

**WS0002****Geographical differences of the offender-patient pathways across Europe In this part of the workshop, I will make an approach of how will be treated an forensic psychiatric complex case from Spain point of view**

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**Abstract:** Geographical differences of the offender-patient pathways across Europe

In this part of the workshop, I will make an approach of how will be treated an forensic psychiatric complex case from Spain point of view, and differences with other countries. Different pathways from detention to be admitted in a psychiatric facility will be described. Also the approach from standard care to a more complex medical situation (from clinical, social and psychological views) in a penitentiary (forensic) resources, including rehabilitation. And finally, the follow-up / after care of a mentally ill offender, when discharge to the community.

**Disclosure of Interest:** None Declared**Joint Workshop****JW0001****The future of training in psychiatry in Europe**

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**Abstract:** Telepsychiatry has emerged as a transformative force in the field of mental health care, addressing disparities in service delivery and increasing access to care. This exploration focuses on the role of telepsychiatry in achieving equitable mental health care for individuals with intellectual disabilities (ID). Intellectual disabilities affect millions globally, posing significant public health challenges. This vulnerable population encounters numerous barriers in accessing quality mental health care, including geographical isolation, limited transportation options, and a shortage of specialized providers. Telepsychiatry offers a promising solution, leveraging technology to overcome these challenges. The presentation reviews the current landscape of mental health care for individuals with intellectual disabilities and the specific barriers they encounter. It highlights the potential benefits of telepsychiatry, including increased availability of specialized care, reduced geographical barriers, and enhanced caregiver support. Ethical considerations and best practices associated with implementing telepsychiatry in the context of intellectual disabilities are discussed. Case studies and success stories illustrate how telepsychiatry positively impacts individuals with intellectual disabilities and their families. In

conclusion, telepsychiatry plays a promising role in promoting equitable mental health care for individuals with intellectual disabilities. Embracing technology and adopting best practices pave the way for a more inclusive and accessible mental health care system, leaving no one behind.

**Disclosure of Interest:** None Declared**Workshops****WS0001****Predictors of relapse in bipolar disorder: an overview of the available evidence**I. Pacchiarotti<sup>1,2\*</sup><sup>1</sup>Institute of Neurosciences, Hospital Clínic of Barcelona and <sup>2</sup>Bipolar and Depressive Disorders Unit, IDIBAPS, Barcelona, Spain

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**Abstract:** After the introduction of all the speakers, the main aim of this workshop will be mentioned, which consists of identifying and highlighting those clinical, sociodemographic, environmental and other factors that might predict an increased risk of overall, depressive, manic or mixed relapses in bipolar disorder, which is crucial for the identification of high-risk individuals. Dr. Pacchiarotti will present main results from a systematic review performed recently by the work group aimed at collecting the available evidence regarding different factors that increase rates of mood recurrences or relapses for different polarities in bipolar disorder.

**Disclosure of Interest:** None Declared**WS0002****Readmission predictors at three years after a manic episode.**A. Giménez-Palomo<sup>1,2\*</sup><sup>1</sup>Bipolar and Depressive Disorders Unit, IDIBAPS and <sup>2</sup>Institute of Neuroscience, Hospital Clínic de Barcelona, Barcelona, Spain

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**Abstract:** In this section, the speaker will present the results from a recent longitudinal study performed by the work group, in which a cohort of 265 patients admitted with a manic episode were followed up during three years after hospital discharge to identify acute readmissions due to affective relapses. The study of different socio-demographic and clinical variables potentially implicated in a higher risk of readmission over three years is presented, including adherence to treatment, substance use, number of previous episodes, family history, predominant polarity, treatments used and number of visits to the Emergency Department.

**Disclosure of Interest:** None Declared

**WS0003****Determining specific profiles of patients at risk of relapsing**

H. Andreu Gracia

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**Abstract:** Based on the available literature and the studies presented by the previous speakers, Dr. Andreu will provide a summary of predictive and protective factors associated with mood relapse or recurrence in bipolar disorder, with a special focus on the distinction between modifiable and non-modifiable factors and on the identification of specific phenotypes at higher risk of relapse. The speaker will also mention the role of psychotherapeutic and pharmacological treatments, and will summarize the available evidence regarding lithium response.

**Disclosure of Interest:** None Declared**WS0004****Cases presentation and relapse rates associated with specific risk factors**

J. I. Mena Garcia\* and Relapse predictors of bipolar disorder

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**Abstract:** This section will be destined to the presentation of specific cases of patients with bipolar disorder admitted to our acute psychiatric ward. For each case, sociodemographic, clinical and environmental characteristics will be described and pharmacological treatment discussed. In addition, predictive and protective factors for mood relapses will be identified, and then, prospective information regarding their clinical prognosis will be provided in order to discuss with the attendees the impact of the mentioned factors on clinical outcomes.

**Disclosure of Interest:** None Declared**WS0005****PAD: a UK Perspective - Contemplating Change is Challenging!**

J. Wise

CNWL, London, United Kingdom

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**Abstract:** Physician assisted dying is not new, neither historically, nor globally. What has changed in the UK however, is the perspective of society. In the UK, the British Medical Association is both a union and a professional organisation representing doctors and liaising with governments departments in matters of healthcare. As with various specialties within medicine, there are those in favour of

change and those against. There are matters on which there is common ground, and a consensus of experts has identified principles, which, if legislation is to change, would be sensible to follow. A profession has united around the idea that if change is coming, it is better to inform the debate proactively and ensure that the interest of patients and doctors are promoted. This session will look at how potential change in the UK has been approached and hopefully well managed.'

**Disclosure of Interest:** None Declared**WS0006****physician assisted dying : A French Perspective - a new revolution?**

P. Courtet

University of Montpellier, Montpellier, France

doi: 10.1192/j.eurpsy.2024.118

**Abstract:** The debates on euthanasia and assisted suicide (EAS) are topical in Europe. The extension of EAS for psychiatric reasons, already legalized in some countries, raises ethical and clinical issues, given the proximity between suicidal patients and patients who request or have accessed EAS. How can EAS be reconciled with the promotion of suicide prevention, which kills nearly 10,000 people per year in France? We will raise here several key questions that deserve a clear answer before considering going further in the social debates: how to ensure the irreversibility of psychological suffering? how to ensure that patients requesting EAS have full decision-making capacity? how to judge therapeutic futility? It seems crucial to protect the most vulnerable patients by ensuring that psychiatry benefits from scientific progress and can offer new solutions to suffering patients.

These issues will be discussed viewing the proposed law on EAS in France, which is supposed to come in February 2024...

**Disclosure of Interest:** None Declared**WS0007****Physician assisted suicide: A Swiss perspective - a liberal view**

G. Stoppe

MentAge, Basel, Switzerland

doi: 10.1192/j.eurpsy.2024.119

**Abstract:** Switzerland is a country in which the liberal tradition is cultivated and every citizen's free decision is honoured. Associations such as EXIT or Dignitas, which advocate the right to self-determined death, were formed here early on. They see themselves as completing the Age of Enlightenment, where the end result is an individually self-determined death. The Swiss federal government is therefore reluctant to define criminal offences. However, it is regulated that active euthanasia is prohibited. The organisations mentioned are also not allowed to act for their own benefit.