

Forensic Psychiatry

EPP037

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.

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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.

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EPP038

Self-harm and suicide risk amongst attendees at five lower courts in London, England

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Introduction: Individuals in contact with the criminal justice system are at higher risk of suicide than the general population (Carter et al. *EClinicalMedicine* 2022, 44, 101266). Research to date has concentrated on the prison population with little evidence on the risk of suicide and self-harm for those defendants within the Court system including those referred to the Court Mental Health Liaison and Diversion Services. Court Mental Health Liaison and Diversion services were developed in England to support vulnerable people when they first come into contact with the criminal justice system.

Objectives: The main aim of the study was to analyse the existing service data to examine rates of self-harm behavior and suicide ideation of those defendants presenting to the Court Mental Health Liaison and Diversion Services across five Magistrates Courts (lower courts) in London, England. In addition, a further aim was to establish if risk factors such as mental illness and substance misuse but also other vulnerabilities such as neurodevelopmental disorders are associated with the risk for self-harm behaviour or suicide along with demographic factors of age, gender and ethnicity.

Methods: The study analysed service level data of five London Magistrates' Courts covering a timeframe from September 2015 to April 2017. During this time 9088 attendees were referred to the Court Mental Health & Liaison Diversion service covering the five courts. Attendees were screened for current risk of suicide ideation and self-harm behaviour as part of the mental health assessment. Data examined was from the National Health Service (NHS) minimum mental health data set which reflects current clinical and custody records and is obtained from frontline court and health service staff.

Results: An overall rate of 14.2% for self-harm behaviour and/or suicide ideation was found for attendees presenting to five London Court Liaison and Diversion Services over a 20-month time frame. Aside from autism and bipolar affective disorder, the current large study showed a significant association between self-harm behaviour and suicide ideation with several mental disorders. The study found no significant differences for risk of self-harm behaviour and suicide ideation relating to gender or ethnicity.

Conclusions: This group of defendants presented with high levels of severe mental illness, substance and alcohol misuse and

neurodevelopmental disorder which increased the individual vulnerability to express suicidal ideation as has been found in smaller studies. The wider criminal justice services need to examine the current approach to screening for risk of suicide ideation and self-harm behaviour given the high rates of completed suicide within the prison population compared to the general population.

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EPP039

Mapping Forensic Psychiatry Education Across Europe: Insight from EFPT members

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Introduction: Forensic psychiatry transcends legal and cultural boundaries across Europe, but specialization and training remain inconsistent. With freedom of movement in most European countries, psychiatrists accredited in one country can practice in others if they meet language requirements. Therefore, harmonizing psychiatric education and practice is crucial and aligns with the European Federation of Psychiatry Trainees (EFPT)'s goals.

Objectives: This study aims to map the current state of forensic psychiatry education across Europe, focusing on its recognition as a specialty on its own or subspecialty, training structure, and financial implications. It also assesses whether general adult psychiatry (GAP) and child and adolescent psychiatry (CAP) trainees receive adequate forensic psychiatry education, identifying gaps and variations across countries.

Methods: Data was collected via an online survey distributed to European National Trainee Association (NTA) representatives in the EFPT through Google Forms in August 2024. Responses from non-European countries and incomplete entries were excluded. The final dataset was analyzed using SPSS 24.

Results: A total of 29 participants, including 24 GAP trainees (82.8%), 2 CAP trainees (6.9%), and 3 specialists (10.3%), from 20 European countries responded to the survey. Forensic psychiatry was recognized either as a specialty or subspecialty in 13 countries (65%) with 20 (69%) of participants confirming its recognition. 38% reported forensic training lasts less than 1 year or lacks a formal program. Financial support varied as well, with some countries offering full subsidies, while others required trainees to cover costs. Forensic psychiatry was included in the training of 66.7% of GAP trainee and 50% of CAP trainees, though the depth of