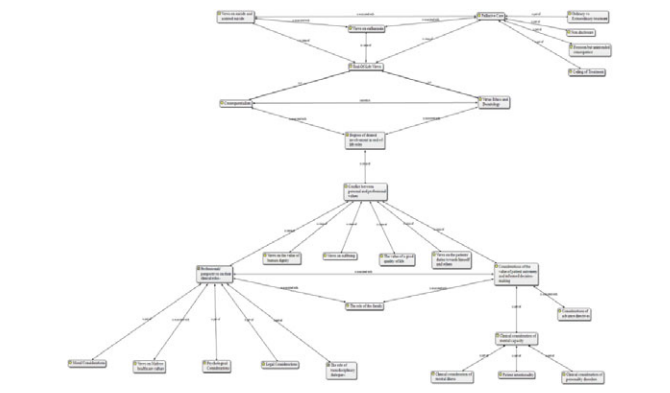
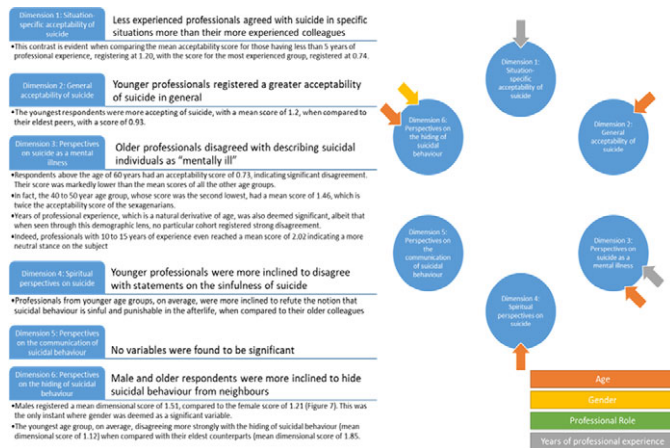


Older professionals and spiritual beliefs negatively impacted acceptability of suicide (Figure 2).



The discussion revealed that professionals would assess individuals requesting to end their lives, with the aim of treating any mental illness and determining mental capacity. Figure 3 highlights factors explored during the assessment. Greatest emphasis is ultimately placed on individual autonomy.

Conclusions: Mental health professionals consider autonomy and self-determination as imperative in evaluating a person's right to die. Professionals agreed that, after a comprehensive psychiatric assessment and within a regulatory legal framework, they would not impede a person with terminal illness to request physician-assisted suicide, provided that one is acting autonomously. The majority would however conscientiously object to actively assisting the terminal patient in ending one's life, since this is deemed contradictory to their professional vow of non-maleficence.

Keywords: ethics; Euthanasia; AssistedSuicide; psychiatry

EPP0674
Stratification of a medium secure forensic care pathway according to risk and need: A study from dundrum hospital.

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Introduction: Secure forensic mental health services have a dual role, to treat mental illness and reduce violent recidivism. Those admitted to secure forensic services have a significant history of violence and treatment needs in multiple domains including psychiatric illness, violence and other areas such as substance misuse and physical health.

Objectives: The aim of this study was to ascertain if the units in a medium secure forensic hospital are stratified according to individual risks and needs. We also aimed to clarify if there were differences in the symptom level, risks and needs of those with and without community leave and to clarify the risks and needs of the female patients and ID patients.

Methods: This is a cross sectional study a cohort of patients (n=138) in a secure forensic hospital.

Results: There was a total of 138 patients, the majority of whom were male (n=123, 89.1%). The most common diagnosis was schizophrenia (n=99, 71.7%). Placements in the care pathway of the medium secure forensic hospital were associated with level of symptomatology (PANSS positive), dynamic violence risk (F=26.880,P<0.001), DUNDNUM-3 therapeutic programme completion (F=44.067, P<0.001), and DUNDNUM 4 recovery (F=59.629,P<0.001). Patients with community leave had better scores than those without leave on violence risk (F=77.099, P<0.001), therapeutic programme completion (F=116.072, P<0.001) and recovery (F=172.211, P<0.001).

Conclusions: Stratifying secure forensic psychiatric hospitals according to individual risks and needs provides in-patient care in the least restrictive setting appropriate for individuals, however niche groups such as female forensic patients and ID patients may need special consideration.

Keywords: Risks and needs; Stratification

EPP0675

The characteristics of homicide perpetrators in a medium secure forensic hospital: A study from dundrum hospital.

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Introduction: The majority of homicides in society are not associated with mental illness, however there is an established association between homicide and schizophrenia. Homicide perpetrated by mentally disordered offenders is a leading reason for admission to secure forensic psychiatric hospitals.

