

research indicate the possibility of a transgenerational effect of trauma, via maternal psychosocial stress and socioeconomic disadvantage during pregnancy but also through adverse parenting practices, as parenting style may change when exposed to war traumas.

As war affects mental health of different population groups dramatically and long-term, establishment of long term and coordinated mental health care is necessary. In the presentation, examples of practices from Croatia will be discussed.

Disclosure of Interest: None Declared

SP0021

Mental health needs of defendants with intellectual disabilities presenting at court

J. McCarthy^{1,2*}, E. Chaplin³, D Harvey, K Marshall-Tate, S Ali and A Forrester Professor

¹King's College London, London, United Kingdom; ²University of Auckland, Auckland, New Zealand and ³London South Bank University, London, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.68

Abstract

Background: Studies in different countries of defendants with mild to borderline intellectual disability found they have distinct characteristics from other defendants. The aim of this study was to examine several characteristics among defendants with intellectual disability comparing to those defendants without intellectual disability presenting to court services in London, England.

Method: This was a retrospective data analysis of routine administrative data collected by the Liaison and Diversion services across five Magistrates courts in London, England. Data were analysed on defendants identified through screening to have an intellectual disability and compared to defendants without an intellectual disability.

Results: 9088 defendants were identified and of these 349 (4%) had an intellectual disability. Defendants with intellectual disability were over four times more likely to have comorbid attention deficit hyperactive disorder and over 14 times more likely to have autism spectrum disorder. There was an increased odds ratio of self-reported suicidal/self-harming behaviour for those defendants with intellectual disability compared to those without intellectual disability.

Conclusion: This study has highlighted the increased vulnerability of defendants with intellectual disability for other neurodevelopmental disorders.

Disclosure of Interest: J. McCarthy Grant / Research support from: Guy's & St. Thomas' Charity for £674,000, E. Chaplin Grant

/ Research support from: Guy's & St. Thomas' Charity for £674,000

SP0022

Clinical / Therapeutic Name: Care and treatment of prisoners with intellectual disabilities

V. Tort Herrando^{1*} and Forensic Psychiatric Section

¹Penitentiary Psychiatry, Parc Saniatria Sant Joan de Deu, Sant Boi de Llobregat (Barcelona), Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.69

Abstract: Care and treatment of prisoners with intellectual disabilities I will describe what is the care, from different points of view when an offender with intellectual disabilities entry in the penitentiary system. As a vulnerable population, people with intellectual disabilities have to be treated in a more specific manner, and both prison managers and clinical staff have to be aware of that. This prisoners, sometimes, also belongs to another vulnerable population (illegal immigration, females, ethnic groups ,etc) that make this cases as a complex ones. The care have to be as a comprehensive, with the highest standards of care and avoid negligence in treating these cases. We have to emphasize about rehabilitation and a good coordination with the intellectual disability community services to avoid relapse and recidivism

Disclosure of Interest: None Declared

SP0023

Essential components of pre-electroconvulsive therapy assessment

S. Medved

Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, Zagreb, Croatia

doi: 10.1192/j.eurpsy.2024.70

Abstract: A thorough pre-electroconvulsive therapy (ECT) assessment is an integral part of ECT preparation. Usually, the assessment encompasses elements such as medical history, cognitive assessment, laboratory tests, imaging diagnostics, and consultation with an anesthesiologist. However, there is currently no universally standardized minimal or optimal pre-ECT evaluation at the international level. Recent results show a high variability of the pre-ECT evaluation practice across Europe. Establishing a standardized approach to pre-ECT evaluation would be of great interest for both patients and practitioners.

Disclosure of Interest: None Declared