

Introduction: Simulation as a pedagogical strategy contributes to improving the acquisition, consolidation and retention of knowledge and is very attractive for students.

In simulation learning, students come into contact with real clinical practices, allowing them to develop personal, psychosocial, ethical and clinical skills, facilitating learning for decision-making.

The creation of different and complex simulation scenarios within the scope of Mental Health and Psychiatry (MHP) allows the empowerment of nursing students, through the anticipation and prevention of errors and the creation of training opportunities, which culminate in the development of critical thinking and reflective on the ethical dimension of caring for people experiencing mental illness.

Objectives: To analyze the simulation as a strategy to develop ethical competences in MHP; To reflect on respect for autonomy, capacity for self-determination and dignity of the person; To reflect on care practices that promote respect and dignity for people experiencing mental illness.

Methods: After the careful design of the situation simulation scenario in MHP, the steps are as follows:

Prebriefing - transmit generic information about the scenario to the participants/students; request the participation of some students to assume the role of actors in the context they will encounter and prepare to start the case; explain to observers what will happen and the goals of the scenario.

- Scenario development.
- Debriefing - ask observers to analyse and reflect on positive aspects of performance; lead participants to analyse and reflect on their actions; investigate the basis of gaps/errors.
- Reflection - facilitating students' structured thinking (reflection-in-action and reflection-on-action); review learning.
- Assessment - focus group interview; observation and/or filming.

Results: The evaluation revealed that the use of a simulation scenario allows the connection between the theoretical contents of ethics (principles, dignity of the person, human rights, informed consent, ...) with what they saw and experienced in the scenario; facilitates understanding of concepts, helps to internalize knowledge and retain information; favors reflection, development of critical thinking through discussion and argumentation; makes it easier to understand the relationship between the subject taught and reality; and the discussion of the situation helped to structure the thought.

The diversity of scenarios is interesting and useful, it allows understanding the different role of nurses in the hospital context and in the context of primary care.

Conclusions: It is concluded that the use of a simulation scenario in MHP is of great interest and usefulness for the development of ethical competences, allowing reflection on care practices that promote respect and dignity of the person with experience of mental illness.

Disclosure of Interest: None Declared

Forensic Psychiatry

EPV0533

Sexual aggressors with mental disorders: characterization of a Tunisian sample

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Introduction: Sexual violence is a worldwide public health concern. Nevertheless, the psychopathology of perpetrators of sexual assault still nowadays poorly documented.

Objectives: The aim of this study was to assess the characteristics of sexual aggressors with mental disorders.

Methods: It was a retrospective study that included a series of sexual aggressors examined in forensic psychiatric assessment in the psychiatry C department at Hedi Chaker university Hospital in Sfax, from January 2010 to December 2021. Data were collected from psychiatric expert reports.

Results: The sample was exclusively composed of men with an average age of 37 years and 07 months (± 12.75 years). 54.4% of sexual aggressors suffered from mental disorder. Personality disorder was the most prevalent psychiatric disorder and the antisocial type was noted in 23.9% of cases.

Sexual aggressors suffering from mental disorder were more likely to commit rape followed by murder ($p=0.05$). They used physical violence far more than the others did ($p=0.007$) and they were more apt to threaten their victims with weapon during the assault ($p=0.038$). They were also more likely to abuse the power given by their professional roles (15,2 % versus 5,6 %; $p=0.07$). They more frequently attacked unknown victims ($p=0.019$).

Conclusions: More than half of sexual aggressors suffered from psychiatric disorder. Therefore, the detection and treatment of psychiatric morbidity among sexual aggressors may minimize the risk of recidivism.

Disclosure of Interest: None Declared

EPV0535

Criminological characteristics of sexual assault perpetrators: a Tunisian study

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Introduction: In Tunisia, Sexual assaults constitute a pervasive problem that concerns the health care system and the country's judicial authorities alike.

Objectives: The aims of our study were to estimate the incidence of sexual assault encountered in the context of forensic psychiatric assessment and to assess the criminological profile of sexual assault perpetrators.

