

the two Paediatric University Clinics at the Karolinska Instituted in Stockholm. From 1920-1970, school psychiatry was an important part of child and adolescent work in Sweden. It was based on a true co-operation between CAP and Education using the principles from “heilpädagogie” i.e. “curative education”: as follows:

To support pupils’ creativity, language and speech competence and their social competence

To accept each pupil’s individual maturity/developmental level and behavior by introducing “School-maturity tests” before school-start.

To introduce different school curricula for children with average intelligence, school-immaturity, slow learning capacity (IQ 70-90), mental retardation etc.

To introduce special training for teachers in order to have teachers that knew how children with “problems” should be taught.

To use screening and monitoring of skills i.e. screening of intellectual skill, language, reading, spelling, math’s, maturity, behavior, health at preschool start,

S08.04

Suicide prevention in youth

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Suicide among young people age 15 – 24 constitutes a considerable burden on the global level. Data from 90 out of the 130 WHO members states show that suicide was the fourth leading cause among young males and the third for young females. Suicide rate is higher in young males (world average 10.5 per 100 000) than in young females (world average 4.1 per 100 000). A rising trend of suicide in young males is observed in many countries and particularly marked on other continents than Europe.

Since suicide risk is high among psychiatrically ill young people. Therefore, an adequate treatment of psychiatric disorders and improved detection of psychiatric illnesses in the general population is important. Preventive measures in the health care services after a suicide attempt and an early recognition of children and young people at risk in schools by screening, gate keepers training and other awareness programs are essential strategies.

The results of those studies as well as the worldwide initiative launched by the WHO in SUPRE for the prevention of suicide, will be presented.

Symposium: Future diagnostic trends in personality disorders

S09.01

Towards DSM-V personality disorder diagnoses: Moving from the dimensional-vs-categorical controversy to the useful-vs-unuseful perspective

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Background and Aims: Despite its widespread use, the DSM-IV Personality Disorder (PD) diagnoses dissatisfied a large number of both prominent clinicians and researchers. This dissatisfaction seems to stem from psychometric or taxometric flaws of PD diagnoses, which lead to the current debate on the need for a dimensional

assessment of PD in the next DSM-V. It was quite surprising to observe that the central issue of the usefulness of the current PD diagnoses – regardless of their dimensional or categorical structure – to plan and administer treatment (which represents the application-oriented aspect of the state of our advancing knowledge on PDs) has been rarely addressed in the current debate.

Methods: The presentation will focus on a review of the published literature as well as on empirical data.

Results and Conclusions: The link between the ambiguity of the DSM-IV PD diagnostic system and many of the psychometric/taxometric flaws will be presented. The fact of insufficient research data on several PDs to enter evidence-based changes in the DSM-V will also be discussed. The unresolved controversies between hypothesized dimensional structures and etiological models of PDs, as well as the lack of evidence that shifting to a dimensional model will increase the usefulness of PD diagnoses to treat PD patients will also be presented. Finally, a mixed model, based both on PD core features and similarity to prototype will be presented in the light of maximizing clinical (and research) usefulness.

Symposium: General psychiatric patients who need reinstitutionalisation in forensic facilities

S11.01

Violence among severely mentally ill patients in general psychiatric services

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Previous studies have shown that most patients in forensic services are men with schizophrenic disorders who have a long history of treatment in general psychiatry, during which time they were committing crimes and engaging in aggressive behaviour. The present study was designed to examine violent behaviour among severely mentally ill (SMI) patients in general psychiatry and the treatments that they received. A representative sample of 220 inpatients with SMI in an urban area in the UK was examined. The prevalence of at least one conviction for a violent crime (46.7% of the men, 16.5% of the women) was higher among the patients than among an age and gender matched cohort of the UK population. The elevations in risk for violent offending by patients with SMI compared to the general population were similar to those observed previously in other countries. In the six months prior to interview, 49.2% of the men and 38.8% of the women engaged in physical aggression towards others, and one-in-five engaged in serious violence. Two years later, 79% of the patients were re-assessed. All patients had been receiving antipsychotic medications and meeting with their care co-ordinators (nurses, social workers), on average, once a week, but only 6 patients received treatments relating to substance misuse and 2 patients participated in an anger management programme. More than 80% of the patients experienced at least two negative outcomes defined as high symptom levels, aggressive behaviour, substance misuse, and physical victimisation. General

psychiatric services did not address patients' problems with violence.

