

Introduction: The idea that personality can influence our perception of 'otherness' is widely accepted within the literature of social sciences. Undoubtedly, the principle of dehumanization played an important role in genocides during the 20th and 21st centuries. In totalitarian or post-totalitarian regimes 'otherness' may present a challenge to the absolute power. Recent studies showed that negative attitudes toward 'otherness' – also known as xenophobia – are on a rise in the Czech Republic. A deeper analysis of the personality in relation with perception of otherness is still missing.

Objectives: The presentation analyse the personality variables associated with the perception of otherness and compare the differences between various age groups, genders, individuals with different levels of education, and above all, the differences between various groups. Several contrast groups are compared - general population, high neuroticism sample, personality disorder sample, xenophobic and xenophilic sample.

Methods: Bogardus Scale of Social Distance as a measure of perception of otherness is compared with in-depth analysis of personality functioning (Semi-Structured Interview for Personality Functioning DSM-5, STiP-5.1).

Results: We analyze the results of five samples with respect to demographic variables, variables of personality functioning and try to point out the relationship between more attitudes and underlying personality functioning. The importance of some demographic variables (as age) and connections between personality functioning (Self and Interpersonal) and social distance is emphasized and discussed.

Conclusions: The project help us to understand perception of otherness in light of demographic and relative power of personality factors.

Keywords: otherness; personality functioning; social distance

EPP0672

Limitation of therapeutic effort in psychiatric patients. about a case.

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Introduction: Thanks to advances in medicine, more diseases are being cured, but this benefit can become a problem when it causes a worsening of quality of life.

Objectives: The objective of this paper is to analyze, regarding the following case, the convenience of treating or to limit the therapeutic effort (LTE) in psychiatric patients who are in situations at the end of life.

Methods: 62-year-old woman begins with depressive symptoms from financial problems. In 4 months ago she makes four suicide attempts (drug overdose, cuts, self-stabbing, and precipitation), being hospitalized in ICU after latter because of multiple trauma and shock. During that time, she had a bad evolution with several complications that made LTE be evaluated. A bibliographic search was performed from different database (Pubmed, TripDatabase) about LTE and ethical implications.

Results: Trying to prolong life by disproportionate means in a patient with a poor prognosis or poor quality of life is bad practice. We must assess the severity, quality of life, capacity and preferences

of the patient to decide to treat or not, thus guaranteeing the principle of beneficence. It is also important to respect the principle of autonomy, accepting patients can refuse treatment. All this is equally applicable to psychiatric patients, whom we should not stigmatize but rather evaluate their ability to decide, as in any person.

Conclusions: In conclusion, in situations of high suffering and near death, it is necessary a complete evaluation of the patient (psychiatric or not) is carried out in order to act in the most ethical way.

Keywords: autonomy; limit the therapeutic effort; ethical; quality of life

EPP0673

The right to die: Perspectives of mental health professionals in malta

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Introduction: In their professional work, mental health professionals are continually working with individuals in distress, who may express a wish to end their lives.

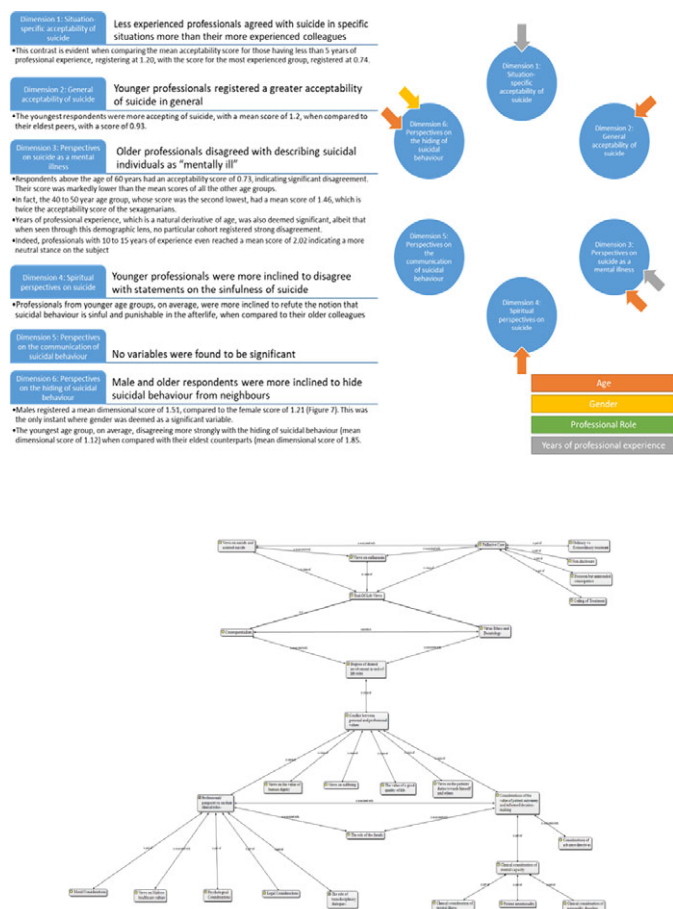
Objectives: To understand the perspectives of mental health professionals towards a person's right to die.

