

EPV0776

Examination of the psychometric properties of the FORensic Outcome Measure (FORUM): a new outcome measure for forensic mental health services

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Introduction: Forensic mental health services provide care to people in secure psychiatric hospitals and specialised community teams. Measuring outcomes is important to ensure such services perform optimally, however existing measures are not sufficiently comprehensive and are rarely patient reported.

Objectives: To examine a novel instrument for measuring outcomes in forensic mental health services, the FORensic Outcome Measure (FORUM), which consists of a complementary patient reported questionnaire (FORUM-P) and clinician reported questionnaire (FORUM-C).

Methods: Inpatients at a forensic psychiatric service based in a regional healthcare organization in the UK completed the FORUM-P, while members of their clinical teams completed the FORUM-C. Patients and clinicians also provided feedback on the questionnaires.

Results: Sixty-two patients participated with a mean age of 41.0 years (standard deviation 11.3). For internal consistency, Cronbach's alpha for the FORUM-P was 0.87 (95% confidence interval (CI) 0.80-0.93) and for the FORUM-C was 0.93 (95% CI 0.91-0.96). For test-retest reliability the weighted kappa for the FORUM-P was 0.44 (95% CI 0.24-0.63) and for the FORUM-C was 0.78 (95% CI 0.73-0.85). For interrater reliability of the FORUM-C the Spearman correlation coefficient was 0.47 (95% CI 0.18-0.69). The FORUM-P received an average rating of 4.0 out of 5 for comprehensiveness, 4.6 for ease of use and 3.9 for relevance, while the FORUM-C received 4.1 for comprehensiveness, 4.5 for ease of use and 4.3 for relevance.

Conclusions: Outcome measures in forensic mental health can be developed with good measures of reliability and validity, and can be introduced into services to monitor patient progress.

Disclosure: No significant relationships.

Keywords: forensic psychiatry; outcome measurement; Psychometrics; Quality Improvement

EPV0775

Which predictive variables are emphasized when violence risk assessments are performed in Norway?

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Introduction: Violence is considered both a societal issue and a public health issue. Due to the high economic, societal, and

individual cost associated with exposure to violence, clinical risk assessment-tools are now being implemented in the public health care system as well as outside of it. To ensure early identification and prevention, various professional groups perform structured risk assessments in Norway, including police, doctors, and psychologists.

Objectives: There is a need to examine competence and organizational factors, which may affect the ability to make accurate assessments in different levels of the health service, as well as in the police who often are involved in early identification and action-taking concerning violent individuals. Based on variation in risk assessment competencies, and characteristics of different work environments, our project aims to investigate whether some factors seem to be more important than others in clinical assessments when comparing different professional groups with or without a professional background in health care.

Methods: In our study, we will be able to tell if there is a significant difference in how different professional groups emphasize different risk factors, and in which way individual factors such as formal competencies, years of experience, and personal and professional attitudes to violence affect the risk violence assessments performed.

Results: We hypothesize that retrospective, clinical, and dynamic risk-factors are interpreted differently by different professional groups, and therefore entail significant variations in assessments, and the health care provided.

Conclusions: In this planned study, we will examine variations in the practice of violence risk assessment in Norway.

Disclosure: No significant relationships.

Keywords: Violence risk assessment; Primary health care; Norway; Emergency psychiatry

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Description of a clinical intervention among patients admitted to the medium secure forensic psychiatric services in Central Denmark Region

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Introduction: Patients with schizophrenia suffer from increased mortality rates equivalent to 15-20 years shorter life expectancy. Up to 60% of this excess mortality can be explained by preventable, somatic conditions like cardiovascular, metabolic, and respiratory comorbidities. As forensic psychiatric (FP) patients often experience the triple stigmatization of mental illness, substance misuse and criminal conviction, the risk of suboptimal diagnosis and treatment may be high. Although benefits from the addition of general practitioner (GP) services to non-FP wards have been shown elsewhere, this cross-sectoral approach has never been attempted in a Danish FP ward.

