

consumers, to identify their experiences and perceptions in relation to OJ and focus groups with rehabilitation employees and managers. Data analysis was a multi-staged process using a systematic and inductive procedure.

**Results:** Based on our analysis, the three key themes clarifying the interviewees' experiences with the OJ concept were a) the importance of and barriers for achieving meaningful participation, b) the required resources for implementing OJ, and c) principles for practice. These elements comprise a holistic OJ construct, affording a practical understanding of what a service that implements OJ means. Such a service would use the resources and practices discussed in this study and address meaningful participation as the desired outcome to achieve.

**Conclusions:** Unlike other forms of justice, OJ emphasizes the need for flexible and tailor-made services that address the consumer's changing needs and circumstances. It considers the consumers' role as active rather than passive service recipients. Recently, the fields of health and rehabilitation have increasingly acknowledged the importance and applications of involving consumers. Their genuine involvement would enhance OJ and provide a basis for more accurate assessments and customized interventions.

**Disclosure of Interest:** None Declared

## EPP0858

### Establishing priorities for a Mental Health strategy in Castilla y Leon: The cohesion of professionals and society

J. M. Pelayo-Terán<sup>1,2\*</sup>, Y. Zapico-Merayo<sup>3</sup>, A. M. Saez Aguado<sup>4</sup>, R. Villa Carcedo<sup>5</sup> and Á. Álvaro Prieto<sup>6</sup>

<sup>1</sup>Psiquiatría y Salud Mental. Unidad de Calidad y Seguridad del Paciente, Hospital El Bierzo. GASBI. SACYL. CIBERSAM; <sup>2</sup>Área de Medicina Preventiva y Salud Pública. Departamento de Ciencias Biomédicas., Universidad de León; <sup>3</sup>Psiquiatría y Salud Mental, Hospital El Bierzo. GASBI. SACYL, Ponferrada (León); <sup>4</sup>Junta de Castilla y León; <sup>5</sup>Servicio de Coordinación, Sociosanitaria y Salud Mental Y SALUD MENTAL and <sup>6</sup>Servicio de Coordinación, Sociosanitaria y Salud Mental Y SALUD MENTAL, Gerencia Regional de Salud de Castilla y León, Valladolid, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1142

**Introduction:** The reform of mental health care is a key health policy target. Mental health care provision in Spain is designed with national and regional strategies that establish the objectives to develop. The Castilla y Leon regional strategy 2022-2026 aim to establish the priorities for objectives and actions with stakeholders from the regional society.

**Objectives:** To evaluate priorities in the implementation of a Mental Health strategy with the consensus of professionals and society.

**Methods:** An initial consensus was achieved with the regional health government and local mental health representatives, considering the 2022-2026 national strategy and other mental health plans from nearby regions. Lines in the strategy included transversal lines (part of all the mental health scope) and action lines (priorities focused in one relevant field)

Priorities were established by different representatives from mental health and other healthcare professionals, social and educational

stakeholders, scientific societies, people with mental health disorders and families. After agreeing to participate in the process, they had to answer an online survey. For each line, they have to score from 0 to 10.

**Results:** 500 subjects participated (44% Healthcare workers, 5.8% education or social services, 3.8% Justice, 8.6% workers for associations, 14% Mental Health Care users). All the lines were highly appreciated (mean score >7). Within the transversal lines, the highest score was for the Humanization line (8.81±1.43) and the lowest for the Digitalization line (7.18±1.92). In the Action Lines, the highest score was for Suicide (9.03±1.5) and the lowest for Elder people (8.04±1.94).

