

Severity (CGI-S) and Cfb in haemoglobin. Further efficacy endpoints include Cfb in MATRICS Consensus Cognitive Battery (MCCB) overall composite T-score, Cfb in Schizophrenia Cognition Rating Scale total score and Cfb in Virtual Reality Functional Capacity Assessment Tool (VRFCAT) total times.

Results: Currently, 460 patients have been enrolled and randomised from the parent trials with 0% screening failures (-80% roll-over rate, 30 August 2023). Current study status, including recruitment, screening failures and data collection experiences, are presented.

Conclusions: Patient enrolment rates from the CONNEX trials to the CONNEX-X open-label extension study are stable. CONNEX-X will allow the exploration of long-term safety, as well as descriptive analyses of cognitive and functional endpoints of iclepertin in the treatment of CIAS.

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Emergency Psychiatry

O0109

Evaluation of Psychiatric High and Intensive Care (EPHIC-study): monitoring innovative care from a value-based approach

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Introduction: Systematic monitoring and evaluation of innovative healthcare programs are essential to develop sustainable solutions to health needs in the population (Porter & Teisberg, 2006). Development of Psychiatric High and Intensive Care Units (HIC's) in Belgium, following the Dutch Model (van Mierlo et al., 2013), is an innovative model for patients with acute and severe psychiatric illness, resulting in potential danger. HIC aims to provide intensive, need-adapted care with interventions that reduce (perceived) coercion, focusing on participative processes and continuity of care.

Objectives: (1) What are the clinical characteristics of admitted patients? (2) How does clinical symptomatology evolve during admission? (3) How do patients, relatives and caregivers experience the process of care and recovery? (4) What is the role of HIC's in the reformed mental health care?

Methods: This is an explorative, hypothesis-generating study, using a mixed-method approach, consisting of qualitative and quantitative methods against a value-based framework. Data collection lasted 18 months in the first 9 HIC's in Belgium. Results are

based on validated questionnaires completed by adult patients and their HIC caregivers at admission and discharge (N=472).

Results: We provide the first, preliminary results. Suicidality, psychotic and substance-related symptoms are the most important primary symptoms. Almost 70% have 2 or more symptoms, with psychiatric comorbidity of 50%. Substance-related- and psychotic disorders are the two most common diagnoses, followed by personality disorder cluster B and depressive disorder. 83% have been in residential care in the past, of whom 87% twice or more. The median age is 36 years, but the median age of onset of mental disorders is 21 years, which equals to 15 years in mental disorder progress and comorbidity development. Over 50% meet the criteria for Severe Mental Illness and 56% are involuntary admitted. There is a high degree of unmet needs: no outpatient care is provided for one out of five prior to admission and there is a low follow-up by mobile teams prior to and after admission (around 12% each). We found significant improvements after an average stay of 22 days for aggression, suicidality and crisis (respectively decrease of 68%, 25% and 9%); readiness to change and motivation for treatment (respectively increase of 5% and 14%) The Client Satisfaction Questionnaire scores range from 1 to 4, with an average score 3.15 out of 4.

Conclusions: Based on these preliminary results we can conclude that aggression, suicidality, crisis, readiness to change and motivation for treatment all improve significantly after a short stay of 3 weeks. Despite a vulnerable, severely distressed population, patients are generally satisfied with received care. There is a high degree of unmet needs: insufficient provided outpatient care and low follow up by mobile teams.

Disclosure of Interest: None Declared

Forensic Psychiatry

O0113

Involuntary Psychiatric Hospitalization of Minors Due to Court Orders: Effectiveness Assessing Through a Case Series

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Introduction: Involuntary treatments in forensic psychiatry represents a complex intersection of mental health, legal systems and ethics. Judicial authorities may compulsorily refer children to inpatient clinics for receiving necessarily treatment. Despite its importance, there is limited research on the reasons behind and effectiveness of such interventions in minors.

Objectives: The objectives of this study were to describe the clinical characteristics of minors who have risks of harming themselves and/or others so receiving involuntary treatment due to a court order. It is aimed to assess the effectiveness of involuntary treatment.

