



Mental Health Response Vehicles in Wales: A Pilot Initiative

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Aims: Emergency NHS services are under considerable pressures from patient demand and ineffectual care and social pathways. This is especially felt within the mental health services where demand has grown from long periods of austerity and the Covid pandemic. To reduce demand on both ambulances and emergency departments Welsh ambulance implemented the roll out of mental health practitioners within its 999 call centres which has been very successful, however, the successful closure/treatment rate is less than half the callers. Over half of all mental health 999 callers require face to face intervention therefore ambulances within Wales need to implement mental health response vehicles in order to achieve this.

Methods: To test this further between January and March this year a pilot was conducted in Aneurin Bevan University Health Board over a 9-week period operating Friday to Sunday 1 pm to 12 am.

Results: The pilot achieved very positive outcomes in staff satisfaction and perceived patient satisfaction, along with 74% see, treat and close at scene rate, 7% conveyance to mental health facilities and 19% Emergency department conveyance rate.

Conclusion: The project has been a huge success and demonstrates how working in partnerships across organisations can achieve significant success through overcoming barriers as and when they arise. Mental health patients can face long waits and psychological hardships whilst they wait for treatments. MHRV can provide not only rapid responsive assessments but also provide a therapeutic intervention to those patients, thereby improving quality of care to mental health patients and releasing further ED and ambulance resource to the general public.

Finally, a national rollout of this way of working will require a significant investment, both financially and staffing; obtaining suitably qualified, experienced and skilled staff will represent a significant burden upon Welsh health boards or English Trusts. English ambulance trusts have already faced issues with recruiting staff into their services, which may be the same in WAST or if successful will mean that health boards will lose staff from within their organisations placing an additional burden upon their services (in 2023 the National Commissioning and Collaborative Unit reported that there were circa 500 mental health nurse vacancies across Wales).

The authors propose that a partnership approach is required with the Welsh NHS executive, HEIW, Welsh universities and health boards to explore training options and create a national mental health education package for Wales. WAST will be able to train and equip its existing staff with mental health knowledge and skills to treat patients utilising the ambulance service.

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.

Developing iSWITCHED (Implementing SWITCHing EDucational Intervention): A Co-Designed Intervention to Support Safer Antipsychotic Switching in Severe Mental Illness

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Aims: Individuals with severe mental illness (SMI) face two–three times higher-risk of early death; over 60% are deaths linked to preventable physical health issues. Commonly prescribed antipsychotics (APs) like olanzapine, quetiapine, and risperidone effectively manage mental health (MH) symptoms but carry serious cardiometabolic risks. Although lower-risk APs have been available for nearly a decade, most patients remain on higher-risk APs as switching to improve cardio-metabolic side-effects is rarely implemented due to clinician uncertainty and relapse concerns. We aimed to co-design an educational intervention to support clinicians in evidence-based AP switching, incorporating input from clinicians, patients and caregivers.

Methods: Our intervention was co-designed iteratively, guided by Medical Research Council (MRC) framework for complex interventions. Work Package (WP) 1 formed exploratory basis for intervention development and included (i) two theory of change (ToC) workshops with clinicians (n=28) to identify barriers and opportunities for supporting people with SMI in switching APs; (ii) evidence review and synthesis of 32 clinical practice guidelines on switching APs; (iii) qualitative interviews with patients and caregivers (n=18) to explore perspectives on switching APs. Findings from WP1 were used to develop and refine intervention in WP2 iteratively through (i) two consensus-building workshops (CBWs) with clinicians and lay members (n=26); (ii) early user-feedback will be generated through ongoing think-aloud interviews and role-play activities.

Results: Insights from ToC workshops (28 MH clinicians), qualitative interviews (13 patients and five caregivers), and CBWs (22 MH clinicians and four lay members) highlighted importance of clear communication, collaborative clinician-patient relationships, clinician training, shared decision-making, and patient support while also addressing system-level barriers like poor integration and time constraints. The co-design approach established iSWITCHED, a five-component intervention to support clinicians in switching patients from higher-risk APs to lower-risk alternatives while promoting SDM between patients, carers, and clinicians. Intervention components include (i) a decision-aid that can be embedded in MH record systems to support clinicians in safely managing AP switches; (ii) peer-reviewed evidence-based guidelines for clinicians on AP switching; (iii) SDM guidelines to engage patients and carers; (iv) clinician training to enhance understanding and application of guidance and tool; (v) patient and clinician leaflets to support

switching. Think-aloud interviews with 4 psychiatrists and pharmacists have been conducted so far to refine iSWITCHED.

