

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?

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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

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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,

from various populations to weather patterns, enabling us to conduct more thorough research.

Results: All four studies reported a rise in PTSD, anxiety, depression following extreme weather events like floods, heatwaves, and wildfires. A meta-analysis of surveys that targeted people who had been affected by floods in the previous 12 months found that the prevalence rates of anxiety (25.2%), depression (26.3%), and PTSD (30.4%) were generally higher in this group than in the overall population. The prevalence of anxiety (5.7%) and PTSD (7.8%) in the overall population was considerably lower than this. In contrast, depression did not experience such a large spike (20.6%). However, a cross-sectional analysis aiming to assess the relationship between flooding and psychological morbidity concluded that those experiencing cumulative and repeated exposure to extreme weather events such as flooding had a significant increased risk of developing depression but did not impact the levels of anxiety or PTSD. Two studies highlighted vulnerable groups including older adults and those with pre-existing mental health conditions are more susceptible to experience deteriorating symptoms.

Conclusion: Overall, there is sufficient evidence to highlight the strong association between extreme weather leading to an increase in prevalence of mental health conditions. These findings emphasize the urgent need for mental health support and early intervention strategies for the communities affected.

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Acute-Onset Cognitive Impairment Following COVID-19 Infection

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Aims: A recently published systematic review studying the link between COVID-19 and new-onset dementia (NOD) concluded that COVID-19 infection is likely to be a risk factor for developing NOD in older adults at 12 months, but no increased risk was noted at 3 or 6 month post-infection. We present a case of an elderly gentleman 'X' with no prior history of any cognitive deficit, who developed behavioural problems and cognitive decline within 6 weeks of a COVID-19 infection.

Methods: X is a 70-year-old gentleman with no previous history of psychiatric illness prior to March 2020, when he contracted COVID-19. Within 6 weeks of a positive swab, there was an acute change in his behaviour and cognition, wherein he was noted to be more talkative, disinhibited, presenting with grandiose ideas, sleeping very little at night and displaying intermittent episodes of confusion. X had never complained of problems with his memory and the family had never previously raised concerns about the same. However, cognitive testing carried out at 3 months post-infection revealed a significant decline in cognitive ability (Montreal Cognitive Assessment 17/30).

X was referred to the neurology team, which carried out a battery of tests including MRI scans, DAT scan, cerebrospinal fluid analysis and antibody screens. These largely came back negative and no organic cause could be determined for X's presentation. However, the screen for Neurofilament Light Polypeptide (NFL) was positive, which was reported to possibly indicate damage following COVID-19 infection. NFL is known to have links with Alzheimer's disease pathology. Cognitive tests repeated in 2024 have returned a MOCA

score of 16/30, indicating that X's cognitive impairment continues to persist.

Results: A retrospective cohort study by Taquet et al. which looked at the association between COVID-19 infection and psychiatric disorder found that there was a two to three times increased risk of dementia after COVID-19 infection. A subsequent larger study by the same authors published in *Lancet Psychiatry* which looked at 6-month neurological and psychiatric outcomes following COVID-19 infection confirmed the link between COVID-19 and risk of NOD. The presentation of our patient X is consistent with this finding.

Conclusion: Our case study highlights the increased risk of cognitive decline and NOD following COVID-19 infection in older adults.

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The Effectiveness of Traditional Chinese Medicine in Treating Alzheimer's Disease

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Aims: The prevalence of Alzheimer's disease (AD) is increasing across the world, yet extensive research has not yielded effective curative treatment. Traditional Chinese Medicine (TCM) has shown benefits and potential in treating AD. However, there were no recent systematic reviews of the different TCM modalities in treating AD specifically. The primary aim of this systematic review (SR) was to investigate the effectiveness of TCM either as a standalone or adjunct treatment alongside conventional medication for AD. The secondary aim was to provide recommendations for treating AD by exploring the addition of TCM in clinical practice.

Methods: A systematic review with meta-analysis was performed, following Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines. A search was performed on Medline, Allied and Complementary Medicine Database (AMED), Web of Science and Scopus, while grey literature was searched on Overton. There were no filters set on the date of publication, language, subject and author. The search terms of Traditional Chinese Medicine and Alzheimer's disease were searched till 27 July 2024. The studies were screened to target patients with AD, therapies and herbs that have corresponding names in TCM and are randomised controlled trials (RCTs). This led to eleven included RCTs for narrative review and meta-analyses. Study Risk of Bias Assessment and quality assessment were performed. A random effects model was used in the meta-analysis to assess the efficacy of treatments.

Results: A total of 11 randomised controlled trials that comprise 1155 patients with AD were included. The included studies showed that TCM therapies of saffron, cistanches herba, MLC601, and Shenfu or Shenmai with Deproteinized Calf Blood Injection (DCBI) had therapeutic benefits as stand-alone therapy for improving cognitive function in patients with AD. Combined with results from the meta-analyses, bushenhuatanyizhi, Guilingji and Jiannao Yizhi formula also showed potential as stand-alone therapy in improving cognitive function and activities of daily living. Two studies supported adding Dengzhan Shengmai or Huanglian Jiedu decoction as an adjunct to conventional treatment. Hachimijiogan showed some effect in slowing cognitive decline as an adjunct therapy, while Yokukansan can help with managing behavioural and psychological symptoms of dementia.