

sample display was greater following either active or sham stimulation. However, synchronisation during the delay period reduced following sham and increased only following active stimulation. Likewise, performance declined following sham but remained stable or improved following active stimulation.

Conclusion. We examined the effects of TMS on electrophysiological signals evoked during a spatial working memory task. We found that beta-band oscillatory activity, thought to safeguard stored information during memory delays, was increased by memory load and maintained or restored in blocks following active TMS. These effects were greatest over parietal/occipital areas. It is suggested that this beta activity serves to protect memory traces from distractors (in the current case, internal distractors). Notably, if TMS enhances delay activity within areas of the brain involved in stimulus representation that are distal from the stimulation site, then its effects are best understood as network level modulations of brain activity.

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.

Evaluating the Interventions Implemented and Subsequent Outcomes Following a Moderate and High Score on the Dynamic Appraisal of Situational Aggression Risk Assessment Tool

Dr Alexander Challinor^{1,2*}, Dr Patrick Briggs³, Dr Faye Brennan³ and Dr Charles Daniels¹

¹Mersey Care NHS Foundation Trust, Liverpool, United Kingdom;

²University of Liverpool, Liverpool, United Kingdom and ³Liverpool University Hospital Foundation Trust, Liverpool, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.182

Aims. The Dynamic Appraisal of Situational Aggression (DASA) is one of a few instruments designed for the prediction of violence specifically for inpatient populations. It is important that risk assessment tools demonstrate clinical utility, and that barriers to successful implementation are addressed. If successful, the tool should not only predict risk, but lead to the utilisation of interventions intended to manage and reduce risk. The aim of this study is to learn more about the acceptability of the tool (adherence), its outputs (nursing interventions), and the outcomes (inpatient aggression and violence). Understanding more about the relationship and processes between an intervention and its outcomes is a key step in intervention evaluation.

Methods. Data were collected over a three-month period within a medium secure forensic hospital. A total of 43 patients were included for analysis.

Categories of nursing intervention were coded and content analysis of electronic health records analysed. Incidents of aggression/violence to others was recorded as aggression to patient and aggression to staff. Data were gathered on the completion of the DASA score for all patients for each 24-hour period. A DASA score of 2–3 for moderate risk and ≥ 4 for high risk was used. The change in DASA score (before and after intervention) and frequency of incidents was calculated for each intervention implemented.

Results. The average adherence of the DASA tool was 58.82% (Range 1.09% - 90.02%). The most frequent intervention following a moderate and high DASA score was that no interventions were provided. The second most frequent outcome following a high score was a focussed discussion with the patient, the use of increased monitoring and the use of seclusion. For those patients that recorded a high score on the DASA tool, eight of those scores were followed by an

incident of aggression ($n = 8 / 50\%$). There was no statistically significant difference between the change in DASA scores between interventions implemented, for both high and moderate scores.

Conclusion. The ultimate goal of risk assessment is the management and prevention of risk. Thus, if a high score does not result in strategies for intervention, it renders the assessment process worthless. A recommendation for future clinical practice would be the systematic recording of interventions and risk management strategies when in receipt of a high score on the DASA. Greater operationalisation of risk management strategies and their ability to reduce aggression is needed to enhance risk assessment research and clinical practice.

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.

Using Evidence-Based Measures to Assess the Effectiveness of Residential Mental Health Rehabilitation for Adults With Dual Disabilities

Dr Rock Charles^{1*}, Dr Ritesh Bhandarkar² and Dr Catherine Fulgoni¹

¹Monash Health, Clayton, Australia and ²Monash Health, Berwick, Australia

*Corresponding author.

doi: 10.1192/bjo.2023.183

Aims. The Transitional Support Unit (TSU) is a unique 10-bed state-wide service and currently operates as one of two community-based long-term mental health services in Victoria. TSU is geared towards adults with complex mental health disorders in addition to a co-occurring intellectual disability or acquired brain injury--also referred to as a dual disability (DD). The aim of this project is to identify the benefits of this service to participants in order to improve the current structure and also to encourage development and expansion of similar services in Australia or globally.

Methods. The project was performed at the TSU. Participants included all previous and current residents of the TSU program ($N = 24$). Data were collected from three different evidence-based measures; the Health of the Nation Outcome Scales (HoNoS), Lifestar, and the Life Skills Profile (LSP). Each participant had these scales performed on admission, at time of discharge, and at 91 day intervals throughout their stay at TSU. The change in the measures were used to determine what clinical benefit, if any, resulted from undergoing engagement with the TSU program. Inclusion criteria was broad and encompassed any adult who had a DD and was admitted into TSU. Exclusion criteria was defined as any TSU resident with no completed discharge scales for comparison.

Results. On review, it was found that on average, there was an overall decrease in HoNoS scores from admission to discharge of 4 points. For the LSP, there was an average decrease of 10 points in TSU participants and the Lifestar was found to have an average increase of 20 points. Within Lifestar specifically, participants were found to have an average improvement between 1.64 and 2.94 in each individual category assessed. No TSU participants were observed to suffer from any decline or step back in categories related to how they spent their time, feeling good about themselves, or the people they knew.

Conclusion. TSU does appear to have notable benefit for adults with DD, particularly in improving overall mood, social interaction, and development of a routine as well as activities throughout the day. The least improvement was found in categories such