

Objectives: One purpose of this project is to evaluate the associations between self-reported quality of life and objective measures of somatic health.

Methods: A clinical intervention in which a GP consults patients in all medium secure wards in the Central Denmark Region (N=72). The consultation includes a physical examination, medication review, and evaluation of blood samples. Data is collected from: electronic patient files and questionnaires regarding quality of life (SF-12), lifestyle, and attitude towards GP services.

Results: The population will be described in regards to socio-demographic, clinical, and forensic characteristics. Associations will be made between quality of life (SF-12), metabolic syndrome, blood markers, and heart-SCORE risk. Risk profiles for endocrinologic and coronary illness will be examined.

Conclusions: Results may guide future health interventions and will be used as a basis for adjustments to the current project.

Disclosure: No significant relationships.

Keywords: #Forensic Psychiatry; #Multimorbidity; #Cross Sectoral; #Clinical Intervention

EPV0777

Implementation of Traffic Light System on food sold at Brockfield House Medium secure unit to help improve healthy food options.

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doi: 10.1192/j.eurpsy.2022.1544

Introduction: Public Health England published a report in 2017 on Obesity in Secure Mental Health units. A key finding was that not only is obesity and overweight more prevalent in the population detained within mental health secure units (reported rates of up to 80%) than in the general population (around 60%), patients appear to be more at risk of weight gain when they are detained.

Objectives: 1. To implement a traffic light system on food and confectionaries sold at the shop at a Medium secure hospital. 2. Provide healthier food options at the shop by using traffic light system as a visual aid 3. To achieve weight reduction and promote healthy life style choices in patients admitted to our medium secure Forensic unit

Methods: 1. Buying a new till system which is able to quantify what type of food is sold 2. Labelling food sold using traffic light system 3. Calculate the types of food sold following a three- month period after implementation.

Results: /Intended Outcome Traffic light system provides a visual aid to patients in choosing healthier food Patients in our medium secure unit achieve a reduction in their weight Traffic light system can be replicated/ adopted by other secure hospitals

Conclusions: The purpose of this research is to implement a traffic light system on food sold at a shop in our medium secure unit and that this will help improve food choices in the unit.

Disclosure: No significant relationships.

Keywords: Secure Services; forensic psychiatry; lifestyle choices; obesity

EPV0778

Quality of Life, Risk and Recovery in a National Forensic Mental Health Service: A D-FOREST study from DUNDRUM Hospital.

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doi: 10.1192/j.eurpsy.2022.1545

Introduction: Secure forensic mental health services have a dual role, to treat mental disorder and reduce violent recidivism. Quality of life is a method of assessing an individual patients' perception of their own life and is linked to personal recovery. Placement in secure forensic hospital settings should not be a barrier to achieving meaningful quality of life. The WHO-QuOL measure is a self-rated tool, internationally validated used to measure patients own perception of their quality of life.

Objectives: This aim of this study was to assess self-reported quality of life in a complete National cohort of forensic in-patients, and ascertain the associations between quality of life and measures of violence risk, recovery and functioning.

Methods: This is a cross sectional study, set in Dundrum Hospital, the site of Ireland's National Forensic Mental Health Service. It therefore includes a complete national cohort of forensic in-patients. The WHO-QuOL was offered to all 95 in-patients in Dundrum Hospital during December 2020 – January 2021, as was PANSS (Positive and Negative Symptoms for Schizophrenia Scale). During the study period the researchers collated the scores from HCR-20 (violence risk), therapeutic programme completion (DUNDRUM-3) and recovery (DUNDRUM-4). Data was gathered as part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST).

Results: Lower scores on dynamic violence risk, better recovery and functioning scores were associated with higher self-rated quality of life.

Conclusions: The quality of life scale was meaningful in a secure forensic hospital setting. Further analysis will test relationships between symptoms, risk and protective factors and global function.

Disclosure: No significant relationships.

Keywords: Forensic in-patients; Quality of Life; Risk; Recovery

EPV0779

Bio-psycho-social model of aggressive behaviour

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doi: 10.1192/j.eurpsy.2022.1546

Introduction: The state of knowledge from scientific literature will be presented from biologic perspective, psychopathology and social context in development of aggression.

