care have been taken up in forensic mental health settings. However, the introduction of lived experience workers is arguably significantly more difficult when the dual vulnerabilities of forensic mental health services users are considered (Drennan & Alred, 2012). This paper will describe a multi-layered approach to the introduction of lived experience roles in a forensic in-patient unit. Roles have developed from being solely ward-based, to service-wide roles that include participation in management and service development, the creation of a Recovery College Forensic Campus, and to co-production and co-delivery of the psychological therapies programme. In addition to 'mapping' these developments in co-production, this paper will also describe the development of the governance structures that have been necessary to support this infrastructure. Lived experience workers require recruitment, vetting, placement, and aftercare, when they engage in the activities available. On-going mental health and risk stability cannot be assumed, and so regular formal and informal psychosocial support is required to ensure that workload pressures do not negatively impact on other service users and staff. The paper will suggest that much more attention needs to be paid to the development of organisational infrastructure to sustain and manage the growth of lived experience roles in forensic mental health settings than is currently in place.

Disclosure: No significant relationships.
Keywords: Lived experience; co-production; Forensic; governance

S0066

Implementation of a peer support worker in a forensic hospital in germany

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Experienced Involvement (also called Peer Support Work, PSW) has existed in mental health care in Germany since 2005 though its implementation lags behind, compared to other countries. Due to the unique challenges of forensic-psychiatric settings, implementation of PSW in these settings is even less developed. We prepared the implementation of a peer support worker in our forensic hospital for addicted offenders in Germany in several steps: A survey amongst the 75 forensic hospitals in Germany was conducted to evaluate the prevalence of PSW in these settings. Individual interviews were conducted with directors and peer support workers of forensic clinics nation-wide to investigate their facilities' experiences with PSW. Focus groups with several occupational groups of the clinic in Rostock addressed staffs opinions, expectations and reservations regarding peer support work. These were recorded and transcribed for thematic analysis.
Results: revealed that the majority of forensic hospitals (83.6%) has no experience with peer support work. Interviews with external clinic directors revealed similar concerns and expectations among the employees as our focus groups did. Staff at the clinics expected the peer support worker to offer useful experiences and new perspectives. Concerns occurred about stability of health condition of the peer support worker, trust issues because of former criminal behavior and attitudes towards psychiatric treatment that might interfere with professional treatment negatively. Furthermore the clinic directors stressed the importance of a well prepared implementation and a good "fit" of the peer support workers background to the patients (e.g. regarding diagnosis).

Disclosure: No significant relationships.
Keywords: forensic mental health; peer support work; recovery

S0067

Oh what a tangled web we weave when first we practice to deceive…

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'Oh what a tangled web we weave when first we practice to deceive'. Marmion, Sir Walter Scott 1808. Conflict is unpleasant, it is aversive, we tend to avoid it. Yet inevitably tension between individuals or between individuals and society is inevitable as the wants of one collide with the purpose of the other. Most of these tensions resolved peacefully but a societal level aggression can sometimes spill out. In the hinterlands between individuals and larger groups these can play out more safely through the courts or sometimes the avoidance of conflict can be the only tactic that the individual can use. As doctors we are used to sing medical problems with patients have true disease believe they have two disease and want to get well-the standard social model of medicine. But sometimes this plays out differently there are those who may fabricate symptoms to avoid punishment or for reward: malingering. There are those who believe they have a disease but the distress is disproportionate to any possible recognised component; somatic symptom disorder. There are those whose anxiety about whether they have a disease or not is paralysing and perhaps most distressing for all of the groups who self-harm or malinger with authentic illness or disease. In this talk Dr Wise will, using case examples, look at a couple of the tools that exist to assist psychiatrists in piloting a pathway through the stormy waters of abnormal illness in litigation.

