various tools, methods or means to address hatred; and lastly, utilising various interventions to address hatred.

Conclusion: As there are several forms and manifestations of hatred, with unique background and presentation, there cannot be a single method or suggestion that can be provided to address hatred. Medical researchers concur that hatred exists, and several related aspects require attention. Useful details of several tools, methods, means and strategies are offered that may help to tackle numerous forms and manifestations of hatred. Furthermore, they share with us evidence in favour of several interventions that they found helpful in addressing hatred.

Role of Psychiatric Intensive Care Units in Preventing Long Term Admissions in Psychiatric Hospitals

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Aims: This study aims to assess the role of psychiatric intensive care units (PICU) in preventing long-term admissions in psychiatric facilities which is a major issue in developing countries like Pakistan.

Methods: It was a retrospective cohort study. Data obtained from patients' admission and discharge registers from Psychiatric ICU and two inpatient units in Punjab Institute of Mental Health Lahore for a time period of 6 months from November 2023 till April 2024 was studied and length of stay in PICU was compared with other units.

Results: 82% of PICU patients (n=110) were discharged within 6 days(S.D±3.08) after stabilization, with follow-up in OPD, while the remaining 18% were transferred to inpatient Unit B (n=52) for further management with average stay of 12 days.(S.D±5.23) Only 53% of the patients (n=26) admitted in Unit D (operating without PICU) were discharged, with the rest remaining hospitalized. Unit D had a longer average hospital stay of 41 days. The units were similar in demographic features but varied in treatment programmes and involvement of family in treatment.

Conclusion: The results of the study are promising in favour of PICU as it succeeded in reducing length of stay in the hospital and challenges the social perception of psychiatric facilities as a place of incarceration. Rapid mobilization of resources and active involvement of family during the management were important factors impacting the length of stay. There is further room for research for role of PICU in psychiatry wards in multidisciplinary hospitals.

What Do People with Depression Want From EMA and Mood Monitoring Interventions? A Systematic Review and Qualitative Meta-Synthesis Assessing Usability, Acceptability, and Purpose

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Aims: Advancements in digital technology have increased the potential for EMA to improve assessment efficiency through enabling real-time mood evaluation and raising the possibility of novel and technology informed interventions. The preferences and views of individuals with depression are crucial for the effectiveness of mood monitoring interventions or Ecological Momentary Assessment (EMA) as a data collection method. Concerns have been raised about the negative impact of frequent mood assessments. This is the first systematic review to our knowledge that assesses user experience of mood monitoring and EMA protocols. This systematic review and meta-synthesis evaluated the user experience of mood monitoring and EMA procedures, examining factors such as obstacles and facilitators for both people with depression and clinicians, potential adverse effects, and the intended goals of these methods.

Methods: A systematic review and meta-synthesis of qualitative studies on user and clinician experiences with mood monitoring and EMA for depression was conducted (PROSPERO: CRD42023396473). A search was performed across eight electronic databases. Qualitative studies exploring user perspectives on self-monitoring/EMA in people with depression were included. A meta-synthesis approach was applied to analyse the data, using first, second, and third-order constructs, following Noblit and Hare's meta-ethnography framework. All qualitative studies were rated for risk of bias by two independent reviewers, and the results were verified for coherence by individuals with lived experience and psychiatrists.

Results: Fourteen studies met the inclusion criteria, from which seven themes emerged. These were: adverse effects, obstacles to mood tracking, enablers of mood tracking, the objective of mood monitoring, clinician-related challenges and concerns, clinician-driven recommendations and support, and desired features. All studies identified demonstrated a low risk of bias.

Conclusion: Many users reported a worsening of their mood and anxiety during EMA/mood monitoring. Users wanted to maintain control over their data and expressed a preference for a simple, intuitive, and passive data protocol. This review highlighted that personalisation should be a core feature of any future protocol development to maximise successful implementation and uptake of future protocol. These protocols should consider testing the incorporation of additional therapeutic elements to manage adverse effects as well as confirming these findings quantitatively. We present additional important concepts that are expected to enhance the user experience, engagement, retention, usability, and acceptance of EMA/mood monitoring protocols for individuals with depression.

What Does Routinely Collected Pooled DIALOG, PROM and PREM Data Tell Us?

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Aims: The DIALOG scale has been implemented as a routine patient outcome and experience measure (PROM/PREM) in East London Foundation Trust (EL FT). We used large routinely collected DIALOG data to assess impact of treatment across different domains of life and whether the impact of treatment changed with Community Mental Health Transformation CMH (NHS Long Term Plan). We also carried out secondary disaggregation analysis of pooled data based on protected characteristics interrogating through an equity lens.