Objectives: To investigate the clinical characteristics of those with a history of completed homicide in the CMH Dundrum.

Methods: This study was a cross sectional study of a cohort of patients in the Central Mental Hospital who had completed homicide (n=63).

Results: A total of 136 patients were included, 46.3% (n=63) of whom had committed homicide. Mean age of homicide perpetrators at admission was 34.6 years old (median 33.4, s.d. = 9.72). The most common diagnosis was schizophrenia (n=40, 63.5%). 73.0% (n=46) had a history of substance misuse. 36.5% (n=23) had a diagnosis of a personality disorder, including traits only. The most common victim type was a family member (n=32, 50.8%). Patients with a history of homicide had better scores on dynamic risk of violence (F=8.553, p=0.004), programme completion (F=8.258, p=0.005) and recovery (F=3.666, p=0.058) compared to non-homicide offenders, however they also had significantly longer mean length of stay, 12.7 years v 7.5 years (F=9.634, p=0.002).

Conclusions: Homicide perpetrators with a mental illness constitute a significant portion of the forensic mental health population and a high number of these offences were against family members. A history of homicide among forensic in-patients is associated with a longer length of stay which has implications for service development into the future.

Keywords: Homicide; forensic psychiatry

EPP0676

COVID-19 in forensic psychiatry settings: The unique vulnerability of patients in secure services.

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Introduction: Secure forensic mental health services treat patient with high rates of treatment resistant psychoses, typically schizophrenia. These groups have high rates of obesity and medical co-morbidities. Population based studies have identified high risk groups in the event of SARS-CoV-2 infection, including those with long term medical conditions.

Objectives: The aim of this study was to compare the vulnerability to serious adverse outcome in the event of COVID-19 infection in a forensic psychiatric patient population.

Methods: All patients of a complete National Forensic Mental Health Service (n=141) were rated for risk of adverse outcome in the event of SARS-CoV-2 infection, using two structured tools, the COVID-AGE tool and the COVID-Risk tool.

Results: Eighty-two patients (58.2%) met criteria for obesity, 32 had type II diabetes and 28 were hypertensive. Mean chronological age was 45.5 years (SD 11.4, median 44.1), while mean COVID-AGE was 59.1 years (SD 19.4, median 58.0), mean difference 13.6 years (SD 15.6) paired t=10.9, df=140, p=0.000. Three patients (2.1%) were chronologically over 70 years compared to 40 (28.4%) with a COVID-AGE over 70 (X²=6.99, df=1, p=0.008, Fishers exact test p=0.027).

Conclusions: These risk assessments may identify the extent of increased risk among a uniquely medically vulnerable patient group. Patients in secure forensic psychiatric services represent a high-risk group for adverse outcomes in the event of SARS-COV-2 infection. Population based cocooning and self-isolating guidance

based on chronological age may not be sufficient. There is an urgent need for better physical health research and treatment in this group.

Keywords: COVID-19; forensic psychiatry

EPP0677

The difficult problem of the crime of impetus: A proposal for an integrated analysis of complex cases

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Introduction: The evaluation of the crime of impetus poses problems in seeking clinical elements that configure the total or partial defect of mind. Even in the presence of acute psychotic syndromes it is difficult to identify a psychopathological picture that almost overlaps with the times and methods of the crime itself.

Objectives: From a longitudinal perspective, this contribution intends to propose a method of integrating data derived from psychopathological, criminological and forensic psychiatric analyzes, in order to identify the link between them and the criminal act that qualifies or excludes the mental defect.

Methods: In the analysis of a criminal event generated during an acute psychotic episode, it's described the logic and methodology of integrating criminological, psychopathological and psychiatric forensic data for which it was possible to identify the pathological nature of the event.

Results: The psychopathological analysis allowed the identification of psychotic manifestations before and after the crime. The criminological analysis included the decision to commit the crime, within a framework of alteration of the reality examination and recognized the delusional purpose in the same methods of carrying out the crime. So, the forensic psychiatric analysis clarified the continuity of the psychopathological manifestations in the time frame in which the crime was planned, organized and committed and to codify such manifestations as an acute psychotic episode.

Conclusions: Although it's not sufficient to circumscribe the criminal act between two pathologically relevant moments, this contribution shows how integrating different methods of analysis makes it possible to identify the quality of the behavior intended as a crime.

Keywords: Crime of impetus; Forensic psychiatric analysis; Psychopathological analysis; Criminological analysis

EPP0678

Living conditions of migrants in bavarian forensic psychiatry – acculturation, language competence and perceived ward climate.

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