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Aims. rTMS (Repetitive transcranial magnetic stimulation) as a brain stimulation modality is approved to treat treatment-resistant depression. Its efficacy in depression and anxiety is well supported in several studies. However, its direct effect on suicidality is still unclear, unlike electroconvulsive therapy. This study aims to evaluate the effectiveness of rTMS on pessimistic and suicidal thoughts. We hypothesized that rTMS reduces pessimistic and suicidal thoughts, alongside other symptoms, in patients experiencing depression and anxiety as the therapy progresses over six weeks.

Methods. The study is a retrospective observational study. The study was conducted in the rTMS Clinic, Brentwood. All of the patients undergoing treatment at the rTMS Clinic were assessed with subjective and objective scales for depression. One of the scales was MADRS (Montgomery Asperger's Depression Rating Scale); this was used to study the response of therapy. I looked into the pessimistic and suicidal thoughts component in MADRS, the baseline score was recorded, and its progression on weekly monitoring for six weeks was noted.

63 patients attended the rTMS clinic from January 2019 to October 2022. 21 patients were excluded for reasons that included dropping out before completion of treatment, MADRS weekly scores not being available, and some of them still undergoing treatment. A total of 42 patients, 21 male and 21 female, who successfully finished rTMS therapy at the Neuromodulation clinic were included in the study.

Results. The study showed that rTMS was effective and well-tolerated in reducing pessimistic and suicidal thoughts in the majority of patients. Average baseline scores and their average weekly progressions for pessimistic and suicidal thoughts over six week's period were recorded. The average score of baseline pessimistic thoughts was 3.925, and baseline suicidal thoughts was 3, in the severity scale of 0–6. There was a gradual reduction in scores of pessimistic and suicidal thoughts from baseline to the end of intensive six-week treatment. Scores measured at the end of every week showed a reduction in scores from the previous week of treatment. Average scores at the end of six weeks showed 2.375 and 1.65 in the pessimistic and suicidal thought domains respectively in the MADRS scale.

Conclusion. rTMS is being used for symptoms of depression and anxiety and evidence is encouraging in treating symptoms including pessimistic and suicidal thoughts. rTMS therapy over six weeks showed a gradual reduction in the severity of pessimistic and suicidal thoughts, demonstrated by decreases in average MADRS weekly score.

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.

Associate Hospital Managers' Discharge Powers Under Section 23: Should the Days of the Hospital Managers' Hearings Be Numbered?

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Aims. Under section 23 of the Mental Health Act, the managers of the hospital have the power to order discharge of a patient

detained under certain sections. In the past, the need for this power has been questioned, but the debate reared its head following the 'Modernising the Mental Health Act' government review in 2018, which initially proposed that the managers' hearing should be abolished. The aim of this research was to critically analyse the law to determine whether or not managers' hearings should be removed in legal reform.

Methods. A literature review was performed using the legal databases Lexis Library and Westlaw to identify relevant primary legislation, secondary legislation, case law, articles and other secondary sources. These were critically analysed to discuss the managers' hearing's strengths, weaknesses and potential proposals for reform.

Results. In favour of retaining the managers' hearing in its existing format, it provides an independent power of discharge that is accessible, subject to scrutiny and an important safeguard, particularly for those lacking capacity. In favour of abolishing the managers' hearing, the tribunal system satisfies the Government's requirement under Article 5(4) of the European Convention for Human Rights; the managers' panel could be viewed as a duplication of effort without legal representation and a necessary medical member, with limited powers in comparison to a tribunal and arguably low discharge rates. Its usual procedure was challenged during the COVID-19 pandemic, and the Convention on the Rights of Persons with Disabilities moves away from the traditional medical model, suggesting reforms to the Act may be needed.

Conclusion. Case law has ruled that the managers' panel has equivalent standing to the tribunal and criticism has been largely anecdotal. The absence of evidence surrounding the process is a major weakness in this debate with no nationally held records of outcomes. Whilst the duplication of effort and overlap with the tribunals' powers has been a consistent argument for abolishment, the managers' hearing stands as a robust and accessible safeguard in providing an opportunity for detention under the Act to be reviewed. Any reform must continue to empower and involve patients, supporting them in exercising their rights. On balance, this review concludes that the days of the managers' hearing should not be numbered without further research.

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Probiotics as Adjunctive Treatment in Major Depressive Disorder: Estimates of Treatment Effect and Underlying Mechanisms From a Double-Blind Placebo-Controlled Randomised Pilot Trial

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