

caution. Future research is warranted that includes larger sample sizes and younger children with longer follow-up periods. Different modalities of CBT should be explored with and without pharmacological interventions. There is also a case for exploring modalities of CBT that are suitable for targeting in the younger age range of children.

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.

Effect of Accelerated TMS vs Daily Sessions on Clinical Outcomes in Depression

Mr Eoin Kennedy^{1*}, Ms Rio Madan² and Dr Leigh Neal²

¹Smart TMS, Dublin, Ireland and ²Smart TMS, London, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.204

Aims. This study investigated the impact of accelerated Transcranial Magnetic Stimulation (aTMS) compared to daily sessions on outcomes in depression patients. While traditional TMS protocols involved daily sessions 4/5 times per week, this can be inconvenient for patients, particularly those travelling long distances to a TMS clinic. Recent well-designed studies have demonstrated that multiple sessions per day (aTMS) can be as effective as daily TMS. It was expected that these findings would be replicated in a clinical setting and that aTMS would be just as effective at reducing symptoms of depression as daily TMS.

Methods. A retrospective chart review of 240 patients (126 males, mean age = 42.36, range = 16–86) was analysed using multiple regression. Patients were treated for unipolar depression over the left Dorsolateral Prefrontal Cortex (LDLPFC) using TMS protocols that have been shown to deliver equivalent outcomes (Blumberger et al, 2018).

The aTMS intensity variable (aTMSiv) was calculated by dividing total number of TMS sessions by number of days between the first and last session (minimum of five days for inclusion). Therefore, a patient who had 30 sessions over 15 days would have an aTMSiv of 2. The mean number of sessions delivered was 24.46 (SD = 8.01, Range = 7–45) and the mean days between first and last treatment was 35 (SD = 20.21 Range = 6–105).

The main outcome variable was percentage reduction of PHQ-9 scores from baseline (mean = 17.89) to treatment completion (mean = 10.76). The mean reduction in PHQ-9 was 40%. The independent variables (IVs) included: aTMSiv, PHQ-9 baseline score, number of sessions, age and sex.

Results. Collectively the IVs predicted PHQ-9 reduction at a statistically significant level ($F(5,234) = 7.91, p = 6.70E-07, R^2 = 0.14$). Individual analysis of predictors revealed that aTMSiv did not significantly predict PHQ-9 reduction ($F(1,238) = 0.05, p = 0.82, R^2 = 0.0002$). Only number of sessions significantly predicted PHQ-9 reduction in this model ($t = 6.04, p = 5.88E-09$).

Conclusion. As the aTMSiv did not predict the change in PHQ-9, this suggests the frequency at which TMS is delivered does not affect the outcome when treating depression. Thus, either daily sessions or aTMS can be utilised to best fit the schedule and lifestyle of the patient.

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.

Risk Perception and Psychosocial Impact During the Early Period of the COVID-19 Pandemic on Healthcare Workers

Dr Chau Sian Lim*, Dr Brian See, Dr David Choon Liang Teo, Ms Michelle Su Qing Tan, Ms Norasyikin Hassan and Dr Augustine Tee

Changi General Hospital, Singapore, Singapore

*Corresponding author.

doi: 10.1192/bjo.2023.205

Aims. This study sought to elucidate the occupational health risk perception and psychological impact during the early phase of the COVID-19 pandemic on healthcare workers in a general hospital in Singapore, and factors that influenced risk perception and psychological impact.

Methods. Healthcare workers from a general hospital in Singapore were invited to participate in an online survey in June 2020. It posed questions on demographic and occupational information (age, gender, nationality, marital status, profession, working area, length of working experience in healthcare), 20 items on occupational health risk perception and psychological impact of COVID-19, and the Depression Anxiety and Stress Scale-21 (DASS-21).

The 20 items were adapted from a previous study during the 2003 Severe Acute Respiratory Syndrome (SARS) outbreak and designed to assess participants' perceived exposure risk, risk acceptance, families' perception, stigmatisation, feelings of appreciation, workload, and perceived effectiveness of workplace protective measures. Participants' responses were obtained on a 6-point Likert scale (strongly agree, agree, somewhat agree, somewhat disagree, disagree, strongly disagree).

For data analysis, responses on occupational risk perception were regrouped into three levels. Depression, anxiety, and stress scores were categorised into quartiles. Ordinal logistics regression was used to compare the association of occupational risk perception with DASS-21 scores, and demographic factors with occupational risk perception. Variables that showed statistical significance (set at $P < 0.05$) in univariate analysis were included in the multivariate ordinal logistics regression model to identify independent predictors.

Results. There were 1252 respondents (92 doctors, 661 nurses, 318 allied health professionals, 181 administrative and support personnel). 85% felt an increased risk of exposure to COVID-19 while 90% accepted the risk as part of their jobs. Stigmatisation against healthcare workers was present, with 45% reported they were shunned and 21% reported their families were avoided. 78% experienced increased workload. Fortunately, most (94%) found workplace protective measures adequate, and felt appreciated by their employer (87%) and society (81%).

Increased perception of occupational health risk was significantly associated with nursing profession, workers in patient-facing areas, and staff with shortest working experience in healthcare.

The mean DASS-21 scores were 9.2 (borderline normal) for Depression, 8.5 (borderline mild) for Anxiety, and 10.9 (normal) for Stress. Increased DASS-21 scores were significantly associated with greater occupational risk perception, younger age, and less years of working experience.

Conclusion. Occupational risk perception amid the early COVID-19 pandemic is associated with adverse mental health among healthcare workers. Nurses, younger staff, and staff with least working experience are more vulnerable.