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**Background:** Single Point of Access (SPA) has been developed as a way of facilitating access to adult and older adult's community mental health services across South Staffordshire. Requests for assessments under the Mental Health Act 1983 are triaged and processed through SPA during working hours (09:00-17:00) Monday to Friday.

**Aim:** To explore the activity associated with these requests and to describe emerging trends.

**Methods:** Retrospective study of data regarding requests for assessment under the Mental Health Act 1983 in a SPA since its creation 2 years ago. Outcome of the request, outcome of the assessment, profession of the requester, and age and gender of the referred person has been collected.

**Results:** 343 requests were made since October 2005. 184 were male and 159 female. 264 were under 65 years of age. 92 were managed without the need to complete a formal assessment. From the 251 assessments carried out, 46 remained in the community, 41 were admitted informally and 164 were admitted under Section.

**Conclusion:** There appears to be little difference between gender and number of requests. Formal admissions appear to decrease since SPA has been in place. Trends will need to be explored against the introduction of the Mental Health Act 2007.

## P0110

Medical confidentiality versus disclosure: Ethical and legal dilemmas  
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A case is described of a forty year old single man who made incriminating admissions about multiple perverse sexual practices during a psychiatric assessment including exhibiting in public places and putting a four year old girl's hand in his trousers for sexual stimulation. In common practice with other professional men, a doctor is under a duty not to disclose, without the consent of his patient, information which he has gained in his professional capacity other than in exceptional circumstances. When groups of adolescent and adult patients were asked whether they would seek medical care or divulge personal information without a promise of confidentiality, many said no. We discuss issues of medical confidentiality and the dilemma that sometimes face clinicians, when they feel obliged, in the public interest, to disclose information they have gained in confidence. Breach of confidences can have deleterious consequences; particularly for the doctor-patient relationship and failure to disclose in some situations could have serious implications for the well-being of the wider society. We draw comparison from cases in several jurisdictions and conclude that all doctors should be aware of the basic principles of confidentiality and the legal framework around which they are built. Doctors should not hesitate to discuss problem areas with their legal advisors before decisions are made regarding disclosure.

## P0111

Mental disorder in Greek male prisoners

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The aim of the present study was to determine the prevalence of mental disorder among male prisoners in Greece and to examine possible association between psychiatric disorders and the criminal history of the subjects. A randomly selected sample of 495 convicted prisoners was investigated, with structured psychiatric instruments. Psychiatric disorder was diagnosed in 45.06% of the sample. The main diagnoses were personality disorder 15.96%, substance misuse 14.54%, depression 4.44%, neurosis 3.64% and psychosis 2.63%.

Offenders were also classified according to the type of offense with which they were charged, in three major crime categories: non-violent, violent, and drug related crimes. Non-violent crimes represented 40.7% of all investigated criminal records, followed by drug related crimes 30.3%, and violent crimes 28.0%. Concerning the association between psychiatric diagnosis and criminal records personality disorders was significantly related to violent crimes  $p < 0.05$ . There was also significant relation between substance misuse and drug related crimes  $p < 0.05$ . Depression was also correlated to drug related crimes  $p < 0.05$ . No other mental disorder related significantly to any crime category investigated.

## P0112

Significance of abnormal sexual behaviour for early diagnostics of schizophrenia

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Many authors have described early signs of abnormal sexuality as predictors of endogenous psychotic disorders, or their premonitory, initial or manifest symptoms. Differences in clinical presentation of abnormal sexual behaviour (ASB) in different nosologic forms have been discussed.

103 persons that committed sexual crimes were examined during a complex forensic sexologic and psychiatric evaluation to compare a clinic presentation of sexual disorders in different mental disorders (MD). Clinical psychopathological and sexological methods were used. MD was diagnosed primarily during the psychiatric evaluation in 82 cases (79.1%). 26 persons had schizophrenia and schizotypal disorders (F20-F21 in ICD-10, group 1), 35 had MD due to brain damage and dysfunction (F06-F07, group 2), 21 had disorders of adult personality and behaviour (F60-F61, group 3). Diagnostic criteria of ICD-10 (F65) and The Scale of Sexual Dysontogenesis were used to assess the elements of ASB.

Statistic analysis showed that the chance for ASB to precede the clinical presentation of MD is higher in the group 1 (26.9%). ASB emerged later or simultaneously with MD in groups 2 (88.6%, 5.7%) and 3 (80.9%, 14.3%).

Modern schizophrenia pathogenesis theories relate emerging of primary negative alterations to pathology of brain systems that modulate functions of the frontal cortex. Early ASB may be attributed to involving limbic and prefrontal structures into the primary pathologic neurofunctional process. These structures participate in forming of sexual behaviour and primary gender identification. Thus, ASB is a marker of increased risk of endogenous MD and can be used for early diagnostics of the disorders.

## P0113

Expertise opinion in divorce proceeding and child custody

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