

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 Questionnaire; 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.

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.

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.

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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,