

destined to REMS. Longer hospitalizations exert a large burden on DSM-5 and impact the general health of patients, exposing them to a higher risk of adverse events. Further studies are needed to confirm our findings and to develop better strategies for the management and care of offender patients.

Disclosure of Interest: None Declared

EPP0627

Resilience for Juvenile Recidivists Versus One-Time Offenders in Argentina

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Introduction: Resilient potential of 100 young male offenders (aged 16-17), in Buenos Aires was assessed using a translated and revised version of the Resilience Scale (RS) of 14 items (Wagnild, 2009). Data on family criminality, school achievement and socioeconomic status was also obtained for both groups. The greater the resilient potential the greater the opportunity of not to reoffend irrespective of being controlled by key risk factors.

Objectives: 1-Do repeat offenders have lower resilient potential than one-time offenders? 2. If a relationship between resilience and repeat offending does exist, is this explained by family criminality, low school achievement or low socioeconomic status?

Methods: Psychosocial interviews with each participant were conducted by the named author, under strict judicial conditions considering privacy in all cases, based on informed consent, with the condition of maintaining the concealed identity of the participants. In all cases it was clarified that youth participation was voluntary.

Results: Table 1.

M (SD) M (SD) t d p

Age 16.20 (0.41) 16.45 (0.50) 2.70 0.66 0.008

Resilience M (SD) M (SD) t d p

Factor I 29.92 (7.25) 63.45 (4.92) 27.16 5.41 <0.001

Factor II 7.37 (1.95) 16.59 (1.87) 24.13 11.33 <0.001

Total Resilience 37.29 (8.67) 80.09 (6.49) 27.82 5.59 <0.001

Risk Factors % % chi d p

Family Criminality 44.9 3.9 20.81 1.03 <0.001

Low School Achievement 98.0 11.8 71.31 3.15 <0.001

Low Socioeconomic Status 42.9 11.8 10.73 0.69 0.001

Table 2. Independent Predictors of Repeat Offending Variables β p

Criminality in the family 2.994 <0.001

Low school achievement 5.886 <0.001

Low socioeconomic status (SES) -1.727 <0.001

Note. All comparisons $p < .001$.

Conclusions: Taking into account the lack of studies on resilience in juvenile offenders in both national and international research the findings of the present study provide an important contribution in the field of juvenile offending, particularly in the view of further interventions aimed at the prevention and rehabilitation in the near and long term of juvenile offenders in Argentina.

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EPP0628

Epidemiological, clinical, and forensic approach to a series of defendants examined in criminal psychiatric expertise

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Introduction: The transgression of the law can be a deliberate act by a lucid adult, but it can also be the result of a deficiency in judgment and discernment due to lack of age or insanity. Psychiatric expertises are more and more solicited in the penal field with the objective of identifying the causal link between mental illness and the criminal act.

Objectives: The objective of this work was to give an overview of the subjects expertised, the offences and the pathologies encountered through the report of a psychiatric expertise activity in criminal law.

Methods: It is a retrospective descriptive study carried out on the criminal psychiatric expertises made for a forensic act in the psychiatric department of Mahdia during the period from January 1, 2003 to March 30, 2022.

Results: In total, we collected 101 defendants. The average age of our study population was 35 ± 12.07 years. The majority of our study sample was male (98%), from an urban area (50%). 46.6% had primary education and only 11.2% had higher education.

The defendants were single in 57.8% of the cases, and almost half (45.7%) had no occupation. Two-thirds of the accused (61.2%) had experienced emotional deprivation at a young age. The problematic use of psychoactive substances was found in 10.3%, as well as alcohol consumption in 46.6%. Moreover, 39.7% of the patients had a personal psychiatric history and 19% had been incarcerated at least once. The forensic acts were mostly against people (62.9%) dominated by physical aggression (33.6%) followed by homicide or its attempt in 19% of the cases.

The majority of patients were not related to their victims (62.1%). The nosographic diagnosis found was a personality disorder in 32.75% of cases, followed by schizophrenic disorders in 22.4% of cases.

Conclusions: Psychiatric expertise is a useful, complex and noble clinical act. Determining the predictive factors of a possible acting out allows to specify the objectives of interventions aiming at limiting the acts of violence, hospitalizations and incarcerations of patients suffering from mental disorders.

Disclosure of Interest: None Declared

EPP0629

Prevalence of Treatment Resistant Psychoses in a Complete National Forensic Mental Health Service: A Dundrum Forensic Redevelopment Evaluation Study (D-FOREST)

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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.

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EPP0630

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

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EPP0632

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

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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