ECVCP
EUROPEAN CONGRESS ON
VIOLENCE IN CLINICAL PSYCHIATRY

13th European Congress on
Violence in Clinical Psychiatry
November 7-8, 2024
Kraków, Poland

Conference Abstract Book

13th European Conference on Mental Health

13th European Conference on Mental Health

www.ecmh.eu

#ECMH2025

Evipro

Evipro (Evidence-based Professionals) Company is an official organizer of European Conference on Mental Health conferences and the European Congress on Violence in Clinical Psychiatry. Company is experienced in organizing events like conferences, seminars and study visits for professionals in order to provide forums to learn and discuss together.

Evipro provides advisory and consultancy services in a field of social and health services. Company´s instructors have wide experience with practical work, leadership, management, planning and research especially in fields of Mental Health and Addictions. Voice of service users and experts by experience and recovery is present in Evipro´s work.

Evipro provides consulting, supervision, tailored training and education for professionals in public sector, NGO´s, private companies, schools and other institutions. Staff and Leadership training and coaching is also provided by our accredited supervisors and coaches.

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CONFERENCE PARTNERS:

EViPRG
European Violence in Psychiatry Research Group

JAGIELLONIAN UNIVERSITY
MEDICAL COLLEGE

Evipro

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SCIENTIFIC COMMITTEE

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Dr. Lauri Kuosmanen, Adjunct Professor, PhD, RN, FEANS, Senior Expert, Evipro, Finland (Secretary of the Scientific Committee)

CONFERENCE PROGRAM

Thursday November 7, 2024

8:30-10:00	Registration open. Poster presenters can attach their posters starting at 8:45.
10:00-10:30	Opening Ceremony
10:30-11:15	Keynote Speech, Michelle Funk
11.15-11:45	Coffee break and Poster Viewing
11:45-12:55	Oral presentations: 18 presentations within 6 parallel sessions + Workshop: WHO QualityRights e-training on Mental Health, Recovery and Community Inclusion, Melita Murko
12:55-14:00	Lunch
14:00-15:35	Oral presentations: 24 presentations within 6 parallel sessions
15:35-16:00	Coffee break and Poster Viewing
16:00-17:15	Keynote Debate with Tilman Steinert and Dirk Richter
19:30-23:30	Banquet Dinner (additional registration and fee)

Friday November 8, 2024

7:30	Morning run with Dr. Jakub Lickiewicz. This easy and slow jogging takes around 30-40 minutes and goes via Old City Square. You will see many interesting spots from the beautiful City of Krakow. Starts from the yard of the ICE center.
9:15-10:00	Keynote Speech, Tirion E. Havard
10:00-10:30	Coffee break and Poster Viewing
10:30-11:40	Oral presentations: 15 presentations within 5 parallel sessions + ENTMA Trainers Workshop
11:40-13:00	Lunch
13:00-14:10	Oral presentations: 18 presentations within 6 parallel sessions
14:10-14:30	Break and Poster Viewing
14:30-15:15	Keynote speech, Richard Whittington and Jorun Rugkåsa
15:15-16:00	Closing Ceremony; Chris Abderhalden Award, Henk Nijman Award and Best Poster Award; Welcome to 14th European Congress on Violence in Clinical Psychiatry 2026

GENERAL INFORMATION

SECURITY AND ENTERING ICE CONFERENCE CENTER

You will receive a congress badge from the registration desk. For security reasons, people without badges may not enter or stay at the conference center, and you are advised to keep the badge all the time when in the ICE Conference Center.

INFORMATION DESK

On Thursday morning, participants will find the registration desk at entrance number 3, next to the Park Inn by the Radisson Hotel. The information desk (also for late registrations) will be open in the venue on the 3rd floor as follows:

Thu	November 7:	8:30-17:25
Fri	November 8:	8:30-15:15

The congress TEAM will assist you at the information desk and around the Conference center. The team members are wearing TEAM badges with pink ribbons.

CERTIFICATE OF ATTENDANCE AND EVALUATION

All participants will receive a certificate of attendance. You can ask for certificates from the info desk for presenters. We would appreciate your feedback. You will receive a feedback form by e-mail after the congress.

LANGUAGE

The congress language is English. There will be no simultaneous interpretation or materials in different languages.

SPEAKER'S PRESENTATION SERVICE

Ask for advice on the info desk.

LUNCH AND REFRESHMENT

Lunch and coffee are included in the congress fee and will be served in the Red Carpet area on the 2nd floor. Coffee stations will also be available on the 3rd floor.

VIDEOS, PHOTOGRAPHS AND SOCIAL MEDIA

We will take photographs at the congress. Let our TEAM members know if you do not want to be in pictures. We encourage the audience to take photos and share them on social media with #ecvcp2024. Ensure you have permission from the people in the picture to publish it.

VOTE FOR THE BEST POSTER

We encourage the congress delegates to vote for the best poster until Friday morning.

BANQUET DINNER

The banquet dinner, DJ, and dance party will be held on Thursday, November 7, from 19:30 to 23:30 at the old tram depot Stara Zajezdnia Krakow by DeSilva, address: Św. Wawrzyńca 12, 31-060 Kraków. It is only for participants who have paid a fee in advance. Some tickets are available at the information desk.

LIABILITY

By registering for the congress, participants agree that neither the organizing committee nor Evipro Oy Company assumes any responsibility for damage or injuries to persons or property during the congress or any costs related to illnesses. Participants are advised to organize their insurance.

DEAR PARTICIPANTS

On behalf of the Scientific Committee, welcome to the beautiful city of Kraków, and the 13th European Congress on Violence in Clinical Psychiatry.

Whether you are an audience member, speaker, running a workshop, seminar, or symposium, or presenting a poster, thank you for participating.

My thanks also to my fellow Scientific Committee members for their careful and prompt assessment of all submissions, I'm sure you'll agree they did a fantastic job.

As usual we had many submissions. We selected those we believed represent outstanding research, education and practice development that will contribute towards violence and coercion free mental health care, this year's congress theme.

This theme is anchored strongly to the congress' ongoing commitment to rights-centred, ethically sound, evidence and experience-based care.

So, if you want to look closely, listen carefully, speak loudly, engage robustly, and debate respectfully, you're in the right place.

Enjoy the Congress!

Professor Patrick Callaghan

London South Bank University, UK

Chair, ECVCP 2024 Scientific Committee

DEAR PARTICIPANTS

On behalf of the European Violence in Psychiatry Research Group (EViPRG) I would like to welcome to you all to Krakow, and to the 13th European Congress on Violence in Clinical Psychiatry. We are proud to have been involved in organizing these events from the beginning.

This year's congress theme *Violence and coercion free mental health care* are in line with the growing international policy move. To achieve this, clinicians, researchers, teachers, trainers, policy-makers and user representatives need to collaborate to transform mental health services towards non-coercive services. As an international non-governmental network of researchers, teachers and trainers we want to contribute towards this vision.

Founded in 1997, EViPRG offers a unique network to connect with like-minded colleagues, collaborate on research projects, learn from various national initiatives to reduce coercion, exchange best practice models and take part in discussions via our various platforms.

The network has more than 130 members in Europe and beyond. Numerous multi-country studies and other collaborative actions have been initiated through the network. As an example, in the years 2020-2024, we were deeply involved in the European commission funded COST Action FOSTREN, Fostering and Strengthening Approaches to Reducing Coercion in European Mental Health Services.

Researchers, clinicians as well as teachers and trainers can join the network through an electronic application (https://www.eviprg.eu/). Participation of early career researchers is encouraged.

Looking forward to see you at the congress!

Trond Hatling

Chair EViPRG

ORAL PRESENTATIONS

Thursday November 7, 11:45-12:05

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7
Theme	Expert Workshop: WHO Quality-Rights e-training on Mental Health, Recovery and Community Inclusion	Workshop: Open-door policies for the prevention of coercion	Workshop: Psychophysiology and wearable technology in Forensic Psychiatric Care: Potential, Pitfalls, and Progress	Safewards	Workshop: Enhancing the Dynamic Appraisal of Situational Aggression (DASA) and the Aggression Prevention Protocol (APP) by incorporating assessment of practice, recovery-oriented principles and cultural changes	Violence in in-patient settings	Children and adolescents
Room	**ECVCP Main Hall**	**Vienna**	**Prague**	**Oslo**	**Stockholm**	**Copenhagen**	**Room to be confirmed**
11:45-12:05	WHO Quality-Rights e-training on Mental Health, Recovery and Community Inclusion, **Melita Murko**	Barriers and possibilities of open door policies: Results of the ODBY-FAM Study. **Tilman Steinert, Germany**	Use of Wearable Technology in Forensic Psychiatry. **Peter de Looff, The Netherlands**	Social inclusion and The Safewards model. An interview study with patients in forensic psychiatry, **Veikko Pelto-Piri, Sweden**	Testing a recovery-oriented oral script for forensic mental health nurses to use when communicating with consumers at high-risk of imminent aggression as assessed by the Dynamic Appraisal of Situational Aggression. **Michael Daffern, Australia**	The Association between duration of seclusion and patient characteristics A mixed methods study in a Dutch hospital. **Eric Noorthoorn, Germany/ The Netherlands**	A systematic review of rates and risk factors of coercive measure use in inpatient child and adolescent mental health services. **Astrid Moell, Sweden**

ORAL PRESENTATIONS

Thursday November 7, 12:10-12:55

Room	ECVCP Main Hall	Vienna	Prague	Oslo	Stockholm	Copenhagen	Room to be confirmed
12:10-12:30	WHO Quality-Rights e-training on Mental Health, Recovery and Community Inclusion, **Melita Murko**	Implementing Open-door policy - clinical figures, user- and staff experiences from an effort to reduce coercion in urban mental health wards. **Nikolaj Kunøe, Norway**	Physiological arousal after aggressive behaviour studied in a naturalistic setting. **Inge Nijman, The Netherlands**	Active ingredients across the ten Safewards interventions: a Delphi study. **Anna Björkdahl, Sweden**	Cultural changes and implementation of different DASA versions across Finland. **Tella Lantta, Finland**	Violent behavior among patients admitted to a hospital psychiatry unit. **Ismael Loinaz, Spain**	The Effects of Patient-Controlled Admissions in an Adolescent Psychiatric Setting. **Sanne Lemcke, Denmark**
12:35-12:55	WHO Quality-Rights e-training on Mental Health, Recovery and Community Inclusion, **Melita Murko**	The role of the police in the implementation of open-door policies. **Simone Efkemann, Germany**	A Systematic Review of Studies on the Association Between Physiological Parameters and Self-harm. **Marlieke van Swieten, The Netherlands**	Consumer perspective contributions to freely available Safewards resources & training; a lasting impact. **Bridget Hamilton, Puneet Sansanwal, Australia**	Enhancing the Dynamic Appraisal of Situational Aggression (DASA) and the Aggression Prevention Protocol (APP) by incorporating assessment of practice. **Tess Maguire, Australia**	Predictors Of Adverse Events In Inpatient Treatment Of Offenders With Schizophrenia - Applying Artificial Intelligence to foster Preventative Interventions. **Lena Machetanz, Switzerland**	Autonomy in Action: Creating a Non-Coercive Framework for Adolescent Mental Health. **Alexander Shestiperov, Israel**

ORAL PRESENTATIONS

Thursday November 7, 14:00-14:45

	Session 7	Session 8	Session 9
Theme	WORKSHOP: The 'Reducing Coercion in Norway' (ReCoN) intervention: Co-creation, implementation and effect	WORKSHOP: Understanding Violence and Psychosis: Insights Across Lifespan and Cultures	Forensic
Room	**ECVCP Main Hall**	**Vienna**	**Prague**
14:00-14:20	Co-creating an intervention to reduce involuntary admissions, **Trond Hatling, Norway**	Violent Crime and Severe Mental Disorders: Updated Prevalence Rates from a New Norwegian Nationwide Registry Linkage. **Laoura Ziaka, Norway**	Prevention of violent behavior in people with schizophrenia and other psychoses: Effects of an Intervention Program in a Forensic Context. **Mariana Albino, Portugal**
14:25-14:45	Implementation of the evaluation process. **Tonje Lossius Husum, Norway**	Adolescents at the crossroads: genetic associations between psychotic symptoms and antisocial traits. **Natalia Tesli, Poland**	Transgressive incidents targeted on staff in forensic psychiatric healthcare: A latent class analysis. **Iris Frowijn, The Netherlands**

	Session 10	Session 11	Session 12
	Healthcare personnel and aggression	Violence in different clinical settings	Viewpoints on coercion and restrictions
	Oslo	**Stockholm**	**Copenhagen**
	Exploring the Consequences of Aggressive Experiences on Psychiatric Ward Nurses: A Real-Time Assessment Study. **Irene Weltens, The Netherlands**	A humane, rights-based model to end long term segregation for people with a learning disability or autism in mental health services. **Alina Haines-Delmont, United Kingdom**	Seclusion and restraint use in clinical psychiatry: a focus on therapeutic environment. **Marie-Hélène Goulet, Canada**
	Experiences of stigma, discrimination, and violence among healthcare workers during COVID-19 pandemic. **Jaroslav Pekara, Czechia**	The Abuse of "Emergency" Law in Norwegian Psychiatry. **Marius Storvik, Norway**	Restrictive practices within approved mental health centres in Ireland: a five year retrospective analysis. **Gary Kiernan, Ireland**

ORAL PRESENTATIONS

Thursday November 7, 14:50-15:35

Room	ECVCP Main Hall	Vienna	Prague
14:50-15:10	User involvement in an intervention to reduce compulsory admissions (ReCoN). **Solveig Kjus, Norway**	Working with high-risk intimate partner violence – Experiences from research and practice. **Merete Nesset, Norway**	Implementation of the FORensic oUtcome Measure (FORUM) in a regional forensic service using a quality improvement approach. **Howard Ryland, United Kingdom**
15:15-15:35	The 'Reducing Coercion in Norway' (ReCoN) intervention: Results from a cluster-RCT. **Jorun Rugkåsa, Norway**	Reporting of Oral Chemical Restraint and Seclusion in the Mental Health Services Monthly Statistics for England. **Keith Reid, United Kingdom**	A definition of relational security within forensic mental health care: a scoping review and concept analysis. **Steffy Greijmans, The Netherlands**

Oslo	Stockholm	Copenhagen
Photovoice in Aggression Management Training for Medical and Nursing Students. **Jakub Lickiewicz, Poland**	Understanding Violent Behavior in Dementia: An Attachment and Trauma Theory Perspective. **Doris D'Hooghe, Belgium**	The State of Coercive Practices in Psychiatry in Austria - SCOPPA Study. **Julia Czerny, Austria**
Team dynamics in the use of seclusion and restraint: Perspectives from multiple role holders in a multisite study. **João Da Silva Guerreiro, Canada**	Looking back, moving forward: Research into violence and aggression in the context of intellectual disability services. **Joanne Skellern, United Kingdom**	Should we widen our restraint choices? **Peter Lepping, United Kingdom**

ORAL PRESENTATIONS

Friday November 8, 10:30-11:15

	Session 13	Session 14	Session 15
Theme	Violence risk	WORKSHOP: Service variation in involuntary psychiatric admissions: an issue of care quality	Lived experience
Room	**ECVCP Main Hall**	**Vienna**	**Prague**
10:30-10:50	Does the attitude matter? A survey on psychiatric nurses' views on violence risk assessment. **Tella Lantta, Finland**	Service variation in the use of involuntary admissions: Implications for care quality and patient rights. **Jorun Rugkåsa, Norway**	Swallow to escape. A qualitative multicentre study on the underlying reasons and beliefs of recurrent deliberate foreign body ingestion in psychiatric patients: the patient's perspective. **Nienke Kool, The Netherlands**
10:55-11:15	The association between youths' own perception of violence risk and violent events in acute institutions. **Anniken Laake, Norway**	Geographical variation in involuntary psychiatric admissions: cause for concern and source of causal inference. **Tore Hofstad, Norway**	Feeling coerced during psychiatric hospitalisation: exploring key factors and their interaction to develop better targeted strategies to address them. **Benedetta Silva, Switzerland**

Session 16	Session 17	Session 18
Innovations in in-patient psychiatric care	Safewards and psychosocial environment in psychiatric settings	ENTMA Trainers Workshop
Oslo	**Stockholm**	**Copenhagen**
Analysing involuntary admission from an intersectional perspective: A latent class analysis. **Jona Simon Carlet, Switzerland**	Physicians' experiences with Safewards in psychiatric and mental health inpatient settings - Strategies for engagement. **Martin Lindow, Sweden**	ENTMA Trainers Workshop
Joint crisis plans in acute psychiatric inpatient treatment - a multicentre RCT. **Jacqueline Rixe, Germany**	Safewards Secure: an addition to the original model to enhance implementation and practice in forensic mental health settings. **Tess Maguire, Australia**	ENTMA Trainers Workshop

ORAL PRESENTATIONS

Room	ECVCP Main Hall	Vienna	Prague
11:20-11:40	Development and implementation of the Forensic Oxford Webtool (FOxWeb): a new risk prediction tool for inpatient aggression in mental health units. **Howard Ryland, United Kingdom**	Understanding Temporal Variation in Involuntary Psychiatric Admissions. **Marius Lium, Norway**	Role of the lived experience workforce and consumer advocates in implementing the recommendations of Royal Commission (Victoria) in eliminating violence from mental health settings. **Puneet Sansanwal, Australia**

Friday November 8, 11:20-11:40

Oslo	Stockholm	Copenhagen
VR-assisted staff training within inpatient psychiatric care. **Andrea Lockertsen-Pedersen, Sweden**	Influence of the Psychosocial Environment on Coercion and Compulsion in Psychiatry. **Eric Northoorn, The Netherlands**	ENTMA Trainers Workshop

ORAL PRESENTATIONS

Friday November 8, 13:00-13:45

	Session 19	Session 20	Session 21
Theme	Independent presentations	Debriefing and crisis management	Aspects of law and involuntary hospitalisation
Room	**ECVCP Main Hall**	**Vienna**	**Prague**
13:00-13:20	Beyond Borders – learning from Ghana to reduce coercion. **Marius Storvik, Norway**	Identifying post-incident reflection and support (debriefing) practices across NHS mental health trusts in England. **Nutmeg Hallet, United Kingdom**	The perspective of psychiatric institutionalization survivors in Portugal. **Luís Sá-Fernandes, Portugal**
13:25-13:45	Expert opinions on improving coercion data collection across Europe – results from a concept mapping study. **Simone Efkemann, Germany**	Multi Axial Post Occurrence Review: Enlightened and Inclusive Debriefing. **Kevin McKenna, Ireland**	The Community is the Answer: Breaking the Cradle to Prison Pipeline. **Eric Trupin, United States**

	Session 22	Session 23	Session 24
Theme	Building therapeutic relationships and reducing the risk of aggression	Rethinking the basics	Independent presentations
Room	**Oslo**	**Stockholm**	**Copenhagen**
13:00-13:20	The impact of coercive measures on the therapeutic relationship between patients and nurses in the psychiatric setting. An integrative Review. **Florian Wostry, Austria**	Rethinking wellbeing in psychiatry: Developing a concept of wellbeing for people with serious mental illness. **Jona Simon Carlet, Switzerland**	Emotions in the Face as an Early Warning Sign of Aggressive Behaviors. **Elilarasi Ratnalingam, Germany**
13:25-13:45	Nursing diagnostic process for assessing aggression. An approach to reduce the risk for other-directed violence. **Karsten Gensheimer, Germany**	Transforming Care, Mental Health Act Reform & Positive Behaviour Support: A Holy Trinity or Diabolical Triumvirate? **John L. Taylor, United Kingdom**	Increasing access to psychological therapy on acute mental health wards: Talk, Understand and Listen for InPatient Settings (TULIPS). **Katherine Berry, United Kingdom**

Room	ECVCP Main Hall	Vienna	Prague
13:50-14:10	Psychiatry, colonialism and Vergangen-heits-bewältigung. **Peter Lepping, United Kingdom**	Interventions for Escalating Crisis Situations - Results of a Content Analysis of Joint Crisis Plans. **Jacqueline Rixe, Germany**	The use of involuntary hospitalisations in psychiatry: the impact of targeted public health strategies. **Stéphane Morandi, Switzerland**

Oslo	Stockholm	Copenhagen
Empathy, gender, and aggression toward healthcare professionals: A moderation analysis. **Anat Amit Aharon, Israel**	Dogmatism, delusions and dangerousness: the boundaries and purposes of unjustified certainty. **Richard Whittington, Norway**	A Clarion Call for A Process by Which Abstraction is Given Voice and Understanding. **William Wells, United States**

POSTER PRESENTATION PROGRAM

No	Title	Authors
1	A Statistical Analysis of Suicides in Latvian Prisons	**Elvīra Raiviča | Valērija Čelaka | Marina Loseviča**
2	A Virtual Reality study about the therapeutic relationship with forensic patients	**Iris Frowijn | Stefan Bogaerts | Erik Masthoff**
3	Aggression on acute psychiatric wards in the Netherlands working according to the HIC model	**Isa de Jong | Yolande Voskes | Laura van Melle**
4	Better safe than sorry"- a naturalistic exploration of staff attitudes toward multidisciplinary utilization of the violence risk screen V-RISK-10 in a section for psychosis treatment.	**Bente Kristin Bruu | Andreas Seierstad | Olivia Schjott-Pedersen | Andre Lovgren | Øyvind Lockertsen**
5	Comparison of two data papers PROD-ALERT and PROD-ALERT 2 regarding the interpolation of incomplete restraint reports by mental health and learning disability providers in England September 2020 to August 2022	**Keith S. Reid**
6	Development of a Fidelity Checklist for Patient-Controlled Admissions in Severe Mental Health Disorders	**Maria Smitmanis Lyle**
7	Differences in physiological correlates between self-directed and other-directed aggression	**Inge Nijman | Peter de Looff | Erik Masthoff | Stefan Bogaerts**
8	Examining the Association between Caregiver Burden, Resilience, Self-Efficacy and quality of life among Family Caregivers of Individuals with Mental Illness	**Waed Samara | Irit Bluvstein | Violetta Rozani**
9	Experts-by-experience support recovery-oriented care in Finnish forensic psychiatry	**Katja Lumén | Lauri Kuosmanen | Olavi Louheranta**
10	Exploring the impact of restrictive practice on psychological safety: a qualitative study of the service user experience	**Bethany Griffin**
11	FAUST: Frequency Analysis Using Seclusion Timelines by Fourier Transformation	**Ben Dempster | George Severs | Keith Reid**
12	Females within inpatient forensic treatment in Czechia: comparison with the men population	**Jaroslav Pekara | Marek Pav**
13	Fetal Abduction: A Narrative Review of Violence and Brutalism in the Pursuit of the Maternal Role	**Teresa Ryan**
14	Frontline staff's experiences with virtual reality simulation as a supplement to mental health simulation in security mental health care wards	**Øyvind Lockertsen | Kjell Kjærvik**
15	How do people recover from being exposed to coercion in mental health services? – A transnational meta-ethnography from a European network	**Sophie Hirsch | Eugenie Georgaca | Davide Bertani | Hülya Bilgin | Burcu Kömürcü Akik | Merve Aydin | Evi Verbeke | Gian Maria Galeazzi | Stijn Vanheule | Lene Lauge Berring**

No	Title	Authors
16	Impact of Autism on Children with Developmental Delay	**Prachi Sharma | Major B.V. Ramkumar**
17	Impact of stricter legislation on coercive measure use in Swedish child and adolescent mental health services: Staff perspectives	**Astrid Moell | Alexander Rozental | Susanne Buchmayer | Riittakerttu Kaltiala | Niklas Långström**
18	Implementation of a new violence risk assessment and management tool (DASA-YEV) in institutional settings	**Laura Väätäinen | Tella Lantta | Maiju Björkqvist**
19	Implementing Safewards in Forensic Psychiatry Care: Facilitators and Barriers from the Nursing Staff Perspective	**Jenny Karlsson | Siina Antonen | Veikko Pelto-Piri | Lars Kjellin | Anna Björkdahl**
20	Leadership Response to Patient Aggression	**Della Derscheid**
21	Life history of aggression in a South African study of Xhosa people living with schizophrenia	**Wootton | Christine Friestad | Jaroslav Rockicki | Anja Vaskinn | Ruben C Gur | Ezra Susser | Unn K Haukvik | Dan J Stein | Kristien van der Walt**
22	Mental Health Policy and Violence Prevention: Managing Aggression in Intellectual Disability Settings in Kosovo	**Denis Celcima**
23	Perceived coercion on admission at the psychiatric ward in Polish general hospital.	**Urszula Zaniewska-Chłopik | Maria Załuska**
24	Physical safety in psychiatry – a call for action	**Elvīra Raivča | Marina Loseviča | Alexander Losevičs**
25	Police officers' view on the use of coercion on people with mental disorders – the role of cooperation and participation	**Simone Agnes Efkemann | Jakov Gather**
26	Possible Factors Raising Violence in Mental Health Set-ups	**Prachi Sharma**
27	Predicting the Unpredictable: Implementation of a Violent Risk Assessment Tool to Predict Violence and Aggression in a Psychiatric Inpatient Setting.	**Fizna Fysal**
28	Prevention of violence in a forensic psychiatric ward	**Jaana Asikainen**
29	Quality of forensic psychiatric care from the viewpoints of patients and staff	**Nanika Jungerstam | Mirva Sundqvist-Kekäläinen | Riitta Askola | Tella Lantta**
30	Reducing violence and coercion in acute child psychiatric inpatient care in Helsinki University Hospital	**Katriina Anttila | Hanna Huhdanpää | Katja Hänninen | Krista Liskola**
31	Regulation of Emotions for Non-Violence in People with Schizophrenia: Nursing Interventions for Psychoeducation	**Mariana Albino | Amorim Rosa | Maria Isabel Marques**
32	Self-perceived Evil within the Hostile-World Scenario: Mental Health Concomitants among Holocaust Survivors	**Irit Bluvstein | Dov Shmotkin**

No	Title	Authors
33	Staff perspectives on a new five-day Risk Assessment and Safety Training Program for the Forensic Psychiatric Outpatient Clinic Slagelse in Region Zealand, Denmark	**Demi Erik Pihl Hansen**
34	The Dynamic Assessment of Situational Aggression (DASA) Predictive Validity for Incidents with Different Proximal Causes	**Marek Páv | Jaroslav Pekara**
35	The Shared Genetic Architecture of Antisocial Behaviour, Schizophrenia, Substance use and Related Brain Morphology	**Megan L. Campbell**
36	Time to talk about staff trauma in Inpatient MEntal health wards: Findings from the Staff TIME study	**Katherine Berry | Kate Allsopp | Emily Harris | Helen Brooks | Owen Price | Gillian Haddock | Dawn Edge**
37	Towards national quality criteria for the use of seclusion and restraints- a nominal group study	**Maiju Björkqvist | Tella Lantta**
38	Trends in compulsory admissions 2003-2023 in the Netherlands	**Eric Noorthoorn**
39	Violence directed at healthcare staff by children and adolescents treated in in-patient psychiatric wards: Emotional labor, PTSD symptoms, and physical and mental fatigue	**Nataly Manevich Lozovsky | Irit Bluvstein | Michal Itzhaki**

No	Title	Authors
40	Violence towards formal and informal caregivers and its consequences in the home care setting: A systematic mixed studies review	**Baptiste Lucien | Sandra Zwakhalen | Olivier Morenon | Sabine Hahn**
41	Violence: Italian difficulties	**Alessandra Cova**
42	Psychedelic therapies: navigating choice and coercion in mental health	**Ronit Kishon | Michaeline Bresnahan| Helen, E. Herrman | Norman Sartorius | Connie Svob | Christina, W. Hoven**

KEYNOTE SPEAKERS

Tirion E. Havard

Professor of Gender Abuse and Policy at London South Bank University.

