for providing information and validating the information from this article pertaining to their country. They suggested eight more articles or book chapters. The respondents represent the authors of this article.
Results: See table.
Conclusions: In summary, it appears that there are distinct differences between the abovementioned countries with respect to criminal responsibility assessments. Although Canada is considered a pioneer with regard to forensic mental health, Britain, the Netherlands and Sweden appear to have a well-established system in conducting these assessments. In Sweden the system is very strict, meaning that all reports are delivered by a governmental agency with their own staff. The court orders the report from the agency and not from the experts.

Disclosure of Interest: None Declared

EPP0621

Empathy in patients with schizophrenia and antisocial personality disorder

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Introduction: Violent behavior has been linked to deficits in social cognition, namely cognitive and affective aspects of empathy. Schizophrenia and antisocial personality disorder have been associated with violence and empathy deficits.
Objectives: Our main objective is to search for differences in empathy between patients with schizophrenia who have committed a violent offence, patients with schizophrenia with no history of violent offence and patients with antisocial personality disorder.
Methods: A total sample of N=100 participants was divided into four groups: 1) 27 patients with schizophrenia and history of committing a violent offence, 2) 23 patients with schizophrenia with no history of committing a violent offence, 3) 25 participants with antisocial personality disorder and 4) 25 general population participants comprising the control group. Symptoms of schizophrenia were rated using the Positive(P), Negative(N) and General Psychopathology (G) subscales of the Positive and Negative Syndrome Scale (PANSS). Empathy was evaluated using a) The Empathy Quotient (EQ). Theory Of Mind was evaluated using a) The First Order False Belief task, b) The Hinting task, c) The Faux pas Recognition Test and d) The Reading the Mind in the Eyes Test (Revised).
Results: The four groups differed in PANSS scoring ($p<0.001$), EQ scoring ($p<0.001$) and Theory of Mind tests ($p<0.001$), but this difference was only significant between the controls and the three groups of patients. The three groups of patients did not differ to each other in any of the Theory of Mind tests. No difference was also found between the two groups of psychotic patients.
Conclusions: Patients with antisocial personality disorder, schizophrenia and schizophrenia with a history of violent offence do not seem to perform differently in affective and cognitive empathy tests.

Disclosure of Interest: None Declared

EPP0622

Are clinical severity and real-world functioning associated to committing crimes in people with severe mental illness? Results from a cross-sectional study on three cohorts of forensic and non-forensic patients

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Introduction: In Italy, subjects with severe mental illness (SMI) considered "in danger of posing a threat to others" are hospitalized into structures known as "*REMS–Residenze per l'Esecuzione delle Misure di Sicurezza*", designed to provide rehabilitating programs. There are also specialized forensic teams to support Community Mental Health Centers (CMHC) in helping patients who committed crimes. A better characterization of clinical and real-world functioning of forensic patients represents a topic of clinical interest (Caruso R *et al.* Curr Psychiatry Rep 2021; 7 29; Barlati *et al.* Eur Arch Psychiatry Clin Neurosci 2022, *in press*; Fazel *et al.* Br J Psychiatry. 213 609-614).
Objectives: Aims were to compare clinical and psychosocial functioning characteristics in three cohorts of SMI patients.
Methods: A total of 29 patients hospitalized in REMS facilities were included into this study; starting from this first group an equal number of individuals matched for sex, age, and diagnosis were included in other two groups of outpatients cared for by the forensic team and of non-forensic outpatients treated by CMHC. Clinical severity was measured through the Clinical Global Impression scale – Severity (CGI-S) and real-world functioning was measured through the Personal and Social Performance scale (PSP). Analyses included Chi-Square test for categorical variables and Kruskall-Wallis test for continuous variables with Mann-Withney U test for post/hoc comparisons. P values < 0.05 were considered significant.
Results: Significant between-groups differences emerged regarding psychosocial functioning ($p=0.013$): that was more compromised in the REMS group (mean:34.0) when compared to the forensic team subjects (mean:41.3) and to the subjects in the CMHC group (mean:47.7).
Results concerning clinical severity point in the opposite direction: more severe symptoms were observed in the CMHC group (mean:4.7) compared to the REMS group (mean: 4.3) and the forensic outpatients (mean:3.5). The difference in the CGI-S mean scores is significant for the forensic outpatients when compared to the REMS group ($p=0.011$) and to the CMHC group ($p<0.001$).
Conclusions: Specialized teams are central in the managing of forensic patients: of particular interest are the data regarding clinical symptoms severity, which could also be read with a de-stigmatizing focus, highlighting that a worse clinical severity is not associated with being more dangerous to other people and to the society in general.

