



Factors Influencing Mental Health Literacy in Indian Tribal Communities

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Aims: About 9% of India's population is made up of tribal communities consisting 120 million people nationwide. The mental health literacy of these communities is an unexplored topic. This literature review is aimed to identify and summarise existing factors that influence mental health literacy of the tribal communities in India and use this information to develop a survey questionnaire to support the development of a community radio programme.

Methods: SCOPUS, PubMed, Cochrane Library, Web of Science Journal, and Google Scholar were searched for peer-reviewed articles published in English from 1991–2024. Qualitative, quantitative, and mixed methods studies focusing on mental health knowledge and awareness reported from India were selected following PRISMA. Papers were appraised using the Calgary Health Region critical appraisal tool and extracted data were analysed using a narrative synthesis. The key findings were used to develop a survey questionnaire to support the development of a community radio programme to promote mental health literacy among the Indian tribal population.

Results: Out of 103 papers initially identified, 11 papers were chosen for full text review, data extraction, and analysis upon critical appraisal. Cultural differences, access to healthcare, economic status and lack of education were found to be key factors influencing mental health in tribal communities, through the investigation.

Conclusion: The corresponding survey questionnaire was thus divided into multiple sections spanning demographic group, socio-economic status, attitude towards mental health, and care-seeking behaviour/prevention, to survey and promote mental health literacy. Through the study, it was established that mental health literacy of tribal communities is mainly impacted by access to education, cultural differences, healthcare access, and economic deprivation. Further research must be conducted to evaluate how mental health literacy can be promoted through survey questionnaire and community media/radio within tribal Indian communities.

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.

Z-Drugs Prescribing in a Community Mental Health Team Setting in Helensburgh, Scotland: A Cross-Sectional Survey

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Aims: Managing insomnia is a common challenge for psychiatrists and their patients. A real-world cohort study on first-line treatment patterns in 265,382 patients with insomnia found that 42.4% of that group were prescribed hypnotic medications. Among those, first

prescriptions were most frequently a Z-drug with 35.8% of all patients on these medications. Z-drugs include zolpidem, zopiclone, eszopiclone and zaleplon. We aimed to assess the prevalence and associated factors of Z-drug prescribing in a Community Mental Health Team (CMHT) setting in Helensburgh, Scotland.

Methods: A cross-sectional survey was conducted to examine the prescribing of Z-drugs in a cohort of 412 patients attending the Helensburgh CMHT outpatient clinics between May and August 2021. Data on who was on Z-drugs was extracted from General Practitioner records on Clinical Portal. Once the list of who was on Z-drugs was compiled, associated factors were extracted from their Electronic Medical Information System (EMIS) records. Analyses were done to compare the characteristics of those on Z-drugs versus those not on Z-drugs. Continuous factors were found to be approximately normally distributed and were compared between groups using the unpaired t-test. The Chi-square test was used to compare categorical variables between groups.

Results: Of the 412 patients in the dataset, 30 (7%) were on Z-drugs. Zopiclone and zolpidem were the only Z-drugs prescribed with rates of 86.7% and 13.3% respectively. The analysis results suggested that age, sex and the number of psychiatric medications varied significantly between those on Z-drugs compared with those not on Z-drugs. However, the primary diagnosis of the groups was not significantly different ($p=0.63$). The group on Z-drugs had a higher proportion of females (77%) than the group not on Z-drugs (57%) ($p=0.04$). Z-drug users were older, with mean age of 51.5 ± 14.0 years, compared with a mean age of 42.0 ± 14.7 years in the group not on Z-drugs ($p<0.001$). The number of psychiatric medications was higher in Z-drug users i.e. 3.4 ± 1.0 compared with 1.9 ± 1.2 for those not on Z-drugs ($p<0.001$).

Conclusion: The prevalence of Z-drug prescriptions can vary significantly across different countries and regions, which makes it challenging to generalize. Rebound insomnia and withdrawal symptoms occur infrequently upon discontinuation, however it may be less common and milder than those seen upon discontinuation of benzodiazepines. Z-drugs have known side effects including headaches, dizziness, anterograde amnesia, confusion, and hallucinations, and it is important to monitor their prescribing and associated factors in different settings including secondary care.

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A Realist Inquiry Exploring a Ward Based Physical Activity Service in a Psychiatric Intensive Care Unit

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Aims: This realist evaluation explored the implementation and effectiveness of a novel physical activity (PA) service within a male Psychiatric Intensive Care Unit (PICU) at St Charles Hospital, London. The study aimed to understand “what works, for whom, how, and under what circumstances” regarding the PA service’s impact on patient well-being and staff experiences. The evaluation aimed to develop and refine programme theories explaining the relationships between the PICU’s resources, context, and the mechanisms generating observed outcomes, ultimately informing recommendations for future PICU PA programme design.