

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

F. Seena^{1,*}, A. Wolf¹, T. Fanshawe²

¹ University of Oxford, Psychiatry, Oxford, United Kingdom

² University of Oxford, Department of Primary Health Care Sciences, Oxford, United Kingdom

* Corresponding author.

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

A. Survilaite

National forensic psychiatry service, adult department, Vilnius, Lithuania

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

H.K. Stuen¹, A. Landheim¹, J. Rugkåsa², R. Wynn^{3,*}

¹ Innlandet Hospital Trust, Norwegian National Advisory Unit on Concurrent Substance Abuse and Mental Health Disorders, Brummundal, Norway

² Akershus University Hospital, Health Services Research Unit, Lørenskog, Norway

³ UiT The Arctic University of Norway, Department of Clinical Medicine, Tromsø, Norway

* Corresponding author.

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.