Disclosure of Interest: None Declared

EPP0623

Standards of treatment in Forensic Mental Health: A Systematic Review

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Introduction: In Forensic Mental Health, standards of treatment offer a legal, ethical and organizational backbone for professionals facing challenging patients and complex procedures. Grounded in UN resolutions, standards implement human rights and ethical principles in forensic psychiatry. Guidelines establish recommendations for optimizing patient care and agreements on minimum standards. Internationally, diverse approaches to standards and guidelines have developed due to differing medicolegal systems.
Objectives: This review´s objective was to provide insight into which areas are considered essential in standards of treatment and guidelines in forensic psychiatry. Furthermore, we aimed to investigate if American Psychological Association (APA) principles for the publication and implementation of guidelines were applied and if European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) criteria were considered.
Methods: A systematic literature search was carried out. PubMed, Psyindex, Livivo, Scopus, Google Search and Google Scholar were searched for records published by August 2022. The following search terms were used in different variations and combinations: “forensic", “mental health”, “psychiatry”, "standards”, “treatment” “service provision “principles” “quality” “indicators” “Forensische Psychiatrie” “Maßregelvollzug” and “Qualitätsindikatoren”. Standards, guidelines and reviews in Forensic Mental Health in English and German were included. The guidelines were assessed by applying APA principles for guidelines and CPT recommendations.
Results: The search identified 12 documents. Eight documents were excluded as they were focusing only on models of care, forensic evaluation or were in the state of a discussion paper for one specific healthcare system. Four publications from Australia, Canada, Germany and UK were included in narrative synthesis. The selected documents vary in scope, objective, thematic focus on ethical or practical aspects, and level of detail. Our assessment showed that APA-recommended elements of a guideline were often missing. The guidelines discussed were also not fully compliant with CPT recommendations. A more extensive source citation is often needed. In total, “Standards for Forensic Mental Health Services” (UK, 2021) demonstrated good compliance with APA and CPT criteria and comparatively the best practical applicability.
Conclusions: This systematic review indicates that standards and guidelines in forensic mental health still require improvement in terms of formal frameworks of medical guidelines. Human rights compliance in forensic psychiatry must be continued to be monitored and standards of treatment and guidelines offer an important opportunity to ensure adherence. Further research on the implementation of standards into day-to-day procedures is needed.

Disclosure of Interest: None Declared

EPP0624

Stratified therapeutic security and understanding backwards care pathway moves. A 5-year retrospective cohort analysis from the Dundrum Forensic Redevelopment Evaluation (D-FOREST) study in Dublin, Ireland

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Introduction: Secure forensic hospital settings provide care and treatment to mentally disordered offenders with a history of serious violence. Most modern forensic hospitals operate a system of stratified therapeutic security, where patients are placed on the internal care pathway according to individual risks and needs. Unfortunately, at times patients move ‘backwards’ from a unit of lower to a unit with higher therapeutic security. This is a challenge to manage from an individual patient and service perspective.
Objectives: The aim of this study was to analyse backwards moves along the care-pathway within a complete national cohort of forensic in-patients in Ireland over a five-year period. We aimed to clarify the reasons for these moves and ascertain if they were linked to mental illness, security or other issues.
Methods: A naturalistic retrospective five-year observational cohort study was completed. All in-patients in the Central Mental Hospital, Dundrum, Ireland or associated high support hostels between January 2016 and January 2021 were included (60 months). Demographic data, data pertaining to diagnosis, data pertaining to backwards moves and reasons for those moves were gathered. Data was gathered as part of the Dundrum Forensic Redevelopment Evaluation study (D-FOREST study).
Results: A total of n=231 patients were included; the majority (n=203; 87.9%) were male. The most common diagnosis was schizophrenia (64.1%), followed by schizoaffective disorder (12.6%), bipolar affective disorder (4.8%) and autistic spectrum disorder (3.5%). Mean age at admission was 35.9 years, SD 9.5.
Over the 60-month period, a total of 93 backwards moves relating to 50 patients occurred. Reasons for backward moves included deteriorating mental state (8.7%), assaults (4.3%), challenging behaviour (4.3%), security (1%) and others. Binary logistic regression demonstrated that lacking capacity to consent to medication (Odds ratio 0.352, 95%CI 0.198-0.627, p<0.001) and higher (worse) scores on HCR-20 Historical scale (Odds ratio 1.13, 95%CI 1.01-1.27, p=0.035) were associated with backwards moves, when adjusting for age and Dundrum-1 need for therapeutic security scores.
Conclusions: Backwards care pathway moves are a major issue in forensic hospitals both nationally and internationally. We were surprised at the strength of association between lacking capacity to consent and backwards moves. Understanding backwards moves will assist in supporting patients and minimising length of stay.