

Somatic Symptoms in children and young people across physical and mental health services. This is needed to ensure timely diagnosis, psycho-education, appropriate intervention, and better long-term outcomes for affected young people and their families.

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## A Service Evaluation to Evaluate the Predictors of Sexual Disinhibition on an Acute Male Inpatient Ward

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doi: [10.1192/bjo.2025.10531](https://doi.org/10.1192/bjo.2025.10531)

**Aims:** Sexual disinhibition, a neuropsychiatric symptom characterised by inappropriate sexual comments and/or behaviours, remains poorly understood in a general adult population. The absence of standardised assessment tools and limited measures to capture disinhibition may contribute to underestimating its prevalence and clinical significance. This study aimed to (1) determine the prevalence of sexual disinhibition on an acute all-male adult inpatient ward and (2) identify potential predictors of its occurrence.

**Methods:** Data from 55 patients was collected prospectively over a six-month duration to evaluate the prevalence and predictors of sexual disinhibition on an acute male inpatient ward. Included diagnoses encompassed psychosis, bipolar disorder, anxiety, depression, autism spectrum disorder, schizophrenia, schizoaffective disorder and personality disorders. Dichotomous variables included sexual disinhibition (current and past), delusions of a sexual nature, substance misuse, forensic history, history of abuse and medication use, including benzodiazepines, antipsychotics, mood stabilisers, antidepressants and depot medication. Scale variables included age. Family history of mental illness, age of onset, disease duration and unilateral parenting were excluded as a result of missing data. A binomial logistic regression was performed to examine the effects of these factors on the likelihood of sexual disinhibition.

**Results:** In total, 55 male patients, of whom 45.5% presented with sexual disinhibition, were included in our service evaluation (age:  $44 \pm 14$  years, detained under the MHA: 96.3%, previous sexual disinhibition: 61.8%, delusions of a sexual nature: 25.5%). Psychiatric diagnoses included psychosis (69.1%), bipolar disorder (16.4%), anxiety (18.2%), depression (27.3%), autism spectrum disorder (14.5%), schizophrenia (40.0%), schizoaffective disorder (21.8%) and personality disorder (25.5%). Presence of substance misuse was observed in 52.7% of patients, whilst forensic history was seen in 63.6%. Abuse was reported in nearly half of the patients (49.1%). The model was statistically significant ( $\chi^2(20)=45.329$ ,  $P<0.001$ ), explaining 75.1% (Nagelkerke  $R^2$ ) of the variance in sexual disinhibition and correctly classified 87.3% of cases. Only one variable was significant, delusions of a sexual nature ( $\chi^2(1) = 4.228$ ,  $P=0.040$ ).

**Conclusion:** Our findings highlight a positive association between sexual disinhibition and delusions of a sexual nature. Clinicians should recognise sexual disinhibition as a potential indicator of sexual delusions, aiming to assess these symptoms comprehensively and non-judgementally to better understand individual patient

psychopathology. Educating patients and caregivers on this association may reduce stigma and aid understanding towards the patient. Future research should investigate the mechanisms of this relationship with larger sample sizes to minimise the risk of type II errors.

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## Hearing From Mums-to-Be: A Qualitative Study Looking at the Experience of Mothers on the PRAM Project

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doi: [10.1192/bjo.2025.10532](https://doi.org/10.1192/bjo.2025.10532)

**Aims:** Antenatal depression significantly impacts maternal and foetal health outcomes, yet it remains underdiagnosed and under-treated. The Psychological Resilience in Antenatal Management (PRAM) programme at KK Women's and Children's Hospital in Singapore was established in December 2022 as a strategy to identify antenatal depression early among pregnant patients. Under the PRAM programme, universal antenatal depression screening is integrated into the routine care programme for pregnant patients, using a modified version of the Edinburgh Postnatal Depression Scale (EPDS) questionnaire during their routine obstetric check-up in the second trimester, for early intervention by the perinatal mental health team.

This qualitative study explores the lived experiences of pregnant women who have undergone screening and intervention under the PRAM programme. It seeks to understand their perceptions of the screening and intervention process, identify barriers and facilitators to help-seeking, and examine effective components of the therapeutic process.

**Methods:** Using an Interpretative Phenomenological Analysis (IPA) approach, semi-structured interviews were conducted with 10 women who have participated in the PRAM programme between November 2023 to January 2025. Interviews were completed either virtually over Zoom (N=8) or in person (N=2). The interviews explored participants' experiences with antenatal depression screening, subsequent interventions, and their overall pregnancy journey while managing mental health concerns.

**Results:** Preliminary analysis reveals several key themes in participants' experiences. For half of the participants (N=5), the screening process served as an opportunity for self-evaluation and mental health awareness. Obstetricians have also been identified to be crucial facilitators, serving as the initial point of psychiatric referral and influencing women's decisions to seek support. A significant barrier identified by four participants was the stigma associated with psychiatric diagnoses and receiving psychiatric help. Additionally, participants emphasised the importance of spousal involvement in the therapeutic process, with several women expressing a desire for greater partner participation in their mental health journey.

**Conclusion:** Understanding women's experiences with the PRAM programme contributes to improving screening protocols and