Dr. Tirion E. Havard is a Professor of Gender Abuse and Policy at London South Bank University. Her research focuses on Gender Based Violence and includes Domestic Abuse (specifically coercive control), Technological Abuse and Child Criminal Exploitation, including the intersections between them. Dr Havard draws on her practice experience as a probation officer supervising and managing high risk offenders, including perpetrators of domestic abuse and gang members to inform her research which focusses on the experiences and needs of female survivors of abuses. She has worked alongside The Mayor's Office for Policing and Crime (MOPAC) London and the National Police Chiefs Council (NPCC) assisting them with their Strategic Threat and Risk strategy for Violence Against Women and Girls strategy. Dr Havard was also seconded to English Parliament advising them on domestic abuse and child criminal exploitation. Dr Havard is currently research the role of Transformative Justice in the reintegration of women with convictions into their local community and is guest editor of an upcoming special edition journal about women in the Criminal Justice System.

Jorun Rugkåsa

Professor, Åkershus University hospital

Prof. Jorun Rugkåsa is a Research Professor at the Health Services Research Unit, Akershus University Hospital, Professor at the Centre for Care Research, University of South-Eastern Norway and Professor of Mental Health Care at Oslo Metropolitan University. She is a sociologist with 25 years' experience of health services research in Ireland, Northern Ireland, England and Norway, and over the last 15 years her research has mainly focused on coercive mental health care.

Richard Whittington

Professor, Norwegian University of Science and Technology (NTNU)

Richard Whittington is a Research Adviser at St. Olav's Hospital Trondheim and Professor in the Institute of Mental Health at the Norwegian University of Science and Technology (NTNU). He is Chair of the COST-funded network 'Fostering and Strengthening Approaches to Reducing Coercion in European Mental Health Services' (FOSTREN) which has run 2020-24. He has published research and reflections on institutional conflict and systemic violence over the past 30 years including "Violence in Mental Health Settings" (2006, co-edited with D. Richter) and "Violence Rewired" (2020, co-authored with J. McGuire). His main focus is on the social psychology of restrictive practices in mental health care.

Keynote Debate with Tilman Steinert and Dirk Richter

Tilman Steinert

Prof. Dr. Med, Universitäts Klinikum Ulm

Dirk Richter

Dr. phil. habil. Prof. at Bern University of Applied Sciences and is also working at the Centre for Psychiatric Rehabilitation, Bern University Hospital for Mental Health, Bern, Switzerland.

Should coercion in mental health care be abolished – and would this even be possible? A pro and contra debate

The question of the permissibility of coercion in mental health care has occupied psychiatry for decades. The United Nations Convention on the Rights of People with Disabilities has reignited the debate. The discussants of the program item take opposing positions on this matter. Dirk Richter, a sociologist and nurse, published a book (in German) last year in which he described the use of coercion in mental health care as no longer justifiable. Tilman Steinert, a psychiatrist and researcher who oversaw the German Guideline on Prevention of Coercion, on the other hand, is of the opinion that coercion is a necessary and indispensable part of the care of people with mental illnesses.

Michelle Funk

Dr, Head of the unit on Policy, Law and Human Rights team at the WHO

Dr Michelle Funk is the Head of the unit on Policy, Law and Human Rights team at the World Health Organization in Geneva and has global responsibility for this area of work. She also leads the WHO QualityRights Initiative which builds capacity of stakeholders to understand and promote human rights and recovery approaches, and supports countries to develop services, policies and laws in line with international human rights standards. Dr Funk, has produced landmark guidance including mental health, human rights and legislation launched in 2023; on person centred-rights based community mental health services (2021), the WHO QualityRights training, guidance and transformation in mental health (2019) and is currently in the process of developing new guidance on mental health policy and action plans. She has published extensively on these topics in peer review journals. The title of her presentation is: The World Health Organizations work to promote rights based approaches in Mental health – the impact of WHO QualityRights.

Melita Murko

Technical Officer, Mental Health Policy Division of Country Policies and Systems WHO Regional Office for Europe

Melita works as a Technical Officer in the Mental Health Flagship team at the WHO Regional Office for Europe. She is a psychologist from Bosnia and Herzegovina with over 20 years of experience in the field of mental health at the national, regional and international level. The largest inter-country projects she has coordinated include the *Mental Health Project for South-eastern Europe*, implemented under the Stability Pact's Social Cohesion Initiative from 2002-2008, the WHO European Declaration *Better health, better lives: children and young people with intellectual disabilities and their families*, endorsed by the Regional Committee in Azerbaijan in 2011, and the ongoing implementation of the *WHO QualityRights* initiative in the European Region. She is currently working on the EU-funded project *Addressing mental health challenges*, which is implemented in the 27 EU Member States, Iceland and Norway. She will facilitate the interactive 90-minute QualityRights e-training workshop:

Parallel workshop: WHO QualityRights e-training on Mental Health, Recovery and Community Inclusion

The WHO QualityRights e-training is a key part of the WHO QualityRights initiative, which helps countries develop policies, laws, services, and practices that align with human rights and quality standards in mental health.

This e-training was specifically designed to build the capacity of stakeholders to promote and implement human rights-based approaches in mental health. It offers an interactive platform that equips participants with the knowledge and skills needed to address critical issues such as mental health, disability, human rights, recovery, and community inclusion. A key focus is placed on eliminating coercion, violence, and abuse within services and communities.

This workshop will provide an in-depth demonstration of the e-training program, covering its content, impact, and results so far. Participants will gain practical knowledge on how to sign up and navigate the platform and discuss strategies for sharing it across their networks and stakeholder groups.

ORAL PRESENTATIONS

ABSTRACTS FOR ORAL PRESENTATIONS (IN ALPHABETICAL ORDER BASED ON THE TITLE)

ECVCP
EUROPEAN CONGRESS ON
VIOLENCE IN CLINICAL PSYCHIATRY

A Clarion Call for A Process by Which Abstraction is Given Voice and Understanding

William J. Wells, Independent Artist

A Call for Abstracts from a European Congress on Violence in Clinical Psychiatry assumes Violence in the practice of psychiatry. To move towards a free mental health care system creates enormous costs. The questions need to be asked, "At whose expense and at what level of institutionalized belief systems is the process creating the space by which the customer experiences the initial violence?" The opportunity costs in the practice of the aligned professions ignores the gifts of emergent paradigms in need of an inner language that can voice the tragedies of unspoken and often unfathomable experiences held within the unconscious nature of Human. This call for Abstracts creates violence by excluding the customers. The citizens who begin to discover "self-determination" can share, engage and elevate the discourse by which in spite of the institutionalized beliefs for coercive treatment, there are methods by which innovation and change impacts an empowering rights based approach. The better approach to this challenge will create an economy shaped by qualities rather than the singularity of quantity rooted in the development of science. More broadly, the appropriate space for effective and efficient change can be prosperous when the Liberal Arts are practiced. The questions surrounding "Towards Abstractions" challenges systems to have a space for the outliers whose bell curve is different. To the extent possible, the professionals in this Congress are invited to understand how the uniqueness of the individual "I" became aggregated into the data of the "We" by which bureaucracies of for profit, non-profit and governments create mandates to understand the better emergent structure for our times. I am a citizen of the United States and received the first diagnosis from the Diagnostic Statistical Manual in 1977.

A definition of relational security within forensic mental health care: a scoping review and concept analysis

Steffy Greijmans, Amsterdam UMC / Ministry of Justice and Security

Violence and aggression towards healthcare workers are a growing concern, especially in forensic psychiatric hospitals where incidents are frequent. New interventions focus on 'relational security', emphasizing an equal working relationship for effective prevention and de-escalation, but the term's definition remains unclear.

In this scoping review on the concept of relational security 34 definitions were found and thematically analyzed. This resulted in the following themes: a. what relational security is on a conceptual level and which context it relates to, b. the core components of relational security and to whom it applies, c. actions or interventions and d. desired outcomes of relational security. Eighteen definitions contained an element to reflect on the concept of relational security and/or to which context it relates to. The majority of definitions place interpersonal relationships in the core of what relational security is about. The most commonly used action refers to how previously described knowledge and/or understanding of the patient can be used or translated to increase relational security. Furthermore, thirteen definitions describe a outcome regarding terms such as risk management, safety, security or protection.

This is the first systematically conducted concept analysis of relational security. The evidence shows many varieties between existing definitions which makes it impossible to provide a common definition based on this study. However, certain elements such as the relationship between staff and patients, knowledge about the patients and risk assessment were reasonably consistent throughout the definitions. This study highlights the necessity to further explore the distinctive components of relational security and reach consensus on an overall definition that is useful for (training in) the psychiatric (forensic) and prisonlike setting.

A humane, rights-based model to end long term segregation for people with a learning disability or autism in mental health services

Alina Haines-Delmont, Manchester Metropolitan University

Statistics indicate that many people accessing UK mental health health, learning disabilities and autism services are placed in long-term segregation (LTS). Evidence suggests that using LTS breeches basic human rights, has a negative impact on people's physical health and mental health and can lead to deprivation of social skills, sensory input and daily living skills.

The HOPE(S) clinical model of care was developed by an NHS Mental Health Trust in the NW of England, UK, to end LTS for children and young people, autistic adults and those with a learning disability accessing mental health services. The model is based on a philosophy of person centred, positive, human rights-based care.

The HOPES programme is currently implemented across 7 regions in England. Manchester Metropolitan University (MMU) has been commissioned to produce evidence-based research evaluating its potential impact. This research study uses mixed methods, including analyses of routinely collected clinical data and interviews and focus groups with HOPES professionals, clinical staff, therapy providers, commissioners of services, people with lived experience and their family members to explore the experiences and accounts of these stakeholders, as well as to measure changes with regards to key health outcomes for the cohort of people receiving support via HOPES.

In this presentation, the background to the programme and the research will be outlined, together with emerging results of our study. Challenging a prevailing culture prioritising risk management over seeing patients as 'people', this humane, rights-based programme is showing promising results, not only helping services to end practices such as long term segregation, but also providing hope and rebuilding people's trust in a care approach that is therapeutic and fit for purpose.

A systematic review of rates and risk factors of coercive measure use in inpatient child and adolescent mental health services

Astrid Moell | Maria Smitmanis Lyle | Alexander Rozental | Niklas Långström
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Health Care Services, Region Stockholm Reducing coercive measure use in inpatient child and adolescent mental health services (CAMHS) requires an up-to-date understanding of rates and associated factors. We conducted a systematic review addressing rates and risk factors for mechanical, physical or pharmacological restraint, seclusion, or forced tube-feeding in inpatient CAMHS. We searched Medline, Embase, Web of Science, PsycInfo, Cinahl, and Proquest for any quantitative studies published 1 Jan 2010–10 Jan 2024, reporting incidence/prevalence or risk factors in inpatient CAMHS (excluding residential treatment, medical units, partial hospitalisation, and emergency departments). Due to heterogeneity across studies, we used narrative synthesis instead of meta-analysis. The study was preregistered with PROSPERO, CRD42022214024. We identified 6534 articles and included 30 studies with low risk of bias in the synthesis (total N=39,027 patients/admissions). Median prevalence (IQR) for any coercive measure was 17.5% (13.4–20.8%), for any restraint 27.7% (21.3–29.4%), and for seclusion 6.0% (2.6–11.0%). Younger age, male sex, ethnicity or race other than Caucasian or White, longer length of stay, and multiple admissions appeared most consistently associated with an increased risk of coercive measure use. The high variability in use and conflicting associated factors suggest that coercive measure use is not attributable solely to patient

characteristics. Further research is needed to elucidate the role of care and staff factors in explaining these conflicting results. Finally, we suggest reporting guidelines for rates of coercive measure use to enhance comparability over time and settings.

A Systematic Review of Studies on the Association Between Physiological Parameters and Self-harm

Marlieke van Swieten | Inge Nijman | Peter de Looff | Joanneke VanDerNagel | Robert Didden
Behavioural Science Institute, Radboud University | Department of Developmental Psychology, Tilburg University; Fivoor Science and Treatment Innovation | Behavioural Science Institute, Radboud University; Fivoor Science and Treatment Innovation; De Borg | Tactus; Aveleijn; University of Twente; Radboud University | Behavioural Science Institute, Radboud University; Trajectum

Self-harm is related to emotional dysregulation according to both observational and self-report data. Measures of the autonomic nervous system (ANS) might provide additional insight in this relationship. The current systematic review therefore systematically summarized a broad spectrum of studies on the association between self-harm and physiological parameters of the ANS. The search identified 2400 articles and 46 were included. In most studies, which compared EDA and HR in people with and without self-harm, no clear indications for a relation between physiology and self-harm was found. Studies on HRV showed indications for lower HRV during recovery and greater HRV reactivity in people with self-harm, implying emotion dysregulation, findings which were supported by results from imagery studies (heart rate and skin conductance). No consistent findings were found when self-harm was studied before, during or after actual occurrences of self-harm, although this was examined by very few studies. Advancements in technology have improved the validity and reliability of measurements of ANS activity using wearable technology enabling the possibilities of daily-life assessment but the majority of studies to date are lab-studies. Future research should focus on measuring physiology in daily life before, during and after self-harm, study different types and function of self-harm separately, and test multimodal prediction models. This could improve the understanding, prevention and assessment of this debilitating behaviour in practice. This presentation will elaborate on the most important findings, interesting results for clinical practice and directions for future research.

Active ingredients across the ten Safewards interventions: a Delphi study

Anna Bjorkdahl | Bridget Hamilton
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Safewards is a care model, including ten interventions, that aims to prevent conflict and containment in psychiatric and mental health settings. The use of Safewards is widespread across many countries and translated into eleven languages.

Studies show that in clinical practice, significant deviation may arise during the implementation of Safewards compared to how the model was originally intended. These deviations reflect shifts in explicit rationale, intent, or changes in the interventions, such as additions, reductions, and adaptations. Changes could be based on careful, Safewards-coherent implementation adaptations to the local context, or on insufficient knowledge, lack of resources, or inadequate understanding of the underlying mechanisms behind Safewards. Moreover, it may be unclear to both implementers and researchers what is required to ascertain that the interventions are fully implemented, as this has not been explicitly defined previously. Such definitions should be based on the core elements of the interventions that directly contribute to their effectiveness, often referred to as 'active ingredients'.

The aim of this study was for Safewards experts to generate, through a consensus process, a set of generic key active ingredients for the ten standard Safewards interventions. All active ingredients had to be coherent with content on the website: Safewards.net. A Delphi method design was

employed, and twelve international experts were recruited from seven countries to initially generate and then distil ingredients. Consensus was pre-defined to 75%, which was reached after three rounds of questionnaires. A total of 46 active ingredient items were determined, distributed across the ten interventions (range 3-7 per intervention). The list of active ingredients can help implementers staying true to the intent of Safewards and serve as the foundation of future research in the development of an updated fidelity checklist.

Adolescents at the crossroads: genetic associations between psychotic symptoms and antisocial traits

Natalia Tesli | *Piotr Jaholkowski* | *Jaroslav Rokicki* | *Andreas Jangmo* | *Laoura Ziaka* | *Viktoria Birkenæs* | *Alexey Shadrin* | *Martin Tesli* | *Ole A Andreassen* | *Unn K Haukvik*
Oslo University Hospital | *University of Oslo* | *Oslo University Hospital* | *Norwegian Institute of Public Health* | *Oslo University Hospital* | *University of Oslo* | *University of Oslo* | *Norwegian Institute of Public Health* | *University of Oslo* | *University of Oslo*

Background: Antisocial behaviour in youth has serious consequences for those directly involved and society at large. At the same time adolescence is a critical period for emergence of prodromal psychosis symptoms. Co-occurrence between these two domains may aggravate aggression and lead to severe adverse outcomes. Family studies have indicated common genetic risk for psychotic and antisocial traits, as well as for substance use. Yet, knowledge of putatively shared genetic liability between these domains using molecular genetic methods is still lacking. Such knowledge is indispensable for gaining insight into the etiology of these complex behaviours.

Methods: First, we interrogated phenotypic overlap between antisocial traits and psychotic-like experiences (PLEs) derived from a range of questionnaires in adolescents at 14 years in the Norwegian Mother, Father and Child Cohort Study (MoBa) (n = 22096). Secondly, we investigated bidirectional genotypic-phenotypic associations between these domains using polygenic risk scores (PRS) for antisocial behaviour and schizophrenia. Additionally, we checked for associations between PRS for alcohol use disorder and the phenotypes of interest. Models were controlled for sex and ancestry.

Results: We found phenotypic overlap between antisocial traits and PLEs (rs=0.13-0.34, p<0.0001). This overlap was reflected on the genetic level, as we found associations between PRS for antisocial behaviour and PLEs (p=0.0004). The associations between schizophrenia PRS and antisocial traits were present for conduct (p=0.005) and oppositional-defiant (p=0.003) disorder traits. Both PLEs and antisocial traits were associated with PRS for alcohol use disorder.

Conclusions: The observed overlap between antisocial traits and PLEs in youth may be partially explained by common genetic liability and genetic risk for substance use disorders. These novel findings highlight the importance of a broad clinical assessment and close monitoring of youth at high risk for psychosis, antisocial traits, and substance use. Future studies should further explore the underlying biological mechanisms at play.

Analysing involuntary admission from an intersectional perspective: A latent class analysis

Jona Simon Carlet | *Florian Hotzy* | *Philipp Homan* | *Mario Müller*
University Hospital of Psychiatry Zurich | *University Hospital of Psychiatry Zurich* | *University Hospital of Psychiatry Zurich* | *University Hospital of Psychiatry Zurich*

Background: Involuntary admission (IA) is a recognized but controversial debated practice in the care of individuals with mental illness, primarily to prevent harm to self or others. Studies using single-axis approaches have identified several sociodemographic characteristics as risk factors for IA. However, intersectional theories suggest that single-axis approaches miss out the complexity of systems of marginalization or even discrimination, often associated with those sociodemographic characteristics. To address this analytical gap, we aimed to adopt an intersectional perspective to identify subgroups with specific sociodemographic characteristics

and assess whether they differ in their risk for IA. This approach allows for a more comprehensive understanding of the multifactorial mechanisms associated with IA, which in turn facilitates the reduction of the use of coercive practices like IA.

Methods: A sample of N=16,607 psychiatric admissions at an academic hospital in Zurich, Switzerland, between 2017 and 2020 was included in a Latent Class Analysis to identify classes that differed in their sociodemographic characteristics. Sociodemographic variables included gender, age, nationality, and educational attainment, employment status, and language proficiency. These classes were validated against a range of clinical factors, including IA and other factors related to coercive measures.

Results: Four classes were identified. The class most strongly associated with IA was characterised by unemployment, social welfare recipients, non-European citizenship, temporary residency or refugee status, and low educational attainment. Conversely, classes with Swiss nationality, permanent residency status, and employment were significantly less affected by IA.

Conclusion: Our findings indicate that the intersection of multiple marginalised social identities results in a high risk for IA. This suggests potential underlying barriers to voluntary and early treatment in this patient group. Further research is needed to understand and address these barriers.

Autonomy in Action: Creating a Non-Coercive Framework for Adolescent Mental Health

Alexander Shestiperov | *Ravit Hileli* | *Ronen Shmilovitz* | *Ronit Kigli* | *Hilik Levkovitz*
Merhavim- Mental Health Medical Center | *Merhavim- Mental Health Medical Center* | *Merhavim- Mental Health Medical Center* | *Merhavim- Mental Health Medical Center* | *Merhavim- Mental Health Medical Center*

Coercive practices in mental health care, raise ethical concerns and adversely affect patient outcomes, undermining their dignity and autonomy. It is imperative to minimize such practices not only for ethical reasons but also because empirical evidence supports the benefits of non-coercive approaches. In 2019, Merhavim- Mental Health Medical Center, launched a novel multidisciplinary initiative aimed at curbing coercion in its adolescent acute hospitalization ward. The intervention incorporated comprehensive strategies such as staff education, policy reforms, and reassessment of structural and professional limits within the ward. This initiative represents a significant advancement towards ethical practice and increased efficacy in mental health services by reducing coercive methods, including force-feeding, and integrating sensory modulation techniques. A retrospective descriptive study was conducted to examine the outcomes of the intervention, focusing on reported adverse events, and the utilization of coercive measures that were extracted from the organizational database (2019-2023).

Intervention Components: (1) Educational training: Ward's multi-disciplinary staff, including educational staff, participated in monthly workshops on de-escalation and non-coercive strategies. (2) Admission Policy: Enhancing the therapeutic connection between therapists-patients-parents, through interventional protocol of mutual expectations and active parental involvement. By intervention, maximizing voluntary admissions by mutual consent of the patient and his guardians. Establishing a treatment protocol for patients with eating disorders by balancing organizational resources, medicolegal obligations, and patients' bio-psycho-social needs, leading to the cessation of force-feeding. (3) Interventional-Environment: Ward's layout was reconfigured to incorporate sensory intervention protocols.

This multifaceted intervention was designed to reduce coercion and foster a hospital culture where non-coercive care practices are standard, aiming for holistic improvements in patient care and enhancing interactions among staff, patients, and parents within the ward. The intervention reduced restrictive practices, with incidents of seclusion and mechanical restraint decreased from 1,124 to 351. Reports of adverse events, including violence and self-harm, also declined from 720 to 427 in that period.

Barriers and possibilities of open door policies: Results of the ODBYFAM Study

Tilman Steinert | Lisa K. Schreiber
Centres for Psychiatry Suedwuerttemberg, Ulm University | Tuebingen University

Background: Psychiatric wards treating involuntarily admitted patients are traditionally locked to prevent absconding. Updated Mental Health Laws in several Federal States of Germany legitimate involuntary commitment without generally locked doors. We examined to which extent it would be possible to keep the doors open in two psychiatric hospitals in a quasi-experimental prospective design. Methods: We used a mixed methods design. At each of the hospitals, two identical wards serving as control and intervention could be compared. After a baseline period of three months, one ward at each location started the 12 month intervention period with the implementation of a strict open-door policy, while the respective control ward, as before, used open doors only facultatively. Patients were admitted alternating to the admission and to the control ward, so creating a quasi-experimental design. The qualitative part of the study comprised focus groups with staff and patients at all four participating wards before and after the intervention. Results: Overall, door-opening times increased significantly at both sites´ intervention wards. The number of adverse events and of coercive measures did not increase during the intervention period. The open door policy could be realised to a different extent in both intevention wards, with 91 % involuntary treatment days with open doors at one site and 45 % at the others. The focus groups revealed different attitudes towards an open door policy among staff and patients as well. After the intervention, views were generally more positive. Conclusions: It is possible to manage psychiatric wards with open doors without taking inappropriate risks and without substituting locked doors by other coercive interventions for a considerable time, but not completely. The extent to which open-door policies are achievable is dependent on staffing levels, staff attitudes, and patient characteristics.

Beyond Borders - learning from Ghana to reduce coercion

Marius Storvik | M. Kwadwo Ntiamoah
UiT the Arctic University of Norway | KNUST - Ghana

This presentation explores the potential of incorporating insights from Ghana's chieftaincy system and prayer camps to address the challenges of coercion in European Psychiatry. Despite a better welfare system and a strong emphasis on human rights, the use of coercion in mental health care presents ethical dilemmas and challenges to patient autonomy and integrity. This presentation posits that a cross-cultural examination, drawing on the communal and culturally nuanced practices of Ghana, can offer innovative perspectives for a more compassionate and collaborative care model in Europe.

By analyzing the roles of chieftaincy and prayer camps in Ghana, which emphasize community involvement, spiritual integration, and cultural sensitivity in care practices, we propose a shift towards a less coercive and more patient-centered approach in Norwegian mental health care. The findings suggest that embracing Ghana's community-focused and culturally inclusive strategies could contribute to reducing the reliance on coercion, enhancing the therapeutic relationship, and improving care outcomes for children and adolescents in Norway. This approach advocates for recognizing and integrating cultural values, beliefs, and community support systems into mental health care practices, thereby fostering a holistic and inclusive environment for treatment and recovery.

Co-creating an intervention to reduce involuntary admissions

Trond Hatling, NAPHA

The ReCoN intervention started with a thorough review of the literature, showing that while Individuals' paths towards involuntary psychiatric admissions usually unfold when they live in the community, and referrals

to such admissions are often initiated by primary health care professionals, interventions developed specifically for this care level was lacking or limited in scope. The literature review was followed by interviewing (individual interviews or focus groups) more than one hundred persons from five Norwegian municipalities. They included professionals from the primary and secondary care levels and people with lived experience of severe mental illness and/or involuntary admission and carers. Through these interviews we identified the most common pathways to an involuntary admission.

