

data on array-genotyped participants with their specific phenotypic information. Prior to analysis, CNV selection led to the exclusion of any CNV with less than 5 hits in the UK Biobank population. Incidence of each phenotype was based on self-reported diagnoses, questionnaires or hospital ICD-10 diagnoses, with a minimum of 500 cases. Both binary logistic and linear regression were used to assess the incidence of these phenotypes in relation to the CNVs, adjusted for age, sex, and ethnicity as potential cofounders.

Result. Overall, 12/13 CNVs were nominally associated with at least one phenotype, including 114/168 possible associations and 54 undetectable associations as not every CNV carrier displayed one of the chosen phenotypes. 41 associations were statistically significant ($p < 0.05$) and 13 survived Bonferroni Correction ($p < 2.98 \times 10^{-4}$). All significant associations met the expected change except 15q11.2 deletion and any CNV carrier status which showed a decrease in likelihood of addiction.

Conclusion. These findings suggest schizophrenia-associated CNV can affect range of psychiatric phenotypes. By building on existing reports, understanding the widespread effects of CNVs in the aetiology and pathogenicity of psychiatric disorders may overtime aid in strengthening our search for more targeted, effective treatments.

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Length of stay in a home treatment team

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Aims. The aims were to establish the mean length of stay (LOS) in the Wandsworth home treatment team (HTT), and to identify which variables were associated with LOS. We hypothesised that the variables that are routinely collected via the electronic record system were associated with the LOS.

Background. Psychiatric HTT's have been set up in all NHS trusts in England. These 24-hour community health services exist to assess and manage patients during a crisis, who would otherwise be admitted to an acute psychiatric ward. HTT's also allow inpatients to be discharged sooner, as their treatment can continue in the community. Currently, research into predictors of LOS in HTT's is limited.

Researchers have been exploring whether LOS in psychiatric inpatients can be predicted, but no consistent pattern has emerged. This suggests that LOS is mainly determined by the local service organisation, and the individual circumstances of the patients.

Method. Routinely collected data about all patients under the care of the Wandsworth HTT during the financial year 2018/2019 were used. Only the first admission per individual was considered. Admissions lasting less than 2 days, or more than 42 days were excluded. This is on the basis that those with a very short LOS had not consented to being treated at home, and those with a very long LOS were due to administrative errors. This resulted in a total of 664 admissions being included in the study. The available data for analysis included age, gender, diagnosis, HoNOS cluster, ethnicity, nationality, religion, marital status, referral source, employment status, accommodation status, and accommodation type. The data were analysed in SPSS version 25 using ANOVA, independent samples T-test, and Pearson's correlation.

Result. The mean LOS in the Wandsworth HTT was 14.28 days (standard deviation: 8.57). LOS was positively skewed, with a median LOS of 13 days, but 46.5% of admissions had a LOS longer than this. None of the variables (age, gender, diagnosis, HoNOS cluster, ethnicity, nationality, religion, marital status, referral source, employment status, accommodation status, and accommodation type) had a significant association with LOS, but there was a trend for referral source and accommodation type.
Conclusion. The results from this study suggest that LOS cannot be consistently predicted in the Wandsworth HTT from the routinely collected variables, and that it is the specific circumstances of individual patients that determine their LOS.

There was no external funding for this study.

A preliminary study into the effects of the COVID-19 pandemic on Yale-Brown Obsessive Compulsive Scale (Y-BOCS) scores of patients with obsessive compulsive disorder

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Aims. The COVID-19 pandemic has presented a challenge for treating people with OCD and it could be postulated that those with OCD fearing contamination might be more affected in current circumstances. Although there have been some studies already published, results have been heterogeneous and conflicting; possibly because of different populations or geographical locations examined.

In this preliminary study we aim to identify the impact of the pandemic on the severity of OCD, as measured by Y-BOCS scores. To our knowledge, it is the first UK study of this kind and the only study that examines change in Y-BOCS scores over such a long time period.

Method. Patients were identified from national OCD unit referral databases at Springfield Hospital. Referrals from March 2019–March 2020 were examined and patients included if they had a diagnosis of OCD, were accepted by the service following initial assessment and sufficient data were available. This preliminary study focused only on Y-BOCS to assess clinician-rated severity of OCD. Y-BOCS scores were compared from different time periods correlating to the progression of COVID-19. 'Pre-pandemic' score was taken from Jan–Dec 2019 or, if not available, from Jan–23 March 2020 (prior to UK lockdown). 'Pandemic' score was taken as the most recent rating from April 2020 onwards.

Result. 21 patients were included. All treated as outpatients (although 9 had undergone previous inpatient treatment during the time period above). 81% showed improvement in Y-BOCS score between pre-pandemic and pandemic time periods, with an overall mean decrease in Y-BOCS of 10.3.

Conclusion. Overall, this study indicates that severity of OCD decreased during the pandemic compared to pre-pandemic. It may be that patients found it easier to access remote appointments, or perhaps the pandemic environment of being encouraged to stay at home and limiting unnecessary contact may have allowed limited opportunity for exposure. It might be that the pandemic provided a reason for patients to be avoidant of potential contamination thereby leading to a perceived rather than real improvement in Y-BOCS scores.

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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