

Since the days of ancient Rome, psychotic delinquents have received special treatment by the law and held less or not at all legally responsible, apparently because insanity has been regarded as involuntary. The state of a person influenced by alcohol or drugs may be more or less equal to an acute psychosis. However, intoxication is generally no excuse in the court — unless the forensic psychiatrist diagnoses a state of abnormal or pathological intoxication. The reliability of this diagnosis has been disputed almost since its earliest mentioning in the 1860's. The survival of the diagnosis into the ICD-10 (F 10.07) calls for a penal act that can handle it. The Danish Penal Act since 1975 has offered a sensible, medico-legal compromise to the conflict between law and psychiatry that is imposed by alcohol and drugs. In general, insanity because of psychosis renders the defendant not punishable (Section 16,1,1). However, if the psychosis was due to intoxication, punishment is - depending on circumstances — possible (Section 16,1,3).

### P385

Coercive measures used during hospitalization. Eunomia - final results in the Czech Republic

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**Background:** The EUNOMIA international project focuses on the application of coercive measures in psychiatric treatment. The use of coercive measures to mentally ill people is a very sensitive topic. The type and frequency of this action is influenced by different cultural or legal traditions, general attitudes toward mentally ill people and the structure and quality of mental health care systems.

**Aims:** Presentation of the frequency and way of administration of coercive measures to psychiatric inpatients with acute mental illness in the Czech Republic.

**Methods:** All coercive measures used during hospitalization (restraint, seclusion, forced medication) were documented in detail in special form. The definition of coercive measures was following: Restraint - fixation of at least one limb for longer than 15 minutes. Forced medication — the use of restraint or high psychological pressure to administer medication. Seclusion -involuntary placement of the patient alone in a locked room.

**Results:** We have evaluated the group of 202 involuntarily admitted patients and the group of 59 voluntarily admitted patients perceiving some coercion at admission.

Restraint, forced medication or/ and seclusion were used in 45,5% of involuntarily admitted patients. In 2/3 of these patients some coercive measure was repeated. In the group of voluntarily admitted patients coercive measures were used only marginally (5,1%).

The most frequent measure used was forced medication. Mainly typical antipsychotics and benzodiazepins were administered.

**Conclusion:** Presented results show the praxis with the use of coercive measures in the Czech Republic. The data were gathered within the EUNOMIA project.

### P386

Violence, substance abuse and active symptoms in schizophrenia - overview of forensic wards in Portugal

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**Background and aims:** Men and women who develop schizophrenia are at increased risk, compared with the general population, to engage in violence toward others and, in so doing, often lay waste to their own lives. The reasons for this finding remain obscure.

The present work aims to analyze the relationship between active symptoms of the disease, substance abuse and violence in schizophrenic patients admitted to a forensic ward in our country (Portugal).

**Methods:** A population of inpatients (male and female) from two forensic wards was studied as to personal and psychiatric history, substance abuse, social and cultural background, family history, symptoms at the time of the violent behavior and patient's insight.

**Results:** The prevalence of offenses was the highest among male schizophrenic subjects with coexisting substance abuse, and more than half of the schizophrenic offenders also had problems with substance abuse. Most perpetrators were acutely ill at the time of the offence but only a small number was under mental healthcare.

**Conclusions:** Our results were consistent with those found in classic literature. We hope this will help us start a structured programme in our hospitals in which behavioral factors, substance misuse and social dislocation are managed together with the active symptoms of the disorder in order to prevent such violent behavior and to promote adequate treatment of schizophrenic patients.

### P387

Property offences in dissocial personality disorder and kleptomania

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The objective of the study was to examine phenomenology and comorbidity of repeated stealing behavior in a group of 72 adult male forensic psychiatric patients. 38 have diagnosis of dissocial personality disorder and 34 — kleptomania by clinical-psychopathological method (structured and semistructured clinical interview) and non-parametric statistical analysis.

**Results:** The comorbid disorders for antisocial disorder were organic disorders mostly of perinatal origin and ADHD syndrome in childhood. For kleptomania there were non-psychotic affective states and personality disorders: schizoid, schizotypal, borderline and emotionally unstable of borderline type. The repeated theft in both groups served as habitual tool for emotional self-regulation since all the patients had dysthymic or dysphoric mood swings and unstable self-esteem. Their repeated criminal pattern responded to criteria of dependence syndrome listed in ICD-10 for substance abuse. We described them in terms of feeling of psychological dependence, distorted physical and psychological reactivity, and personality scarcity at the final stage of dependence when stealing behavior became serial, clichéd and followed by symbolic rituals. In antisocial personality disorder we observed tends to switching to more hetero-destructive behavior - pyromania, zoocides and sexual sadism served as substitution first and then developing the traits of addiction. In kleptomania auto-destructive kinds were more common (habitual self-mutilation, alcohol and drug dependence, exhibitionism, pedophilia, sadomasochism). Forensic psychiatric evaluation included assessment the urge to steal (impulsive, compulsive or obsessive) and degree of emotional disturbances as well as comorbid disorders (both underlying and substituting) to estimate the quality of volitional control.

