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.

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.

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

records of anyone who had been diagnosed for the first time with first episode psychosis, schizophrenia, schizoaffective disorder, delusional disorder (non-affective psychosis = NAP) also bipolar disorder = BPD). We analysed body mass index (BMI) change in the period before and after first prescription of anti-psychotic medication.

Results. We identified 9125 people with the diagnoses above. NAP (n = 5618; 37.5% female) mean age 49.3 years; BPD (n = 4131; 63.3% female) mean age 48.1 years. Follow-up period was up to 25 years. 27.0% of NAP were of non-white ethnicity vs 17.8% of BAP individuals.

A higher proportion of people diagnosed with NAP were in the highest quintile of social disadvantage 52.4% vs 39.5% for BPD. There were no significant differences in baseline BMI profile but mean HbA1c in those 2103 people where available was higher in NAP at baseline at 40.4mmol/mol vs 36.7mmol/mol for BPD.

At 5-year follow-up 53.6% of those NAP with a normal healthy BMI transitioned to obese / overweight BMI vs 55.6% with BPD. 43.7% of those NAP with normal BMI remained at a healthy BMI vs 42.7 % with BPD. At 5-year FU for NAP, 83.1% of those with BMI $\geq$30kg/m2 stayed in this category vs 81.5% of BPD.

At 5-year follow-up there was similarity in the overall % NAP in the obese $\geq$30kg/m2 category (42.4%) vs BPD (44.1%).

Conclusion. The results of this 25-year real world longitudinal cohort study suggest that the changes in BMI with treatment of non-affective psychosis vs bipolar disorder are not significantly different, highlighting the importance of regular physical health monitoring in all people with SMI.

Using longitudinal population data in this way has the potential to open up new avenues of research in psychiatry in terms of physical and mental health outcomes.

Optimising a Digital Micro Intervention to Support Parenting Skills Using Agile Sprints

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Aims. To adapt a digital micro intervention, the Pause: Smart Parent Timer app, to support evidence-based parenting skills programs, which are first line for disruptive behavioural disorders. 77% of parents use time out but 85% use it in ways contrary to evidence. This project aimed to optimise the app to support time out and related approaches across a diverse range of parenting programs.

Methods. Working with parenting program providers across the Midlands, the app was updated through an iterative process of agile sprints. The process drew on the EAST behavioural insights framework with a focus on consistency between parenting programs and the app.

Results. The app was improved over several stages to meet the needs and preferences of parenting program providers. Key gains included: a) improved graphics, b) improved UX, c) more options for parents to change timings, d) a wider range of timing

protocols for different parenting programs, e) removing references to time out, f) added elements of mindfulness.

Conclusion. This process resulted in a single app which can be used to support any major parenting skills program. Future plans include extending parent feedback and evaluating usability in practice.

How Do Patients, Carers and Mental Health Nurses Experience Their Contact With the Forensic Multidisciplinary Team in a Medium-Secure Unit? a Thematic Analysis

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Aims. Clinical teams oversee the care of patients within secure psychiatric inpatient settings. They are made up of a number of professions, including psychiatrists, psychologists, occupational therapists, social workers and nurses. The effective collaboration of the different members of the clinical team is vital for its functioning. However, so is the team's interface with other key stakeholder groups, namely nursing teams, service users and carers. Understanding the needs and priorities of these groups regarding their relationships with the clinical team is also important to recognise and in the provision of good quality care. To understand the experiences, priorities and needs of stakeholder groups in their relationship with the clinical team. Gaining feedback from multiple sources (service users, carers, nurses) will help facilitate functioning of the clinical team in the delivery of excellent care to service users.

Methods. Ethical approval was granted by the host NHS trust. Between October 2019 and October 2021, three focus groups were conducted using a semi-structured interview to gather responses from carers, nurses and service users (6 participants in each group) respectively. The interviews were recorded and transcribed. Thematic analysis was used to code each transcript and themes were drawn from the coded data.

Results. Dominant themes emerged from the three data sets. Consistent themes between groups included communication, hierarchy/power and representation. There were also differences in themes identified, with the carer group bringing the theme of education/ knowledge, and nursing group raising the value of human relationships, including compassion. The theme of transparency emerged strongly for the service user group.

Conclusion. This study offers an interesting perspective on what distinct stakeholder groups want and value in their relationship with the clinical team. Gaining feedback from multiple sources (service users, carers, nurses and members of the MDT) can better inform a team about its functioning and help improve performance. Developing a tool to aid the systematic collection of multi-source feedback is the next step of this project, facilitating the voices of key stakeholder groups to be heard.