

of everyday CBT strategies such as time management, cognitive restructuring or accommodation of conditional assumptions.

Conclusion Identification and assessment of life values and their use in the course of therapy is a process that increases patients' motivation to face unpleasant emotions and make careful steps in CBT in order to achieve therapeutic goals. Knowing the patient's life values may help the therapist set therapeutic goals that are associated with significant areas of the patient's life. Together with other CBT techniques, this value-oriented approach increases the effectiveness of therapy and durability of its outcomes after its completion.

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EV676

Issues regarding compulsory treatment in compulsory admitted mentally ill patients

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Introduction In psychiatric clinical practice compulsory admission to hospital is the last option of the overall care provided to mentally ill patients, justified in terms of civil and human rights because of issues of protection for patients' and society members' life and health. Usually treating psychiatrists believe that issues of compulsory admission are without doubt associated with the permission, or even obligation, to apply compulsory treatment in a routine daily base.

Aims In this review, we are exploring issues around the implementation of compulsory treatment.

Methods Thorough research of the main databases and web search engines for relevant studies, agencies and organizations, interested in compulsory treatment issues.

Results Research shows ambiguous views. Conservatives argue that delay of any substantial, even enforced, and well documented treatment, would result in delay of treatment and excess use of other potentially more enforced methods. Using laws and legislation patients' rights are guarded but we also have the obligation to treat patients. On the other hand, liberals express totally opposite views. Capacity (or incapacity) is not 'all or nothing' but specific to decision and should be respected, with the exception to emergency treatment need.

Conclusions The capacity of decision-making of the mentally ill patient, whether or not being compulsory admitted, should be assessed in a more holistic and systematic approach and become part of the standard practice, followed by dissemination of these decisions to all relevant parties. Restore decisional autonomy should be one of the main goals of any therapeutic intervention.

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EV677

Moral obligation to acknowledge and prevent suicide in life sentence incarcerated inmates

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Introduction For an inmate incarcerated for life we could acknowledge factors contributing to the desire to commit suicide, as social isolation, insensitive discipline, lack of privacy, constant

threat of violence, fear, guilt, hopelessness, and depression are prominent in the life imprisonment.

Aims To discuss the ethical issues of prevention suicide in inmates incarcerated for life.

Methods We performed thorough research of the main medical databases, and web search engines for relevant studies, articles and opinions and reviewed them independently.

Results Prevalence of mental illness is high among inmates and several common stressors typically herald an inmate's suicide. Suicide is often the single most common cause of death in correctional settings. Even though some suicide victims have consulted a mental health service-provider before their suicide, the majority of suicide victims were not mentally ill. The paradox, particularly for life sentence inmates is that we are trying to persuade an inmate to live within a disciplinary environment, which has as side effect the increase of suicidality of the inmates.

Conclusions Prisons' inability to protect the health and safety of inmates could raise ethical issues. We have obligation to adequate suicide prevention for all inmates, and we should be more broad minded as the will to die in mentally healthy individuals is beside an free will expression, a sign of serious lack of support and humane living conditions. We should be vigilant not to use the prevention of suicide programs as another way to increase punishment of life long imprisonment.

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Forensic psychiatry

EV678

Critical analysis on legal capacity of the mentally retarded: The Portuguese reality in the European context

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Introduction Almost 50 years after the mental health reform in Europe and the deinstitutionalization of the mentally ill, there seems to be a slow change in the social concept of mental disorder. However, in the case of mental retardation, little progress has been made, since the social approach to these patients does not seem to involve the promotion of their autonomy. This is a reality with implications in medical, social and forensic psychiatry settings.

Objective We will present a statistical analysis on interdiction/inhabilitation processes in two districts of Portugal followed by a comparative analysis between Portuguese and other European countries' civil law concerning the regulation of legal capacity.

Aims Critical analysis of the means by which the concept of legal incapacity has been applied in the Portuguese social setting.

Methods Descriptive and retrospective analyses of 500 expert reports in the districts of Coimbra and Viseu regarding interdiction/disqualification processes. Research on Pubmed and legal databases; keywords used: mental disability, mental retardation, civil law, mental incapacity, legal incapacity, legal capacity, interdiction, curator.

Results The number of forensic psychiatric examinations has suffered a significant increase in the last years. The majority of

these expertise concern interdiction/inhabilitation processes. Mental retardation is the more prevalent diagnosis, and the great majority of the cases were interdicted.

Conclusions In Portugal, the law has been applied in order to safeguard the economic assets of mentally retarded individuals, but not in order to promote their social integration and autonomy.