Methods: EL FT had commissioned University of Plymouth for the review of CMH transformation. Anonymised pooled data set was obtained from the electronic patient records that were collected as a part of routine clinical practice. DIALOG (PROM and PREM) scores captured routinely from CMH services in ELFT over two time periods (2018–19 and 2021–22) were collected for this purpose.

The anonymised and pooled data was linked with stages of treatment e.g. assessment, review and at discharge and protected characteristics (age, gender, ethnicity and a proxy of social deprivation).

14,813 DIALOG scores from 6,538 unique patients were identified. We analysed each domain of DIALOG separately and the numbers of return of scores on each domain varied depending on response rate. We compared domain based descriptive statistical analyses of mean pooled DIALOG scores looking at means across a range of variables for each domain and then conducted a series of multiple regressions for each of the DIALOG domains, to control for multiple variables together

Results: Our results showed that service user satisfaction in each domain improved with treatment stage (from assessment to review to discharge) reaching statistical significance at each stage. There were minor differences between the two time periods (2018–19 and 2021–22) in a few domains. There was variation in outcomes across ethnicity, age and gender in a few domains.

Conclusion: Large data sets of routinely collected DIALOG data offer valuable insight into the needs of the local population and impact of treatment. Assessment of the impact of the CMH service transformation was confounded by the pandemic. Disaggregated data on protected characteristics reveal interesting and useful information about experiences and outcomes of different population groups over time. Our study also validates DIALOG as a quality of life measure and patient experience measure scale that is sensitive to measure change. It affirms the value and depth that intelligence routine outcome data gathering can offer both to measure change as well as offering an assessment of population need.

Electrophysiological Changes in Depressive Patients with Non-Suicidal Self-Injury: An Event-Related Potential Study and Source Analysis

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Aims: Non-suicidal self-injury (NSSI) has been increasingly observed among adolescents as a maladaptive coping mechanism to alleviate emotional distress. Despite its high prevalence, the neurobiological underpinnings linking interpersonal distress to cognitive control deficits remain underexplored. Electroencephalography (EEG) studies suggest that the no-go P3 component may serve as a biomarker for impulsivity and response inhibition, offering insights into the mechanisms underlying NSSI behaviours. This study aimed to investigate the relationship between psychological characteristics, neural activity, and cognitive control in adolescents with NSSI compared with healthy controls (HC).

Methods: A total of 51 adolescents with NSSI and 50 HC were recruited. Psychological characteristics were assessed using standardized scales, including the Interpersonal Needs Questionnaire (INQ) and Short UPPS-P Impulsivity Scale (SUPPS-P). EEG was recorded during a go/no-go task to measure P3 amplitudes. Source analysis was performed to localize neural activity. Group differences were analyzed using ANCOVA to control depression and anxiety, followed by partial correlation and mediation analyses to evaluate relationships among variables.

Results: The NSSI group exhibited significantly lower no-go P3 amplitudes at all electrodes compared with the HC group ($p<0.001$), even after controlling for depression and anxiety. No-go P3 amplitudes were negatively correlated with INQ scores, suggesting that interpersonal distress impacts response inhibition. Source analysis revealed reduced neural activity in the right superior frontal gyrus, inferior parietal gyrus, and other regions associated with cognitive control and emotional regulation in the NSSI group. However, these differences disappeared after adjusting for depression and anxiety, indicating their potential mediating role.

Conclusion: These findings highlight the interplay between interpersonal distress, depression, anxiety, and cognitive control deficits in adolescents with NSSI. Future longitudinal studies are needed to confirm these pathways and explore therapeutic interventions targeting interpersonal distress and emotional regulation to mitigate NSSI behaviours.

Factors Influencing Dropout and Retention Among Autistic Students in Universities: A Meta-Synthesis of Qualitative Studies Involving Autistic Individuals

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Aims: Approximately 2% of students in higher education are diagnosed with autism, a figure likely underreported due to non-disclosure and diagnostic challenges. Autistic students in higher education face unique challenges that impact their academic persistence and success. These students experience higher dropout rates compared with their neurotypical peers. Identifying the factors leading to high dropout rates is essential for developing interventions that promote a more supportive academic environment for autistic students.

This review systematically investigates and analyses the factors that influence dropout rates among autistic students in higher education, focusing on firsthand accounts of autistic students. It draws on qualitative and mixed-method studies to address the question: What are the key factors influencing dropout rates among autistic university students across various degree programmes and institutions worldwide? The aim is to identify insights that can