

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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doi: 10.1192/j.eurpsy.2023.1863

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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doi: 10.1192/j.eurpsy.2023.1864

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%).

Neuropsychiatric comorbidity was noted in 25.4%. The diagnoses retained at the time of the expertise were: intellectual disability (47%), followed by psychosis and dementia with similar percentages of 21%. The duration of the evolution of the symptoms in our population varied between 1 year and 60 years with an average of 22.56 years.

The request for guardianship was made by the siblings in 40.8% of cases, followed by the ascendants in 21.1%.

All the assessments took place at the hospital on a pre-arranged appointment and were formulated in French language.

Conclusions: The knowledge of the specificities of the different Tunisian laws governing guardianship is essential and the meticulous drafting of expert reports requires adapted training, which should be included in the basic training modules for psychiatrists.

Disclosure of Interest: None Declared

EPV0538

FORENSIC NEUROFEEDBACK AND PREFRONTAL WORKOUT, A SURVEY

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doi: 10.1192/j.eurpsy.2023.1865

Introduction: The logic behind the neuropsychological rehabilitation of the impulsive criminal is to treat the behavioral manifestations of these individuals as the product of a real pre-frontal syndrome, capable of causing deficits in the planning of behavior, in self-regulation, in the inhibition of impulsiveness and more generally in social and interpersonal skills. With the term prefrontal workout, literally “prefrontal workout” Eagleman (2011) refers to a real form of rehabilitation intended for subjects characterized by strong impulsive tendencies. Neurofeedback is used in prefrontal training. This technique mainly uses electroencephalography (EEG) and functional magnetic resonance imaging (fMRI) as indicators of brain function.

Objectives: The premise of prefrontal training is that through rehabilitation, and therefore repeated practice, the frontal areas of our brain can be trained in order to improve the “control” of subcortical circuits and limbic areas responsible for impulsive and potentially destructive behavioral forces. Although this rehabilitation proposal does not specifically concern deviant individuals, it is intended for subjects with impulsive tendencies and difficulty in repressing a stimulus-seeking behavior, skills that fall within the category of frontal functions.

Methods: It is possible that similar strategies can also be used effectively against deviant individuals, working to improve their ability to inhibit a behavioral tendency and reinforcing everything with real-time feedback. There is a very high incidence of attention deficit, hyperactivity disorder and related symptoms among people convicted of crimes, and a great many criminal acts involve impulsive behavior or loss of emotional control such as anger. Better control of behavior and emotions are among the most commonly reported outcomes of neurotherapeutic treatment.

Results: Research and clinical experience also demonstrate the positive effects of neurofeedback with alcohol and drug abuse and depression, both common accompaniments of criminal behavior (Fielenbach S. 2019; Margarita R. 2016; Konicar L. 2015).

Conclusions: Certainly, research in this field is at a preliminary stage, and the limitations of these techniques are numerous. There are, for example, several doubts about which is the best strategy for the patient to use to control mental activity and inhibit, for example, the search for the substance to which one is addicted. Although promising, the literature highlights sometimes conflicting results: in this regard, see the meta-analysis by Cortese and colleagues (2016) and the document published by Youcha and colleagues (2008).

Disclosure of Interest: None Declared

EPV0539

Barriers and facilitators to help-seeking for mental health problems in prison: A qualitative interview study with incarcerated males in Northern Norway.

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doi: 10.1192/j.eurpsy.2023.1866

Introduction: The prevalence of mental disorders is considerably higher among incarcerated individuals than in the general population, but this burden is not matched by a proportional use of mental health services. Studies have found that incarcerated males are reluctant to seek help for mental health problems. Gaining knowledge of factors that influence incarcerated individuals to access or avoid professional help for mental health problems is important for tailoring interventions to address the mental health needs of this population. Promoting mental health service utilization among people in prison has the potential to reduce prison suicide rates and increase institutional functioning, thereby providing safer conditions for peers and staff, promoting rehabilitation, and reducing recidivism upon release.

Objectives: This study explores personal, interpersonal, and systemic aspects that motivate incarcerated individuals to approach or avoid seeking help for mental health problems. While prior studies have primarily focused on barriers to help-seeking, this study also sheds light on facilitators for seeking professional help for people in prison.

Methods: Individual in-depth interviews were conducted with sixteen incarcerated males from three prisons in Northern Norway. The data analysis was inspired by Grounded Theory.

Results: The majority of participants shared positive personal perspectives related to professional help-seeking, whereas the barriers were predominantly perceived to be of an interpersonal and systemic nature. Aspects that encouraged help-seeking were: regarding mental health treatment as necessary for successful rehabilitation, sufficient knowledge of when and how to contact mental health services, support from peers, having a higher ranking