

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.

N. Basrak^{1*}, N. Mulcrone¹, S. Sharifuddin¹, Z. Ghumman¹, N. Bechan¹, E. Mohamed¹, M. Murray¹, H. Rajendran¹, S. Gunnigle¹, M. Nolan¹, T. Quane¹, M. Terao¹, T. Hoare¹, K. Kirrane¹, H. Kennedy^{1,2} and M. Davoren^{1,2}

¹National Forensic Mental Health Service, Central Mental Hospital Dundrum, Dundrum, Ireland and ²The Dundrum Centre For Forensic Excellence, Trinity College Dublin, Dublin, Ireland

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1004

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

R. Sperandeo^{1*}, V. Cioffi¹, S. Annunziata¹, B. Muzii² and N. Maldonato³

¹Phenomena Research Group, Sipgi, Post graduate School of Psychotherapy, Torre Annunziata, Naples, Italy; ²Department Of Humanistic Studies, University of Naples Federico II, Naples, Italy, Naples, Italy and ³Neurosciences And Reproductive And Odontostomatological Sciences, University of Naples Federico II, Naples, Italy, Naples, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1005

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.

L. Titze* and M. Dudeck

Department Of Forensic Psychiatry And Psychotherapy Günzburg, Ulm University, Günzburg, Germany

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1006

Introduction: From 2014 on, the rate of persons with a migration background in Germany rose steadily, in forensic psychiatric hospitals even disproportionately. Although daily work is aggravated through language barriers and cultural differences, general therapy processes have not been appropriately adapted yet and extensive research is lacking.

Objectives: Therefore the aim was to get a picture of the current situation of patients with a migration background in 11 Bavarian forensic psychiatry.

Methods: 237 Patients with a migration background (first or second generation) were asked about their sociocultural background, their acculturation tendency (by rating the Frankfurter Acculturation Scale), their German language ability and their estimation of the ward climate (by the Essen Climate Evaluation Schema).

Results: 51.8% of the participants were able speak German on an A-level, 13.1% on a B- level and 35.1% on a C- level. Patients of our sample oriented themselves more towards Germany and less towards their country of origin, compared to the control sample. Further, they experienced safety significantly lower and patient cohesion and mutual support higher than the forensic reference sample.

Conclusions: One possible explanation for the patients' orientation is the lack of possibilities to act out their cultural traditions. Because of the patients' limited German knowledge and cultural misunderstandings, they could feel less safe. To conclude, the group of patients with a migration background is important not solely due to its size. But its heterogeneity makes universally applicable statements not easy. Migration backgrounds have to be considered within the psychiatric setting and individual therapy plans have to be made.

Keywords: Migration background; acculturation; forensic psychiatry; language competence

EPP0679

Forensic psychiatry in the arctic – a comparative study of patient characteristics, health care system and legislation in greenland and nunavut.

C. Upfold¹, C. Jentz^{2*}, G. Chaimowitz¹, P. Heilmann³ and N. Nathanielsen⁴

¹Forensic Psychiatry Program, St. Joseph's Healthcare Hamilton, Hamilton, Canada; ²Department Of Forensic Psychiatry, Aarhus University Hospital Psychiatry, Aarhus N, Denmark; ³Department Of Psychiatry, Queen Ingrid's Hospital, Nuuk, Greenland and ⁴The Directorate Of Correctional Services, Probation Services in Nuuk, Nuuk, Greenland

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1007

Introduction: Greenland and the Canadian territory of Nunavut appear to have a different prevalence of forensic psychiatric patients, despite their comparable population and landmass sizes. Both are mainly inhabited by Inuit with a similar cultural and social background. Both have a universal health care system. They differ, however, concerning the supply of mental health services and legislation concerning forensic psychiatric patients.

Objectives: To compare the prevalence and clinical characteristics of forensic psychiatric patients in Greenland and Nunavut.

Methods: Data is obtained from health records, forensic psychiatric evaluations and court acts from all forensic psychiatric patients 18 years or older living in Greenland or admitted to the University Hospital Aarhus (N≈100). Data extracted from Nunavut Review Board hospital reports will be used to describe the patient population from Nunavut (N≈15). Patient characteristics include gender, age, marital status, education, diagnosis of mental illness, medical treatment, family history of mental illness and serious adverse childhood experiences. Public documents concerning health systems and legislation will be identified through literature search.

Results: Patient characteristics from the two patient populations, as well as visualizations of the differences and similarities between the respective health care and legislative systems will be presented at the conference.

Conclusions: This study provides a comprehensive clinical, socio-demographic and forensic comparison of the forensic psychiatric populations in Greenland and Nunavut, Canada. To our knowledge, it will be the first to describe and compare forensic psychiatric populations in the Arctic.

Keywords: Forensic; Arctic; psychiatry; International Comparison

EPP0682

A questionnaire to measure the quality of life in a forensic hospital

M. Büsselmann*, J. Streb and M. Dudeck

Department Of Forensic Psychiatry And Psychotherapy Günzburg, Ulm University, Günzburg, Germany

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1008

Introduction: Quality of life should be an important issue to everyone. In the general population and in various medical disciplines, this topic has been studied extensively. In forensic psychiatry, this topic has received little attention so far.

Objectives: Within this project a questionnaire that measures the quality of life in forensic hospitals was developed.

Methods: As a basis the questionnaire measuring the quality of prison life (MQPL) by Liebling et al. (2011), which was designed only for using in prisons, was used. First, this questionnaire was translated, then adapted to the living conditions in forensic hospitals and supplemented by questions regarding therapeutic support. For the psychometric evaluation of the instrument, a one-time survey was conducted at 13 forensic hospitals in Bavaria. A total of 255 patients took part, 25 of whom were female. In summary, the reliability of the MQPL can be rated as very good.

Results: The factor structure was checked with a confirmatory factor analysis and was confirmed. There are significant differences between the 13 Bavarian forensic hospitals in the subscales admission to a forensic hospital, equal treatment, quality of accommodation and therapeutic services.

Conclusions: The great importance of the quality of life in the penal system is shown by the fact that a good quality of life contributes to reduced psychological distress of inpatients.

Keywords: Forensic; quality of life