

from teammates was related to phubbing ($p < 0.001$). There was a positive moderate correlation between the phubbing score and the online social support score; a weak positive correlation was found between the general phubbing score and the trait anxiety score.

Conclusions: It was determined that social support from social media significantly affected the phubbing behavior of nurses and that trait anxiety mediated this relationship. In future studies, researchers can conduct extensive research on the effect of socialism on nurse-patient communication and care. This study was also important in terms of making significant contributions to the literature, where there are only a limited number of studies on phubbing.

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O0007

The effect of maternal prenatal cannabis exposure on offspring preterm birth: a cumulative meta-analysis

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Introduction: Mixed results have been reported on the association between prenatal cannabis exposure and preterm birth.

Objectives: This systematic review and meta-analysis aimed to examine the magnitude and consistency of associations reported between prenatal cannabis exposure and preterm birth.

Methods: This review was guided by the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) guidelines. We performed a comprehensive search of the literature on the following electronic databases: PubMed, EMBASE, SCOPUS, Psych-INFO, and Web of Science. The revised version of the Newcastle-Ottawa Scale (NOS) was used to appraise the methodological quality of the studies included in this review. Inverse variance weighted random effects cumulative meta-analysis was undertaken to pool adjusted odds ratios (AOR) after sequential inclusion of each newly published study over time. The odds ratio and 95% confidence interval (CI) limits required for a new study to move the cumulative odds ratio to the null were also computed.

Results: A total of 27 observational studies published between 1986 and 2022 were included in the final cumulative meta-analysis. The sample size of the studies ranged from 304 to 4.83 million births. Prenatal cannabis exposure was associated with an increased risk of preterm birth [pooled Adjusted Odds Ratio (AOR) = 1.35, 95% CI: 1.24-1.48]. The stability threshold was 0.74 (95%CI limit 0.81) by the end of 2022.

Conclusions: Offspring exposed to maternal prenatal cannabis use was associated with higher risk of preterm birth and it is strongly unlikely that any new epidemiological studies will change this conclusion. It is also plausible that avoiding cannabis intake during the prenatal period can reduce the risk of preterm birth.

Disclosure of Interest: None Declared

O0008

Admissions to the National Forensic Mental Health Service, Central Mental Hospital Dundrum, before, during and after the COVID-19 pandemic: changes in the need for security and urgency of need for admission

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Introduction: The Central Mental Hospital Dundrum, is Ireland's only secure forensic hospital. It is unclear if there were changes in the need for security or urgency of need for admission prior to admission; before, during and after the COVID-19 pandemic.

Objectives: We examined any changes in need for security and urgency of need for admission among those admitted to the CMH Dundrum from 2018 to 2022. We also examined the need for seclusion due to immediate risk to others at the time of admission. COVID precautions were not managed with seclusion.

Methods: This is a retrospective cohort study of all patients admitted from 1st January 2018 to 31st August 2022. Demographic data and diagnosis, capacity to consent to medication and hours in seclusion during day 1, week 1 and month 1 were collated. Need for therapeutic security (Dundrum-1) and urgency of need for admission (Dundrum-2) were rated prior to admission and collated by the research team. Data were gathered as part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST). (Davoren et al., *BMJ Open* (2022) 12(7): e058581)

Results: During the 68-months there were 76 admissions. Mean age was 35.9 years, SD 9.9, males (80.3%). The most common diagnoses were schizophrenia (57.9%), schizoaffective disorder (15.8%), intellectual disability or autistic spectrum disorder (3.9%). 53.9% required seclusion on admission. There was no overall change in security need over the study period, but scores on triage urgency item 2 'mental health' increased. Time on the waiting list correlated with increasingly urgent mental health needs. On logistic regression, higher (worse) scores on 'mental health' need predicted hours of seclusion on day 1 ($B=6.3$, $p < 0.001$) and week 1 ($B=25.5$, $p < 0.001$) but not month 1. Prolonged seclusion in prison prior to admission predicted hours of seclusion on day 1 ($B=3.1$, $p < 0.001$) week 1 ($B=16.7$, $p=0.003$) and month 1 ($B=51.5$, $p=0.003$). Higher scores on life time institutional behaviour (DUNDRUM-1 item 10) ($B=53.2$, $p < 0.001$) also predicted hours of seclusion in month 1.

Conclusions: We found increasing severity of mental health needs during the period studied. Seclusion early in the course of admission to the forensic service was closely linked to mental health needs. Continuing to require seclusion later in the admission was more closely linked to institutional behaviour such as having a history of coordinating disturbances or challenging behaviour whilst in prison services.

Disclosure of Interest: None Declared