M1 and DLPFC based on previous literature. Attention was assessed with a Continuous Performance Task (CPT).

Results. We found a significant negative correlation between the amplitude of N100 from M1 and CPT score in the patient group (rho = -0.73, p = 0.026). The N100 component from DLPFC in patients did not correlate with the CPT score (rho = -0.034, p = 0.93), which may suggest regional specificity of M1 inhibitory processes in attention in patients with schizophrenia.

Conclusion. N100 is considered to be related to cortical inhibitory processes influenced by cortico–striato–thalamo–cortical loops, with greater cortical inhibitory activity producing a larger N100 amplitude. Our preliminary results suggest association of the GABA-B-ergic TEP N100 with attentional processes in M1 and may represent cortical inhibition beyond motor inhibition in patients with schizophrenia. Overall, TMS-EEG offers the potential to investigate the state and dynamics of E/I imbalance in schizophrenia and cognition.

Mental Health and Contraception- Are We Doing Enough? a Study Exploring the Current Practice of Providing Contraceptive Advice by Mental Health Professionals

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Aims. Contraception is of increased importance for women with mental health conditions. These women are more likely to experience unplanned pregnancies and are at a higher risk of sexually transmitted diseases. NICE (National Institute for Health and Care Excellence) guidelines recommend discussing the use of contraception with women of childbearing potential with mental health problems. Professionals should discuss how pregnancy and childbirth can impact a mental health problem and how a mental health problem and its treatment might affect the woman, the foetus or the baby. It is, therefore, important for professionals to feel confident when advising these women. In this study, we aim to examine the knowledge, practices and attitudes of mental health professionals in providing contraceptive advice to service users of childbearing potential.

Methods. An observational quantitative cross-sectional design study was utilised using a 12-item self-report questionnaire. Mental health professionals meeting the inclusion criteria, employed by Surrey and Borders Partnership NHS Foundation, were invited to complete the anonymised survey electronically. Responses were entered into the survey software (Qualtrics) and quantitative data analysis was conducted.

The study was approved by the North West Manchester Ethics Committee.

This is the first arm of the study, and the second arm focuses on service user experience and is currently in progress.

Results. 76 professionals responded, including 24 consultants, 17 trainee doctors, 16 nurses, 8 non-trainee doctors, 7 psychologists, 3 social workers and 1 pharmacist. Of the 76 responses, 31% said they felt extremely/very familiar with the NICE guidelines. 38% of respondents said they were somewhat familiar, and 30% said they were not so/not at all familiar. Regarding confidence in discussing contraception and family planning 8% responded extremely/very, 28% responded somewhat and 64% responded not so/not at all. 68% said they would like to receive further training. A third of the professionals surveyed said they were not familiar with the NICE guidance. Two-thirds of respondents do not feel confident offering counselling around contraception, planning and spacing pregnancies. Over two-thirds would like further training

Conclusion. The survey showed a lack of confidence in offering reproductive advice and the need for training to improve knowledge. We aim to develop training in contraception advice to improve the care provided for female service users.

Gestational Factors in Mother – Infant Bonding Impairment Among Women With High Risk Pregnancies

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Aims. The present study aimed to study maternal bonding impairment among postpartum women at 6–8 weeks postpartum. We compared the severity of bonding impairment among women with high and low risk pregnancies. We also explored gestational factors related to maternal bonding impairment in these women.

Methods. Hundred women at six – eight weeks postpartum, without any significant physical or mental illness, were assessed for bonding failure using the Postpartum Bonding questionnaire. Their antenatal and postnatal records were reviewed to determine various gestational factors and subsequently classify them as high risk or low risk pregnancies. Unpaired t test and multiple regression analysis were used as appropriate for statistical analysis.

Results. 7% of the mothers had significant impairment in bonding with their infants. The most prevalent type of bonding impairment was infant focused anxiety (1%) and incipient abuse (1%). Maternal bonding failure (d = 0.74) and rejection of infant (d = 0.45) were significantly higher in women with high risk pregnancies (P < 0.01). Not having a term delivery was the most significant factor associated with impaired maternal bonding (β = - 0.26, P = 0.02). Other factors in the model were maternal BMI, mode of delivery, having an emergency caesarean section, presence of congenital malformations in the baby and history of NICU admission. Overall adjusted R-squared for the model was low (0.07), indicating only 7% of variation can be accounted by the gestational factors in the model.

Conclusion. Women with high risk pregnancies have higher chances of an impaired bond with their infants. Preterm / post term delivery is the most important risk factor.

Effectiveness of rTMS on Suicidal Thoughts in Patients With Depression

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