

of everyday CBT strategies such as time management, cognitive restructuring or accommodation of conditional assumptions.

Conclusion Identification and assessment of life values and their use in the course of therapy is a process that increases patients' motivation to face unpleasant emotions and make careful steps in CBT in order to achieve therapeutic goals. Knowing the patient's life values may help the therapist set therapeutic goals that are associated with significant areas of the patient's life. Together with other CBT techniques, this value-oriented approach increases the effectiveness of therapy and durability of its outcomes after its completion.

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EV676

Issues regarding compulsory treatment in compulsory admitted mentally ill patients

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Introduction In psychiatric clinical practice compulsory admission to hospital is the last option of the overall care provided to mentally ill patients, justified in terms of civil and human rights because of issues of protection for patients' and society members' life and health. Usually treating psychiatrists believe that issues of compulsory admission are without doubt associated with the permission, or even obligation, to apply compulsory treatment in a routine daily base.

Aims In this review, we are exploring issues around the implementation of compulsory treatment.

Methods Thorough research of the main databases and web search engines for relevant studies, agencies and organizations, interested in compulsory treatment issues.

Results Research shows ambiguous views. Conservatives argue that delay of any substantial, even enforced, and well documented treatment, would result in delay of treatment and excess use of other potentially more enforced methods. Using laws and legislation patients' rights are guarded but we also have the obligation to treat patients. On the other hand, liberals express totally opposite views. Capacity (or incapacity) is not 'all or nothing' but specific to decision and should be respected, with the exception to emergency treatment need.

Conclusions The capacity of decision-making of the mentally ill patient, whether or not being compulsory admitted, should be assessed in a more holistic and systematic approach and become part of the standard practice, followed by dissemination of these decisions to all relevant parties. Restore decisional autonomy should be one of the main goals of any therapeutic intervention.

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Moral obligation to acknowledge and prevent suicide in life sentence incarcerated inmates

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Introduction For an inmate incarcerated for life we could acknowledge factors contributing to the desire to commit suicide, as social isolation, insensitive discipline, lack of privacy, constant

threat of violence, fear, guilt, hopelessness, and depression are prominent in the life imprisonment.

Aims To discuss the ethical issues of prevention suicide in inmates incarcerated for life.

Methods We performed thorough research of the main medical databases, and web search engines for relevant studies, articles and opinions and reviewed them independently.

Results Prevalence of mental illness is high among inmates and several common stressors typically herald an inmate's suicide. Suicide is often the single most common cause of death in correctional settings. Even though some suicide victims have consulted a mental health service-provider before their suicide, the majority of suicide victims were not mentally ill. The paradox, particularly for life sentence inmates is that we are trying to persuade an inmate to live within a disciplinary environment, which has as side effect the increase of suicidality of the inmates.

Conclusions Prisons' inability to protect the health and safety of inmates could raise ethical issues. We have obligation to adequate suicide prevention for all inmates, and we should be more broad minded as the will to die in mentally healthy individuals is beside an free will expression, a sign of serious lack of support and humane living conditions. We should be vigilant not to use the prevention of suicide programs as another way to increase punishment of life long imprisonment.

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Forensic psychiatry

EV678

Critical analysis on legal capacity of the mentally retarded: The Portuguese reality in the European context

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Introduction Almost 50 years after the mental health reform in Europe and the deinstitutionalization of the mentally ill, there seems to be a slow change in the social concept of mental disorder. However, in the case of mental retardation, little progress has been made, since the social approach to these patients does not seem to involve the promotion of their autonomy. This is a reality with implications in medical, social and forensic psychiatry settings.

Objective We will present a statistical analysis on interdiction/inhabilitation processes in two districts of Portugal followed by a comparative analysis between Portuguese and other European countries' civil law concerning the regulation of legal capacity.

Aims Critical analysis of the means by which the concept of legal incapacity has been applied in the Portuguese social setting.

Methods Descriptive and retrospective analyses of 500 expert reports in the districts of Coimbra and Viseu regarding interdiction/disqualification processes. Research on Pubmed and legal databases; keywords used: mental disability, mental retardation, civil law, mental incapacity, legal incapacity, legal capacity, interdiction, curator.

Results The number of forensic psychiatric examinations has suffered a significant increase in the last years. The majority of