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doi: 10.1192/bjo.2024.171

Aims. Autism Spectrum Disorder (ASD) poses unique challenges for social interaction and communication skills development in children. Various interventions, including virtual reality (VR) and social skills training, have emerged as potential approaches to address these challenges. This systematic review aims to evaluate and compare the effectiveness of VR Social Skills Training with Standard In-Person Social Skills Training in improving social interaction skills and reducing social anxiety levels in children with ASD.
Methods. A search was conducted across electronic databases (PubMed, PsycINFO, Cochrane Library and Scopus) for relevant studies published from 2000 to December 2023. Inclusion criteria include randomised controlled trials (RCTs) and observational studies comparing VR Social Skills Training with Standard In-Person Social Skills Training in children diagnosed with ASD within the specified age range. Two independent reviewers assessed study eligibility, conducted data extraction, and evaluated study quality. The primary outcomes included changes in social interaction skills and reduced social anxiety levels.
Results. From 1,239 studies initially identified, 25 met inclusion criteria post-screening. VR interventions (n = 12) showed significant improvements (80%) in social interaction skills (15% average anxiety reduction). Varied platforms were utilised, including virtual social scenarios. Using conventional techniques, standard interventions (n = 13) demonstrated improvements (75%) with a 12% average anxiety reduction. Comparative effectiveness between VR and Standard approaches lacked consistent significance. Subgroup analyses showed shorter interventions (4–8 weeks) induced rapid skill improvements, while longer-term ones (12+ weeks) sustained anxiety reduction. Younger participants (6–8 years) exhibited more pronounced skill enhancements and higher baseline anxiety correlated with greater improvement.
Conclusion. This review provides an overview of the current evidence on the comparative effectiveness of VR Social Skills Training and Standard In-Person Social Skills Training for children with ASD. The implications of this review extend to clinicians, educators, and policymakers involved in developing and implementing interventions aimed at improving social outcomes in children with ASD.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Admissions to the National Forensic Mental Health Service Anteceding and Succeeding Its Relocation: A Dundrum Forensic Redevelopment Evaluation Study (D-FOREST)

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doi: 10.1192/bjo.2024.172

Aims. The Central Mental Hospital is the Republic of Ireland's only secure forensic hospital and the seat of its National Forensic Mental Health Service (NFMHS). We scrutinised admission patterns in the NFMHS during the period 01/01/2018–01/10/2023; before and after relocating from the historic 1850 site in Dundrum to a modern facility in Portrane on 13/11/2022.
Methods. This prospective longitudinal cohort study included all patients admitted during the above period. The study initially commenced in Dundrum and continued afterwards in Portrane. Data gathered included demographics, diagnoses, capacity to consent to treatment, and the need for intramuscular medication (IM) after admission. Therapeutic security needs and urgency of need for admission were collated from DUNDRUM-1 and DUNDRUM-2 scores rated pre-admission. Hours spent in seclusion during the first day, week, and month after admission were calculated. Data were collected as part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST).
Results. There were 117 admissions during the 69-month period. The majority were male ($n = 98$). Most were admitted from prisons (87%). Schizophrenia was the most common diagnosis (55.8%). Mean DUNDRUM-1 triage security scores were in the medium-security range (2.84–3.15) during this period. At the time of admission, 53.8% required seclusion, 25.6% required IM medication, and 79.5% lacked capacity to consent to treatment. Those who required seclusion on admission had worse scores on the DUNDRUM-2 triage urgency scale ($F = 20.9$, $p < 0.001$). On linear logistic regression, the most parsimonious model resolved with five predictors of hours in seclusion during the first day and week, which were: D1 item 8 – Victim sensitivity/public confidence issues, D1 item 10 – Institutional behaviour, D2 item 2 – Mental health, D2 item 4 – Humanitarian, and D2 item 6 – Legal urgency. 50% required IM medication during their first week of admission and these patients had significantly worse scores on: D1 item 8 – Victim sensitivity/public confidence issues, D1 item 10 – Institutional behaviour, D2 item 2 – Mental health, and D2 item 4 – Humanitarian (all $p < 0.05$).
Conclusion. There was an increase in the frequency of admissions since relocating to Portrane. The results suggest that there was no change in overall triage security and urgency needs during the time period in question. Major mental illness related factors impacted the need for seclusion early in the admission, whereas factors linked to prison behaviour or personality-related factors were more associated with an ongoing need for seclusion at month one.

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Ketamine Efficacy Across All Formulations in Treatment Resistant Depression in Adult Population: A Rapid Review

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doi: 10.1192/bjo.2024.173

https://doi.org/10.1192/bjo.2024.172 Published online by Cambridge University Press