Methods: We conducted a retrospective study of a series of sexual assault perpetrators examined in a forensic psychiatric assessment in the psychiatry C department at Hedi Chaker university Hospital in Sfax, from January 2010 to December 2021.

Results: Over the period of 11 years (2010 to 2021), we collected 374 forensic psychiatric assessment files. Among them, 49 were those of sexual assaults (13.10%). It was a rape assault in 54.4% of cases. Aggravating circumstances have been noted in 87% of cases. These were mainly assaults on minors (54.3%) and assaults associated with physical violence (38.4%).

The victim gender was female in 63% of cases, with an average age of 21 years 9 months. and was among the relatives of the sexual assault perpetrator in 28.3% of cases.

Conclusions: Rape seems to represent a non-negligible proportion of the offenses motivating a forensic psychiatric assessment in Tunisia. Sexual assaults against minors are frequent, despite undeniable under-reporting.

Disclosure of Interest: None Declared

EPV0536

Implementation Measures of the obligation of care (according to article 30 in Tunisian law 92-83 of the year 1992) at the psychiatric department of Monastir

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Introduction: Consent to care remains the general principle and care without consent must be the exception. However, resorting to care without consent in psychiatry may be indicated when awareness of the disorders or recognition of the need for care is impaired. For this purpose, we have focused on the questions concerning the degree of applicability of this procedure of obligation of care in Tunisia.

Objectives: The purpose of this study is to describe implementation measures of the obligation of care among patients in the psychiatric department of Monastir.

Methods: This is a retrospective, descriptive and qualitative study of five patients followed in the psychiatric department at the Fattouma Bourguiba University Hospital of Monastir between January 2020 and August 2022 who were subjects to the obligation of care with reference to Article 30 of Law 92-83 of August 3, 1992, amended by Law No. 2004-40 of May 3, 2004.

Results: All patients in the study were males. Two out of five patients had a higher level of education. Two patients had a history of family psychiatric disorders. Two patients were being followed

for schizophrenia, two others had schizoaffective disorder and one patient had a chronic delusional disorder. Only one patient had a duration of untreated psychosis of 6 years. Most of the patients had been hospitalized once to four times prior to their submission to article 30 of the obligation of care. Only one patient was hospitalized at the request of a third party, four patients were hospitalized by order of the court. Four out of five patients were treated with antipsychotic drugs (delayed-release form). After their submission to article 30, three patients were readmitted for decompensation due to treatment discontinuation, one patient did not consult the doctors, and only one of the five patients was present with his family at his post-treatment appointment.

Conclusions: what we deduced from our observation encourages us to work better on improving laws and training dedicated to psychiatric practitioners to optimize this judicial and therapeutic practice in our country.

Disclosure of Interest: None Declared

EPV0537

Profile of persons placed under guardianship in the psychiatric department of Monastir

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Introduction: The legally incapacitated major is any person who, having acquired the legal majority, should therefore enjoy his rights, and face his social duties, but because of an alteration of his physical or mental faculties, is not able to provide alone for the safeguarding of his interests, nor to face alone his social obligations; there is, therefore, a need for protection which is the placing under guardianship.

Objectives: To describe the clinical and sociodemographic profile of the subjects put under guardianship in the psychiatric services of Monastir.

Methods: This is a retrospective descriptive study that focused on 71 files of subjects examined in the context of psychiatric expertise of guardianship in the psychiatric department Fattouma Bourguiba of Monastir during the period from 10-02-2016 to 08-06-2022.

Results: In total, we included 71 files of the subjects who were examined in the framework of the expert assessments of guardianship. The average age was 53 years. The predominance of males was noted with a sex ratio M/F = 1.5. Most of the patients were of urban origin; more than half (54.9%) were single with an average socio-economic level for most of the patients (81.7%); 53.5% were illiterate and only 11.3% had a higher education level.

Among the somatic antecedents in our population, 40.9% had neurological pathologies: stroke 8.5%, epilepsy 7%, and dementia 9.9%. The psychiatric history (71.8%) was marked by intellectual disability (47.9%) followed by schizophrenia (28.2%).