Perspectives on triage of mentally disordered offenders in Belgium
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Introduction
Triage is the process of determining a patient’s treatment. In forensic psychiatry, triage is used for high priority beds availability reasons. A patient should receive care according to his psychiatric and security needs. In Belgium, the first steps of forensic triage is done by justice and forensic psychiatry. Psychiatric triage is performed a post-hoc. In this study, we collected psychiatric prevalences and data on length of stay (LOS) of all forensic institutions, and examined their congruence with international literature.

Method
Belgian institutions for MDO’s were contacted for diagnostic prevalences, comorbidity rates, length of stay and all other relevant information, in any available form for 2014, 2015 and/or 2016. We were also kindly allowed to consult reports commissioned by the ministry of public health (1,2).

Conclusion
Forensic patients appear to be adequately triaged according to their diagnostic and risk profile. Lengths of stay increase with the risk level of institutions. Higher comorbidity and personality disorder rates were found in high risk settings, more primary diagnoses of psychotic disorders were found in medium risk facilities. Mental retardation and substance abuse were found to be transnosographic and were found in every risk level.

Definitive/Final Release
• Not much known empirically.
• Probably life long for an high risk subgroup.
• Average length is estimate ±10y.
• New law is expected to reduce length of compulsory care.

References
1. Équipe de Recherche Cartographie Internés. Présentation des résultats de la cartographie des internés [Internet]. 2014; Bruxelles. Accessible from: www.psy17.be