

use disorder and psychiatric morbidity by a child psychiatrist using the Chinese version of Kiddie-SADS. Their sociodemographic characteristics, patterns of drugs and substance used were collected and analyzed in relation to psychiatric morbidity. Amphetamine (56%) and heroin (3%) were the common illicit substance use in these juvenile offenders; while among the licit substances, nicotine (90%) was the most prevalent followed by betel nut (30%), alcohol (26%) and hypnotic/sedative drugs (3%). There were more males than females using nicotine and betel nut while a female preponderance of hypnotic/sedative drugs was found. Their comorbid psychiatric disorders included conduct disorder (36%), attention deficit/hyperactivity disorder (13%), anxiety disorder (12%) and depressive disorder (11%). Significant higher rates of comorbid major depressive disorders were found in females, and also those with the illicit substances of amphetamine and heroin. High prevalence of substance use disorders (dependence/abuse) was found in juvenile drug offenders. The characteristics and distribution of their comorbid psychiatric disorders were however, different from most other reports.

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WORKING WITH SCHIZOPHRENIC PEOPLE: INFORMATIONS TO THEIR FAMILIES

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In this paper are presented preliminary results of the first step of a psycho-educational programme for 52 mental health clients family members.

A questionnaire with some multiple-choice questions, some open ended questions and some free answer questions, was used at the beginning and the end of the Course. The questions asked about present problems, perceptions of mental illness, feelings on the care given to their relative, relationship with mental health service (MHS, expectations about the future and requests in terms of mental health, social care and providers' intervention. A second questionnaire with multiple-choice questions and a seven-step (Andrews and Withey) scale of satisfaction was administered at the end of the Course in order to evaluate the satisfaction level.

At the starting moment of the Course, the results showed on one hand a good relationship between MHS and family members, a trend toward the delegation of problems, a negative perception of mental illness. On the other hand good expectations toward the future, a very high worry for patient's aggressiveness, a poor request of information about mental illness. At end of the Course authors recorded a significant reduction in the negative feelings with their relatives ($p = 0.008$), a further improvement in the relation with the service ($p = 0.007$), a very significant increase in the information requests about mental illness, care and possibility to prevent crisis in their relatives ($p = 0.013$). 87% of family members involved in the Course were very satisfied.

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COPING STRATEGIES IN RELATIVES OF PATIENTS WITH SCHIZOPHRENIA

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The aim of the present study was to assess the relationship between family coping strategies and patients' sociodemographic and clinical characteristics.

The sample consisted of 99 patients, males and females, with an ICD-10 diagnosis of schizophrenia and their 104 family members. Patients symptoms and social functioning were assessed using a standardised Psychiatric Assessment Scale (PAS) and Global Assessment Scale (GAS) respectively. Family Coping Questionnaire (FCQ) was used for establishing different coping strategies of relatives.

Seeking information about the illness was most commonly predicted by key relatives ($p = 0.002$) and patient's anxiety ($p = 0.057$). Positive communication with the patient correlated positively with the degree of education of the relative ($p = 0.029$) and negatively with the frequency of contacts ($p = 0.023$). Two factors that indicate diminished maintenance of relative's own social interest are the key relative ($p = 0.046$) and presence of hallucinations ($p = 0.019$). Relative's higher degree of education ($p = 0.001$) predicted favourable maintenance of own interests. The two factors that made avoiding the patient less probable were higher age of the relative ($p = 0.015$) and inappropriate emotions of the patient ($p = 0.032$). Relative's behaviour that included encouraging patient's social involvement was connected with three factors and all three exerted negative influence. Such behaviour was less probable with key relatives ($p = 0.002$), frequent contacts ($p = 0.0002$) and sharing the same apartment ($p = 0.006$).

The significance of our finding is both theoretical as well as practical. Practical implications of our findings will help determine psychoeducational interventions in the families of patients with schizophrenia.

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VIOLENCE AND CRIME: PSYCHIATRIC APPROACH

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In the present work we compare three case studies, that share a common objective: the psychiatric analysis of convicts or accused of different crimes:

- Convicts of intentional homicides in jail.
- Convicts of different crimes, impatients in a Psychiatric Unit of State Prison.
- Accused of sexual abuse.

The methodology is based on the comparison of the statistic dates mainly referred to the Legal Medical aspects of psychiatric and psychological diagnosis.

The most relevant conclusions are:

1. The false popular belief that the violent behaviour is included as part of the definition of insanity.
2. In all studies, a high percentage of offenders could appreciate the criminality of his act at the time of the crime, and could conform his conduct to the requirements of the law.
3. Among offenders with mental disorders, the most frequent diagnostic category is personality disorder.
4. The kind of personality disorder depend on the type of the injury.

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FORENSIC PSYCHIATRIC STUDY OF SEXUAL ABUSE

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The objective of this work is to study from a forensic point of view subjects implicates in sexual offenses.

Subject population includes accused, victims and other people implicated in cases of sexual abuse submitted by the judge to a