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## EPP0683

**The characteristics of patients requiring readmission to an Australian forensic psychiatric intensive care unit**T. Jones<sup>1</sup>, E. Harris<sup>1\*</sup>, M. Roberts<sup>1</sup>, D. Mawren<sup>1</sup> and S. Lee<sup>2</sup><sup>1</sup>Psychiatry, Victorian Institute of Forensic Mental Health, Melbourne, Australia and <sup>2</sup>Centre For Forensic Behavioural Science, Swinburne University of Technology, Melbourne, Australia

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**Introduction:** Psychiatric intensive care units (or PICU's) emerged to manage high acuity patients outside the justice system. Studies have sought to better understand characteristics of those admitted to forensic or civilian PICU's. Few, in contrast, have explored the frequency and contributors to readmission. The following study was conducted on Apsley unit, a Forensic PICU based in Melbourne, Australia, and seeks to understand the differences which would allow early identification of patients likely to require readmission and the provision of targeted interventions.

**Objectives:** Examine rates of and contributors to forensic PICU readmission over a 6-month period.

**Methods:** A retrospective audit was conducted to collect clinical, problem behaviour (and strategies to manage), forensic history and demographic information for consecutively admitted patients to an 8-bed forensic PICU between March-September 2019.

**Results:** Data analysis is ongoing. Interim analysis found that 96 patients were admitted during the 6-month study period: 74 (77.1%) had a single admission; 22 (22.9%) required readmission. Almost all were admitted from prison (96.9%), most had a psychosis diagnosis (80.2%) and substance abuse history (96.9%), and many had a personality disorder (24.0%) and history of adolescent antisocial behaviour (46.5%). Patients requiring readmission were significantly more likely to have been previously under compulsory mental health treatment (95.5% vs 75.3%,  $p=.039$ ) and have a Positive Behaviour Support Plan developed during admission (85.7% vs 54.8%,  $p=.010$ ).

**Conclusions:** Interim analysis highlighted the multicomplexity for forensic PICU patients alongside the occurrence of problem behaviour during admission and history of compulsory treatment as indicators of increased risk for re-admission.

**Keywords:** Forensic; psychiatry; PICU

## EPP0684

**Probation of the offender with high functioning autistic traits and comorbidity. A case study.**A. Riolo<sup>1\*</sup>, R. Keller<sup>2</sup>, R. Battaglia<sup>3</sup> and U. Albert<sup>4</sup><sup>1</sup>Department Of Mental Health, ASUGI, Trieste, Italy; <sup>2</sup>Department Of Mental Health, ASL Città di Torino, Torino, Italy; <sup>3</sup>Civil Court, Court of Trieste, Trieste, Italy and <sup>4</sup>Department Of Mental Health, University of Trieste, Trieste, Italy

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**Introduction:** When the Criminal Court Judge applies probation, the offender is entrusted to social assistants for the necessary observation, treatment and support. This case study examines the probation of a young man with high-functioning autistic traits, personality disorder and legal/illegal substance abuse. This young man, who arrived only in adulthood to a diagnosis of autistic traits, is aware only that is non-neurotypical. He does not recognize that he needs treatment for personality disorder, alcohol, substance and drug abuse. He faces a sentence of more than three years in prison but the Judge suspends the criminal trial.

**Objectives:** Clarify the relationship between high functioning autistic traits, comorbidity with personality disorder and drugs/substance abuse, and crimes committed; also describe the orientation of the Judge and what difficulties arise during the probation.

**Methods:** Examination of the criminal file and medical documents of the offender, known by social and health services.

**Results:** The offender correlates the crimes and its frailty with autism and not with antisocial behaviours to gain economic benefits from drug dealing.

**Conclusions:** The deficit in the social communication and lack of empathy for child victims, for example, limits the effectiveness of probation. The probation, for a young with high-functioning autistic traits and comorbidity, does not seem to give satisfactory results in terms of rehabilitation and social integration, nor does it produce the extinction of crime.

**Keywords:** forensic psychiatry; autism; offender

## EPP0685

**Care & custody: E-sport and patient-professional power-relations in forensic psychiatry. A qualitative study**M. Terkildsen<sup>1,2\*</sup>, H. Kennedy<sup>1,3,4,5</sup>, A. Di Lieto<sup>1</sup>, B. Jensen<sup>1</sup> and L. Uhrskov<sup>1,5</sup><sup>1</sup>Department Of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Aarhus N, Denmark; <sup>2</sup>Defactum, Central Denmark Region, Aarhus N, Denmark; <sup>3</sup>Department Of Psychiatry, Trinity College-Dublin University, Dublin, Ireland; <sup>4</sup>National Forensic Mental Health Service, Central Mental Hospital Dundrum, Dundrum, Ireland and <sup>5</sup>Institute Of Clinical Medicine, Faculty of Health, Aarhus University, Aarhus, Denmark

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**Introduction:** Recovery orientated care emphasizes equality in relations. Forensic psychiatric professionals need to engage in care-relationships with patients in ways where power is symmetrically distributed among them. However, professionals also need to focus on security at the ward. This promotes patient-professional power-relations that are asymmetrically skewed towards professionals. New practical ways of balancing between the power-relations defined by a care and custody dichotomy in forensic care need to be developed and studied to guide clinical practice.

