

Results. 57 people volunteered for pilot study. 31 eligible to participate.

Engagement

Progressive weeks of programme showed attrition in user numbers. By end of 4-week programme, 77% (24/31) remained, 58% (18/31) submitted all data.

Safety

All participants asked if they had experienced no harm or distress from using app. 25 participants answered, 100% (25/25) responded “no”.

Efficacy

Self-reported capability to reduce drinking significantly increased over time (mean increase from baseline +0.3; $p = 0.007$). At week 4, 8/17 (47.1%) said that Alma had helped them cut down drinking a lot, and a further 8/17 (47.1%) said it helped them cut down a bit.

There was a trend for units drunk on the heaviest drinking day to reduce over time (-0.48 units) and total weekly consumption of units to reduce (-1.01 units), however not statistically significant. There was no trend for drinking days per week to reduce over time.

There was a significant reduction in PHQ-9 scores over time (-1.03 ; $p < 0.001$) and significant reduction in GAD-7 scores (-0.69 ; $p < 0.001$).

A total of 22/24 (92%) respondents said they would recommend Alma to friends and family, 1/24 (4%) would not.

Conclusion.

- Relatively high engagement with Alma compared with similar digital products.
- Pilot study suggests Alma is acceptable, safe and shows potential efficacy in helping reduce alcohol intake and comorbid anxiety/depression, however interpretation limited by small sample size.
- Next steps will be to widen user-base to facilitate larger studies, and gain further insights into factors influencing relapses by studying associations with health-related data from wearable devices and other user inputs.

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.

Change in Quality of Life After Moving a National Forensic Mental Health Service: A Dundrum Forensic Redevelopment Evaluation Study (D-FOREST)

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Aims. Forensic psychiatric services address the therapeutic needs of mentally disordered offenders in a secure setting. Clinical, ethical, and legal considerations underpinning treatment emphasize that the Quality of Life (QOL) of patients admitted to forensic hospitals should be optimised. This study aims to examine changes in the QOL in Ireland's National Forensic Mental Health Service (NFMHS) following its relocation from the historic 1850 site in Dundrum to a new campus in Portrane, Dublin.

Methods. This multisite prospective longitudinal study is part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST). Repeated measures were taken for all inpatients

in the service at regular 6 monthly intervals. The WHOQOL-BREF questionnaire was offered to all inpatients. An anonymised EssenCES questionnaire was used to measure atmosphere in wards. Data were obtained at 5 time points for each individual patient and ward. WHOQOL-BREF ratings were obtained across 5 time points with comparisons available for 4 time intervals, including immediately before and after relocation. For 101 subjects across 4 time intervals, 215 sets of data were obtained; 140 before and 65 after relocation with 10 community patients who did not move. Using Generalised Estimating Equations (GEE) to correct for multiple comparisons over time, the effect of relocation, with community patients as a control, was analysed by ward cluster and whether patients moved between wards. Observations were categorised according to security level – high dependency, medium secure, rehabilitation, or community – and trichotomised based on positive moves to less secure wards, negative moves to more secure wards, or no moves.

Results. Relocation of the NFMHS was associated with a significant increase in environmental QOL (Wald $X^2 = 15.9$, $df = 1$, $p < 0.001$), even when controlling for cluster location, positive and negative moves. When controlling for ward atmosphere, environmental QOL remained significantly increased after the move (Wald $X^2 = 10.0$, $df = 1$, $p = 0.002$). EssenCES scores were obtained within the hospital for 3 time points before relocation and 2 time points afterwards. No significant differences were found on the three subscales before and after the move. All three EssenCES subscales progressively improved with decreasing security level (Patient Cohesion: Wald $X^2 = 958.3$, $df = 1$, $p < 0.001$; Experiencing Safety: Wald $X^2 = 152.9$, $df = 5$, $p < 0.001$; Therapeutic Hold: Wald $X^2 = 33.6$, $df = 3$, $p < 0.001$).

Conclusion. The GEE model demonstrated that the move of the NFMHS improved self-reported environmental QOL. The cluster location made significant differences, as expected for a system of stratified therapeutic security, with a steady improvement in scores on all three atmosphere subscales.

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Ethical Concerns of Research Ethics Committees in Suicide Research: A Qualitative Study From Pakistan

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Aims. Suicide is a global public health issue that requires sensitive research to inform effective prevention and treatment strategies. Despite the benefits of such research, it is accompanied by significant ethical challenges such as the potential for harm to participants' wellbeing. Various studies have explored the views of researchers in suicide research. This qualitative study aimed to explore the research ethics committee (REC) members' experiences with suicide-related study applications to ascertain whether there are differences in approaches to dealing with suicide-related study applications.

Methods. We conducted semi-structured interviews with members of RECs ($n = 9$) from research-intensive universities and