

For these priorities to be addressed there need to be forums in which service users are able to be heard and fed back to using a trauma informed approach. Currently there are community meetings on the inpatient wards for service users and staff to feedback on any issues within the ward environment. On my ward these are poorly attended by both staff and patients and feedback from patients is that they raise the same issues, but nothing gets acted on. There is no set policy/protocol for how these meetings should run and who should be in attendance. By formalising the structure of the community meetings using a trauma informed framework, my hope is that both patients and staff benefit from the shared space and that the learning can be shared with other wards.

Objectives: To develop an evidence-based protocol for running community meetings on an inpatient psychiatric ward that fits within a trauma-informed framework; Improved attendance from staff and patients at the ward community meeting; Improved satisfaction from staff and patients attending community meetings; Share learning with other wards in the partnership.

Methods: A literature search to establish current best practice for running community meetings.

Qualitative questionnaires/ structured interviews and thematic analysis of staff interviews.

Development of protocol for running community meetings on inpatient wards.

3 month pilot of the new community meetings.

Attendance records pre and post intervention.

Results: Attendance records show improved attendance of both staff and patients at the weekly community meetings. Prior to the intervention, thematic analysis showed that staff thought there was a lack of clarity about goals, diverse interpretations of community meetings, and mixed expectations about patient involvement. Post intervention, analysis revealed that community meetings were widely appreciated as a valuable initiative that enhanced the ward culture, patient recovery, and staff-patient relationships. Despite challenges, many participants felt these meetings brought significant benefits.

Conclusion: Having a trauma-informed, semi-structured proforma for running inpatient community meetings helps to improve attendance, satisfaction and positive outcomes from the meetings for both staff and patients.

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.

Comparing the Impact of Flooding on Mental Health in India and the United Kingdom: Who Is More Vulnerable?

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Aims: We hypothesise that mental health impacts of flooding will be greater in India compared with the UK. Climate change is causing an increase in flooding due to the rising frequency of extreme weather patterns globally. The major impacts of flooding on mental health include displacement, financial hardship, and loss of access to healthcare. These can lead to conditions such as anxiety, depression, and post-traumatic stress disorder (PTSD).

Methods: This study was conducted as a comparative analysis. Data was collected by a systematic search of peer-reviewed articles.

Standardised tools were used to evaluate psychological outcome and mental health morbidities such as the Generalised Anxiety Disorder scale (GAD-7), Patient Health Questionnaire (PHQ-9), WHO-5 and the PTSD checklist (PCL-6). Data concerning the mental health consequences caused by the floods (specifically regarding anxiety, depression and PTSD), financial impacts and access to mental health services in both countries were extracted. Our findings were then thematically analysed to compare the patterns and disparities.

Results: In both countries, the research conducted on the effects of flooding on mental health has identified that the three main mental health morbidities that arose are depression, anxiety and PTSD. India has an average percentage of 43.2% depression, 32.19% anxiety and 36.46% PTSD amongst individuals affected by flooding, while the UK shows equivalent rates of 25.52% depression, 24.2% anxiety and 31.49% PTSD. These results suggest that socioeconomic differences and access to mental health resources play a significant role in post-flood psychological states. In both countries a larger financial impact links to higher rates of psychological stress.

Conclusion: Although effects are noted in both the UK and India, the prevalence of mental health conditions arising from flooding affect both the UK and India. However, our findings indicate that the mental health impacts are more severe in India, supporting our hypothesis. In disaster recovery, mental health funding is frequently deprioritised in favour of immediate concerns such as physical health and infrastructure.

Stigma surrounding mental health, particularly affecting developing countries, contributes to under-reporting and therefore the accuracy of assessments. To improve outcomes, a public health approach may destigmatise mental health, and enhance social support. Additionally, Psychological First Aid has set international foundations for psychosocial care following distressing events, a framework which supports people whilst respecting culture and abilities.

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Exploring the Link Between Extreme Weather Events and Prevalence of Mental Health Conditions

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Aims: Extreme weather events refer to weather events that are dramatically different from typical patterns. These can be catastrophic, unexpected and pose a risk to the population. This review aims to examine whether sufficient evidence exists to demonstrate a link between extreme weather events and an increase in mental health conditions, specifically PTSD, anxiety, and depression.

Methods: We conducted a literature search across multiple electronic databases, including PubMed, Web of Science, Scopus, and PsycINFO, for articles published between January 2000 and January 2025. Keywords include Extreme weather; Mental health; Depression; Anxiety; Post traumatic stress disorder. From this we used four articles reporting quantitative data on the prevalence of mental health conditions in those exposed to extreme weather events. The selection of these four articles is justified based on the relevance to our research question. They provide figures which allow us to compare mental health prevalence before and after extreme weathers took place. Furthermore, they offer a vast array of data,