

a patients with personality disorders in frameworks of mental retardation, organic disease, remission of schizophrenia.

P0148

Disorders of self-regulation among epileptic offenders

M.V. Usukina, S.V. Kornilova, V.G. Bulygina. *The Serbsky National Research Centre for Social and Forensic Psychiatry, Department of Exo-Genous Mental Disorders, Moscow, Russia*

The aim of the study of 118 mail offenders with epilepsy diagnosis was to determine factors, witch of severe antisocial deeds. Some key characteristics of self-regulation were revealed by using standardized psychiatric interview and psychological tests.

In our study we assumed the cognitive paradigm, in witch self-regulation was considered to be cyclical conscious psychological process, which consisted of following phases: long-term planning, programming, modeling, evaluation. Self-regulation is also characterized by level of flexibility and intercon-nection/autonomy.

The typical variants of self-regulation disorders were:

- 1) disconnectedness within process, while the phases, themselves, were on high level of function-ing;
- 2) «disharmonious» profile of self-regulation with non-realistic planning and hyper function of pro-gramming;
- 3) low level of functioning of all phases of the process, with combination of sufficient evaluation abilities and lack of anticipating capacities.

In the first variant: aggressive manifestations could be related to the following factors. Specific for epilepsy personal treats increased the rate of negative attributions in a wide range of situations. Alcohol intoxication disrupted compensatory formed manners of self regulation and interpersonal relations.

In the second variant: epilepsy patients exhibited general cognitive morbidity and personal disorders. Negative symptoms in combination with suspiciousness and jealousy determined the evaluation even of neutral situations as hostile and threatened. This led to fixation of aggressive patterns as the common way of interaction.

In the third variant: criminal history and aggressiveness appeared much earlier than epilepsy manifestation. Such manner of self-regulation was more the result of preceding personal and conduct disorders, than the epilepsy outcome.

P0149

Validation and calibration of the VRAG in Switzerland

A. Villazan Rosales, A. Rossegger. *Psychiatric/Psychological Service, Justice Department, Zurich, Switzerland*

The Violence Risk Appraisal Guide (VRAG) was developed by Harris et al. in 1993.

Actuarial assessment instruments are typically generated using data from a training sample and are then applied to calibration samples. However, even slight differences in the composition of the samples can lead to different statistical models.

If an actuarial instrument is used in another country with a different legal system, culture and lan-guage, this problem is exacerbated. In the past, the predictive validity of the VRAG was confirmed for North America and for many European countries.

Our sample consisted of 107 violent and sex offenders released from a Swiss state penitentiary. Follow-up time was seven years.

The VRAG was predictive for general re-offending - independent of the inclusion of the PCL-R (Psychopathy Checklist-Revised; Hare, 1991) score. However, it failed to predict violent re-offending when the PCL-R score was excluded. Inclusion of the PCL-R score led to a significant - but low - result (AUC=0.62).

The calibration was acceptable for the model estimating any recidivism. In the case of violent recidivism, the calibration was poor.

It can be concluded that the VRAG can be used for risk assessment of offenders in Switzerland. However, the calibration of the risk categories should be adjusted to the base-rate of recidivism.

P0150

Forensic patients: Sociodemographic variables and their correlation with institutional aggressive behavior

S.S. Vladejic¹, S.M. Stanojkovic¹, S.D. Vladejic². ¹Center of Forensic Psychiatry, Special Psychiatric Hospital, Gornja Toponica, Nis, Serbia ²Neuropsychiatric Ward, Military Hospital, Nis, Serbia

During the two - year research, conducted at the Center of forensic psychiatry at Special Psychiatric Hospital Gornja Toponica, from 2003 - 2005., following sociodemographic variables have been studied at in - mate forensic patients: age, origin (from town or village), education, duration of hospitalization, previous hospital treatments, previous criminal records and heredity.

Research included 170 in - mate forensic patients and 67 other psychiatric patients (that were divided in two control groups: control group of schizophrenic patients and control group of patients with alcoholism). During one - year period of follow - up, we investigated possible connection between some of quoted characteristics and violent behavior that took place during the hospitalization (institutionally).

Following statistic methods have been used: variance analysis (ANOVA test), Tamhane' s test of multiple comparation, univariate and multivariate logistic regression. Results of study show greater representation of patients with low educational level and village origin in group of forensic patients on hospital security measures (unlimited duration). Earlier aggressive behavior, criminal record and greater number of previous hospitalizations is represented widely at the group of forensic patients, compared with control groups. Following sociodemographic variables show significant correlation with institutional aggressive behavior: previous criminal record and low educational level, together with leading psychopathological syndrome. Other studied variables were not correlated with risks for aggressive behavior in this study.

P0151

Factors associated with antisocial behaviour in a sample of Romanian female offenders

G.N. Zarie¹, M.I. Hategan², V.V. Belej³. ¹Ambulatory Service, Timisoara City Hospital, Timisoara, Romania ²Gataia Psychiatric Hospital, Timisoara, Romania ³Department of Forensic Medicine, University of Medicine and Pharmacy V. Babes, Timisoara, Romania

Background: The gravity of antisocial behaviour in women (ABW), can be associate with different psychosocial and psychopathological factors. The aim of our study is to determine such specific associations in a sample of Romanian female offenders.

Matherial and Method: This is an ongoing study concerning women incarcerated in four Romanian prisons. We are collecting data about their psycho-socio-familial and educational environment,

and also about their general psychopathology. The collection of data will be finished in December 2007. We are going to correlate the inflections with this factors and to publish the results and conclusions in March –April 2008.

