

records. Details of appeals were obtained from the Court of Appeal and a literature search. The reasons for successful appeals were scrutinised, including the role of Forensic Psychiatry.

Results: Last year 57 automatic life sentences were imposed. Eleven appeals were identified. Four were successful, as defendants were not thought to pose a serious enough risk to warrant indefinite incarceration. Psychiatric risk assessments were used in the decision making.

Conclusion: The legislation is a blunt instrument which risks imposing life sentences on individuals who do not pose a serious risk to the public. Forensic Psychiatry is providing courts with guidance on risk assessments and assisting case law development.

P20.07

Two legal indications of compulsory outpatient treatment in Israel

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Objective: The aim of the present study was to compare the outcome of the two legal indications of Compulsory Outpatient Treatment (COT) in Israel (a) as an alternative to compulsory hospitalization (CH) and (b) as a follow-up to CH.

Method: Demographic, clinical and legal measures based on 326 COT orders issued in the Jerusalem and Southern district of Israel were compared according to the two legal provisions for COT contained in the Treatment of Mental Patient Law (1991). Results: The COT order was found to be more effective when used as an alternative to CH (53.1%) than when it was used following CH (38.8%), $p = 0.002$. In the former case, there were fewer schizophrenic patients, fewer hospitalizations, fewer visits to psychiatric emergency services and longer remissions.

Conclusion: Our results point to the influence of the legal indications on the efficacy of the COT order and help define the target population more likely to benefit from the legal provisions accommodating COT in Israel.

P20.08

The impact of intensive case management on violent patients with psychosis

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Background: Case management is a widely favoured method of delivering care for people with psychosis. However, few studies have tested its efficacy, and none have examined whether intensive case management can reduce violence by psychotic patients.

Method: We set out to examine the possible beneficial effects of intensive case management (ICM-caseload 10–15) over standard care (SCM-caseload 30+) for patients with psychosis and a recent history of violence. 708 patients with psychosis were interviewed at baseline, randomised to ICM or SCM, and re-interviewed 2 years later. 58 patients randomised to ICM and 64 to SCM had been violent in the 2 years prior to baseline interview. Potential differential benefits of ICM over SCM were examined for violent patients on social, clinical and economic outcomes at 2 years.

Results: Violent patients randomised to ICM spent significantly longer in hospital than their counterparts in the SCM group ($p < 0.001$) and cost significantly more ($p = 0.008$). No significant differences were found on other outcomes. The finding that violent

patients in the ICM group appeared to assault more during follow-up ($p = 0.03$) was possibly explained by increased reporting of violent incidents due to these patients spending longer in hospital.

Conclusion: ICM cost more for violent patients but was without demonstrable benefits in clinical and social outcomes.

P20.09

Involuntary placement of mentally ill in the European Union – admission rates and epidemiology

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Rules and regulations as well as the actual practice in caring for mentally ill patients on an involuntary basis differ widely in the European Union. Profound and comprehensive overviews are missing, especially those which are based on valid empirical data.

The present study, which was funded by the European Commission aimed at gathering information about the availability of data on involuntary placements of mentally ill patients across the European Member States.

Rather comprehensive numbers and rates of admission per 100,000 population for the most recent year available were assessed in all 15 European Member States, as well as time series for the last decade, which are much more scarce, but nevertheless provided for some countries.

This presentation shows the results and gives an overview of the situation across the European Union. General trends are described and correlations between compulsory admission rates, their change over time and the respective legislation in the Member States are analysed and discussed.

P20.10

Criminal activity and mentally disordered offenders

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Crime may be simply defined as the breaking of the criminal law. There was convincing evidence that violent/homicidal behavior was associated significantly with mental illness. The purpose of this study was assessing the distribution of criminal activity, as well as, various types of criminal behavior, among mentally abnormal offenders treated in maximum-security, using diagnostic ICD X Criteria, BPRS, clinical interview and the psychiatrist's reports in the authority courts. The results suggested that the most frequent diagnosis was schizophrenia, especially paranoid type, and the most frequent type of offence was homicide and attempted murder, while among patients suffering from antisocial personal disorder physical injury and rape were the most frequent offences. Obtained results are statistically significant. Schizophrenia may be associated with violent crime, and certainly such acts that may lead to considerable publicity and attract a great deal of attention because of dramatic clinical state of schizophrenia, impulsive behavior, often associated with bizarre crime, monstrous homicides and other offences because of a decline in social functioning competence. These facts may explain the most frequency of schizophrenic patients among the investigated ones.