

sample display was greater following either active or sham stimulation. However, synchronisation during the delay period reduced following sham and increased only following active stimulation. Likewise, performance declined following sham but remained stable or improved following active stimulation.

Conclusion. We examined the effects of TMS on electrophysiological signals evoked during a spatial working memory task. We found that beta-band oscillatory activity, thought to safeguard stored information during memory delays, was increased by memory load and maintained or restored in blocks following active TMS. These effects were greatest over parietal/occipital areas. It is suggested that this beta activity serves to protect memory traces from distractors (in the current case, internal distractors). Notably, if TMS enhances delay activity within areas of the brain involved in stimulus representation that are distal from the stimulation site, then its effects are best understood as network level modulations of brain activity.

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Evaluating the Interventions Implemented and Subsequent Outcomes Following a Moderate and High Score on the Dynamic Appraisal of Situational Aggression Risk Assessment Tool

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Aims. The Dynamic Appraisal of Situational Aggression (DASA) is one of a few instruments designed for the prediction of violence specifically for inpatient populations. It is important that risk assessment tools demonstrate clinical utility, and that barriers to successful implementation are addressed. If successful, the tool should not only predict risk, but lead to the utilisation of interventions intended to manage and reduce risk. The aim of this study is to learn more about the acceptability of the tool (adherence), its outputs (nursing interventions), and the outcomes (inpatient aggression and violence). Understanding more about the relationship and processes between an intervention and its outcomes is a key step in intervention evaluation.

Methods. Data were collected over a three-month period within a medium secure forensic hospital. A total of 43 patients were included for analysis.

Categories of nursing intervention were coded and content analysis of electronic health records analysed. Incidents of aggression/violence to others was recorded as aggression to patient and aggression to staff. Data were gathered on the completion of the DASA score for all patients for each 24-hour period. A DASA score of 2–3 for moderate risk and ≥ 4 for high risk was used. The change in DASA score (before and after intervention) and frequency of incidents was calculated for each intervention implemented.

Results. The average adherence of the DASA tool was 58.82% (Range 1.09% - 90.02%). The most frequent intervention following a moderate and high DASA score was that no interventions were provided. The second most frequent outcome following a high score was a focussed discussion with the patient, the use of increased monitoring and the use of seclusion. For those patients that recorded a high score on the DASA tool, eight of those scores were followed by an

incident of aggression ($n = 8 / 50\%$). There was no statistically significant difference between the change in DASA scores between interventions implemented, for both high and moderate scores.

Conclusion. The ultimate goal of risk assessment is the management and prevention of risk. Thus, if a high score does not result in strategies for intervention, it renders the assessment process worthless. A recommendation for future clinical practice would be the systematic recording of interventions and risk management strategies when in receipt of a high score on the DASA. Greater operationalisation of risk management strategies and their ability to reduce aggression is needed to enhance risk assessment research and clinical practice.

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Using Evidence-Based Measures to Assess the Effectiveness of Residential Mental Health Rehabilitation for Adults With Dual Disabilities

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Aims. The Transitional Support Unit (TSU) is a unique 10-bed state-wide service and currently operates as one of two community-based long-term mental health services in Victoria. TSU is geared towards adults with complex mental health disorders in addition to a co-occurring intellectual disability or acquired brain injury--also referred to as a dual disability (DD). The aim of this project is to identify the benefits of this service to participants in order to improve the current structure and also to encourage development and expansion of similar services in Australia or globally.

Methods. The project was performed at the TSU. Participants included all previous and current residents of the TSU program ($N = 24$). Data were collected from three different evidence-based measures; the Health of the Nation Outcome Scales (HoNoS), Lifestar, and the Life Skills Profile (LSP). Each participant had these scales performed on admission, at time of discharge, and at 91 day intervals throughout their stay at TSU. The change in the measures were used to determine what clinical benefit, if any, resulted from undergoing engagement with the TSU program. Inclusion criteria was broad and encompassed any adult who had a DD and was admitted into TSU. Exclusion criteria was defined as any TSU resident with no completed discharge scales for comparison.

Results. On review, it was found that on average, there was an overall decrease in HoNoS scores from admission to discharge of 4 points. For the LSP, there was an average decrease of 10 points in TSU participants and the Lifestar was found to have an average increase of 20 points. Within Lifestar specifically, participants were found to have an average improvement between 1.64 and 2.94 in each individual category assessed. No TSU participants were observed to suffer from any decline or step back in categories related to how they spent their time, feeling good about themselves, or the people they knew.

