



Review of UNHCR data on the impact of current conflict.

Literature review of mental health in conflict zones and role of telepsychiatry in conflict settings.

Review of the process of development of the Tele Mental Health Clinic in Myanmar.

Descriptive analysis of one year data of the clinic.

Results: The Tele-Mental Health clinic was developed following the collapse of the healthcare system after the 2021 military coup in Myanmar. The clinic uses innovative ways to recruit clinicians and to provide psychiatric services. While there is ongoing risk of military junta's persecution, arrest and torture, the clinic continues to thrive and expand.

Conclusion: Telepsychiatry can be used as a safe and effective way to bridge the barriers to mental health care throughout the current political turmoil in Myanmar. The evidence on the effectiveness, cost-effectiveness, process of implementation and long-term measures to overcome challenges are areas of future research interests.

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Do We Need a Gwent Tier 3 FCAMHS Neurodevelopmental Assessment Pathway?

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Aims: There are high rates of Neurodevelopmental Disorders (NDD) and mental health needs in young people who engage in offending behaviours. Incompletely assessed development can be a factor in engaging with legal proceedings and with those involved in their care. Young people open to the three Gwent Youth Offending Services (YOS) and Tier 3 Gwent Forensic Child & Adolescent Mental Health Service (FCAMHS) have previously been identified as having traits indicative of an underlying NDD. No specific ND assessment pathways exist within YOS for suspected Autism Spectrum Disorder (ASD) and/or Attention Deficit Hyperactivity Disorder (ADHD); those requiring assessment are referred to the CAMHS ND Team. Some cases are Not in Education, Employment or further Training (NEET), may not reside with family, and can struggle to engage in typical referral pathways.

An evaluation is taking place regarding the use of existing Gwent CAMHS and YOS resources for piloting a Tier 3 Gwent Forensic CAMHS Neurodevelopmental Assessment Pathway (FCAMHS NDAP).

Methods: Gwent FCAMHS is a small Multidisciplinary Team (MDT):

One part-time Consultant Forensic Child & Adolescent Psychiatrist.

Four Psychiatric Nurses.

One part-time Forensic Psychologist.

Between December 2023–December 2024 the number of YOS cases referred for and receiving ND assessment were logged. Assessment outcomes were considered with ongoing discussions with each of the YOS to ascertain ongoing roll-out of a pilot FCAMHS NDAP.

Results: Between December 2023–December 2024:

7 cases were referred (5 for possible ADHD, 2 for ASD).

6 of the referrals were not in mainstream education or NEET.

6 ND assessments were completed.

5 resulted in an NDD diagnosis (ADHD=4, ASD=1).

2 cases necessitated ADOS-2 assessment and 1 case was assessed using the Qb Test protocol.

Upon diagnosis, 2 elected to trial ADHD medication.

Referrals originated from all three YOS in Gwent: Newport (2), Blaenau Gwent–Caerphilly (4) and Monmouthshire–Torfaen (1).

Conclusion: Cases were diverted from the CAMHSND waiting list to FCAMHS. YOS support in case engagement and obtaining information was vital for the assessments. YOS managers recognise the role an FCAMHS NDAP has for some cases in the Gwent YOS who would struggle to engage in the typical pathway. Requests have been received for YOS staff training in NDD.

A formal roll-out of a Gwent FCAMHS NDAP pilot with specific inclusion criteria has been agreed with the YOS teams and Gwent FCAMHS, commencing January 2025. Quality Improvement methodology is utilised and training packages for YOS staff are being developed.

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A Game of Snakes and Ladders: An Audit of the Management of Patients Presenting With Functional Somatic Symptoms at a Paediatric Tertiary Care Centre

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Aims: This audit aimed to evaluate the initial assessment, investigation, management, and communication strategies for paediatric patients presenting with Functional Somatic Symptoms at Alder Hey Children's Hospital. The audit addressed a significant gap in existing national NHS and local guidelines for guidance of medical professionals in diagnosing and managing Functional Somatic Symptoms presenting to paediatric services.

Methods: A parallel-running retrospective analysis was performed jointly by the General Paediatrics team and the Child Health Psychology (Liaison) team on young people admitted under General Paediatrics and/or attending outpatient Psychiatric services over a four-month period. Summary narratives were generated for each patient detailing the journey from first presentation with functional symptoms to diagnosis and management. This was then interpreted by systematic data analysis – both qualitative and quantitative.

Results: The audit's key finding was the absence of a standardized approach to the assessment, investigation, and management of Functional Somatic Symptoms. Patients underwent excessive investigations across multiple departments without coordinated multidisciplinary team (MDT) involvement. Furthermore, very few received a formal diagnosis of Functional Somatic Symptoms by discharge; communication and psycho-education around this diagnosis with young people and their families was distinctly lacking.

