

Identification of specific contributing factors is beyond the scope of this preliminary study, however it will be important to conduct further research with a larger sample size that incorporates post-lockdown and post-pandemic scores to ascertain whether trends seen here are in fact maintained when normal social contact resumes.

The impact of rTMS on patients with dual diagnosis of depressive disorder and substance use disorders

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Aims. We aim to investigate the effectiveness of repetitive Transcranial Magnetic Stimulation (rTMS) in reducing consumption and craving among patients with Substance Use Disorder (SUD) and comorbid depressive disorder.

Background. Dorsolateral prefrontal cortex (DLPFC) is greatly involved in SUD evolution (1). Research has turned to targeting this brain area with rTMS; a non-invasive brain stimulation technique that modulates cortical excitability by sending pulsatile electromagnetic fields through the skull and into the brain (2). rTMS is an FDA approved and safe treatment option for treatment-resistant depression (TRD) (3).

Method. Fifty-four patients were admitted over six-month period of time (June 2019- December 2019) to the inpatient unit of Erada center for treatment and rehabilitation of SUD in Dubai. All patients who fulfilled ICD-10 diagnoses of Depressive disorder and SUD were screened for further assessment.

Positive drug screen was confirmed through urine analysis. Hospital Anxiety and Depression Scale (HADS) and Brief Substance Craving Scale (BSCS) were applied to all participants. Patients were contracted for 5-times weekly High frequency (10 Hz) rTMS for 4 weeks (total of 20 treatments). Those who managed to complete their contracted TMS sessions were matched for age and sex with similar number of patients who received standard treatment as usual (TAU). Stimulation was as per FDA clearance for rTMS application in TRD.

Result. Eight patients were excluded (previous head trauma). A total of 46 patients had TMS mapping; nine of whom completed 20 sessions.

Opioids was the most commonly used drug in almost 52% of patients (n = 14), followed by amphetamines in almost 30% (n = 8) and Cannabis in 18.5% (n = 5).

Among those who completed 20 rTMS sessions; HADS scores on anxiety and depression fell by 85% and 78% respectively. BSCS score fell by 98%. Relapse rate (defined by positive drug screen) at 3 months was 33%.

For those who completed 10 sessions; there was only 50% reduction on BSCS scores and 66% relapse rate. There were no data available on their HADS scores (only collected at baseline and at completion of 20 sessions).

Those who only had TAU; there were no reduction in their BSCS (average score of 7 at both baseline and after 2 weeks).

Conclusion. Our findings suggest that rTMS may be an effective and safe treatment for both depressive disorder and craving for SUD which is supported by other studies (3,4).

Our study is probably the first of its kind within Middle East population with addiction problems.

A meta-ethnographic review of people's experience of seeking asylum in the UK and its impact on psychological and social wellbeing

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Aims. Ethnographic accounts of the everyday, lived experience of seeking asylum have been incredibly useful for shedding light on how the asylum process and UK policy influences health and wellbeing. However, there lacks an analysis which pulls together these voices and establishes common themes. This review aims to address this gap by synthesising published literature related to people's experience of seeking asylum in the UK and its impact on their psychological and social wellbeing.

Method. A systematic literature search was conducted in SCOPUS, PubMed and PsychINFO. Ten qualitative studies, capturing the accounts of over 190 people, were included in the review. The steps of meta-ethnography were used to synthesise the experiences of seeking asylum. Overarching themes which linked the studies were conceptualised and a framework of 'constructs' used to organise verbatim narratives and researcher interpretations from each study by theme and sub-theme. Finally, the constructs from each theme were translated to produce an overarching line of argument to the research.

Result. Five key themes illustrating the experience of seeking asylum in the UK were identified. These were: a need for safety; distress; resilience and coping; sources of support; and looking to the future. The line of argument indicated that people seeking asylum in the UK experience a need for safety, high levels of psychological distress and social isolation, yet throughout exhibit extreme resilience. Analysis highlighted the need for increased governmental support and legal empowerment during the asylum process.

Conclusion. This synthesis illustrates the widespread impact, both direct and indirect, of a culture of deterrence and disbelief within the Home Office on the psychological and social wellbeing of people desperately seeking refuge and compassion. To achieve equitable and optimum health for those seeking asylum in the UK, we must urgently move away from the hostile environment which has been created. As we develop a more holistic and expanded notion of health, the concept of wellbeing provides a person-centred framework for understanding how the social context can result in certain outcomes. The global public health response to the health-needs of people seeking asylum, and the wider migrant community, must be informed by lived experiences if they are to create interventions which have benefit.

What can be found in the spam folder? a self-study from junior researchers in psychiatry

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