

EPP0710

Alcohol use disorder as a risk factor for violent offending in a sample of female forensic-psychiatric inpatients

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Introduction: Female gender is associated with a lower risk for aggressive behaviour and violent offending. Well established risk factors for aggressive behaviour are alcohol and other substance use, but previous studies focused mainly on male offenders and the general population. However, for therapeutic and prognostic reasons it is important to understand pathways to female offending.

Objectives: To examine a sample of female forensic-psychiatric inpatients regarding the association of alcohol (AUD) and other substance use disorders (SUD) with violent offending (homicide, assault, robbery).

Methods: We conducted a retrospective cohort study of 334 female patients discharged before 01.01.2019 from a secure psychiatric hospital in Germany.

Results: In total, 72% of the patients with AUD committed a violent crime, leading to admission to secure psychiatric treatment. In comparison a statistically significant lower rate (19%) of the SUD group was convicted of violent offending. Over 70% of the participants with AUD had a family history of AUD, and over 83% experienced physical violence in adulthood. We found no group differences (AUD vs. SUD) regarding aggressive behaviour during inpatient treatment.

Conclusions: According to our results, AUD compared to other SUD, is a significant risk factor for violent offending in women. A family background with AUD and a history of physical abuse might function as a risk factor for both: developing an AUD and violent offending. The comparable rates of aggression in both groups during inpatient treatment suggest that abstinence is a protective factor.

Disclosure: No significant relationships.

Keywords: female offending; violence; Treatment; alcohol

EPP0709

Prisoners with Attention Deficit Hyperactivity Disorder: Co-morbidities & Service Pathways

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Introduction: Effective diagnostic and treatment pathways for ADHD are needed in prison settings due to the high prevalence of ADHD and comorbidities in the prison population.

Objectives: In this presentation, we will describe two studies conducted in separate London prisons in England. In the first study, the aim was to identify prisoners with ADHD with a focus on describing comorbidity. In the second study, using QI (quality improvement) methodology, the aim was to measure the practicability and effectiveness of a specialist ADHD diagnostic and treatment pathway for prisoners.

Methods: Two studies were carried out in two separate prisons in London. Firstly, data were collected to understand the prevalence of ADHD and the comorbidities. The second study used quality improvement (QI) methodology to assess the impact of a diagnostic and treatment pathway for prisoners with ADHD.

Results: Of the prisoners, 22.5% met the diagnostic criteria for ADHD. Nearly half of them were screened positive for autistic traits, with a higher prevalence of mental disorders among prisoners with ADHD compared to those without. The QI project led to a significant increase in the number of prisoners identified as requiring ADHD assessment but a modest increase in the number of prisoners diagnosed or treated for ADHD.

Conclusions: Despite various challenges, an ADHD diagnostic and treatment pathway was set up in a prison using adapted QI methodology. Further research is needed to explore the feasibility of routine screening for ADHD in prison and examine at a national level the effectiveness of current ADHD prison pathways.

Disclosure: No significant relationships.

Keywords: adhd; Prisoners; Quality Improvement; Service Pathways

EPP0710

Frailty in Secure Forensic Mental Health Settings: A Study from Dundrum Hospital, Ireland.

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Introduction: Frailty is defined as a clinical syndrome that encompasses a combination of decreased physiological reserve and low resistance to stressors. There is an association between mental illness and frailty among elderly cohorts. Frailty is also associated with obesity and smoking. There are high rates of treatment resistant schizophrenia among patients in secure forensic services. Patients with schizophrenia have high rates of morbidity and early mortality.

Objectives: The primary aim of this study was to examine the rates of frailty present in a complete cohort of forensic in-patients.

Methods: An assessment using Fried Frailty criteria was offered to all in-patients (n=95) in Ireland's National Forensic Service, which included measures of walking speed, grip strength, low physical activity and exhaustion. Demographic details and details pertaining to diagnoses and medications were also gathered.

Results: Of the 95 in-patients, 92 patients agreed to participate. The majority were male (89%). The most common diagnosis was schizophrenia (71.7%). Mean age was 44.7 years (SD 11.42), and 58.2% met criteria for obesity. Of the total group, 47 patients met criteria for 'pre-frail' and 10 met criteria for 'frail' using Fried criteria.

Conclusions: This is the first study examining frailty in a cohort of patients in secure forensic settings. We found high rates of patients meeting frailty criteria at very young ages. Rates of frailty in this group were comparable to those found amongst elders in community settings. We consider this demonstrates significant medical vulnerability in this patient group.

Disclosure: No significant relationships.

Keywords: Frailty; psychiatry; comorbidity; forensic

EPP0711

One Year of Peer Support Work in Forensic Mental Health – Evaluation of Implementation

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Introduction: Peer Support Work can be an effective way to support patients and their participation also in psychiatric populations. Unlike in general psychiatry there is less experience with peer support work in forensic mental health inpatient settings. Characteristics different from general psychiatry, e.g., regarding safety, might be a reason for the delay of their implementation.

Objectives: We aim to present the implementation of a peer support worker in a forensic mental health setting for addicted offenders. We address reservations of staff before the implementation and their development during the first year. The perspective of patients about their experiences is taken into consideration. The development of the peer support workers position and tasks is demonstrated.

Methods: Focus groups and interviews were conducted with several groups of people, amongst them employees of several professions, patients and the peer support worker of the clinic. Interviews and focus groups were recorded and transcribed for thematic analysis.

Results: Reservations of staff comparable to these found in general psychiatry occurred in the forensic mental health professionals. These could be diminished during the first year. Most of the patients were able to accept and trust the peer support worker, in some cases after initial mistrust. The peer support worker felt accepted in the team and was able to develop a routine as well as own tasks.

Conclusions: The experiences from one year testified that implementation of peer support work into a forensic mental health inpatient setting is possible. Further patient outcomes are to be explored but the current results are promising.

Disclosure: No significant relationships.

Keywords: Peer Support Work; Compulsory Treatment; Addicted Offenders; Forensic Mental Health

EPP0712

Experiences and attitudes of mental health care staff to the reporting of violence in the workplace in the Republic of Ireland

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Introduction: The WHO and the Violence Prevention Alliance define violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.” The types of violence examined in this study include physical, sexual, verbal and racial as the most commonly reported manifestations of violence in the workplace.

Objectives: To obtain the most recent statistics on violent acts perpetrated against mental health care workers in the Republic of Ireland. To capture the experiences and attitudes of staff to the reporting of this violence.

Methods: The State Claims Agency (SCA) were contacted to obtain the most up to date figures on violence against mental health care workers. An electronic survey based on the WHO's validated questionnaire on violence was then disseminated to all acute psychiatric units nationally.

Results: There were 6,690 episodes of violence against staff in the Mental Health Division in 2018 and 2019. The survey found, 92.4% of respondents reported verbal abuse, 30.3% recorded physical assault, 15.2% had suffered sexual violence in a 24 month period. 20.3% of study participants took no action. Of those who did, 70% felt that the incident had not been investigated properly. More than half of respondents felt that there were no consequences to the aggressor.

Conclusions: Further work is needed in the prevention of workplace violence as well as improvements in reporting and investigating of incidents when they do occur.

Disclosure: No significant relationships.

Keywords: violence; Workplace; reporting violence; mental health

EPP0714

Decision-making capacity regarding healthcare, welfare and finances in a secure forensic setting

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Introduction: Impairment in decision-making capacity is a serious consequence of executive dysfunction secondary to serious mental disorders like schizophrenia. Functional mental capacity (FMC) refers to an individual's ability to make and communicate legally