

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

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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