Methods: A realist inquiry framework, utilizing the Context-Intervention-Actor-Response Mechanism-Outcome Configuration (CIAMOc), guided the evaluation. Data collection, aligned with RAMESIS II reporting standards, spanned six months (March–October 2023) and employed a mixed-methods approach. This included 85 hours of ethnographic observation on the ward, semi-structured interviews with 18 staff and 9 patients, and two staff focus groups. Data analysis involved iterative coding and theory refinement using a CIAMO heuristic tool. Candidate programme theories, derived from a prior realist synthesis, were deductively explored and inductively refined through the three phases of realist interviewing (theory gleaning, refinement, and consolidation).

Results: Eighteen interlinked programme theories were developed, highlighting the critical role of leadership, the physical environment, and the social environment in PA service success. Findings emphasised that stable leadership, staff retention, and a cohesive team were foundational for creating a therapeutic culture conducive to PA implementation. Leadership "buy-in", demonstrated through valuing and supporting PA, empowered staff and facilitated efficient processes. Redeveloping the ward gym with safe, tailored equipment and maximizing access to diverse PA opportunities (gardening, sports) promoted patient agency and engagement. The dedicated Physical Activity Nurse (PAN) played a crucial role in motivating patients, fostering positive social interactions, and normalizing PA experiences. Preliminary findings suggest that the PA service contributed to reduced violent incidents, weight gain, and improved staff job satisfaction, though further analysis is exploring the specific mechanisms driving these outcomes.

Conclusion: This realist evaluation provides valuable insights into the complex factors influencing the success of PA programmes in PICU settings. The study demonstrates that a multi-component approach, addressing leadership, physical environment, and social dynamics, is essential for effective implementation. By understanding the underlying mechanisms and contextual influences, this research can inform the development of more effective and sustainable PA interventions that promote patient well-being, reduce restrictive practices, and enhance staff experiences within PICUs. Further analysis will explore the specific mechanisms linking PA to positive outcomes, providing a stronger evidence base for future programme design and implementation.

Overlooked Population: Physical Health Care for Young, Non-Binary, and Rural Patients With Severe Mental Illness

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Aims: Individuals with severe mental illness (SMI) experience significant physical comorbidities, contributing to a 20-year gap in life expectancy compared with the general Australian population. However, disparities persist in how their physical healthcare needs are addressed in healthcare settings. Recent full report from

Unequally Unwell (2024) identifies age, gender and rurality as contributing factors to mortality in SMI patients, yet little research has examined how these factors influence access to physical healthcare. This study investigates whether age, gender and rurality predict healthcare engagement, specifically whether patients access their care and whether their physical health is addressed in general practitioner (GP) and psychiatric consultations.

Methods: This study analysed a de-identified dataset from 235 mental health patients and 96 carers who participated in a survey conducted by Lived Experience Australia. Participants provided demographic information and reported on their healthcare experiences, including whether they had visited a GP or a psychiatrist in the past 12 months, and whether their physical health was discussed. Chi-square tests and ordinal logistic regression were used to assess relationships between these variables.

Results: Results showed that age significantly influenced whether a psychiatrist inquired about physical health, with older individuals being more likely to be asked (B=0.879, SE=0.431, z=2.039, OR=2.41, p=0.041). No significant associations were found between rurality and healthcare engagement, though a non-significant trend suggested potential disparities. Similarly, gender identity did not significantly predict physical health discussions, though a weak-to-moderate association was observed for psychiatrist visits (χ^2(2)=8.03, p=0.018); an effect which disappeared when non-binary individuals with SMI were removed from the analysis. Notably, engagement with GPs showed no significant differences across demographic groups.

Conclusion: These findings suggest that younger individuals with SMI may be at a greater risk of diagnostic overshadowing for psychiatric care, where their physical health concerns are overlooked. Additionally, non-binary individuals with SMI appear to have lower rates of psychiatric utilisation within 12 months. This disparity may be influenced by systemic barriers such as stigma and discrimination in healthcare settings, which can lead to decreased help-seeking behaviours or suboptimal care experiences for non-binary individuals. This highlights the need for targeted interventions to ensure routine physical health discussion/screening within mental health services, which could facilitate early detection of physical health issues, and help mitigate the mortality gap in this vulnerable population.

Climate-Related Anxiety in Child and Adolescent Mental Health Services (CAMHS): A Survey of Clinician Perspectives in Aberdeen, Scotland

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Aims: This study aimed to assess clinician-reported prevalence of climate-related anxiety among children and adolescents in CAMHS, evaluate awareness of its impact, and explore the perceived relevance of Aberdeen's oil and gas industry context to patient mental health.

Methods: A cross-sectional online survey was distributed to the CAMHS team at City Hospital Aberdeen, comprising four questions on climate-related anxiety and one open-text query. Sixteen clinicians participated. Data were collected anonymously via Microsoft Forms, with quantitative analysis of closed responses and thematic review of qualitative feedback.