

Forensic Psychiatry

EPP036

The forensic assessment of urgent involuntary psychiatric admissions in Barcelona (Spain)

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Introduction: In Spain, involuntary admission due to mental disorder requires judicial authorization, which can be prior or, in cases of urgency, immediately subsequent. The courts routinely request an independent medical expert opinion in these cases.

Objectives: Our aim was to determine the current results of these evaluations and the characteristics of the patients assessed.

Methods: Retrospective study from January 1 to June 30, 2023 in the city of Barcelona. The source of information were the case records at the Institute of Legal Medicine and Forensic Sciences of Catalonia. The inclusion criteria were: psychiatric involuntary admission, urgent, and assessment by the forensic doctor assigned to the courts. Sociodemographic, clinical and forensic data were collected.

Results: In the 181 days between January 1 and June 30, 2023, 1,151 forensic medical assessments of urgent hospitalizations were recorded in Barcelona (on average 6.4 per day). Of these, 849 (73.8%) were included. In all of them, the forensic medical report concluded that hospitalization was rightly indicated. The admissions were carried out in 14 different health centers. The psychiatric acute inpatient wards of the city's main general hospitals received the vast majority of cases. The patients were mostly men (n=483; 56.9%). The average age was 38.2 years (s.d. 16.99), with no differences between sexes. 13.5% (n=115) were minors, with female predominance (n=79; 68.7%). 6.9% (n=59) were 65 years of age or older, also with a female predominance (n=39; 66.1%). In minors, affective disorders (n=37; 32.7%) or eating behavior disorders (n=32; 28.3%) stood out, while in the group from 18 to 65 years of age the main diagnostic group were psychotic disorders (n=491; 73.1%). The latter were also the majority after 65 years of age (n=35; 59.3%), followed by affective disorders (n=16; 27.1%). Globally, psychotic disorders were the most frequent diagnostic group for both men (n=346; 71.9%) and women (n=188; 51.8%). Affective or eating behaviour disorders accounted for 35.8% of women (n=130) and 18.3% of men (n=88).

Conclusions: The forensic assessment of the medical indication of urgent involuntary psychiatric hospitalizations coincides with the clinical assessment. Patients with this measure show differential characteristics according to age in terms of gender and diagnosis. More men are involuntarily admitted than women for most of the adult stage, while the reverse is true at both extremes of the lifespan. Also, involuntarily admitted women show a higher frequency of mood or eating behaviour disorders than men.

Disclosure of Interest: None Declared

EPP037

Impact of early child-parent bonding on violence in patients with schizophrenia

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Introduction: Violence is a major global health concern among patients with schizophrenia. However, the triggers of violent behavior remain unclear. In previous studies, familial risk factors are believed to be associated with mental disorders and violence. The relationship between parental bonding or childhood adversity and psychopathologic behavior (such as violence) has rarely been evaluated.

Objectives: The study aimed to explore the relationship between violent behavior and childhood experience and to determine the role of the early child-parent bond in violence risk in patients with schizophrenia.

Methods: The study enrolled 287 patients with schizophrenia and 100 healthy controls. Patients were divided into 3 groups: patients with homicidal history (Group A), patients with violent behavior and without homicidal history (Group B) and patients without violent behavior (Group C). Childhood trauma questionnaire (CTQ), parental bonding instrument (PBI) and modified overt aggression scale (MOAS) were used to explore the violent behavior and childhood experience. All individuals participated voluntarily and provided informed consent. This study was approved by the ethics committee of the Academy of Forensic Science.

Results: The findings indicated the proportion of males to be higher in the patient groups than in the healthy controls, especially in the group with homicidal history. Patients had a significantly higher prevalence of sexual abuse, emotional abuse and emotional neglect than the healthy controls. The emotional abuse and emotional neglect were found to be positively and negatively related to MOAS scores. Maternal over protection was found to be negatively related to the MOAS scores. On the CTQ subscales, emotional neglect was significantly associated with violence risk (OR=1.13, 95% CI=1.04–1.22). On the PBI subscales, maternal and paternal care (0.84, 0.74–0.94 and 1.30, 1.13–1.49) and over protection (1.18, 1.07–1.29 and 0.87, 0.81–0.95) were found to be significantly associated with violence risk. Maternal and paternal over protection were significantly associated with homicide risk (0.87, 0.78–0.97 and 1.10, 1.01–1.20).

Conclusions: The schizophrenia patients with violence might suffer lower paternal care and emotional abuse during the childhood. In terms of violence in schizophrenia patients, paternal over protection and maternal care might be a protective factor and emotional neglect, maternal over protection and paternal care might be a risk factor. In terms of homicide in schizophrenia patients, paternal over protection might be a risk factor and maternal over protection might be a protective factor. Therefore, childhood trauma and parental care and over protection could be a potential reference indicator for assessing violence risk in patients with schizophrenia.