

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