This presentation outlines how the intervention then was co-created with local stakeholders in these municipalities. This included people with lived experience; family carers; mental health professionals from both the specialist services and the municipalities; GPs and A&E doctors and police officers. Dialogue conferences in each of the municipalities, inductive thematic analysis of data material from the conferences, and a series of feedback meetings with coordinators in the municipalities were conducted to develop the intervention. The process resulted in a a comprehensive intervention that includes six strategy areas: [1] Management, [2] Involving Persons with Lived Experience and Family Carers, [3] Competence Development, [4] Collaboration across Primary and Specialist Care Levels, [5] Collaboration within the Primary Care Level, and [6] Tailoring Individual Services. Each strategy area has two to four actions with specified measures that constitute the practical actions or tasks that are believed to collectively impact the use of involuntary admissions. The intervention were to be implemented in the these municipalities over 18 months.

Consumer perspective contributions to freely available Safewards resources & training; a lasting impact

Bridget Hamilton | Puneet Sansanwal | Indigo Daya
Centre for MH Nursing, University of Melbourne | Centre for MH Nursing, University of Melbourne | University of Melbourne

Ten years after Bowers et al (2015) published findings of the RCT of Safewards, both the model and interventions are widely used internationally. A nursing-centred model and intervention, Safewards was built on extensive reviews of literature, and in consultation with a lived experience advisory group (SUGAR). The RCT manual and supportive resources were made freely available on a purpose built website: Safewards.net. Bowers et al acknowledged the intervention's UK origins and encouraged services to identify language and other changes that may be culturally specific.

In Victoria, Australia through 2015-2018, locally adapted high-quality online resources for staff training were a feature of implementation work to embed Safewards across 20 mental health trusts (https://www.health.vic.gov.au/practice-and-service-quality/safewards-training-resources). The implementation teams, including lived experience project workers and mental health nurses, were commissioned by the Chief Mental Health Nurse. Victorian Safewards resources are also freely available online, and have been taken up for training nationally and internationally (Knauf et al 2023). The Victorian team was supported at several key stages by UK researchers, to maintain fidelity with the evidence-base. Written and audio-visual resources from UK were reviewed and adapted, from both cultural and consumer-perspective lenses. Intending to be reflexive and auditable, we aim with this paper to systematically report the design features, modifications and adaptions in Victorian Safewards resources, with a particular focus on language changes which were initiated by consumer perspective trainers and favoured by the lived experience community. This work provides future researchers and implementors with clarity regarding the acceptability, soundness and fidelity of contemporary and accessible Safewards implementation resources.

Cultural changes and implementation of different DASA versions across Finland

Tella Lantta, Faculty of Medicine, Department of Nursing Science University of Turku, FINLAND;Centre for Forensic Behavioural Science, Swinburne University of Technology, AUSTRALIA

The Dynamic Appraisal of Situational Aggression (DASA) is an instrument designed to appraise the risk of imminent aggression, used in conjunction with the Aggression Prevention Protocol (APP), a framework to structure nursing intervention following assessment (together called the DASA+APP).

As part of the workshop, cultural changes and implementation of different DASA versions across Finland will be presented. According to international literature, mental health professionals may still have difficulties integrating the use of structured violence risk assessment methods into their daily practice. One solution to overcome this barrier and promote the use of methods such as DASA is to focus on the implementation process and adaptations to local needs. This presentation will give an overview of the translation process and implementation of DASA inpatient, women's and youth versions, and the Finnish version of the DASA+APP, over the years 2013-2024.

In Finland, different DASA versions have been implemented in civil and forensic mental health settings, a prison psychiatric unit and youth foster care. A descriptive analysis of barriers and facilitators for sustainable implementation of DASA in different settings is provided in this presentation, guided by the Consolidated Framework for Implementation Research (CFIR). All five domains of CFIR will be discussed: inner and outer setting domains, innovation domain, individuals domain, and implementation process domain.

The results of this analysis will give the audience a practical example of the implementation of DASA, and cultural and contextual aspects. These examples, analyzed with CFIR, are to be considered when implementing new methods for violence prevention and risk assessment in clinical practice.

Development and implementation of the Forensic Oxford Webtool (FOxWeb): a new risk prediction tool for inpatient aggression in mental health units.

Howard Ryland | Jonas Forsman | Yasin Hasan Bacioglu | Seena Fazel Oxford Health NHS Foundation Trust/University of Oxford | Karolinska Institutet | Bakırköy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital | University of Oxford

Inpatient aggression in inpatient mental health services is a common and serious problem. Around 17% of patients commit an act of violence during admission and up to 99% of staff in these settings report experiencing aggression. This aggression has many negative consequences for patients who perpetrate it, their victims, other patients, staff and services. Currently recommended risk prediction tools in these contexts focus on violence within 24 hours and mainly rely on behavioural manifestations of imminent aggression.

The Forensic Oxford Webtool uses a combination of static and dynamic risk factors to predict aggression over the subsequent 1-4 weeks. The ten dynamic risk factors have been identified as important from the literature and consultation with clinicians, including anger associated with psychosis, anxiety, impulsivity, treatment non-adherence and substance misuse. A study of 624 assessments in 89 patients in general and forensic wards had an Area Under the Curve of 0.87. A prototype internet-based calculator has been developed and can be accessed here: https://oxrisk.com/foxweb/

Previous work with a community version of FOxWeb suggested that it had good feasibility and acceptability for clinicians in this setting. Work is underway to examine the feasibility and acceptability of the inpatient version, with a pilot study occurring in Sweden and another planned in the UK. These will evaluate attitudes towards the tool, including the optimal way to graphically present data, for example through the use of 'bubblegrams' that can visually track dynamic risk factors longitudinally throughout an admission. Further work is also occurring in Turkey to examine the predictive validity in that context. It is hoped that FOxWeb

will ultimately help to stratify risk and prioritise higher risk patients for interventions, which could focus on collaboratively supporting them to address the modifiable risk factors identified in a holistic fashion to reduce aggression.

Development of a collaborative safety planning tool for inpatient mental health services: A proposal to the National Institute for Health and Care Research's (NIHR) Advanced Fellowship

Howard Ryland, Oxford Health NHS Foundation Trust/University of Oxford Department of Psychiatry

Aggression on mental health wards is common and serious, causing injuries, restrictive practice, delayed recovery and increased costs. The UK's NICE guidelines on violence and aggression [NG10] states that patients' views should be included wherever possible in managing aggression. Despite this, patients are frequently excluded from assessing their own risk and interventions focus on staff led actions.

Grants from NIHR's Pre-application Support Fund (£32,236) and University of Oxford's Participatory Research Fund (£1,800) are supporting preparatory work on a proposal to develop a collaborative safety planning tool, bringing together inpatients on mental health wards and their clinical teams to mutually understand risk of aggression and identify solutions. The proposal is being co-designed with extensive patient and public involvement and peer researchers with lived experience would form part of the team if funded.

During the fellowship qualitative interviews and focus groups with patients, carers and healthcare professionals would explore effective ways to collaboratively formulate risk and implement mutually agreed interventions to improve safety. A systematic review would identify interventions to reduce modifiable risk factors for inpatient aggression, complemented by consultation with patients and healthcare professionals to develop a list of recommended interventions. These studies would inform multi-stakeholder workshops to design the new collaborative safety planning tool. The new tool would be refined by testing it with patients and clinicians to establish the best timing, setting and format for use.

The new tool would be implemented on several mental health wards and its use quantitatively evaluated, by studying tool completion rates, alterations to care plans and rates of aggressive incidents. A qualitative ethnographic study would include observation of tool completion and user interviews. A feasibility study would consider recruitment rates, potential outcomes, and appropriate economic parameters for a definitive clinical trial of the new tool."

Does the attitude matter? A survey on psychiatric nurses' views on violence risk assessment

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Background and purpose: Validated instruments are recommended to be used in psychiatric wards to assess patients' risk of violence. The purpose of the assessment is to help the nurse identify the patient's risk level more accurately so that violent situations can be prevented by using alternative, non-coercive interventions. Challenges have been identified in introducing these instruments as part of clinical nursing work, such as preferring intuition and the difficulty of combining assessment results with preventive interventions. In the eDASA + APP FI project, we are implementing into clinical practice a new electronic decision support system for risk assessment and management of violence. Before implementation, we wanted to find out what psychiatric nurses' attitudes are towards the short-term violence risk assessment.

Methods: A cross-sectional survey study was conducted in 26 adult psychiatric wards in one Finnish hospital district in the year 2023. A previously developed survey 'Mental health nurses' attitudes towards risk

assessment, risk assessment tools, and positive risk' was sent electronically to nurses, assistant head nurses and head nurses. The data were analysed using statistical methods.

Results: 142 participants responded. According to the results, nurses valued risk assessment and felt it was their duty. There were differences in nurses' attitudes regarding how effective they felt the instruments were: more than half either had no opinion or felt that the instruments did not recognise patients at risk of violence. Older participants and those in managerial roles reported more positive attitudes towards the violence risk assessment instruments.

Conclusions: According to this survey, nurses feel that violence risk assessment is part of nursing in psychiatric wards. The results show that, on average, nurses trust their clinical judgement more than the results of risk assessment instruments. Nurses' hesitating attitudes towards risk assessment instruments must be considered when planning their implementation and nursing training.

Dogmatism, delusions and dangerousness: the boundaries and purposes of unjustified certainty

Richard Whittington, St. Olav's University Hospital

Delusions and dogmatism are both forms of unjustified certainty (Altmeyer 1996) which have been linked to dangerousness in some circumstances. Most people with psychosis are not violent but paranoid delusions have been associated with an increased risk of violence especially in response to adverse events (Volavka 2016). Dogmatism as an aspect of 'normal' personality may also be a risk factor at least for approval of violence against outgroups (Morgades-Bamba et al. 2018). Dogmatism can be seen as a feature of narcissistic personality disorder and as both a possible cause and a response to mental ill-being. It has also, in contrast, been characterised in certain specific circumstances as an intellectual virtue (Battaly, 2018) just as some delusions have similarly been considered potentially adaptive for the individual (Lancellotta & Bortolotti, 2019). Dogmatism and delusions are usually considered separately but the relationship between the two phenomena may be better viewed along a continuum of justified and unjustified certainty with no clear boundary between them since a dogmatic tendency is itself associated with a propensity to delusional thinking (Bronstein et al., 2019). Theories which seek to explain a propensity for dogmatism might cast some light on the mechanisms contributing to delusional thinking and vice versa. This presentation will review evidence on the relationship between dogmatism and violence and explore the utility of considering how the construct of dogmatism might inform conceptions of delusions.

Emotions in the Face as an Early Warning Sign of Aggressive Behaviors

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Objective: Aggression prevention studies have identified effective methods to enhance our understanding and management of patients' aggressive behaviors. Non-verbal cues, particularly facial expressions, play a crucial role in this context. Research indicates that facial expressions not only convey emotions but also provide insights into potential aggressive behaviors of the communicator (Matsumoto & Hwang, 2014; Waller et al., 2017). In clinical psychiatry, recognizing such cues, especially concerning aggressive tendencies among inpatients, can significantly assist mental health nurses in effective risk management. The first Emotions in the Face clinical forensic study (Ratnalingam, 2019) suggests that nurses who interact daily with patients could benefit from a protocol designed to help them identify facial expressions as early warning signs of aggression.

Methods: In a recent international multi-center study involving two forensic mental health clinics, it was investigated how a training program and protocol could enhance forensic mental health nurses' skills in recognizing patient emotions. Subjects were forensic nurses, and the interven-

tion consisted of a training session with a structured protocol. Measurements were conducted using questionnaires, accuracy rating software, and eye-tracking technology.

Results: Preliminary findings suggest a noticeable learning effect; however, further comprehensive research is necessary to fully gauge the extent and impact of such training programs. Furthermore, integrating this training and knowledge into clinical practice requires a deeper understanding of the relationship between psychiatric disorders and facial expressions. This understanding is critical as the effectiveness of mental health personnel in recognizing patients' facial expressions depends upon it.

Conclusion: This presentation will illustrate current research on facial expressions and their predictive nature, alongside a discussion on integrating this knowledge into clinical practice for training mental health nurses. Understanding these dynamics can enhance patient care and contribute to more effective aggression prevention strategies in forensic psychiatric settings."

Empathy, gender, and aggression toward healthcare professionals: A moderation analysis

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Background: Workplace violence (WPV) toward healthcare professionals has emerged as a significant concern that poses multifaceted challenges to the well-being and safety of these professionals. Studies have found gender differences in general violent behavior. Evidence indicates that empathy may be a protective factor against aggressive behavior. There is a gap in the literature regarding the associations between empathy, gender, and aggressive behavior toward healthcare professionals.

Aims: A) To explore the associations between empathy, gender, and aggressive behavior toward healthcare professionals among the general public. B) To examine whether gender is a moderating factor between a sense of empathy and aggressive behavior toward healthcare professionals.

Method: A cross-sectional study with 555 participants utilized a self-report questionnaire. The questionnaire examined socioeconomic variables, sense of empathy, and aggressive behavior toward healthcare professionals. A hierarchical linear regression was conducted, and a moderation analysis was performed with PROCESS software (ver. 4).

Findings : The aggressive behavior toward healthcare professionals was significantly higher among men than women, while a sense of empathy was lower among men. Gender was a moderating factor between a sense of empathy and aggressive behavior (95%CI=0.004-0.052). Aggressive behavior decreases significantly in both genders as empathy increases, but it is stronger in men than in women (β=0.07 vs. β=0.04). The moderate model was significant and explained 15.0% of the variance.

Conclusion: The research findings suggest that while empathy is a protective factor against aggression for both genders, interventions aimed at increasing empathy might have a more pronounced impact on reducing aggression in men compared to women. Violence and aggressive behavior are a social issue, even when the violence occurs in a healthcare setting. Therefore, developing social tools to foster empathy among the general public could decrease aggressive behavior across all aspects of life, particularly against healthcare professionals.

Enhancing the Dynamic Appraisal of Situational Aggression (DASA) and the Aggression Prevention Protocol (APP) by incorporating assessment of practice

Tess Maguire, Centre for Forensic Behavioural Science and Forensicare

The Dynamic Appraisal of Situational Aggression (DASA) is an instrument designed to appraise risk of imminent aggression, used in conjunction with the Aggression Prevention Protocol (APP), a framework to structure nursing intervention following assessment (together known as

the DASA+APP). Two studies exploring the DASA+APP in practice reported reductions in aggression and use of restrictive practices, showing promise for use in nursing practice. In practice there are some minimum requirements for assessment using the DASA, and some of the APP interventions (such as limit setting and de-escalation) are more complex than others (e.g. distraction techniques) to apply in practice. To ensure nurses have the key skills, knowledge, attitude, and clinical reasoning needed to undertake certain clinical activities such as those required for DASA assessment and APP administration, an assessment framework would be helpful. Traditionally in health care, competency-based frameworks have been employed, however there has been concern that competencies have limitations, particularly when determining more complex clinical activities. This concern prompted the development of a framework for the DASA+APP, whereby trainees can be evaluated on their ability to perform a DASA assessment and implement the APP interventions known as Entrustable Professional Activities (EPAs). EPAs offer a way of defining and assessing clinical practice and connect competencies to practice through assessment focused on the complexities of clinical activities without the limitations of competencies. This part of the workshop will focus on the development of EPAs for the DASA+APP, and the testing of both the DASA and APP EPAs using simulation patients to determine the suitability for the use of the EPAs in situ in the clinical setting. The DASA+APP EPAs were found to address a practice-gap, offer a framework to assist movement towards elimination of restrictive practices, while prompting best-practice, self-reflection and practice improvement guidance.

Experiences of stigma, discrimination, and violence among healthcare workers during COVID-19 pandemic

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Healthcare workers (HCW) have been exposed to COVID-19 more than people in other professions, which may have led to stigma, discrimination, and violence against them. We investigated how these factors may affect their mental health. We conducted a mixed methods study (quantitative approach and qualitative content analysis) and analysed the Czech arm of the international „The COVID-19 HEalth care wOrkErS Study "(HEROES) study including data from three time points: 2020, 2021 and 2022. We found that younger respondents and women had greater odds of experiencing stigma, discrimination, and violence. The intensity of exposure to COVID-19 stressors was associated with greater experience of stigma, discrimination, and violence at all time points. Stigma, discrimination, and violence were most strongly associated with psychological distress in 2020 and with depressive symptoms in 2021.

Based on these findings, we conducted a qualitative analysis of the needs of HCWs and a pilot intervention study with two groups (control=90; intervention=80). The needs of HCWs were categorised into the following themes: working conditions, teamwork, support from supervisors and management, patient care, work-life balance, and well-being needs. Qualitative analysis revealed that healthcare workers are starting to articulate their needs, emphasizing not only work conditions and organizational aspects but also considering their overall life context. The intervention group (The intervention group started with managers´ training in emotionally-intelligent leadership and team meetings took place after, the control group had one educational workshop) trend to improve more than the control group. The intervention group reported trend to develop their communication in the team, a better understanding of HCWs' needs and increased support for psychological well-being.

Expert opinions on improving coercion data collection across Europe – results from a concept mapping study

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Coercion is still frequently used in mental health care, though it overrides some patients' fundamental human rights. To reduce the use of coercive measures, international standardised datasets to benchmark and monitor the use of coercion would be desirable. Still, only a few countries have specific registers that are publicly accessible. This study aimed to examine expert opinions on strategies to promote, develop and implement an integrated and differentiated data collection system on coercive measures in Europe. We conducted a concept mapping study, involving 59 experts from 27 countries to generate and sort strategies to improve data collection and rate those strategies regarding relevance and feasibility. The experts were members of the COST Action FOSTREN. A hierarchical cluster analysis revealed a conceptual map of 41 strategies organized in seven clusters. These clusters fit into two higher-order domains: "Advancing Global Health Research: Collaboration, Accessibility, and Technological Innovations/Advancing International Research" and "Strategies for Comprehensive Healthcare Data Integration, Standardization, and Collaboration." No differences could be found regarding the two domains regarding the relevance rating or feasibility of the respective strategies in those domains. The following strategies were rated as most relevant: "Collection of reliable data", "Implementation of nationwide register, including data on coercive measures", and "Equal understanding of different coercive measures". In analysing the differences in strategies between countries and their health prosperity, the overall rating did not differ substantially between the groups. The strategy rated as most relevant was the collection of reliable data in the nationwide health register, ensuring that countries share a standard understanding/definition of different coercive measures. Respondents did not consider the feasibility of establishing a shared European database for coercive measures to be high, nor did they envision the unification of mental health legislation in the future.

Exploring the Consequences of Aggressive Experiences on Psychiatric Ward Nurses: A Real-Time Assessment Study

Irene Weltens, PhD/psychiatrist

Aggression on psychiatric wards is a complex issue with significant consequences for both patients and healthcare providers. This study aimed to investigate the behavioural and emotional consequences of aggressive experiences on nurses working in psychiatric wards both at work and at home, as well as the contribution of nurses' behaviour to the development of aggression. Methods: This research utilized the Experience Sampling Method (ESM) to collect real-time data from nurses working in a High Intensive Care Unit (HIC) within a mental health institution in the Netherlands. Results: The findings revealed that most nurses reported good sleep quality, feeling fit for the day, and looking forward to starting their day. These reports were not significantly associated with having a workday ahead. There was a significant association between the nurses' mood and the number of patients admitted to the ward, with the highest patient numbers associated with a more negative mood in the morning. There were no statistically significant associations between the answers to the morning questionnaire and the behaviour and emotions of nurses

and patients later that day nor the appearance of aggressive incidents. Experiencing an aggressive incident had no influence on the sleep of the nurse later that day, nor on their social behaviour. Conclusion: This study offers valuable insights into the daily experiences of nurses in psychiatric wards, particularly in relation to aggression. The real-time data collection by ESM allowed for a nuanced understanding of nurses' behaviours and emotions. While no significant associations were found between nurses' moods, sleep quality and the occurrence of aggressive incidents, the study highlights the need for further research with larger samples and across multiple wards to draw definitive conclusions. There were significant results for the number of patients being admitted influencing the way the nurse started their day less positive.

Feeling coerced during psychiatric hospitalisation: exploring key factors and their interaction to develop better targeted strategies to address them

Benedetta Silva | Philippe Golay | Stéphane Morandi
Lausanne University Hospital and University of Lausanne | Lausanne University Hospital and University of Lausanne | Lausanne University Hospital and University of Lausanne

Aims: In psychiatry, various coercive procedures can be legally enforced to compel a person into treatment. Several studies have focused on formal coercive measures, with the aim to reduce their use and negative impact. However, evidence suggests that patients' perceived coercion is not determined solely by being submitted to formal coercion. This presentation aims to deepen our understanding of the coercion perceived by hospitalised patients, identifying the factors that most affected it and how they interact with each other.

Methods: Factors affecting perceived coercion were identified through a meta-aggregation of qualitative evidence (Study 1) and a qualitative thematic analysis of 12 in-depth semi-structured interviews conducted with voluntary and involuntary inpatients (Study 2). To explore the interplay between these factors, cross-sectional network analysis (Gaussian Graphical Model) using Spearman's rank-correlation method and EBICglasso regularisation was performed on data collected from 225 patients admitted to six psychiatric hospitals (Study 3).

Results: Contextual and relational factors, such as level of information received, involvement in the decision-making process and staff attitudes, as well as satisfaction with hospital treatment, were all identified as key factors of perceived coercion. However, when entered simultaneously into a network model, these factors showed to affect differently experienced coercion at different stages of the hospitalisation. At admission perceived coercion was most strongly associated with perceived level of implication in the decision-making process, while during hospital stay it was most strongly related to the interpersonal separation perceived from staff. Formal coercion was only weakly associated with both perceived coercion at admission and during hospital stay.

Conclusions: Different factors affect experienced coercion at different stages of the hospitalisation process even more than formal coercion itself. Interventions aimed at reducing experienced coercion and its negative effects should take these time-specific elements into account and propose tailored strategies to address them.

Geographical variation in involuntary psychiatric admissions: cause for concern and source of causal inference

Tore Hofstad, Centre for population health, Bergen Health Trust

I will present results from the ReCoN study, detailing geographical variation in involuntary psychiatric admissions in Norway 2014-2018, using registry data from an entire population. The variations were stable over time, suggesting they are not random. I will show how these variations covary with the organisation of primary mental health services, but also that most of the variation remains unexplained.

In the funded research project "Controversies in Psychiatry" we intend to use this type of variation as a source of knowledge production. We propose that this naturally occurring variation mimics randomisation, and

can therefore permit causal inference from registry data. We will estimate the causal effect of compulsory inpatient mental health care on a range of outcomes, including injuries, self-harm, and all-cause mortality; violent crime and victimisation; employment vs benefit allowance; rehospitalisation and outpatient commitment.

Geographical variation is a cause for concern if people are treated differently depending on area of residence. But it also presents an opportunity to use differences in service provider's preference for using compulsory care as an instrumental variable to estimate the causal effect of compulsory care on multiple short and long-term outcomes.

This approach can help resolve controversies that are difficult or even impossible to investigate through RCTs. After presenting the project plan we invite to a discussion of the feasibility of using an instrument variable approach to explore if relatively low versus high rates of compulsory care produce favorable outcomes for patients.

Identifying post-incident reflection and support (debriefing) practices across NHS mental health trusts in England

Nutmeg Hallett, University of Birmingham

Background: Post-incident reflection and support (debriefing) processes following incidents of, e.g., coercion and/or violence, are important for staff and patient wellbeing and for facilitating organisational learning. However, there is variability in how these practices are implemented across healthcare settings.

Aims: This study aims to identify and analyse the policies related to post-incident reflection and support processes across NHS mental health trusts in England to determine best practices and inform standardisation efforts in post-incident support and learning.

Methods: A Freedom of Information (FoI) request was sent to all NHS mental health trusts in England. The request sought policies related to post-incident reflection and support following incidents. The responses were analysed to identify common themes, practices and variations.

Key findings: In total 41 of the 54 trusts responded. Most policies emphasise timeliness, recommending reviews within 24 to 72 hours after an incident, and person-centredness. Processes typically involve multi-disciplinary teams, staff, witnesses, patients and carers, and focus on learning and improvement rather than assigning blame, supported by thorough documentation and reporting. However, there are differences in the scope and triggers for reviews; some policies mandate reviews for all restrictive interventions while others specify certain situations. The structure and content of reviews vary, using different frameworks and question lists, as do the roles of individuals and the availability of specialised support services, including mental health and counselling impacting the level of support provided.

Conclusions: This policy review highlights the role of post-incident reflection and support processes in improving staff and patient wellbeing and fostering a learning culture within the NHS. Standardising these processes can ensure consistency and effectiveness across trusts. Implementing structured frameworks and ensuring timely reviews should lead to better incident management and ongoing organisational improvement. Future research should explore the impact of standardised practices on reducing incidents and improving overall care quality.

Implementation of the evaluation process

Tonje Lossius Husum | Irene Wormdahl | Solveig H. H. Kjus | Trond Hatling | Jorun Rugkåsa
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Current policies to reduce the use of involuntary admissions are largely oriented towards specialist mental health care and have had limited success. While most interventions to reduce the use of coercion are oriented towards specialist services, this workshop presents the 'Reducing Coercion in Norway' (ReCoN) intervention, which aims to prevent involuntary admissions by improving the way in which primary mental health services work and collaborate. This lecture presents finding from evalua-

tion of the implementation process. The intervention was developed thru a co-creation process together with stakeholders from five municipalities and the speciality services in Norway. The aim was to reduce involuntary admissions by improving the way in which primary mental health services work and collaborate. To assess how the intervention was executed, we evaluated thru interviews how its different elements were implemented, and what helped or hindered implementation. The evaluation reviled that the majority of the intervention actions were implemented and showed that it is feasible to implement a complex intervention designed to reduce the use of involuntary admissions in general support services, such as the Norwegian primary mental health services. We believe this was enabled by the co-creating process, which ensured ownership and a good fit for the local setting. The analysis of facilitators and barriers showed a high degree of interconnectedness between different parts of the intervention so that success in one area affected the success in others. Future implementation should pay close attention to enhanced planning and training, clarify the role and contribution of service user and carer involvement, and further to pay close attention to the need for implementation support and whether this should be external or internal to services.

