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.

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.

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

also aimed to establish the feasibility of gathering data on mechanistic measures, such as heart rate variability (HRV) and interoception, during floatation.
Methods. Participants were recruited via online advertisements and were screened to check they scored at least 36 on the Fatigue Severity Scale (FSS). Pertinent medication changes and previous float experience within the last 6 weeks were amongst the exclusion criteria. Baseline measures included: Modified Fatigue Impact Scale (MFIS); Body Perception Questionaire; hypermobility questionnaire and Tellegen Absorption Scale. Participants completed four 90 minute sessions of floatation-REST across a 2–6 week period with 1 week of ecological momentary sampling (EMS) before and after. Immediate pre and post float measures included testing interoceptive sensibility, accuracy and awareness. HRV was measured during floatation. Change in energy was measured by retrospective subjective assessment, changes in validated fatigue scales and EMS.
Results. Baseline MFIS scores (median = 67.5; range = 55–77) indicated a high degree of severity of participant fatigue. 15 participants were recruited to the study. 13 participants started the float intervention and 11 completed all four sessions. No drop out was due to poor tolerability. Most adverse events were mild, expected and related to the pre/post float testing. HRV data was successfully captured throughout all sessions. Participant surveys described improvements in energy levels, sleep and relaxation and 73% "strongly agreed" to an overall positive effect. Furthermore, both statistically and clinically significant reductions were noted in the mean FSS scores (56.9 to 52.6; $p = 0.044$) and the MFIS scores (67.0 to 56.4; $p = 0.003$). Detailed energy assessment was obtained by EMS with 37 to 86 data points per participant.
Conclusion. Floatation-REST appears to be a feasible intervention for people with severe fatigue. EMS, HRV data, interoceptive data and other measures were reliably recorded. Reported subjective benefits were supported by an improvement in objective fatigue scores, though the lack of a control group makes these improvements speculative at present.

Ethical Challenges in the Use of Digital Tools for Screening of Depression in India: A Scoping Review

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Aims. Depression poses a significant public health concern globally, characterized by prolonged periods of sadness, loss of interest, and impairment in daily functioning. With over 800,000 annual deaths attributed to suicide, it stands as the second leading cause of mortality among 15–29-year-olds worldwide. To address this growing crisis, various digital methods are being increasingly developed for screening depression efficiently in large populations. However, the ethical implications surrounding the use of these tools remain debated. This scoping review aims to explore the landscape of research on digital screening methods for depression in India, elucidating ethical challenges and identifying research gaps.

By synthesizing available evidence, this study seeks to contribute to the discourse surrounding the ethical use of digital tools for depression screening in India, ultimately striving for improved mental health outcomes in the population.
Methods. Using a pre-tested search strategy in January 2024, we searched PubMed and Google Scholar for studies regarding digital divide in the use of digital technology for mental health. Relevant studies were selected using a two phased screening process. Studies included in the review were synthesised qualitatively using a thematic synthesis approach.
Results. Out of 379 titles identified in our database search, only four were included in the qualitative synthesis. Two of these were cross-sectional, followed by a qualitative study and a pre-post evaluation. These studies were conducted in remote villages in the state of Andhra Pradesh, urban slums of Delhi, pan-Indian national survey and rural and under resourced urban areas.

The studies examined diverse aspects of the digital divide in India, revealing profound socio-economic disparities and gender inequities. Disparities in ownership of digital devices and usage were stark, with less educated, lower-income, and lower-caste groups facing marginalization due to limited access and skills. There were gender discrepancies in mobile phone ownership and internet access, with females significantly less likely to possess these technologies compared with males. However, there is a strong potential of mobile technology in increasing mental health service utilization in rural areas, fostering community awareness and stigma reduction.
Conclusion. Collectively, these findings illuminate the multifaceted challenges of the digital divide in India, emphasizing the urgent need for targeted interventions to promote equitable access to technology and bridge socio-economic gaps.

A Systematic Review of Studies of Attitudes and Beliefs of Healthcare Professionals Towards Non-Epileptic Attack Disorder (NEAD)

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Aims. Non epileptic attacks (also referred to as psychogenic non-epileptic seizures, functional seizures or dissociative seizures) are similar in appearance to epileptic seizures but are not accompanied by ictal electroencephalographic (EEG) discharges. NEAD is classified as either a conversion or dissociative disorder in DSM-V and ICD11 respectively, and is often associated with significant long-term disability. People with NEAD often access care across many different specialties and healthcare settings. Their experiences of doing so are frequently negative, based both on interactions with clinicians and integration of care.

The aims of this study were to review the existing literature on the attitudes of clinicians towards non-epileptic attack disorder (NEAD), and any differences that exist between professional groups.
Methods. The study followed PRISMA 2020 guidelines and was registered on the international prospective register of systematic reviews (PROSPERO). Three electronic databases (MEDLINE,