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**Aims.** Physical activity, sleep, mental health, physical health, well-being, quality of life, cognition, and functioning are interconnected factors. Compared to general population average, people experiencing psychosis have lower levels of physical activity, high levels of sedation, and more sleep problems (Soundy et al. 2013; Vancampfort et al. 2015). This is linked to symptoms of depression, lower well-being, hopelessness, lower quality of life and physical health conditions, such as: cardiovascular disease (CVD), stroke, hypertension, osteoarthritis, diabetes, and chronic obstructive pulmonary disease (COPD) (Rhodes et al. 2017; Schuch et al. 2017). Engaging in physical activity is associated with improved quality of life, psychotic symptomatology, cognition, functioning and physical health for people with psychosis experience (Mittal et al. 2017). To be effective, interventions need to be individualised (Griffiths et al. 2021). An early intervention in psychosis (EIP) service intervention was delivered: the provision of a Fitbit and its software apps, sleep hygiene and physical activity guidance, motivational interviewing, workbook goal setting through three sessions with a clinician. EIP service staff used Fitbits themselves, sharing experiences with patients. Aim was to improve sleep, physical activity, well-being, and prevent weight gain.

**Methods.** Outcome measure data collection from baseline to 6 week follow-up. Change in physical activity, sleep, mental health, well-being and physical weight were assessed in 50 participants, and fifteen participants were interviewed. People with lived experience of psychosis were part of the research team and contributed to design, analysis and reporting.

**Results.** Improvements were found in physical activity, sleep, mental health, and well-being, and there was no weight gain. Most patients actively used the Fitbit and its software apps, guidance and workbook to set goals and to make positive changes to their lifestyle and daily routines to improve motivation, quality of sleep, and level of physical activity.

**Conclusion.** Healthy effective sleep and physical activity/exercise is important to EIP service patients' well-being and mental and physical health. EIP staff successfully and fully integrated the Well-Track intervention into routine service provision. The project has better allowed staff to effectively engage with and discuss issues around sleep, physical activity, well-being and mental health and reducing weight gain. The intervention was beneficial, relatively easy and low cost to implement, and well-liked by patients and staff; and therefore could be offered by all EIP services. EIP services should consider and assess sleep and physical activity/exercise issues and promote healthy effective sleep and physical activity/exercise within recovery focused practice.

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.

### Who Is Calling: A Change in the Profile of the Callers of a Crisis Phone Line During the First Three Waves of the COVID-19 Pandemic

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**Aims.** 'Mental Health Answers' [Salud Mental Responde] is a Crisis Telephone Line that was developed during the first months of the COVID-19 pandemic in the Autonomous City of Buenos Aires, Argentina. It is also a Point of Entry to Mental Health services, providing assisted referrals to the appropriate level of care. The aim of this paper is to evaluate the profile of the callers to the line during the first three waves of COVID-19.

**Methods.** Retrospective case analysis of calls made to the telephone line throughout the different COVID-19 waves under study. For this analysis, the time frame for the first three waves was as follows. First wave: from 1 August to 30 of November 2020; second wave: 15 of March to 30 of July 2021; third wave: from 20 of December 2021 to 25 January 2022.

**Results.** The first wave lasted 122 days. 4,601 calls were recorded, 27 calls were discarded for missing data. Women's mean age 51.79, SD 17.3, n = 3355. Men's mean age 43.29, SD 15.52, n = 1219. Significant differences were found in age, being men younger ( $T = -15.764$ ,  $p < 0.000$ ). Women made the majority of calls (72.9%). Fear and anxiety represented 45.1% of calls, depression 27.3% and psychosis 9%.

The second wave lasted 138 days and there were 4051 calls. Again, most of calls were made by women (71.5%). There were significant differences in age, being men younger ( $T = 14.450$ ,  $p < 0.000$ ). Women's mean age 46.68, SD = 18.72, n = 2872; men's mean age 38.05, SD = 16.34, n = 1138. The three most common detected problems were fear and anxiety 53.3%, depression 14.9% and psychosis 18.3%.

The third wave lasted 36 days; it had 1117 calls. Most calls made by women, 70.5%. Men were younger and this difference was significant (women's mean age 46.09, men's mean age 42.54;  $T = 3.233$ ,  $p = 0.001$ ). Problems detected, fear and anxiety 37.6%, depression 4.5% and psychosis 32.7%.

**Conclusion.** There was a change in the caller profile throughout the studied period, the callers from the first wave were older than the ones from the second and third waves. There was a change in the motivation to call, the most noticeable changes the drop in the number of calls related to depression (from 27.3% to 4.5%) and the increase in calls related to psychotic problems (from 9% to 32.7%). This last change might be related to the shift in the use of the Phonenumber, from a Crisis Line to a Point of Entry to Mental Health Services.

