

EPP0623

Standards of treatment in Forensic Mental Health: A Systematic Review

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Introduction: In Forensic Mental Health, standards of treatment offer a legal, ethical and organizational backbone for professionals facing challenging patients and complex procedures. Grounded in UN resolutions, standards implement human rights and ethical principles in forensic psychiatry. Guidelines establish recommendations for optimizing patient care and agreements on minimum standards. Internationally, diverse approaches to standards and guidelines have developed due to differing medicolegal systems.

Objectives: This review's objective was to provide insight into which areas are considered essential in standards of treatment and guidelines in forensic psychiatry. Furthermore, we aimed to investigate if American Psychological Association (APA) principles for the publication and implementation of guidelines were applied and if European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) criteria were considered.

Methods: A systematic literature search was carried out. PubMed, Psycindex, Livivo, Scopus, Google Search and Google Scholar were searched for records published by August 2022. The following search terms were used in different variations and combinations: "forensic", "mental health", "psychiatry", "standards", "treatment" "service provision" "principles" "quality" "indicators" "Forensische Psychiatrie" "Maßregelvollzug" and "Qualitätsindikatoren". Standards, guidelines and reviews in Forensic Mental Health in English and German were included. The guidelines were assessed by applying APA principles for guidelines and CPT recommendations.

Results: The search identified 12 documents. Eight documents were excluded as they were focusing only on models of care, forensic evaluation or were in the state of a discussion paper for one specific healthcare system. Four publications from Australia, Canada, Germany and UK were included in narrative synthesis. The selected documents vary in scope, objective, thematic focus on ethical or practical aspects, and level of detail. Our assessment showed that APA-recommended elements of a guideline were often missing. The guidelines discussed were also not fully compliant with CPT recommendations. A more extensive source citation is often needed. In total, "Standards for Forensic Mental Health Services" (UK, 2021) demonstrated good compliance with APA and CPT criteria and comparatively the best practical applicability.

Conclusions: This systematic review indicates that standards and guidelines in forensic mental health still require improvement in terms of formal frameworks of medical guidelines. Human rights compliance in forensic psychiatry must be continued to be monitored and standards of treatment and guidelines offer an important opportunity to ensure adherence. Further research on the implementation of standards into day-to-day procedures is needed.

Disclosure of Interest: None Declared

EPP0624

Stratified therapeutic security and understanding backwards care pathway moves. A 5-year retrospective cohort analysis from the Dundrum Forensic Redevelopment Evaluation (D-FOREST) study in Dublin, IrelandL. Jordan^{1*}, G. Crudden¹, D. Mohan², H. Kennedy² and M. Davoren³

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Introduction: Secure forensic hospital settings provide care and treatment to mentally disordered offenders with a history of serious violence. Most modern forensic hospitals operate a system of stratified therapeutic security, where patients are placed on the internal care pathway according to individual risks and needs. Unfortunately, at times patients move 'backwards' from a unit of lower to a unit with higher therapeutic security. This is a challenge to manage from an individual patient and service perspective.

Objectives: The aim of this study was to analyse backwards moves along the care-pathway within a complete national cohort of forensic in-patients in Ireland over a five-year period. We aimed to clarify the reasons for these moves and ascertain if they were linked to mental illness, security or other issues.

Methods: A naturalistic retrospective five-year observational cohort study was completed. All in-patients in the Central Mental Hospital, Dundrum, Ireland or associated high support hostels between January 2016 and January 2021 were included (60 months). Demographic data, data pertaining to diagnosis, data pertaining to backwards moves and reasons for those moves were gathered. Data was gathered as part of the Dundrum Forensic Redevelopment Evaluation study (D-FOREST study).

Results: A total of n=231 patients were included; the majority (n=203; 87.9%) were male. The most common diagnosis was schizophrenia (64.1%), followed by schizoaffective disorder (12.6%), bipolar affective disorder (4.8%) and autistic spectrum disorder (3.5%). Mean age at admission was 35.9 years, SD 9.5.

Over the 60-month period, a total of 93 backwards moves relating to 50 patients occurred. Reasons for backward moves included deteriorating mental state (8.7%), assaults (4.3%), challenging behaviour (4.3%), security (1%) and others. Binary logistic regression demonstrated that lacking capacity to consent to medication (Odds ratio 0.352, 95%CI 0.198-0.627, p<0.001) and higher (worse) scores on HCR-20 Historical scale (Odds ratio 1.13, 95%CI 1.01-1.27, p=0.035) were associated with backwards moves, when adjusting for age and Dundrum-1 need for therapeutic security scores.

Conclusions: Backwards care pathway moves are a major issue in forensic hospitals both nationally and internationally. We were surprised at the strength of association between lacking capacity to consent and backwards moves. Understanding backwards moves will assist in supporting patients and minimising length of stay.

