## P47 A SYSTEMATIC SCOPING REVIEW OF COMMUNITY-BASED INTERVENTIONS FOR THE PREVENTION OF POOR MENTAL HEALTH IN OLDER ADULTS

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**Background** Mental health in older adults is often overlooked, or pathologised into dementias and brain diseases. Yet, the spectrum of mental health is as varied as at other life stages, with additional risks to mental health presented by physical decline, onset of ill health, reducing income, social isolation and bereavement. Community interventions can reduce the impact of these, potentially protecting mental health and promoting wellbeing. There is a need to understand: what kind of interventions, for which stressors, prevail in the UK setting; which demonstrate effectiveness, for whom, and how; and, where there may be intervention gaps or need for focused research.

We conducted a scoping review of community-based interventions in the UK, to improve the mental health and wellbeing of older adults, with a focus on psychosocial adversity.

**Methods** We searched electronic databases to identify academic studies of community interventions which aim to improve mental health and wellbeing outcomes for older adults, extracted data, and conducted a narrative synthesis. Community interventions were broadly defined as any non-clinical intervention that aimed to improve psychosocial aspects of participants lives, and extended to social prescribing and asset-oriented initiatives. This could cover a range of programmes and initiatives from providing mental health-related information, support and advice, broader community engagement, building social connections, mobilising resources.

**Results** From the 902 studies returned from database searches and 5 studies identified through manual bibliography searching, 889 full-text articles were assessed for eligibility and 56 included in the final data synthesis. Thirteen initial categories of community-based intervention were identified, including: befriending; peer support; group support; creative/cultural activities; welfare advice; social prescribing and asset-based community interventions.

**Conclusion** The evidence base for effective and cost-effective community public mental health interventions for older adults is mixed and relatively weak. Evidence can be found. e.g. in favour of befriending and in cultural activities, though not always backed by a good understanding of who precisely benefits, and for how long. As a whole, and even within category, strong conclusions are hampered by inconsistent outcome measures, small samples, and lack of follow up. Useful insights in implementation are however presented by interventions with an 'upstream' and very localised approach, reflecting more recent directions in policy and practice.

We argue both for greater consistency in concept and outcome measurement, and for inclusion of theory and systems-based approaches to evaluating effectiveness to reflect the complexity of community-based interventions and strategies and goals of reducing inequalities.

## P48 BARRIERS AND ENABLERS TO SCREENING AND DIAGNOSING DEPRESSION AND DIABETES DISTRESS IN PEOPLE WITH TYPE 2 DIABETES MELLITUS; A QUALITATIVE EVIDENCE SYNTHESIS

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**Background** Screening for depression and diabetes distress in people with type 2 diabetes (T2DM) in primary care is increasingly recommended but implementation in practice is suboptimal. As health care professionals influence detection practices, their perceptions and experiences of screening recommendations can improve understanding of aspects that work, and those which are difficult to implement. We aim to synthesise the available qualitative evidence on healthcare professionals' perceived barriers and enablers to recognising possible depression and diabetes distress in people with T2DM using validated screening tools compared to clinical questioning or no screening.

**Methods** Primary qualitative and mixed method studies were identified using systematic database searching of six databases and supplementary searching. We selected 'best-fit framework synthesis' to synthesise primary data using the RETREAT (Review question-Epistemology-Time/Timescale-Resources-Expertise-Audience and purpose-Type of Data) framework. We selected the theoretical domains framework (TDF) as the a priori best fit framework as the TDF is derived from existing behaviour change theories. Quality appraisal of primary studies and confidence in the overall review findings will be determined using the CASP (Critical-Appraisal-Skills-Programme) and the GRADE-CERQual (Grading-of-Recommendations-Assessment-Development-and-Evaluation-Confidence-in-the-Evidence-from-Reviews-of-Qualitative-research) respectively. The study is registered on the international Prospective Register of Systematic Reviews (PROSPERO; registration number: CRD42019145483).

**Results** Ten primary qualitative studies were identified from five countries; England (n=4), China (n=1), the Netherlands (n=3), Australia (n=1), Canada (n=1). No studies on detection of diabetes-distress were identified. Data extraction and analysis is ongoing. Tentative findings indicate that primary care health professionals experience barriers and enablers to detection unique in T2DM populations; symptom overlap, perceptions of role and responsibilities, the perceived value of screening in the T2DM population, and integrating screening protocols into T2DM review visits. Additional barriers to depression screening in the T2DM population; mental health stigma, patient-clinician relationship, were pertinent to depression screening in primary care populations more generally.

**Discussion** Findings may (1) improve understanding of how depression can be more appropriately identified in people with T2DM in primary care settings from a health care

professional perspective, (2) inform the design of future depression screening interventions or (3) inform depression screening recommendations for people with T2DM. The application of recommended qualitative evidence synthesis approaches i.e. RETREAT, GRADE-CERQual, enhances the overall robustness of the study. The protocol is available at https://hrbopenresearch.org/articles/2-26/v2.