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### Stigma, Secrecy and Masculine Norms: A Systematic Review of How Perinatal Mental Illness in Men and Their Partners Is Experienced by Males

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**Aims.** Background: In recent years, fathers have become increasingly involved in pregnancy and childcare and the concept of paternal perinatal mental illness (PMI) has gained research interest. There has been increased recognition of the impact of parenthood on the mental health of males, particularly in first time

fathers where feelings of helplessness and marginalisation are common. Prevalence of paternal PMI is thought to be 10–16%, with higher risk demonstrated when their partner too experiences PMI. The importance of this topic was highlighted in the NHS long term plan, which recognised the disparity in service provision between males and females and the need to address this. Aim: To conduct a systematic review to establish the knowledge, beliefs, and experiences of males with PMI and whose partners had PMI, and to understand the barriers associated with help-seeking for paternal PMI.

**Methods.** Five databases including EMBASE, Web of Science, Ovid MEDLINE, Scopus and PsycINFO were searched for qualitative studies investigating the experiences of males affected by PMI personally or through their partner's illness. The research question and inclusion criteria were determined using the PICOSS (population, intervention, comparison, outcome, setting, study design) method. 11 studies met criteria for inclusion and were appraised for quality using the Critical Appraisal Skills Programme and Joanna Briggs Institute Qualitative checklists. Evidence was synthesised using thematic analysis and study quality and risk of bias were assessed using the Assessing the Methodological Quality of Systematic Reviews (AMSTAR 2) checklist and Risk of Bias in Systematic Reviews (ROBIS) too.

**Results.** 5 main themes and 17 sub-themes were identified, and demonstrated lack of knowledge and preparation for fatherhood, and distress and isolation experienced by males with PMI. Males were reluctant to seek help, and factors including stigma and lack of awareness regarding PMI and available support services were identified as barriers. The option to remain anonymous, flexibility of appointments and an emphasis on peer support were considered facilitators to engagement.

**Conclusion.** Unhelpful and potentially damaging stereotypes regarding masculinity and PMI still exist, prohibit help-seeking for PMI and promote the marginalisation of males in perinatal settings. Support for males with PMI is warranted but lacking, and effective communication and education regarding paternal PMI for both professionals and the public is needed to allow successful expansion of services to include males.

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## Medical Students' Perceptions of Factors Associated With Their Mental Health and Psychological Well-being

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**Aims.** In light of growing evidence suggesting that medical students are particularly susceptible to stress and ill health, the need to enhance their psychological well-being has been highlighted as a priority concern in medical education and policy. However, only a few studies have comprehensively addressed both positive and negative contributors to medical students' psychological well-being. Therefore, this study aims to provide a more holistic understanding of medical students' psychological well-being, the coping strategies they use and any barriers they

face in seeking support, as well as outline potential areas of improvement within provisional well-being support.

**Methods.** This qualitative study involves semi-structured interviews with 25 medical students to gain in-depth insight into their experiences and perspectives on the factors influencing their psychological well-being during their medical training. The interviews were transcribed and analysed using thematic analysis.

**Results.** The study's results revealed that positive and negative factors influence medical students' psychological well-being. Positive factors such as study-life balance, academic achievement, meaningful relationships with staff and peers and time spent with close friends or family positively influenced students' psychological well-being; while adverse educational, organisational and cultural factors negatively impacted students' well-being. Additionally, COVID-19 had negatively affected students' academic, personal and social lives. Medical students mainly used active coping strategies, including planning, acceptance, positive reframing, and seeking support. However, some students reported facing barriers in seeking support, such as fear of stigma, lack of time/support, confidentiality concerns, and difficulty in accessing support. At the same time, there was an expressed need to improve well-being services or resource provision. Students have recommended various solutions to improve mental health support in schools, including addressing cultural and organisational changes within schools, increasing access to resources, reducing the stigma surrounding mental health, and promoting positive factors that support psychological well-being.

**Conclusion.** The findings highlight the importance of adopting a holistic approach that considers a variety of contributing factors affecting positively as well as negatively medical students' well-being. It also highlights the need to provide a supportive and nurturing environment in medical schools and offer appropriate support and resources to help students cope with the stress and challenges of medical training.

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## Weight Change Following Diagnosis With Psychosis: A 25 Year Perspective in Greater Manchester, UK

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**Aims.** Weight gain in the months/years after diagnosis/treatment severe enduring mental illness (SMI) is a major predictor of future diabetes, dysmetabolic profile and increased cardiometabolic risk in people treated with antipsychotic agents. There is limited data on the longer term profile of weight change in people with a history of SMI and how this may differ between individuals. We here report a 25-year perspective on weight change post-SMI diagnosis in Greater Manchester UK, an ethnically and culturally diverse community, with particular focus on a history of psychosis vs bipolar affective disorder.

**Methods.** We undertook an anonymised search in the Greater Manchester Care Record (GMCR). We reviewed the health