over the period from January 2022 to January 2023. This was divided into an admission group and a readmission group. Readmission was defined as service users who were admitted within ninety days of the index admission. A variety of factors related to the index admission and subsequent discharge were examined and compared between the two groups to identify factors associated with readmission.

Results. The community rehabilitation team caseload comprised of 122 care-coordinated service users. The readmission rate to an inpatient psychiatric ward between 1st January 2022 and 1st January 2023 was 37.5%. Factors that appeared to be protective against readmission were positive engagement with therapies during the index admission, such as dual diagnosis team, psychology, and occupational therapy. Additionally, service users who were discharged on a Community Treatment Order had significantly reduced rates of readmission. A shorter index admission was also associated with reduced rates of readmission. Involvement of the Home Treatment Team and medication changes in the week prior to discharge were not associated with reduced rates of readmission

Conclusion. The results of this study suggest that the provision of therapies by allied healthcare professionals should be prioritised in inpatient settings. Service users should be strongly encouraged to engage, and poor engagement may be considered an indication that the service user is not yet ready for discharge. Community Treatment Orders, where appropriate, should be considered to be protective against readmission. Longer inpatient stays may be associated with readmission since these service users are more likely to be severely unwell. Nevertheless, service users who require longer admissions are at high risk for readmission and interventions should be considered to mitigate this risk.

Sex Differences, and Resulting Treatment Differences, in a Cohort of Harmful Gamblers

Dr Rosalind Baker-Frampton*

Gordon Moody, Dudley, United Kingdom
*Corresponding author.

Aims. Gordon Moody offers Tier 4 treatment for harmful gambling. This poster will look at the differences between male and female harmful gamblers who apply for treatment with Gordon Moody between 2015 and 2022, and consider how treatment should reflect these differences.

Methods. An opportunity sample (n = 3,241) are analysed and discussed. Data are anonymised and men and women will be compared for: mental health diagnosis; years spent gambling; methods of gambling; average monthly amount spent gambling; and job/relationship loss due to gambling. Statistical tests are run to ascertain whether any differences are significant.

Results. Initial analysis found that on average females applying for treatment (n = 769) start gambling at 25.2 years old, and began gambling in a problematic way at 31.8 years old. In contrast, men (n = 2,472) began gambling on average at 17.5 years old, and began gambling in a harmful way at 22.7 years old. Younger women were more likely to gamble online (i.e. online casinos; online games), whilst older women preferred gaming machines in bingo halls, bookmakers, casinos or adult entertainment centres. Men were most likely to gamble at bookmakers, which does not differ with age. On average, men

estimated that they spend nearly £2,000 a month before applying for treatment (£1,980), whilst women estimated that they spend 15% less (£1,680). 14.8% of women and 58.5% of men had lost a job due to harmful gambling. 49.2% of women and 69.1% of men had lost relationships due to harmful gambling. These data will be further analysed in SPSS to ascertain any significant differences.

Conclusion. Men and women tend to gamble in different ways, and therefore treatment may need to be tailored for each sex. The poster will discuss differences implemented by Gordon Moody to account for sex differences. Whilst women tend to begin gambling at an older age, it still takes a similar length of time for at-risk people to develop harmful gambling practices. Women are less likely to lose jobs and/or relationships due to harmful gambling practices before they seek treatment. Key limitations of the study include the opportunistic nature of the sample, the different sample sizes, and the fact that there are insufficient applicants who identify as transgender/non-binary/other to include in analysis.

Alcohol Use and Associated Risk Factors Among Female Sex Workers in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis

Dr Alicja Beksinska*, Ms Oda Karlsen, Dr Mitzy Gafos and Dr Tara Beattie

Department of Global Health and Development, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, United Kingdom
*Corresponding author.

Aims. Due to its widespread use in the sex work industry, female sex workers (FSWs) in low- and middle-income countries (LMICs) are at high risk of harmful alcohol use and associated adverse health outcomes. This systematic review and meta-analysis aims to provide an estimate of the prevalence of harmful alcohol use among FSWs in LMICs and to examine associations with common health and social concerns.

Methods. The review protocol was registered with PROSPERO, number CRD42021237438. We searched three electronic databases for peer-reviewed, quantitative studies from inception to 24th February 2021.

Inclusion criteria:

- Any measure of prevalence or incidence of alcohol use among FSWs aged 18 years or older.
- Countries defined as LMIC in accordance with the World Bank income groups 2019.
- Study designs: cross-sectional survey, case–control study, cohort study, case series analysis, or experimental study with baseline measures for alcohol use.

  Pooled prevalence estimates were calculated for:

1. Any hazardous/harmful/dependent alcohol use
2. Harmful/dependent alcohol use only, both overall and by region
3. Daily alcohol use.
4. Meta-analyses examined associations between harmful alcohol use and violence, condom use, HIV/STIs, mental health problems and other drug use.