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EV679

Patterns of long acting injectable antipsychotic prescription during criminal acts in a Portuguese psychiatric hospital

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Introduction Under the Portuguese law, criminal offenders that are designated as non-criminal responsible – “inimputáveis”, similar those in the United States of America found “not guilty by reason of insanity”, are forced to be committed to inpatient forensic units either in psychiatric hospitals or prison hospitals for mandatory security measures.

Objectives/aims To evaluate if patients committed in a regional forensic inpatient unit (RFIU) who had a psychiatric history preceding the crime, were under long acting injectable antipsychotic (LAIA) in during the period of the crime.

Methods During September/October 2015, patients committed to the RFIU in Centro Hospitalar Psiquiátrico de Lisboa were characterized using medical and court records regarding clinical and demographic variables. The type of crime and previous number of criminal acts were also accounted for.

Results We included 33 patients in the study. During time of the crime, 25 patients (75.8%) had history of previous psychiatric appointments, with an average of 3 commitments to the psychiatric inpatient units. The majority ($n = 17$; 68%) had a diagnose of “schizophrenia, schizotypal and delusional disorders” (F20–29; ICD 10) and committed “crimes against life” ($n = 13$; 52%). They had an average of 0.8 previous criminal acts. During the crime, 7 patients (28%) were taking LAIA. Those, 16% ($n = 4$) were doing an unknown antipsychotic and 12% ($n = 3$) were doing Haloperidol.

Conclusions Despite several studies showing the clinical and rehabilitative benefit of using LAIA early in the disease course, most of the patients in our study, who were already being followed in outpatient psychiatric units, did not benefit from them.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV680

DSM-5 clinical/legal challenges regarding the USA's death penalty

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Introduction In May 2013, the American Psychiatric Association (APA) published the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* in order to bring America's clinical professionals in concert with the World Health Organization's (WHO) international classifications, notably the ICD-10-CM. This effort was met with considerable resistance and changes were delayed until November 2015. Major social-cultural differences between the United States

and its European and other North American partners (Canada and Mexico) poses challenges in critical forensic areas such as the clinical/legal assessment of death qualified offenders – a status unique to the USA.

Objective/aims To articulate the clinical/legal differences between the previous DSM's (III; III-R; IV) and the DSM-5 and how the new language provides greater ambiguity in defining the mental status requirements for *Mens Rea* – competence to understand one's actions.

Methods Present the major legal issues surrounding the US death penalty and brought before the US Supreme Court including: Furman v. Georgia (1972); Greg v. Georgia (1976); Jared v. Texas (1976); Proffit v. Florida (1976); Adkins v. Virginia (2002); Roper v. Simmons (2005); Miller v. Alabama (2012): ... and legislative actions such as Rosa's Law (Public Law 111-256; 2010).

Results/conclusions Advocacy groups pushed Rosa's Law to mental retardation with – intellectual and developmental disability. This change is reflected in the DSM-5 whereby mental retardation (MR) was once relegated to axis II, is now classified under intellectual disabilities (ID) given the impression that it is a transitory (correctable) and not a fix (organ disability) clinical condition.

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EV681

When patients with paranoia commit medicolegal acts: A descriptive study

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Patients with paranoia have always been an attractive and redoubtable group of mentally ill to mental health professionals. In fact, beyond complex psychopathology and relatively better functioning, these patients do represent a real threat to themselves and their presumed persecutors.

Objectives To explore criminological aspects of medicolegal acts committed by patients with paranoia.

Methods We conducted a retrospective and descriptive study, based on medical charts consult. Were included, patients suffering from paranoia (persistent delusional disorder: jealous/persecutory/erotomania type, DSM-IV), hospitalized in the forensic psychiatry department of Razi hospital between 1995 and 2015. This psychiatry department provides medical care for male patients not held by reason of insanity, according to article 38 of the Tunisian Criminal Code. Patients' socio-demographic characteristics were collected as well as criminological details of their acts of violence (victim, weapon type, crime scene, premeditation...).

Results We collected 23 patients. Delusional disorder types were: jealousy (17), persecution (4), erotomania (1) and claim (1). The majority was married (18), undereducated (17), with irregular work (13). Forensic acts were uxoricide (15), attempted murder (5), violence against people (2) and destruction of public properties (1). Patients used bladed weapon in most of the cases (13), in the victim's residence (19), with premeditation in (17) of the crimes. Nine patients reported their act of violence to the authorities.

Conclusion Our results do expose further data concerning potential dangerousness of patients with delusional disorders, and by that invites mental health professionals to prevent these acts with screening for violence predictors and risk factors.

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