

Introduction: Treatment resistant schizophrenia and other treatment resistant psychotic disorders are believed to be over-represented in forensic patient clusters. The true rates of treatment resistant psychoses in secure forensic hospitals remain unexplored.

Objectives: This study aimed to ascertain the prevalence of treatment resistant psychoses within a complete national forensic mental health service. In addition, the study sought to examine the relationships between treatment resistance for psychotic symptoms and treatment resistance in other domains, such as offending behaviour.

Methods: This is a cross-sectional study of a complete cohort of patients admitted to the National Forensic Mental Health Service in Ireland during the period 01/11/2021 to 31/01/2022. All inpatients at the time of the study were included. Demographic details, data appertaining to diagnosis, medication, measures of risk (HCR-20), recovery (DUNDRUM toolkit), functioning (GAF), and symptoms (PANSS) were collated. Data were gathered as part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST).

Results: The sample consisted of 170 patients. Majority ($n=162$) 95.3% were male. The majority ($n=116$), 68.2%, were admitted from prisons, while a smaller number ($n=35$), 20.6%, were admitted from other psychiatric facilities. The insanity defense ($n=94$) 55.3% was the most common legal status, followed by unfit to plead ($n=16$) 9.4%. The commonest diagnosis was schizophrenia ($n=97$) 57.1%, followed by schizoaffective disorder ($n=27$) 15.9% and autism spectrum disorder ($n=5$) 2.9%. The mean age at admission was 35.52 years and the median age was 34.37 ± 9.43 SD.

Of the total sample, 25.9% of patients were on more than 1000 mg per day chlorpromazine equivalent (CPZE) doses. Those whose psychotic symptoms required treatment with CPZE doses over 1000 mg per day scored poorly on DUNDRUM-3 programme completion, DUNDRUM-4 recovery scale, HCR-20 historical, HCR-20 clinical, HCR-20 risk, HCR-20 dynamic, and had poorer overall functioning (all $P<0.001$) than those who required lower antipsychotic doses. On binary logistic regression, correcting for age and gender, the only variable that remained significant was GAF (adjusted odds ratio = 0.979, 95% CI 0.962-0.996, $P=0.014$). In forward entry model regression, only the DUNDRUM-4 recovery scale (odds ratio = 1.13, 95% CI 1.07-1.19, $P<0.001$) and GAF (adjusted odds ratio = 0.979, 95% CI 0.962-0.996, $P<0.001$) were significant. This model had a robust forward and backward likelihood ratio.

Conclusions: Rates of treatment resistant psychoses in forensic hospital groups are indeed elevated. Overall functioning on GAF and recovery across a wide range of components in the DUNDRUM-4 scale are the best predictors of treatment resistant psychosis.

Disclosure of Interest: None Declared

EPP0630

The clinical stages of psychosis among violent and non-violent adult prisoners in Australia

N. Yee

Justice Health NSW | University of New South Wales (UNSW), Sydney, Australia

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Introduction: Past research examining the relationship between psychosis and criminality has typically focused on chronic schizophrenia and violence. However, contact with the criminal justice system is not constrained to the most unwell or most violent. The present study is novel as it examines the different clinical stages of psychosis, from the at-risk mental states (ARMS)/Ultra-High Risk (UHR) to the early and chronic psychotic illness phase, across the entire spectrum of criminal offending.

Objectives: The main study objective is to establish the prevalence of the clinical stages of psychosis among adults entering custody and to examine the sociodemographic and forensic characteristics associated with the different stages of psychosis. A further aim is to examine whether psychosis-spectrum prisoners differ from non-psychotic prison controls across these characteristics.

Methods: Participants consist of unselected 291 adult male and female prisoners entering the largest maximum security reception centres in New South Wales (NSW), Australia. They completed a range of semi-structured questionnaires and adapted mental health screening measures. The Comprehensive Assessment of At Risk Mental States (CAARMS; Yung et al., 2005) was used to ascertain whether participants met the Ultra High Risk (UHR), First Episode of Psychosis (FEP) or Established Psychosis (EP) criteria.

Results: Participants were 34.25 years old ($SD = 10.69$) on average and men were significantly older than women ($p = 0.035$). Among prisoners with a psychosis-spectrum illness ($n = 121$), the prevalence of UHR was 24%, First Episode Psychosis (FEP) was 6% and established psychosis was 11%. Compared to controls, psychosis spectrum prisoners were found to have higher levels of social disadvantage, psychiatric comorbidities and multiple incarceration episodes. However, psychosis was not associated with a greater risk of violent offending. Implications on the complex illness burden associated with psychosis and the need for early identification and intervention across forensic mental health services will be further discussed.

Conclusions: This study is novel as it examines the full spectrum of psychotic illness across the entire spectrum of criminal offending. The findings support the notion that risk of criminal justice contact and complex illness burden exist across the different clinical stages of psychosis, from the UHR to the early FEP and chronic psychosis stages, for both violent and non-violent offending. Early intervention services must consider how to more effectively identify and intervene to reduce the risk of criminal justice system contact among mentally ill individuals.

Disclosure of Interest: None Declared

EPP0632

Co-producing a physical activity intervention in two forensic psychiatry settings in the UK: The IMPACT study

T. Walker

Psychology, Durham University, Durham, United Kingdom
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Introduction: In the UK there are 3500 individuals detained in medium secure forensic psychiatry units. Service users in such settings have complex and serious mental illness (SMI), often with co-morbid physical health problems and a life expectancy of at least

10 years shorter than the general population. They often have low levels of physical activity. There is little evidence about physical activity interventions for medium secure service users in the United Kingdom.

