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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