Neuropsychiatric comorbidity was noted in 25.4%. The diagnoses retained at the time of the expertise were: intellectual disability (47%), followed by psychosis and dementia with similar percentages of 21%. The duration of the evolution of the symptoms in our population varied between 1 year and 60 years with an average of 22.56 years.
The request for guardianship was made by the siblings in 40.8% of cases, followed by the ascendants in 21.1%.
All the assessments took place at the hospital on a pre-arranged appointment and were formulated in French language.
Conclusions: The knowledge of the specificities of the different Tunisian laws governing guardianship is essential and the meticulous drafting of expert reports requires adapted training, which should be included in the basic training modules for psychiatrists.

Disclosure of Interest: None Declared

EPV0538

FORENSIC NEUROFEEDBACK AND PREFRONTAL WORKOUT, A SURVEY

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Introduction: The logic behind the neuropsychological rehabilitation of the impulsive criminal is to treat the behavioral manifestations of these individuals as the product of a real pre-frontal syndrome, capable of causing deficits in the planning of behavior, in self-regulation, in the inhibition of impulsiveness and more generally in social and interpersonal skills. With the term prefrontal workout, literally "prefrontal workout" Eagleman (2011) refers to a real form of rehabilitation intended for subjects characterized by strong impulsive tendencies. Neurofeedback is used in prefrontal training. This technique mainly uses electroencephalography (EEG) and functional magnetic resonance imaging (fMRI) as indicators of brain function.
Objectives: The premise of prefrontal training is that through rehabilitation, and therefore repeated practice, the frontal areas of our brain can be trained in order to improve the "control" of subcortical circuits and limbic areas responsible for impulsive and potentially destructive behavioral forces. Although this rehabilitation proposal does not specifically concern deviant individuals, it is intended for subjects with impulsive tendencies and difficulty in repressing a stimulus-seeking behavior, skills that fall within the category of frontal functions.
Methods: It is possible that similar strategies can also be used effectively against deviant individuals, working to improve their ability to inhibit a behavioral tendency and reinforcing everything with real-time feedback. There is a very high incidence of attention deficit, hyperactivity disorder and related symptoms among people convicted of crimes, and a great many criminal acts involve impulsive behavior or loss of emotional control such as anger. Better control of behavior and emotions are among the most commonly reported outcomes of neurotherapeutic treatment.
Results: Research and clinical experience also demonstrate the positive effects of neurofeedback with alcohol and drug abuse and depression, both common accompaniments of criminal behavior (Fielenbach S. 2019; Margarita R. 2016; Konicar L. 2015).
Conclusions: Certainly, research in this field is at a preliminary stage, and the limitations of these techniques are numerous. There are, for example, several doubts about which is the best strategy for the patient to use to control mental activity and inhibit, for example, the search for the substance to which one is addicted. Although promising, the literature highlights sometimes conflicting results: in this regard, see the meta-analysis by Cortese and colleagues (2016) and the document published by Youcha and colleagues (2008).

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EPV0539

Barriers and facilitators to help-seeking for mental health problems in prison: A qualitative interview study with incarcerated males in Northern Norway.

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Introduction: The prevalence of mental disorders is considerably higher among incarcerated individuals than in the general population, but this burden is not matched by a proportional use of mental health services. Studies have found that incarcerated males are reluctant to seek help for mental health problems. Gaining knowledge of factors that influence incarcerated individuals to access or avoid professional help for mental health problems is important for tailoring interventions to address the mental health needs of this population. Promoting mental health service utilization among people in prison has the potential to reduce prison suicide rates and increase institutional functioning, thereby providing safer conditions for peers and staff, promoting rehabilitation, and reducing recidivism upon release.
Objectives: This study explores personal, interpersonal, and systemic aspects that motivate incarcerated individuals to approach or avoid seeking help for mental health problems. While prior studies have primarily focused on barriers to help-seeking, this study also sheds light on facilitators for seeking professional help for people in prison.
Methods: Individual in-depth interviews were conducted with sixteen incarcerated males from three prisons in Northern Norway. The data analysis was inspired by Grounded Theory.
Results: The majority of participants shared positive personal perspectives related to professional help-seeking, whereas the barriers were predominantly perceived to be of an interpersonal and systemic nature. Aspects that encouraged help-seeking were: regarding mental health treatment as necessary for successful rehabilitation, sufficient knowledge of when and how to contact mental health services, support from peers, having a higher ranking

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