

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1655>

#### EV673

### The Satanist cult of Ted heath: Ethical implications of authority compromise

R. Kurz

Cubiks, IPT, Guildford, United Kingdom

**Introduction** Seven UK police forces are currently investigating the alleged involvement of the late Edward Heath (Prime Minister 1970–1974) in a child abuse ring with Operation Midland investigating specifically the alleged murder of three boys.

**Objective** The presentation raises international awareness of the investigation, sheds light on the suspected ‘Satanist’ ideology behind the cult and explores the implications for professional practice.

**Aims** The paper highlights the corrosive impact on society of powerful pedophile rings that are protected by compromised authority representatives and professionals.

**Method** Detailed accounts circulate on the Internet that name dozens of individuals allegedly active in the cult including high-ranking politicians, psychiatrists, psychologist, police officers as well as journalists and academics. Some of the alleged crimes can be corroborated with news reports or successful court prosecutions while the vast majority appear to be ‘known crimes’ that are successfully covered up.

**Results** The widespread organisational structures parallel the Marc Dutroux case in Belgium. It appears to be the case that compromised mental health professionals and authority representatives shield the cult. It becomes an ethical obligation for the silent majority to speak out against such criminality and demand from their government effective investigation and prosecution.

**Conclusion** Whilst an enquiry into historical allegations of institutional abuse is currently underway in the UK several cases emerged recently where satanic cults seemingly continue to be protected by the vested interests. Mental health professionals must stand up for victims and resist ill-conceived authority attempts to persecute abuse survivors and their supporters.

**Disclosure of interest** The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1658>

#### EV674

### Freedom as theme in psychotherapy and cognitive behavioral therapy

J. Vyskocilova<sup>1</sup>, J. Prasko<sup>2,\*</sup>, Dr. M. Slepecky (PhD)<sup>3</sup>, Dr. R. Hruby (PhD)<sup>4</sup>, Dr. A. Grambal (PhD)<sup>5</sup>, M. Holubova<sup>6</sup>, M. Marackova<sup>7</sup>, Dr. D. Jelenova<sup>5</sup>, Dr. A. Cinculova<sup>5</sup>

<sup>1</sup> Charles University Prague, Faculty of Humanities, Prague, Czech Republic

<sup>2</sup> University Hospital Olomouc, Department of Psychiatry, Olomouc, Czech Republic

<sup>3</sup> Constantine the Philosopher University in Nitra, Department of Psychology Sciences, Faculty of Social Science and Health Care, Nitra, Slovakia

<sup>4</sup> Psychiatric Outpatient Department, Psychiatric Outpatient Department, Martin, Slovakia

<sup>5</sup> University Palacky Olomouc, University Hospital Olomouc, Department of Psychiatry, Olomouc, Czech Republic

<sup>6</sup> Hospital Liberec, Czech Republic, Universtiy Palacky Olomouc, Department of Psychiatry, Liberec, Czech Republic

<sup>7</sup> University Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic

\* Corresponding author.

**Background** The problems that a client presents with to therapy may be associated with his possibility of free choice.

**Method** Review of psychotherapeutic and cognitive behavioral literature.

**Results** From a psychological perspective, freedom may be either inner or outer, depending on the nature of obstacles and barriers that limit freedom. Therapy may be understood as a process through which the client is guided to actively increase his freedom. This refers to freedom from destructive habits, self-limiting attitudes, compulsive actions, symptoms etc. When creating the relationship, neither the client nor the therapist is entirely free as they bring past conscious and unconscious experiences into it. From the point of view of CBT, freedom is always relative. The idea of absolute freedom results from cognitive distortions – black and white thinking. CBT does not consider overall freedom but relatively free decision-making in particular situations that the client is in. The therapist helps the client to identify his errors in thinking and to learn a more realistic way to formulate his experiences and to use the new attitude to decide more freely. The change in attitude is realized through rehearsing freer behavior and experiments with it in one's life.

**Conclusion** Freedom may be either inner or outer, depending on the nature of obstacles and barriers that limit freedom. Therapy may be understood as a process through which the client is guided to actively increase his freedom.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1659>

#### EV675

### Values and values work in cognitive behavioral therapy

J. Vyskocilova<sup>1</sup>, J. Prasko<sup>2,\*</sup>, M. Ociskova<sup>2</sup>, Z. Sedlackova<sup>3</sup>, M. Marackova<sup>4</sup>, M. Holubova<sup>5</sup>, R. Hruby<sup>6</sup>, M. Slepecky<sup>7</sup>

<sup>1</sup> Charles University Prague, Faculty of Humanities, Prague, Czech Republic

<sup>2</sup> University Hospital Olomouc, Faculty of Medicine and Dentistry, University Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic

<sup>3</sup> Faculty of Arts, Palacky University Olomouc, Department of Psychology, Olomouc, Czech Republic

<sup>4</sup> Faculty of Medicine and Dentistry, University Palacky Olomouc, Department of Psychiatry, Olomouc, Czech Republic

<sup>5</sup> Hospital Liberec, University Palacky Olomouc, Faculty of Medicine and Dentistry, Department of Psychiatry, Liberec, Czech Republic

<sup>6</sup> Psychiatric Outpatient Department, Martin, Psychiatric Outpatient De, Martin, Slovakia

<sup>7</sup> Faculty of Social Science and Health Care, Constantine the Philosopher University, Department of Psychology Sciences, Nitra, Slovakia

\* Corresponding author.

**Background** Values influence our thought patterns, emotions, wishes, and needs. Although individuals may be fully aware of their value systems, these often lie more or less outside the area of full consciousness. At least occasional awareness of one's priorities and set of values may be an effective means of self-regulation.