Poster Session III: Mental Health Serious Caregiver

P0152

The satisfaction of clients to child and adolescents guidance clinic (A qualitative research)

A. Attari, H.A. Abedi, M. Amialroayai Yamini. *Behavioral Sciences Research Center, Ostandari St. Noor Medical Center, Isfahan, Iran*

Background and Aims: The customers' satisfaction of health services are priority in Health systems. The purpose of such services is to supply the realized needs of the customers. The Purpose of this study is to explore the original concepts of satisfaction, to determine guidance and final strategies for Child and Adolescent Guidance Clinic.

Method: This is a Qualitative study by triangulation method in three phases: First phase is phenomenology research; second phase is focus group; and third phase is Delphi technique. Clients, including children and their parents referred to Isfahan Child and Adolescent Guidance Clinic and its staff were study sample .

Results: The findings from interview with 24 participants and focus group discussion were recorded. Overall, 834 concept codes were worked out. Then, They were classified in 130 Concept structures. These concept structures were set in 30 groups according to Common characteristics in third level. Finally they were classified in 7 categories: a-factors related to different units of clinic, b- patient, c- factors related to drugs and treatment, d- clinic management, e- clinic, f- recovery, g- needs and recommendation. The suggested guidance from focus group and strategy for satisfaction in 18 items are presented.

Conclusion: It collected the 18 final strategies of satisfaction promotion for child and Adolescent Guidance Clinic . Some of these strategies, include: data collection committee, continuous non drugs treatment program, internal clinic protocol, Guidance clinics development, parent training classes, daily program arranging, team work attendance and patient rights regard .

P0153

The caregivers perspective: The dual diagnosis

R. Balzano¹, D. Sepio¹, M. Guidi², L. Martini¹, F. Motta³, V. Puro¹, E. Girardi¹, N. Orchi¹. ¹INMI L. Spallanzani Dipartimento Di Epidemiologia E Ricerca Pre-Clinica, Rome, Italy ²Universita Degli Studi Del Salento, Lecce, Italy ³Caritas Diocesana, Rome, Italy

Background and Aims: A growing body of scientific literature suggests that HIV seroprevalence among people with serious mental illness has increased substantially in recent years. In the Italian context, specialized services (mental health or infectious disease) more and more are requested for combined management of dual diagnosis.

Consequently health care workers (HCW) have to face difficulties due to new situations of care. To fill these gaps, the core purpose of this study is to analyze HCW experiences from their own perspectives in order to understand their difficulties and create good practices in health care.

Methods: A qualitative study was conducted in public services Mental Health and HIV/AIDS workers, in Lazio region, Italy.

HCW were asked in anonymous way about their experiences. The interviews, consisting of one open question, were audio taped and integrally transcribed and the texts were analysed through software T-Lab (cluster and correspondence analysis).

Results: 91 HCW were interviewed. We identified, through cluster analysis, six cultural models about dual diagnosis: Disease as personal experience, Fear of contagion, Training as support to work, Service as integration function, Families as object of the intervention, Disease as scientific knowledge

Conclusions: In conclusion, this study examines for the first time the constructions of dual diagnosis in the Italian context through text and language of HCW. It reveal that we need further elaboration because of sociocultural meanings of dual diagnosis are not fixed but are ongoingly co-constructed by the various participants of health context.

P0154

Ambulatory mental health care centers: A story of improvement

M. Cauterman¹, S. Vergnaud², J. Gaillard³, C. Boiteux⁴, G. Burot⁶, M. Lecuyer⁷, A. Gouiffes⁸, M. Tartar⁵. ¹Pole Chantiers Pilotes, Mission Nationale D'Expertise Et D'Audit Hospitaliers, Paris, France ²Service de Psychiatrie, AP-HP, Hotel-Dieu, Paris, France ³Secteur 13, Hopital Sainte-Anne, Paris, France ⁴Direction de la Qualite, Hopital Sainte-Anne, Paris, France ⁵Centre Medico-Psychologique Lucien Bonnafé, EPSD de la Marne, Reims, France ⁶Centre Medico-Psychologique Le Dean, Centre Hospitalier Etienne Gourmelen, Quimper, France ⁷Centre Medico-Psychologique D'Annecy-Le-Vieux, Centre Hospitalier de la Region D'Annecy, Annecy, France ⁸Centre D'Accueil Et de Soins Psychiatriques Saint-Exupery, Centre Hospitalier Du Rouvray, Le Rouvray, France

Background and Aim: As demand is increasing, French Mental Health ambulatory settings (CMPs) face an increasing pressure and feel difficulties to achieve their missions (prevention, screening, diagnosis, care and rehabilitation). With the support of a national agency, 8 of them have conducted an 18 month quality improvement project, from April 2006.

Method: In order to have a better understanding of the problems, the first objective was to define what was concretely awaited from them. Based on a study of the literature, operational objectives have been set. Among which, the most notable are: To offer an appointment within 72 hours after the first contact; To offer to all patients leaving the in-patients department, a follow-up consultation within 7 days; To decrease the amount of non attendance...

That definition of objectives made it possible to set up a measurement, to analyse organisational patterns and to launch actions for improvement, such as empowering nurses to allow them to realize the first appointments, reorganizing team working and "institutional times", defining a strategy to contact non attendant patients...

Results: The use of routine measurement allowed us to evaluate the impact of the project. Actions launched allowed to obtain improvements quickly on some dimensions (for exemple, delay before