

W05.04**FOLLOW-UP OF CHANGES OF PSYCHIATRIC CARE (INTRA- AND EXTRAMURAL)**

G. Hofmann. *Pro mente Oberösterreich*, 32 Figulystraße, A-4020 Linz, Austria

Psychiatric care systems have undergone profound changes in the last 30 years in many countries of Europe. After 1989 the new democracies had to change health politics in view of their changed political and economic situation. New health care systems and mental health programs and consequently new psychiatric care systems favouring community based care had to be implemented. The Danubian Psychiatric Association, scientifically co-operating with their member states (16) since 1964, started a follow-up study by one of its research groups in 1990. Data of psychiatric care could be gathered of 10 member states between 1992 and 1994 and were published in *PSYCHIATRIA DANUBINA* (our quarterly journal) in 1994. Presently we are concerned with the documentation of psychiatric care systems since 1993/1994. As the Danubian Psychiatric Association is now an affiliated member of WPA we contacted all psychiatric associations of Europe last year envisaging an European multi-centre study in this field. Prominent speakers of 4 countries representing different mental health politics and psychiatric care systems will present data and their view on future perspectives. Data of hospital based care (beds, diagnostic distribution of discharges in the year recorded, staff, costs) and of community based care (mental health centres, housing facilities, day structuring units, rehabilitation centres, personnel and costs) will be presented in a way to enable comparison of data of respective countries.

WPA. WPA/PTD Course

Chair: C.N. Stefanis (GR)

WPA.01**THE USE OF THE WPA/PTD EDUCATIONAL PROGRAMME ON THE RECOGNITION AND TREATMENT OF DEPRESSIVE DISORDERS**

N. Stefanis, J.E. Cooper, N. Kornetov

The World Psychiatric Association, in collaboration with the International Committee on the Prevention and Treatment of Depressive Disorders, has developed an educational programme aiming to enable general practitioners and other physicians not specialized in psychiatry to deal with depressive disorders. The programme has three main parts, a first dealing with fundamental and general facts about depressive disorders, their recognition and treatment; a second dealing with depressive disorders seen in people suffering from physical illness; and a third dealing with depressive disorders in the elderly. The training materials for the programme include a basic text, slides, handouts and other tools.

The objective of the course is to (1) make participants aware of the nature of the materials included in the WPA/PTD programme; (2) enable participants to use the materials developed for the programme in the training of general practitioners; and (3) enable the participants to plan training activities concerning the recognition and treatment of depressive disorders in their country.

FC13. Clinical psychiatry

Chairs: P. Skapinakis (GR), P. Zvolsky (CZ)

FC13.01**SEVERE MENTAL ILLNESS AND AIRPORTS – THE SCOPE OF THE PROBLEM**

B.B. Lucas*, U.C. Wiesmann, M. Anjobjeb. *Hillingdon Hospital NHS Trust, London, UK*

Background: Mental illness can cause specific problems in the environment of an international airport.

Aim: To assess frequency, presentation and safety implications of mental disorders requiring formal admission at an international airport.

Design: Retrospective study over 4 years of case records, including all patients from Heathrow who were detained by the police and admitted.

Results: The frequency of admissions was 1 per million passengers, the frequency of incidents raising safety concerns was 4.0 per 10 million passengers. An in-flight disturbance occurred in 1.4 per 10 million arriving passengers. Most common were schizophrenia or schizotypal disorder (46.8%) and mania (22.6%). 20% of patients presented with wandering.

Conclusion: Emergency admissions and incidents causing safety concerns were rare. Mentally ill patients did not contribute substantially to the problem of air rage. The majority of patients suffered from severe mental illness. There was no convincing evidence that time zone changes were related to affective illness. Airport wandering was a frequent presenting sign of severe mental illness, which should be recognised.

FC13.02**UTILISATION OF EMERGENCY DEPARTMENTS BY SUBSTANCE ABUSERS: DRUG-RELATED PROBLEMS IN A MULTICENTRIC EPIDEMIOLOGICAL STUDY IN FRANCE**

P. Nuss¹*, M. Ferreri¹, P. Espinoza², F. Mathy². ¹CHU, St-Antoine 75571, Paris; ²Hôtel-Dieu 75004, Paris, France

Background: Few direct studies are dedicated to emergency service utilisation by substance abusers. The information is usually obtained from data available in the clinical records. Very few drug users were interviewed in this situation. France, having recently introduced substitution treatments at a large scale, it is noticed changes in emergency services utilisation.

Objective: Describe typology of substance abusers attending emergency units in 17 general hospitals emergency department between June and October 1999. A descriptive bivariate analysis with simple stratification was carried out.

Design: Every patient identified as a substance abuser was evaluated with a questionnaire.

Results: Preliminary results on 497 substance users examined in 17 emergency service department on the French territory indicate the sociological profile of these patients: the male/female ratio is 4.9/1, mostly unmarried (59.4%), having a personal place to live (73%), covered with the social insurance in only 53% of the time. The examination was initially made by a medical doctor (52%) or a psychiatrist (12%) and by both (7%). The initial cause for admission was: impairment of consciousness (29.4%), acute intoxication (21.7%), asking for withdrawal of drug (14.3%). Numerous somatic and psychopathologic complains were observed. Among them, the