

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.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

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.

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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