Prevention line had higher scores by Education, Justice, Associations and Healthcare professionals and the lowest was for users (F: 2.754; p=0.012). In the Digitalization line the higher scores were in the health professionals and scientific societies and the lowest in the users (F:4.665; p<0.001). In the research, innovation and Training line, the higher scores were for professionals, societies and users and the lowest in the education and justice groups. The only differences found in the Action lines was for the Addiction line, with higher scores for societies, social services, professionals and users and lower in Associations and Justice (F:2.219; p=0,040)

**Image:**

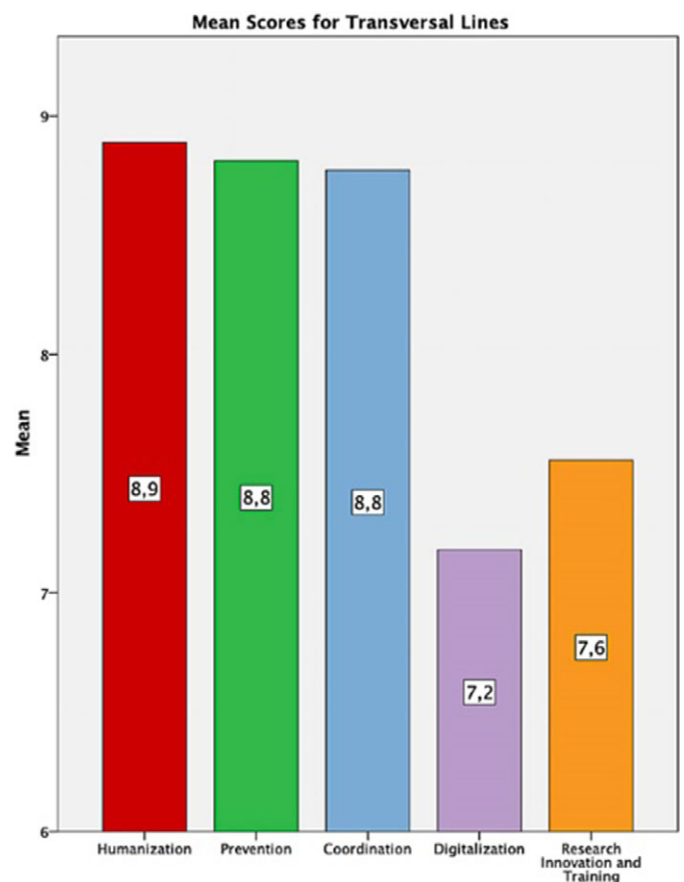
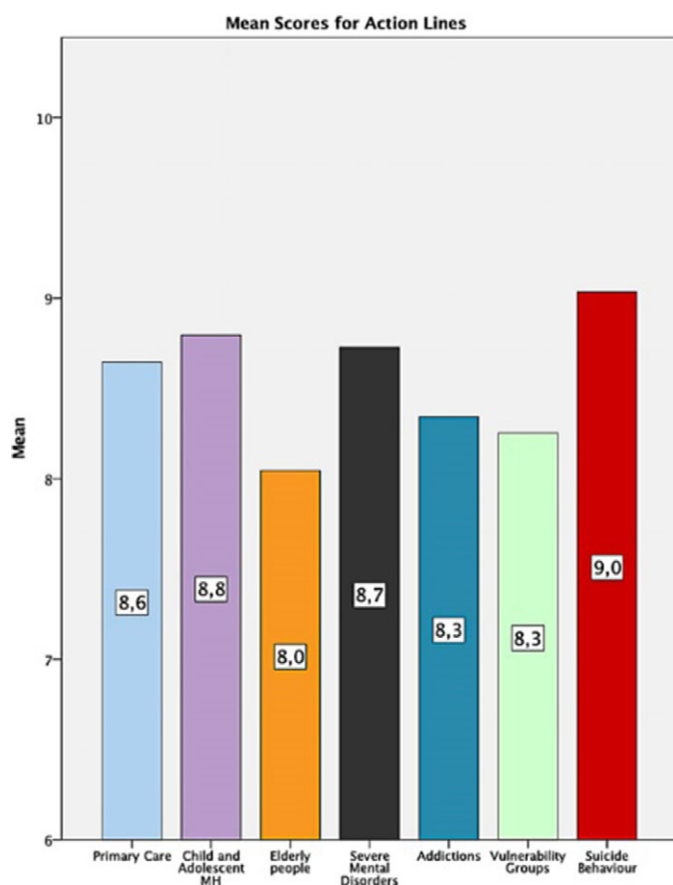


