

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