### P388

Criminal aggressive-violent and homicidal behaviour of children and adolescents

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The aim of investigation is an improvement of complex psychologo-psychiatric expertise and diagnostical estimation of criminally relevant mental and behavioral disorders of adolescents committing aggressive and violent offences.

**Materials and methods:** The 550 adolescents committing homicides or another grave aggressive-violent crimes against personality were examined by complex clinical psychopathological, pathopsychological and instrumental diagnostical methods. A middle age of the patients -16,8.

**Results:** In 37,3% of the patients organic personality disorders, in 35,4%- schizophrenia spectrum, in 21,3% - pathological formation of a character; in 6% -other nosological states were diagnosed. 67% of adolescents were the social orphans, severe relationships in families were authentic in 55% of cases, 32% were socially desadaptated, 56% revealed the risk of total desadaptation. In 58,5% of the sample different variants of abnormal mental development were presented.

**Conclusion:** An algorithm of estimation of aggressive violent behaviour among the children and adolescents means a carrying out of complex psychologo-psychiatric investigation in view of clinical psychopathological and psychological estimation of formation of aggression in ontogenesis; dynamics of age development of crisis periods; the analysis of psychological, social and clinical components of aggressive behaviour, social functioning, estimation of behaviour and motivation of criminally significant period at fulfilment of socially dangerous act; analysis and synthesis of an expert research, instrumental diagnostic data with a formulation and substantiation of the expert judgement on criminal case (the proof of conclusions of expertise).

### P389

Factors of adaptation of imprisoned in Russia

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**Background:** The period of adaptation in the places of imprisonment is accompanied by the complex of experiencing as a «prison syndrome».

Aim of the study is to find out predictors of adaptation in prison.

**Materials and method:** A cohort of 70 inmates was studied by psychiatrists in prisons of Russia, all of them had committed crimes of violence.

**Results:** A “prison syndrome” reveals the state of depression, hopelessness, melancholy on a house and relatives with sense of guilt before them, disbelief in the forces, impossibility to find former status, passivity, apathy, decline of vital tone and drawings, sleep disorders, loss of interests. Factors of successful (or unsuccessful) adaptation could be divided into two groups: subjective and objective. Subjective are personality features: age, emotional reactivity, special features traits such as a resourcefulness, ability to manipulate by interests and necessities of people, physical force, vital experience, «experience» of criminal activity, amount of previous convictions and serving the punishments, participation in the former crimes, including the relation of condemned to prisons administration, to the educating measures, to the prisons mode, labour, studies and feature of conduct in the period of investigation, court. The objective factors are behaviours term on the sentence, article of the criminal law, belonging to the informal group, system of relations and microclimate in prison, physical and psychical health of condemned.

### P390

Psychiatric services for undocumented immigrants in the USA

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**Background and aims:** Immigrating to the USA is extremely frequent. Migrants come from different countries and different levels of society and some of them carry some form of mental illness. Imperial County has one of the 6 detention centers for the undocumented in the nation. Since 1996 this center has had the same psychiatric consultant to provide services to the detainees. This study was conducted to have better understanding of the clinical and social issues of this population.

**Methods:** Retrospective record review of all psychiatric consultations from 1996 to 2006. Statistical analysis with t-test and ANOVA.

**Results:** A total of 2480 psychiatric cases were reviewed. The majority were from Latin America, especially from Mexico ( $p < 0.001$ ), followed by individuals from Asia including the Middle East and very few from Europe, Africa and Canada. The most common diagnoses included psychotic disorders (related and non-related to drug use) and bipolar disorders. Level of education was usually low, and over a third of the population had a criminal history. Remarkable differences were found on individuals who were subject to deportation after legally living 20 years or more in the country versus those who were detained while attempting to illegally enter the country.

**Conclusions:** Migration from emergent to developed countries is common and controversial in our planet. In the USA this phenomenon is frequent and demands the concurrence of government, community, law enforcement and financial efforts. The debate as to what services should be provided to these individuals by the destination country must continue.

### P391

Monitoring research on act on medical care and treatment for insane or quasi-insane persons who caused serious incidents in Japan

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**Objective:** The Act on medical care and treatment for insane or quasi-insane person who have caused serious incidents in Japan went into effect in July, 2005. It is critical to understand the current situation and the issue concerning medical care in this legal system for revision of the Act five years later. Therefore, this research aims to evaluate and analyze the information comprehensively collected from designated inpatient medical institutions and outpatient medical institutions from a technical standpoint.

**Method:** The subjects of this research are 50 cases from designated inpatient medical institutions and 4 cases from designated outpatient medical institutions who have been registered as the subject of treatment under the Act. Static information at the time of the treatment starts and dynamic information, such as treatment evaluation usually created periodically in routine work, were the specific documentation for this research. From the information, variables required for analysis of improvement of medical care and operational situation of the Act were collected through the use of a database system.