Objectives: The aim of this presentation is to create a bio-psycho-socio model of aggression.

Methods: The literature research in risk factors of aggressive behaviour was done, and the results grouped in three domains biologic, psychological and social. A didactic bio-psycho-socio model was constructed.

Results: The complex picture of aggressivity could be distorted if we reduce understanding to a narrow super-specialization perspective. This presentation enlarge approach with genetic, endocrine, neurologic, psychological and sociologic perspective. All this data will be include in a schematic bio-psycho-socio model, and describe the application in mental health practice in understanding the patients with psychiatric disorder. The main result will be a Bio-psycho-social model of aggressive behavior, which could be helpful in understanding and predicting aggressive behavior.

Conclusions: Complex perspective of aggressive behaviour could help better understand and prevent aggressive behaviour

Disclosure: No significant relationships.

Keywords: Bio-psycho-social model; aggressive behavior; didactic model

EPV0780

Psychiatric comorbidities of Incarceration in a Patient with Gender Dysphoria: A Case Report

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doi: 10.1192/j.eurpsy.2022.1547

Introduction: Mental health remains key comorbidity in the transgender population. There are more grave consequences on mental health if there is long-term incarceration history of a transgender person. 21% of transgender women are incarcerated in their lifetime, compared to <3% of the US general population. Incarcerated, transgender women are typically at risk for verbal, physical, and sexual assault that has been cross-sectionally linked to poor mental health in transgender patients. Childhood traumas and Adverse childhood experiences like sexual abuse may attribute to gender dysphoria as well as the externalizing and internalizing behaviors of the child in later part of life.

Objectives: Better understand Gender Dysphoria and Incarceration.

Methods: A case report and review of the literature.

Results: X is a 56-year-old transgender female, admitted for Major Depressive disorder with Psychotic features, and substance abuse disorder. She was disoriented to person place, or time, believing she was at the "Federal Penitentiary." She was also selectively mute and socially isolative as well as unable to perform ADL's. She has an extensive legal history, which started in 1985 when she burglarized a pharmacy store for estrogen. Patient was started on Sertraline, Mirtazapine, and Risperidone. She was still socially withdrawn but

was soon oriented to person place, and time and was able to complete her daily tasks.

Conclusions: In this poster we discuss the challenges of managing an acute patient with extensive legal and substance abuse history, while also addressing the features of gender identity disorder and highlighting the difficult path of both the patient and physician in managing these challenges.

Disclosure: No significant relationships.

Keywords: Gender Dysphoria; Incarceration; Psychiatric comorbidities

EPV0781

Sedentary Behaviour in the Secure Forensic Hospital Setting: A Study from Dundrum Hospital Ireland

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doi: 10.1192/j.eurpsy.2022.1548

Introduction: Secure forensic mental health services offer care and treatment to mentally disordered offenders, with high rates of schizophrenia and major mental illness in these groups. Much of the excess morbidity and mortality seen among patients with schizophrenia is due to cardiovascular disease and obesity. Sedentary behaviour is associated with negative symptoms of schizophrenia and obesity.

Objectives: The aim of this study was to ascertain the level of sedentary behaviour among inpatients in a secure forensic psychiatric hospital, Dundrum, Ireland, using a structured self-report measure of sedentary behaviours, the SIT-Q tool.

Methods: A cross sectional study of self-reported sedentary behaviour was completed amongst the secure forensic inpatient population of Dundrum Hospital (N=94). Demographic details, details pertaining to diagnoses, ward level of dependency and length of stay were collated.

Results: The majority of patients in the sample were male (89%) and the most common diagnosis was schizophrenia (71.7%). Mean age was 44.7 years (SD 11.42). 58.2% met criteria for obesity. We found high rates of self-reported sedentary behaviour across all wards of the service, with significantly high rates of sedentary behaviour being associated with screen time use in the hospital, including both personal screen time and therapeutic sessions based on screen time.

Conclusions: Sedentary behaviour among in-patients in secure forensic hospitals is a significant issue. Measuring sedentary behaviour in a systematic manner is possible and identifies a potentially modifiable target to reduce co-morbidity and premature mortality independent of other risk factors in this vulnerable patient group.

Disclosure: No significant relationships.

Keywords: forensic psychiatry; Sedentary Behaviour; SIT-Q