Health principles. Service-user satisfaction is high for all stages of the service. An independent evaluation will inform discussions with the SG about potential service models of Brain Health Services across Scotland.

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.

NeuroSwipe: Crowdsourcing the Brain–Citizen Science in Neuroimaging Research

Dr Ana Mirza-Davies[1], Mrs Sonya Foley[2], Professor Derek Jones[2] and Dr Judith Harrison[3,2]

[1]Imperial College CR&T Dementia Research Institute, London, United Kingdom; [2]Cardiff University, Cardiff, United Kingdom and [3]Newcastle University, Newcastle, United Kingdom

doi: 10.1192/bjo.2025.10100

Aims: Large-scale neuroimaging projects rely on automated pipelines to reconstruct white matter tracts from diffusion MRI (dMRI) data. However, these reconstructions are not always accurate and often require labour-intensive manual review to identify artefacts. To address this challenge and extend the reach of science engagement beyond traditionally accessible groups, we developed NeuroSwipe: a web-based platform designed to involve the public in evaluating the quality of dMRI data. This initiative also aimed to enhance participants' understanding of brain imaging techniques and the scientific process, fostering broader public involvement in research.
Methods: The initial concept was developed by a multidisciplinary team of computational neuroscientists, physicists, science engagement specialists, and clinical researchers. The NeuroSwipe prototype was created by students at the National Software Academy, Cardiff University, and co-designed with ten citizen scientists during a co-production workshop held at the Cardiff University Brain Research Imaging Centre (CUBRIC). The platform included a short interactive training module to guide participants. Users were tasked with approving or rejecting anonymised dMRI images based on their quality. To ensure diverse participation, we partnered with Diverse Cymru, a charity that facilitated engagement with BAME and traditionally harder-to-reach populations. User decisions were recorded and compared with expert classifications. A post-test questionnaire assessed usability, knowledge gains, and engagement.
Results: A total of 89 individuals, identified through community organisations, tested the NeuroSwipe platform over three months. Of these, 82 completed the training module before rating images. Classifications by citizen scientists showed high consistency with expert evaluations, with no significant differences observed. Post-test feedback indicated that 72% of participants found the platform 'easy' or 'very easy' to use, and 63% thought the training module provided 'about the right amount of information', although 9% felt it was insufficient. Importantly, 92% described the platform as 'engaging' or 'informative'. Free-text comments revealed increased understanding of brain imaging techniques and a sense of contribution to scientific research. The project was later publicised by BBC News and Wales Online, further amplifying its reach.
Conclusion: This project highlights the potential of engaging citizen scientists in neuroimaging research through a web-based platform like NeuroSwipe. The findings demonstrate that citizen scientists can meaningfully contribute to assessing dMRI data quality while enhancing their understanding of brain imaging research. Future developments could include scaling the platform to incorporate other imaging modalities and integrating more advanced training modules to further expand public participation in neuroimaging research.

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.