Conclusion: These findings highlight an urgent need for the development of both national and local structured guidelines and integrated care pathways to improve the management of Functional

Somatic Symptoms in children and young people across physical and mental health services. This is needed to ensure timely diagnosis, psycho-education, appropriate intervention, and better long-term outcomes for affected young people and their families.

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A Service Evaluation to Evaluate the Predictors of Sexual Disinhibition on an Acute Male Inpatient Ward

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Aims: Sexual disinhibition, a neuropsychiatric symptom characterised by inappropriate sexual comments and/or behaviours, remains poorly understood in a general adult population. The absence of standardised assessment tools and limited measures to capture disinhibition may contribute to underestimating its prevalence and clinical significance. This study aimed to (1) determine the prevalence of sexual disinhibition on an acute all-male adult inpatient ward and (2) identify potential predictors of its occurrence.

Methods: Data from 55 patients was collected prospectively over a six-month duration to evaluate the prevalence and predictors of sexual disinhibition on an acute male inpatient ward. Included diagnoses encompassed psychosis, bipolar disorder, anxiety, depression, autism spectrum disorder, schizophrenia, schizoaffective disorder and personality disorders. Dichotomous variables included sexual disinhibition (current and past), delusions of a sexual nature, substance misuse, forensic history, history of abuse and medication use, including benzodiazepines, antipsychotics, mood stabilisers, antidepressants and depot medication. Scale variables included age. Family history of mental illness, age of onset, disease duration and unilateral parenting were excluded as a result of missing data. A binomial logistic regression was performed to examine the effects of these factors on the likelihood of sexual disinhibition.

Results: In total, 55 male patients, of whom 45.5% presented with sexual disinhibition, were included in our service evaluation (age: 44 ±14 years, detained under the MHA: 96.3%, previous sexual disinhibition: 61.8%, delusions of a sexual nature: 25.5%). Psychiatric diagnoses included psychosis (69.1%), bipolar disorder (16.4%), anxiety (18.2%), depression (27.3%), autism spectrum disorder (14.5%), schizophrenia (40.0%), schizoaffective disorder (21.8%) and personality disorder (25.5%). Presence of substance misuse was observed in 52.7% of patients, whilst forensic history was seen in 63.6%. Abuse was reported in nearly half of the patients (49.1%). The model was statistically significant ($\chi^2(20)=45.329$, $P<0.001$), explaining 75.1% (Nagelkerke R²) of the variance in sexual disinhibition and correctly classified 87.3% of cases. Only one variable was significant, delusions of a sexual nature ($\chi^2(1) = 4.228$, $P=0.040$).

Conclusion: Our findings highlight a positive association between sexual disinhibition and delusions of a sexual nature. Clinicians should recognise sexual disinhibition as a potential indicator of sexual delusions, aiming to assess these symptoms comprehensively and non-judgementally to better understand individual patient

psychopathology. Educating patients and caregivers on this association may reduce stigma and aid understanding towards the patient. Future research should investigate the mechanisms of this relationship with larger sample sizes to minimise the risk of type II errors.

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Hearing From Mums-to-Be: A Qualitative Study Looking at the Experience of Mothers on the PRAM Project

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Aims: Antenatal depression significantly impacts maternal and foetal health outcomes, yet it remains underdiagnosed and under-treated. The Psychological Resilience in Antenatal Management (PRAM) programme at KK Women's and Children's Hospital in Singapore was established in December 2022 as a strategy to identify antenatal depression early among pregnant patients. Under the PRAM programme, universal antenatal depression screening is integrated into the routine care programme for pregnant patients, using a modified version of the Edinburgh Postnatal Depression Scale (EPDS) questionnaire during their routine obstetric check-up in the second trimester, for early intervention by the perinatal mental health team.

This qualitative study explores the lived experiences of pregnant women who have undergone screening and intervention under the PRAM programme. It seeks to understand their perceptions of the screening and intervention process, identify barriers and facilitators to help-seeking, and examine effective components of the therapeutic process.

Methods: Using an Interpretative Phenomenological Analysis (IPA) approach, semi-structured interviews were conducted with 10 women who have participated in the PRAM programme between November 2023 to January 2025. Interviews were completed either virtually over Zoom (N=8) or in person (N=2). The interviews explored participants' experiences with antenatal depression screening, subsequent interventions, and their overall pregnancy journey while managing mental health concerns.

Results: Preliminary analysis reveals several key themes in participants' experiences. For half of the participants (N=5), the screening process served as an opportunity for self-evaluation and mental health awareness. Obstetricians have also been identified to be crucial facilitators, serving as the initial point of psychiatric referral and influencing women's decisions to seek support. A significant barrier identified by four participants was the stigma associated with psychiatric diagnoses and receiving psychiatric help. Additionally, participants emphasised the importance of spousal involvement in the therapeutic process, with several women expressing a desire for greater partner participation in their mental health journey.

Conclusion: Understanding women's experiences with the PRAM programme contributes to improving screening protocols and