Results: We found a significant higher scores of anger (6.6 ± 4.7 & 11.8 ± 4.2, p=0,043) hostility (15.5 ± 8 & 20.1 ± 6.5, p=0,029) and total aggression (32 ± 14 & 48 ± 21, p=0,023 in subgroup with longer sentences at baseline. After training anger (12.4 ± 4.8 & 15.5 ± 5.6, p= 0,0167), physical aggression (14.6 ± 51. & 17.2 ± 5.6 , p=0,024) and total aggression score (55.5 ± 14.1 & 68.2 ± 18, p=0,0152) remained higher in the group with sentences more than five years. Lower education level is associated with undesirable outcome-higher level of aggression after training.

Conclusions: Three months training was not sufficient for adopting skills for better control of aggressive behavior in criminal offenders never the less the length of the sentences.

Disclosure of Interest: None Declared

EPP0127

How psychopathy is associated with the level and change of impulsivity in correctional treatment

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Introduction: Research indicates that psychopathy can hinder treatment success and can lead to dropout. Impulsivity is a complex construct that overlaps with psychopathic personality traits and is often targeted in forensic psychotherapy due to its relation to the risk of reoffending.

Objectives: Our aim was to investigate the overlap between psychopathy and impulsivity and the influence of psychopathic traits on change in impulsivity.

Methods: We conducted a pre-post-study for measures of psychopathy and impulsivity in men imprisoned for sexual and non-sexual violent offenses. All participants took part in standardized pre- and post-treatment ratings shortly after admission as well as after an average of 19 months (n=370 for pre-rating, n=168 for post-rating). Psychopathy was measured via the PCL-R, impulsivity with the BIS-15.

We calculated two-tailed Pearson correlations for BIS-15 Pre-, Post-, and Change Scores and the PCL-R. In a second step, the BIS-15 pre-post-differences were compared using independent t-Tests, effect sizes were calculated using Cohen's d (small, medium, and large effect sizes are d = .20, .50, and .80). Further, unpaired t-tests were carried out to compare between participants with lower and higher PCL-R sum scores (median split, mdn= 15.8, M=15.5, SD=7.9).

Results: In the total population a significant reduction of self assessed impusivity can be demonstrated for total impulsivity (p<.001, cohens d= .34) nonplanned (p<.001, cohens d= .39) and motor impulsivity (p=.004, cohens d= .23). In both groups, with higher and lower psychopathic traits, a significant reduction in total and nonplannend impulsivity can be seen.

While the reduction in total impulsivity was 0.9 points higher in the group with higher psychopathy, the difference was not significant, t (147.8)= -1.1, p = .285. Also, the nonplanned impulsivity was showed a stronger reduction in the high PCL group, though the effect was not significant, t, t(166)= -1.2, p = .243.

Table 1. Correlationen between BIS-15 post-ratings and PCL-R

		PCL-R				
		PCL-R Sum	Interpersonal	affective	lifestyle	antisocial
BIS-15 prä (n=370)	Total Impulsivity	.20 **	-.14 **	.02	.34 **	.28 **
BIS-15 post (n=168)	Total Impulsivity	.33**	.04	.20**	.35**	.36**
BIS-15 Change (n=168)	Total Impulsivity	-.03	-.15	-.09	.07	.01

Note: * correlation significant für p ≤ .05; ** correlation significant für p ≤ .001.

Conclusions: We demonstrate a significant correlation between psychopathy and impulsivity, especially regarding facets 3 and 4, but also for the sum score. Neither the PCL-R sum core, nor the facets correlate with the change in impulsivity during treatment progress in the STU. In both groups, with higher and lower psychopathy, impulsivity was reduced during therapy but there was no significant difference in the change scores. Our results underline that treatment progress can be achieved also in patients with higher psychopathic traits.

Disclosure of Interest: None Declared

EPP0129

Insight into Illness Among Inpatients in a National Forensic Mental Health Service: A Dundrum Forensic Redevelopment Evaluation Study (D-FOREST)

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Introduction: Forensic psychiatric services serve a dual purpose: treatment of mental disorders and prevention of associated violent reoffending. Progression along the secure care pathway is often impeded by impaired insight, mainly as a result of treatment-resistant psychoses.

Objectives: We assessed levels of insight among patients in Ireland's National Forensic Mental Health Service before and after its relocation from the historic 1850 campus in Dundrum to a modern facility in Portrane, Dublin.

Methods: The VAGUS insight scale was used in this repeated measures study before and after the relocation at two time points 42 months apart. All inpatients were invited to participate in completing the self-report (VAGUS-SR) and clinician-rated (VAGUS-CR) versions on both occasions. Total scores of both versions were averaged to obtain a combined VAGUS insight score. Corresponding Positive and Negative Syndrome Scale (PANSS) scores were used to ascertain correlations between the insight and symptomatology scales. This study is part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST)

Results: 40 pairs of observations were available for legal capacity to consent to medication, combined VAGUS-CR and VAGUS-SR assessments of insight (Cronbach's alpha=0.927), and PANSS.