Implementation of the FORensic oUtcome Merasure (FORUM) in a regional forensic service using a quality improvement approach

Howard Ryland | Robert Cornish | Ceri Kirosingh | Wing Cheongau | Ben Thompson | Chambrez-Zita Zauchenberger | Yumna Ahmad | Seena Fazel

Oxford Health NHS Foundation Trust/University of Oxford | Oxford Health NHS Foundation Trust | Oxford Health NHS Foundation Trust | Oxford Health NHS Foundation Trust | Oxford Health NHS Foundation Trust | University of Oxford | University of Oxford | University of Oxford

Forensic mental health services treat individuals with severe mental illness who pose a risk to others. Most patients are convicted of violent offences and many continue to behave aggressively. While numerous outcome measures exist for forensic mental health services, these historically focus on symptoms and risk, while neglecting important outcomes, such as quality of life and functioning. Most measures are exclusively clinician rated; developed with limited patient involvement.

The FORensic oUtcome Measure (FORUM) was developed using the latest methods, including interviews with patients, focus groups, Delphi panels and cognitive debriefing, in partnership with a Patient and Public Involvement (PPI) group. It combines a patient rated outcome measure (PROM) with a clinician rated one, and is designed to be used collaboratively to foster discussions between patients and their clinical teams. It includes items on identity, quality of life, health, life skills, safety and risk, and progress through the pathway. A study of psychometric properties identified good performance across a series of indicators of validity and reliability. For more information visit www.forensicoutcomemeasure.com

An implementation study is underway in the forensic mental health service in Oxford Health NHS Foundation Trust, a large regional provider in the United Kingdom. This project adopts an iterative, quality improvement approach to identify how to integrate FORUM. Following a pathway mapping exercise, patients and staff were interviewed about the best way to use FORUM, including when to complete it and who should provide information. It was then implemented on a single ward with further evaluation of feasibility and acceptability, before being digitalised and rolled out across several wards. A final round of evaluation is considering FORUM's future role in the service and impact on patient care. A version of the patient rated FORUM is also being developed for patients with a learning disability.

Implementing Open-door policy - clinical figures, user- and staff experiences from an effort to reduce coercion in urban mental health wards

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Acute mental health ward settings provide the greatest potential for innovation and research on coercion reduction, as this is the setting where most coercive measures are utilised. Recognition of the long 'innovation-to-practice' cycle of the traditional phase-model of clinical trials (median 17 years) in mental health has led to increased emphasis on implementation research and combining implementation research with clinical trials. To avoid decades-long cycles of knowledge development, research studies that incorporate implementation research are necessary to enhance and speed up learning between the different countries and states in Europe.

The Lovisenberg Open Acute Door Study (LOADS) co-created and implemented a coercion-reducing framework, Open-door policy based on German literature, in five urban acute wards in Oslo, Norway and tested the policy in a non-inferiority RCT design. The results, published in the Lancet Psychiatry in 2024, showed no increased risk of coercion or violent events in Open-door policy wards, and indicated patients had a better experience of Open-door policy wards. An abstract with preliminary results from LOADS received the ECVCP Henk Nijman Award in 2022.

This talk summarises both published from the 12-month RCT, and preliminary data from the continuing LOADS trial that 4 more years of data

on clinical outcomes, including patient feedback. In addition, qualitative interviews and focus groups with ward staff provides information on their perception of facilitators and barriers."

Increasing access to psychological therapy on acute mental health wards: Talk, Understand and Listen for InPatient Settings (TULIPS)

Katherine Berry | Gillian Haddock | Sandra Bucci | Karina Lovell | Owen Price | Richard Drake | Dawn Edge
University of Manchester | University of Manchester | University of Manchester | University of Manchester | University of Manchester | University of Manchester | University of Manchester "

Background: The main treatments offered in UK acute inpatient settings are medication and containment for risky behaviours, with patients having limited access to psychological therapies. Inpatients want talking therapies and these may be helpful in terms of reducing serious incidents, reducing re-admission rates and improving perceptions of quality of care. However, the inpatient environment presents a unique set of challenges to delivering therapy. This talk will describe a programme of research focused on the delivery of and outcomes of psychological interventions on acute mental health wards.

Method: The first stage of this research programme involved a meta-synthesis of existing studies implementing new interventions in acute mental health settings and interviews with 56 stakeholders about their experiences and views of therapy for inpatients. Using expert consensus methods, these findings were used to develop an intervention to improve patient access to psychological therapies in inpatient settings. The intervention was then trialled in a randomised control trial where 34 wards (with 384 patients and 510 staff) were randomised to receive the intervention or treatment as usual. We assessed the impact of the intervention on serious incidents (acts of violence, aggression and self-harm), patient well-being, staff burnout and ward atmosphere. We also carried out ethnographic

observations and interviews with staff and patients to understand barriers and facilitators to implementation in practice.

Results: The intervention we developed involved psychological therapies being integrated into the ward environment and providing interventions to improve staff as well as patient well-being. The trial data analysis is currently ongoing but will be presented during the talk alongside our qualitative data.

Discussion: This research has implications for everyday practice as it presents empirical data on a model of delivering psychological therapy to inpatients that has been empirically tested and aims to reduce incidents of violence, aggression and self-harm."

Influence of the Psychosocial Environment on Coercion and Compulsion in Psychiatry

Eric Noorthoorn, GGnet Mental health centre Warnsveld the Netherlands

Background: Mandatory care is used in mental health care to ensure the safety of the patient and others in the living or ward environment. Several factors can increase the likelihood of mandatory care, including the severity of the mental illness, the patient's behaviour, and the psychosocial environment and policies of the department in which care is provided.

Goal: This study examines whether departmental climate is associated with the use of mandatory care.

Methods: The Essen Climate Evaluation Scheme (Essen – CES de Vries et al, 2018) was administered to 20-30 employees from various (closed) departments in a mid-sized mental health care trust. We compared the findings of different wards by means of simple cross tabulation and Chi-square or a student t-test on means.

Results: The mandatory care figures show clear differences between the two departments, with more seclusions at the intensive care ward. Long-term seclusions (covering seclusion sequences of above 3 weeks

in a single patient) occurred in both departments in a similar number. Concerning the Essen-CES general, patients are more positive about the atmosphere in the department than the care providers (Student t test understanding t= 4.55, p<0.001; safety perception t= 3.39, p<0.001) and the scores of Medium care ward are more positive than the scores of the High and Intensive care department (Student t test understanding t=2.71, p=0.009 safety perception t=-2.28, p=0.026; involvement t=-5.01; p=0.001).

Discussion and conclusion: The department with a better department atmosphere had les containment on an annual basis. What cause and effect was, is not clear here. More attention to the interaction with and experience by patients with short or long-term seclusions could contribute to the feeling of safety within the departments. In October 2024, the wards are being engaged in the Dutch Safewards initiative. The questionnaires will be repeated in November 2025 to investigate whether a pre – post effect arises.

Interventions for Escalating Crisis Situations - Results of a Content Analysis of Joint Crisis Plans

Jacqueline Rixe, Ev. Klinikum Bethel

Introduction: Advance directives have been developed in various treatment contexts to ensure the high value of self-determination. Joint Crisis Plans (JCPs) as contractually binding advance directives are based on a negotiation process between the patient and the treatment team and contain, for example, helpful strategies for crisis situations. These are recorded in writing, partly by ticking predetermined categories and partly in free text (multiple answers are possible). With regard to deescalation interventions, gender-specific differences are reported.

Objective : Identification of (gender-specific) interventions to prevent coercive measures in the event of escalating crisis situations in an inpatient acute psychiatric treatment context.

Methods: As part of a three-year two-arm multi-centre RCT, the ADiP

study, a secondary data analysis was conducted in which 99 JCPs were anonymised and evaluated using frequency analysis, a reductive, quantitative content analysis technique. Hypothesis testing for gender-specific differences was performed at a significance level of 5 %.

Results: The study participants with JCPs were on average 38.9 years old and predominantly male (59.6%). All participants suffered from psychotic disorders. Only 98 JCPs contained information on interventions in crisis situations. Most frequently selected were these predetermined categories: Withdrawal to a low-stimulus environment (64.3%), a conversation (62.2%) and a walk (57.1%). There were gender-specific tendencies, but no significant differences in the predetermined categories. In the freely formulated answers, there were anomalies with regard to gender in two interventions. Only men formulated faith-based interventions (n = 2) and the intake of (on-demand) medication (n = 8). Across all categories the only significant difference in relation to gender (p = 0.02) was found for the intake of (on-demand) medication.

Conclusions: The results indicate that the selection of interventions in crisis situations should be individualised. Gender specific findings can be taken into account. When interpreting the results, potential selection biases must be considered.

Joint crisis plans in acute psychiatric inpatient treatment - a multicentre RCT

Jacqueline Rixe, Ev. Klinikum Bethel

Background: Joint Crisis Plans (JCPs) and Crisis Cards (CCs) are tools for being prepared for mental health crisis situations. While a pocked-sized CC only contains brief information (e.g. medication), a JCP integrates a legally binding advance directive to garantee self-determination regarding psychiatric inpatient treatment. The international study results on JCPs are inconsistent.

Objective: The ADiP-trial (Advance Directives in Psychiatry) investigated whether JCPs are superior to CCs in terms of reducing the cumulative duration of inpatient treatment (voluntary / mandatory) (primary endpoint) and reducing coercive measures (secondary endpoint).

Methods: The ADiP-trial was a single-blind, two-arm multicentre RCT with two measurement time points (T0 = baseline; T1 after 18 months). Patients with psychotic disorders aged 18 to 62 years were included. The primary and secondary enpoint were analysed by modified intention-to-treat-analyses. In addition, the participants´subjective evaluation of the tools was calculated by per-protocoll-analyses.

Results: Of the 266 participants, 157 completed the study regularly. 57.8% of the CC group and 64.9% of the JCP group were in inpatient treatment between index treatment and T1. The JCP-group did not have a significantly shorter treatment duration and not significantly less coercive measures than the CC-group. Significant effects in favour of the JCPs were found in the subjective evaluation of the intervention, particularly in the development of trust in the treatment team and active participation in the treatment.

Discussion: At 41%, the dropout rate was more than twice as high as the rate used in the power calculation. Since the analyses of the endpoints required the availability of T1 data, the high dropout rate made it rather unlikely that statistically significant results would be obtained.

Conclusion: Although the study did not show any superiority of JCPs over CCs in terms of primary and secondary endpoints, they should be given greater consideration in practice as part of a participatory treatment approach.

Looking back, moving forward: Research into violence and aggression in the context of intellectual disability services

Joanne Skellern | Andrew Lovell
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A series of research studies conducted between 2007-2019 confirmed a significant discrepancy between actual and reported incidents of violence and aggression within intellectual disability services and demonstrated an

ongoing tendency towards under-reporting, particularly incidents of violence and aggression directed towards healthcare professionals perpetrated by people diagnosed with an intellectual disability. The studies highlighted the complex, multi-dimensional, relationship between healthcare professionals and individuals with intellectual disabilities, who display violence and aggression, which is complicated further by the interpretation and conceptualisation of violence by professionals, the severity of the actual violence experienced, and the tolerance variability between professionals, particularly when considered alongside factors affecting the individual with an intellectual disability, such as the nature, degree and impact of the diagnosis of an intellectual disability, the presence of additional associated diagnoses, family backgrounds and early childhood trauma, as well as the context of the clinical environment.

Since NHS Protect was disbanded in 2016, there has been no national data collection of incidents of violence and aggression directed towards healthcare professionals by patients, their family members, or other members of the public. However, findings from periodic, localised, staff surveys suggest a high number of staff working within NHS settings continue to experience violence and aggression each year. This is despite some relatively major changes to NHS mental health and intellectual disability service provision within the UK, supported by the Transforming Care agenda, the publication of multiple strategies aimed at reducing the risk of violence and aggression, and the incorporation of the new Violence Prevention and Reduction Standard, alongside existing health and safety legislation.

This paper discusses the conclusions drawn from the previous research studies and considers these in relation to current service provision, to outline the direction of the future research required into violence and aggression in the context of intellectual disability services.

Multi Axial Post Occurrence Review: Enlightened and Inclusive Debriefing

Dr Kevin McKenna, Dundalk Institute of Technology Ireland

There is universal recognition that occurrences of aggression and/or violence, and the associated use of emergency containment measures pose a serious challenge within mental health settings. Considering the indisputable evidence of associated physical and psychological risks for all concerned, both during the occurrence and beyond, it is unsurprising that professional and regulatory guidance impose imperatives upon services to ameliorate potential distress, employ retrospective learning, and preserve or restore therapeutic relationships in the aftermath of occurrences.

Notwithstanding these explicit obligations, and the potential for structured review of occurrences to provide both potent learning and therapeutic support opportunities for all involved, there remains some confusion as to the specific function and purpose of 'debriefing' and/or 'post incident reviews'.

A recent study involving 17 European countries revealed considerable variance in practice between and within countries and service settings, which arguably reflects the paucity of evidence as to what constitutes best practice. The multiaxial post-occurrence review [MAPOR] is an enabling framework which structures the management of the aftermath of distressing occurrences related to either aggression and violence, or the use of restrictive interventions, within acute mental health settings. The structure acknowledges and reflects the increasing recognition and acceptance that post occurrence reviews involve the synchronous meeting the needs of four constituents in the aftermath of occurrences, including 1). the service user(s) involved, 2). the staff involved, 3). those who witnessed the occurrence, and 4). the unit treatment team who are obligated to implement remedial and or preventive strategies without delay.

This presentation will explain the MAPOR framework, discuss the proposed specific needs of all four constituents, and explore some strategies as to how these needs might be effectively met, by employing purposeful

interventions which have a specific aim, objective, methodology and anticipated outcome. The presentation will place a particular emphasis on the application of theory to practice.

Nursing diagnostic process for assessing aggression. An approach to reduce the risk for other-directed violence

Karsten Gensheimer, Deggendorf Institute of Techology (Faculty applied healthcare sciences)

Introduction: There are numerous nursing diagnoses that may be associated with aggressive behavior towards others in individuals with mental illnesses. Therefore, it is essential for nursing professionals to identify both defining characteristics and related factors in these individuals on psychiatric wards.

Methods: The assessment is conducted through a multi-stage process. In the first step, potential nursing diagnoses are narrowed down based on the narratives from the diagnostic conversation. These diagnoses are then further refined differentially in a second step using a focused assessment. This coding process identifies related factors as well as defining characteristics. After aligning with the narratives, it becomes possible to establish case-specific nursing goals based on specific classifications, which are intended to be achieved through evidence-based interventions in collaboration with the individuals with mental illness.

Results: Through a systematic diagnostic process, it is possible to identify defining characteristics and factors associated with potentially harmful behaviors towards others. This approach enables the reduction of aggression incidents and the collaborative development of functional behaviors with individuals experiencing mental illness

Discussion: Due to this diagnostic process, potentially harmful behaviors towards others can be identified. Consequently, dysfunctional behaviors can be systematically reduced in a person-centered manner.

Photovoice in Aggression Management Training for Medical and Nursing Students

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Aggression towards medical staff in the healthcare workplace is a common global concern. Measures to mitigate the consequences of patient aggression include training through Aggression Management Programs (AMPs), which have been shown to increase students' self-efficacy and self-confidence. To encourage better engagement with a 30-hour required AMP training, the study piloted an adapted photovoice activity with 58 medicine and nursing students (active nurses with bachelor degrees). Each student took one to three photos depicting their perceptions, feelings, and experiences of patient aggression in the workplace and discussed them in a course session.

Students' photos showed different types of aggression in psychiatric settings and their consequences both for patients and students. Photo strategies included showing 'actors' or toy figures in aggressive encounters; tools to control aggression in psychiatric settings (e.g., mechanical restraints and syringes); and symbolic photos showing violence to the heart (emotional impact). The differences between medicine and nursing students were found.

Adding photovoice elements to the established AMP training appeared to contribute to student reflection on their perspectives on patient aggression in the workplace and help students link their subjective experiences and theoretical learning.

Physicians' experiences with Safewards in psychiatric and mental health inpatient settings - Strategies for engagement

Martin Lindow, Centre for Clinical Research, County of Västmanland, Uppsala University

In healthcare, frontline staff such as physicians are considered vital for quality improvement to take place. When physicians are engaged in quality improvement work, they help support a culture of change effecting many levels of healthcare organization. Such engagement has been extensively investigated and found to be dependent, partly, on time allocated in physicians' schedule.

In psychiatric and mental health inpatient settings, one example of how healthcare benefits from quality improvement interventions is the implementation of the violence and coercion prevention program Safewards. The lack of knowledge on physician engagement in Safewards stands in contrast to the physician's well-established role as leader in many different settings, including psychiatric ones. To facilitate implementation of Safewards it is necessary to get every stakeholder on board and active in the process, including physicians. In Safewards, for example, physicians may engage in Bad News Mitigation, Talk Down or Clear Mutual Expectations, interventions that would clearly benefit from a physician's perspective. However, the role of physicians in Safewards needs to be further explored. The aim of this study is therefore to investigate which factors play a role in physicians' engagement in quality improvement work in psychiatric and mental health inpatient settings and Safewards, and what strategies could be applied to support physician engagement in Safewards.

This was a qualitative interview study where data was collected through semi-structured interviews with ten physicians at eight different psychiatric clinics, including questions on physicians' experiences with Safewards as well as experiences with quality improvement work in general. The transcribed interviews were analyzed using qualitative content analysis with a primarily deductive approach. At an oral presentation, the results will be presented regarding suggested strategies for physician engagement in Safewards.

Physiological arousal after aggressive behaviour studied in a naturalistic setting

Inge Nijman | Marlieke van Swieten | Peter de Looff | Stefan Bogaerts | Petri Embregts | Karin Hagoort | Saskia Koldijk | Karin Nijhof | Matthijs Noordzij | Arne Popma | Floortje Scheepers | Kees de Schepper | Kirsten Smeets | Joanneke VanDerNagel | Robert Didden
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Aggressive behaviour is associated with heightened arousal in combination with insufficient adaptive strategies to cope with stress. Advancements in technology, such as the development of wearable technology, enable continuous and non-invasive measurement of arousal through physiological parameters of the autonomic nervous system (ANS). De Looff et al. (2019) found that wearables could detect an increase in heart rate and skin conductance 25 minutes before aggression became visible to caregivers, which is a promising result for early detection and prevention of aggression. However, there is very limited knowledge about the course of physiological arousal after aggressive behaviour, and existing studies are mostly conducted in laboratory settings. Knowledge about physiological arousal following aggressive behaviour is particularly important due to the phenomenon of excitation transfer, where residual arousal from a previous incident can exacerbate responses to subsequent

stressors. Therefore, the present study investigates the course of physiological arousal (heart rate and skin conductance) following aggressive behaviour in a naturalistic setting, using a large multicenter dataset. Data was collected at a psychiatric treatment clinic for children, a residential youth care facility and a (forensic) treatment facility for adults with mild intellectual disability. A total of 443 aggressive incidents were observed. Participants wore the Empatica E4 to measure physiological arousal and observations were used to obtain the time and type of aggressive incidents. Using multilevel analysis, it will be explored if there is a significant increase or decrease in physiological arousal in the 30 minutes following an aggressive incident and whether different patterns exist for different types of aggressive behaviour. The findings from the analyses will be presented. This knowledge is of clinical importance for the (secondary) prevention of this debilitating behaviour.

Predictors Of Adverse Events In Inpatient Treatment Of Offenders With Schizophrenia - Applying Artificial Intelligence to foster Preventative Interventions

Lena Machetanz | Johannes Kirchebner
University Hospital of Psychiatry Zurich | University Hospital of Psychiatry Zurich

Court-ordered inpatient treatment for offenders with mental disorders is often lengthy and prolonged institutionalizations hinder reintegration into society. Certain events such as repeated aggressive behavior during said treatment can negatively influence the duration of such treatment courses. They also lead to coercive measures, which can have detrimental short- and long-term effects on patients', professionals', and their social network's physical and mental health. In identifying patients at high risk of expressing problematic behavior during their treatment early on, tailored preventative measures can be established and ressources can be allocated according to indivdual needs. The vision of the authors was therefore to develop a screening tool predicting ceratin negative treatment events (aggression, self-harm, substance use, escape, direct coercion, prolonged duration of treatment) in offenders with schizophrenia spectrum disorders. For this purpose, the authors identified numerous risk factors and their interplay, using machine learning for the detection of data patterns. The presentation provides insight into the process of the tool development and presents first results from the Swiss and Canadian branch of this international multicentric project. Last but not least, it discusses legal and ethical aspects that need to be considered when using predictive tools in clinical practice, and the particularities of validation procedures in machine learning.

Prevention of violent behavior in people with schizophrenia and other psychoses: Effects of an Intervention Program in a Forensic Context

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Unidade de Investigação em Ciências da Saúde: Enfermagem | Unidade de Investigação em Ciências da Saúde: Enfermagem | Unidade de Investigação em Ciências da Saúde: Enfermagem

Introduction: Schizophrenia and other psychoses are characterized by distortions of thought, perception and inappropriate emotions, with implications in relationships and life quality. In a Forensic context, it is up to the Mental and Psychiatric Health Nurse Specialist to prevent violent behaviors through psychotherapeutic interventions, such as training social skills and managing self-control.

Objectives: This study aims to: (1) Assess the clinical situation of people diagnosed with schizophrenia or other psychoses, hospitalized in Forensic Psychiatry wards, regarding the variables: social functioning, socially useful activities, personal and social relationships, disturbing and aggressive behavior, assertiveness and early signs of aggression; (2) Evaluate the effectiveness of a social skills learning and training program in reducing the predictors of violence.

Methodology: This is a pre-experimental study, with a pre and post-test design with one group (O1 X O2), conducted with a sample of 15 patients

hospitalized in Forensic Psychiatry wards. For data collection, a sociodemographic characterization questionnaire and three assessment instruments were used: Personal and Social Performance Scale, Interpersonal Behavior Scale and Forensic Inventory of Early Signs of Aggression. The Paired Sample t test, Wilcoxon test and McNemar test were used for data analysis.

Results: The intervention proved to be effective and with gains for the participants. There was a positive impact on the improvement of personal and social functioning, as well as an improvement in the management of self-control, with a decrease in disturbing and violent behaviors and in predictors of violence.

Conclusions: Learning and training social skills and self-control shows to improve the clinical indicators of the participants, helping the person with schizophrenia or other psychoses to recover or learn psychosocial skills, allowing them to better (re) integrate into the family and in the community.

Psychiatry, colonialism and Vergangenheitsbewältigung

Peter Lepping, Centre for Mental Health and Society, Bangor University, Wales

Many European nations are engaged in a fierce national debate as to how we should understand our colonial past. This is often construed in terms of 'culture wars', patriotism and the political rise of a new populist nationalism. An influential element within 19th century British psychiatry had a deep involvement in attempts to provide an intellectual justification for key concepts of the time such as eugenics, the inferiority of women, and the racial inferiority of Africans and Asians. This led to eugenics programs all over Europe. Focusing on British psychiatry's involvement in eugenics, this session will examine how this history affects our profession and our society in the present, and why we should acknowledge our role in some of the darker aspects of British history. The intricate nature of colonial psychiatry in India necessitates an examination within the framework of British imperialism, Indian social structures, and the progressive development of psychiatry as an academic discipline. We will examine the development of mental health care in India before, under and after British rule. Attempting to find solutions to some of these pressing issues, we will further examine how investing one's self-esteem in benign historical narratives of Empire can cause cognitive dissonance when the narrative is confronted with the reality of Empire as told by its victims. The process of analysing and accepting our society's and psychiatry's past can help us get closer to our real self and thus on a path to a better future. We use the German example of Vergangenheitsbewältigung to show how this may allow us to move forward from cognitive dissonance to an acknowledgement of the dark aspects of the UK's past without loss of self-esteem. Furthermore, we will discuss examples from Germany to see how Vergangenheitsbewältigung can look in real life.

Restrictive practices within approved mental health centres in Ireland: a five year retrospective analysis.

Mental Health Commission, Mental Health Commission

Introduction: The Mental Health Commission (MHC) is an independent statutory body established in accordance with the Mental Health Acts 2001-2018, with statutory responsibility for the establishment and maintenance of high standards and good practices in Irish mental health services. Enshrined in that duty is the imperative to enhance the safety of all persons admitted to Irish approved centres, and one core component of that safety is ensuring compliance with specific rules and codes of practice regarding the use of restrictive practice including seclusion and/or physical restraint.

Methodology: Each approved centre is obligated to formally report every occurrence involving the use of seclusion and/or physical restraint. This paper will present a five- year retrospective analysis of the use of these restrictive measures between 2018 to 2022 drawn from anonymised data from the Mental Health Commission and the Irish Health Research Board. Data from all approved centres was pooled and rates of restrictive

measures calculated employing both rates per 1000 occupied bed days, and per 100,000 members of the population.

Results: The total number of restrictive episodes, the number of individual residents restrained, the rate of restrictive practices per 1000 occupied bed days, and the rate of restrictive practices per 100,000 population all fell over the five years reviewed. However the duration of restrictive episodes did not change substantially, and the rate of seclusion per secluded resident increased. This paper will present these findings in more detail, along with some discussion of some confounding variables over the five years studied.

Conclusions: Continued measurement and analysis will continue to monitor this welcome reduction to date, and further analysis of confounding variables.

Rethinking wellbeing in psychiatry: Developing a concept of wellbeing for people with serious mental illness

Jona Simon Carlet | Esther Braun | Jakov Gather | Jochen Vollmann | Matthé ScholtenUniversity Hospital of Psychiatry Zurich | Institute for Medical Ethics and History of Medicine, Ruhr University Bochum | Institute for Medical Ethics and History of Medicine, Ruhr University Bochum | Institute for Medical Ethics and History of Medicine, Ruhr University Bochum | Institute for Medical Ethics and History of Medicine, Ruhr University Bochum

Beneficence is a foundational principle in medical ethics. It is typically understood as the obligation to promote and protect the patient's wellbeing. Despite its essential role in patient care, the conceptual foundations of wellbeing have received limited attention in the medical ethics literature. On a practical level, clinicians commonly think about patients' wellbeing in terms of purely medical values, a tendency which can be referred to by the term 'welfare medicalism'. The practice of welfare medicalism can give rise to conflict in the treatment process between service users and professionals, thereby increasing the likelihood of the use of violence and coercive measures. Professionals in somatic medicine as well as psychiatry currently lack a theoretical foundation for treatment recommendations aimed at promoting patients' wellbeing.