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EPP0625

Psychometric properties of the Parma Scale for the treatment evaluation of prisoners with mental disorder: a new instrument for routine outcome monitoring in different forensic psychiatric settings

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Introduction: The clinical relevance of Routine Outcome Monitoring (ROM) to formulate longitudinal evaluations of treatment appropriateness/efficacy and to assist decision making aimed at improving the quality of person-centered interventions has been poorly implemented in forensic psychiatry, also in Italy. Indeed, very few assessment instruments have been developed in this crucial field.

Objectives: As reliable ROM instruments are lacking, the aim of the current investigation was to examine psychometric properties (i.e. reliability, concurrent validity and sensitivity to measure scores' longitudinal changes) of the Parma Scale (Pr-Scale) (a new instrument for the evaluation of offenders with mental disorder) in an Italian sample of forensic psychiatric patients.

Methods: Participants were male adult offenders with mental disorder recruited within the Parma REMS ("Residence for the Execution of Security Measure") or the Parma Penitentiary Institute (PPI). Exclusion criteria were known moderate/severe intellectual disability or any other medical condition inducing inability to express a valid consent for participating in the research. The Pr-Scale includes 20 items divided into 3 main domains: "Historical", "Clinical" (observational) and "Treatment Planning". To test psychometric properties of the Pr-Scale, we examined interrater reliability, short-term (1-week) test-retest reliability and internal consistency. As measure of concurrent validity, a correlation analysis of Pr-Scale item scores with corresponding HKT-R (the "Historisch, Klinische en Toekomstige - Revisie" instrument) item subscores was performed. Finally, we examined the Pr-Scale sensitivity to measure scores' longitudinal changes over a 3-month treatment follow-up period.

Results: 60 male adult patients were recruited in this study. Our findings showed good to excellent interrater and test-retest reliability, concurrent validity and internal consistency for the Pr-Scale. Pr-Scale scores also display a moderate to large changeability over time (Intra-Class Correlation coefficient = 0.963, coefficient of stability = 0.997, Cronbach's α = 0.736). Statistically significant correlations of Pr-Scale item scores with the corresponding HKT-R scores were found. Across the 3-month follow-up period, we observed statistically significant sensitivity values in measuring

longitudinal changes for the Pr-Scale total score and Pr-Scale domain and item subscores.

Conclusions: Our results support the clinical use of the Pr-Scale in different forensic psychiatric settings (i.e. prison, REMS) as reliable ROM instrument.

Disclosure of Interest: None Declared

EPP0626

Psychiatric hospitalization among offenders: a retrospective study in the acute psychiatric ward in Monza, Italy

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Introduction: The closure of forensic psychiatric hospitals and the conversion to a residential model of care based on secure residential units in the community (REMS) has made Italy the first and only country in the world to have followed the principles of the deinstitutionalization movement. Following the reform, several management issues have emerged, such as the creation of long waiting lists for admission to REMS. Improper hospitalization in Acute Psychiatric Units (SPDC) has often been used to address this issue. In addition, the handover of inmates' care to Mental Health Departments (DSMD's) has posed further challenges. To date, the field has received little attention from international literature.

Objectives: Description and analysis of a sample of offender inpatients hospitalized in an acute psychiatric unit.

Methods: We conducted a retrospective study including male offenders admitted to the SPDC of San Gerardo Hospital (ASST Monza), between January 2007 and September 2022. Data analysis was performed by using SPSS.

Results: 120 male offenders were included for a total of 204 admissions. 98 offenders (81.7%) were hospitalized once. We observed an absolute (N=1; N=30) and percentage (0.2%;12%) increase in the number of hospitalized offenders per year during the time period under study. Jail was the main provenance in the sample (46.6%), followed by residential care facilities (27%) and the psychiatric observation unit (ROP) of Monza's jail (10.8%). The two most prevalent diagnoses were personality disorders (37.5%) and psychosis (39.2%). In addition, 66 subjects (55%) had a history of substance abuse. The average duration of hospitalization was 19.45 days; it increased to 77 days for inpatients waiting to be transferred to REMS. Hetero-aggressive behavior as the reason for admission was associated with longer hospitalization ($p=0.031$), while attempted suicide correlated to shorter hospital stay ($p=0.032$). Out of the 55 offenders who attempted suicide, 41 came from jail (74.5%). Finally, longer hospitalizations were associated with an increased number of adverse events ($p=0.001$).

Conclusions: Psychiatric hospitalizations of offenders have increased over the last years. This population tends to require longer hospital stays (regional average of SPDC hospitalization in Lombardy: 14 days), which are even lengthier for inpatients