

self-reported and parent reported SDQ scores were within the “very high” range (21.52 and 22.03, respectively). All participants were offered an initial assessment within 3 weeks of consenting (average 19.6 days) and treatment began within a month. Qualitative feedback from families has identified how the service “fills a gap” between physical and mental health and their satisfaction with how “time-sensitive” support was available.

**Conclusion.** There is significant demand for this service and CYP living with different LTCs are accessing and utilising the service provided. This model of intervention allows timely access to evidence-based mental health support for CYP attending a general hospital for their physical health needs, compared with standard waiting times in other services.

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### Unlocking Optimal Strategies: A Systematic Review Exploring the Efficacy of Physical Exercise vs Cognitive Training for Enhancing Executive Functions in Mild Cognitive Impairment and Dementia

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**Aims.** While there is research on physical exercise and cognitive training on cognitive improvement in older adults, there is none comparing these two interventions for their efficacy on executive functioning specifically in the population with a diagnosis of Mild Cognitive Impairment (MCI) or dementia. This study aims to bridge this gap and determine the superiority between the two interventions to enhance executive functions among individuals with MCI or dementia. Besides establishing evidence for the benefits of these socially prescribed interventions, it also aims to highlight their differential effects on executive functions. Additionally, it seeks to evaluate the feasibility of implementing these interventions to provide evidence-based insights that inform clinical practice.

**Methods.** Sixteen randomised control trials were meticulously selected using the Cochrane selection manual and PRISMA guidelines from an extensive search across prominent academic databases. Stringent quality assessment was conducted for each study using the modified Centre for Reviews and Dissemination checklist, Jadad and PEDro scales and the Cochrane Risk of Bias tool ensuring methodological rigour. The studies provided a total of 1593 participants with a mean age of 74.36 (SD = 5.54), randomly allocated in various intervention groups. Each study was critically appraised, analysed and the findings presented as a narrative synthesis and a meta-analysis performed with the available data.

**Results.** Physical exercise showed statistically insignificant improvement on the Stroop Test ( $p = 0.19$ ) while no significant correlation was seen in Verbal Fluency ( $p = 0.032$ ). Cognitive Training intervention had a significant improvement in both Stroop test ( $P = 0.0009$ ) and Verbal Fluency ( $p = 0.00$ ). The study also found that diverse contextual and personal factors like socioeconomic levels, education, personal preferences, general health conditions, mood, dependence on others, and genetics, are some factors that influence an individual's response to intervention and hence determine its efficacy.

**Conclusion.** There is limited statistical evidence to conclude the superiority of one intervention over the other. However, this systematic review highlights that the effectiveness of an intervention cannot be assessed solely on its statistical effect size. Rather, one must go beyond numerical assessments for a comprehensive understanding of individual circumstances that may pose barriers to engagement with the interventions, thus influencing their acceptability and effectiveness. A holistic and multidimensional perspective of the disease with a personalised intervention plan may be the new solution.

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### Developing a Framework for Examining and Improving Decision-Making in Complex Mental Health Systems

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**Aims.** Whether focusing on clinical or non-clinical roles, activity within organizations (and, by extension, outcomes) depends on decision-making. The conscious experience of decision-making (as if it is the outcome of an objective and explicit appraisal of pertinent information) belies the complex nexus of influences on this process. Whilst extensive research has been undertaken on both organizational and clinical decision-making, these literatures have largely remained separate. The authors contend that, when account is taken not only of the interplay between decisions that are deemed either ‘organizational’ or ‘clinical’, but also that this dichotomy itself is invalid, there is an imperative to take a whole system approach to decision-making in health organizations.

The aim of this study was to develop a framework for understanding decision-making that has applicability across a complex mental health system.

#### Methods.

- Step 1: Define the domain of discourse (i.e. decision-making in a complex adaptive mental health system including clinical and non-clinical settings);
- Step 2: Generate a dataset of domain-relevant statements by iterative reflection on the respective areas of practice (clinical and non-clinical);
- Step 3: Thematically analyse the dataset to identify a thematic structure.

**Results.** A hierarchical thematic structure was identified. At the highest order, this structure comprises a dichotomy between embodied and disembodied conceptualizations. The embodied theme is further divisible by perspectives that are intra- or inter-personal. The former includes ways of thinking, assumptions, approximations, uncertainty, holding the model, and epistemic humility; and the latter includes relationships, trust/resentment, and disagreeing well. The disembodied theme incorporates both broad-brush characteristics of the system (such as holistic, connections, relata and complexity) and those characteristics with explanatory power (such as nonlinear, fuzziness and nondeterministic).

**Conclusion.** The framework defined by this analysis has the potential to facilitate the examination of facets of, and influences