

for providing information and validating the information from this article pertaining to their country. They suggested eight more articles or book chapters. The respondents represent the authors of this article.

Results: See table.

Conclusions: In summary, it appears that there are distinct differences between the abovementioned countries with respect to criminal responsibility assessments. Although Canada is considered a pioneer with regard to forensic mental health, Britain, the Netherlands and Sweden appear to have a well-established system in conducting these assessments. In Sweden the system is very strict, meaning that all reports are delivered by a governmental agency with their own staff. The court orders the report from the agency and not from the experts.

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EPP0621

Empathy in patients with schizophrenia and antisocial personality disorder

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Introduction: Violent behavior has been linked to deficits in social cognition, namely cognitive and affective aspects of empathy. Schizophrenia and antisocial personality disorder have been associated with violence and empathy deficits.

Objectives: Our main objective is to search for differences in empathy between patients with schizophrenia who have committed a violent offence, patients with schizophrenia with no history of violent offence and patients with antisocial personality disorder.

Methods: A total sample of N=100 participants was divided into four groups: 1) 27 patients with schizophrenia and history of committing a violent offence, 2) 23 patients with schizophrenia with no history of committing a violent offence, 3) 25 participants with antisocial personality disorder and 4) 25 general population participants comprising the control group. Symptoms of schizophrenia were rated using the Positive(P), Negative(N) and General Psychopathology (G) subscales of the Positive and Negative Syndrome Scale (PANSS). Empathy was evaluated using a) The Empathy Quotient (EQ). Theory Of Mind was evaluated using a) The First Order False Belief task, b) The Hinting task, c) The Faux pas Recognition Test and d) The Reading the Mind in the Eyes Test (Revised).

Results: The four groups differed in PANSS scoring ($p<0.001$), EQ scoring ($p<0.001$) and Theory of Mind tests ($p<0.001$), but this difference was only significant between the controls and the three groups of patients. The three groups of patients did not differ to each other in any of the Theory of Mind tests. No difference was also found between the two groups of psychotic patients.

Conclusions: Patients with antisocial personality disorder, schizophrenia and schizophrenia with a history of violent offence do not seem to perform differently in affective and cognitive empathy tests.

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EPP0622

Are clinical severity and real-world functioning associated to committing crimes in people with severe mental illness? Results from a cross-sectional study on three cohorts of forensic and non-forensic patients

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Introduction: In Italy, subjects with severe mental illness (SMI) considered "in danger of posing a threat to others" are hospitalized into structures known as "REMS-Residenze per l'Esecuzione delle Misure di Sicurezza", designed to provide rehabilitating programs. There are also specialized forensic teams to support Community Mental Health Centers (CMHC) in helping patients who committed crimes. A better characterization of clinical and real-world functioning of forensic patients represents a topic of clinical interest (Caruso R *et al.* *Curr Psychiatry Rep* 2021; 7 29; Barlati *et al.* *Eur Arch Psychiatry Clin Neurosci* 2022, *in press*; Fazel *et al.* *Br J Psychiatry*. 213 609-614).

Objectives: Aims were to compare clinical and psychosocial functioning characteristics in three cohorts of SMI patients.

Methods: A total of 29 patients hospitalized in REMS facilities were included into this study; starting from this first group an equal number of individuals matched for sex, age, and diagnosis were included in other two groups of outpatients cared for by the forensic team and of non-forensic outpatients treated by CMHC. Clinical severity was measured through the Clinical Global Impression scale - Severity (CGI-S) and real-world functioning was measured through the Personal and Social Performance scale (PSP). Analyses included Chi-Square test for categorical variables and Kruskal-Wallis test for continuous variables with Mann-Whitney U test for post/hoc comparisons. P values < 0.05 were considered significant.

Results: Significant between-groups differences emerged regarding psychosocial functioning ($p=0.013$): that was more compromised in the REMS group (mean:34.0) when compared to the forensic team subjects (mean:41.3) and to the subjects in the CMHC group (mean:47.7).

Results concerning clinical severity point in the opposite direction: more severe symptoms were observed in the CMHC group (mean:4.7) compared to the REMS group (mean: 4.3) and the forensic outpatients (mean:3.5). The difference in the CGI-S mean scores is significant for the forensic outpatients when compared to the REMS group ($p=0.011$) and to the CMHC group ($p<0.001$).

Conclusions: Specialized teams are central in the managing of forensic patients: of particular interest are the data regarding clinical symptoms severity, which could also be read with a de-stigmatizing focus, highlighting that a worse clinical severity is not associated with being more dangerous to other people and to the society in general.

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