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Aims. Ward rounds are complex clinical interactions crucial in delivering high-quality, safe, and timely patient care. They serve as a platform for the multidisciplinary team to collaboratively assess a patient's condition and actively involve the patient and their caregivers in shared decision-making to formulate a care plan. Ward rounds involve an intersection of factors worthy of consideration separate from the wider literature on inpatient experience and multidisciplinary team meetings. With this review our primary aim is to systematically identify what methods and perspectives researchers are using to understand ward rounds.

Methods. The databases searched were Medline, CINAHL, British Nursing Index, PsychInfo, and ASSIA as well as reference and citation checking. The search terms used were *psychiatr** AND (*ward round* OR "*multi disciplinary team meeting*" OR "*clinical team meeting*"). Studies were included if they were peer reviewed, included primary research on psychiatric inpatient ward rounds in which patients are participants with no restriction on the type of ward or hospital, patient group, country or methodology.

Results. 224 records were retrieved and screened from the database search and 10 from other sources. 35 full texts were reviewed for eligibility and 26 included in the review. 16 studies had no particular theoretical perspective, 2 were constructivist, 2 critical realist, 2 lean methodology, 1 systems research, 1 phenomenological, 1 trauma informed and 1 critical theory. 9 focussed on patient experience, 5 ward round structure, 3 on power relationships, 3 on efficiency, 2 on shared decision making and 4 had a unique focus. Though often not explicit, critical theory influenced discussion of power is common in papers focused on patient experience and ward round structure. Cross-sectional surveys, interviews, focus groups and audit cycles were the most common methods. Key themes which emerge are anxiety provoked by ward rounds, preparation and communication, and the negotiation of power structures. Key tensions identified include being multidisciplinary versus overcrowding, efficiency versus personalisation and reliability versus responsiveness.

Conclusion. For a central part of inpatient psychiatric practice there is a limited range of research on psychiatric ward rounds. The influence of critical theories' focus on power was widespread with limited representation of other theoretical perspectives and concerns. There was no research using experimental methods, but there was some implementation research. Key tensions are highlighted which services may wish to consider when revisiting ways of working on inpatient psychiatric wards.

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.

Systematic Review of Cultural Expressions of Depression in African Communities; Implications for Service Provision

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Aims. This review delves into the understanding of depression within African communities, extending its scope to nations with

significant African populations, aiming to enhance service provision for these patients. While focusing on cultural experiences of depression that transcend geographical boundaries, it builds upon existing literature predominantly centred on sub-Saharan African countries.

Methods. A comprehensive literature search was conducted across multiple databases, yielding 13 relevant articles after applying stringent criteria. Following Cochrane guidelines, search terms encompassed population (Africa, Africans, African communities), exposure (Depression, Depressive disorder, Dysphoria, Dysthymia, Low mood), and outcomes (Cultural expressions, Cultural variations, Somatization, Cultural framework, Cross-cultural research, Service provision).

Results. Analysing selected articles through the CASP checklist, a narrative synthesis of qualitative studies over the past twelve years elucidated diverse perceptions and expressions of depression in African communities compared with Western contexts. Three major themes emerged: Expressions of depression (with sub-themes: Attitudes towards depression), Perceptions of depression (including Stigmatization), and culturally acceptable forms of treatment (including Barriers towards treatment).

Conclusion. The review underscores the significance of integrating culturally acceptable treatment methods into psychological therapy for improved healthcare delivery. Collaboration between clinicians and patients is pivotal, with religious assistance emerging as a culturally acceptable treatment avenue. Establishing therapeutic alliances with religious communities could enhance treatment effectiveness. Further research is warranted to explore the impact of religious activity on depression symptoms and progression, as well as the influence of mental health providers' religious backgrounds on treatment dynamics. This holistic approach is crucial for addressing the unique cultural nuances surrounding depression in African communities and optimizing patient care.

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Do AI Chatbots Incite Harmful Behaviours in Mental Health Patients?

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Aims. The contribution of mental illness towards total Disability Adjusted Life Years is increasing according to the Global Burden of Disease study. As the need for mental health services increases, technological advances are being deployed to improve the delivery of care and lower costs.

The emergence of Artificial Intelligence (AI) technology in mental health and companionship is an evolving topic of discussion. There have been increasing debates about the use of AI in managing mental health problems. As the AI technology and its use grows, it is vital to consider potential harms and ramifications.

There are very limited discussions about the use of chatbots and relevant AI by humans to commit crime especially in those suffering from mental illness. AI can potentially serve as an effective tool to misguide a vulnerable person going through a mental health problem e.g. encourage someone to commit a serious offence. There is evidence that some of the most used AI chatbots tend to accentuate any negative feelings their users already had

and potentially reinforce their vulnerable thoughts leading to concerning consequences.