Conclusion. TSU does appear to have notable benefit for adults with DD, particularly in improving overall mood, social interaction, and development of a routine as well as activities throughout the day. The least improvement was found in categories such

as physical health and communication. The data were limited by participants who have not yet been discharged from TSU, therefore any discharge scales were unavailable for comparison.

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Does ECT Work? the Impact of ECT on Depression

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Aims. The aim of this project was to evaluate the impact of ECT on depression and mood symptoms.

Methods. 50 patients who were treated with ECT within NSFT (2020–22) were assessed using extended Hamilton Depression Rating Scale (HDRS, observer rated depression scale). This rates depression out of a possible 40, with higher scores indicated more severe depression: under 7 indicating no depression, 8–16 mild depression, 17–23 moderate depression and over 24 as severe depression. Cognition was also assessed (using Mini Ace) .

HDRS was carried out at the start, mid point (session 6–8) and end of ECT, and scores were then evaluated.

Results. All patients showed a significant drop in HDRS scores and an improvement in depressive symptoms (even the ones who were not being primarily treated for depression). This effect was most notable between start and mid point of ECT.

Mean scores at start of ECT were 24/40 (range 11–36), mean at mid point was 11 (range 4–25) and mean at end of treatment was 7 (range 0–14).

Conclusion. This Project would seem to reflect the findings from functional neuroimaging: that the greatest impact of ECT on neurophysiology and anatomy (including on brain structures) occurs in about the first 6–8 sessions. This positive effect continues with subsequent treatment but at a reduced gradient. The effect is noted to be statistically significant for this project/sample.

In Conclusion: all 50 patients started ECT depressed (again, even those who were not being primarily treated for depression) and all patients improved with ECT. At the end of ECT, only 7 patients scored over 7 on HDRS and none over 14 (i.e. only 7 (14%) of patients were assessed as having mild depression compared with 50 (100%) at the start of ECT treatment).

This project would further support that ECT is a highly effective treatment for depression, especially when a rapid response is required due to severity or threat to life (such as catatonic or not eating/drinking, as was the case 6 patients seen) or for psychotic depression (12 patients). It is notable that all patients had a reduction in depressive symptoms, even those not presenting with depression or marked mood symptoms.

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Thematic Analysis of Inquiries Into Concerns About Institutional Health Care

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Aims. Recent reports and inquiries indicate that the potential, identified from the early days of the asylum era, for residents of psychiatric institutions to be subject to abuse has not been eradicated. The findings and recommendations of individual inquiries are often so specific to their unique context that it can be difficult to draw general principles that have wider operationalizability. The aims of this study are to thematically analyse available inquiry reports into health care institutions from the mid-20th century to the present using a ‘generalisable’ framework in order (i) to identify the key themes underpinning the concerns raised, and (ii) to analyse how themes change (or persist) over time.

Methods. Inquiries relating to concerns about the institutional care of patients over the past 70 years were identified. In this pilot study, a selection of available reports were subject to thematic analysis to address the first phase of the study (identifying themes underpinning concerns).

Results. Four overarching themes were identified. The first three themes reflect the different levels of system analysis. Thus, the first theme, ‘*the proximal dynamic*,’ describes the nature of the interaction between staff and patients which is influenced by staff experience, attitude, and actions. The second theme, ‘*the organisational dynamic*,’ comprises processes, policy and culture particularly, but exclusively, within the provider organisation. The third level of analysis, ‘*the system dynamic*’ theme, includes the influence on the concerns raised of the way the health system is configured (e.g. commissioning arrangements, and use of ‘out-of-area’ placements). The fourth theme, which cuts across the first three, is ‘*the response to concerns*’ which ranges from identifying early warning signs to responding to overt expressions of concerns (including whistleblowing).

Conclusion. Using thematic analysis to examine past inquiries into poor institutional care of patients, this study has identified a thematic structure which (i) emphasises that problems arise in a ‘dynamic’ that can be located at three levels of analysis (proximal, organisational and system) and (ii) includes a cross-cutting theme of the way concerns are responded to. This structure can be used as a learning framework for the current provision of inpatient services that has the potential to improve care in institutions, but this will require empirical testing.

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The Incidence of Post Traumatic Stress Disorder Amongst Cyclone Survivors in a Rural Hamlet of West Bengal

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Aims. Too assess the incidence of PTSD among the survivors of natural disaster Yash cyclone.

Methods. Data were collected from adolescent population between the ages of 10 and 15 years who resided in the sunderban region of South 24 Parganas district of West Bengal