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Standards of treatment in Forensic Mental Health: A Systematic Review

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Introduction: In Forensic Mental Health, standards of treatment offer a legal, ethical and organizational backbone for professionals facing challenging patients and complex procedures. Grounded in UN resolutions, standards implement human rights and ethical principles in forensic psychiatry. Guidelines establish recommendations for optimizing patient care and agreements on minimum standards. Internationally, diverse approaches to standards and guidelines have developed due to differing medicolegal systems.

Objectives: This review's objective was to provide insight into which areas are considered essential in standards of treatment and guidelines in forensic psychiatry. Furthermore, we aimed to investigate if American Psychological Association (APA) principles for the publication and implementation of guidelines were applied and if European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) criteria were considered.

Methods: A systematic literature search was carried out. PubMed, Psycindex, Livivo, Scopus, Google Search and Google Scholar were searched for records published by August 2022. The following search terms were used in different variations and combinations: "forensic", "mental health", "psychiatry", "standards", "treatment" "service provision" "principles" "quality" "indicators" "Forensische Psychiatrie" "Maßregelvollzug" and "Qualitätsindikatoren". Standards, guidelines and reviews in Forensic Mental Health in English and German were included. The guidelines were assessed by applying APA principles for guidelines and CPT recommendations.

Results: The search identified 12 documents. Eight documents were excluded as they were focusing only on models of care, forensic evaluation or were in the state of a discussion paper for one specific healthcare system. Four publications from Australia, Canada, Germany and UK were included in narrative synthesis. The selected documents vary in scope, objective, thematic focus on ethical or practical aspects, and level of detail. Our assessment showed that APA-recommended elements of a guideline were often missing. The guidelines discussed were also not fully compliant with CPT recommendations. A more extensive source citation is often needed. In total, "Standards for Forensic Mental Health Services" (UK, 2021) demonstrated good compliance with APA and CPT criteria and comparatively the best practical applicability.

Conclusions: This systematic review indicates that standards and guidelines in forensic mental health still require improvement in terms of formal frameworks of medical guidelines. Human rights compliance in forensic psychiatry must be continued to be monitored and standards of treatment and guidelines offer an important opportunity to ensure adherence. Further research on the implementation of standards into day-to-day procedures is needed.

Disclosure of Interest: None Declared

EPP0624

Stratified therapeutic security and understanding backwards care pathway moves. A 5-year retrospective cohort analysis from the Dundrum Forensic Redevelopment Evaluation (D-FOREST) study in Dublin, IrelandL. Jordan^{1*}, G. Crudden¹, D. Mohan², H. Kennedy² and M. Davoren³

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Introduction: Secure forensic hospital settings provide care and treatment to mentally disordered offenders with a history of serious violence. Most modern forensic hospitals operate a system of stratified therapeutic security, where patients are placed on the internal care pathway according to individual risks and needs. Unfortunately, at times patients move 'backwards' from a unit of lower to a unit with higher therapeutic security. This is a challenge to manage from an individual patient and service perspective.

Objectives: The aim of this study was to analyse backwards moves along the care-pathway within a complete national cohort of forensic in-patients in Ireland over a five-year period. We aimed to clarify the reasons for these moves and ascertain if they were linked to mental illness, security or other issues.

Methods: A naturalistic retrospective five-year observational cohort study was completed. All in-patients in the Central Mental Hospital, Dundrum, Ireland or associated high support hostels between January 2016 and January 2021 were included (60 months). Demographic data, data pertaining to diagnosis, data pertaining to backwards moves and reasons for those moves were gathered. Data was gathered as part of the Dundrum Forensic Redevelopment Evaluation study (D-FOREST study).

Results: A total of n=231 patients were included; the majority (n=203; 87.9%) were male. The most common diagnosis was schizophrenia (64.1%), followed by schizoaffective disorder (12.6%), bipolar affective disorder (4.8%) and autistic spectrum disorder (3.5%). Mean age at admission was 35.9 years, SD 9.5.

Over the 60-month period, a total of 93 backwards moves relating to 50 patients occurred. Reasons for backward moves included deteriorating mental state (8.7%), assaults (4.3%), challenging behaviour (4.3%), security (1%) and others. Binary logistic regression demonstrated that lacking capacity to consent to medication (Odds ratio 0.352, 95%CI 0.198-0.627, p<0.001) and higher (worse) scores on HCR-20 Historical scale (Odds ratio 1.13, 95%CI 1.01-1.27, p=0.035) were associated with backwards moves, when adjusting for age and Dundrum-1 need for therapeutic security scores.

Conclusions: Backwards care pathway moves are a major issue in forensic hospitals both nationally and internationally. We were surprised at the strength of association between lacking capacity to consent and backwards moves. Understanding backwards moves will assist in supporting patients and minimising length of stay.