Objectives: Our objective is to co-produce, with medium secure service users, the content and delivery of an intervention to increase physical activity. We shall assess feasibility, acceptability and pilot data collection methods for outcomes relevant for a future randomised controlled trial.

Methods: This is a 24-month mixed-methods project that will follow the Medical Research Council (MRC) framework Developing and Evaluating Complex Interventions. The study has 4 phases. - Phases 1-2 will gather information required to co-develop an evidence based intervention in Phase 3.

- Phase 4 will assess the intervention in a feasibility study, evaluating and testing the intervention for a future pilot study.

Study settings: Two NHS Medium Secure In-Patient Psychiatric Hospitals in the UK.

Results: This paper presents the findings from the Phase 1 questionnaire and focus groups with service users and hospital staff that identified the barriers and facilitators to physical activity in such settings. The results are then discussed in relation to the Phase 2 qualitative results that explored stakeholders' and service users' opinions into how to increase physical activity among medium secure service users by identifying potential elements for inclusion in a physical activity intervention, to gain insight into how we can establish engagement of this group with the intervention, maintain commitment, avoid drop-out and develop the intervention design. All findings are presented using the Capability, Opportunity, and Motivation Model of Behaviour (COM-B model), which is widely used to identify what needs to change for a behaviour change intervention to be effective.

Conclusions: The findings of Phases 1-2 are allowing the team to move forward with Phase 3 that is currently developing an intervention to increase physical activity for adult inpatient service users in the medium secure units. This phase will be guided by the MRC framework and the COM-B model to define the target behaviours and select the most suitable intervention components (functions and techniques) and implementation approach.

Disclosure of Interest: None Declared

Others 03

EPP0633

Chronic diseases among paramedics and their impact on mental health

I. Sellami^{1*}, A. Feki², N. Remadi¹, N. Kotti¹, M. L. Masmoudi¹, K. Jmal Hammami¹ and M. Hajjaji¹

¹occupational medicine and ²rheumatology, Hedi Chaker Hospital, University of Sfax, Sfax, Tunisia

*Corresponding author.

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Introduction: Working in a care setting is characterised by an increased mental and physical load. During their professional life, personnel in this sector can develop essentially degenerative

pathologies, which could influence their professional career as well as their psychological balance.

Objectives: We aimed to evaluate the impact of chronic pathologies on the prevalence of anxiety and depression among this group.

Methods: We conducted a cross-sectional study in hospitals in Sfax using a self-administered questionnaire. This questionnaire evaluated socio-demographic, professional, and clinical characteristics as well as an evaluation of the degree of anxiety and depression by the HAD questionnaire.

Results: Our population consisted of 120 participants. The average age was 37 years, with a female predominance (a sex ratio of 0.69). The chronic pathologies found in the participants were mainly diabetes (18%), high blood pressure (4%), and rheumatic disease (6.7%). The average anxiety score was 8.18 ± 3.5 and that of depression was 9.02 ± 3.5 . Certain depressive and anxious signs were found in 28.4% and 23.6% of participants, respectively. Although the average scores for anxiety and depression were higher in the subgroup of personnel with chronic pathologies (respectively, 9.8 versus 9.04 and 9.3 versus 8.46), these differences were not statistically significant ($p > 0.05$).

Conclusions: Physical and mental health are both important to ensure a balanced life. Having good control of somatic illness can improve mental health.

Disclosure of Interest: None Declared

EPP0634

Evaluation of mental functioning of patients with rheumatoid arthritis

I. Mnif¹, A. Feki¹, I. Sellami^{2*}, Z. Gassara¹, S. Ben Djemaa¹, M. Ezzeddine¹, M. H. Kallel¹, H. Fourati¹ and S. Baklouti¹

¹Rheumatology and ²occupational medicine, Hedi Chaker Hospital, university of Sfax, Sfax, Tunisia

*Corresponding author.

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Introduction: Rheumatoid arthritis (RA) is a chronic inflammatory degenerative disease whose symptoms are mainly joint with significant functional impact, resulting in a restriction of the activities of the patient and increasing the impact on mental well-being.

Objectives: This study aimed to screen for mental functioning in RA patients, detect anxiety and depression, evaluate self-esteem and study its relation to clinical parameters, as well as disease activity.

Methods: Single-centre cross-sectional study, involving patients with RA using the hospital anxiety and depression scale (HADs). Rosenberg scale was used to evaluate self-esteem. We evaluated the RA severity Disease Activity Severity (DAS 28).

Results: Fifty patients were included. The average age was 54 years [24-72]. The mean duration of the disease was 10 years. Thirty-nine patients had immunopositive RA with a mean Rheumatoid Factor level of 189.1 ± 291.3 U/ml and a mean anti-CCP antibody level of 165 ± 225.3 U/ml. At diagnosis, the mean DAS 28 of the patients was 5.1 ± 1.4 . Moderately active and highly active RA were predominant with percentages of 40% and 50% respectively. All patients were treated, and 36% received biological treatment.

Depression was noted in 42% of the patients with a mean score of 10.1 ± 3.7 . Anxiety was noted in 50% of the patients with a mean score of 10.3 ± 4 .