

barriers in receiving such diagnosis. Misdiagnosis is preventable by training clinicians, screening risk groups and developing dedicated autism services.

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### Real World Effectiveness of rTMS in Depression and Anxiety

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**Aims.** Repetitive Transcranial Magnetic Stimulation (rTMS) is a non-invasive brain stimulation recommended by NICE for treatment of depression with minimal side-effects and a high patient acceptability. Our aim was to assess the effectiveness of rTMS in real world clinical service in alleviating symptoms of depression and anxiety.

**Methods.** All patients receiving rTMS in our Centre for Neuromodulation Services (CNS) received 5 daily treatment sessions a week for a period of 5 weeks (25 sessions in total). All patients routinely completed PHQ-9, BDI-II and GAD-7 measures before and after the course of treatment. The scores on these measures were retrospectively analysed using paired-sample t-test.

**Results.** All 15 patients completed the PHQ-9 and GAD-7 scales while 10 patients completed BDI-II. Eleven patients (73%) had improved PHQ-9 scores post-treatment with average improvement of 5.5 points which was statistically significant [paired-sample t-test:  $t(14) = 3.019$ ,  $p = 0.009$ ]. Nine patients (90%) had improved BDI-II scores post-treatment with average reduction of 36% from baseline which was statistically significant [ $t(9) = 3.681$ ,  $p = 0.005$ ]. Eleven patients (73%) had improved GAD-7 scores post-treatment, with average reduction of 4 points. This reduction was also statistically significant [ $t(14) = 3.038$ ,  $p = 0.009$ ]. Improvement in all measures was also of a level that would be considered clinically significant for these measures. All patients tolerated the treatment well with no patients dropping out due to side effects.

**Conclusion.** With the limitation of relatively small sample size, our initial analysis indicates that rTMS treatment offered in real world clinical service is effective in treating symptoms of depression. Although our protocol was not intended to treat anxiety, our patients had remarkable improvement in anxiety symptoms as well.

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### Assault Profile and Psychiatric Morbidity in Children With Sexual Abuse: A Community Based Cross-Sectional Study From an Urban Law-Enforcement Centre in India

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**Aims.** The extent and nature of child sexual abuse (CSA) and its consequences with respect to psychiatric morbidity is still poorly described in children. This was a community based cross sectional study to describe the social demographic profile and identify psychiatric morbidity in children with CSA and to further examine the association between the sexual assault profile and the psychiatric illness present.

**Methods.** This study includes 100 children aged between 6–17 years ascertained as sexually abused at the time. The setting was BHAROSA centre, which is a society for protection of women and at-risk children with funding from the Department of Women and Child Development Telangana state, India. Simple random sampling was used to choose the participants and a pre-tested semi structured questionnaire was used to assess the sexual assault profile. The Developmental Psychopathology Checklist (DPCL) which is the Indian adaptation of Child behaviour checklist was used to understand the associated psychopathology. The prevalence of psychiatric morbidity was discerned by the Diagnostic Statistical Manual Text Revision (DSM V-TR).

**Results.** The average age for the first CSA encounter was 10.87 years. Most often the perpetrator was found to be an acquaintance (66%) of the child's family. 'Vaginal/anal penetration' (55%) was the most common form of abuse. In half of the cases there was a significant delay of two days-two weeks between the last episode of abuse and its discovery. 12% attributed themselves fully responsible for the abuse. 23% reported unsupportive reactions from the caregivers such as being dismissed or being blamed themselves for the abuse. More than half (53%) had at least one psychiatric disorder with post-traumatic stress disorder (PTSD) being the most common (28%) followed by conduct disorder (21%) and depression (17%). 28% had quasi psychotic symptoms and 25% non-specific somatic symptoms. 12% reported suicidal thoughts/ideation. 5 children tested positive for HIV and 2 were pregnant. Children who experienced 'Vaginal/Anal penetration' and those who pretended the act did not take place were found to have statistically significant rates of depression, PTSD and suicidality.

**Conclusion.** All children and adolescents who have been sexually abused must be evaluated for psychiatric morbidity regardless of their social demographic and abuse profiles. Additionally, all parents and caregivers should be sensitised on the fact that the majority of the perpetrators are acquaintances to the subjects. Coping strategies of the children especially self-blame and poor social support exert direct negative effects on victims' adjustment.

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### A Pilot Study to Assess Suicidal Risk in Women Reporting Domestic Violence to a Law Enforcement Agency in South India

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**Aims.** In a recent national study in India, 35% of women reported experiencing domestic violence. The association between domestic violence and mental health outcomes especially suicidal risk has been less studied in Asia especially in India. With this context in mind, we aimed to establish a preliminary prevalence of suicidal risk in women reporting domestic violence using self-injurious thoughts and behaviors as proxy measures. We also wanted to probe the feasibility of assessing suicidal risk in a community center for vulnerable women with limited access to referral care and to determine the acceptability of safety plans as well as referral to a hospital setting for women with increased suicidal risk.

