deliverance, consisted of fasting, prayers, and discontinuation of aripiprazole. Upon cleansing completion, patient resumed psychotropics; later, believing improvement was solely secondary to cleansing, she totally discontinued aripiprazole. Shortly thereafter, decompensation with paranoid/suicidal/homicidal ideations resulted in emergency hospitalization.

Conclusion: Optimal clinical treatment requires integration of biologic interventions, psychotherapy, and patient's culture/religion. Unawareness of culture/religion can lead to medicine noncompliance and unnecessary decompensation.

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Telepsychiatry in Denmark

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Background and aims: It is no secret that mental health system in Denmark did face (and still does) significant barriers in providing appropriate psychiatric care towards refugees/immigrants on their own language. Limited access to clinicians that speak their language decrease speed and accuracy of diagnosis and treatment. In this situation, patients receive sub optimal psychiatric care (provided via translators) that furthermore affect their compliance and make treatment more difficult and expensive.

Methods: One solution to this problem is to give refugees/immigrants access to ethnic specialists by using telepsychiatry (videoconference in real time).

5 stations have been established during this pioneer project in period 2004-2007. The equipment connect three hospitals, one asylum seekers centre and one social institution for rehabilitation of refugees/migrants.Participants involved in the project are mentally ill refugees/immigrants. Clinicians involved in the project have ethnic background that make possible to assess and/or treat refugees/migrants on their own language, without using translators.

Results: By using the videoconference, it was possible to make reliable aassessment and/or treatment of a wide variety of psychiatric disorders. All participants answered questionnaire after the end of telepsychiatric contact. They all reported a high acceptance and satisfaction with telepsychiatry regardless their ethnicity or educational level. Furthermore, all participants would prefer contact via telepsychiatry then via translator. Reduced transport – and translator expenses presented economic benefits of the method.

Conclusions: Telepsychiatry can be the tool of choice when limited access to mental health professionals makes assessment and/or treatment difficult and often insufficient.

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Open access E-journals: research workshop

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Introduction: Open Access (OA) publishing ensures that all published peer-reviewed research articles are universally, freely accessible through Internet in a readable format and immediately deposited in an international OA repository such as PubMed Central. Authors/ copyright owners must irrevocably grant to anyone the right to use, reproduce or disseminate the research article in its entirety or in part in perpetuity.

Goals: This interactive workshop is designed for psychiatric researchers to increase their knowledge about open access publishing and ascertain its potential benefits for researchers and authors.

Method: The workshop will contain a number of interactive and didactic components and will presented in three parts:

Overview:

What is OA? How are OA journals created? What are the benefits of OA for psychiatrists? How are authors attracted? What peer-review processes ensure immediate PubMed listing? What other indexing services, tracking and citation statistics apply?

Preparing Manuscripts: tools, tips and techniques.

Hands-on session on manuscript submission covering manuscript organisation; artwork for figures/tables; file formats (size; compression, and quality; bitmaps versus vector images; suitable tools for creating figures and choice of fonts.

Overview of current and future online resources will follow, eg: bibliographic software; PubMed archiving and the Semantic web.

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Plane crazy: a case series of psychiatric presentations at the airport

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Background and aims: The air transport industry has seen a rapid growth since the early 1900s. Serving more than 180 cities in over 50 countries, Changi International Airport in Singapore has established itself as a major aviation hub in the Asia Pacific region, with an annual handling capacity of more than 44 million passengers. In recent years, it has been observed that a number of passengers are found to be in a mentally disturbed state at the Changi International Airport. Some of whom are unable to continue in their journey and have to be admitted for further evaluation. The purpose of this descriptive study was to examine the occurrence and the presentation of mental disorders requiring admission at an international airport.

Methods: A retrospective study was performed including patients who had been referred for psychiatric observation by the Changi International Airport to a tertiary hospital nearest the airport. The patients were studied in respect to the circumstance of admission, clinical presentation, management and how they continued on their journey.

Results: Most of the patients admitted had a history of a major mental illness, such as schizophrenia and bipolar disorder. In-flight emergencies and serious incidents caused by psychiatric patients were fortunately uncommon.

Conclusions: As air travel becomes more prevalent, it is conceivable that there will be an increasing number of psychiatric patients taking a flight. Although most patients are able to travel uneventfully, there are still a small number of patients who have to be detained and stabilised at a hospital.