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**Introduction** A growing number of studies investigating the relationship between violence and problems in child psychiatry. Consistent findings have been verified in studies related to aggressive behavior, antisocial and post-traumatic stress disorder with the violence against children. The financial costs associated with child abuse and neglect, including future lost earnings and expenses with mental health treatments were estimated at \$ 94 billion US in 2010. The abuse and child neglect can cause permanent changes in the body's response to stress, with profound changes in the brain development.

**Methods** Consisted of an exploratory study of character quantitative and qualitative, with document design. Records of children and adolescents who stayed in the shelter from 2011 to 2015 were surveyed. In order to collect data was used input and shutdown records used for shelter.

**Conclusions** Unlike Brazil and the rest of the world's data, the leading cause of institutionalization in this work in the town of Mafra, was neglect rather than abuse. Perhaps for the under-reporting of abuse cases. This, coupled with the fact that there are no typically physical findings associated with sexual abuse, made the detection more difficult. This paper alerts the importance to increase our ability to identify all child abuse experiences, for protecting our children. Not only sexual abuse, but also physical abuse could benefit from strategies to enhance detection.

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#### EW0143

### Addiction and violence among people with severe mental illnesses: An updated literature review

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**Introduction** Violence has important relevance for the criminal justice and health care systems especially forensic psychiatry. Previous studies reported the relation between violence, mental illness and substance abuse. We purpose to investigate the association between addiction and violence among people with severe mental illness through a review of literature.

**Method** we conducted a Medline and Pubmed literature search of studies published between "2000 and 2015", combining the terms "psychotic disorders", "addiction" "substance use disorder".

**Results** The studies published showed that much of the excessive violence observed in patients with severe psychiatric disorders is due to co-morbid substance use. Increasing violence associated with substance use disorders in these patients had same level than that observed among subjects without severe psychiatric disorders. Increasing violence in subjects with substance use disorder but without severe mental disorders was higher than in patients with only severe mental disorders. In fact, mental disorders could increase the risk of installing on substance use disorders, and therefore increase the risk of partner violence. Among the substances used, if alcohol is frequently identified as a consumer risk for the emergence of violence among subjects with severe psychiatric disorders, stimulants could be causing more violence than alcohol.

**Conclusions** Severe mental illnesses are associated with violence. However, most of the excess risk appears to be mediated by substance abuse co-morbidity. This finding improves the need of prevention of substance use disorders and emphasizes the fact that patients with severe mental disorders are more often victims than perpetrators of violence.

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#### EW0144

### Experiences of young offenders and health-care professionals involved in transitions from forensic adolescent mental health services: A qualitative study

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**Introduction** Transitions from child and adolescent mental health services to adult mental health services have been quite troublesome for young people in the UK. There is strong evidence throughout the literature that long waiting lists and rigid adult services criteria hamper dramatically transitions across services. Little knowledge exists about transitions from forensic adolescent services to adult services.

**Objectives** To interview health-care professionals and young offenders in transition of care from forensic child and adolescent mental health services in England.

**Aims** This study aimed to bridge the current literature gap in regards to transitions across forensic services and the complexities resulting from disruptive care.

**Methods** This study adopted a prospective design to identify young offenders referred to adult services over a six-month period. We utilized semi-structured interviews. Health-care professionals were interviewed about their transition views and perspectives. Young offenders were followed-up within a month of their transition and were interviewed.

**Results** The numbers of transitions within forensic settings are much lower compared to those of general transitions across mental health services in England. Transition delays were a repetitive theme across interviews due to lack of bed availability, especially in medium secure hospitals, and poor multi-agency communication. Commissioning determines age boundaries along with transfer destination for each service.

**Conclusions** Ineffective liaison among different sectors might impact adversely young people and hallmark their long-stay in the system. Therefore, continuity of care within forensic services should be looked warily along with the role of policy shaped by commissioning. Multiple transitions can repeatedly traumatize young people moving across services.

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#### EW0145

### Social determinants, which encourage the criminal desistance in young people in conflict with the law

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**Introduction** Previous studies about young people in conflict with the law (YPCL) have a tendency to focus on the risk factors that contribute to trigger antisocial criminal behavior. Instead, this study aims to research the social determinants that encourage the criminal desistance: understood as a gradual process taking place in the periods of absence of crime and desire to abandon the criminal activity.

**Objectives** From a sample that is made up of 100 YPCL, the main objective is to deduce the social determinants, which encourage the criminal desistance in YPCL, it means young people who commit crimes.

