

competent decisions autonomously. Studies have shown that FMC is dependent on severity of psychosis and can improve with treatment.

Objectives: To ascertain the correlation between the scores on a structured judgement tool, namely the Dundrum Capacity Ladders (DCL) with level of acuity of treatment setting and length of stay in a secure forensic hospital.

Methods: Sixty-two patients were interviewed using the DCL across three domains – healthcare, welfare and finances. Correlation between DCL scores, length of hospital stay and level of acuity of treatment setting was assessed.

Results: As patients moved from higher to lower dependency wards, mean DCL score increased, indicating a higher level of capacity. Patients in high dependency wards were most impaired while those in the low dependency wards performed significantly better ($r_s=0.472$, $p<0.001$). The longer the patients stayed in the hospital, up until five years, the higher the mean welfare domain score ($r_s=0.402$, $p=0.011$) and mean DCL score ($r_s=0.376$, $p=0.018$). Beyond five years of hospital stay, those who had lower DCL scores and did not improve had longer length of stay.

Conclusions: Patients' FMC improve as they progress from high to low level of acuity of treatment setting. However, this is dependent on the length of hospital stay. FMC may be a measure of recovery in the forensic setting.

Disclosure: No significant relationships.

Keywords: mental illness; functional capacity; decision-making capacity; length of hospital stay

EPP0715

How to execute research projects in clinical practice in a large medium secure forensic psychiatric facility

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Introduction: While effective project planning is crucial for the success of a clinical research project, being able to execute the plan is even more important. In Denmark, approval for health research projects is applied for at regional or national committees on health research ethics, which have been reluctant to approve clinical research projects involving forensic psychiatric in-patients, due to the admission usually being pursuant to treatment sanctions. However, recently we received approval for a clinical research project exclusively targeted towards inpatients at a large medium secure forensic psychiatric facility in Denmark.

Objectives: Describing the process of project execution from planning to submitting the manuscript which is inherently multifaceted and inundated with stress factors. How to connect theory, knowledge, project with clinical practice, with clinical research?

Methods: Qualitative data collecting while undertaking an exploratory, open-label, non-randomised weight reducing trial with a glucagon-like peptide-1 receptor agonist.

Results: Challenges in finding, screening, motivating, recruiting, obtaining valid confirmed consent from potential study participants and other stakeholders, team communication, responsibilities and accountabilities within the team, Pareto Principle, scope creep, building project reports manually, real-time data gathering, unpredictable and other project deliverables will be presented

Conclusions: Experiences of the hospital staff (psychiatrists, doctors and nurses) in execution process of the project investigation performed and made possible through participation of their forensic psychiatric in-patients.

Disclosure: No significant relationships.

Keywords: executing clinical research; forensic psychiatry

EPP0716

Family involvement in forensic psychiatric care: a professionals' perspective

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Introduction: Research shows that family members of forensic patients often have the feeling not to be sufficiently involved in the treatment and care trajectories of their relative. Also professionals indicate to encounter several barriers to involve family members, including lack of time and skills, organizational barriers and meddling family members.

Objectives: This study aimed to map professionals' reflections on family involvement in forensic psychiatric care. The research questions related to how professionals experience family involvement in forensic care and what needs to change in the future? A specific focus is placed on changes in their perspective over time.

Methods: Findings of focus groups administered in 2015 with professionals working in forensic psychiatric care were supplemented with interview data collected in 2021.

Results: The results show that there are several differences in how professionals experience and look at family involvement in forensic psychiatric care. Where in 2015 the question often was raised about what can be done as a professional for family members, professionals now more refer to the added value of family involvement for both the forensic patient and his/her care trajectory.

Conclusions: The past six years, there seemed to be an evolution in how professionals experience the involvement of family members in forensic psychiatric care, that is increasingly perceived as valuable. Yet, the professionals indicated that challenges remain regarding professional confidentiality and shared decision making.

Disclosure: No significant relationships.

Keywords: Family involvement; Professionals' perspectives; forensic psychiatry; Qualitative research