

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^{1,2*}¹Institute of Neurosciences, Hospital Clínic of Barcelona and ²Bipolar 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^{1,2*}¹Bipolar and Depressive Disorders Unit, IDIBAPS and ²Institute 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