Methods: A follow-up case series was conducted on 9 minors who hospitalized by court orders in a secure inpatient child and adolescent psychiatry clinic, in the year of 2023. Data collected from medical records, including demographic information, clinical presentation, diagnosis and discharge treatment. After one, three and six month of the discharge, interviews made with the patients and their families. Current data collected on treatment regimen, compliance, behavioral outcomes and reoffending rates. All data were anonymized to maintain patient confidentiality.

Results: The case series consisted of 3 males and 6 females, with a mean age of 16.5 years at the time of admission. The most common reason to hospitalization was homicide risk 88%, followed by substance use 66%. Conduct Disorder was the most common diagnosis with the rate of 88%, followed by Substance Use Disorder (66%) and Attention Deficit and Hiperactivity Disorder (50%). 44% of minors had a history of juvenile delinquency. School dropout rates were 100%. Treatment consisted of a combination of individual and group therapy and medication. Treatment refusal rates were 88% so in terms of treatment, 88% of the minors in this sample treated with depot form antipsychotic medications, with the most common medication being risperidone. Overall all of the sample showed a significant reduction in disruptive behaviors during their hospital stay. Follow-up data collecting is still continue and preliminary statistics show us that relapse rates are low and treatment compliance is relatively high of the sample.

Conclusions: The findings suggest that involuntary hospitalization can be effective in reducing disruptive behaviors and increasing treatment compliance in minors with conduct disorders, substance abuse disorders and a history of juvenile delinquency. These results underscore the need for comprehensive, multidisciplinary approaches that integrate psychiatric treatment, psychoeducation and social support. Given the relatively small sample size and short-term follow-up, further research is needed to determine the long-term effects of involuntary treatment and to identify factors that predict treatment response.

Disclosure of Interest: None Declared

O0114

Increasing Physical Activity in Medium Secure Mental Health Services in the UK: (IMPACT) - Preliminary Results from the Phase 4 Feasibility Study, with a highlight into the Women's Services

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Introduction: In the UK there are 3500 individuals detained in medium secure forensic psychiatry units. Service users in such settings have complex and serious mental illness (SMI), often with co-morbid physical health problems and a life expectancy of at least 10 years shorter than the general population. They often have low levels of physical activity. There is little evidence about physical activity interventions for medium secure service users in the United Kingdom.

Objectives: Our objective is to co-produce, with medium secure service users, the content and delivery of an intervention to increase physical activity. We shall assess feasibility, acceptability, and pilot

data collection methods for outcomes relevant for a future randomised controlled trial.

Methods: This is a 30-month mixed-methods project that will follow the Medical Research Council (MRC) framework Developing and Evaluating Complex Interventions. The study has 4 phases. Phases 1-2 will gather information required to co-develop an evidence-based intervention in Phase 3. Phase 4 will assess the intervention in a feasibility study, evaluating and testing the intervention for a future pilot study.

Study settings: Two NHS Medium Secure In-Patient Psychiatric Hospitals in the UK.

Results: This paper presents the preliminary findings from Phase 4 and also offers a highlight into the results from the Women's Services from both study sites. A total of thirty-three service users from both study sites participated in Phase 4 of the study and twenty-six completed the physical activity intervention, known as the IMPACT Intervention. Between both study sites, there were two Women's Standard Medium Secure Services and one Women's Enhanced Medium Secure Service, involved in this study. A total of nine female service users participated in Phase 4.

Conclusions: The preliminary findings of Phases 4 are allowing the team to move forward and evaluate the effect of the IMPACT Intervention.

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Migration and Mental health of Immigrants

O0115

War in Ukraine as a mental health challenge of Czech health care workers

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Introduction: Czech health care workers recently experienced serious challenges to their mental health. After the COVID-19 pandemic that was extremely stressful, a war in Ukraine caused a flood of refugees that needed health care. Although the Czech Republic does not have borders with Ukraine, it welcomed more than 400,000 refugees in 2022.

Objectives: The aim of this study was to investigate the association between depression and working with Ukrainian refugees among health care workers and the nature of emotional burden connected with this situation.

Methods: We use data from an online survey of the Czech COVID-19 Health Care Workers (HEROES) Study collected in September - November 2022 (n=1,076). We combined quantitative binary logistic regression and qualitative content analysis of answers to an open-ended question ("How does the current situation of war in Ukraine affect your mental well-being and working conditions?"). Logistic regression estimated odds ratio (OR) of at least moderate depression, defined as => 10 points on the Patient Health Questionnaire.