

M1 and DLPFC based on previous literature. Attention was assessed with a Continuous Performance Task (CPT).

Results. We found a significant negative correlation between the amplitude of N100 from M1 and CPT score in the patient group ($\rho = -0.73$, $p = 0.026$). The N100 component from DLPFC in patients did not correlate with the CPT score ($\rho = -0.034$, $p = 0.93$), which may suggest regional specificity of M1 inhibitory processes in attention in patients with schizophrenia.

Conclusion. N100 is considered to be related to cortical inhibitory processes influenced by cortico-striato-thalamo-cortical loops, with greater cortical inhibitory activity producing a larger N100 amplitude. Our preliminary results suggest association of the GABA-B-ergic TEP N100 with attentional processes in M1 and may represent cortical inhibition beyond motor inhibition in patients with schizophrenia. Overall, TMS-EEG offers the potential to investigate the state and dynamics of E/I imbalance in schizophrenia and cognition.

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Mental Health and Contraception- Are We Doing Enough? a Study Exploring the Current Practice of Providing Contraceptive Advice by Mental Health Professionals

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Aims. Contraception is of increased importance for women with mental health conditions. These women are more likely to experience unplanned pregnancies and are at a higher risk of sexually transmitted diseases. NICE (National Institute for Health and Care Excellence) guidelines recommend discussing the use of contraception with women of childbearing potential with mental health problems. Professionals should discuss how pregnancy and childbirth can impact a mental health problem and how a mental health problem and its treatment might affect the woman, the foetus or the baby. It is, therefore, important for professionals to feel confident when advising these women. In this study, we aim to examine the knowledge, practices and attitudes of mental health professionals in providing contraceptive advice to service users of childbearing potential.

Methods. An observational quantitative cross-sectional design study was utilised using a 12-item self-report questionnaire. Mental health professionals meeting the inclusion criteria, employed by Surrey and Borders Partnership NHS Foundation, were invited to complete the anonymised survey electronically. Responses were entered into the survey software (Qualtrics) and quantitative data analysis was conducted.

The study was approved by the North West Manchester Ethics Committee.

This is the first arm of the study, and the second arm focuses on service user experience and is currently in progress.

Results. 76 professionals responded, including 24 consultants, 17 trainee doctors, 16 nurses, 8 non-trainee doctors, 7 psychologists, 3 social workers and 1 pharmacist. Of the 76 responses, 31% said they felt extremely/very familiar with the NICE guidelines. 38% of respondents said they were somewhat familiar, and 30% said they were not so/not at all familiar. Regarding confidence in discussing

contraception and family planning 8% responded extremely/very, 28% responded somewhat and 64% responded not so/not at all. 68% said they would like to receive further training. A third of the professionals surveyed said they were not familiar with the NICE guidance. Two-thirds of respondents do not feel confident offering counselling around contraception, planning and spacing pregnancies. Over two-thirds would like further training

Conclusion. The survey showed a lack of confidence in offering reproductive advice and the need for training to improve knowledge. We aim to develop training in contraception advice to improve the care provided for female service users.

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Gestational Factors in Mother – Infant Bonding Impairment Among Women With High Risk Pregnancies

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Aims. The present study aimed to study maternal bonding impairment among postpartum women at 6–8 weeks postpartum. We compared the severity of bonding impairment among women with high and low risk pregnancies. We also explored gestational factors related to maternal bonding impairment in these women.

Methods. Hundred women at six – eight weeks postpartum, without any significant physical or mental illness, were assessed for bonding failure using the Postpartum Bonding questionnaire. Their antenatal and postnatal records were reviewed to determine various gestational factors and subsequently classify them as high risk or low risk pregnancies. Unpaired t test and multiple regression analysis were used as appropriate for statistical analysis.

Results. 7% of the mothers had significant impairment in bonding with their infants. The most prevalent type of bonding impairment was infant focused anxiety (1%) and incipient abuse (1%). Maternal bonding failure ($d = 0.74$) and rejection of infant ($d = 0.45$) were significantly higher in women with high risk pregnancies ($P < 0.01$). Not having a term delivery was the most significant factor associated with impaired maternal bonding ($\beta = -0.26$, $P = 0.02$). Other factors in the model were maternal BMI, mode of delivery, having an emergency caesarean section, presence of congenital malformations in the baby and history of NICU admission. Overall adjusted R-squared for the model was low (0.07), indicating only 7% of variation can be accounted by the gestational factors in the model.

Conclusion. Women with high risk pregnancies have higher chances of an impaired bond with their infants. Preterm / post term delivery is the most important risk factor.

