

**Results:** Clinical practice of seclusion included safety hazards stemming from the actions of patients and staff. Patients' actions were as follows: aggressive behaviour, attempting to escape, precarious movements, preventing the visibility of staff, exposing themselves to contamination, and falls during seclusion. Staff actions included: leaving dangerous items to seclusion, issues in the administration of medication, performing physical and mechanical restraints in unsecure way, and precarious movements and postures.

**Conclusions:** According to our results, the use of seclusion has safety hazards that can result in harm for patients and staff. To improve the quality and safety of seclusion in clinical practice, the guidelines, practices, and staff training need to consider the various safety hazards. While the work in Europe to abolish the use of seclusion is still in progress, this topic requires attention in clinical practice, education, and policymaking.

**Disclosure:** No significant relationships.

**Keywords:** Safety and Security; Safety Hazards; seclusion

## EPP0458

### Emergency Psychiatry before and during COVID-19 pandemia

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**Introduction:** The COVID-19 pandemic had a significant impact worldwide. Consultations in the Emergency Service of the Hospital Clínic of Barcelona varied in terms of reasons for consultations, psychopathology, and other aspects, before and after the pandemic.

**Objectives:** To examine changes in the profile of patients admitted before and during the COVID-19 pandemic to our Psychiatric Emergency Service.

**Methods:** All children, adolescent and adult psychiatric inpatients admitted from December 4<sup>th</sup> 2019 to March 31<sup>st</sup> 2021 to the Psychiatric Emergency Service of Hospital Clínic of Barcelona, Spain, were retrospectively included for analysis and divided into two groups –groups 1 or 2- including the first one all patients who attended before lockdown and the second group those who attended during the pandemic.

**Results:** A total of 1991 patients were included -1224 in the first group and 767 in the second group. The majority of patients were male (52.08%), with a mean age of 41.21 years (SD 16.53). A proportion significantly higher of men was found in the second group ( $p < 0.05$ ). The proportion of patients consulting with substance use disorders was significantly higher in the second group ( $p < 0.05$ ). Patients from the second group presented a significantly higher proportion of admissions in an acute psychiatric ward ( $p < 0.05$ ), and also a significantly higher proportion of consultations of patients with dementia ( $p < 0.05$ ).

**Conclusions:** The COVID-19 pandemic led to a significant reduction in the overall consultations, with a higher proportion of severe cases. The lack of availability of caregivers and telework might have influenced the increase in consultations of patients with dementia.

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**Keywords:** Emergency Service; substance use disorders; psychiatry; Coronavirus

## EPP0459

### Towards patient engagement in violence risk assessment and management: a patient perspective

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**Introduction:** In current clinical practices, there exist very few methods that allow patients to be truly engaged in violence risk assessment and management. This may hinder an individual's experience of basic psychological needs; autonomy, competence, and relatedness.

**Objectives:** To describe patients' ideas on how they would develop current violence risk assessment and management practices.

**Methods:** The data collection took place as part of a larger project in one PICU unit specialized in the treatment of patients with psychosis and violent behavior in Finland. Individual interviews were conducted with patients ( $n=13$ ) and were guided to focus on the development of violence risk assessment and management. The data were analyzed using inductive content analysis.

**Results:** Patients' ideas focused on themes related to developing patient engagement and violence risk management methods. Developing patient engagement involved noticing patient's individuality and collaboration between a patient and staff: for instance, by shared risk assessment and individualized risk management. Developing violence risk management methods included themes about providing alternative risk management methods and developing nursing staff's work. Suggestions were, for example, related to providing ways how to calm down, having meaningful activities during treatment days, and ensuring the realization of patient's rights.

**Conclusions:** Patients having treatment in the PICU unit have clear and concrete ideas on how violence risk assessment and management methods could be developed further. These findings indicate, that patients need to be given a more active role in their care and thus ensure that basic psychological needs are promoted. Funding by Academy of Finland (316206) and TYKS foundation.

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**Keywords:** patient engagement; violence; risk assessment; risk management