

**Disclosure of Interest:** L. Jordan Grant / Research support from: This study was funded by the Health Service Executive for the Republic of Ireland as part of the Dundrum Forensic Redevelopment Evaluation (D-FOREST) study, G. Crudden: None Declared, D. Mohan: None Declared, H. Kennedy: None Declared, M. Davoren: None Declared

## EPP0625

### Psychometric properties of the Parma Scale for the treatment evaluation of prisoners with mental disorder: a new instrument for routine outcome monitoring in different forensic psychiatric settings

L. Pelizza\*, G. Paulillo and P. Pellegrini

Department of Mental Health, AUSL di Parma, Parma, Italy

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.924

**Introduction:** The clinical relevance of Routine Outcome Monitoring (ROM) to formulate longitudinal evaluations of treatment appropriateness/efficacy and to assist decision making aimed at improving the quality of person-centered interventions has been poorly implemented in forensic psychiatry, also in Italy. Indeed, very few assessment instruments have been developed in this crucial field.

**Objectives:** As reliable ROM instruments are lacking, the aim of the current investigation was to examine psychometric properties (i.e. reliability, concurrent validity and sensitivity to measure scores' longitudinal changes) of the Parma Scale (Pr-Scale) (a new instrument for the evaluation of offenders with mental disorder) in an Italian sample of forensic psychiatric patients.

**Methods:** Participants were male adult offenders with mental disorder recruited within the Parma REMS ("Residence for the Execution of Security Measure") or the Parma Penitentiary Institute (PPI). Exclusion criteria were known moderate/severe intellectual disability or any other medical condition inducing inability to express a valid consent for participating in the research. The Pr-Scale includes 20 items divided into 3 main domains: "Historical", "Clinical" (observational) and "Treatment Planning". To test psychometric properties of the Pr-Scale, we examined interrater reliability, short-term (1-week) test-retest reliability and internal consistency. As measure of concurrent validity, a correlation analysis of Pr-Scale item scores with corresponding HKT-R (the "Historisch, Klinische en Toekomstige - Revisie" instrument) item subscores was performed. Finally, we examined the Pr-Scale sensitivity to measure scores' longitudinal changes over a 3-month treatment follow-up period.

**Results:** 60 male adult patients were recruited in this study. Our findings showed good to excellent interrater and test-retest reliability, concurrent validity and internal consistency for the Pr-Scale. Pr-Scale scores also display a moderate to large changeability over time (Intra-Class Correlation coefficient = 0.963, coefficient of stability = 0.997, Cronbach's  $\alpha$  = 0.736). Statistically significant correlations of Pr-Scale item scores with the corresponding HKT-R scores were found. Across the 3-month follow-up period, we observed statistically significant sensitivity values in measuring

longitudinal changes for the Pr-Scale total score and Pr-Scale domain and item subscores.

**Conclusions:** Our results support the clinical use of the Pr-Scale in different forensic psychiatric settings (i.e. prison, REMS) as reliable ROM instrument.

**Disclosure of Interest:** None Declared

## EPP0626

### Psychiatric hospitalization among offenders: a retrospective study in the acute psychiatric ward in Monza, Italy

M. Provenzi<sup>1\*</sup>, L. M. Affaticati<sup>2</sup>, G. Carrara<sup>2</sup>, C. L. Di Forti<sup>2</sup>, D. Viganò<sup>1</sup> and M. Clerici<sup>1,2</sup>

<sup>1</sup>Psychiatric Department, ASST Monza, Italy and <sup>2</sup>Department of Medicine and Surgery, University of Milano Bicocca, Monza, Italy

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.925

**Introduction:** The closure of forensic psychiatric hospitals and the conversion to a residential model of care based on secure residential units in the community (REMS) has made Italy the first and only country in the world to have followed the principles of the deinstitutionalization movement. Following the reform, several management issues have emerged, such as the creation of long waiting lists for admission to REMS. Improper hospitalization in Acute Psychiatric Units (SPDC) has often been used to address this issue. In addition, the handover of inmates' care to Mental Health Departments (DSMD's) has posed further challenges. To date, the field has received little attention from international literature.

**Objectives:** Description and analysis of a sample of offender inpatients hospitalized in an acute psychiatric unit.

**Methods:** We conducted a retrospective study including male offenders admitted to the SPDC of San Gerardo Hospital (ASST Monza), between January 2007 and September 2022. Data analysis was performed by using SPSS.

**Results:** 120 male offenders were included for a total of 204 admissions. 98 offenders (81.7%) were hospitalized once. We observed an absolute (N=1; N=30) and percentage (0.2%;12%) increase in the number of hospitalized offenders per year during the time period under study. Jail was the main provenance in the sample (46.6%), followed by residential care facilities (27%) and the psychiatric observation unit (ROP) of Monza's jail (10.8%). The two most prevalent diagnoses were personality disorders (37.5%) and psychosis (39.2%). In addition, 66 subjects (55%) had a history of substance abuse. The average duration of hospitalization was 19.45 days; it increased to 77 days for inpatients waiting to be transferred to REMS. Hetero-aggressive behavior as the reason for admission was associated with longer hospitalization ( $p=0.031$ ), while attempted suicide correlated to shorter hospital stay ( $p=0.032$ ). Out of the 55 offenders who attempted suicide, 41 came from jail (74.5%). Finally, longer hospitalizations were associated with an increased number of adverse events ( $p=0.001$ ).

**Conclusions:** Psychiatric hospitalizations of offenders have increased over the last years. This population tends to require longer hospital stays (regional average of SPDC hospitalization in Lombardy: 14 days), which are even lengthier for inpatients