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Effectiveness of rTMS on Suicidal Thoughts in Patients With Depression

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Aims. rTMS (Repetitive transcranial magnetic stimulation) as a brain stimulation modality is approved to treat treatment-resistant depression. Its efficacy in depression and anxiety is well supported in several studies. However, its direct effect on suicidality is still unclear, unlike electroconvulsive therapy. This study aims to evaluate the effectiveness of rTMS on pessimistic and suicidal thoughts. We hypothesized that rTMS reduces pessimistic and suicidal thoughts, alongside other symptoms, in patients experiencing depression and anxiety as the therapy progresses over six weeks.

Methods. The study is a retrospective observational study. The study was conducted in the rTMS Clinic, Brentwood. All of the patients undergoing treatment at the rTMS Clinic were assessed with subjective and objective scales for depression. One of the scales was MADRS (Montgomery Asperger's Depression Rating Scale); this was used to study the response of therapy. I looked into the pessimistic and suicidal thoughts component in MADRS, the baseline score was recorded, and its progression on weekly monitoring for six weeks was noted.

63 patients attended the rTMS clinic from January 2019 to October 2022. 21 patients were excluded for reasons that included dropping out before completion of treatment, MADRS weekly scores not being available, and some of them still undergoing treatment. A total of 42 patients, 21 male and 21 female, who successfully finished rTMS therapy at the Neuromodulation clinic were included in the study.

Results. The study showed that rTMS was effective and well-tolerated in reducing pessimistic and suicidal thoughts in the majority of patients. Average baseline scores and their average weekly progressions for pessimistic and suicidal thoughts over six week's period were recorded. The average score of baseline pessimistic thoughts was 3.925, and baseline suicidal thoughts was 3, in the severity scale of 0–6. There was a gradual reduction in scores of pessimistic and suicidal thoughts from baseline to the end of intensive six-week treatment. Scores measured at the end of every week showed a reduction in scores from the previous week of treatment. Average scores at the end of six weeks showed 2.375 and 1.65 in the pessimistic and suicidal thought domains respectively in the MADRS scale.

Conclusion. rTMS is being used for symptoms of depression and anxiety and evidence is encouraging in treating symptoms including pessimistic and suicidal thoughts. rTMS therapy over six weeks showed a gradual reduction in the severity of pessimistic and suicidal thoughts, demonstrated by decreases in average MADRS weekly score.

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Associate Hospital Managers' Discharge Powers Under Section 23: Should the Days of the Hospital Managers' Hearings Be Numbered?

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Aims. Under section 23 of the Mental Health Act, the managers of the hospital have the power to order discharge of a patient

detained under certain sections. In the past, the need for this power has been questioned, but the debate reared its head following the 'Modernising the Mental Health Act' government review in 2018, which initially proposed that the managers' hearing should be abolished. The aim of this research was to critically analyse the law to determine whether or not managers' hearings should be removed in legal reform.

Methods. A literature review was performed using the legal databases Lexis Library and Westlaw to identify relevant primary legislation, secondary legislation, case law, articles and other secondary sources. These were critically analysed to discuss the managers' hearing's strengths, weaknesses and potential proposals for reform.

Results. In favour of retaining the managers' hearing in its existing format, it provides an independent power of discharge that is accessible, subject to scrutiny and an important safeguard, particularly for those lacking capacity. In favour of abolishing the managers' hearing, the tribunal system satisfies the Government's requirement under Article 5(4) of the European Convention for Human Rights; the managers' panel could be viewed as a duplication of effort without legal representation and a necessary medical member, with limited powers in comparison to a tribunal and arguably low discharge rates. Its usual procedure was challenged during the COVID-19 pandemic, and the Convention on the Rights of Persons with Disabilities moves away from the traditional medical model, suggesting reforms to the Act may be needed.

Conclusion. Case law has ruled that the managers' panel has equivalent standing to the tribunal and criticism has been largely anecdotal. The absence of evidence surrounding the process is a major weakness in this debate with no nationally held records of outcomes. Whilst the duplication of effort and overlap with the tribunals' powers has been a consistent argument for abolishment, the managers' hearing stands as a robust and accessible safeguard in providing an opportunity for detention under the Act to be reviewed. Any reform must continue to empower and involve patients, supporting them in exercising their rights. On balance, this review concludes that the days of the managers' hearing should not be numbered without further research.

This research was completed as a Masters in Mental Health Law (LLM) dissertation through the University of Northumbria.

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Probiotics as Adjunctive Treatment in Major Depressive Disorder: Estimates of Treatment Effect and Underlying Mechanisms From a Double-Blind Placebo-Controlled Randomised Pilot Trial

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