This presentation discusses the limitations of existing concepts of wellbeing and the practice of welfare medicalism in the specific context of mental healthcare. Serious mental illness poses particular challenges to the concept of wellbeing, considering the complexity and variability of symptoms associated with serious mental illness along with their profound functional impact on individuals' lives present. Circumstances such as suicidality or fluctuating decision-making capacity, which are common in psychiatry, can add additional complexities.

We argue for the development of a middle-range ethical theory of wellbeing for the psychiatric context that considers subjective aspects of wellbeing, such as the patient's idea of a good life, next to objective aspects of wellbeing. By integrating broader considerations of personal wellbeing with specific health-related considerations, such a theory addresses the complexities of psychiatric practice and provides an integrated approach to patient care. This preliminary concept aims to fill the gap in existing theories and offers a framework that supports clinicians in meeting the unique challenges in mental healthcare and the specific needs of individuals with serious mental illness.

Role of the lived experience workforce and consumer advocates in implementing the recommendations of Royal Commission (Victoria) in eliminating violence from mental health settings

Puneet Sansanwal, University of Melbourne

Restrictive practices within mental health settings cause harm to the consumers through re-triggering trauma in some cases, breaching consumers' human rights in every instance and are counterproductive to trusting relationships between staff and consumers. Compulsory treatment is viewed as conflicting with person-centred approaches used in mental health care such as trauma-informed care. The breakdown of relation-

ships thus leads to disengagement from treatment or aggressive responses in some cases from consumers and their families/carers. Practices of restraint and seclusion can also be experienced by consumers in some cases as gender-based violence by consumers when excessive physical force used by staff members and security guards triggers traumatic memories of previous sexual assault in some cases. The Royal Commission into Victoria's Mental Health System (2021) reported that rates of seclusion and restraint in Victoria were worse than the national average. The Royal Commission recommended co- designing and implementing initiatives with consumers and their families/ carers to see reduction in restrictive practices and subsequently eliminating violence in mental health services. This presentation will provide perspectives from consumer lived experience workforce for advocacy, education and to achieve a culture shift. Meaningful involvement of consumers/ families in co design includes choice, respect, addressing power imbalances and demonstrated pathways for continued communication with contributors. Safety, privacy and confidentiality are recommended when consumers/ families/ carers disclose personal information and stories. The presentation will also offer insight for researchers that engage with consumers/ families/ carers and lived experience workforce members as participants or co researchers. A suggested guide inspired from co-production practices will be presented to highlight key features important to consumers/ families/ carers during various stages during mixed methods study cycles from research design, data collection (length of surveys, plain language summary information, access) to research dissemination and evaluation (power, decision making, influence, network, community of practice).

Safewards Secure: an addition to the original model to enhance implementation and practice in forensic mental health settings

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Centre for Forensic Behavioural Science and Forensicare | Forensicare | Centre for Forensic Behavioural Science | Forensicare | Auckland University of Technology and Centre for Forensic Behavioural Science

Safewards in a model of care designed to prevent conflict (events that threaten staff or consumer safety, e.g. aggression, self-harm) and containment (things staff do to prevent of minimise conflict events such as the use of extra medication or restraint). While the model has been successful in acute inpatient settings, there have been mixed results when introducing Safewards into forensic mental health settings, with resistance reported in some studies and concern by staff regarding some of the interventions. Against this background a program of work was designed to develop Safewards Secure, a model for forensic mental health services to use in conjunction with the original model.

Using a Delphi study design, forensic mental health and Safewards experts identified specific flashpoints and key influences within the six domains of the model and issues involved in the implementation of Safewards in a forensic mental health setting. All flashpoints and influences were checked against evidence in the literature, and only suggestions supported by evidence were included in Safewards Secure. These key influences and flashpoints were integrated as an appendage to the original model and the Safewards Secure model emerged.

While the Delphi study was able to identify key influences and flashpoints, another piece of work was required to develop staff and consumer modifiers, and addition to the interventions. The final study involved forensic mental health experts with experience implementing Safewards, engaging in a Nominal Group Technique (a structure group consensus method) to determine staff and consumer modifiers, and adaptations to the interventions to complete Safewards Secure. Consideration of the unique key influences, flashpoints and modifiers may be helpful in providing a more comprehensive understanding of conflict and containment in forensic mental health and may resonate better with staff and consumers with the inclusion of specific risk, trauma and offending related behaviour.

Seclusion and restraint use in clinical psychiatry: a focus on therapeutic environment

Marie-Hélène Goulet | Vincent Billé | Joao Da Silva Guerreiro
Université de Montréal | Université de Montréal | Université du Québec à Montréal

Coercive practices such as seclusion and restraint have been shown to have significant adverse effects on patients, staff, and organizations, infringing on personal rights and liberties. A growing body of literature highlights that the problem is multifaceted, with the therapeutic environment identified being a key dimension.

This descriptive qualitative study aims to understand the current use of seclusion and restraint in mental health settings in Quebec (Canada). We conducted non-participant observations across 24 psychiatric units within 8 different institutions, encompassing various geographic locations, construction dates, and patient and staff characteristics. The observations were guided by a standardized assessment grid focusing on three key areas: the use of seclusion and restraint, physical environment aspects, and therapeutic alliance. We are currently conducting a thematic analysis of the data collected.

Preliminary analyses suggest that the availability of seclusion rooms, staff-to-patient ratios, and aggression management training are critical factors in the use of seclusion and restraint. The physical environment, including the openness of the unit, common areas, nurse station configuration, and the presence of private or personalized spaces, also impacts the use of coercive practices. Additionally, elements such as cleanliness, noise levels, lighting, and access to outdoor spaces contribute play to shaping patient and staff experiences.

The initial analyses also emphasize the importance of the therapeutic alliance, noting how having dedicated spaces for patient-staff interactions, responsiveness to patient requests, and staff demeanor influence the overall climate of the unit. The general atmosphere, staff communication about at-risk patients, and the availability of psychosocial support appear to be essential in reducing the use of coercive practices.

The results of this study aim to provide insights into developing safer and more respectful environments that support both patient recovery and staff well-being and safety.

Service variation in the use of involuntary admissions: Implications for care quality and patient rights

Jorun Rugkåsa, Akershus University Hospital

The presentation will first introduce the concept of 'service variation' in the setting of involuntary mental health care. Such service variation might indicate that more compulsory care than necessary is used in some context, which goes against the principle of 'the least restrictive alternative'. In particular, if the use of involuntary admissions is driven by non-clinical issues –such as where or at what time someone is in need of treatment – is problematic as it might breach central principles of both care quality and patient rights. This will be discussed in conjunction with established frameworks for care quality and healthcare ethics.

Drawing on European studies, variation in the rates of involuntary admission between countries will be discussed in the context of differences in legislative and socio- economic characteristic. The presentation will then argue that studies of variation within in individual jurisdictions are also required, and that registry based research can offer solutions to improve patient care and rights.

Should we widen our restraint choices?

Peter Lepping, Centre for Mental Health and Society, Bangor University, Wales

Mental health services in Europe have been trying to restrict and minimise the use of restraint. Some countries offer very few options regarding the types of restraint they use. This presentation will try and argue that offering patients more choices in the type of restraint used on them may be beneficial. The potential problems and advantages of such a proposi-

tion will be illuminated using up to date research. Notwithstanding the fact that we must continue to minimise restraint, there may be benefits to be had for individual patients if they can have a choice in how and which type of restraint is used on them. This may lead to better outcomes without an increase in overall restraint used.

Social inclusion and The Safewards model. An interview study with patients in forensic psychiatry

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The United Nations Convention on the Rights of Persons with Disabilities aims to improve the living conditions of individuals with disabilities. The Safewards model was developed to reduce coercive measures with ten interventions designed to enhance opportunities for social interaction, improve the communication culture, and provide early and adequate support to patients in need. The implementation of Safewards could potentially foster social inclusion of patients, thereby promoting a human rights-based approach to care. The aim of this study was to investigate how patients describe the opportunities for social inclusion on a forensic clinic with The Safewards model.

We conducted interviews with eight patients at a forensic psychiatric clinic in Sweden. A qualitative content analysis was used to analyse the interviews based on the patients' perceptions of Safewards interventions implemented in their ward, as well as their perceptions of social inclusion, which was defined as opportunities for participation in care, reciprocal relationships, and social justice.

The concept of social inclusion worked well in the analysis of the interviews. Our preliminary results shows that patients described the possibilities för reciprocal relationships and the Safewards model relatively positively. They stated that the staff were better compared to their previous institutional experiences, although some patients also criticized the staff. Patients noticed that anxious patients received support from staff who showed care and patience. Opportunities for participation in care were limited, decisions were primarily made by the physician. Patients could only influence minor aspects of everyday life, such as the choice of sandwich toppings for breakfast. Opportunities for social justice were perceived as limited. Life in the ward was often described as dull and monotonous, and patients were frustrated if they were ready for discharge but waiting for housing and support outside the institution."

Swallow to escape. A qualitative multicentre study on the underlying reasons and beliefs of recurrent deliberate foreign body ingestion in psychiatric patients: the patient's perspective

Nienke Kool | Elise Bosma
Parnassia Groep | Hogeschool Inholland

Background: Recurrent deliberate foreign body ingestion (DFBI) is an exceptional infrequent form of self-harm, which can cause psychological distress to patients and their loved ones. In addition, it can have serious physical consequences, which can be life threatening. As a result, treatment can be intensive and drive care providers to despair. However, with the exception of surgical publications, studies focussing this serious form of self-harm are still scarce.

Aim: To fill the knowledge gap and improve care, by exploring the underlying reasons and beliefs of recurrent DFBI from the perspective of psychiatric patients.

Method: A phenomenological study design with open one-on-one interviews was used. Through a purposive sampling strategy seven patients

conducted this study. Data were analysed by a 5-step approach of Moustakas.

Results: Five women and two men took part in the study, age 18-40 years, most common diagnoses being PTSD, autism, depression and BPD. Swallowed objects varied from wooden objects to glass, batteries, magnets, knives and pens. Escape was found as the main theme. Escape from compulsion and urge, from their surrounding (mostly the psychiatric hospital), from underlying processes (mostly complex emotional feelings and thoughts) and from life. Participants also speak about pain and risks, next to the difference with other forms of self-harm.

Conclusion: DFBI is often used when other forms of self-harm no longer yield the desired result and aims to escape. As data-saturation is not reached yet, the study is still going on and the results are preliminary. A complication is the recruitment of participants and specifically the gatekeepers: practitioners are reluctant to discuss the subject with their patients.

Team dynamics in the use of seclusion and restraint: Perspectives from multiple role holders in a multisite study

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Despite decisions regarding the use of seclusion and restraint in forensic psychiatry often being made in a group context, few studies have explored the impact of group dynamics on these high-stakes decisions. To address this gap, we convened four focus groups to explore different role holders' views on the decision-making processes involved in the use of seclusion and restraint. The four groups were comprised of patients who have been subjected to these measures, coordinators of mental health units, nurses, and psychiatrists. Participants were recruited from eight psychiatric and forensic psychiatric institutions located in various geographic regions of Quebec, Canada, each with varying team compositions and working with diverse patient characteristics.

We invited participants to reflect on their perceptions of how mental health teams build consensus around the decision to seclude and restrain, consider alternative measures during clinical discussions among team members and between team members and patients, and assess the impact of these practices on the therapeutic alliance. An ongoing qualitative content analysis of the material from these four focus groups is allowing us to explore perceived power distribution within mental health teams, communication patterns among multidisciplinary teams, and both professionals' and patients' attitudes toward the use of seclusion and restraint.

The results help identify institutional and interpersonal barriers to ongoing efforts by several countries to reduce or eliminate seclusion and restraint in both forensic psychiatry and correctional settings.

Testing a recovery-oriented oral script for forensic mental health nurses to use when communicating with consumers at high-risk of imminent aggression as assessed by the Dynamic Appraisal of Situational Aggression

Michael Daffern | Tess Maguire | Laura Scheirich
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The Dynamic Appraisal of Situational Aggression and Aggression Prevention Protocol are designed to assess risk for imminent aggression and structure nursing interventions to prevent aggression and limit the use of restrictive practices. This study considered whether there is benefit in generating an oral script that communicates risk management strategies and address consumers concerns in a recovery-oriented manner. While recovery-oriented practice is essential in healthcare, research exploring methods for integrating recovery-oriented principles in forensic mental health settings is limited. This part of the workshop includes presentation

of a study exploring the co-development (between researches, nurses and a lived experience expert) and testing of an oral recovery-oriented script for nurses to consider when communicating with consumers at high-risk of imminent aggression. The study aim was to examine whether nurses perceived the script as more empathic when the script included specific references to empathy in addition to other recovery-oriented principles, compared to an equivalent script that did not include empathic statements, and to explore nurses' perspectives on whether the script could assist in aggression prevention. Nurses (n = 54) working in a secure forensic mental health hospital were randomly allocated to read a script containing statements representing recovery-oriented principles that also included empathic statements, or an equivalent script with no empathic statements. Participants then completed a questionnaire with a recovery-oriented practice scale measuring the extent to which the scripts reflected recovery-oriented principles, and open-ended questions about the script's potential to prevent aggression. Results revealed no significant difference in nurse perceptions of empathy between the two scripts. Content analysis indicated nurses perceived the scripts could help prevent aggression.

The 'Reducing Coercion in Norway' (ReCoN) intervention: Results from a cluster-RCT

Jorun Rugkåsa, Akershus University Hospital

Most interventions to reduce the use of coercion are oriented towards specialist services. The 'Reducing Coercion in Norway' (ReCoN) intervention aims to contribute to reductions by improving the way primary mental health services work and collaborate locally and thereby preventing the need for involuntary psychiatric admissions.

This presentation reports on a cluster-RCT of the co-created intervention, in which five municipalities randomised to the intervention are took part in developing the intervention and subsequently implemented it over 18 months, and were compared with five municipalities randomised to control.

We hypothesised that the change in rate of involuntary admissions per capita would be larger in the intervention arm compared to controls. Secondary hypotheses were that rates and outcomes of referrals to involuntary admissions would reduce more in the intervention arm. The primary hypothesis was supported but not the secondary. The results are interpreted in light of qualitative findings and the general trend of increased use of involuntary admissions.

The presentation concludes that the results constitute a 'proof of concept' that adequately resourced primary mental health services might contribute to policy aims of reducing involuntary care. Further tests in more heterogeneous contexts are required.

The Abuse of "Emergency" Law in Norwegian Psychiatry

Marius Storvik, UiT the Arctic University of Norway

This presentation addresses the critical examination of 'Emergency' Law within Norwegian Psychiatry, focusing on its definition, application, and the prevailing misuse in current practices. Initially, it delineates what constitutes 'Emergency' Law in the context of Norwegian mental health care, elucidating its intended legal framework and objectives for urgent psychiatric interventions. The analysis progresses to illustrate how this law is operationalized in clinical settings, spotlighting the procedural dynamics and decision-making processes that govern its enactment.

The crux of the presentation delves into the reasons why the contemporary application of 'Emergency' Law is tantamount to abuse. It critiques the deviations from legal safeguards and ethical standards, highlighting instances where the law's application overshadows its foundational intent of patient care and protection. By juxtaposing legal theory with empirical evidence of practice, the presentation argues that the overreliance and misapplication of 'Emergency' Law not only compromise patient rights but also undermine the integrity of psychiatric care.

Through a blend of legal analysis and case studies, the presentation advocates for a reevaluation of 'Emergency' Law's role in mental health care.

It calls for stricter regulatory oversight, enhanced legal clarity, and the promotion of alternatives that prioritize patient autonomy and minimize coercive practices. The ultimate goal is to reform the application of 'Emergency' Law in Norwegian Psychiatry, ensuring it aligns with both the letter and spirit of the law, thereby safeguarding the rights and wellbeing of psychiatric patients.

The Association between duration of seclusion and patient characteristics A mixed methods study in a Dutch hospital

Eric Noorthoorn, GGnet Mental health centre Warnsveld the Netherlands

Background: Seclusion use has been an important issue in Dutch mental health care for some decades (Noorthoorn et al, 2008; Noorthoorn et al, 2016; Noorthoorn et al, 2024). Whereas, between 2006 and 2014 the use of seclusion went down, recent data suggest a rise. This study focussed on a rare issue in Dutch Mental Health care, seclusion event sequences taking more than three weeks to cease.

Methods: We combined data from the Dutch Argus rating scale with admission background data covering ward and diagnoses of patients. Also, a methodical study was performed reviewing nursing notes. Data were gathered at a day to day level and combined in a relational database (Noorthoorn, 2016).

Results: In 2022 and 2023 100 patients were secluded, with 20 of these patients secluded for more than 21 days in a long term seclusion sequence. We observed 3 diagnosis with an increased risk of seclusion: Addiction (OR=2.3), Psychotic disorder (OR=3.9) and Mild intellectual disability (Or=2.4). Long term seclusions sequences were associated to psychotic disorders (Or=4.8) and Mild intellectual disability (3.7). The case descriptions identified most of the patients combined these characteristics, mostly together with somatic issues.

Discussion and conclusion: These findings stress the importance of identifying strategies to deal with intellectual disability, addiction and somatic issues in the context of acute wards. They also stress the importance of combining data from several sources. As, such nursing interventions can be data driven, and the proof in the pudding will be developed in the longitudinal examination of the Dutch Safewards initiative. In the symposium we will first explain the (internationally valid) principle of relational database and then discuss the interpretation of the findings.

The association between youths' own perception of violence risk and violent events in acute institutions

Anniken Laake | John Olav Roaldset | Tonje Lossius Husum | Carina Gustavsen | Tonje Granmo | Øyvind Lockertsen
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Identifying violence risk in inpatient psychiatric settings has been associated with preventing use of coercive measures. Further, there's been enhanced focus on service user involvement in psychiatry and social services. However, this perspective is largely neglected in violence risk assessments. While only a few studies have assessed the association between patients' own perception of risk in predicting violence risk, this research indicates that patients' own perception of risk are predictive of violent events during hospitalization. Existing studies are conducted with adult psychiatric inpatient populations only, and we lack research assessing the significance of service user involvement in identifying violence risk in youth populations. The present study aims to assess the association between service users' own perception of violence risk and occurrence of violent events in acute institutions for youth.

V-RISK-Y is a 12-item violence risk screening instrument for youth aged 12-18. The service user's perception of risk is assessed in item 12: "The youth's and parents/guardians' perception of risk". In a multicenter study in Norway, V-RISK-Y was administered for youth (N=517) admitted to acute psychiatric institutions and youth residential care units. The study was approved by Regional Committee for Medical and Health Research

Ethics (REK ID 218444). Violent events were recorded during the youth's stay. Predictive validity of V-RISK-Y items was assessed with logistic regression analyses. Further statistical analyses were conducted in accordance with the RAGEE statement.

Preliminary findings indicate that youth/guardian perception of own violence risk upon admission was significantly associated with occurrence of violent events for all analyzed groups. Of all V-RISK-Y items, own perception of risk seems to be the strongest predictor of violence during the youth's institutional stay. These findings imply that service users' view when assessing violence risk may contribute to more accurate identification of violence risk. Findings and implications are discussed in the presentation.

The Community is the Answer: Breaking the Cradle to Prison Pipeline

Eric Trupin, University of Washington Medical School, Department of Psychiatry and Behavioral Sciences, Seattle Washington, USA

Youth of color are more likely to be disciplined in school, arrested in the community and adjudicated in juvenile and adult courts when engaging in the same behaviors as white youth. In 2022, youth of color represented just 10% of the population of King County, Washington, USA, they represented 67% of all referrals, 80% of all fillings and 84% of the Detention population. It is estimated that 70% of youth in the juvenile justice system have a mental health diagnosis. Evidenced-based, community led behavioral interventions are rare but essential to bring about effective sustained positive outcomes. These culturally aligned behavioral interventions reduce disparities in the cradle to prison pipeline and "derail" this pernicious and malicious pathway.

Our presentation will highlight the Credible Messenger /Family Integrated Treatment Model (CM/FIT), which is an adaptation of the highly researched Multi Systemic Therapy (MST) intervention. The adaptation of MST focuses on skills derived from Dialectical Behavior Therapy and Motivational Interviewing to provide in home treatment to youth and families involved with the juvenile justice system. This unique program utilizes individuals with lived experience, referred to as "credible messengers", as the primary therapists rather than academically trained mental health professionals. Youth and family participation in this model has resulted in a 30% reduction of felony recidivism.

For over a decade photo/journalist/filmmaker Dan Lamont has collaborated with Dr. Eric Trupin at the University of Washington to capture the development and implementation of the CM/FIT model in documentary video format. These documentaries have been featured in film festivals across the United States and will be the focus of this presentation.

The Effects of Patient-Controlled Admissions in an Adolescent Psychiatric Setting

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Maintaining integrity, basic human rights, and a sense of empowerment is crucial for both adolescents and adults. However, the administration of coercion invariably violates personal boundaries. To provide patients with a sense of control over their needs and to minimize the use of coercion, an initiative of patient-controlled admissions was introduced in an adolescent psychiatric department. This research project aimed to investigate the experiences and effects of this initiative.

Since March 2019, patient-controlled admissions have been implemented as a part of a range of interventions at Aarhus University Hospital, Department of Adolescents Psychiatry. Initially, patient-controlled admissions were offered to patients with schizophrenia but have since been expanded to include a broader range of diagnoses. A written contract is made with the patient to define the framework and purpose of the admission. Patient are allowed 2-4 days of self-administered admission with a two-week interval between admissions.

To date, 27 patients aged 15-20 years have obtained a contract. After signing the contracts, the total number of hospital admissions for these patients has been significantly reduced. Furthermore, the incidence of compulsory admissions and coercion during hospitalization has been reduced by two-thirds for patients with a contract. The results suggest that patient-controlled admissions can positively affect the need for hospital admissions and the use of coercion among young patients in psychiatry.

The impact of coercive measures on the therapeutic relationship between patients and nurses in the psychiatric setting. An integrative Review

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Introduction: Reducing coercive measures in mental health care requires a strong therapeutic relationship that emphasises trust, fairness, consistency and mindfulness. This relationship is crucial for the prevention and management of aggression through de-escalation. However, understanding of the impact of coercive measures on this relationship is limited.

Aim: This integrative review explores the following research question: What impact do coercive measures have in psychiatric acute care on the therapeutic relationship between nurses and patients?

Method: The integrative review was carried out following the framework of Whittemore and Knafl (2005). Literature searches were conducted systematically in several databases including Cochrane Library, PubPsych, PubMed, EBSCO host databases (Cinahl, APA PsycInfo and Soc Index) and Web of Science Core Collection. Braun and Clarke's (2006) content analysis method was used to analyse the data.

Results: Three key themes emerged. Theme 1, 'Destructive effects', includes the sub-themes 'Loss of trust', 'Power imbalance' and 'Adherence reduction' all of which indicate a negative impact on the therapeutic relationship. Theme 2, 'Nursing dilemma', with the sub-theme of 'Dehumanization', highlights the conflicts faced by nurses. Theme 3, 'Reinforcement', suggests possible improvements in the therapeutic relationship following coercive measures.

Discussion: Essential aspects of the therapeutic relationship, such as support, empathy, trust and equality, are jeopardised by coercive measures. The findings show that damaging the therapeutic relationship undermines a critical component of psychiatric nursing, potentially leading to behaviours that require further coercive measures, creating a harmful cycle for all involved. Nurses must be aware of the effects of coercive measures on therapeutic relationship and use coercive measures as a last resort.

The perspective of psychiatric institutionalization survivors in Portugal

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Being institutionalized means complete segregation from society, suffering from treatment, abuses, experimentations without consent, humiliation, being withdrawn from control over one's life, and violation of human rights. The introduction of deinstitutionalization in mental health has provoked attempts at system reforms in several countries, but most of them have maintain the dominance of psychiatric institutionalization. Furthermore, psychiatric survivors still advocate for the release of all institutionalized people and the end of placing people in institutions. This suggest that we are not currently in a post-deinstitutionalization period, but still trying to place it on course.

Thus, this study aims to explore the impact of psychiatric institutionalization and the decisive factors for mental health deinstitutionalization.

Since, transition to community, regularly means smaller institutions with the same ways of functioning, the continuation of segregation and social exclusion, this presentation examines the lived experience of service users' / survivors' perspectives on contemporary encounters with psychiatric institution settings.

The study consists of 10 episodic narratives concerning de personal experience of services users / survivors (n = 10). Episodic Narratives is an approach that contextualizes the interviewee's personal stories, respecting survivors' own vision, offering them opportunity to choose the content and details of their own experience. Services user/survivors of this study have an average age of 41 years, n = 2 are women, all participants are part of a civil society mental health organization in Portugal.

Finding suggests that despite being outside psychiatric institutions the fear of reprisals persists. That psychiatric institutionalization continues to mean being a prisoner without guilt, without power, without support and without hope. On the other hand, support from social mental health organizations was deemed crucial for deinstitutionalization and social inclusion. Whether it be through the collaborative relationship established, through daily support or through finding your own home in the community.

The role of the police in the implementation of open-door policies

Simone Efkemann | Jakov Gather
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Absconding by individuals under involuntary commitment poses a significant challenge for open-door policies in acute mental healthcare settings. When there is an acute risk to self or others, the police are often called upon to return the individual to the healthcare institution. This not only consumes police resources but also raises questions about whether such incidents could have been prevented through the use of locked wards.

In this talk, we present findings from a qualitative interview study with police officers who have experience with open-door policies in acute mental healthcare. We explore the challenges associated with implementing these policies, focusing particularly on the collaboration between mental healthcare institutions and the police. Additionally, we discuss strategies to address these challenges and improve the implementation of open-door policies.

The State of Coercive Practices in Psychiatry in Austria - SCOPPA Study

Julia Czerny, Klinik Donaustadt

Introduction: Coercive practices, like involuntary psychiatric admission or mechanical constraints, are deemed as options of last resort in the treatment of people with psychiatric disorders. Various factors have been identified that influence the use of coercive practices. Information regarding the current state of implementation of such preventative measures is scarce. The aim of our study was to close this information gap regarding the implementation of measures to prevent coercion on psychiatric wards in Austria.

