Systematic evaluations are necessary to accurately guide the legal authorities as well as planning treatment.

Disclosure of Interest: None Declared

EPV0871

Stalking syndrome in clinical forensic psychiatry

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Introduction: This study is probably the first study on stalking conducted in the Republic of Serbia.
Objectives: The aim of this study was to examine the stalking experiences of a sample of persons who, according to the Court's judgment, were in need of treatment.
Methods: This retrospective study was conducted from January 2020 until January 2024 and included 46 persons on the measure of treatment treated at the Clinic for Mental Disorders "Dr Laza Lazarević" in Belgrade. All obtained data were from their medical records and based on the judgment of the Court. The data were processed using SPSS version 21 to produce mainly descriptive and inferential statistics. Difference were considered statistically significant if $p< 0.05$.
Results: The participantes were mean age 49.5 ±12.9 years, and most of them 41 (89.1%) were men. The stalker was in most cases a male, he was unemployed (65.2%), unmarried (91,3%), lived with his parents (67.4%) in the city (91.3%). Stalkers were most often diagnosed with F22 (23.9%) and F23 (23.9%). The stalker with the diagnosis F22 most often pursued the desired partner (33.3%) and the stalker with the diagnosis F23 a person from the social environment (33.3%). After the treatment measure is completed, the stalker often repeats the same act (12.83%).
Conclusions: Stalking remains a major problem and insufficiently tested that must be taken seriously. It is best to look at stalkers as a heterogeneous group whose behavior can be motivated by various psychiatric illnesses, predominantly psychoses.

Disclosure of Interest: None Declared

EPV0872

A post-tragedy psychiatric approach to violence prevention and community healing

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Introduction: The world is increasingly burdened by complex, interwoven crises—economic, social, and political— and societies must examine and adapt their institutions to prevent and mitigate violence. Developing countries such as Serbia are transitioning from a history of conflict and face many difficulties in this regard. Lingering stigma around mental health, limited resources, and collective societal trauma complicate the task of responding to incidents of violence. One of these is the recent school shooting which has, on the one hand, highlighted deficiencies in early identification and intervention for at-risk adolescents, and has, on the other hand, pointed out the potential role of forensic psychiatry in transforming both prevention and post-crisis mediation.
Objectives: The aim of this study will be to propose potential pathways to redefine the Serbian forensic psychiatric landscape, through delineating interdisciplinary interventions such as implementing community-based mental health education, expanding risk assessment protocols for youth, and providing prophylactic care for vulnerable populations.
Methods: Drawing on comparative data from international practices, this paper explores several potential culturally adapted forensic models, focusing on early intervention, trauma-informed care, and interdisciplinary collaboration.
Results: The dialogue between forensics and restorative justice could help define models for facilitating community healing, as well as enabling accountability and rehabilitation for patients. This paper proposes that changes in forensic psychiatry might facilitate the development of evidence-based frameworks directed at reducing future violent incidents, if applied in an communal, distributed model which includes social workers and other persons of interest. These interventions would be crucial in aligning Serbia's forensic practices with current socio-political dynamics, potentially fostering a more effective and scientifically informed approach to justice and rehabilitation.
Conclusions: Implementing a culturally adapted, interdisciplinary forensic psychiatric model in Serbia could provide a vital framework for violence prevention, community healing, and the integration of restorative justice practices.

Disclosure of Interest: None Declared

EPV0873

Debriefing after incidents and restrictive practices: a D-FOREST study

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Introduction: The Council of Europe's Model Mental Health Act places emphasis on the need for a 'debriefing' discussion with patients after incidents of restrictive practices to arrive at a common understanding concerning what happened and to consider future prevention strategies. For the patient, issues may arise that may be subjectively reinforcing or subjectively aversive and staff may feel that the incident has, or does not have, alienating consequences.
Objectives: The aim of this study was to evaluate the consequences for the patient and for staff of incidents and use of subsequent

