

P20.02

The comparison of forensic-psychiatric traits between female and male perpetrators of murder or attempted murder

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The aim of this investigation was to define more clearly specific forensic-psychiatric characteristics of female murder or attempted murder perpetrators. The retrospective method applied was based on the comparison of the data from forensic-psychiatric assessments carried out in the Center for Forensic Psychiatry, Psychiatric Hospital Vrapče, Zagreb, from 1983 to 1997 (including 70 female and 70 male subjects – who committed murder or attempted murder). Compared with men, female offenders were most often in some way emotionally related to their victims, and they were more often victimized themselves before committing the crime. In men alcoholism was a more significant circumstantial factor in the assessment of their accountability. Psychiatric security measures were more often given to male offenders. The intensity of aggression was lower in females than in males. This investigation reveals that there are some sex specific forensic-psychiatric traits of murder or attempted murder perpetrators. The obtained results could be of help in everyday forensic-psychiatric practice, both in assessments and treatment.

P20.03

Factors influencing involuntary psychiatric admissions

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Objectives: To compare demographic data, clinical characteristics, and comorbid substance use between voluntarily and involuntarily admitted psychiatric patients.

Methods: Demographic data (gender, age, marital status, education, nationality, occupation, place of living), clinical characteristics (diagnosis according to DSM-IV, duration of illness, number of previous voluntary and involuntary admissions, length of hospitalization for the present episode), and substance abuse/dependence for 204 consecutive admissions (112 involuntary) were recorded over the course of 18 months.

Results: For the sample as whole, the typical committed patient: had a diagnosis of schizophrenia and other psychotic disorders (63%), as well as bipolar disorder (16%), had been admitted involuntarily previously (56%), and was single (56%). When we analyzed the subgroup of patients admitted for the first time ($n=78$), they were characterized by diagnosis (schizophrenia and other psychotic disorders, bipolar disorder, and organic psychiatric disorder, 75%). Length of hospitalization was significantly longer for involuntarily than for voluntarily admitted patients ($p=0.001$) for the whole sample, but there was a trend for the subgroup of first admission patients ($p=0.07$).

Conclusions: Involuntarily admitted patients are more likely to have a diagnosis of schizophrenia and other psychotic disorders and to have been hospitalized involuntarily previously. Our limited findings suggest that other factors (e.g., level of family or social support, socioeconomic level) should be examined in the future in order to better delineate the profile of involuntary patients.

P20.04

The temporal relationship between schizophrenia and crime

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Background: The crime rate among people with schizophrenia is known to exceed the crime rate in the general population.

Objective: To analyse the temporal relationship between the first committed (violent and non-violent) crime and the first contact to the psychiatric hospital system and when the diagnosis of schizophrenia is first given.

Method: A register based study linking The National Crime Register and The Psychiatric Central Research Register.

Results: A substantial part of especially the schizophrenic men commit their first crime before the first contact to the psychiatric hospital system.

Conclusion: A higher degree of cooperation and coordination between the judicial and the psychiatric system is needed to assess these individuals properly.

P20.05

A follow-up of mentally disordered offenders – recidivism and mortality

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Our knowledge about the outcome for hospitalised mentally disordered offenders is limited. Without such follow-up information, it is difficult to evaluate and improve the quality of forensic psychiatric treatment. The aim of the study was to analyse the rate of recidivism and mortality in a population based sample of people sentenced to forensic psychiatric treatment.

The sample encompasses all mentally disordered offenders in Örebro County, Sweden, discharged from a forensic psychiatric hospital ($n=47$) during the period 1992–1999. Variables studied were gender, age, index offence, diagnosis and duration of admission. Data concerning recidivism and mortality was retrieved from the National Police register and the Cause of Death register. The follow-up period comprised more than four years for half of the sample.

Approximately 30 percent of the sample was reconvicted during the follow-up period (no homicides). The sample yielded a significantly raised Standard Mortality Rate; 13.4 (95% CI 4.35–31.3), mostly due to suicide. The mortality was thus 13 times higher than expected compared with the general population. A forensic population obviously represents as much risk to themselves as to others.

P20.06

New legislation in the UK designed to increase public safety – a psychiatric view

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Introduction: The United Kingdom is preoccupied with Public Safety. New legislation, the Crime Sentences Act 1997, invokes an automatic life sentence on a person convicted of a serious violent or sexual offence, if they have a previous qualifying offence.

Objectives: To understand the use of this law in practice and how it impacts on Forensic Psychiatry.

Method: The number of automatic life sentences imposed over a twelve-month period was obtained from central government

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.