the suicidal thoughts and the timeframe planned before the occurrence of the suicidal behavioural. Risk level depends on age, gender, substance use, etc. Evaluation of these items and intervention programs concerning these issues will be discussed in a real life emergency department environment.

S07.04

Quality of care in emergency psychiatry: Developing an international network

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In a period of growing interest in expert's guidelines on the management of psychiatric emergencies, there are few empirically validated data in the emergency settings. Based on this observation, we developed an International Research Network in Emergency Psychiatry, by connecting several European Centers (Switzerland, France, Belgium, Romania) and United States. The aims of our collaboration are to evaluate and ameliorate the quality of care, to develop European clinical guidelines, to provide a structured educational program for trainees and students and to conduct international studies focused on Emergency Psychiatry. Clinical research and the use of some standardized tools appear to be successful in improving the quality of care as an 'effective medication' administered to the emergency staff [Damsa et al., 2006]. Moreover, introducing new psychotherapeutic models in emergency psychiatry, could avoid unnecessary hospitalizations, by increasing the compliance of the patients to ambulatory follow-up care, and might have a positive economic impact on the health systems. In conclusion, we hope to develop new links with other emergency psychiatric teams, through the Emergency Psychiatry Section from the AEP.

Damsa C, Ikelheimer D, Adam E, Maris S, Andreoli A, Lazignac C, Allen MH. Heisenberg in the ER: observation appears to reduce involuntary intramuscular injections in a psychiatric emergency service. Gen Hosp Psychiatry. 2006; 28: 431-433.

Symposium: Pathways to care and the immigrant patient: Ethical perspectives from cultural psychiatry

S02.01

Access to mental health care: How can barriers for migrants be reduced?

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Background: There is sufficient evidence in different countries, that migrants from different cultural backgrounds do not use mental health services to the same extent as natives. Reasons are different barriers in the access to care for migrants with mental health problems. These barriers can be found both on the institutional level as well as on the subjective level of the patients and caregivers themselves.

Methods: Qualitative analysis of barriers in the access to care.

Results: The institutional barriers are mainly a lack of information about and for migrants, as well as a lack of more specific treatment modalities. The subjective barriers are associated with issues of discrimination as well as preconceptions about mental health services and disorders.

Conclusions: Several measures are being undertaken in different countries to reduce these barriers in the access of care for mentally ill migrants in Europe.

S02.02

Ethical dilemmas in assessment and treatment of asylum seekers in Denmark

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The challenges of providing mental health care to a culturally diverse patient population include having sufficient knowledge about cross-cultural issues in generally and especially knowledge about cultural background of the specified ethnic groups. Asylum seekers are certainly individuals with specific needs that are combination of potential traumatic experiences, current political situation in home country and asylum policy in third country where they seek the asylum. Language barriers, a mistrust of authority, and fears about confidentiality are well documented obstacles to the effective care of asylum seekers. Therefore, the language abilities and cross-cultural background of the therapist are not negligible. Current assessment and/treatment of asylum seekers in Denmark raises several controversial but important ethical dilemmas:

Sufficiency and satisfaction by the assessment and/or treatment provided via interpreters seen by the patient and the therapist

The impact of psychiatric statement on the process of asylum determination (used and/or abused by authorities and asylum seekers)

This paper describes clinical cases related to mentioned issues and give potential useful hints for future development within assessment and/or treatment of asylum seekers.

S02.03

Racism is an ethical issue

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A growing body of research links the experience of racism to a variety of health and mental problems, with stress as the most direct link. The understanding of racism has become more complex in recent years, wherein investigators have shifted the focus away from overt forms of racism such as that associated with white supremacy to unintentional or "aversive" racism. Racism in mental health care is an ethical issue for psychiatrists and psychologists because it represents a very damaging force that is associated with mental health problems, and as such requires effective response. Racism and race related issues may enter the consulting room indirectly through the experiences of patients in the outside world, or, indeed, directly through the clinician's implicit and unintentional behavior. Both cases clinicians demand the awareness and responsiveness necessary to ensure that patients are not harmed. Conventional therapeutic approaches situate the locus of change in the individual yet racism is not a psychological problem as such. Recent work on racial microaggressions indicates that mental health professionals are prone to low level acts of racism that are of relevance only to the racially different patient; the clinician is unaware of such an act and as such not inclined to take corrective action. The Racial

https://doi.org/10.1016/j.eurpsy.2008.01.014 Published online by Cambridge University Press