**Objectives:** To study how power-relations are articulated between patient-professional within a social gaming activity (E – sport) in a Danish medium secure forensic psychiatric ward.

**Methods:** Three months of observational data, collected via anthropological fieldwork Interviews with 3 professionals and 6 patients Data was analyzed using sociologist Pierre Bourdieu's notions of field, capital and power

**Results:** The E-sport intervention consists of two fields “in-game” and “over-game” In-game concerns the practice of gaming Over-game concerns the interventions organization Power in each field is driven by specific values and access to certain competencies Power in-game was equally open to patients and professionals leading to symmetric power relations Power over-game was open to professionals only leading to asymmetrical power relations Professionals may allow power distribution to patients during gameplay, while still retaining the overall power over the intervention

**Conclusions:** It is possible to balance between care-and-custody in forensic psychiatry. This study provides important insights to guide further practice.

**Keywords:** forensic psychiatry; qualitative study; care-custody; relations

## EPP0686

### Dangerousness assessment in psychiatric inpatients suffering from psychotic disorders

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**Introduction:** Dangerousness is a state in which a person is likely to commit violent acts.

**Objectives:** Describe the socio-demographic and clinical characteristics of psychiatric inpatients hospitalized in the locked unit and suffering from schizophrenia or other psychotic disorders and to assess their dangerousness.

**Methods:** This is a cross-sectional study carried out in the locked unit of psychiatric department of the University Hospital of Mahdia during one year. We have collected data of patients diagnosed with schizophrenia or other psychotic disorders according to DSM 5. Psychometric assessment was done using the BPRS, the PANSS, the VRAG and the HCR-20 scales.

**Results:** We have included 173 patients. The average age was 36 years with a sex ratio of 9. The majority of our patients were unmarried and of a low economic level. Alcohol and cannabis consumption was found in 7.6% and in 5.7% of cases respectively. A history of incarceration was found in 79% of cases. Homicide was the infraction the most committed in 8% of cases. 71.2% of patients had an anterior hospitalization in the locked unit. Aggressiveness and instability were the main indication for hospitalization. The diagnosis was schizophrenia in 84% of cases. Patients were treated with classic antipsychotic drugs in 55.8% of cases. Non-adherence to treatment was reported in 33% of cases. The average score of psychometric scales were BPRS = 21.4; VRAG = - 4.87 and HCR-20 = 17± 0.87.

**Conclusions:** Our study showed comparable assessments for dangerousness with the literature. Evaluating dangerousness should represent the first step of the therapeutic process.

**Keywords:** psychiatry; dangerousness; schizophrénia; Psychostic disorders

## EPP0687

### Agresion and violent behaviour risk assessment

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**Introduction:** After discharge from forensic psychiatric hospital, rates of violent reoffending are reported to range from 2% to 8% per year in high income countries. Risk assessment informs decisions around admission to and discharge from secure psychiatric hospital and contributes to treatment and supervision Current approaches to assess violence risk in secure hospitals are resource intensive, limited by accuracy and authorship bias. Forensic Violence Oxford (FoVOx) was developed using all forensic psychiatric patients in Sweden, based on the largest forensic psychiatric sample to date, and has the advantage of using routinely available data, which are less liable to bias than interview-based measures.

**Objectives:** Literature review on the Forensic Psychiatry and Violence Oxford (FoVOx) tool.

**Methods:** Pubmed and Google Scholar search

**Results:** The 12 items within the FoVOx tool are sex, age, previous violent crime, previous serious violent crime, primary discharge diagnosis, drug use disorder at point of hospitalization or discharge, any lifetime drug use disorder, alcohol use disorder at point of hospitalization or discharge, personality disorder at discharge, employment at admission, five or more prior inpatient episodes, and whether current length of stay has exceeded one year.

**Conclusions:** The FoVOx tool is scalable, quick, free to use and available online. Its use could enable clinicians to provide a reasonably accurate risk assessment in a brief and cost-effective way, and free up time to focus on clinical care and risk management rather than risk assessment.

**Keywords:** violence; risk assessment; forensic psychiatry

## EPP0688

### What can we learn about perpetrators of domestic and familial homicide and their involvement with mental health services from domestic homicide reviews?

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**Introduction:** The evidence that supports an association between domestic violence and abuse (DVA) perpetration and mental disorders is increasing. Since 2011, authorities in England and Wales have been required to conduct Domestic Homicide Reviews (DHRs) into deaths caused by violence, abuse or neglect of individuals aged 16 or over, by a family member or a current or ex-partner.

**Objectives:** The aim of the study is to describe the characteristics of perpetrators of domestic homicide in a sample of DHR reports in which the perpetrator was known to mental health services in the 12 months before the offence. This sample will undergo qualitative framework analysis as part of another study conducted by the authors.

**Methods:** The researchers compiled a list of DHRs available online and randomly sampled 168 reports; in 20 of those reports, the perpetrators were under the care of mental health services in the 12 months prior to the offence. We have applied descriptive statistics to report on the sample characteristics.

**Results:** The common mental illnesses diagnosed amongst perpetrators were depression (20%), anxiety (15%) and schizophrenia