The objective of this study is to review existing evidence for harmful effects of AI chatbots on people with serious mental illness (SMI).

Methods. We conducted a review of existing evidence in five databases for relevant studies. The search sources were 4 bibliographical databases (PsycINFO, EMBASE, PubMed, and OVID), the search engine “Google Scholar” and relevant grey literature. Studies were eligible if they explored the role of AI and related technology in causing harm in those with SMI.

Results. Initial searches constrained the scope of review to the harmful effects of AI use in mental health and psychiatry and not just the association with crime due to very limited existing data.

Conclusion. Whilst current AI technology has shown potential in mental healthcare, it is important to acknowledge its limitations. At present, the evidence base for benefits of AI chatbot in mental healthcare is only just getting established and not enough is known or documented around the harmful effects of this technology. Nevertheless, we are seeing increasing cases of vulnerable mental health patients negatively influenced by AI technology. The use of AI chatbots raises various ethical concerns often magnified in people experiencing SMI. Further research will be valuable in understanding the ramifications of AI in psychiatry. This will also help guide the developers of this important and emerging technology to meet recognised ethical frameworks hence safeguarding vulnerable users.

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The Gut-Brain Connection: Do Gut Bacteria Play a Role in the Development of Dementia? A Systematic Review

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Aims. Dementia is a debilitating disease with multiple potential causes, no cure and rising incidence. New studies suggest that gut bacteria not only aid in the digestion of bowel products but also other bodily functions such as immune systems and relaying messages to the brain. This review aims to examine the potential link between gut microbiota and dementia by performing a systematic review to assess whether gut bacteria play a role in the development of dementia.

Methods. The systematic review was designed and conducted according to PRISMA guidelines. A modified PICO model was used to perform a literature search in Medline, CINAHL PLUS and APA PsychInfo databases. The search identified 401 articles, 49 of which met the predefined inclusion criteria. Twenty-one final studies were included in the results; 14 cross-sectional, two cohort, three case-control, one randomised control study and one case report. The reviewer extracted and analysed data from these studies for quality using the AXIS and CASP tools. A narrative synthesis of the results was performed due to the heterogeneity of the data.

Results. Individuals with dementia have lower microbial diversity than healthy controls, including changes in specific bacterial taxa, pro-inflammatory and anti-inflammatory balance. The results of the review were subdivided into four identified themes which helped further identify that microbial metabolites, diet and gastrointestinal disease can also influence the composition of gut microbiomes and, therefore, the development of cognitive impairment and dementia.

Conclusion. This systematic review found a link between gut bacteria, bacterial metabolites, gastrointestinal health, diet, and dementia. Although the studies were mostly observational, they suggest that gut microbiota can affect brain function through dysbiosis, which can lead to neuroinflammation and dementia. More research is needed to confirm a causal relationship, but targeting the gut microbiota could be a potential therapy for MCI and AD. Innovative strategies may help combat the growing challenge of dementia.

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Understanding the Pro-Ana Subculture: Illness, Sickness or Choice

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Aims. This digital ethnographic study explores the varying perceptions of anorexia within the pro-anorexia (pro-ana) subculture by utilizing Professor Marinker's framework of disease, illness, and sickness to qualitatively analyse how individuals within this community interpret anorexia as a personal experience, a societal role, or a deliberate choice.

Methods. This study examines insights from the pro-ana community, obtained through pro-ana spaces on social media platforms and dedicated pro-ana online forums contributing to understanding their viewpoints on anorexia. Drawing from established literature on anorexia nervosa and the pro-ana subculture, this study employs a qualitative analysis of online pro-ana spaces, examining discussions, narratives, and beliefs shared within these communities. The study also integrates historical perspectives, cultural critiques, and psychological theories to offer a comprehensive understanding.

Results. The pro-ana subculture presents diverse perspectives on anorexia, challenging traditional definitions of illness and sickness. Some individuals view anorexia positively, perceiving it as a means of discipline and self-improvement. Cultural and historical influences, including the feminine expectation, the normalization of the disordered eating habits of the ‘gym bro’, and societal beauty standards, further shape perceptions within the pro-ana community. There is some debate on how the media influences the proliferation of eating disorders and the evolving definitions of anorexia – including the introduction of atypical anorexia. There is also an ascetic spirituality associated with anorexia, which can be seen as a matter of faith or delusion.

Conclusion. The concept of anorexia within the pro-ana subculture challenges traditional definitions of illness, sickness, and choice. This study highlights the cultural, historical, and gendered dimensions influencing these perspectives. Understanding this