– severity of risk (SR) = average for the whole table multiplied by %;
– number of significant risk events (NSRE) = count of risks scored from 50% to 100% divided by 20 (items);
– probability of occurrence of risks (POR = NSRE%);
– range probability of death (RPD) = range score of (overdose + suicide + reckless activities)%.

Two raters assessed independently *n* = 8 patients. Kappa inter-rater statistic was used by dichotomous results (above-below cut-off score).

Results   Inter-rater Kappa = 0.60 indicates a moderate inter-rater agreement. In the sample, only 2 patients scored above the cut-off score of 50, indicating a level of moderate-to-severe risk. For the other patients, the average SR = 36%, indicating low-to-moderate risk.

Conclusions   PRAS is constantly used to assess the likelihood that the care provided to patients admitted to hospital is sufficient or whether major remedial action is required.

Table 1

Events	0%	25%	50%	75%	100%
Becoming homeless	0				
Alcohol dependence or harmful use	0				
Assault to others	0				
Homicide	0				
Discontinuing medication			50		
Disengaging from services			50		
Exploitation from others		25			
Self-harm by cutting				75	
Overdose of medications				75	
Taking illicit substances				75	
Conflict with others				75	
Conflict with the law				75	
Dangerous to others				75	
Other suicidal attempts (e.g. hanging, self-poisoning, etc.)					100
Relapse in presentation					100
Sabotaging care plans					100
Reckless activities (e.g., risk driving, walking on railtrack)			50		
Theft					100
Social isolation					100
Exploitation of others					100

Total severity of risk (max=100%) is:

	Nil	Low	Moderate	High	Severe
Number of risk events:	4	1	3	6	6

Final report:
The total severity of risk (SR) for self and others is: 61.25% (MAX=100%)
The total number of significant risk events (NSRE) from moderate to severe is: 15/20 (MAX=20/20)
Therefore, the probability of occurrence of risk events (POR) (the maximum being 1.0 or 100%) is: 0.75 or 75 %
The range probability of death (RPD), accidental or voluntary, by one of the risk events

	Range	
including accidental and deliberate overdoses, reckless activities and active suicidal acts is:	Minimal risk 50 %	Maximum risk to 100 %

EV1009

Probability of Relapse Scale (PRORES) for psychiatric inpatients

A. Shoka [1,*], C. Lazzari [2]
[1] *University of Essex, School of Health and Social Care, University of Essex, Colchester, United Kingdom*
[2] *North Essex NHS University Foundation Trust, General Adult Psychiatry, Colchester, United Kingdom*
* *Corresponding author.*

Introduction   The prediction of relapse in presentation is central to psychiatric prognosis.

Objectives   The Probability of Relapse Scale (PRORES) (Table 1) is used by the authors to predict the likelihood of relapse by psychiatric inpatients.

Aims   To tailor better care plans by knowing the likelihood of relapse and readmission to hospital.
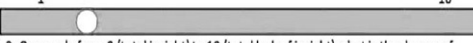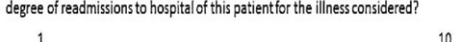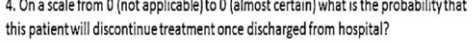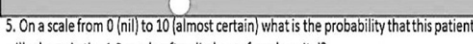
Methods   Eighteen inpatients were diagnosed with the ICD-10 codes. Results were reported on a 5-point probability scale from 0 (less severe) to 10 (most severe). The 5 items are: degree of severity of illness, degree of patient's insight, frequency of readmission into hospital, probability of discontinuation of therapy and probability of relapse in the 4–6 weeks after discharge.

Results   With the cut-off score at 25 (score 5 × 5 items), indicating a moderate level of relapse, we ascertained that 100% of patients with a personality disorder (usually borderline) and substance misuse relapse are readmitted shortly after discharge, compared with 85.71% of those with psychoses and 66% of those with mood disorders.

Conclusions   The PRORES can help support those patients who are at elevated risks of relapsing due to any of the major causes: discontinuation of treatment, chronicity and poor insight into their own condition (Table 1).

Table 1   PRORES Scale.

e-Poster Viewing: Promotion of mental health

EV1010

Flourishing: Factors associated with positive mental health among young adults with neuropsychiatric disorders

K. Appelqvist-Schmidlechner [1,*], R. Lämsä [1], T.H. Annamari [2]
[1] *National Institute for Health and Welfare, Mental Health Unit, Helsinki, Finland*
[2] *Social Insurance Institution, Research Department, Helsinki, Finland*
* *Corresponding author.*