**Methods.** A single center cross-sectional pilot study was conducted among 50 females who have officially reported Domestic Violence. The participants had reported this domestic violence to a 'SHE Teams' center in Telangana state, India, which is a women safety surveillance initiative launched by the state government. HARK (Humiliation, Afraid, Rape, Kick) questionnaire to assess the type of domestic violence experienced and SITBI (Self Injurious Thoughts and Behaviors Interview) questionnaire to evaluate the type of self-harm in victims were used.

**Results.** It was found that 100% of the study population experienced emotional abuse, 50% sexual abuse, 74% physical abuse and 80% of them were afraid of their partners. It was also found that 64% had suicidal ideation, 40% had made a suicidal plan, 22% made suicidal gestures, 34% have attempted to commit suicide at least once. 12% had thoughts of Non-Suicidal Self Injury and 10% have committed Non-Suicidal Self Injury. Women who were unemployed and those who were harassed for dowry/endowment by the spouse or spouse's family had a statistically significant association with elevated suicidal risk. 17 participants were referred to a psychiatrist in the nearby hospital and 32 requested for shelter in fear of future violence.

**Conclusion.** Domestic violence is a risk factor for poor mental health among women and suicide is one of the main causes of premature death in this population. To prevent more suicides in women, identifying risk and referral of domestic violence victims should be an essential part of health care systems apart from adequate legal support. This pilot study provides preliminary data for a future study of risk factors mediating suicidal risk in women who are victims of domestic violence and to develop targeted interventions as well.

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### Time From Referral to Discharge From High Secure Care: Challenges for Flow Through the Forensic Estate

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**Aims.** The Independent Forensic Mental Health Review (Scottish Government, 2021) highlighted an issue with timely transitions through and out of Scottish forensic inpatient services. Concerns were raised regarding the impact of transfer and discharge delays upon patients. As part of a wider service evaluation examining the pathways forensic mental health patients navigated through secure inpatient care, this study aimed to identify the

requirements, processes and time-frames involved in transfer from The State Hospital (TSH), which provides male only, high secure care to Scotland and Northern Ireland.

**Methods.** Data for 69 patients noted on TSH transfer list (2017–2019) were collected. In addition to patient demographic, clinical and forensic variables, data was gathered about use of appeals against excessive security under section 264 and 265 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

**Results.** Forty-nine (71.0%) patients were referred to medium secure care, 6 (12.2%) to low secure care and 14 (20.3%) for return to prison. Schizophrenia was the most common primary diagnosis (43, 62.3%), with 75.5% (37) of those referred to medium secure care vs 21.4% (3) returning to prison having received this diagnosis. There were statistically significant associations in terms of time between referral and transfer between individuals who had a primary diagnosis of Schizophrenia/Schizoaffective disorder (no 114, yes 388.5 days; Median) and whether they had lodged a section 264 appeal (no 109.5, yes 469.0 days; Median) or section 265 appeal (no 134.5, yes 517.0 days; Median) against excessive security. There were no significant differences in days from referral to transfer/discharge based on behaviour leading to admission or the number of formal attempts to transfer during current admission. Twenty (40.8%) patients referred to medium secure services made a successful section 265 appeal which resulted in a ruling that they should be transferred within three months. Seven (35%) of these patients were transferred inside three months.

**Conclusion.** Patients are waiting significantly variable lengths of time from referral to transfer depending on the service they are being referred to. The use of section 264 and 265 appeals against excessive security was implicated in a greatly increased length of time to transfer. Patients considered to have the most serious chronic mental health conditions are waiting the longest time for transfer with potential implications for their mental health. Patients' human rights are potentially affected due to continuing to be placed in conditions of excessive security for more than a year following decision to refer.

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### A Feasibility Study of Floatation-REST for Fatigue: An Idea That Was Worth Floating

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**Aims.** Floatation-REST (restricted environmental stimulation therapy) has shown promising potential as a therapeutic intervention in psychiatric conditions such as anxiety and anorexia nervosa. We speculate that the sensory deprivation might act as a kind of interoceptive training. Within our lab, interoceptive trait prediction error has been used to predict states of anxiety in autistic adults. There is also emerging research conceptualising interoceptive mismatches potentially playing a role in fatigue. Our aim was to run a feasibility study assessing the tolerability of Floatation-REST for participants with disabling fatigue. We