

Conclusions: Ethical and legal complexities surround the topic of euthanasia. It is imperative to deepen our understanding of this practice within the context of the North Africa region, in order to formulate a comprehensive and well-informed policy.

Disclosure of Interest: None Declared

Forensic Psychiatry

EPV0519

Change in Quality of Life After the Relocation of a National Forensic Hospital: A Dundrum Forensic Redevelopment Evaluation Study (D-FOREST)

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Introduction: 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.

Objectives: This study aims to examine changes in the QOL in Ireland's National Forensic Mental Health Service 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 six-monthly intervals. The WHOQOL-BREF questionnaire was offered to all inpatients and an anonymised EssenCES questionnaire was simultaneously used to measure atmosphere in the wards. Data were obtained at five time points for each individual patient and ward. WHOQOL-BREF ratings were obtained across five time points with comparisons for four time intervals, including immediately before and after relocation. For 101 subjects across the four 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, more secure wards (negative moves), or no moves.

Results: The hospital's relocation 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 relocation (Wald

$X^2=10.0$, $df=1$, $p=0.002$). EssenCES scores were obtained within the hospital for three time points before relocation and two time points afterward. No significant differences were found in the three subscales before and after the relocation. All three EssenCES subscales progressively improved with decreasing security level (Patient's Cohesion: Wald $X^2=958.3$, $df=1$, $p<0.001$; Experienced Safety: Wald $X^2=152.9$, $df=5$, $p<0.001$; Therapeutic Hold: Wald $X^2=33.6$, $df=3$, $p<0.001$).

Conclusions: The GEE model showed that the hospital's relocation 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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EPV0520

The interplay of aggression and psychopathy in a correctional treatment setting

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Introduction: Aggression is a relevant risk factor for criminal behavior. Psychopathy is known to correlate with a higher risk for violent offenses and research suggests that successful therapy of psychopathy is complicated.

Objectives: Our goal was to explore the overlap between psychopathy and aggression and the specific influence of psychopathic traits on change in aggression during correctional therapy.

Methods: A pre-post-study rating psychopathy and aggression in men imprisoned for sexual and non-sexual violent offenses aged between 20 and 67 ($M=37.6$, $SD 11.6$) was conducted. The participants filled out standardized pre- and post-treatment ratings after admission and after an average of 16 months ($n=144$ for pre-rating, $n=89$ for post-rating). Psychopathy was measured via the PCL-R and aggression with the BDHI (Buss-Durkee Hostility Inventory).

We calculated two-tailed Pearson correlations for BDHI Pre-, Post-, and Change Scores and the PCL-R. Further, the BDHI pre-post-differences were compared using independent t-Tests, effect sizes were calculated using Cohen's d (small, medium, and large effect sizes are $d = .20$, $.50$, and $.80$). Also, unpaired t-tests were carried out to compare between participants with lower and higher PCL-R sum scores (median split, $mdn= 16.8$, $M=16.8$, $SD=7.0$).

Results: Psychopathy facets 3 and 4 (lifestyle, antisocial) and the sum score correlate significantly with the pre-, and post-BDHI total score and the subscale direct hostility but not with indirect hostility. Regarding BDHI change scores, only the interpersonal facet of PCL-R correlated significantly with direct hostility and the total BDHI score. In the whole population, a significant reduction of the BDHI was only found in the subscale indirect hostility ($p=.015$, $cohens d=.26$). In the subgroup of individuals with lower PCL-R (<16.8) showed a reduction of indirect hostility ($p<.001$, $cohens$

$d = .50$) and the total BDHI score ($p = .003$, $d = .42$). Interestingly, in the group with higher PCL-R scores no significant reduction of self-assessed hostility via BDHI was observable during therapy.

Conclusions: We identified a significant correlation between psychopathy and aggression, especially regarding facets three, four, and the sum score. Only the interpersonal facet correlated with the change in aggression during treatment in prison. In the group with higher psychopathic traits, no change in aggression was achievable during therapy. Thus, in the aspect of aggression and hostility, our data suggest that higher psychopathic traits may be viewed as a complicating factor for successful therapy.

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EPV0521

The Romanian forensic psychiatry system related to the admission of patients- aspects of the criminal law

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Introduction: In the Romanian forensic psychiatric and legal system, the legislation allows people diagnosed with mental disorders and who have committed a crime, without discrimination, to come under the Criminal Code, thus applying the safety measure of medical hospitalization. Although it is a complex measure, which requires increased attention in its application, any omission on the part of the authorities could lead to the violation of various human rights. The role of this measure is to improve the mental state of perpetrators, who represent, both for them and for society, an important danger. Approaching from this perspective we can say that this legal framework defines and limits the circumstances in which this measure can be produced to prevent the violation of human rights.

Objectives: The objective of this presentation was to carry out an analysis of the applying criteria for the safety measure of medical hospitalization, as well as the procedural aspects, in the national institutions where the perpetrators serve their sentences, called “psychiatric and security hospitals”

Methods: In this way, in our research we wanted to discover the most frequent pathologies blamed to be the cause of crimes and determined the application of these measures.

Results: All the results were evaluated and integrated according to the objective of this study.

Conclusions: In parallel with this analysis, we wanted to identify the main aspects that make the activity difficult and also to be able to offer the possibility of creating some solutions to improve the forensic psychiatric and legal system.

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EPV0522

Stigma Associated with Mental Illness: Perspectives of Judges and Lawyers in Lebanon

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Introduction: Legal professionals frequently encounter forensic mental health issues in the criminal justice system. These issues can significantly impact the outcome of cases, making it essential to understand the attitudes and perceptions of these experts towards mental illness. Despite a high number of individuals with mental illness in prisons, the availability of forensic mental health services is limited. While prior research has shown widespread stigma towards mental illness, there hasn't been a study assessing the attitudes of judges and lawyers.

Objectives: This study aims to investigate the stigma related to mental health among Lebanese legal professionals.

Methods: An online questionnaire was sent to judges and lawyers practicing in Lebanon. The survey included a section on demographics and personal data with the following scales: Reported and intended behavior scale (RIBS) which measures mental health stigma-related behavior and Perceived devaluation and discrimination scale (PDD) measuring the extent to which a person believes that most people will devalue or discriminate against someone with a mental illness.

Results: A total of 215 participants, with a mean age of 38.69 and a mean 13.16 years of experience, completed the questionnaire. Most were female (62.8%) and worked as civil attorneys (47.4%). Only a minority received instruction on mental health or mental health law during training (10.7% and 8.8%). About a quarter believed their education on mental health issues was sufficient (27%). Participants with positive attitudes (RIBS) were more likely to have a family member with a mental illness (p value = .001), feel comfortable handling cases involving mental health (p value = .001), and have lived with someone with a mental illness (p value = .007). Feeling adequately educated about mental health issues was associated with lower perceived stigma (PDDs, p value = .021). No significant associations with stigma scores were found for factors like age, gender, occupation, years of experience, contact with a mental health professional, taking psychotropic medications, disclosing personal mental health issues to friends or co-workers, receiving education on mental illness or mental health law, or working with individuals with mental health issues.

Conclusions: The findings imply that enhancing mental health education and awareness within the legal profession could be a key strategy to reduce stigma and improve the overall treatment of individuals with mental health issues within the criminal justice system in Lebanon.

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