

Educational

Controversial Issues, Potential Risks and Solutions in Telepsychiatry

W0039

Dealing with Psychotic Symptoms at Digital Distance

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The EPA Guidance on the Quality of eMental health interventions in the treatment of psychotic disorders (1), based on systematic literature review, found strong evidence that web- and mobile based interventions for people with schizophrenia and/or other psychotic disorders are feasible and acceptable both for patients and caregivers. There was moderate evidence that eMental health interventions may improve specific elements of mental healthcare processes, such as shared-decision-making, symptom monitoring, disease management, information provision, empowerment, and there was preliminary evidence that they may also improve outcomes by fostering symptom reduction and treatment adherence. E-mental health interventions hold promise to shape the future of mental healthcare delivery through increasing service accessibility, reducing stigma and self-stigma, and providing timely and flexible support to individuals with psychotic disorders and their caregivers. Nevertheless, it is important to also consider other aspects such as the lack of ethical guidelines and quality assurance mechanisms, and the need to analyse the legal frameworks about eMental health in different nations when developing and implementing eMental health interventions. We did not identify ethical guidelines or quality assurance systems specifically developed for eMental health interventions targeting people with psychotic disorders. E-mental health interventions are efficacious to increase mental health literacy. We also found preliminary evidence that eMental health interventions are efficacious to treat psychotic disorders. Recent overviews (2) are coming to similar conclusions. Future research needs to provide better controlled, sufficiently powered studies to provide definite answers to open questions. Gaebel et al., 2016, DOI 10.1007/s00406-016-0677-6 Donahue, Rodriguez, Shore, 2021, doi.org/10.1007/s11920-021-01242-y

Disclosure: No significant relationships.

Keywords: eMental health interventions; psychotic disorders

W0037

How to Manage Suicidal Risk at Digital Distance

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Suicide prevention remains very difficult to achieve for many reasons, notably because we do not have any indicator of risk prediction, short-term risk factors being little explored, and

evaluations being retrospective they are biased. Furthermore, patients at risk are not followed up, because of their lack of confidence in care, stigma, shame. On the other hand, the gap observed during the covid19 pandemic between distress and less occurrence of suicides could be linked to more virtual contacts. Then, the smartphone might be a good tool to stay connected to a protective network. We will discuss the opportunity offered by the smartphone to monitor patients with ecological momentary assessment, allowing to better characterize their acute states and detect an increased risk in real time, and thanks to the ecological momentary intervention 24/7 availability, improve access to care and better coordinate resources, and encourage self-care. These tools while offering new solutions for an efficient real time suicide prevention, may also raise some ethical issues that should be addressed.

Disclosure: Fondamental Foundation supported the development of the application EMMA

Keywords: ecological momentary intervention; smartphone applications; Ecological Momentary Assessment

W0038

How to deal with Substance Abuse in a Telepsychiatric Setting

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Abstract Body: Alcohol and (illicit) substance abuse are among the most common psychiatric disorders within the general population and their impact can not be underestimated. Reputedly for these disorders, there is a large treatment gap and treatment delay, i.e. large numbers of afflicted individuals never receive appropriate treatment and if they do so often many years after the onset of the disorder. The Covid19 pandemic has only aggravated these gaps. In many countries, due to the Covid 19 pandemic and its associated restriction measures telepsychiatric tools have become increasingly implemented (and funded) as regular parts in the possibilities in delivering interventions. With respect to substance abuse treatment, a vast body of research already showed promises both in the field of telepsychiatry as broader the use of digitalization (e.g. the use of virtual reality designed treatment interventions, digital monitoring). In the current presentation, an overview will be presented of both telemental health interventions and digital tools/interventions in the field of substance abuse treatment.

Disclosure: No significant relationships.

Keywords: alcohol; tele-psychiatry; substance abuse; digital

W0039

Legal and Forensic Issues in Telepsychiatry

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Covid-19 has induced many changes to society, including some in the practice of medicine and psychiatry. Among them is increasing

use of telecommunications. A previous editorial outlined the possible uses and dangers of telemedicine with prisoners (Gunn et al 2020). Forensic psychiatry is also concerned with providing expert evidence to courts and other arbitration bodies and, increasingly, these bodies too are relying on such technology. Further in addition to traditional paper-style records (many now held electronically rather than literally on paper) there is increasing use of video recording of interviews, of day to day behaviour on secure hospital units and by bodycams when intervening in a tense, potentially violent situation. To what extent are these being used in court? Is there a European framework for guiding us on how to proceed? How has this been interpreted to date in countries across Europe? In this paper these issues will be addressed.

Disclosure: No significant relationships.

Keywords: Prisoners; telepsychiatry; courts; confidentiality

W0040

Telepsychiatry for the Elderly

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For many old people with mental health problems, access to psychotherapeutic and psychiatric help is often difficult. This is partly because going to a psychiatrist is still stigmatised, especially among the older generation. On the other hand, therapists with an interest in and competence for older people are often not sufficiently available even in the well-supplied western countries. In this situation, digitalisation offers various opportunities. Basically, the internet is a good way to promote health literacy. Classic psychoeducation can certainly be offered on the internet. And psychotherapy can also be administered with the help of the internet. Especially in the COVID-19 pandemic, the possibilities of internet-based therapies, for example Zoom or other techniques, were practised. This means that people with limited mobility can also receive therapy over long distances. This technology also makes it possible, for example, for the migrant population to receive therapy in their national language. All these possibilities are under development, but may become routine in the future. With the help of the digital possibilities, it is possible to organise helper conference. The professional exchange between relatives, family doctors, psychiatrists and other people in the help system can be easily organised in this way. The method also saves travel time, which is often not reimbursed in the health systems.

Disclosure: No significant relationships.

Keywords: old age psychiatry work force; helper conference; cultural sensitivity; access

Clinical/Therapeutic

Early Intervention Through Real World Experiences: Feedback, Challenges and Opportunities

W0041

“Setting up and Tailoring Early Intervention Teams in a Already Established Healthcare System: the Experience of the Greater Lyon”

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The implementation of early intervention services (EIS) dedicated to first episode psychosis (FEP) remains a challenge in France. In 2016, the London School of Economics published a report in which France appeared as a poorly developed country in terms of early intervention services. Since the 1980s, the French psychiatric “sectorization” system offers access to general psychiatric care with a graduated intensity (outpatient consultations, day hospitalization, full time hospitalization) targeting territories (“sectors”) of approximately 70,000 inhabitants. While this system has advantages in terms of universal access to care, it leaves little room for specialized services. The Greater Lyon agglomeration (2.4 million inhabitants) is composed of several psychiatric sectors administered by 3 psychiatric hospitals and a psychiatric emergency system administered by a University Hospital. Since 2018, various hospital and university stakeholders, patient associations and international partners, have been working together to tailor, set up and organize a care system for FEP patients. We present here how we have federated workforce resources initially working within 11 general psychiatric “sectors” and covering a population of 850,000 inhabitants. A 3-step process of (1) field analysis, (2) the creation of a community of practice composed of healthcare workers, researchers and service users, and (3) confrontation of the already existing healthcare with the logic of “principal components” for FEP care, allowed the creation of the outpatient “PEPS” service, which now offers continuous case management, a functional recovery program and new pathways to care to more than 200 patients with a diagnosis of first episode psychosis.

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Keywords: Health services research; early intervention; Implementation; First Episode Psychosis