Correction: *Evaluating the impact of the english health inequalities strategy on socioeconomic inequalities in the regional infant mortality rate*

Bourmorck D, Nicaise P, Molera-Gui M, *et al.* Evaluating the impact of the english health inequalities strategy on socioeconomic inequalities in the regional infant mortality rate. *J Epidemiol Community Health* 2018;72(Suppl 1):A88– A89. doi: 10.1136/jech-2018-SSMabstracts.187.

For abstract number P64 the wrong abstract title and text is associated with the abstract (the authors are correct). The correct title and text is below.

P64

ARE MENTALLY DISORDERED OFFENDERS ADEQUATELY PLACED TOWARDS REGULAR OR FORENSIC CARE SETTINGS ACCORDING TO SECURITY NEEDS? A CROSS SECTIONAL STUDY

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Rationale Access to mental health care for Mentally Disordered Offenders (MDOs) is a common issue across Western countries. MDOs are people with mental disorders who have committed a criminal offence. Their legal condition adds complexity to the multiple fields already involved in regular mental health care: psychiatry, social, and behavioural care. So far, the organisation of care for MDOs differs greatly across countries and research on security needs remains inconclusive. In particular, access to appropriate care for MDOs is hindered by society and MDOs' security needs, which conflicts with community-based, recovery-oriented standards for regular mental-health care.

Belgium is currently reforming its care organisation for MDOs with the goal of delivering community, recovery-oriented care within the most appropriate security setting. MDOs placement should ensure the lowest secure settings regarding needs of security. However, MDOs placement is regulated by a legal decision, which is not based on formal guidelines. In these conditions, it is unknown whether MDOs' placement in regular or forensic care settings according to security needs is appropriate.

Aim Therefore, we assessed how well placement matches MDOs' and society security needs.

Methods As part of a broader reform evaluation process, routinely collected data on MDOs' care placement in 2017 were retrieved. Placement settings covered the whole country and four out of five security levels: regular mental-health care and forensic low, medium, and high security settings. All MDOs that were placed during 2017 were included. Data included sociodemographics, clinical, and legal status of MDOs, the sending and receiving services, and an evaluation of severity of symptoms and security needs carried out with the HoNOS-Secure. The primary outcome was the appropriateness of placement to security levels according to security need assessment controlled for MDOs' individual characteristics (multinomial logistic regression). Secondary outcomes included an assessment of the care pathway through the sending and receiving services, and descriptive statistics of the population in the several security level settings.

Population Health Relevance Appropriateness of care placement for MDOs is needed to improve care access, quality, and social rehabilitation. Placement assessment is required to support authorities and professionals for the development of care facilities.

In addition, more evidence on the relevance of personalised and community-based care models for MDOs' is needed.

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Correction: *Systemic inflammation and suicide risk: cohort study of 419 527 Korean men and women*

Batty GD, Jung KJ, Lee S, *et al.* Systemic inflammation and suicide risk: cohort study of 419 527 Korean men and women. *J Epidemiol Community Health* 2018;72:572–4. doi: 10.1136/jech-2017-210086.

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J Epidemiol Community Health 2018;72:1174. doi:10.1136/jech-2017-210086corr1