Conclusion: The iSWITCHED switching intervention combines lived experiences, clinical expertise and integrates seamlessly into existing MH record systems. Before wider-implementation, it will be refined using insights from think-aloud interviews and role-play activities and piloted in a larger feasibility study.

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Perinatal Factors Associated With Mental Health Problems Among Postnatal Women Referred to the University Psychiatry Unit, National Hospital of Sri Lanka

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Aims: The postpartum period exerts a profound influence on maternal mental health. This study aimed to describe mental health problems and identify associated perinatal factors in women referred to the University Psychiatry Unit, National Hospital of Sri Lanka (NHSL) during the postnatal period.

Methods: A retrospective descriptive cross-sectional study with analytical component was conducted. Data was collected from records of 201 postnatal women randomly selected between 2021–2023 referred from De Soysa Maternity Hospital (DMH) and Castle Street Hospital for Women (CSHW). Women who experienced a perinatal death in their most recent pregnancy were excluded.

Results: The mean age of the study population was 30 years. Most were unemployed (73.4%), completed Advanced Level education (39.3%), lived in Colombo district (71.6%), and were married (89.1%) and referred before 5 days postpartum (52%). Among referred patients, 7% had history of depression. Affective symptoms (33.7%) and anxiety (11.2%) were common reasons for referral. The proportion of patients referred for suicidal thoughts was 4.3% and for heroin use was 8%. During assessment 67.2% were diagnosed with a mental illness. Majority had maternal blues (30.4%), depression in 11.8% and postpartum psychosis in 7.4%. Outpatient treatment was offered to 98% of those diagnosed with 81.3% offered pharmacotherapy. It was found that 34.6% defaulted and 21.6% were not sent for review during admission. Postpartum mental illness was significantly associated with gestational age at delivery ($\chi^2=8.347$, $p=0.004$), whether baby was admitted to Neonatal Intensive Care Unit or High Dependency Unit ($\chi^2=5.424$, $p=0.02$), and spousal support ($\chi^2=5.580$, $p=0.018$). No association was found with age, education, past psychiatric history, parity, mode of delivery, or breastfeeding difficulty.

Conclusion: The high rate of treatment defaulting indicates a need for improved follow-up and support strategies for women with postpartum mental illness. The identified associated factors of

gestational age, neonatal admission status and spousal support can be utilized to design targeted preventative interventions.

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A Study of the Relationship Between Mental Health and Online Platforms for Education

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Aims: 1. Providing practical solutions for richer and broader use of online platforms for education among students. 2. Finding factors related to online education that are involved in causing mental disorders in students and preventing and correcting them.

Methods: This cross-sectional study was conducted after obtaining approval from the Research Council and Ethics Committee of Tehran University of Medical Sciences. Medical students were selected through simple random sampling, and those who met the inclusion criteria completed an online questionnaire that included the PHQ-9 and PSS-10 questionnaires developed by the researcher. Informed consent was obtained from all participants, and the data was analysed using SPSS software.

Results: A total of 330 medical students participated in the study, of whom 137 (41.5%) were female and 193 (58.5%) were male. The results revealed that 73.5% of participants had mild depression, 17.3% had moderate depression, and 9.4% had severe depression. Additionally, 4.2% had mild stress, 91.5% had moderate stress, and 4.2% had severe stress.

Conclusion: The study findings revealed that virtual education quality during the Covid-19 era, accessibility to virtual learning resources, financial and health worries due to Covid-19, and communication level among students with their family and friends significantly influence their mental health. The study suggests that while designing virtual classrooms, it is essential to consider the availability of resources, facilitate peer-group communication, and provide financial support to enhance students' mental health.

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A Study on Online Gaming and Its Effect on Emotional Regulation – Online Survey

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Aims: The study aimed to study the prevalence of problematic online gaming and find out association between problematic gaming with domains of emotional regulation.