

restrictive practices, as a basis for future understanding of what debriefing might usefully include.

Methods: A prospective cohort study was completed whereby incidents were rated using the Dynamic Assessment of Situational Aggression (DASA) and DRILL tool ‘consequences’ scales in the Central Mental Hospital (CMH). The DRILL consequences scale consists of three ladders, ‘re-enforcing’, ‘aversive’ (both rated from the point of view of the patient) and ‘alienating’ (rated from the point of view of ward based staff). Data were gathered as part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST). An omnibus General Estimating Equations model (GEE) was tested with the DRILL ‘consequences’ as dependent prior to dismantling studies.

Results: In this study, the 384 patient-days were in scope, 411 lines of data including 326 patient-days, 85 harmful incidents and 63 incidents of seclusion. In an omnibus GEE with the three-item DRILL consequences scale as dependent variable, DASA on the day before Wald $X^2=3065.9$, $p<0.001$; DRILL behaviours scale Wald $X^2=970.7$, $p<0.001$; DRILL interventions Wald $X^2=140,159.1$, $p<0.001$; DUNDRUM-1 Wald $X^2=1638.9$, $p<0.001$. The three items of the DRILL consequences scale were individually tested as dependent variables in GEE models with DASA the day before, DRILL behaviour scale, DUNDRUM-1 and each of the eight items of the DRILL interventions scale. Only increasing observation levels were not re-enforcing, with searches and seclusion strongly re-enforcing.

Conclusions: We have shown that consequences of harmful behaviours and preventive, restrictive interventions are measurable and proportionate for patients and for staff. Short-term risk on the day prior to an incident was able to predict the re-enforcing and aversive consequences for the patient, but not the alienating consequences – or lack of them – for staff. Future research will examine the way in which the baseline need for security mediates or moderates the relationship between incidents and patients and staff views of the consequences of incidents and restrictive practices.

Disclosure of Interest: None Declared

EPV0874

Not guilty by reason of insanity: characteristics of psychotic murders and murderers

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Introduction: Some acts of murder are committed out of insanity by individuals suffering from psychotic mental disorders. According to the law in many countries, these individuals do not have criminal responsibility. They are defined as not guilty due to insanity and therefore cannot be punished.

Objectives: This study aims to explore the sociodemographic, psychiatric, criminal and forensic characteristics/factors of insanity murders and murderers. This examination has not yet been conducted in Israel, which is a multicultural country with social, religious, ethnic complexity.

Methods: This study examined the hospital records (investigation material, indictments, admission summaries, and expert testimonies) of all 80 inpatients who had committed murder and been hospitalized in the maximum security unit from its opening in 1997 until 2021, and were found not guilty due to insanity.

Results: Demographics characteristics (at the time of the offense). The participants were men ages 18-85 ($M=36.11$, $SD=11.84$). 58.8% were born in Israel, 21.3% immigrated from the former Soviet Union, 6.3% from Ethiopia, and 13.8% from other countries. The majority (82.5%) were Jewish, 16.4% were Arab. Most lived in urban centers (86.3%). Most were not married at the time of the offense: Single (62.5%), divorced (21.3%). Only a minority was married (16%).

Psychiatric characteristics. Most participants were diagnosed with schizophrenia (90%); had at least one hospitalization prior to the offense (70%), and had a previous hospitalization due to violence. Most of them were not compliant with psychiatric treatment and follow-up (only one participant was fully compliant). In most cases (74%) pre-murder deterioration was recorded.

Criminal characteristics. At least 52.5% had a criminal record prior to committing the offense (a higher number is possible, the information is based on the medical file only, there was no access to an official criminal record).

Murder/forensic characteristics. At least 48.8% there was no prior planning. In most cases (66.6%) the motive described was paranoid delusions and only in 5% there is command hallucinations. In most cases the murders took place in the home of the victim and/or the assailant (67.5%), one person was murdered (91%) and the victim was known to the assailant (88.8%), most of them a family member (61.3%). In at least 75% of the cases there was a brutal murder with multiple stabbings, use of multiple means/actions, abuse of the body or dismemberment. Following the murder, 58.3% of the assailants remained at the site of the crime and/or called for help, 27.4% left the site (no information for the remaining subjects).

Conclusions: The findings are consistent with existing knowledge and may assist in identifying at-risk populations, develop and implement relevant prevention programs as well as improving the therapeutic continuum from hospitalization to the community.

Disclosure of Interest: None Declared

Genetics and Molecular Neurobiology

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What do European guidelines say about genetic testing for people with mental disorders? A scoping review

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Introduction: Technological advancements have identified numerous genetic variations linked to mental disorders, providing potential explanations and, in some cases, enabling targeted treatments. However, clinical genetic testing remains underutilised in psychiatric care, potentially due to inconsistent clinical guidelines across Europe.

Objectives: This scoping review aims to compile, summarise and evaluate European clinical practice guidelines (CPGs) on genetic testing in mental disorders, identifying gaps and variations in recommendations to inform current practice and future guideline development.