

**Methods:** A follow-up case series was conducted on 9 minors who hospitalized by court orders in a secure inpatient child and adolescent psychiatry clinic, in the year of 2023. Data collected from medical records, including demographic information, clinical presentation, diagnosis and discharge treatment. After one, three and six month of the discharge, interviews made with the patients and their families. Current data collected on treatment regimen, compliance, behavioral outcomes and reoffending rates. All data were anonymized to maintain patient confidentiality.

**Results:** The case series consisted of 3 males and 6 females, with a mean age of 16.5 years at the time of admission. The most common reason to hospitalization was homicide risk 88%, followed by substance use 66%. Conduct Disorder was the most common diagnosis with the rate of 88%, followed by Substance Use Disorder (66%) and Attention Deficit and Hiperactivity Disorder (50%). 44% of minors had a history of juvenile delinquency. School dropout rates were 100%. Treatment consisted of a combination of individual and group therapy and medication. Treatment refusal rates were 88% so in terms of treatment, 88% of the minors in this sample treated with depot form antipsychotic medications, with the most common medication being risperidone. Overall all of the sample showed a significant reduction in disruptive behaviors during their hospital stay. Follow-up data collecting is still continue and preliminary statistics show us that relapse rates are low and treatment compliance is relatively high of the sample.

**Conclusions:** The findings suggest that involuntary hospitalization can be effective in reducing disruptive behaviors and increasing treatment compliance in minors with conduct disorders, substance abuse disorders and a history of juvenile delinquency. These results underscore the need for comprehensive, multidisciplinary approaches that integrate psychiatric treatment, psychoeducation and social support. Given the relatively small sample size and short-term follow-up, further research is needed to determine the long-term effects of involuntary treatment and to identify factors that predict treatment response.

**Disclosure of Interest:** None Declared

## O0114

### Increasing Physical Activity in Medium Secure Mental Health Services in the UK: (IMPACT) - Preliminary Results from the Phase 4 Feasibility Study, with a highlight into the Women's Services

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**Introduction:** In the UK there are 3500 individuals detained in medium secure forensic psychiatry units. Service users in such settings have complex and serious mental illness (SMI), often with co-morbid physical health problems and a life expectancy of at least 10 years shorter than the general population. They often have low levels of physical activity. There is little evidence about physical activity interventions for medium secure service users in the United Kingdom.

**Objectives:** Our objective is to co-produce, with medium secure service users, the content and delivery of an intervention to increase physical activity. We shall assess feasibility, acceptability, and pilot

data collection methods for outcomes relevant for a future randomised controlled trial.

**Methods:** This is a 30-month mixed-methods project that will follow the Medical Research Council (MRC) framework Developing and Evaluating Complex Interventions. The study has 4 phases. Phases 1-2 will gather information required to co-develop an evidence-based intervention in Phase 3. Phase 4 will assess the intervention in a feasibility study, evaluating and testing the intervention for a future pilot study.

Study settings: Two NHS Medium Secure In-Patient Psychiatric Hospitals in the UK.

**Results:** This paper presents the preliminary findings from Phase 4 and also offers a highlight into the results from the Women's Services from both study sites. A total of thirty-three service users from both study sites participated in Phase 4 of the study and twenty-six completed the physical activity intervention, known as the IMPACT Intervention. Between both study sites, there were two Women's Standard Medium Secure Services and one Women's Enhanced Medium Secure Service, involved in this study. A total of nine female service users participated in Phase 4.

**Conclusions:** The preliminary findings of Phases 4 are allowing the team to move forward and evaluate the effect of the IMPACT Intervention.

**Disclosure of Interest:** None Declared

## Migration and Mental health of Immigrants

### O0115

#### War in Ukraine as a mental health challenge of Czech health care workers

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**Introduction:** Czech health care workers recently experienced serious challenges to their mental health. After the COVID-19 pandemic that was extremely stressful, a war in Ukraine caused a flood of refugees that needed health care. Although the Czech Republic does not have borders with Ukraine, it welcomed more than 400,000 refugees in 2022.

**Objectives:** The aim of this study was to investigate the association between depression and working with Ukrainian refugees among health care workers and the nature of emotional burden connected with this situation.

**Methods:** We use data from an online survey of the Czech COVID-19 Health Care Workers (HEROES) Study collected in September - November 2022 (n=1,076). We combined quantitative binary logistic regression and qualitative content analysis of answers to an open-ended question ("How does the current situation of war in Ukraine affect your mental well-being and working conditions?"). Logistic regression estimated odds ratio (OR) of at least moderate depression, defined as => 10 points on the Patient Health Questionnaire.