Objectives: One purpose of this project is to evaluate the associations between self-reported quality of life and objective measures of somatic health.

Methods: A clinical intervention in which a GP consults patients in all medium secure wards in the Central Denmark Region (N=72). The consultation includes a physical examination, medication review, and evaluation of blood samples. Data is collected from: electronic patient files and questionnaires regarding quality of life (SF-12), lifestyle, and attitude towards GP services.

Results: The population will be described in regards to socio-demographic, clinical, and forensic characteristics. Associations will be made between quality of life (SF-12), metabolic syndrome, blood markers, and heart-SCORE risk. Risk profiles for endocrinologic and coronary illness will be examined.

Conclusions: Results may guide future health interventions and will be used as a basis for adjustments to the current project.

Disclosure: No significant relationships.

Keywords: #Forensic Psychiatry; #Multimorbidity; #Cross Sectoral; #Clinical Intervention

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Implementation of Traffic Light System on food sold at Brockfield House Medium secure unit to help improve healthy food options.

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Introduction: Public Health England published a report in 2017 on Obesity in Secure Mental Health units. A key finding was that not only is obesity and overweight more prevalent in the population detained within mental health secure units (reported rates of up to 80%) than in the general population (around 60%), patients appear to be more at risk of weight gain when they are detained.

Objectives: 1. To implement a traffic light system on food and confectionaries sold at the shop at a Medium secure hospital. 2. Provide healthier food options at the shop by using traffic light system as a visual aid 3. To achieve weight reduction and promote healthy life style choices in patients admitted to our medium secure Forensic unit

Methods: 1. Buying a new till system which is able to quantify what type of food is sold 2. Labelling food sold using traffic light system 3. Calculate the types of food sold following a three- month period after implementation.

Results: /Intended Outcome Traffic light system provides a visual aid to patients in choosing healthier food Patients in our medium secure unit achieve a reduction in their weight Traffic light system can be replicated/ adopted by other secure hospitals

Conclusions: The purpose of this research is to implement a traffic light system on food sold at a shop in our medium secure unit and that this will help improve food choices in the unit.

Disclosure: No significant relationships.

Keywords: Secure Services; forensic psychiatry; lifestyle choices; obesity

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Quality of Life, Risk and Recovery in a National Forensic Mental Health Service: A D-FOREST study from DUNDRUM Hospital.

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Introduction: Secure forensic mental health services have a dual role, to treat mental disorder and reduce violent recidivism. Quality of life is a method of assessing an individual patients' perception of their own life and is linked to personal recovery. Placement in secure forensic hospital settings should not be a barrier to achieving meaningful quality of life. The WHO-QuOL measure is a self-rated tool, internationally validated used to measure patients own perception of their quality of life.

Objectives: This aim of this study was to assess self-reported quality of life in a complete National cohort of forensic in-patients, and ascertain the associations between quality of life and measures of violence risk, recovery and functioning.

Methods: This is a cross sectional study, set in Dundrum Hospital, the site of Ireland's National Forensic Mental Health Service. It therefore includes a complete national cohort of forensic in-patients. The WHO-QuOL was offered to all 95 in-patients in Dundrum Hospital during December 2020 – January 2021, as was PANSS (Positive and Negative Symptoms for Schizophrenia Scale). During the study period the researchers collated the scores from HCR-20 (violence risk), therapeutic programme completion (DUNDRUM-3) and recovery (DUNDRUM-4). Data was gathered as part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST).

Results: Lower scores on dynamic violence risk, better recovery and functioning scores were associated with higher self-rated quality of life.

Conclusions: The quality of life scale was meaningful in a secure forensic hospital setting. Further analysis will test relationships between symptoms, risk and protective factors and global function.

Disclosure: No significant relationships.

Keywords: Forensic in-patients; Quality of Life; Risk; Recovery

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Bio-psycho-social model of aggressive behaviour

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