



Exploring the Intersection Between Informal Carers' Experiences, Digital Poverty and Poor Socioeconomic Status, Protocol

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Aims: In 2021–2022, 10.5% of UK citizens provided unpaid informal care, saving the government £162 bn annually. Many carers reside in high-deprivation areas, where access to appropriate health and social care services is limited. Previous studies indicate that carers are more prone to depression, anxiety, and physical symptoms, and these negative outcomes are higher among socio-economically disadvantaged carers. The shift of some health and social care services online, combined with ‘digital poverty’ (having no suitable electronic devices with Internet access or limited access or skills concerning the Internet), may exacerbate difficulties with accessing health and social care support, potentially increasing unmet needs and burdens among socioeconomically disadvantaged carers. The aim is to understand how informal carers with marginalised socioeconomic status (SES) access existing health and social care services and how this impacts their mental health. The second aim of the project is to explore how potential digital poverty may shape a carer’s mental health outcomes.

Methods: A systematic literature review will identify barriers and facilitators of accessing health and social care by informal carers, the impact of access/non-access on mental health, stratified by carer SES and care-recipient’s health conditions. Followed by a qualitative photovoice study to explore carers’ experiences of accessing health and social care and the effects of digital poverty, analysed through critical discourse analysis. Thirdly a survey (N >300) examining how factors underpinning access to health and social care are related to informal carers’ mental health as moderated or mediated by the caregiver SES, carers’ perceptions of access to health and social care and of digital poverty analysed by structural equation modelling.

Results: We will identify if and how informal carers with a marginalised socioeconomic background access health and social care services. Which will allow us to develop an evidence-based health promotion model.

Conclusion: This study will offer us a unique opportunity to develop an evidence-based health promotion model for these carers that shows how to mitigate existing pathways of health inequalities. Based on key findings, recommendations will be generated and shared with researchers, clinicians, and policymakers via academic publications, conferences, exhibitions of carers’ photographs, and carer forums with NHS Trust(s).

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.

Eating Disorder Social Network Density: Its Impact on Diagnosis and Recovery

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Aims: A handful of studies argue that ED treatment would benefit from a network analysis of social influences, particularly in girls and young women pressured by socio-culturally prescribed beauty standards, and reinforced by peers and family. The study’s aim was to investigate the impact of social network density on a person’s acquisition, perpetuation, and recovery from an eating disorder (ED). It was hypothesized that one’s connectedness within dense social networks of others with EDs would increase the likelihood of an ED diagnosis and resistance to treatment and recovery.

Methods: One thousand participants, largely from North America and Europe, completed an online survey of ED social networks. Respondents were asked whether they had an ED diagnosis, and if so, the diagnosis/typology, whether they knew others with an ED, whether they were in recovery, and, if so, the extent of social supports. Indices and latent structural equation model (SEM) variables were constructed from respondents’ identification of siblings, peers, friends, parents, other relatives, spouses, and neighbours with an ED. Similar indices were constructed for others identified as supportive of recovery. Social media influence was measured by asking if pro-anorexic or recovery websites were viewed. Data were analysed using bivariate statistics and Lavaan’s SEM R program.

Results: Social network density (knowing others with EDs) was highly predictive of ED diagnosis, including multiple EDs. Internet media was equally impactful. Same-sex siblings and peers had the greatest influence, exceeding parents or other relatives/friends. Networks of supportive others were highly predictive of recovery, outweighing negative ED models and media.

Conclusion: Our results were highly revealing of dense networks of family and peer models of EDs as well as supportive networks for recovery. The density/richness of social networks of others with an ED was highly predictive of an ED diagnosis, particularly of multiple EDs. Same-sex peers and siblings with an ED were especially strong influences. “Rich” day-to-day networks of multiple social contacts with EDs were associated with multiple ED diagnoses. Media appeared to complement these social contacts. However, only dense networks of supportive others were significantly predictive of recovery. Effective ED treatment requires a careful consideration of social influences who may model ED attitudes and behaviours; same-sex siblings and peers are especially critical. ED treatment and recovery might be compromised if these significant others model and reinforce a patient’s ED attitudes and behaviours.

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Global Forestry Areas, Deforestation and Mental Health: A Worldwide Ecological Study

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Aims: Forests are important for planetary and human health, but deforestation is increasing. Poor mental health is increasingly affecting the world’s population. This study aims to investigate the association between forestry area, deforestation and mental health, at country level, worldwide.

Methods: Forestry area in each country was sampled in 2006 and 2016; the country prevalence of mental health disorders or substance abuse was sampled in 2006 and 2016; and the relative disability-adjusted life years (DALYs) in 2010 and 2016. Crude and