

Patients with an intellectual disability (ID) have a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains (according to the DSM-5). These deficits in adaptive functioning result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life. Therefore, it is not surprising that these patients cross physical/sexual boundaries quite often. Above that, a proportion of all sex offenders have an intellectual disability.

The treatment of these sex offenders with an ID has to focus on protective factors, next to risk factors in order to decrease the risk of recidivism. Due to the chronicity of their disorder, quality of life is an important issue in these patients.

In this paper, we want to address some ethical controversies:

- hormonal treatment in patients with ID who are sex offenders;
- the right to have a 'normal' sexual life in these ID offenders, and the Dutch experience of the Stichting Alternatieve Relatiebemiddeling (SAR, that can be translated as foundation of alternative relationship mediation).

The SAR is an alternative dating service, giving information about the sexuality of physically or mentally disabled people and organizing sexual encounters for them.

*Disclosure of interest* The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.877>

## S62

### Assessment of people with intellectual disability for the court: What does a psychiatrist need to know?

R. Latham

*East London NHS Foundation Trust, London, United Kingdom*

This presentation will focus on the importance of psychiatrists understanding that they operate at an interface between two very different disciplines; medicine and law. There will be consideration of what and why psychiatrists need to understand the law, the way it operates and the likely implications of their opinions. There will be consideration of an example from England and Wales to illustrate the way in which psychiatry and law might interpret the same information. The aim is that psychiatrists will be better equipped to face the challenges the law presents.

*Disclosure of interest* The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.878>

## S63

### Use of risk assessment tools for people with intellectual disability: The latest evidence

C. Morrissey<sup>1,2,\*</sup>

<sup>1</sup> *University of Nottingham, School of Medicine, Nottingham, United Kingdom*

<sup>2</sup> *Lincolnshire Partnership NHS Trust, Clinical and Forensic Psychology, Lincoln, United Kingdom*

\* *Correspondence.*

A relatively high proportion of people detained in forensic psychiatric hospitals have intellectual disabilities (up to 3000 people in the UK; Royal College of Psychiatrists, 2013), and people with intellectual disability are significantly over-represented among those psychiatric patients with long lengths of hospital stay (CQC, 2013; Vollm, 2015). People with mild to borderline intellectual disabilities are also prevalent in the UK prison system.

Although the relationship between intelligence and offending is complex, lower intelligence is a known actuarial risk factor for offending behaviour. Studies, which have investigated the prediction of re-offending risk in populations with intellectual disability, have nevertheless found lower rates of recorded re-offending compared to those in mainstream forensic populations (e.g. Gray et al., 2010). The relatively high rate of 'offending-like' behaviour, which is not processed through the criminal justice system in people with intellectual disability makes risk prediction a more complex exercise with this group of people. It also makes outcomes measurement more difficult.

This paper will give an overview of the current research evidence and clinical practice in the field of risk assessment, risk management and outcome measurement with offenders with intellectual disability. It will summarise the findings of a recent NIHR funded systematic review by the author, which pertains to this area, and will point to future developments in the field.

*Disclosure of interest* The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.879>

## S64

### Prisoners with intellectual disability: How to adapt interventions and the environment

V. Tort Herrando (Coordinador)

*Unitat Polivalent de Psiquiatria Quatre, Camins, Parc Sanitari Sant Joan de Deu, Sant Boi de Llobregat, Barcelona, Spain*

There is an increasing interest in the Spanish prison to give the appropriate care when they are in prison. This situation has a special meaning in inmates with learning disabilities, as they are a vulnerable group inside prison. They are vulnerable in different areas as they have a high prevalence dual diagnosis (both with mental illness and drug misuse), they could suffer from abuse from other inmates, difficulties to understand prison regulations, etc. The prevalence of intellectual disability (ID) in the prison setting has been poorly evaluated. In Spain, despite various approximations or estimates regarding people with intellectual disabilities no reliable data is available.

In our presentation, we will give an overview of the care of this group of patients, presenting some data from an epidemiological study in Spain. The rate of learning disabilities was of 3.77% of the study population has an IQ below 70, and 7, 3% has borderline IQ rate. We also describe a new setting in one of wards of a prison of Barcelona where has a model of therapeutic community for treating offenders with intellectual disabilities. This resource open two years ago and is run between prison services and an organization "Accepta" (specialized in people with learning disability and penal law problems). This is an effort from the prison services to adapt to the needs of inmates and deliver a better service with a good post-release follow-up.

And finally, we present some data about learning disability in penitentiary psychiatric settings (the prevalence as a main diagnose is around 10%).

*Disclosure of interest* The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.880>