

Conclusions The use of the Italian version of the Spitefulness Scale seemed promising for the study of emotion recognition in both clinical and nonclinical samples.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.903>

EV0574

The role of spitefulness in personality disorders: Toward a better comprehension of the cluster B

Velotti¹, G. Rogier^{2,*}, C. Garofalo³

¹ University of Genoa, Educational Sciences, Psychology Unit, Genoa, Italy

² La Sapienza, Psicologia clinica e dinamica, Roma, Italy

³ Tilburg University, Department of Developmental Psychology, Tilburg, The Netherlands

* Corresponding author.

Introduction Cluster B personality disorders (i.e., Antisocial, Borderline, Histrionic, and Narcissistic Personality Disorders), is characterized by a dramatic pattern of relating to others, with symptoms characterized by a difficulty regulating emotional states and behavior (APA, 2000). The desire to cause pain often characterized these disorders (i.e. borderline) involving vindictively harming another with serious and often negative interpersonal consequences. Nevertheless, there is a paucity of research about the nature of relationships between spitefulness and personality disorders.

Objective This study aims to investigate the association between spitefulness and personality disorders in an offenders samples ($N=305$).

Aims To investigate the associations among spitefulness and personality disorders. We hypothesized that spitefulness would be differently associated with emotional and impulsive personality disorders (cluster B: antisocial, borderline, histrionic and narcissistic).

Results As expected, spitefulness and some personality, disorders were positively associated. Specifically, ASPD and Borderline are strongly associated with high levels of spitefulness.

Conclusions Such results confirm the theorization that the assessment of spitefulness improve the accuracy of diagnosing of these personality disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.904>

EV0575

Evaluation of a court liaison and diversion service in London over a quarter of a century

H. Ryland^{1,*}, T. Exworthy², G. Shaun³, A. Khan³, R. Lynne⁴

¹ South West London and St. George's Mental Health NHS Trust, Forensic Department, London, United Kingdom

² Institute of Psychiatry- Psychology and Neuroscience, Forensic Department, London, United Kingdom

³ Oxleas NHS Foundation Trust, Forensic Department, London, United Kingdom

⁴ Ministry of Justice, Forensic Department, London, United Kingdom

* Corresponding author.

Introduction Oxleas NHS Foundation Trust has run a Court Diversion Service in South East London since 1991. It provides services for people within the earlier stages of the Criminal Justice System.

Objectives This evaluation aims to combine data from across the 25-year period since the introduction of the diversion scheme. It

seeks to provide a longitudinal picture to elucidate the impact of service changes during this time.

Methods The evaluation uses data obtained from a variety of sources for four points in time: 2015/2016, 2011, 1999 and 1991. Data across domains was collated to allow longitudinal analysis.

Results After the initial introduction of the scheme in 1991, the total mean time on remand was noted to drop from 67.1 days to 49.5 days ($P<0.001$). There were 280 referrals over 18 months in 1991, 210 per year in 1999, 190 in 2011 and 174 between April 2015 and March 2016. Violent crimes increased from 29% in 1991 to 47% in 2011. The proportion with schizophrenia decreased from 31% in 1991 to 18% in 1999, before increasing again to 25% in 2011. The use of Section 37 hospital order disposal decreased from 15% in 1991 to just 4% in 2011.

Conclusions The court diversion scheme has produced significant benefits since it was introduced in 1991, despite a rise in the proportion of violent alleged offences. Changes to the service have seen decreased use of hospital orders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.905>

EV0576

The acting out in patients with Schizophrenia examined in a forensic psychiatric assessment

S. Khoudja*, S. Younes, S. Chatti, R. Ben Soussia, L. Zarrouk, M. Nasr

University Hospital, Psychiatry, Mahdia, Tunisia

* Corresponding author.

Introduction Many studies have shown that schizophrenic patients are responsible for the highest rates of violence among all the mentally ill patients.

Aims of the study Describe the socio-demographic and clinical characteristics of patients with schizophrenia examined in a forensic psychiatric assessment and identify the risk factors of violence in these patients.

Methodology A retrospective study carried out in the psychiatric department of university hospital of Mahdia during fifteen years involving 40 patients with schizophrenia examined in a forensic psychiatric assessment following a forensic act. These patients were compared to a population of 40 patients followed in the same establishment for the same disease and without criminal record.

Results Age average of 36.08 years, male (95%), rural origin (65%), primary level education (47.5%), single (65%), unemployed (65%) and average socio-economic level (65%). Personal psychiatric history (87.5%), personality disorder (12.5%), judiciary history (12.5%) and substance abuse (57.5%). Subtypes of schizophrenia: undifferentiated (52.5%) and paranoid (30%). They have committed serious physical assaults (55%) and aggression against property (27.5%). The victim was mostly a family member (40%), under the influence of toxic (22%), driven by delusions of persecution (61%), with hallucinatory mechanism (55%). The psychiatric expert has concluded an abolition of discernment in 77.5% of cases. Risk factors of acting out were: rural origin, alcohol and psychoactive substances use, productive forms of schizophrenia, poor adherence and irregular monitoring.

Conclusion The knowledge of risk factors improves the management and allows us better prevention of violence among our patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.906>