Methods: The study aims to identify and contact all psychiatric wards in which adult patients can be treated involuntarily according to the Austrian accomodation act. In a first step telephone interviews were held with the medical chief of staff, to capture various structural parameters of the psychiatric units and identify competent contacts for an online questionnaire that was sent out in a second step. The online questionnaire asked questions regarding the implementation of measures to prevent coercion on their ward.

Results: In total 72 psychiatric treatment units in all 9 austrian states were identified and contacted. At this point in time 37 questionnaires have been returned. This compares to a response rate of more than half of the contacted wards and contains data from psychiatric units of all the big austrian hospital operators. The first analysis shows a very heterogeneous

picture of the implementation of the prevention of coercive practices in Austria.

Discussion: While data regarding the frequency of involuntary admissions under the Austrian accomodation act as well as regarding coercive practices is evaluated regularly, an overview regarding the local implementation of preventative measures was missing entirely. Through the country wide inquiry into this data, our study aims to create a basis for additional implementation steps as well as for further research.

The use of involuntary hospitalisations in psychiatry: the impact of targeted public health strategies

Morandi Stéphane, Lausanne University Hospital

In 2013, the Swiss canton of Vaud (population 850,000 in 2023) introduced a register to record all involuntary hospitalisations decided by doctors authorised to do so. In addition, since 2017, the canton has set up a commission that brings together representatives of the public health service, the judiciary, psychiatric institutions and, more recently, patients' associations. The aim of this commission is to ensure that the legal framework and patients' rights are respected in involuntary hospitalisations, to enhance the knowledge and the skills of the professionals involved and to strengthen the collaboration between them. Finally, a number of training courses on coercive measures in psychiatry have been developed. They are regularly proposed to healthcare professionals and magistrates.

Data from the cantonal register showed a steady increase in involuntary hospitalisations decided by doctors between 2013 and 2016. Their incidence rose from 2.6/1,000 inhabitants in 2013 to 3.1 in 2016 (+16%). From 2017, while the number of involuntary hospitalisations increased in Switzerland, their incidence gradually decreased in the canton of Vaud to 2.3 involuntary hospitalisations/1,000 inhabitants in 2022 (-26%). Similarly, the number of days of involuntary hospitalisation in psychiatry rose slightly between 2013 and 2016, from 41’938 to 45’797 (+8%). From 2017 onwards, however, the number of involuntary hospitalisation days fell, dropping by almost 20% to 36’711 days in 2022.

This presentation is an opportunity to highlight and discuss the way in which regular, detailed monitoring of involuntary hospitalisations has enabled the authorities to deploy targeted measures to improve the use of coercion and to demonstrate their impact over a six-year period.

Transforming Care, Mental Health Act Reform & Positive Behaviour Support: A Holy Trinity or Diabolical Triumvirate?

Professor John L Taylor, Northumbria University Law School, Newcastle upon Tyne, UK

The Building the Right Support national plan was published by the UK Department of Health & Social Care in October 2015 in the wake of the Winterbourne View scandal which involved the systematic abuse of people with intellectual disabilities in an independent sector hospital in Bristol, England. The plan, via the Transforming Care programme, included the closure of 50% hospital beds for people with intellectual disabilities and/or autism by the end of March 2024. The programme fell well short of this target. More recently, the UK Government published a draft Mental Health Bill that aims to reform the Mental Health Act in England and Wales. One significant proposal is to remove intellectual disability and autism from the scope of the legislation in all but a limited number of circumstances. In part this is aimed at reducing reliance on specialist inpatient services for people with intellectual disabilities and autism who display high levels of aggression. The basis of the Transforming Care programme and the proposed legislative changes are not clear. This presentation considers the failure of the Transforming Care programme, the implications of the proposed mental health legislation reforms for people with intellectual disabilities and forensic risk needs, and identifies a clash of models at the heart of the debate that is adversely affecting clinical practice and outcomes for this vulnerable population.

Transgressive incidents targeted on staff in forensic psychiatric healthcare: A latent class analysis

Iris Frowijn | Erik Masthoff | Jeroen Vermunt | Stefan Bogaerts
Fivoor & Tilburg University | Fivoor & Tilburg University | Tilburg University | Fivoor & Tilburg University

Transgressive incidents directed at staff by forensic patients occur frequently, leading to detrimental psychological and physical harm, underscoring urgency of preventive measures. These incidents, emerging within therapeutic relationships, involve complex interactions between patient and staff behavior. This study aims to identify clusters of transgressive incidents based on incident characteristics such as impact, severity, (presumed) cause, type of aggression, and consequences, using latent class analysis (LCA). Additionally, variations in incident clusters based on staff, patient, and context characteristics were investigated. A total of 1,184 transgressive incidents, reported by staff and targeted at staff by patients between 2018-2022, were extracted from a digital incident reporting system at Fivoor, a Dutch forensic psychiatric healthcare organisation. Latent Class Analysis revealed six incident classes: 1) verbal aggression with low impact; 2) verbal aggression with medium impact; 3) physical aggression with medium impact; 4) verbal menacing/aggression with medium impact; 5) physical aggression with high impact; and 6) verbal and physical menacing/aggression with high impact. Significant differences in age and gender of both staff and patients, staff function, and patient diagnoses were observed among these classes. Most incidents were caused by a build-up of tension, though specific causes varied among classes (e.g., medication and other patients). Incidents with higher impact were more prevalent in high security clinics, while lower-impact incidents were more common in clinics for patients with intellectual disabilities. In conclusion, despite limitations such as missing information, these varying types of transgressive incidents across patients, staff, and units amplify the need for tailored prevention approaches. For future research, there is a call for an exploration of the underlying motives driving transgressive behavior in patients and an exploration of factors contributing to the impact of an incident on staff members.

Understanding Temporal Variation in Involuntary Psychiatric Admissions

Marius Aleksander Lium | Olav Nyttingnes | Tore Hofstad | Hilde Lurås | Jorun Rugkåsa
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The presentation will focus on the design and preliminary findings of a study on temporal variation in involuntary admissions, focusing on how admission levels may fluctuate by time of day, day of the week, or season. Using longitudinal national registry data from Norway, the research tests correlations between these variations and service characteristics. In particular, the study examines whether admission levels are affected by the operational capacity of services.

The data set has previously shown significant geographical differences in involuntary admissions, but there are no national overviews of the temporal admission patterns. This study will be a first step in determining whether unwarranted temporal variation in involuntary admissions exists in Norwegian services.

Knowledge of how involuntary hospitalizations vary over time provides important information that can contribute to reducing the use of involuntary hospitalizations in line with health policy goals. By establishing the extent and magnitude of temporal variation, the study aims to identify opportunities for future care improvements."

Understanding Violent Behavior in Dementia: An Attachment and Trauma Theory Perspective

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Traumacenter Belgium | Traumacenter Belgium

Dementia is a decline in cognitive abilities, such as memory, thinking, and reasoning, severe enough to disrupt daily activities. It is not a single

illness but a broad category that includes various medical conditions, such as Alzheimer's disease, vascular dementia, and others. Many caregivers find it challenging to describe the behaviors of people with dementia as "violent." This difficulty arises because caregivers often see these behaviors not as intentional acts of aggression but as responses from individuals struggling to communicate, for example, needs and emotions. Adhering strictly to this conviction impairs our understanding and treatment possibilities of violent behavior by overlooking deeper, underlying issues such as unresolved past trauma and attachment problems. Research indicates that experiencing trauma in childhood is associated with the risk of developing dementia later in life due to several interconnected biological, psychological, and social factors. The goal of this presentation is to explore the factors that contribute to violent behavior in people with dementia, specifically from the perspectives of Attachment Theory and Trauma Theory. The paper will reveal how these early attachment traumas can resurface as dementia symptoms, potentially manifesting as violent behavior. In this presentation, the "anger model" will be employed to analyze specific determinants of violence in individuals with dementia. This model will help illustrate how trauma-related effects on the brain and relational development contribute to violent behavior. By exploring the neurobiological and relational aspects, the workshop aims to gain a deeper understanding of the underlying causes of violence in dementia patients. This knowledge offers significant therapeutic opportunities. By addressing the underlying unresolved trauma and attachment issues, caregivers and healthcare professionals can develop more effective strategies to manage and reduce violent behavior in people with dementia.

Use of Wearable Technology in Forensic Psychiatry

Peter de Looff, Fivoor

Forensic psychiatric patients receive treatment to address their violent and aggressive behavior with the aim of facilitating their safe reintegration into society. On average, these treatments are effective, but the magnitude of effect sizes tends to be small, even when considering more recent advancements in digital mental health innovations. Recent research indicates that wearable technology has positive effects on the physical and mental health of the general population, and may thus also be of use in forensic psychiatry, both for patients and staff members. Several applications and use cases of wearable technology hold promise, particularly for patients with mild intellectual disability or borderline intellectual functioning, as these devices are thought to be user friendly and provide continuous daily feedback. We discuss several studies in which we address several limitations from previous research and compare the (continuous) usability and acceptance of wearable devices. In addition, we implement these devices in various research studies aimed at improving therapies and during daily life activities of patients and staff members. We have used several devices in several studies. Our findings indicated significant differences in usability, acceptance and continuous use between devices. The results showed similar outcomes for patients and staff members. One remarkable result so far is that none of the devices used obtained usability scores that would justify recommendation for future use considering international standards; a finding that raises concerns about the adaptation and uptake of wearable technology in the context of forensic psychiatry. We suggest that improvements in gamification and motivational aspects of wearable technology might be helpful to tackle several challenges related to wearable technology. We share several practical suggestions for implementation of wearable technology in practice.

User involvement in an intervention to reduce compulsory admissions (ReCoN)

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In this presentation we will describe the role and experiences of user involvement in developing and realizing the ReCoN intervention to reduce the level of compulsory admissions. User involvement was pres-

ent throughout the process; in planning and writing the application, in the steering group, as peer researcher employed part-time, and direct involvement of persons with lived experience and carers in interviews, dialogue conferences and meetings to develop and monitor the compliance of the intervention. Our ambition was to make the intervention relevant for those receiving mental health services. We will describe and discuss the recruitment of persons with lived experiences and carers, the methods we applied and the challenges we met. The peer researcher's experiences of participating in the project are described and discussed. The strengths and challenges of having lived experience with coercion are elaborated, including how the peer researcher was met in the project, to make these challenges manageable."

Violent behavior among patients admitted to a hospital psychiatry unit

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Violent behavior has implications for the patient's environment and for first-line professionals. Violence risk assessment is not routine in non-penitentiary psychiatric contexts in Spain, so a first step for its development is to know the characteristics of patients with a history of violence. The clinical records of 108 patients attending a psychiatric unit and chronologically selected were analyzed (mean age 38 years, range = 18-71; 72% male). Half of the sample (51.9%) had a history of violence, with mothers (22.2%) as the main victim, followed by other family members (16.7%). Fifteen percent perpetrated violence against first-line staff. Those with a history of violence had a significantly higher prevalence of criminal history (44% vs. 2%), antisocial traits (28% vs. 2%), previous psychiatric admissions (80% vs. 42%), and aggression toward professionals (25% vs. 6%). Among diagnoses, only personality disorder had a higher prevalence of violence (21% vs 4%). Aggression towards health-care staff was more common among patients with a history of violence (81% vs 18%), those with previous admissions (67% vs 32%), those with personality disorder (85% vs 14%), multiple-drug use (70% vs 29%), antisocial traits (94% vs 6%), and significantly less common among cannabis users (26% vs 73%) and those who had not dropped out of treatment (29% vs 71%). Voluntary admission did not make differences. A history of violence was equally present in men and women (53% vs 46%), as were assaults against health care personnel (16% vs 10%), although the perpetrators were mostly men. There were no age differences between patients with and without violence. Although this was a preliminary approach, it will be discussed how results will allow progress to be made in the implementation of future evaluation systems that will help to better manage the risk of violence.

Violent Crime and Severe Mental Disorders: Updated Prevalence Rates from a New Norwegian Nationwide Registry Linkage

Laoura Ziaka | Christine Friestad | Unn K Haukvik | Jaroslav Rokicki | Esben Heilskov | Martin Tesli
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Violence is increasingly recognized as a global public health problem, with widespread and well-documented human as well as financial costs. Violence perpetrated by individuals with severe mental disorders (SMD) constitutes a small proportion of the total amount of violent crime in society, but garners much attention and concern. More effective prevention and better care for both individual patients and the surrounding environment are called for by both professionals and the public. The Scandinavian countries are renowned for high-quality population based registries which provide a unique resource to epidemiological studies. Registry-based studies from Sweden and Denmark have significantly advanced our understanding of the associations between severe mental disorders

and violent crime, as well as the underlying risk factors. So far, there is a notable lack of relevant data from Norway. This represents a significant knowledge gap, given that Norway's legal system—unlike those of other Scandinavian countries—operates from a purely medical model of criminal insanity. In this study, we present results from a new population-wide registry linkage (ForenPsych, N ≈ 9 mill individuals) including diagnostic information on severe mental illness (Norwegian Patient Register), violent crime (Penal Sanctions), and sociodemographic factors (Statistics Norway). We aim to examine subgroups of patients and developmental patterns while simultaneously considering key socioeconomic indicators such as education, income, occupation, living conditions, and minority status, to explore their impact on the association between severe mental disorders and violent crime. This talk will summarize existing evidence related to the association between SMD and violent crime and present new descriptive data on SMD and violent crime in Norway.

VR-assisted staff training within inpatient psychiatric care

Andrea Lockertsen-Pedersen | Martina Gajski Vidovic
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Psychiatric inpatient care sets special demands on professional patient-staff interactions. On daily basis, staff interact with individuals who exhibit complex psychiatric problems, and therefore can find themselves in challenging everyday situations. Research shows the importance of the caring relationship between patient and staff in influencing a perceived participation in the care. Patient-staff interactions constitutes an area within psychiatry with a great need for method development. Developing an evidence-based training for healthcare staff is therefore necessary to facilitate professional patient-staff interactions and promote the caring relationship and the care process. Virtual Reality (VR) may enhance learning regarding a central component in staff training: role-playing. This study integrates perspectives of person-centered care and innovative technology by developing an interactive, VR-assisted staff training using focus groups. Patient representatives (n=4) and staff representatives (n=3) were gathered to 1) identify areas where staffs' competence in patient-staff interactions needed to be improved, and 2) provide feedback on a preliminary staff training protocol. This presentation will provide an overview of the method development and share initial experiences from VR-assisted staff training in patient-staff interactions.

POSTER PRESENTATIONS

ABSTRACTS FOR POSTER PRESENTATIONS (IN ALPHABETICAL ORDER BASED ON THE TITLE)

ECVCP
EUROPEAN CONGRESS ON
VIOLENCE IN CLINICAL PSYCHIATRY

A Statistical Analysis of Suicides in Latvian Prisons

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Introduction: Suicides in custody are a critical issue in the criminal justice system, highlighting the vulnerability of incarcerated individuals. Latvia faces significant challenges in managing mental health of prisoners. Despite efforts to mitigate risks, the occurrence of prison suicides still raises alarm. This study delved into the statistical nuances by providing a comprehensive data analysis. The goal was to compare suicide rates of the incarcerated and the general populations from 2010 to 2023. Methods: Quantitative methodology was used by collecting and analysing data using Microsoft Excel. The datasets include: suicide cases in the general and the inmate populations; age and gender of inmates who committed suicide; annual data on the number of prisoners and population statistics of Latvia from 2010 to 2023. Results: In Latvian prisons, 62 suicides were reported from 2010 to 2023, with 97% being of male inmates. Half of all suicides were observed in the age group of 36-54 years. From 2010 to 2023, the observed suicide rate in prisons increased from 14.75 to 183.43 per 100,000 people, with rates being higher from 2020 to 2022. There was a decline in the suicide rates among the general population, from 37.54 in 2010 to 14.07 in 2023, with the only year surpassing the inmate suicide rate being 2010. The t-test revealed a p-value of 0.00012, demonstrating the statistically significant difference between the means of suicide rates of the general population (29.86) and of the inmate population (111.02). Conclusions: The results have highlighted high suicide rates in Latvian prisons. The difference between suicide rates of inmates compared to the general population of Latvia is drastic, meaning that Latvian Prison Administration and other authoritative institutions should provide enhanced mental health services, staff training, support systems, environmental improvements, substance abuse treatment, and legal support to mitigate high suicide risks.

A Virtual Reality study about the therapeutic relationship with forensic patients

Iris Frowijn | Stefan Bogaerts | Erik Masthoff
Fivoor & Tilburg University | Fivoor & Tilburg University | Fivoor & Tilburg University

Providing care for forensic patients can be challenging given the dual responsibility towards the needs of the patient and the demands of the legal system. Staff of forensic psychiatric clinics need to empathize with and take care of the patients while at the same time setting boundaries. It often takes time to build a trustful therapeutic relationship with forensic patients given the higher occurrence of antisocial and/or hostile world views. Consequently, situations can occur where staff either becomes too distant or overly involved which may lead to boundary confusion and can form a “slippery slope” towards transgressive behavior. Research on the appropriate distance between staff and patients is scarce and difficult to conduct, but highly relevant for prevention purposes, hence the focus of this research. Within a Virtual Reality (VR) research setting, we aim to investigate the impact of transgressive situations on staff members across two groups of patients, specifically whether transgressive situations by psychotic patients are perceived as less impactful than those involving patients with antisocial personality disorder (ASPD). And consequently, whether this is influenced by emotional responses of staff members (i.e., cognitive and affective empathy/emotional contagion).

Aggression on acute psychiatric wards in the Netherlands working according to the HIC model

Isa de Jong | Yolande Voskes | Laura van Melle
Ethics, Law & Medical Humanities Amsterdam University Medical Centres | Ethics, Law & Medical Humanities Amsterdam University Medical Centres | Ethics, Law & Medical Humanities Amsterdam University Medical Centres

Aggression on acute psychiatric wards is an ongoing problem with a

huge negative impact on the feeling of safety of patients and staff, on staff retention, and on coercion. Since 2013, all acute psychiatric wards in the Netherlands have implemented the High and Intensive Care (HIC) model. This model proved to reduce coercion and aims to improve the quality of mental health care. However, the actual prevalence of aggression remains unclear, as do its causes and whether the HIC method reduces aggression.

To study this, we used a mixed methods approach. From October 2022 until October 2023, 23 HIC wards in the Netherlands scored aggression incidents using the Staff Observation Aggression Scale-Revised (SOAS-R). After that, the analyzed SOAS-R results were discussed within three national focus groups. At the same time, we collected HIC audit scores that measure the level of model fidelity at each ward and then compared these scores to the SOAS-R results.

In total 2551 aggression incidents were reported, involving 988 patients, relatively 6,8 aggression incidents per bed per year. In one-third of the cases, the provocation of incidents was unknown. The target of violence was mostly staff (68%) and the means used were mainly physical (72%). Measures used to stop aggression were most often conversations with patients (58%) but also calmly brought away (31%) and oral medication (31%), with multiple options possible. Seclusion was reported in 24% of cases but also other measures like one-on-one care and room referral (21%). We found no correlation between HIC model fidelity and SOAS-R results. In line with most participants' opinions, we highly recommend structurally recording aggression incidents at acute psychiatric wards and evaluating them within the team, but also with patients and relatives to get a grip on their cause and find the right remedies.

"Better safe than sorry"- a naturalistic exploration of staff attitudes toward multidisciplinary utilization of the violence risk screen V-RISK-10 in a section for psychosis treatment

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OUS | *OUS* | *OUS* | *OUS* | *OUS*

V-RISK-10 is a violence risk screening tool validated for psychiatric inpatient settings. Although the use of such tools is encouraged, clinical uptake remains limited. Aspects relating to the tool, clinical setting, and resistance from health professionals have all been suggested as possible barriers to utilization. Multidisciplinary collaboration (MC) is considered a desirable path toward increasing consensus within the assessment, reducing bias, and formulating risk management strategies. Our study aimed to explore staff attitudes on conducting MC risk screening with the V-RISK-10 when admitting new patients to a closed psychosis ward.

Snowball sampling was utilized to recruit eight staff, four nurses, and four medical doctors. Taped qualitative interviews were conducted using a semi-structured interview guide, transcribed, and examined with thematic analysis.

Screening for violence was described as important safekeeping of staff and patients. Yet, some participants voiced concerns that screening all patients might increase stigma regarding the perceived association between psychosis and violence. The V-RISK-10 was seen as a brief and systematic reminder of important patient factors to consider when admitting new patients. Still, unavailable information on the day of admittance could lead to perceived reduced validity of the assessment. MC instigated meaningful discussions on factors relevant for the assessment, and nurse's proximity to patients offered important insights that might otherwise have been left out. A recurring theme was that MC facilitated the early creation of feasible, violence-preventive interventions tailored for each patient. Time pressure on the day of admittance was regarded as the main barrier for MC.

There is a paucity of research investigating how violence risk prediction can inform risk management. Our study, although limited in size, adds knowledge on how multidisciplinary violence risk screening is perceived, and how it can facilitate customized milieu therapeutic interventions.

Comparison of two data papers PROD-ALERT and PROD-ALERT 2 regarding the interpolation of incomplete restraint reports by mental health and learning disability providers in England September 2020 to August 2022

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Aim: This abstract collates two related published data papers. In England, professional and legal standards require incident reporting. Seni's Law required publication of restraint data. The two papers PROD-ALERT and PROD-ALERT 2 ("PA1", "PA2") utilised the arising data sets. PA2 included a measure of L-information, i.e. questionable information added to the data set by incomplete reporting. It may be expressed as the spurious height claimed for a person's grandfather, referencing the fantasy author Pratchett.

Method: PA1 and PA2 correlated log incidence of restraint, log institutional size, and log detention for two years namely September 2020 to August 2022. There was a high correlation between restraint, institutional size and use of legal detention. Some large providers reported no restraints per month despite that trend. Typologies of reporting style emerged: some reported "null" to date, some "joined" reporting (going from null to plausible levels on trend for size and detention); "partial" reporters reported null some months, reliably for others, then null again; and some were small enough to plausibly have no restraint in single months.

Result: PA1 estimated that non-complete reporters restrained 1,774 people in England per month 95% CI (1,449–2,174). PA2 estimated 1,305 people per month (536–3233), 95% CI, a large but reduced number since PA1. Providers which newly reported restraint in PA2 were on trend. One methodological aspect of both papers, borne out by the interpolations, is the use of "persons restrained per month" as a robust and apt measure which can be checked by asking patients. The height of grandparent required, to proportionately bring as much questionable information as that brought by incomplete reports, was very tall indeed.

Discussion: The lead author hopes to compare and contrast PA1 and PA2, invite consideration of ways forward, and offer collaboration and replication in other fields and jurisdictions.

Development of a Fidelity Checklist for Patient-Controlled Admissions in Severe Mental Health Disorders

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Patient-controlled admission (PCA) is a care model that seeks to reduce coercion in psychiatric care by increasing patient participation. This model allows individuals with severe mental health disorders to admit themselves to psychiatric care as an adjunct to their regular treatment and crisis plan. One bed per inpatient ward is reserved exclusively for PCA patients, with a maximum stay of four days, three times per month per patient with a PCA agreement. A designated nurse handles the admission and discharge processes.

Previous research on PCA have shown promising results, particularly regarding patient experience. However, there is a pressing need for standardized measures to evaluate the quality, safety, and effectiveness of PCA, given its demonstrated efficacy in reducing time in involuntary care, improving patient experience of psychiatric inpatient care, and decreasing involuntary admissions towards violence- and coercion-free mental health care.

In response to this, we developed a fidelity checklist for PCA. The development process followed the methodology outlined by Walton et al.

(2020), which involves five primary steps: (1) reviewing existing measures; (2) analysing intervention components; (3) developing the fidelity checklist and coding guidelines: (4) obtaining feedback on content; and (5) piloting and refining the instrument. The resulting fidelity checklist is designed to provide a standardized tool for evaluating the implementation and quality of PCA.

Differences in physiological correlates between self-directed and other-directed aggression

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Aggressive behavior poses a significant challenge in mental healthcare, impacting both patients and healthcare professionals. A distinction in subtypes of aggression can be based on the directionality of the behavior, as it can be self-directed or other-directed. Even though self- and other-directed aggression seem opposing types of behavior, research suggests both behaviors to co-occur due to a shared etiology and common risk factors, such as emotion dysregulation. Despite this shared etiology and risk factors between self- and other-directed aggression, different intervention strategies are required, posing a challenge in predicting the needed approach for preventing incidents.

To improve prediction of incidents of self- and other-directed aggression, integrating biomarkers into risk assessment has been proposed. The autonomic nervous system (ANS), implicated in stress regulation, has been linked to both forms of aggression. Heart rate (HR), skin conductance (SC) and heart rate variability (HRV) emerge as crucial physiological indices for studying aggressive behavior due to their non-invasive nature of measurement and thereby facilitating practical integration into clinical settings. While previous studies have explored associations between physiological indices of HR, HRV and SC and self- or other-directed aggression, a systematic comparison is lacking. Therefore, the purpose of the current study is to investigate whether the relationship between HR, HRV, and SC with aggression depends on the directionality of the behavior. In the current study, all articles that examined the relationship between these physiological indices and either self-directed or other-directed aggression were included and effect sizes were computed. We will investigate potential differences in the relationship between physiological indices and aggression across levels of hypothesized moderators outcome type (HR, HRV, and SC), directionality of the behavior (self vs. other directed), and analysis type (rest, task, and reactivity). The findings from the analyses will be presented, advancing the understanding and (self-) management of aggression in mental healthcare settings.

Examining the Association between Caregiver Burden, Resilience, Self-Efficacy and quality of life among Family Caregivers of Individuals with Mental Illness

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Background: Family caregivers of mentally ill individuals often assume the primary caregiving role, which significantly impact their quality of life. This role encompasses various challenges, including stress, burden, and significant changes in social, economic, physical, and mental aspects of life. This study aimed to examine the association between caregiver burden, family resilience, and self-efficacy with quality of life among family caregivers of individuals with mental illness.

Methods: A total of 139 family caregivers of mentally ill patients participated in the study between October and April 2024. They completed a structured questionnaire addressing socio-demographic details, burden of care, family resilience, caregiving self-efficacy, and quality of life.

Spearman correlations and regression analysis were applied to analyze the data.