**Method** Literature review and description of cases.

**Results** Cognitive behavioral therapy is aimed at dealing with practical problems and goals in life through changes in cognitive processes, behavior, and emotional reactions. Changes to some values naturally accompany changes to these processes. Life values also underlie motivation to achieve therapeutic changes. For this reason, clarification of patients' life values is important to therapists as focusing on values aids in connecting therapeutic goals with important areas of life. In addition to a better understanding of patients' life stories and difficulties that have brought them to a psychotherapist, the identified value system may become a part

of everyday CBT strategies such as time management, cognitive restructuring or accommodation of conditional assumptions.

**Conclusion** Identification and assessment of life values and their use in the course of therapy is a process that increases patients' motivation to face unpleasant emotions and make careful steps in CBT in order to achieve therapeutic goals. Knowing the patient's life values may help the therapist set therapeutic goals that are associated with significant areas of the patient's life. Together with other CBT techniques, this value-oriented approach increases the effectiveness of therapy and durability of its outcomes after its completion.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1660>

## EV676

### Issues regarding compulsory treatment in compulsory admitted mentally ill patients

C. Tsopelas

Psychiatric Hospital of Attica, 5th Dept of Acute Admissions, Athens, Greece

**Introduction** In psychiatric clinical practice compulsory admission to hospital is the last option of the overall care provided to mentally ill patients, justified in terms of civil and human rights because of issues of protection for patients' and society members' life and health. Usually treating psychiatrists believe that issues of compulsory admission are without doubt associated with the permission, or even obligation, to apply compulsory treatment in a routine daily base.

**Aims** In this review, we are exploring issues around the implementation of compulsory treatment.

**Methods** Thorough research of the main databases and web search engines for relevant studies, agencies and organizations, interested in compulsory treatment issues.

**Results** Research shows ambiguous views. Conservatives argue that delay of any substantial, even enforced, and well documented treatment, would result in delay of treatment and excess use of other potentially more enforced methods. Using laws and legislation patients' rights are guarded but we also have the obligation to treat patients. On the other hand, liberals express totally opposite views. Capacity (or incapacity) is not 'all or nothing' but specific to decision and should be respected, with the exception to emergency treatment need.

**Conclusions** The capacity of decision-making of the mentally ill patient, whether or not being compulsory admitted, should be assessed in a more holistic and systematic approach and become part of the standard practice, followed by dissemination of these decisions to all relevant parties. Restore decisional autonomy should be one of the main goals of any therapeutic intervention.

**Disclosure of interest** The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1661>

## EV677

### Moral obligation to acknowledge and prevent suicide in life sentence incarcerated inmates

C. Tsopelas

Psychiatric Hospital of Attica, 5th Dept of Acute Admissions, Athens, Greece

**Introduction** For an inmate incarcerated for life we could acknowledge factors contributing to the desire to commit suicide, as social isolation, insensitive discipline, lack of privacy, constant

threat of violence, fear, guilt, hopelessness, and depression are prominent in the life imprisonment.

**Aims** To discuss the ethical issues of prevention suicide in inmates incarcerated for life.

**Methods** We performed thorough research of the main medical databases, and web search engines for relevant studies, articles and opinions and reviewed them independently.

**Results** Prevalence of mental illness is high among inmates and several common stressors typically herald an inmate's suicide. Suicide is often the single most common cause of death in correctional settings. Even though some suicide victims have consulted a mental health service-provider before their suicide, the majority of suicide victims were not mentally ill. The paradox, particularly for life sentence inmates is that we are trying to persuade an inmate to live within a disciplinary environment, which has as side effect the increase of suicidality of the inmates.

**Conclusions** Prisons' inability to protect the health and safety of inmates could raise ethical issues. We have obligation to adequate suicide prevention for all inmates, and we should be more broad minded as the will to die in mentally healthy individuals is beside an free will expression, a sign of serious lack of support and humane living conditions. We should be vigilant not to use the prevention of suicide programs as another way to increase punishment of life long imprisonment.

**Disclosure of interest** The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1662>

## Forensic psychiatry

### EV678

#### Critical analysis on legal capacity of the mentally retarded: The Portuguese reality in the European context

R. Cajão<sup>1,\*</sup>, C.A. Pereira<sup>1</sup>, J.R. Silva<sup>1</sup>, J.P. Lourenço<sup>1</sup>, N.P. Gil<sup>1</sup>, M.F. Colón<sup>2</sup>

<sup>1</sup> Centro Hospitalar de Tondela-Viseu, EPE, Departamento de Psiquiatria e Saúde Mental, Viseu, Portugal

<sup>2</sup> Instituto Nacional de Medicina Legal e Ciências Forenses, IT, Unidade Funcional de Clínica Forense da Delegação do Centro, Coimbra, Portugal

\* Corresponding author.

**Introduction** Almost 50 years after the mental health reform in Europe and the deinstitutionalization of the mentally ill, there seems to be a slow change in the social concept of mental disorder. However, in the case of mental retardation, little progress has been made, since the social approach to these patients does not seem to involve the promotion of their autonomy. This is a reality with implications in medical, social and forensic psychiatry settings.

**Objective** We will present a statistical analysis on interdiction/inhabilitation processes in two districts of Portugal followed by a comparative analysis between Portuguese and other European countries' civil law concerning the regulation of legal capacity.

**Aims** Critical analysis of the means by which the concept of legal incapacity has been applied in the Portuguese social setting.

**Methods** Descriptive and retrospective analyses of 500 expert reports in the districts of Coimbra and Viseu regarding interdiction/disqualification processes. Research on Pubmed and legal databases; keywords used: mental disability, mental retardation, civil law, mental incapacity, legal incapacity, legal capacity, interdiction, curator.

**Results** The number of forensic psychiatric examinations has suffered a significant increase in the last years. The majority of