Since the days of ancient Rome, psychotic delinquents have received special treatment by the law and held less or not at all legally responsible, apparently because insanity has been regarded as involuntary. The state of a person influenced by alcohol or drugs may be more or less equal to an acute psychosis. However, intoxication is generally no excuse in the court – unless the forensic psychiatrist diagnoses a state of abnormal or pathological intoxication. The reliability of this diagnosis has been disputed almost since its earliest mentioning in the 1860's. The survival of the diagnosis into the ICD-10 (F 10.07) calls for a penal act that can handle it. The Danish Penal Act since 1975 has offered a sensible, medico-legal compromise to the conflict between law and psychiatry that is imposed by alcohol and drugs. In general, insanity because of psychosis renders the defendant not punishable (Section 16,1,1). However, if the psychosis was due to intoxication, punishment is - depending on circumstances – possible (Section 16,1,3).

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Coercive measures used during hospitalization. Eunomia - final results in the Czech Republic

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Background: The EUNOMIA international project focuses on the application of coercive measures in psychiatric treatment. The use of coercive measures to mentally ill people is a very sensitive topic. The type and frequency of this action is influenced by different cultural or legal traditions, general attitudes toward mentally ill people and the structure and quality of mental health care systems.

Aims: Presentation of the frequency and way of administration of coercive measures to psychiatric inpatients with acute mental illness in the Czech Republic.

Methods: All coercive measures used during hospitalization (restraint, seclusion, forced medication) were documented in detail in special form. The definition of coercive measures was following: Restraint - fixation of at least one limb for longer than 15 minutes. Forced medication – the use of restraint or high psychological pressure to administer medication.Seclusion -involuntary placement of the patient alone in a locked room.

Results: We have evaluated the group of 202 involuntarily admitted patients and the group of 59 voluntarily admitted patients perceiving some coercion at admission.

Restraint, forced medication or/ and seclusion were used in 45,5% of involuntarily admitted patients. In 2/3 of these patients some coercive measure was repeated. In the group of voluntarily admitted patients coercive measures were used only marginally (5,1%).

The most frequent measure used was forced medication. Mainly typical antipsychotics and benzodiazepins were administered.

Conclusion: Presented results show the praxis with the use of coercive measures in the Czech Republic. The data were gathered within the EUNOMIA project.

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Violence, substance abuse and active symptoms in schizophrenia - overview of forensic wards in Portugal

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Background and aims: Men and women who develop schizophrenia are at increased risk, compared with the general population, to engage in violence toward others and, in so doing, often lay waste to their own lives. The reasons for this finding remain obscure.

The present work aims to analyze the relationship between active symptoms of the disease, substance abuse and violence in schizophrenic patients admitted to a forensic ward in our country (Portugal).

Methods: A population of inpatients (male and female) from two forensic wards was studied as to personal and psychiatric history, substance abuse, social and cultural background, family history, symptoms at the time of the violent behavior and patient's insight.

Results: The prevalence of offenses was the highest among male schizophrenic subjects with coexisting substance abuse, and more than half of the schizophrenic offenders also had problems with substance abuse. Most perpetrators were acutely ill at the time of the offence but only a small number was under mental healthcare.

Conclusions: Our results were consistent with those found in classic literature. We hope this will help us start a structured programme in our hospitals in which behavioral factors, substance misuse and social dislocation are managed together with the active symptoms of the disorder in order to prevent such violent behavior and to promote adequate treatment of schizophrenic patients.

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Property offences in dissocial personality disorder and kleptomania

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The objective of the study was to examine phenomenology and comorbidity of repeated stealing behavior in a group of 72 adult male forensic psychiatric patients. 38 have diagnosis of dissocial personality disorder and 34 – kleptomania by clinical-psychopathological method (structured and semistructured clinical interview) and nonparametric statistical analysis.

Results: The comorbid disorders for antisocial disorder were organic disorders mostly of perinatal origin and ADHD syndrome in childhood. For kleptomania there were non-psychotic affective states and personality disorders: schizoid, schizotypal, borderline and emotionally unstable of borderline type. The repeated theft in both groups served as habitual tool for emotional self-regulation since all the patients had dysthimic or dysphoric mood swings and unstable self-esteem. Their repeated criminal pattern responded to criteria of dependence syndrome listed in ICD-10 for substance abuse. We described them in terms of feeling of psychological dependence, distorted physical and psychological reactivity, and personality scarcity at the final stage of dependence when stealing behavior became serial, clichéd and followed by symbolic rituals. In antisocial personality disorder we observed tends to switching to more hetero-destructive behavior - pyromania, zoocides and sexual sadism served as substitution first and then developing the traits of addiction. In kleptomania auto-destructive kinds were more common (habitual self-mutilation, alcohol and drug dependence, exhibitionism, pedophilia, sadomasochism). Forensic psychiatric evaluation included assessment the urge to steal (impulsive, compulsive or obsessive) and degree of emotional disturbances as well as comorbid disorders (both underlying and substituting) to estimate the quality of volitional control.

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Criminal agressive-violent and gomcidal behaviour of children and adolescents

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