P49 | A RAPID REVIEW AND PILOT STUDY OF A METHOD TO SYNTHESISE PRACTICE-BASED CASE STUDY EVIDENCE

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**Background** Case studies involve up-close, in-depth, and detailed examination of a subject (the case) and related contextual conditions. They can capture lay perspectives and provide a 'thick' description of not just public health programme outcomes but implementation processes and context. Whilst being valued by practitioners, case study evidence is often poorly regarded by policy makers as anecdotal. This is especially true for 'practice-based' case studies that involve lay people in their production. There is potential to develop robust methods to synthesise practice-based case study evidence across multiple cases. This paper reports on a project to develop and pilot an approach to synthesising practice-based case study data concerning community wellbeing.

**Methods** We conducted a rapid review to scope and select appropriate methods for collecting and synthesising practice-based case studies. This involved existing collections of practice-based case studies (websites and reports), backward and forward citation searching of key methodological texts, and hand searching six key academic journals. One identified method was piloted on a sample of practice-based case studies about community infrastructure for community wellbeing.

**Results** Eighteen publically available case study collections were reviewed and the most common information fields mapped. None of the online collections undertook further synthesis of the case studies presented. A review of forty methodological texts found that: i) practice-based case studies are commonly descriptive and often used to celebrate successes, raising questions about the depth of information that is likely to be available in a synthesis; ii) a range of methods for synthesising research-based case studies exists, with matrices/frameworks commonly used to manage complexity, but we identified no specific methods for synthesising practice-based case study evidence; iii) traditional notions of validity and reliability are not appropriate measures of quality and alternative criteria of 'convincingness', 'authenticity', and 'plausibility' may be more useful; iv) and data collection templates can help standardise information and enhance quality of practice-based case studies and their synthesis.

**Conclusion** The synthesis method developed was piloted on a sample of practice-based case studies about community wellbeing. Results showed the value of synthesising practice-based case studies to produce rich data on context and processes of community projects, and information about health inequalities, but less data on outcomes. The method offers a means of supporting the production and effective utilisation of practice-based case studies in order to facilitate greater inclusion of experiential evidence from community practice into evidence-based public health.

P50 | DEVELOPMENT OF A NATIONAL COHORT FROM LINKED ADMINISTRATIVE DATA FOR UNDERSTANDING CHILD HEALTH AND INFORMING EARLY YEARS' POLICY

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**Background** Supporting early-life health and development is one of the effective ways to improve population health and reduce inequalities. Monitoring child health and understanding its determinants is thus a policy-priority. In Scotland the community health index number (CHI), allocated to all individuals registered with a GP, presents an opportunity to link a wide range of information on mother and baby pairs from before birth and throughout the early years. We detail the development and characteristics of a national cohort from these linked data.

**Methods** The cohort comprised all births in Scotland, September 2009-March 2013, followed-up until March 2018. The following datasets were linked by the eData Research and Innovation Service: Scottish Morbidity (maternity) Inpatient/Day Case Record, Scottish Birth Records, National Records of Scotland births, General/Acute Inpatient/Day Case Records, Prescribing Information System, and Child Health Systems Programme (CHSP). These contain a wide range of information on birth, demographics, socio-economic indicators, child and maternal health, and parent health-related behaviours. Socio-economic circumstances included neighbourhood deprivation and as well as individual-level measures e.g parental occupational status, relationship status of parents. Some health measures were captured continuously through registers (e.g. prescribing for attention deficit hyperactivity disorder (ADHD) in the child and depression/anxiety among the mother; childhood immunisation; hospital admissions for unintentional injury), allowing examination of health at different points of the life-course (e.g. pre and post pregnancy) Others were recorded at developmentally-appropriate ages (e.g. smoking in pregnancy, infant feeding, cognitive, physical and socio-emotional development).

**Results** After removing failed linkages/cleaning variable labels, the cohort consisted of 202,757 children (97% all officially recorded births). 51.2% were male, 3% singleton births, and 44.7% first born children. 41.8% were born to mothers <25 years at first live birth, 82.9% had married/cohabiting parents and 22% had a long-term unemployed mother. Among health measures (for example), 91% had received their infant immunisations on time, 0.4% had ever been prescribed ADHD medication, and 4.9% had been admitted to hospital for an unintentional injury before school age. Most variables had no or low missing cases (e.g. mother's social class, relationship status of parents), with some exceptions (such as heights and weights).

**Discussion** Ability to link across administrative datasets in Scotland allows examination of child and maternal health and important determinants across the entire early years' period. We were unable to account for all emigration (as this relies on GP de-registration) and there may have been errors linking mothers to children, which may introduce bias.