

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.

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.

## 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.

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## 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.

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

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