S11.02

From general to forensic psychiatry and back

R. Mueller-Isberner. *Haina Forensic Psychiatric Hospital, Haina, Germany*

Problem: As in other European countries, in the German State of Hessen during the last two decades the number of forensic beds has dramatically increased. From General to Forensic Psychiatry: This increase is a response to violent behaviour by male patients with severe mental illness who previously had been treated in general psychiatry. In Hessen, during the period 1990 to 2005 the number of admissions to forensic hospitals of patients suffering from functional psychoses increased by 118% while the number of patients suffering from other disorders rose by only 18%. Forensic Psychiatric Treatment: Patients with functional psychoses who are admitted to forensic hospitals present antisocial personality traits, long standing mental health and substance misuse problems, and a history of both violent and non-violent criminal activities. In order to meet the complex treatment needs of these patients treatment components which address each of their multiple problems have been implemented. From Forensic Psychiatry back to the community: A forensic mental health service that uses state-of-the-art methods in assessing and managing their patients is able to cope with an increased burden: In Hessen, the average length of inpatient care for patients with functional psychoses has decreased by one year, while the number of discharges increased by 122%. In order to maintain treatment successes it is necessary to discharge these patients into pro-social environments. Furthermore, legal powers to ensure compliance with all aspects of treatment once the patient is discharged into the community have proven to be a key factor in reducing re-offending.

S11.03

Re-institutionalisation of the severely mentally ill - who or what is to blame?

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The prejudice of the outstanding dangerousness of individuals with severe mental illness is one of the major reasons for the special position of psychiatry among the several medical disciplines. The mental health reforms initiated during the second half of the 20th century had the principal aim to move the locus of treatment and care from the big mental hospitals into the community and to strengthen the patients' civil rights - so reducing stigmatization and 'normalizing' the aforementioned special position of psychiatry. Despite all doubtless improvements for the majority of mental patients every European country is reporting on rapidly growing admission rates of mentally ill offenders to forensic hospitals. A possible association with the introduction of mental health reforms is under continuous discussion.

It will be shown that not single details of the reforms but, rather, the changed attitude towards a subgroup of severely mentally ill subjects being at higher risk of violence could be the crucial issue. These patients hamper the desired 'normalization' of the position of psychiatry, and, in fact, modern community care hardly offers sufficient treatment options for them.

The basis for this development may lie in the societal changes of the last decades. Today, we do dispose of the 'technical' (financial, pharmacological) preconditions for the treatment of severely mentally ill patients. However, the emotional preconditions of society and its representatives seem to be only insufficiently developed. Therefore, forensic hospitals are in danger to take over the role of the old psychiatric asylums.

Symposium: Delirium in the elderly

S58.01

Risk factors for delirium in the elderly after coronary artery bypass(CABG)

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Coronary artery bypass grafting (CABG) is a worldwide used myocardial revascularization procedure, which despite the modern advantages still has a spectrum of complications, especially in old age population.

The relatively old age of the patients who undergo CABG and their widespread atherosclerotic disease are possible reasons for vascular sequels leading to neurological and psychic dysfunctions. Delirium in the elderly after CABG surgery is common, according to some authors and our investigation, is detected in about 20- 34% causes and is often under-diagnosed. Its occurrence may be predisposed by a history a stroke and precipitated by a longer duration of cardiopulmonary bypass.

Increasing age, blood urea level, cardio-thoracic index, hypertension, smoking habits, blood replacement during bypass, atrial fibrillation(AF), pneumonia and blood balance in the post-operative period are the main risk factors for delirium. No specific factor associated with the CABG (eg. perfusion pressure, number of grafts) is correlated with increased risk for delirium post-operatively.

The number of studies (and our observations) have shown that patients in whom delirium develop have more complication rates, longer hospital stays, an increased rates of transfer to rehabilitation or long -term care facilities.

Finally, the identification and control of the risk factors for delirium should bring a decrease in delirium morbidity and mortality.

S58.02

Delirium and suicidal behaviour in the elderly

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Suicide rates in elderly people have been high, worldwide. Suicide in elderly people is multifactorial. Mood disorders, physical illnesses, and previous suicide attempt, has been associated with increased risk of suicide in elderly people. Delirium or acute confusional state, also, has been proposed as a risk factor. Delirium is characterized by a disturbance in consciousness, change in cognition, perceptual disturbances, and often has multiple underlying causes. Delirium is often undetected or misdiagnosed, and is difficult to evaluate suicidal thoughts and intent in delirious patients. There is a debate in the medical literature concerning the role of delirium as a risk factor of suicidal behaviour. It has been proposed that, confusional state