**Results:** Among our participants (75.1% women, mean age 46 (SD 11.0)), 62.1% had experience of working with Ukrainian refugees, and 13.8% reported moderate to severe depression. Logistic regression model (adjusted for potential confounders) indicated that health care workers who worked with Ukrainian refugees had slightly greater chance of having depression, but the association was not statistically reliable (OR 1.05; 95% CI 0.59-1.86). Out of all survey respondents, 867 replied to an open-ended question. As follows from qualitative analysis, three categories of psychological strain were described by the health care workers: 1) specificity of work with the refugee patients (e.g. language barrier, increased workload, opinion conflicts), 2) insecurity, threat of war and fears about future (regarding global and nuclear war, security, future of kids, economic burden, etc.), 3) grief and compassion for the suffering of refugees. It was also frequently mentioned in the responses that war is a greater threat to health care workers than the COVID-19 pandemic.

**Conclusions:** There is a slight association between working with refugees and depression. However, health care workers are also endangered by general fears of war and insecurity in a nearby country. In this changing world, it is of the greatest importance to pay attention to resilience building and stress prevention programs. Further, health care workers should be offered psychological support and practical resources to deal with the varying workload.

**Disclosure of Interest:** None Declared

## Training in Psychiatry

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### O0117

#### EFPT Exchange programme - Feedback results from 2012 - 2022

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**Introduction:** Differences in psychiatry training vary substantially across Europe. Such organisations as the European Federation of Psychiatry Trainees (EFPT), the European College of Neuropsychopharmacology, and the European Psychiatry Association, have committed to offer international experiences based on the premise that it could foster international collaboration, aid early career professionals to progress professionally and spark discussion regarding different practices across Europe. To date, there are no studies that focus exclusively on the exchange experience in mental health professionals

**Objectives:** I present the synthesis of the ten years answers from 2012 to 2022 to the post-exchange online evaluation form, which trainees had to fill in in order to receive an attendance certificate.

**Methods:** The present study analysed the answers of 202 psychiatry trainees or recent graduates who took part in the EFPT exchange program during 2012 and 2022 and filled in the internet-based evaluation form. The inclusion criteria were currently in training or recently finished training as a psychiatrist in Europe and filling in the questionnaire. The exclusion criterion was participation in the EFPT exchange program for the second or subsequent time.

All trainees were systemically asked to complete the online evaluation form after the exchange period. The form includes socio-demographic, training in host country-related, and exchange experience-related questions. Experience measures were evaluated using the 4-point Likert scale. Data was anonymized before the analysis. The study followed the principles of the Declaration of Helsinki.

**Results:** The majority of participants were females in the second half of their training. The average age was 29 years. The largest number of applicants were from Turkey, whereas the United Kingdom hosted the most participants. One-third of the participants had previous international exchange experience. Most trainees were exposed to both outpatient and inpatient treatment settings and were involved in educational or research activities. 96.7% of participants indicated that they were satisfied or very satisfied with the experience, 95.6% said that the exchange was useful or very useful, and 98.9% were likely or very likely to recommend exchange to colleagues.

**Conclusions:** To my knowledge, this study is the first to assess the experience of psychiatry trainees who went on exchange during their professional training. Vast majority of trainees were satisfied with their exchange, thought it would be useful for their clinical practice and would recommend it to their colleagues. These findings are in line with other studies that examined medical exchange experiences .

**Disclosure of Interest:** None Declared

## Consultation Liaison Psychiatry and Psychosomatics

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### O0118

#### Rates of delirium referrals to the Neuropsychiatry Service in a tertiary referral centre hospital

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**Introduction:** Beaumont Hospital is the National Neurosurgical Centre in Ireland. Due to the high numbers of referrals from Neurology and Neurosurgery, The Department of Psychiatry established a specialist Neuropsychiatry inpatient Liaison service and a weekly Neuropsychiatry outpatient clinic. Many of the referrals that the service receive involve the management of delirium. Delirium is a common medical complication, particularly in neurosurgical settings. Delirium causes significant symptom burden which can lead to distress to all involved and impacts quality of life.

**Objectives:** The aim was to improve the rates of referrals for delirium presentations and referral rates overall from Neurology and Neurosurgery. The neuropsychiatry service have implemented a delirium protocol for all medical and surgical teams in Beaumont Hospital. This protocol can be accessed through the Beaumont hospital phone app, or on site on each ward. For this reason, delirium can be managed by medical teams in the first instance. If this is not successful, neuropsychiatry can be contacted for further advice or review of patients with more complicated presentations.