Results: The majority of the family caregivers were female (61.2%) with a mean age of 43.7 (±14.1) years. Significant positive correlations were found between family resilience and caregiving self-efficacy with quality of life (r=0.316; r=0.479, respectively, p<0.001). Additionally, a positive correlation was found between family resilience and caregiving self-efficacy (r=0.449). Both family resilience and caregiving self-efficacy showed significant associations with quality of life (β=0.273, p=0.002 and β=0.387, p<0.001, respectively). Burden of care was not associated with quality of life.

Conclusions: The findings of this study underscore the critical role of family resilience and caregiving self-efficacy in enhancing the quality of life for family caregivers of mentally ill individuals. Interventions aimed at boosting family resilience and self-efficacy could potentially reduce the burden and improve the well-being of these caregivers. Future research should focus on developing and testing specific support programs designed to strengthen these aspects, thereby fostering better outcomes for both caregivers and their mentally ill family members. This approach will contribute to a more sustainable caregiving environment, ultimately benefiting both the caregivers and the individuals under their care.

Experts-by-experience support recovery-oriented care in Finnish forensic psychiatry

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Experts-by-experience can help care personnel in care planning, production, and evaluation, and support the patient perspective in care. Patients in forensic psychiatry rarely influence the core processes in hospitals but including experts-by-experience in different assignments has become the desired way to produce forensic psychiatric services in a more patient-inclusive manner. Experts-by-experience can initiate valuable changes to the hospital environment, add co-operation between patients and professionals, educate staff, students and families, and act as examples of recovery for their fellow patients. While working on different assignments the experts themselves can enhance their own capabilities and recover further. Thus, expert-by-experience work adds to the well-being of many stakeholders in highly closed institutions.

In our studies, we found that experts-by-experience could assist patient participation in all phases of care delivery and reinforce recovery-oriented care. Furthermore, we found that recovery-orientation is gaining ground in Finnish forensic hospitals, but it should attain a stronger status as a way of understanding and conceptualizing care. Experts-by-experience can reduce stigma, enable patient agency, induce hope, and especially provide new insights into recovery from a severe mental illness, substance misuse and a criminal history, which are typical challenges for forensic psychiatric patients. The inclusion of experts-by-experience still varies in different Finnish forensic psychiatric hospitals and some resistance towards this work exists. This is due to issues of power and lack of trust towards the possibilities of patient participation. Expert work should gain a stronger status as a stable part of organizational activities. To promote this, experts-by-experience and professionals working with them need adequate resources, education, support, and recognition.

Exploring the impact of restrictive practice on psychological safety: a qualitative study of the service user experience

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Introduction: Mental health wards can be unsafe places for service users. At present, patient safety in mental healthcare is defined physically, focusing on risk and reduction of incidents. Restrictive practices are used to maintain physical safety but have been shown to negatively impact service users' wellbeing. The discussion of psychological safety has been brought to light by researchers and mental health professionals; particularly the emphasis on how inpatient mental healthcare often focuses on physical safety at the expense of psychological safety. Due to the novelty

of this area, the relationship between restrictive practice and psychological safety has not been explored in depth. Building on a qualitative systematic review of the service user experience, this study aims to explore the impacts of receiving, and witnessing, restrictive practices on psychological safety, to understand what could be done to make restrictive practice psychologically safe.

Design and method: 18 semi-structured interviews were carried out with service users (aged 20-60 years), who have been discharged for a minimum of 6 months from an adult inpatient mental health facility in the UK. Data will be analysed using reflexive thematic analysis.

Preliminary results: Psychological safety is impacted across a range of interventions, often because of less explicit forms of restrictive practices such as blanket restrictions and restrictions on movement around the wards. These lead to service users having a lack of trust in themselves and staff and can create further escalation to more explicit forms of restrictive practice being used. Several alternatives and suggestions, that participants feel would promote psychological safety before, during and after restrictive practices are used, have been collected.

FAUST: Frequency Analysis Using Seclusion Timelines by Fourier Transformation

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Background: In the English context, seclusion constitutes the detention of a patient in a room in order to immediately prevent harm'. Analysis of patterns supports implementation and is required by law. The distribution of seclusions is scantly attested. Camelot et al 2019 consider mean and median. Noda et al. 2013 used a smooth "negative binomial" distribution but durations are not smooth so no simple curve has face validity. The current authors were unaware of extant literature rigorously characterising distributions. Fourier Analysis underpins electrocardiographic analysis, by extracting simple waveforms from complex waveforms.

Aims: This exploratory methods paper applied Fourier analysis to the complex waveform of the graph of durations of seclusion. Secondary aims included the generation of face-valid descriptions of emergent waveforms and comparisons of overall seclusion length.

Methodology: Legally-required seclusion reports from a foundation trust in England (2008-2023) were counted. Some seclusions continued at analysis so a cut-off was required, creating a "round" duration covering a representative proportion of seclusions. Durations were rounded to length in minutes and plotted as a histogram. The trend line was treated as a waveform then decomposed by Fourier Analysis.

Results: A cut-off of 4 days covered 94.24% of a series of 16,631 valid episodes of seclusion over 15 years. There were underlying simpler waveforms: exponential decay to zero; a two-hour wave form, where seclusions tended to end near multiples of 120 minutes; a day-night sinusoidal effect; and initial suppression of seclusions ending.

Discussion: Face-valid generative processes are:
Exponential decay representing resolution
Mandatory two-hour reviews drive two-hourly waves
People secluded are awake then sleep cyclically and leave awake
Observation and treatment at the start suppresses release rate.
Given exponential curves, half-life may be a suitable measure of overall duration. We seek replication in other settings and jurisdictions, seeking analogous processes. We will share our code freely.

Females within inpatient forensic treatment in Czechia: comparison with the men population

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Background: There are few studies focused on sociodemographic, institutional behavior and the needs of women within forensic treatment. Some studies suggest that women in detention have different characteristics

than men that are significant to service provision and treatment management.

Aims: We aim to map our female inpatient forensic population and collect sociodemographic and treatment-related data. We also collected outcomes from HoNOS-secure and HCR-20 Clinical subscale to map patients' needs.

Methods: The population representative sample consists of 85 women and 753 men. All patients were in mandatory inpatient forensic psychiatry treatment.

Results: We found out that women in inpatient treatment have much shorter length of stay, are younger than men, and are more often diagnosed with schizophrenia and substance use diagnoses. They often have first forensic treatment orders and are less often transferred from high-security. They demonstrate more symptoms of disease, have much fewer needed degrees, and are in higher percentages placed in medium-security.

Conclusion: The above summarised findings point to the need to create specialised departments for women. In a Czech environment there is no such a specialised ward and it can be the reason for not fulfilling their needs which can lead to more rehospitalizations. "

Fetal Abduction: A Narrative Review of Violence and Brutalism in the Pursuit of the Maternal Role

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Abduction of children by a nonfamily member is exceedingly rare across the globe. Only 1% of child abductions are perpetrated by strangers. Until hospitals and clinics housing young children implemented measures to restrict access to maternity and pediatric units, most neonatal abductions were carried out in healthcare facilities by persons impersonating a healthcare professional. As it became more difficult to gain entry to these units, infant abductors begin to target homes and public places such as shopping centers or parks to find opportunities for kidnapping. In addition, violent behaviors in the commission of the abduction have become more common.

In the United States, the Federal Bureau of Investigation (FBI), the agency tasked with investigating reports of missing or kidnapped children, have identified characteristics of a typical abductor of infants: female and desiring a child to please a male or strengthen a relationship. They usually falsely claim a pregnancy and become desperate to obtain a child near the nine-month point. Their desperation to produce a child at that time can drive them to violent acts, sometimes attacking a woman in advanced pregnancy and performing crude cesarean deliveries to extract the child from the uterus. These attacks are almost always fatal for the mother although there have been survivors both maternal and neonatal.

There have been at least 36 cases of fetal abduction reported internationally as of 2022. This presentation will review the circumstances of these cases and discuss theories of the psychological motivations driving the assault.

Frontline staff's experiences with virtual reality simulation as a supplement to mental health simulation in security mental health care wards

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Mental health simulation recreates clinical situations in safe environments using standardised patients, followed by structured debriefing, to foster professional development and improve care. Simulation may address gaps in knowledge and de-escalation skills in communicating with patients which could directly translate into improvements in patient care. Virtual reality (VR) simulation is a simulated experience that employs 3D near-eye displays to give the participants an immersive realistic experien-

tial learning environment. The aim of the study was to investigate frontline staff's experiences with VR-simulation as a supplement to traditional mental health simulation in de-escalation training.

The VR-simulations took place during spring 2023, and the sample (n=58) consisted of frontline staff from a regional security mental health care inpatient ward in Norway, who had previously completed a two-day basic course, in the Norwegian Management of Aggression Programme. The study was approved by the head of the department, and participation was based on informed consent. In total 12 VR-simulations were conducted, each with 4-5 participants. Each VR-simulation lasted about 45 minutes and consisted of; Briefing, Scenario, and Debriefing. Post VR-simulation participants self-reported a questionnaire consisting of 12 questions on a seven-point Likert scale, followed by two open-ended questions. Likert scales were treated as continuous, and independent Students t-test was used to investigate differences between subgroups. Open-ended questions were analysed using thematic analysis.

The participants found the VR-simulation as a useful supplement to mental health simulation. Staff without previous experience with traditional simulation were significantly more satisfied with the scenario, learned more from participating, agreed to a larger extent that the scenario was transferable to clinical work, and that the VR-simulation increased their perceived safety at work. Two themes arose from the qualitative data: VR-simulation may provide increased situational awareness, and VR-simulation does not necessarily facilitate training on operational readiness. Findings and implications are discussed in the presentation.

How do people recover from being exposed to coercion in mental health services? – A transnational meta-ethnography from a European network

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Being exposed to coercive measures in mental health services can have a negative impact on all involved. It is important to understand how the experience can be processed so that its consequences are managed. This study was conducted by a multi-national multi-disciplinary team of mental health professionals and researchers, as part of the FOSTREN (Fostering and Strengthening Approaches to Reducing Coercion in European Mental Health Services) COST Initiative. A systematic review and meta-ethnography was used to synthesize findings from qualitative studies that examined service users', staff's and relatives' experiences of recovery from being exposed to coercive measures in mental health care settings. In this poster presentation we will describe the process of designing and conducting the meta-ethnographic research. We identified, extracted and synthesized, across 23 studies, the processes and factors that seemed significant to process the experience of coercion. Recovery from coercion is dependent on a complex set of conditions that supports a personal feeling of dignity and respect, a feeling of safety and empowerment. Being in a facilitating environment, receiving appropriate information and having consistent reciprocal communication with staff are important. Users employ strategies for managing coercion, both during and after the coercive event. We will discuss the challenges of doing meta-ethnography in this

emerging field in a collaborative way across professions and countries as well as its results and implications for clinical practice: The findings point to the importance of mental health care settings offering recovery-oriented environments and professionals employing recovery-oriented practices, to empower service users to develop strategies for managing their mental distress in a way that minimizes traumatization and fosters their recovery.

Impact of Autism on Children with Developmental Delay

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Today, Autism is a well-known neurodevelopmental disorder that may restrict child development globally, mainly when a child is in the early infant stage. Ignorance, delayed identification, or misdiagnosis of Autism may become a greater challenge for the parent in understanding and dealing with the symptoms. Continuous change in the symptoms creates a puzzling situation when the child shows various unexpected, unusual behaviours with cognitive regression.

The primary goal of the present research is to understand the effect of ASD on children's global development, especially their social, communication, and behavioural skills. This study was conducted on ten children between 1 and 3 years old who received therapeutic intervention due to delayed development and sensory issues. All the details were collected from parents through an unstructured interview method and old photos and videos of children. This qualitative research, distinguished by its use of a purposive sampling technique, was conducted to understand the impact of ASD on children with mild developmental delays.

The findings show a significant difference in the rate of development in all ten children; a substantial deviation from the typically developing children was observed in the study, particularly in Cognitive, Social, Communication and behavioural areas of development.

Impact of stricter legislation on coercive measure use in Swedish child and adolescent mental health services: Staff perspectives

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Legislators often aim to improve psychiatric inpatient care and reduce coercion through stricter judicial regulation. However, staff experiences and understanding of such legal changes are largely unknown, yet necessary for achieving the intended outcomes. We examined staff comprehension and implementation of a legal change in Sweden, effective July 1, 2020, regarding stricter use of coercive measures in inpatient child and adolescent mental health services (CAMHS). From May to August 2021, we conducted semi-structured interviews with nine inpatient CAMHS staff members (nurses, senior consultants, and heads of units). Interviews were transcribed verbatim and analysed using reflexive thematic analysis and an implementation outcomes framework to contextualise the findings. The child-centred approach of the law was received entirely positively by participants. However, the legal change posed considerable challenges during the initial implementation phase, with insufficient preparations and a lack of clear guidelines for clinical practice. A knowledge hierarchy emerged regarding legislation, impacting various professional roles differently. Care practices varied after the legal change; some participants reported minimal changes in coercive measure use, while others increased the application of seclusion and sedative medication

including involuntary medication. Further, consultants' work environment appeared more challenging due to bureaucratic procedures. Finally, increased staff uncertainty about the legal framework, distrust in legislators' understanding of clinical realities, and implementation difficulties may, as described by some participants, have contributed to a tendency to disregard the legislation in more complex clinical situations. The results highlight the intricate problems in implementing legislative changes in psychiatric care, suggesting that stricter legislation does not automatically reduce the use of coercion.

Implementation of a new violence risk assessment and management tool (DASA-YEV) in institutional settings

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Background: According to the World Health Organization, violence among adolescents is a major health issue worldwide. DASA-YV (Dynamic Appraisal of Situational Aggression – Youth version) is a tool that helps predict short-term violence and has the potential to reduce both violence and the use of coercion. However, there is currently no method for assessing and managing short-term violence risk where a young person could be engaged in this process. In this study, an engagement version called DASA-YEV will be developed using co-design methods. The tool evaluates the risk of violence based on the self-assessment of adolescents and the evaluation of health care or social care professionals and targets managing violence with non-coercive methods.

Aim: To promote evidence-based violence risk assessment and management in institutional settings through a collaborative process.

Methods: A quasi-experimental pilot study design. Intervention Mapping method is used as the development framework, with self-management theory as the theoretical framework. The study consists of three phases:1) a systematic review, 2) co-design workshops, and 3) a quasi-experimental pilot study. This abstract focuses on phase 3. The study will take place in three adolescent institutional settings and will implement DASA-YEV as a tool for assessing and managing violence risk.

Expected results: Engaging adolescents in risk assessment and management can be a beneficial approach in institutional settings. This method could be applied and utilized across various settings if it proves effective. The next step is to create a plan to implement this tool across the country, using an implementation framework, theory, or model.

Implementing Safewards in Forensic Psychiatry Care: Facilitators and Barriers from the Nursing Staff Perspective

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Background: Safewards is an evidence-based model aimed at reducing conflict and coercion in psychiatric inpatient care. While the effectiveness of Safewards has been explored internationally, its application in forensic psychiatry, particularly regarding implementation dynamics, remains under-researched, with this study being the first in the Swedish context. This study aims to describe contextual facilitators and barriers to Safewards implementation from the perspective of nursing staff in forensic psychiatry wards. Additionally, it seeks to understand their experiences during the implementation process.

Methods: Nursing staff from four forensic psychiatry units in Sweden participated in semi-structured focus group interviews. The nursing staff were divided into two separate focus groups, with one group consisting of

five individuals and the other of four individuals. Interviews were analyzed using qualitative content analysis.

Preliminary Results: The findings are organized into four thematic areas: ""Calling for Collaboration and Resources,"" ""Striving for Inclusion,"" ""Struggling with Divergent Values,"" and ""Laying a Framework for Nursing."" These themes are further elaborated upon in nine subthemes. The results underscore the importance of a structured implementation process and highlight the significance of support from Safewards champions and management. Challenges identified include high staff turnover and the impact of divergent values within the staff. These findings emphasize the value of shared reflections and collaborative problem-solving to overcome the identified challenges.

Conclusion: Successful implementation of Safewards relies on several key elements: motivated staff, supportive management, engaged teams, and a structured implementation process. Challenges such as high staff turnover and ward culture can arise. To address these challenges, the study suggests strategies such as assessing staff attitudes beforehand, providing thorough training, and facilitating continuous joint reflections.

Leadership Response to Patient Aggression

Della Derscheid, Mayo Clinic

The Leadership Response to Patient Aggression was developed by a psychiatric nursing leadership workgroup to standardize the process of care for staff following violent patient situations. The leadership response process, originally for use in inpatient psychiatry, was well received and extended throughout the institution.

The leadership response was developed through regular biweekly planning meetings to work through the following steps: conduct a literature review with focus on violence prevention programs and staff trauma, discuss violence experiences with bedside staff, consult national experts on violence intervention research, explore programs in place at other institutions, and consult with representatives from security, employee assistance, and ethics departments to discuss resources for bedside staff. Medical and emotional needs of bedside staff were diverse requiring adaptive responsiveness from leadership. Staff perception of their needs following a violent event changed over time, availability of support resources varied depending on the timing of the violent incident, perceived benefit of debriefing differed, and finally the approval process and adoption of this standardized response took some time.

A reference as a guide provided support to leaders who supervise staff involved in violent incidents, included organized leadership response options and facilitated access to information about resources. Leaders were educated on use of the guide and completed a departmental competency. The quick reference guide became part of the institutional violence prevention program.

Life history of aggression in a South African study of Xhosa people living with schizophrenia

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Background: People living with schizophrenia (PLS) are at increased risk of committing acts of violence as well as experiencing violence themselves. The causes of violence in psychosis are multifactorial and many risk factors for violent behaviour have been identified, including adverse childhood experiences and social cognitive impairments. However, few studies have investigated the risk factors for violence in psychosis in low- and middle-income settings where differences in the socioeconomic context may affect the interaction between known risk factors and violent behaviour.

Methods: A subsample of participants (PLS = 179; controls = 357) from The Genomics of Schizophrenia in The South African Xhosa People Study completed The Childhood Trauma Questionnaire (CTQ), Life History of Aggression (LHA), Penn Emotion Identification Test, and Structured Diagnostic Interview for DSM-IV Axis I Disorders. Between group differences for childhood trauma, LHA, social cognition, and selected demographic and clinical factors were assessed using t-tests and chi-square tests. We tested if total scores for the LHA or CTQ were able to predict current social cognitive performance using multivariable linear regression.

Results: Scores for the CTQ and LHA were significantly higher for PLS and social cognitive performance was significantly worse for PLS compared to the control group. Current social cognitive performance was significantly associated with childhood trauma but not with aggressive behaviour over the lifetime.

Conclusions: The null relationship between current social cognition and lifetime aggression may be due to the relatively low rates of aggression reported in our sample. The significant relationship between social cognition and childhood trauma in this sample provides evidence that the effect of childhood trauma on social cognition in adulthood persists even in environments where adverse childhood experiences are relatively prevalent.

Perceived coercion on admission at the psychiatric ward in Polish general hospital

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Introduction: In Poland rules of use legal (formal) coercion: (admission without consent, holding, forced medication, mechanical restraint, isolation) are specified by the Mental Health Act (1994). Apart from legal coercion, pressure, threats in relation to procedures of referral and admission can be described as informal coercion. In Poland there aren't many studies concerning the impact of formal and informal coercion on perceived coercion.

Objectives: Assessment of the impact of coercive measures experienced prior to admission and selected demographic-clinical factors on perceived coercion.

Material and methods: This study was conducted in the 4th Clinic of the Institute of Psychiatry and Neurology at the Bielanski Hospital in Warsaw from 1.06.13. to 31.05.14. In the first stage of the study, we gathered data on the extent of formal and informal coercion in the process of hospital referral, and in the psychiatric emergency room, as well as demographic and clinical data was collected. 100 patients participated in the second part of the study, which involved the measurement of perceived coercion 7–10 day after admission with the MacArthur Perceived Coercion Scale (MPCS) and the Coercion Ladder (CL),

Results: Coercion prior to admission to the hospital was applied to 38% of patients, 32% experienced informal coercion, 6% were physically coerced, and 28 % patients were admitted to the hospital without consent. According to the MPCS scale, 44% of patients subjectively perceived themselves to have been coerced, while on the CL scale it was 37%.

In the linear regression, the strongest determinant of perceived coercion was admission without consent, though being female, of lower education and experiencing informal coercion before admission were also all associated with perceiving oneself to have been coerced

Conclusions: Perceived coercion on admission was associated with formal and informal coercion, as well as socio-demographic factors.

Physical safety in psychiatry – a call for action

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Background: Medical personnel face workplace violence from patients globally. In Latvian psychiatry, patient and staff safety are closely tied to coercion and involuntary care, with no efforts to reduce compulsory care or improve staff safety. Mental health hospital safety measures are minimal, lacking routine risk assessments and monitoring. Despite EU patient safety recommendations, incident data are unavailable and only severe staff injuries receive independent investigation. Previous research in Latvia indicates underreported staff trauma, neglecting nonphysical injuries. This study aims to describe mental health staff's physical safety data. Methods: A qualitative study analysed the State Labor Inspectorate (STL) data on staff injuries from patient aggression in mental health services (2021–2023), compared with authors clinical experience and national court decisions on involuntary admissions involving patient-to-staff violence. Results: 13 patient-to-staff violent incidents were reported, resulting in injuries to 14 staff members. No injuries among psychiatrists were reported. Known recurrent violent attacks in a major mental hospital outpatient department weren't reported to the STL (the patient stalked his psychiatrist and performed armed attack). 3 court cases were analysed (RPVPT, 01.-11.2021.): An intellectually disabled patient was illegally detained and fought with staff while escaping; A psychotic patient attacked a nurse after being placed in emergency mental care, resulting in an orbital fracture after a fight; A patient with schizoaffective disorder consented to hospitalisation but attacked staff when attempting to leave, resulting in minor injuries. Conclusions: Reports of patient-to-staff violence to STL slightly increased but remained lower than expected. Only physical injuries to nurses and junior staff are reported, ignoring emotional trauma. Outpatient departments don't report staff injuries. The results show that patient and staff physical safety in mental health hospitals is interconnected and related to coercion. The study urges stakeholders to investigate barriers to efficient safety reporting, analyse causes and implement necessary legal regulation amendments.

Police officers' view on the use of coercion on people with mental disorders – the role of cooperation and participation

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In the use of coercion against people with mental disorders the police, despite psychiatric institutions, play an important role. Police officers are often involved if people are involuntarily admitted to a psychiatric hospital or are generally called first if a person is in an acute mental health crisis. Recent cases from different cases have raised attention to police operations involving people with mental disorders. It is highly discussed, whether police officers are trained well enough in this regard and whether stigmatizing attitudes against mental disorders among police officers influence their interactions with people in mental health crises. Several countries have already implemented approaches for joint response teams of police officers and mental health professionals. In this presentation, we will present results from a qualitative interview study with police officers (n = 16) in Germany about their experiences in interaction with people with mental disorders. We will focus on how the police officers evaluated the use of coercion in those situations and the role of cooperation with

other relevant stakeholders and institutions. Results indicate that specific interventions to reduce the use of coercive measures in the mental health system should not be implemented without good communication and cooperation with the police, among other stakeholders involved. In general, the police officers expressed the wish for better communication, including a clearer definition of respective areas of responsibility, between police and psychiatric institutions. Beyond those interview results, the presentation will provide an overview of interventions in police training. In this context, we highlight the need for the involvement of service users and relatives in those approaches.

Possible Factors Raising Violence in Mental Health Set-ups

Prachi Sharma, National Institute for the Empowerment of Persons with Intellectual Disabilities

It is very common these days to see impatience in human beings. Our current lifestyle and rush to show presence in many areas at one time are highly in demand. If you can manage all this together, you can make your place, but if it does not match your personality, you need to struggle to balance all this, which may create a conflicting situation like self vs. environmental demands. This study, conducted in our OPD over six months, aimed to observe and analyze parental behavior in the context of seeking guidance and treatment for children with various disorders and disabilities.

Out of the total parents (New and Follow-up) who visited for Assessment and Therapeutic interventions in our OPD, we found that only 14 percent of parents had a clear understanding of their children's condition and looked ready to follow all suggested intervention plans; 37 percent parent were in denial mode tries to provide information in a polished way and not with accuracy, but the actual diagnosis comes differently and they avoid accepting the facts and argues. The remaining all looked neutral in their reactions, neither panicked nor sad out of all three types of groups. The level of impatience was found very high in parents who looked neutral on the diagnosis (Shows disinterest in the whole treatment process and frequent dropout with non-cooperative pattern of behaviour); the second group of 37 percent, as parents are in denial they try to pull their children abilities beyond their limit leads frustration and anger in them as well as in their children. Mostly, all such anger and frustration or thinking of no meaning of treatment reflects towards professionals dealing with their children. This underscores the urgent need for targeted interventions and support for parents."

Predicting the Unpredictable: Implementation of a Violent Risk Assessment Tool to Predict Violence and Aggression in a Psychiatric Inpatient Setting

Fizna Fysal, HSE Ireland

Background: Patient violence and aggressive behaviour are a global concern that has major implications for patients, staff, and the organisation. Early identification is the key to preventing restrictive practices used to manage this unwanted behaviour. The Brøset Violence Checklist is used to predict violence. This approach detects violent and aggressive behaviour and helps plan early management.

Problem Situation: The Mental Health Commission report on restrictive practices in Ireland shows 70% use of restrictive practices in 2021. The Mental Health Commission published Seclusion and Restraint Reduction Strategy in 2014, highlighting the importance of early identifying patients' violent and aggressive behaviour.

Aim: This project aims to implement the Violent Risk Assessment Tool to Predict Violence and Aggression in a Psychiatric Inpatient Setting. This early identification of violence and aggression will result in a reduction of restrictive practices.

Intervention: The Brøset Violence Checklist will be implemented in the psychiatric inpatient setting. The risk assessment tool will educate staff on predicting violence and aggression. The Health Service Executive change model 2018 will assist with the change. The incidents of reported violence and aggressive behaviour before and after implementing the Brøset Violence Checklist will be audited.

Results: Successful implementation of the change will be evaluated with the evaluation models Kirkpatrick's and Model for Improvement. Using small-scale Plan-Do-Study-Act, changes will be introduced to real work expanding to all staff in the psychiatric setting. Risk assessments will identify risks along the change journey.