Image 2:



**Conclusions:** Highest transversal priority for the MH Strategy was Humanization of Mental Health Services, and the most critical action was Suicide prevention. Professionals, Scientific societies and Users considered more important research, innovation and training compared with other society groups, whereas the less important areas for the users were digitalization and prevention users. These priorities will help to design the implementation and schedule for the lines of the Mental Health Strategy in Castilla y León.

**Disclosure of Interest:** None Declared

### EPP0859

#### Addressing Decision-Making Capacity in Application of Involuntary Treatment in Latvia: Case Law Analysis

K. Konstantinova\* and S. Olsena

Faculty of Medicine, University of Latvia, Riga, Latvia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1143

**Introduction:** A well-established principle is that informed consent is an obligatory requirement for any medical intervention; a patient's decision-making capacity to consent is a requirement for legally valid consent. Some individuals may be unable to give valid informed consent due to their limited mental capacity. In such

cases, laws permit substitute decision-making and involvement of the patient as far as possible (Art.6, Oviedo Convention). National laws of European countries allow persons with mental health problems to be deprived of their liberty and undergo involuntary treatment, namely treatment without a patient's informed consent, in certain circumstances. Procedural safeguards must be secured, and a court must review its lawfulness (FRA, 2012). The legality of involuntary treatment is highly debated by various audiences (CRPD committee, CoE bodies). In Latvia and other countries, the requirement to assess a person's decision-making capacity in the application of involuntary treatment is not required.

**Objectives:** This study was conducted to reveal the role of a person's decision-making capacity to consent to the treatment of mental disorders in cases where involuntary treatment was approved by courts.

**Methods:** A retrospective case law study method was applied. Anonymised decisions of Latvian courts at [www.manastiesas.lv](http://www.manastiesas.lv) in cases of involuntary treatment in Latvian adult psychiatric hospitals since 2010 were collected and analysed. The content of decisions concerning persons' decision-making capacity and applicable legal regulations were studied.

**Results:** The case law revealed that the decision-making capacity had not been addressed regularly and in detail. Latvian law does not require an assessment of capacity, and as a result, the courts do also not require any data. Some elements of decision-making abilities, such as the limited ability to comprehend or process information, are mentioned in the decisions of courts.

**Conclusions:** There is a need to address the significance of decision-making capacity in the application of patients' rights law in clinical and legal settings when involuntary treatment is suggested or applied. There is a need to amend the laws justifying the limitations of patients' rights, particularly concerning involuntary treatment.

**Acknowledgements:** This paper has been prepared within the research project "Towards a human rights approach for mental health patients with a limited capacity: A legal, ethical and clinical perspective", No. lzp-2020/1-0397 and the project "Strengthening of the capacity of doctoral studies at the University of Latvia within the framework of the new doctoral model, identification No.8.2.2.0/20/I/006"

**Disclosure of Interest:** None Declared

### EPP0860

#### Smoking in an Inpatient Psychiatric Unit in Ireland with a "Tobacco Free Campus" policy: the prevalence, the associated factors, the social consequences and what can be done to address this

K. Srikumar<sup>1\*</sup>, A. Adam<sup>1</sup>, F. Sargaison<sup>2</sup> and M. O'Grady<sup>1,2</sup>

<sup>1</sup>Adult Acute Mental Health Unit, Galway University Hospital and

<sup>2</sup>School of Medicine, University of Galway, Co. Galway, Ireland

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1144

**Introduction:** Smoking is highly prevalent in patients with mental health disorders and although most literature describes the physical health impact of smoking, there is little which addresses the poverty and social consequences associated with nicotine addiction. In 2022, Ireland's HSE (Health Service Executive) published clinical