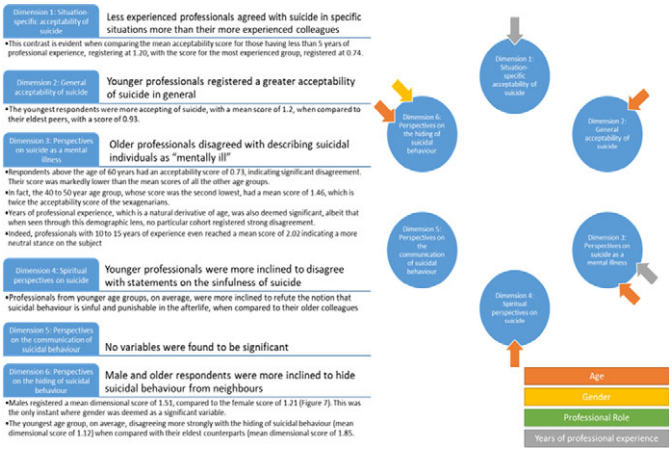
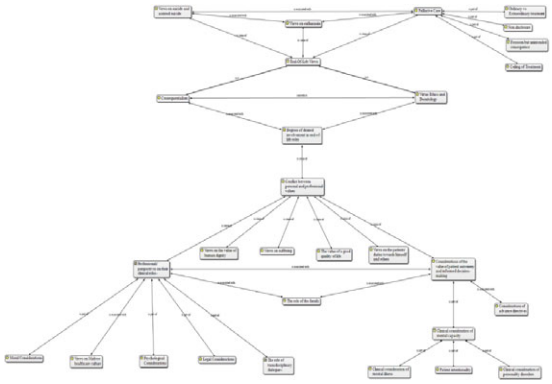
Older professionals and spiritual beliefs negatively impacted acceptability of suicide (Figure 2).





The discussion revealed that professionals would assess individuals requesting to end their lives, with the aim of treating any mental illness and determining mental capacity. Figure 3 highlights factors explored during the assessment. Greatest emphasis is ultimately placed on individual autonomy.

Conclusions: Mental health professionals consider autonomy and self-determination as imperative in evaluating a person's right to die. Professionals agreed that, after a comprehensive psychiatric assessment and within a regulatory legal framework, they would not impede a person with terminal illness to request physician-assisted suicide, provided that one is acting autonomously. The majority would however conscientiously object to actively assisting the terminal patient in ending one's life, since this is deemed contradictory to their professional vow of non-maleficence.

Keywords: ethics; Euthanasia; AssistedSuicide; psychiatry

EPP0674

Stratification of a medium secure forensic care pathway according to risk and need: A study from dundrum hospital.

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doi: 10.1192/j.eurpsy.2021.1002

Introduction: Secure forensic mental health services have a dual role, to treat mental illness and reduce violent recidivism. Those admitted to secure forensic services have a significant history of violence and treatment needs in multiple domains including psychiatric illness, violence and other areas such as substance misuse and physical health.

Objectives: The aim of this study was to ascertain if the units in a medium secure forensic hospital are stratified according to individual risks and needs. We also aimed to clarify if there were differences in the symptom level, risks and needs of those with and without community leave and to clarify the risks and needs of the female patients and ID patients.

Methods: This is a cross sectional study a cohort of patients (n=138) in a secure forensic hospital.

Results: There was a total of 138 patients, the majority of whom were male (n=123, 89.1%). The most common diagnosis was schizophrenia (n=99, 71.7%). Placements in the care pathway of the medium secure forensic hospital were associated with level of symptomatology (PANSS positive), dynamic violence risk (F=26.880,P<0.001), DUNDRUM-3 therapeutic programme completion (F=44.067, P<0.001), and DUNDRUM 4 recovery (F=59.629,P<0.001). Patients with community leave had better scores than those without leave on violence risk (F=77.099, P<0.001), therapeutic programme completion (F=116.072, P<0.001) and recovery (F=172.211, P<0.001).

Conclusions: Stratifying secure forensic psychiatric hospitals according to individual risks and needs provides in-patient care in the least restrictive setting appropriate for individuals, however niche groups such as female forensic patients and ID patients may need special consideration.

Keywords: Risks and needs; Stratification

EPP0675

The characteristics of homicide perpetrators in a medium secure forensic hospital: A study from dundrum hospital.

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doi: 10.1192/j.eurpsy.2021.1003

Introduction: The majority of homicides in society are not associated with mental illness, however there is an established association between homicide and schizophrenia. Homicide perpetrated by mentally disordered offenders is a leading reason for admission to secure forensic psychiatric hospitals.

Objectives: To investigate the clinical characteristics of those with a history of completed homicide in the CMH Dundrum.

Methods: This study was a cross sectional study of a cohort of patients in the Central Mental Hospital who had completed homicide (n=63).