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restrictive practices, as a basis for future understanding of what debriefing might usefully include.
Methods: A prospective cohort study was completed whereby incidents were rated using the Dynamic Assessment of Situational Aggression (DASA) and DRILL tool 'consequences' scales in the Central Mental Hospital (CMH). The DRILL consequences scale consists of three ladders, 're-enforcing', 'aversive' (both rated from the point of view of the patient) and 'alienating' (rated from the point of view of ward based staff). Data were gathered as part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST). An omnibus General Estimating Equations model (GEE) was tested with the DRILL 'consequences' as dependent prior to dismantling studies.
Results: In this study, the 384 patient-days were in scope, 411 lines of data including 326 patient-days, 85 harmful incidents and 63 incidents of seclusion. In an omnibus GEE with the three-item DRILL consequences scale as dependent variable, DASA on the day before Wald X^2=3065.9, p<0.001; DRILL behaviours scale Wald X^2=970.7, p<0.001; DRILL interventions Wald X^2=140,159.1, p<0.001; DUNDRUM-1 Wald X^2=1638.9, p<0.001. The three items of the DRILL consequences scale were individually tested as dependent variables in GEE models with DASA the day before, DRILL behaviour scale, DUNDRUM-1 and each of the eight items of the DRILL interventions scale. Only increasing observation levels were not re-enforcing, with searches and seclusion strongly re-enforcing.
Conclusions: We have shown that consequences of harmful behaviours and preventive, restrictive interventions are measurable and proportionate for patients and for staff. Short-term risk on the day prior to an incident was able to predict the re-enforcing and aversive consequences for the patient, but not the alienating consequences – or lack of them – for staff. Future research will examine the way in which the baseline need for security mediates or moderates the relationship between incidents and patients and staff views of the consequences of incidents and restrictive practices.

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EPV0874

Not guilty by reason of insanity: characteristics of psychotic murders and murderers

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Introduction: Some acts of murder are committed out of insanity by individuals suffering from psychotic mental disorders. According to the law in many countries, these individuals do not have criminal responsibility. They are defined as not guilty due to insanity and therefore cannot be punished.
Objectives: This study aims to explore the sociodemographic, psychiatric, criminal and forensic characteristics/factors of insanity murders and murderers. This examination has not yet been conducted in Israel, which is a multicultural country with social, religious, ethnic complexity.
Methods: This study examined the hospital records (investigation material, indictments, admission summaries, and expert testimonies) of all 80 inpatients who had committed murder and been hospitalized in the maximum security unit from its opening in 1997 until 2021, and were found not guilty due to insanity.
Results: ***Demographics characteristics*** (at the time of the offense). The participants were men ages 18-85 (M=36.11, SD=11.84). 58.8% were born in Israel, 21.3% immigrated from the former Soviet Union, 6.3% from Ethiopia, and 13.8% from other countries. The majority (82.5%) were Jewish, 16.4% were Arab. Most lived in urban centers (86.3%). Most were not married at the time of the offense: Single (62.5%), divorced (21.3%). Only a minority was married (16%).
Psychiatric characteristics. Most participants were diagnosed with schizophrenia (90%); had at least one hospitalization prior to the offense (70%), and had a previous hospitalization due to violence. Most of them were not compliant with psychiatric treatment and follow-up (only one participant was fully compliant). In most cases (74%) pre-murder deterioration was recorded.
Criminal characteristics. At least 52.5% had a criminal record prior to committing the offense (a higher number is possible, the information is based on the medical file only, there was no access to an official criminal record).
Murder/forensic characteristics. At least 48.8% there was no prior planning. In most cases (66.6%) the motive described was paranoid delusions and only in 5% there is command hallucinations. In most cases the murders took place in the home of the victim and/or the assailant (67.5%), one person was murdered (91%) and the victim was known to the assailant (88.8%), most of them a family member (61.3%). In at least 75% of the cases there was a brutal murder with multiple stabbings, use of multiple means/actions, abuse of the body or dismemberment. Following the murder, 58.3% of the assailants remained at the site of the crime and/or called for help, 27.4% left the site (no information for the remaining subjects).
Conclusions: The findings are consistent with existing knowledge and may assist in identifying at-risk populations, develop and implement relevant prevention programs as well as improving the therapeutic continuum from hospitalization to the community.

Disclosure of Interest: None Declared

Genetics and Molecular Neurobiology

EPV0876

What do European guidelines say about genetic testing for people with mental disorders? A scoping review

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Introduction: Technological advancements have identified numerous genetic variations linked to mental disorders, providing potential explanations and, in some cases, enabling targeted treatments. However, clinical genetic testing remains underutilised in psychiatric care, potentially due to inconsistent clinical guidelines across Europe.
Objectives: This scoping review aims to compile, summarise and evaluate European clinical practice guidelines (CPGs) on genetic testing in mental disorders, identifying gaps and variations in recommendations to inform current practice and future guideline development.