Results. In total, 435 papers were identified. After screening, 99 papers reporting on 87 unique studies with 51,904 participants from 32 LMICs met the inclusion criteria. Study designs included cross-sectional (n = 89), cohort (n = 6) and experimental (n = 4). Overall, 5 scored as high quality, 79 studies scored as moderate and 15 scored as weak quality. Twenty-nine papers reporting on 22 unique studies used validated alcohol use tools including AUDIT, CAGE and WHO CIDI. The pooled prevalence of any hazardous/harmful/dependent alcohol use was 41% (95% CI: 31–51%), and of daily alcohol use was 26% (95% CI: 17–36%). There was variation in harmful alcohol use by global region (Sub-Saharan Africa: 38%; South Asia/Central Asia/ East Asia and Pacific: 47% and Latin America and the Caribbean:44%). Harmful alcohol use was significantly associated with inconsistent condom use (pooled unadjusted RR: 1.65; 95% CI: 1.01–2.67), STIs (pooled unadjusted OR: 1.29; 95% CI 1.15–1.46); and other drug use (pooled unadjusted OR of 2.44; 95% CI 1.24–4.80), but not with HIV, violence or mental health problems.
Conclusion. We found a high burden of problem alcohol use and daily alcohol use among FSWs in LMICs. Harmful drinking was associated with HIV risk factors such as inconsistent condom use, STIs and other drug use. There is an urgent need for tailored interventions for FSWs in LMICs that address alcohol use as well as the associated sex work risk environment

Mental Health Apps (Applications): A Review of Studies Conducted in the UK

Dr Sasha Bhatty[1]*, Dr Divyanish Divyanish[1], Dr Madhvi Belgamwar[1] and Dr Irangani Mudiyanselage[2]

[1]Derbyshire Healthcare NHS Foundation Trust, Derby, United Kingdom and [2]Nottinghamshire Healthcare NHS Foundation Trust, Mansfield, United Kingdom
*Corresponding author.

Aims. With advancing technology, there are many online resources available for people with mental health problems. Smartphone software applications are an emerging resource for mental health conditions, for which further research is crucial in understanding its role in the wider community.This study aims to appraise the literature available, surrounding mental health apps (applications) in the UK. Individual applications are studied, for disorders such as Depression, Anxiety, ADHD, Autism and Dementia for patients, carers and clinicians for either assessment or treatment.
Methods. A comprehensive literature search was completed in September 2021, involving the following databases: Cinhal, MEDLINE, Psychinfo, EMBASE, PubMed, Google Scholar, Cochrane and Nice guidelines. Studies involving multiple apps and non apps technology, duplicate studies studying the same app, apps not targeting assessment or treatment and ones that were not in the English language were omitted. Studies performed on those below 18 years of age and ones based outside of the UK were also excluded.
Results. A total of 515 articles were identified, out of which 8 apps were deemed eligible as per our inclusion criteria. 4 apps were based on dementia, 3 for depression, out of which 1 was for antenatal depression and 1 for anxiety. It was then analysed whether some apps investigated assessment, treatment or both. 5 apps were used for the treatment of mental health disorders including 1 for both assessment and treatment and 2 focused on the research, still including assessment of mental health disorders.
Conclusion. This review only looked into apps that are currently available to download in the UK and some apps studied are currently in use in NHS mental health trusts.

In general, digital apps could offer the ability to respond quickly and efficiently and can reach people over great distances with minimal mobility requirements, thus, guided by a rigorous evidence-based approach, apps could be the solution to combat large waiting lists in the NHS.

Developing a Neuromodulation Approach for Treating Working Memory Deficits in Severe Mental Illness

Dr Paul M Briley[1]*, Ms Tiffany Smith[2], Ms Rebekah Pole[2], Professor Peter F Liddle[1], Dr Giovanni d'Avossa[3] and Dr Mohammad ZUH Katshu[1]

[1]Institute of Mental Health, University of Nottingham, Nottingham, United Kingdom; [2]School of Medicine, University of Nottingham, Nottingham, United Kingdom and [3]School of Psychology and Wolfson Centre for Clinical and Cognitive Neuroscience, Bangor University, Bangor, United Kingdom
*Corresponding author.

Aims. We report electroencephalography (EEG) results from a non-patient pilot study conducted whilst developing a neuromodulation approach for improving visual spatial working memory (vSWM) in people with schizophrenia. Working memory impairments are common in people with schizophrenia yet respond poorly to current drug treatments. Transcranial magnetic stimulation (TMS), a minimally-invasive, well-tolerated, brain stimulation technique that is performed whilst a person is awake and alert, may improve working memory performance. However, results have been inconsistent, possibly because TMS was delivered during the heterogenous "resting-state". We delivered TMS to left dorsolateral prefrontal cortex time-locked to specific events in a vSWM task, aiming to modulate functional networks involved in encoding spatial data into working memory.
Methods. Each trial in the vSWM task started with a 2-second-long sample display containing either three or four coloured circles positioned at random locations. This was followed by a 2-second delay period. At the end of the delay period, a visual cue appeared, indicating the target colour. Participants moved a crosshair to the screen location where the target had appeared. We recorded 64-channel EEG throughout. In Experiment 1, twelve participants completed three- and four-item task versions. In Experiment 2, eighteen participants completed the four-item task in three separate blocks within a single session. Between blocks, they completed a short task version alongside TMS. TMS (intermittent theta burst stimulation, 600 pulses, 3.3 minutes) was delivered over the F3 electrode position. Each stimulation on-phase was synchronised to coincide with the onset of sample display. In a random order, one TMS block was active, and one was sham (90° coil rotation).
Results. In Experiment 1, EEG showed decreases ("desynchronisation") in beta (13–30 Hz) power during sample display and increases ("synchronisation") during the delay period. Both effects were greater in the four-item condition, and in posterior electrodes. In Experiment 2, posterior beta desynchronisation during