Conclusion: Organisational culture and leadership are significant factors influencing a change initiative. A collaborative team with effective collective leadership will guide this change to provide patient-centered care with improved quality care and meaningful recovery."

Prevention of violence in a forensic psychiatric ward

Jaana Asikainen, Niuvanniemi hospital, Finland

Inpatient violence and use of coercion is a widespread problem in psychiatric wards. Care communities need multidimensional information on how violence can be prevented. Violence research and data collection must utilize all levels: organization, ward and patient. In a forensic psychiatric ward, nurses and patients are constantly exposed to the threat of violence and violence. Violence increases the use of coercive measures in wards, which is an ethical challenge that reduces the quality of care. Violence and the use of coercive measures can be prevented by improving the comfort of the environment, training staff in the use of communication skills and preventive interventions, e.g. Safewards and enhancing leadership. According to our research, violence and coercion preventive interventions such as Safewards and The Six Core Strategies are widely used in psychiatric care in Finland. By taking the patient's views into account through debriefing after coercive measures, the treatment process can be developed and the use of coercion can be reduced, as well as the quality of the patient's care can be improved. The importance of encountering the patient is emphasized in violent situations. Medical staff should prepare and practice for these situations. A Finnish treatment guideline for encounters with violent patients is being prepared.

Psychedelic therapies: navigating choice and coercion in mental health

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The capacity of individuals with mental illness to make autonomous treatment decisions is a complex issue, often complicated by the illness affecting cognitive and emotional abilities. People with lived experience of mental health conditions face dilemmas where they feel compelled to accept treatments despite reservations, believing they have "no other choice." This limitation of choice can range from subtle pressures to more extreme forms, such as involuntary hospital admissions.

The UN Convention on the Rights of Persons with Disabilities (CRPD) advocates for a shift from coercive medical models to a biopsychosocial framework that respects people's autonomy. This approach emphasizes collaborative, rights-based treatments and recognizes that coercion can be traumatic and counterproductive. CRPD proposes measures to enhance autonomy, including collaboratively involving individuals in treatment choices and pre-specified treatment preferences and assisting them to make informed decisions.

Psychiatry is witnessing a renaissance in psychedelic research, with mounting enthusiasm for harnessing these compounds to address mental conditions. Classic psychedelics such as psilocybin and lysergic acid di-

ethylamide (LSD) act on the serotonergic system through 5-HT2A receptors. Research has shown their potential for treating depression, post-traumatic stress disorder, obsessive-compulsive disorders, and addiction. Psychedelic therapies offer promising results yet unique challenges; they can induce altered perceptions, extended cognitive effects, and shifts in personal identity and worldview. These changes might exacerbate power imbalances in therapeutic relationships and susceptibility to influences incongruent with the person's goals and values. While clinical trials adhere to protocols, there is a critical need for ethical guidelines and safeguards as these treatments become widespread.

This presentation argues for integrating specific protections under the CRPD framework to address the unique vulnerabilities associated with psychedelic therapies. Clinical examples will illustrate the importance of preventive measures in ensuring ethical, non-coercive mental health care, particularly in the context of these novel treatments.

Quality of forensic psychiatric care from the viewpoints of patients and staff

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Background: Forensic psychiatry in Finland is a specialized field of psychiatry that focuses on the assessment and treatment of individuals who are suffering from mental illnesses and have committed a crime. The quality of forensic psychiatric nursing care must be continuously developed and reinforced. Therefore, two PhD projects were established to explore quality of forensic psychiatric care from the viewpoints of staff and patients. These studies are part of international research project 'Service system and care pathway of forensic psychiatry patients'.

Purpose: The first phase of these projects aims to describe the impact of different quality improvement interventions in forensic mental health nursing. The second phase aims to explore qualitative aspects of forensic psychiatric inpatient care from the perspective of inpatients and healthcare personnel.

Methods: First, a systematic review will be conducted to synthesize information of quality improvement interventions in forensic psychiatric care. We will explore factors affecting the quality of care of forensic psychiatric patients from the perspective of patients and staff. The second phase will include a survey using the Quality of Psychiatric Care Forensic in Patient-Survey (QPC-FIP) and individual interviews with forensic patients. For staff, the Quality in Psychiatric Care- Forensic In-Patient Staff (QPC-FIPS) will be used alongside and group interviews. The research will cover employees and patients of Finnish forensic psychiatric hospitals. These phases will be realised in the years 2024-2026.

Expected Results: The research results may reveal unknown quality gaps in Finnish forensic psychiatric care and areas where the quality of nursing care could be enhanced. The expected research results will allow the development of quality of care in forensic nursing and explore factors affecting the quality from the perspectives of both staff and patients.

Reducing violence and coercion in acute child psychiatric inpatient care in Helsinki University Hospital

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Aim: To reduce violence and coercion in child psychiatric acute ward. Background: Based on different studies, the prevalence of patient´s violent assaults is 25-75%. Psychiatric involuntary treatment may increase violence. Violence has increased since the beginning of the Covid

19-pandemic. Violence is related to several psychiatric disorders such as conduct disorder, psychotic disorders and post-traumatic stress disorder. Coercive measures may inflict physical injuries to both nurses and patients. They may re-activate traumatic experiences and evoke fear and feelings of being punished. Violence weakens the safety of employees. Methods: Patients in the child psychiatric acute ward are under the age of 13 and may receive voluntary or involuntary treatment due to severe psychiatric disorders. In our unit, the number of beds is eight. We are developing and implementing a systematic plan to reduce coercive measures. It consists of measures which have been found to reduce violence: Prevention and management of violence (Avekki), Collaborative Problem Solving, the Safewards model, violence risk assessment (SAVRY), activities, respectful interaction, Six core strategies, and medication. Results: During the last year we have seen a shift towards treatment with less coercion. We will report the number of restraints, manual restraints and medication. Conclusion: All child psychiatric units need to actively promote a respectful culture of treatment. We will follow the number of coercive measures monthly and further develop methods to reduce them.

Regulation of Emotions for Non-Violence in People with Schizophrenia: Nursing Interventions for Psychoeducation

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Introduction: This Report was presented as the final work of the Master's Degree in Mental Health and Psychiatric Nursing, at the Nursing School of Coimbra. It consists of an Investigation Report, which focuses on the topic "Evaluation of Clinical Risk and Occurrence of Incidents in Psychiatric"

Objectives: To reflect on evidence-based practices and the acquisition of specialized skills, while developing research skills by carrying out a review of evidence of effectiveness to evaluate the impact of clinical risk assessment on the occurrence of incidents involving psychiatric users.

Methodology: A literature search and synthesis was carried out for the study project, in order to answer the research question: "What is the impact of clinical risk assessment on the occurrence of episodes of violence in psychiatric patients?"

Conclusion: This study highlights the importance translating the acquired knowledge in the academic context into practice, contributing to the continuous improvement of Mental Health and Psychiatric Nursing care, provided based on scientific evidence.

Self-perceived Evil within the Hostile-World Scenario: Mental Health Concomitants among Holocaust Survivors

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Background: Exposure to human evil, i.e., malevolent deeds that deliberately inflict suffering or death, can be psychologically traumatic. This study examined self-perceived evil-related threats within the conception of hostile-world scenario (HWS) that signifies one's mental representation of major threats in life.

Objective: The study explored whether evil-related threats, along with HWS, differentiated Holocaust survivors from comparisons, and how these concepts related to mental health.

Methods: Participants were Israelis aged 58-93, including 220 Holocaust survivors and 205 comparisons. They completed measures of mental health (neuroticism, positive and negative affect, life satisfaction, depressive symptoms) and HWS. Evil-related threats were assessed by a 7-item Evil Scale separated from the HWS Questionnaire.

Results: Evil-related threats contained two factors, fear of human violence and interpersonal distrust, and correlated with lower mental health. With age and gender controlled, Holocaust survivors were higher than comparisons on evil-related threats and negative engagement with HWS.

Beyond associations of HWS (in both its negative and positive engagement modes) with mental health, evil-related threats related to higher depressive symptoms among survivors.

Conclusion: Results suggested that early traumatic experiences related to perceived threats in later life. Evil-related threats complemented the HWS in associating with mental health. The findings bear implications in approaching victims of evil and trauma.

Staff perspectives on a new five-day Risk Assessment and Safety Training Program for the Forensic Psychiatric Outpatient Clinic Slagelse in Region Zealand, Denmark

Demi Erik Pihl Hansen, Forensic Psychiatry, Region Zealand, Denmark

Forensic Psychiatry in Region Zealand has a Forensic Psychiatric Outpatient Clinic. Against the background of serious incidents in the psychiatry in Denmark, we have revitalized our previous training and developed a five-day Risk Assessment and Safety Training Program for the Clinic.

The training includes interaction between practice in the clinic and the acquired theory and training obtained during the program. Theory in combination with casework in relation to risk assessment in the Outpatient Clinic and with home visits. Risk assessment is often challenged by the fact that the patient has a history of violent behavior at the same time as heavy drug or alcohol abuse.

The first aim of the program was to create safety for patients and staff members. The second aim was to give the staff a comprehensive framework for how to understand, prevent and manage aggressive situations in a caring and safe manner. We evaluated the program using an electronic questionnaire, The aim of the study 1) de-escalate an aggressive situation and 2) be better at risk-assess a patient. 40 percent of the participants had gained professional and relevant new knowledge and inspiration about safety, and which is useful in their daily working day. 50 procent gained more knowledge about violence risk assessment. 60 percent stated that the program had provided new knowledge in sparring with colleagues and their team.

Implementation of a new five-day Risk Assessment and Safety Training Program has shown that the employees have improved and have an increased focus on risk assessment. The increased focus on the risk assessment contributes to several of the participants experience a greater degree of safety and security in their daily working life.

Finally, the participants were able to debate and share knowledge across the department's teams about risk assessment and about prevention, de-escalation and handling of aggressive situations.

The Dynamic Assessment of Situational Aggression (DASA) Predictive Validity for Incidents with Different Proximal Causes

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Introduction: The PICU (psychiatry intensive care unit) provides care for mental health patients in psychiatric crises, often involving violent behaviour. Standardised tools such as the BVC (Brøset violence checklist) and DASA-IV are recommended to identify patients with aggressive behaviour potential. This study evaluated the DASA's predictive validity on different types of violent acts (psychotic, impulsive, and predatory).

Methods: The data for this study were collected from the PICU located in Bohnice Hospital Prague. On a daily basis, we assessed each patient with DASA, recorded violent incidents with MOAS (Modified Overt Aggression Scale), and determined the aetiology of violent behaviour by semi-structured interview.

Results: Our study was based on 2467 individual observations from 352 hospitalisation cases. On average, each patient spent 6.95 days in the

hospital (SD = 5.95, range 1-34 days). Overall, the AUC of DASA was 0.76, 95% CI [0.72, 0.79]. Out of 2467 observations, 2098 (85%) had zero MOAS, 161 (7%) had MOAS of impulsive aetiology, 203 (8%) had MOAS of psychotic aetiology, and 5 (<0.5%) had MOAS of predatory aetiology. We got similar values AUC when using MOAS incidents with impulsive aetiology (AUC = 0.75, 95% CI [0.70, 0.81]) and psychotic aetiology (AUC = 0.75, 95% CI [0.70, 0.79]).

Conclusion: The DASA demonstrates good sensitivity and specificity for both main types of violent incidents—those with psychotic motivations and those with impulsive causes. The use of a prediction tool, in combination with the subsequent documentation of violent behaviour, empowers these professionals to verify the effectiveness of therapeutic interventions (e.g., de-escalation procedures), assign patients to individual key workers based on risk, and determine an appropriate clinical course, such as a discharge to outpatient care or transfer to another ward.

The Shared Genetic Architecture of Antisocial Behaviour, Schizophrenia, Substance use and Related Brain Morphology

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Background: Individuals with antisocial behavior (ASB) are at heightened risk for substance use disorders, influenced by genetic vulnerabilities and overlapping neural pathways in reward processing and impulse control. This susceptibility is compounded by ASB's comorbidity with various psychiatric disorders, indicating common genetic architecure.Despite this there remains a paucity of work examining the shared genetic etiology of ASB, related neuropsychiatric traits and relevant brain regions.

Methods: Using genome-wide association studies (GWAS) of ASB (n=50,252), cortical frontal region surface area and thickness, amygdala nuclei volumes, psychiatric and substance use phenotypes, we employed Linkage Disequilibrium Score Regression (LDSC) to assess genetic correlations among these traits. We utilized this correlation to enhance discovery of genomic loci associated with ASB and identify specific shared loci associated with both ASB and each phenotype, employing conditional/conjunctional false discovery rate (cond/conjFDR) methods. Functional analyses were conducted using FUMA.

Results: Our LDSC analysis revealed significant genetic correlations between ASB and alcohol consumption (rg= 0.28; p=1.33×10-9), cannabis use (rg= 0.37; p= 1.91×10-8), bipolar disorder (rg= 0.20; p=1.95×10-5), major depressive disorder (rg= 0.53; p=1.09×10-15), and marginal correlations with specific cortical surface areas and thickness measures. Conditioning on related psychiatric disorders and substance use traits identified 54 loci and 127 independent SNPs associated with ASB. These loci have implications in schizophrenia, disruptive behavior, substance use disorders, and cortical morphology.

Conclusion: Our findings highlight complex genetic relationships linking substance use, psychiatric traits, and ASB. They underscore the presence of distinct genetic loci with pleiotropic effects across ASB and related traits, suggesting shared genetic foundations with substance use traits and psychiatric disorders. The study implicates biological processes like ethanol metabolism, offering insights into potential therapeutic targets for ASB and its associated conditions."

Time to talk about staff trauma in Inpatient MEntal health wards: Findings from the Staff TIME study

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Background: ‘Workplace trauma’ in inpatient mental health wards may include verbal and physical violence and aggression, witnessing self-harm or hearing patients’ histories of abuse. This routine workplace trauma is compounded for staff experiencing identity-based discrimination. Sup-

port for workplace trauma may include informal check-ins, post-incident decompression, referral to occupational health or staff wellbeing services. However, support is not always available, accessible or suitable for the needs of inpatient staff.

Aims: This NIHR-funded study aims to identify barriers and facilitators to support access for workplace trauma, including the needs of staff from minoritised groups, and factors influencing the implementation of staff support on acute wards.

Methods: Semi-structured interviews with 35-40 acute mental health ward staff including clinical, non-clinical, bank and agency staff. Purposive sampling was used, with at least 50% of the sample identifying as from a range of minoritised demographic characteristics, such as from diverse ethnic communities; LGBTQIA+; and/or having a disability. Ten stakeholder interviews inform a higher-level perspective on policy and implementation. Interviews are analysed using the Consolidated Framework for Implementation Research.

Results: Findings will describe staff experiences of identity-based discrimination and abuse, physical and verbal assaults, and other workplace traumas. Results will also outline current formal and informal support available to staff for workplace trauma. Barriers and facilitators to accessing support will be discussed, including the influence of systemic factors and ward culture. Preliminary recommendations will be shared for how workplace trauma support offers can be adapted in future to best support ward staff, particularly those from minoritised groups.

Discussion: We will discuss the implications for a future workplace trauma support model. Barriers, facilitators, and strategies will be discussed at a stakeholder event involving national and regional experts in EDI; staff support providers; inpatient staff; PPI members and services users. The event will generate recommendations for implementing findings."

Towards national quality criteria for the use of seclusion and restraints- a nominal group study

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Background and purpose: Over the past two decades, there has been a growing recognition of the need to reduce the use of coercive measures in mental health settings. However, the continued use of seclusion and mechanical restraints is a cause for concern, as these measures have the potential to inflict significant psychological and physical harm on patients and staff. While legislation does exist to regulate their use, it does not provide clear guidance for quality assurance. Therefore, developing national quality criteria is essential to ensure safe and high-quality care for the prevention and use of these measures.

Methods: The study used a mixed-methods design, following Donabedian´s theoretical framework. Virtual nominal groups were used to finalize the quality criteria based on evidence-based knowledge. Group participants were members of the Finnish Network for Reducing Coercion and experts by experience (n=10) in 2023. The collected data were analyzed using a deductive approach and descriptive statistical methods.

Results: A total of 122 different quality components were recognized under Donabedian´s three main dimensions of structure (n=61), process (n=53), and outcomes (n=8) of seclusion and restraints. Experts rated communication skills, treatment culture, use of alternative methods, safety, and physical health monitoring as the most important components to include in quality criteria. According to participants, possible adverse effects, including psychological trauma and patient experience, should be considered when using these measures.

Conclusion: The results highlight the wide range of quality components concerning preventing and using seclusion and restraints. Preventing and using coercion are multidimensional practices whose quality is influenced by several structural factors of organisations and units. This understanding is pivotal in shaping the future of inpatient mental health

care. We hope our results will lead to more cohesive practices at a national level."

Trends in compulsory admissions 2003-2023 in the Netherlands

Eric Noorthoorn, GGnet Mental health centre Warnsveld the Netherlands

Background: Dutch mental health care has witnessed a number of significant legislative changes over the past 30 years with the Special Admissions Act (BOPZ) enacted in 1994, the Conditional Authorization introduced in 2004 and the Compulsory Care Act (WVGGZ) introduced in 2020. The current Compulsory Care Act (WVGGZ) introduced in 2020 aims to reduce coercive admissions and strengthen patient rights.

Objective: This study has tracked the use of compulsory mental health care by estimation of compulsory admissions corresponding with the prevailing metal health legislation over this timespan, since the implementation of the BOPZ.

Method: Data from the Council for the Judiciary (RVR) on measures and authorizations were analysed with linear regression.

Results: The number of initial care authorizations increased over the years by 87% from 3979 in 2003 to 7438 in 2019. The number of continued care authorizations increased by 57% from 3249 in 2003 to 5098 in 2019. The conditional authorization, which is a predecessor of the current CTO has accounted for an increasing share of the number of authorizations over the years (57 in 2003 and 8385 in 2019).

A regression analysis of the trend in all authorisations adjusted for population growth showed an R2 of 0.965 and an ex (b) of 2.92 (95% CI=2.53-3.28). This means that the increase over time is stronger than population growth. After the law, the ex (b) is 0.89 (95% CI=0.76-0.98), indicating a stabilization.

Conclusion: The Council for the Judiciary trend data showed a steady increase of compulsory admissions until 2020. From 2020 onwards, the trend appears to have been halted, and the numbers of compulsory care episodes has stabilised. The actual number of forced admissions for Mental Healthcare Authorizations is an estimate due to the lack of a national register"

Violence directed at healthcare staff by children and adolescents treated in in-patient psychiatric wards: Emotional labor, PTSD symptoms, and physical and mental fatigue

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Background: Violence in psychiatric hospitals is becoming more common over time. Few studies have examined the violence perpetrated in psychiatric wards where patients are children and teenagers.

Purpose: This study examined the effects of child and adolescent violence on healthcare staff in psychiatric wards.

Methods: A cross-sectional study. The participants were 113 healthcare professionals working in a large psychiatric hospital, including physicians, nurses, social workers, occupational therapists, and psychologists. A five-part questionnaire was used, including Self-report of exposure to violence, post-traumatic stress disorder (PTSD) symptoms, emotional labor, the Multidimensional Fatigue Inventory, and a demographic ques-

tionnaire. A hierarchical linear regression was conducted, and a moderation analysis was performed using PROCESS software (ver. 4).

Findings: Participants reported high rates of verbal (93.8%) and physical (74.3%) violence directed at them by teens and children treated at the hospital. No direct link was found between violence and emotional labor, suggesting that staff may normalize violent behaviors due to the challenging backgrounds of their young patients. A significant correlation was found between exposure to PTSD symptoms and verbal (r=.37, p<.001) and physical (r=.50, p<.001) violence, as well as between emotional labor and physical and mental fatigue (r=.27, p=.004). PTSD symptoms were a moderating factor between exposure to violence and fatigue (β =.21, CI: 0.11, 0.32).

Conclusion: These findings highlight the dual role of emotional labor: it helps staff manage emotional demands but also contributes to fatigue, especially in traumatic situations. Interventions should be aimed at reducing the prevalence of violence against the healthcare staff and raising awareness of post-traumatic symptoms among the healthcare staff after exposure to physical and verbal violence.

Violence towards formal and informal caregivers and its consequences in the home care setting: A systematic mixed studies review

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Violence towards formal and informal caregivers is a frequently occurring and complex international hazard in healthcare that has a negative impact on the physical and psychological health states of caregivers. However, little is known about the prevalence and type of violence towards formal and informal caregivers by care recipients in the home care settings. The aim of this review is to obtain insight into the prevalence of violence by home care recipients against formal and informal caregivers in home care settings and the types and consequences of violence. A systematic review was conducted between March and May 2023 using the PubMed, EMBASE, CINAHL, and PsycINFO databases. A methodological quality appraisal was conducted using the Mixed Methods Appraisal Tool (MMAT). Data collection was performed until May 2023. Out of 1087 screened articles, a total of 10 full texts were included after the screening process. Findings demonstrate that workplace violence is an understudied area of research. The few studies found in this review showed high prevalence rates of violence with risk for physical and mental injuries for formal caregivers. No information at all on violence against informal caregivers was available. Strategies for prevention and intervention against violence in the home care setting must be developed. To develop strategies, it is important to have more insight in the prevalence and types of violence. It is also important to explore violence against informal caregivers in research.

Violence: Italian difficulties

Alessandra Cova | Giovanni Lodetti
AIPPS

There is a lot of talk about violence and how to fight it but what is being done in Italy risks being extremely discriminatory and of not achieving the goal but generating other forms of violence.

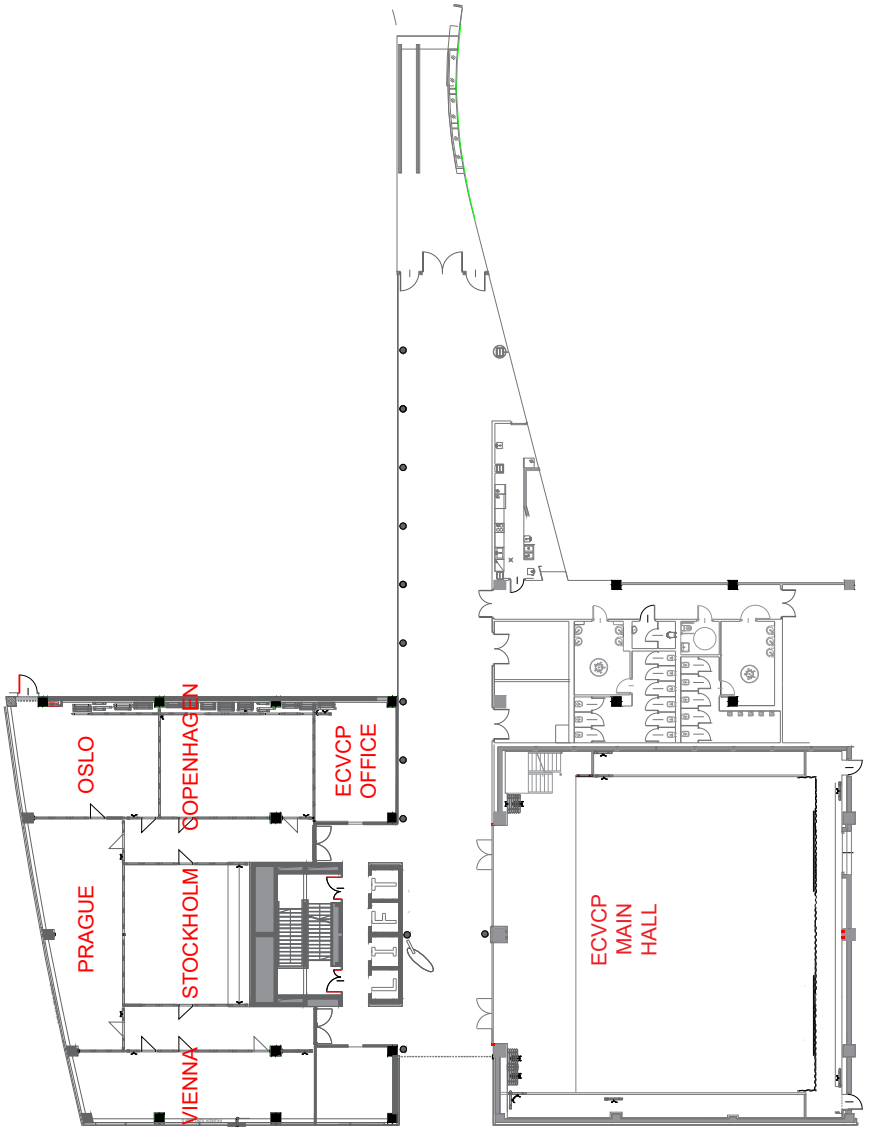
Many forces have been brought into play for the fight against women violence, at all levels from institutional to legal to psychological to social to political, certainly a struggle to be faced, to produce an important cultural change but, due to the way it is carried out , it produces the spread

go other types of violence. There is no dichotomy that pits a bad man against a good woman, but there are people who commit violence and people who suffer it. It's important to build models of help from both a preventive and re-educational perspective.

AIPPS, Associazione Internazionale di Psicoanalisi e Psicologia dello Sport, whose operating model "Ecologia della Mente e dello Sport" has been recognized by the Scientific community since 2007, and C.A.S.per, anti-violence center for people, operational on Italian territory since 2015, have combined their skills to implement interventions aimed to help people who have ended up in the tunnel of violence to redefine their reference parameters, to become aware go their strengths and their limits, to rebuild the positive becoming of the person themselves, contributing to creating that fundamental welfare substratum to reduce the use of pharmacological therapies or forced hospitalization, acting not on symptoms but on the causes in an experiential way through the body.

Some of our activities are meetings with thee population and with schools to reflect on the phenomenon of violence as not belonging to just one gender, but also self-help groups both remptely and in person where they can discuss their experiences.

NOTES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WHAT TO DO IN CONFERENCE?
Here are some suggestions

- ☐ Talk to someone you haven't talked before
- ☐ Tell something about your country to someone from another country
- ☐ Take a picture and post it to the social media #ECVCP2024
- ☐ Go to see a presentation outside your own field
- ☐ Ask a question after a presentation
- ☐ Vote for the best poster
- ☐ Participate in a workshop
- ☐ Talk to our volunteers for information about Kraków
- ☐ Breath and relax
- ☐ Have fun!