Methods: A mixed-method technique was used: Stage 1 involved a validated online questionnaire sent to all professionals working within the public mental health services in Malta. Stage 2 consisted of a multidisciplinary discussion between six professionals asked to hypothetically manage a terminally ill patient requesting physician-assisted suicide. Thematic analysis was subsequently applied.

Results: The majority of mental health professionals disagreed with allowing a person to commit suicide, even in situations of crippling debt, overwhelming despair and family dishonour. Terminal illness elicited a varied response (Figure 1)



Older professionals and spiritual beliefs negatively impacted acceptability of suicide (Figure 2).



The discussion revealed that professionals would assess individuals requesting to end their lives, with the aim of treating any mental illness and determining mental capacity. Figure 3 highlights factors explored during the assessment. Greatest emphasis is ultimately placed on individual autonomy.

Conclusions: Mental health professionals consider autonomy and self-determination as imperative in evaluating a person's right to die. Professionals agreed that, after a comprehensive psychiatric assessment and within a regulatory legal framework, they would not impede a person with terminal illness to request physician-assisted suicide, provided that one is acting autonomously. The majority would however conscientiously object to actively assisting the terminal patient in ending one's life, since this is deemed contradictory to their professional vow of non-maleficence.

Keywords: ethics; Euthanasia; AssistedSuicide; psychiatry

EPP0674

Stratification of a medium secure forensic care pathway according to risk and need: A study from dundrum hospital.

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Introduction: Secure forensic mental health services have a dual role, to treat mental illness and reduce violent recidivism. Those admitted to secure forensic services have a significant history of violence and treatment needs in multiple domains including psychiatric illness, violence and other areas such as substance misuse and physical health.

Objectives: The aim of this study was to ascertain if the units in a medium secure forensic hospital are stratified according to individual risks and needs. We also aimed to clarify if there were differences in the symptom level, risks and needs of those with and without community leave and to clarify the risks and needs of the female patients and ID patients.

Methods: This is a cross sectional study a cohort of patients (n=138) in a secure forensic hospital.

Results: There was a total of 138 patients, the majority of whom were male (n=123, 89.1%). The most common diagnosis was schizophrenia (n=99, 71.7%). Placements in the care pathway of the medium secure forensic hospital were associated with level of symptomatology (PANSS positive), dynamic violence risk (F=26.880, P<0.001), DUNDRUM-3 therapeutic programme completion (F=44.067, P<0.001), and DUNDRUM 4 recovery (F=59.629, P<0.001). Patients with community leave had better scores than those without leave on violence risk (F=77.099, P<0.001), therapeutic programme completion (F=116.072, P<0.001) and recovery (F=172.211, P<0.001).

Conclusions: Stratifying secure forensic psychiatric hospitals according to individual risks and needs provides in-patient care in the least restrictive setting appropriate for individuals, however niche groups such as female forensic patients and ID patients may need special consideration.

Keywords: Risks and needs; Stratification

EPP0675

The characteristics of homicide perpetrators in a medium secure forensic hospital: A study from dundrum hospital.

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Introduction: The majority of homicides in society are not associated with mental illness, however there is an established association between homicide and schizophrenia. Homicide perpetrated by mentally disordered offenders is a leading reason for admission to secure forensic psychiatric hospitals.

Objectives: To investigate the clinical characteristics of those with a history of completed homicide in the CMH Dundrum.

Methods: This study was a cross sectional study of a cohort of patients in the Central Mental Hospital who had completed homicide (n=63).