

in the prison hierarchy, health services that are out-reaching, and prior positive experiences with professional help. The barriers to professional help-seeking were: lack of information about when and how to access mental health services, challenges with the self-referral system, perceived unavailability of services, confidentiality issues, and a prison climate that favoured a tough appearance.

Conclusions: The participants appeared to be more positive to seeking professional help for mental health problems than reported in previous studies with incarcerated individuals. Interpersonal and systemic aspects were emphasized by the participants as barriers to accessing mental health services; some participants even perceived these services to be unavailable to them. The results are relevant for designing interventions to promote help-seeking for mental health problems among people in prison.

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EPV0540

Fatal pulmonary embolism related to anti-psychotics: forensic implications. About four autopsy cases with review of the literature

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Introduction: The association between the intake of antipsychotic drugs and the occurrence of thromboembolic complications is widely described in the literature. The occurrence of this complication may call into question the medical responsibility of the attending physician.

Objectives: The objective of this work is to describe the pathophysiological mechanisms involved in the occurrence of thromboembolic complications in a patient under antipsychotic treatment, whether or not associated with physical restraint and to discuss the forensic implications.

Methods: Our study is retrospective on cases of fatal pulmonary embolism, discovered at autopsy, in connection with the taking of antipsychotics. The autopsies were carried out in the Department of Forensic Medicine of the Tahar Sfar University Hospital in Mahdia. The cases were collected over a period of 04 years. A review of the literature was carried out. We only selected articles published until February 2021 and dealing with cases of patients on antipsychotics, diagnosed with pulmonary embolism by performing a chest CT scan or during an autopsy.

Results: 915 autopsy cases were performed during the study period. Twenty cases of pulmonary embolism, discovered at autopsy, were collected. Four cases were related to the taking of antipsychotics (incidence 0.004%), including two men and two women, aged between 25 and 52 years. They were all on antipsychotic treatment for at least 5 years, with the exception of one case who was put on 3 antipsychotics, 7 days before his death, with indication of physical restraint.

After analysis of the memorial data, the external examination and the autopsy, the results of additional examinations, the death was attributed, in the 4 cases, to a massive fibrino-cruoric pulmonary embolism.

A selection of 45 studies regarding thromboembolic complications associated with taking antipsychotics, was included in the final review.

Conclusions: The reported cases provided additional evidence on the involvement of antipsychotics in the occurrence of thromboembolic complications. Psychiatrists should be careful when prescribing these treatments. The establishment of therapeutic guidelines, taking into account the thromboembolic risk factors, becomes essential, in order to avoid the occurrence of a complication which could engage both the vital prognosis of patients and the responsibility of the physician.

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EPV0541

What does a Peer Support Worker do in a Forensic Mental Health Clinic for Addicted Offenders?

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Introduction: Peer support work can be an effective way to support patients and their participation in psychiatric treatment. 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 patient structure and background, might lead to different tasks of peer support workers and subjects of conversation.

Objectives: We aim to present an overview of tasks and conversation topics of a peer support worker in a forensic mental health setting for addicted offenders during an 12 month period. We address tasks on regular and irregular basis and the most frequent conversation topics.

Methods: We used the anonymized work documentation about weekly working activities and conversation notes of the peer support worker to extract information. Extracted data were thematically analyzed and clustered into themes for tasks and conversation topics.

Results: Results reveal several recurring and routine tasks, like joining ward rounds and changes of shift or leading a recovery patient group along with one-to-one conversations with patients according to their request. These topics were expanded by irregular tasks like group discussions for special occasions, e.g., after incidents. During one-on-one conversations, patients addressed topics, e.g., about their substance use history, thoughts and issues about their therapy or ways to achieve their goals in the future.

Conclusions: Peer support is a well-accepted offer that can contain various different tasks in groups and in one-on-one settings as well. Although the peer support worker is seated on one ward, there are many requests from other wards, too. There also exists a broad range of conversation topics, some might be also present in general psychiatric wards and others that might be more unique to forensic settings. The broad range of tasks and acceptance of peer support make it necessary to provide corresponding resources like peer support staff and payment.

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