

we are currently in phase 2 which involves expanding the clinical roles of our participants and the use cases across Central & North West London NHS Foundation Trust (5 boroughs).

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Ethnic Disparities and Inequalities in Dementia Care: An Extended Literature Review

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Aims: Dementia is a leading cause of disability and loss of independence among older people. There is growing concern about ethnic disparities and inequalities in dementia care. In the UK, Black and South Asian people have a higher risk of developing dementia compared with their White counterparts. Despite this, there is underrepresentation of minority ethnic groups in dementia services and they are more likely to have a delayed diagnosis or no diagnosis.

This literature review aims to identify the ethnic disparities in dementia care. It also aims to explore the causes of delayed diagnosis and underdiagnosis of dementia amongst Black, Asian and Minority Ethnic (BAME) groups, particularly Black and South Asian ethnic groups in the UK.

Methods: An electronic literature search was performed using PubMed and Google Scholar.

Results: Across the literature, it is evident that health inequalities currently exist and exacerbate the disparities in the care of BAME dementia patients. These inequalities can affect quality of care and lead to overall poorer outcomes for people from BAME backgrounds.

Multiple risk factors for dementia such as hypertension and diabetes disproportionately affect Black and South Asian people.

Delayed diagnosis and underdiagnosis of dementia in BAME groups can be attributed to multiple barriers to accessing dementia diagnostic services such as stigma, lack of knowledge, misperceptions, language barriers and cultural beliefs.

In secondary care, patients from BAME groups are younger and have greater severity of dementia at the time of diagnosis.

Survival time following a dementia diagnosis can vary across different ethnic groups. However, there are contrasting findings between studies. Further research is required to investigate these contradictory findings to clarify how survival time post-diagnosis is affected by ethnic background.

Across multiple studies, data from large ethnic groups such as South Asian or Black are combined without taking into account the diverse subgroups within these larger groups. Further research is required within ethnic subgroups to provide a more person-centred approach.

Conclusion: There is a need to tackle the ethnic disparities in dementia care faced by South Asian and Black people in the UK. This requires action and collaboration between people from BAME communities, healthcare professionals and policymakers, in order to improve timely access to services. Further research should address the disparities to ensure equitable and inclusive dementia healthcare.

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Climate Change and Climate Change Related Natural Disasters, and Maternal Mental Health: A Scoping Review of Socioeconomic Vulnerabilities

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Aims: As the climate crisis escalates, pregnant women are increasingly exposed to extreme weather events, such as heatwaves and floods, which may lead to psychological distress and adverse mental health outcomes for both mothers and infants. This scoping review synthesizes research on the direct and indirect effects of climate change-related stressors on maternal mental health, identifying key trends, interventions, and mitigative strategies. Emphasis is placed on socioeconomic disparities in both high- and low-income countries, as these groups are disproportionately affected.

Methods: A systematic search was conducted to identify studies focusing on mental health, pregnancy (pre-, during, post-), and climate change, as defined in the AR6 Climate Change 2023 Synthesis Report, published up to October 2024. Data extraction included study design, population, interventions/exposures, outcomes, and socioeconomic implications. Only original articles and preprints in languages translatable to English were considered.

Results: The initial search retrieved 675 articles, of which 14 met the inclusion criteria. Two studies were from middle-income countries (Egypt and Turkey), while the remainder came from high-income countries (Australia, Canada, and the USA). The studies examined climate-related exposures, such as hurricanes, flooding, and extreme heat. Key findings indicate that acute exposure to high temperatures was associated with an increase in psychiatric emergency visits among pregnant women. Similarly, prenatal stress from natural disasters (e.g., hurricanes) was linked to higher levels of maternal mental health symptoms (e.g., depression, PTSD) and changes in infant temperament. Socioeconomic vulnerability played a critical role, with middle-income regions facing greater healthcare barriers, fewer mental health resources, and economic instability. Even in high-income regions, marginalized populations (e.g., Puerto Rico and the US Virgin Islands) experienced healthcare disruptions and prolonged recovery following climate disasters.

Conclusion: While the findings highlight the intersection of climate change and maternal mental health, several studies were limited by small sample sizes and reliance on self-reported data. A significant gap exists, as no studies specifically focused on maternal mental health in low-income countries affected by climate change were found during the literature search. Socioeconomic disparities strongly influenced mental health outcomes, underscoring the urgent need for equitable healthcare policies, financial support systems, and culturally adapted interventions. The review calls for the integration of climate resilience strategies into maternal healthcare and the strengthening of mental health infrastructure in low- and middle-income settings. Future research must prioritize longitudinal studies, policy-driven interventions, and targeted support for vulnerable populations.

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