**Aims** To infer the social determinants (circumstances in which people are born, grow, live, including the health system) which foster the desistance in YPCL.

**Methods** The results of a sample of 100 YPCL were assessed with three profiles as follows: I: DSM-IV personality disorders (PD T-Scores). II: swap personality syndromes (Q-Factor T-Scores). III. factor T-scores.

**Results** This research shows the prevalence of the following social determinants associated with the desistance: (1) integrated families. (2) Educational and cultural opportunities (3) academic progress. (4) Healthy relationships that support and help. (5) Stable living arrangements (6) social conditions preserved the use of psychoactive substances and alcohol abuse.

**Conclusions** It is possible to identify the prevalence of social determinants which encourage the desistance in YPCL. Those allows them to transform their risk path in another that shows a positive development, associated with individual transformations that take them away from the criminal life and reintegrate into the community.

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#### EW0146

### Assessing violence in psychosis – A clinical prediction rule

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**Background** Current approaches to stratify patients with psychosis into risk groups are limited by inconsistency, variable accuracy, and unscalability.

**Methods** This paper will present an overview of current approaches based on a systematic review. It will also present a novel scalable approach based on a total national cohort of 75 158 Swedish individuals aged 15–65 with a diagnosis of severe mental illness (schizophrenia, schizophrenic-spectrum, bipolar disorder, and other psychotic illnesses). We developed predictive models for violent offending through linkage of population-based registers and tested them in external validation. We measured discrimination and calibration for prediction of violent offending at 1 year using specified risk cut-offs.

**Findings** : A 16-item model was developed from pre-specified routinely collected criminal history, socio-demographic and clinical risk factors. In external validation, the model showed good measures of discrimination (c-index 0.89) and calibration. For risk of violent offending at 1 year, using a 5% cut off, sensitivity was 64% and specificity was 94%. Positive and negative predictive values were 11% and 99%, respectively. The model was used to generate a simple web-based risk calculator (OxMIV).

**Interpretation** We have developed a prediction score in a national cohort of all patients with psychosis that can be used as an adjunct to decision-making in clinical practice by identifying those who are at low risk of future violent offending and higher risk individuals who may benefit from additional risk management. Further evaluation in other populations and countries is needed.

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#### EW0147

### Forensic psychiatric assessment of individuals with mental and behavioral disorders due to use of alcohol, who committed homicide

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**Introduction** The rate of pure alcohol consumption per capita in Lithuania is reported to be one of the highest in Europe Union. Many studies illustrate the relationship between alcohol and violent crimes. Though dual diagnosis of severe mental disorder and alcohol dependency is common.

**Aim** To evaluate peculiarities of mental status of individuals with mental disorders due to use of alcohol, who had committed homicide.

**Methods** Forensic psychiatry examination reports in alcohol consumption cases and homicide acts (*n* 110) were taken from archive of national service of forensic psychiatry in Lithuania, 2010–2014.

**Results** In total, 93% (*n* 91) men and 100% (*n* 12) women at the time of homicide act were under the influence of alcohol. A total of, 83% (*n* 91) of cases reported impulsiveness, emotional lability and personality degradation due to long term of alcohol consumption; 52% (*n* 57) of cases motives for violence remained unclear: offenders indicated they remember nothing because of alcohol intoxication, also possible malingering was evaluated. In total, 100% women (*n* 12) and 97% men (*n* 95) were criminally responsible. Only 2 individuals committed homicide as a result of psychosis due to paranoid schizophrenia and 1 individual had significant intellectual deficiency due to moderate mental retardation, which lead them to inability to appreciate the dangerous nature of their acts and to control their behavior. Compulsory medical treatment was recommended to all three of them.

**Conclusion** Impulse control deficiency and emotional lability are prevalent amongst homicide offenders with mental disorders due to use of alcohol. Only 3 individuals were irresponsible for their criminal acts as a result of severe mental disorders.

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#### EW0148

### Assessments of need for treatment and danger in decisions about community treatment orders

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**Background** A total of, 14 Norwegian assertive community treatment (ACT) teams have been established. During the teams' first year of operation, approximately 35% of the enrolled patients were subjected to community treatment orders (CTOs) at intake. CTOs are a legal mechanism to secure treatment adherence, and may be used in Norway when severely mentally ill patients refuse necessary treatment ('treatment criterion') or when they are considered a danger to themselves or others ('danger criterion'). Even if the use of CTOs seems to increase in Norway, few have examined in detail how and why these decisions are made. The purpose of the present study was to explore assessments of need for treatment and danger in decisions about CTOs.