self-ratings of insight on the VAGUS tool were different from but complimentary to the ratings for insight on the HCR-20 (r = 0.480, p = <0.001), the DUNDRUM-3 (r = 0.491, p = <0.001) and DUNDRUM-4 (r = 0.265, p = 0.041). An inverse relationship between the VAGUS scores and the scores on the PANSS measures (r = 0.452, p = <0.001) was found, correlating lower levels of insight with a higher degree of positive and negative psychotic symptoms. There was also a correlation between greater insight and progress through the care pathway to lower secure wards.
Conclusion. Using a specific tool to rate insight adds benefit over and above the insight ratings on other tools currently in use and may be helpful in guiding clinical decision making in the forensic setting.

Frailty in Individuals With Mental Disorders: Longitudinal Analyses of All-Cause Mortality

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Aims. Frailty is a medical syndrome that is strongly associated with mortality risk, and an emerging global health burden. Mental disorders are associated with reduced life expectancy and elevated levels of frailty. In this study, we examined the mortality risk associated with frailty in individuals with a lifetime history of mental disorders compared to non-psychiatric controls.
Methods. The UK Biobank study recruited >500,000 adults, aged 37–73 years, between 2006–2010. We derived the two most common albeit distinctive measures of frailty, the frailty phenotype and frailty index. Individuals with lifetime depression, bipolar disorder or anxiety disorders were identified from multiple data sources. The primary outcome was all-cause mortality. We have also examined differences in frailty, separately by sex and age.
Results. Analyses included up to 297,380 middle-aged and older adults with a median follow-up of 12.19 (IQR = 1.31) years, yielding 3,516,706 person-years of follow-up. We observed higher levels of frailty in individuals with mental disorders for both frailty measures. For key comparisons, individuals with a mental disorder had greater all-cause mortality hazards than their controls. The highest hazard ratio (3.65, 95% CI 2.40–5.54) was observed among individuals with bipolar disorder and frailty, relative to the non-frail controls.
Conclusion. Our findings highlight elevated levels of frailty across three common mental disorders. The increased mortality risk associated with frailty and mental disorders represents a potentially modifiable target for prevention and treatment to improve life expectancy.

Moroccans' Perception of Addiction: A Cross-Sectional Study on Stigma and Familiarity Dynamics

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Aims. This study aims to assess the stigmatization of Moroccans towards substance and nonsubstance addictions, as well as to explore its relationship with both demographic factors and addiction familiarity.
Methods. 527 Moroccans anonymously participated in a cross-sectional study via an online survey that was distributed on social media. Participants were randomly assigned 2 vignettes describing either substance (Alcohol and Cannabis) or non-substance (Gambling and Social Media) addictions, followed by the Social Distance Scale and the Familiarity Scale.
Results. A total of 527 individuals answered our online questionnaire. The median age of respondents was 27.6 years (std = 15.66). 56% were females and 44% were males. Among the participants 45% were married and 50% were medical students or health professionals.

Using ANOVA and a series of student t-tests, that yielded a $p < 0.05$, the following results were obtained:

A moderate level of stigma was found towards all addictions, except for social media where no stigma was found ($p < 0.05$). In contrast, the familiarity level was high with social media addiction and low with the other addictions ($p < 0.05$).

The women in our study showed higher stigmatization of all addictions, whereas older people (>43 years) showed higher stigmatization of substance addictions only.

Different levels of stigmatization were observed towards the 4 types of addiction; the highest being cannabis addiction and the lowest being social media addiction.

Regarding familiarity with addiction, males were more familiar with all types of addiction. Whereas, younger individuals (<23 years) were the least familiar with substance addiction.

Moroccans' familiarity levels with different types of addiction were significantly different. Familiarity with social media addiction was the highest whereas familiarity with gambling addiction was the lowest.

Using the Pearson correlation, we found that stigma and familiarity concerning substance addiction were negatively correlated ($r=-0,30$, $p < 0.01$). A stronger, yet moderate relationship was found between stigma and familiarity regarding cannabis ($r=-0,36$, $p < 0.01$).
Conclusion. It seems that Moroccans stigmatize against most addictions, which was found to be influenced by multiple factors including familiarity level, age, and sex. These findings can be used as a base to create a targeted educational campaign to tackle addiction in our society. No significant conclusions were made concerning whether or not the academic level or the health professional background influenced stigmatization, which raises concerns about the Moroccan academic and medical curricula's representation of addiction.

How Does an Observational Assessment Adapted for Online Delivery Perform Compared to an In-Person Assessment? Learning From the National Autism Service for Adults

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