VAGUS-CR insight and PANSS scores were progressively better from admission and high dependency wards through medium-term medium secure wards to rehabilitation and pre-discharge wards. Mean scores did not change significantly over this time interval. Those legally certified fit to give or withhold consent by their treating consultant psychiatrists scored significantly better on the VAGUS combined insight scale: 8.3 (SD 1.7) v 5.3 (2.2) at baseline, paired t=25.9, p<0.001; and also 42 months later: 8.2 (1.4) v 5.7 (3.9), paired t=5.2, p=0.022. PANSS subscales were all significantly better for those assessed as being capacitous. Change in combined VAGUS score correlated with change in all PANSS subscales. Binary logistic regression with legal capacity as the dependent variable yielded a model in which combined VAGUS score and PANSS positive symptom score were independent determinants of assessed capacity status. Receiver operating characteristic area under the curve was 0.873, 95% CI 0.760-0.986, at baseline and 0.856, 95% CI 0.720-0.991, at 42 months. A score of 7.3 yielded a sensitivity of 0.8 and a specificity of 0.8.

Conclusions: The combined VAGUS score is a reliable and valid measure of insight relevant to functional mental capacity to consent to treatment with sensitivity and specificity sufficient to guide but not bind clinical decision-making. It measures a quality that varies with symptom severity but is also partly independent of symptom severity; the constructive inclusion of self-reported insight is notable.

Disclosure of Interest: None Declared

EPP0130

A bibliometric analysis of research in the field of forensic psychiatry

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Introduction: Forensic psychiatry is a subspeciality that encompasses applying scientific and clinical expertise in legal contexts. As a field of psychiatry, forensic psychiatry has continued to evolve in various jurisdictions. Several journal publications continue to highlight the contributions and works of various psychiatry researchers in this area on scientific development and trends in practice. However, a quantitative assessment of these publications using a bibliometric analysis has yet to be done. Thus, the present study.

Objectives: Provide a qualitative assessment of the bibliometrics of peer-reviewed research in forensic psychiatry.

Methods: In this bibliometric analysis, we used Web of Science (the most frequently used database) to identify research articles in forensic psychiatry from inception to December 2023. Analysis was done using citespace and VOSviewer software.

Results: Five thousand six hundred ninety articles were identified with 115 countries, 4144 institutions and universities, and 1660 authors. The articles were published in 1022 journals (most are specific to the field), and 4707 unique keywords were used to identify relevant articles. Risk assessments, violence, recidivism, psychopathy, and schizophrenia are the main areas researched.

Sixteen funding agencies have funded ten or more articles in the field. The studies were mainly from high-income countries and a relatively scant number from low-income countries, especially African countries. Publications with themes on risk assessment tools – such as the HCR-20- appeared predominant across the analyzed publications.

Conclusions: Research in forensic psychiatry has continued to grow over time. While many jurisdictions across the globe have embraced the field, more effort is needed to promote forensic psychiatry and research in low- and middle-income countries (LMICs). The themes or keywords that emerged from the publications included in this analysis suggest that forensic psychiatry mainly deals with offenders with schizophrenia or psychopathy.

Disclosure of Interest: None Declared

EPP0131

Service system and care pathway of forensic psychiatry patients-international research project 2023-2026

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Introduction: The Finnish forensic psychiatric service system lacks the standards and criteria guiding the quality and contents of patient care. Ensuring best recovery-oriented practices in forensic psychiatric services need to be developed at several levels.

Objectives: The purpose of this research project is to develop safe, high-quality psychiatric care. The outcome of this project is the production of quality criteria for the forensic psychiatric care and service system.

Methods: The study will be executed at the Department of Nursing Science of the University of Turku during 2023-2026. The research methods include a literature review, a survey based on validated measurement questionnaires (Downes Survey, QPC-FIP, QPC-FIPS), individual and group interviews as well as the Delphi method. The research will cover the multidisciplinary employees at adult psychiatric wards in Finland's larger hospital districts, employees of forensic psychiatric hospitals, and patients of forensic psychiatric hospitals. International specialists and specialists within Finland from various fields (nursing, medicine, psychology) will be invited to partake in the expert panel.

Results: The research results will allow the development of the service system for forensic psychiatric patients in such a way that the identification of so-called risk patients can be improved already at the early stages of treatment, at the general psychiatric level. Moreover, the substance of care and participation during care can be created and the care following inpatient care and the patient's transfer out of forensic psychiatric care can be developed. The research may promote the effectiveness of treatment by highlighting areas in the care chains that, when reinforced, will allow patients to receive the right kind of treatment at the right time. A proposal of standardized operating methods and quality criteria will be created for the Finnish forensic psychiatric treatment system. The research