However few studies have explored their attitudes towards psychotherapy and how cultural factors may impact the way they think about therapy, training and the therapeutic alliance. Therefore, the aim of this study is to analyse transcripts from focus groups with IMGs to see what their thoughts are about psychotherapy and the training they received, and whether it is impacted by any cultural factors.

Methods: Initially, all IMGs were invited to join focus groups via email and 8 volunteered to take part. The inclusion criteria were: trainees were currently at a placement in psychiatry in Mersey care and needed to have gained their medical degree outside of the UK. Two focus groups were held, using semi-structured questions. Themes were allowed to emerge but also prompted by pre-planned questions. The interviews were recorded, transcribed and analysed using thematic analysis by three separate readers. Different themes emerging were identified and coded.

Results: Results showed themes that were pertinent to all trainees regardless of cultural background and these included: the importance of psychotherapy to practice and training, lacking confidence in its delivery and acknowledgement of the need for psychotherapy training and supervision.

However, there were some cultural impacts on their views of psychotherapy. It was highlighted that psychotherapy as practice is more widely accepted in the UK and that perhaps there is still stigma associated with mental health illnesses worldwide. There may be religious and social structures that can support people in other cultures which may impact how patients seek care from the medical profession and how professionals respond. There were positive and negative aspects from cultural differences identified that impacted upon the therapeutic alliance, the ways IMGs deliver therapy and what they were expecting from training. The existence of paternalistic practices internationally was raised by many, with debate as to the balance required with this and whether it can serve to be a positive influence at times.

Conclusion: In conclusion, though cultural differences were identified that impacted IMG's attitudes and delivery of therapy, they could be positive as well as negative. Solutions in the future, could perhaps be acknowledging and exploring these differences to strengthen delivery of therapy.

More Than Oestrogen: A Systematic Review of Holistic Strategies for Mental Health Symptoms in Perimenopausal Women

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Aims: Menopause is when a woman has not had a period for at least 1 year. The median age is 51.Perimenopause is a transitional period associated with fluctuating hormones and heightened vulnerability to mental health symptoms, including depression, anxiety, stress, and sleep disturbance. Fluctuating hormones are noted from the age of 35 years or so. Holistic, non-pharmacological interventions have emerged as potential strategies to address these symptoms, but evidence has not been systematically synthesised.

Aim and Objectives:

1. To review systematically and analyse the evidence on holistic interventions for the management of mental health difficulties in perimenopausal women.
2. To identify various holistic interventions, including psychological, lifestyle, mind-body connection and complementary therapies for perimenopausal mental health symptoms.
3. To evaluate the effectiveness of these interventions for common perimenopausal symptoms.
4. To assess the quality of evidence and to identify the gaps for future research and practice.

Methods: A systematic review of randomised controlled trials was conducted, focusing on holistic interventions for mental health symptoms in perimenopausal women. Databases were searched using MeSH and free-text terms related to perimenopause, mental health, and holistic or complementary therapies. Study quality was assessed using the Cochrane ROB 2 tool.

Results: Twenty RCTs involving approximately 2,700 participants from the USA, Europe, and Asia were included. Interventions were categorised as psychological (CBT, MBCT, MBSR), physical activity-based (yoga,Pilates, tai chi,aerobic exercise), lifestyle modification, or complementary therapies (acupuncture,reiki, music therapy).

CBT-based interventions and mind–body practices consistently improved depression, anxiety, stress, sleep quality, and quality of life. Physical activity-based interventions demonstrated moderate benefits. Evidence for complementary therapies was limited and mixed. Most trials were at low or moderate risk of bias.

Conclusion: Holistic interventions are effective and person-centred approaches for managing mental health symptoms during perimenopause. Psychological and mind-body interventions yielded the most robust benefits. Limitations included heterogeneity of interventions, reliance on self-reported outcomes, and short-term follow-up.

Holistic interventions, particularly CBT, mindfulness, and structured physical activity, improve mental health in perimenopausal women. Future research should focus on larger, culturally diverse trials with standardised outcome measures and longer follow-up to strengthen evidence for clinical guidelines.

Self Injurious Behaviour (SIB) in Patients with Intellectual Disabilities Presented to the Department of Psychiatry and Behavioural Science Allied Hospital II Faisalabad, Pakistan

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Aims: Self-injurious behaviour (SIB) is a substantial and challenging behavioural issue among individuals with intellectual disabilities (ID), resulting in heightened morbidity, caregiver stress, and healthcare consumption. Data from low- and middle-income nations, such as Pakistan, continue to be scarce,with intellectual