

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. To 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

Research design adopted for the present study was descriptive, explorative of non experimental study.

Setting of the study was the relief camp operated for victims of climate change and natural disasters ie cyclone yash 2021.

Sampling technique adopted for the present study was simple random sampling.

Instruments used -

PCL 5 questionnaires

socio demographic pro forma.

The data were collected and analysed by means of descriptive and inferential statistics.

Results. Analysis shows that there is statistical correlation between post traumatic stress disorder and subjects exposed to climate change events such as cyclone Yash.

Initial research suggests that a PCL-5 cut-off score between 31 and 33 is indicative of probable PTSD across samples.

In our study the mean pcl 5 value from the data assessment is 70.67 with standard deviation of 4.61. The mean age of the group was 13 years and the family income was Rs 50,804 .

The mean education level of the subjects is class 7.

Further assessment by linear regression analyses shows that female subjects are more prone to post traumatic stress disorder and higher income groups are more susceptible to ptsd.

As shown by higher values as per the pcl 5 scale.

It is evident that events linked to climate change and natural disasters such as cyclone Yash contribute to the development of PTSD as the values are above the cut of score of 33 and are increased across all 20 parameters of the PTSD Scale PCL-5.

Conclusion. Our study clearly demonstrates the impact of climate change and natural disasters on the mental health status of people living in disaster prone areas especially the child and adolescent population.

Our study group was child and adolescent population between 10 and 15 years.

The study was done in very difficult settings as our relief team with volunteers and psychologists had to travel to gosaba and sunderban region of West Bengal which had been devastated by cyclone Yash .

The psychologist and volunteers had to collect data in disasters affected zone , yet they collected data which gave a clear cut findings and a very clear statement on climate change and mental health.

The Royal College of Psychiatry was an observer in the recent international Congress on Climate change and had expressed concern over the impact of climate change on mental health.

Our study shows the profound impact natural disasters have on mental health similar to post-traumatic stress disorder.

Our study vindicates the position of the Royal College of Psychiatry on climate change and natural disasters.

The values are very high and consistent in most subjects across all twenty domains.

Our study group was child and adolescent, the most vulnerable group amongst the affected population.

It is our opinion that Mental health support should be provided for all victims of climate change and natural disasters and government should invest in resources for protection of vulnerable communities from the ravages of natural disasters.

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Assessment of Knowledge About Frailty Syndrome Among Doctors and Its Intervention: A Literature Review

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Aims. Under-detection of frailty syndrome or sarcopenia can result in significant mortality and morbidity among elderly patients, especially in old-age mental health settings. Therefore, it is crucial to ensure doctors are equipped with the competency of early identification and management of frailty syndrome. To date, there is limited information about any systematic approaches to assess and improve the knowledge, attitude, and practice of doctors about frailty syndrome. This literature review is aimed to identify the tools used to assess the knowledge of doctors about frailty syndrome and the available educational intervention to improve doctors' knowledge.

Methods. A literature search was performed in Google Scholar, PubMed, SCOPUS, Ovid, and EMBASE using the keywords of "frailty syndrome" AND "knowledge" AND "doctors". Data collected included the assessment tool used to understand the knowledge level and the intervention used to improve the knowledge. The inclusion criteria were: studies published in English in the last 10 years which assessed the knowledge of doctors about frailty syndrome.

Results. There were five studies fulfilling the inclusion criteria after the title and abstract screening, two from the Americas, two from Europe, and one from Australia.

The target group of studies involved general practitioners and doctors working in the primary healthcare setting (three), orthopaedic surgeons (one), and doctors working in the trauma setting (one). Two of the studies included non-medical healthcare practitioners as their participants.

One study used qualitative semi-structured individual interviews, two used a self-report questionnaire, one combined knowledge testing and self-report questionnaire, and one study compared the clinical assessment with a validated tool.

Only one study provided an educational intervention, i.e., a single-day training course conducted by three geriatricians.

Conclusion. Despite a comprehensive search, there were limited studies identified on this topic. The methods used to assess doctors' knowledge about frailty syndrome are heterogeneous and no standardised tool has been identified in the process. There is only one study using educational intervention to improve knowledge, which was found to be effective and sustainable based on the change in self-perception, i.e. Kirkpatrick Level 1 of evaluation. There is a need to develop systematic assessment approaches or tools and training modules to improve the knowledge of doctors about frailty syndrome. Nevertheless, this review is limited only to studies published in English.

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Well-Track' Project: Fitbit Based Intervention for Early Intervention in Psychosis (EIP) Patients to Improve Sleep, Physical Activity, and Well-being and Prevent Weight Gain

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