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S0068

Prison psychiatry and faking symptoms

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Faking symptoms is not an unusual finding in psychiatry; As a such is not a symptoms o sign of mental disorder; we could say that lying is frequent in the normal life of people. In psychiatry, in the community has been widely reported (), mainly related to legal psychiatry (getting some social benefits, avoiding legal obligations, etc). From forensic psychiatry, this topic have a special relevance as they have more serious consequences (to avoid prison, child custody, etc) (Resnick 2003, Gunn 2014). Another topic of paramount importance is that in psychiatry we have not complementary examinations (RMN, TAC, blood tests, etc) that help to discard some symptoms. Some test are used for detecting feigned symptoms as SIMS, The most important psychological episodes in prison are those related to disruptive / bizarre behaviour, suicide ideation and psychotic symptoms that create a great nuisance to Prison Governors. To get an accurate diagnosis is very important because this could have a

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psychiatric approach or a prison sanction. Sometimes a previous feigned symptom does not mean to have new episode with psychiatric symptomatology that should be treated. In this paper we ´ll focus in the prison psychiatry (that probably include all the situations that has been describe above.) and to give some clinical tips to deal with this kind of situation in the everyday work and casualty job.

Disclosure: No significant relationships.
Keywords: Faking symptoms; malingering; feigned symptoms and prison

Challenging stigma attached to mental disorders in different european countries: Understanding and doing something

S0070

Stigma towards patients with schizophrenia and other mental disorders: Challenges and interventions in Italy

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Stigma toward mental illness is considered a major public health problem, being a significant obstacle for the access to care by people with psychiatric disorders, not only the severe ones but also those improperly called "minor" disorders, as recent research demonstrates. Moreover, stigma per se causes further sufference, undermining the quality of life of those who suffer from mental disorders due to discrimination, social isolation and lack of opportunities. Thus, combating stigma is one of the main goal of mental health policies worldwide. After the 1978 Reform Act, substantial ideological and practical changes were introduced in Italy, such as, among others, the abandonement of custodial care and of the dangerousness criterion for involuntary treatments, along with the development of a nationwide system in mental health care. Notwithstanding there relevant changes and more than forty years of experience in community treatment of mental disorders and the widespread implementation of interventions oriented to social inclusion, no data about significant changes in public stigma toward mentally ill people could be registered in our country. Moreover, a quite limited number of specific anti-stigma programmes and campaigns at a national or local level were developed with a correspondently paucity of research regarding the evaluation of these interventions with specific reference to their quality and effectiveness

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S0072

Challenging stigma attached to mental disorders: A psychosocial perspective

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Stigma attached to mental disorders represent one of the main obstacles to patients' full recovery and empowerment. In the last decades, many anti-stigma programmes have been implemented worldwide, but stigma still represents a major obstacle for people with severe mental disorders, their family members, friends and also healthcare professionals. Stigma is a complex social phenomenon, which entails a lack of knowledge, discriminating attitudes and excluding behaviours in the general population, which deserves a multi-level approach. In particular, anti-stigma strategies combining the three most common approaches, including contact, education, and organization of protest activity, are the most effective. Interventions should contain age-appropriate information and should be provided at an early age (e.g., in schools). Interdisciplinary approaches are recommended. In particular, contact strategies are important to reduce prejudice and change attitudes towards people with mental disorders and may be implemented either by video (interviews/personal testimonies), but ideally in person with affected individuals, reporting their real life experiences. In this workshop, the role of advocacy associations together with all stakeholders of mental health will be discussed in the process of fighting stigma according to a psychosocial perspective.

Disclosure: No significant relationships.
Keywords: discrimination; social inclusion; Stigma; Mental disorders

Behavioral addictions during social-distancing for the COVID-19 pandemic

S0078

The impact of physical distancing on body-image and social media use

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The current coronavirus pandemic (Covid-19) is posing new critical challenges on mental health due to widespread social alarm as well as long lasting "physical distancing" as a result of public health protection measures or voluntary conduct. In a period of uncertainty, certain rewarding behaviors, such as the use of the Internet, exercise among other coping strategies might have increased considerably. We will share the results of an international cross-sectional investigation on the impact of physical-distancing on such potentially addictive behaviours to mitigate the pandemic effects, while identifying the most risky patterns and vulnerable populations. The studied sample consists of 3161 participants from Italy (41%), Spain (16%), the UK (12%), Lithuania (12%), Portugal (11%), Japan (6%), and Hungary (4%). Results are currently being analysied.

Disclosure: No significant relationships.
Keywords: Problematic use of the internet; self-distancing; Covid-19; self-image

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