CPN, it was found that those who had known the CPN longer saw their GP less, and when they did so, tended to go more for reasons relating to physical problems (see table).

Length of time in contact with CPN	No of patients	Mean contacts with GP	GP contacts for physical problems	GP contacts for psych. problems	Percentage difference
< 2.1 years	14	7.00*	39%	34%	5%
2.1–4.3 years	14	6.57	39%	25%	14%
>4.3 years	14	4.00*	59%	20%	39%

*A significant difference was observed between these 2 groups at the 0.05 level

Conclusions: this study found a smaller mean number of contacts with the GP than other studies. This may reflect the considerable supportive input from the MDT, particularly the CPNs. The data suggest that those with a stable therapeutic relationship with the CPN use the GP less, and when they do so tend to go for reasons of physical illness. The finding would suggest that additional liaison with GPs for such patients is not a priority and that the focus should be on those patients less well known to the MDT.

PUBLIC EDUCATION FOR COMMUNITY CARE: A NEW APPROACH

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Aims. To determine whether a public education campaign can improve attitudes to mentally ill people and increase their social integration.

Method. A census of attitudes to mental illness was conducted in two areas, prior to the opening of supported houses. Patients' social functioning was assessed. Factor analysis of the Community Attitudes toward the Mentally Ill inventory revealed three components: *Fear & Exclusion, Social Control* and *Goodwill.* In one area, an educational campaign was conducted and the assessments were then repeated. Changes in neighbours' knowledge and attitudes and patients' social integration were examined.

Results. The only determinant of *Fear & Exclusion* was having children. The main determinants of *Social Control* and *Goodwill* were social class and educational level respectively. These factors were predictive of respondents' behavioural intentions toward the mentally ill.

Respondents exposed to the didactic component of the campaign showed only a small increase in knowledge but there was a lessening of fearful and rejecting attitudes in the experimental area and not in the control area.

Neighbours in the experimental area were more likely to make social contact with patients. It was social contact which was directly associated with improved attitudes rather education *per se.* Patients in the experimental area but not in the control area made social contacts with neighbours.

Conclusions. The public education campaign led to improved attitudes towards the mentally ill and to enhanced social integration of patients.

NR12. Learning disability/forensic psychiatry

Chairmen: C Duggan, T Maden

PRISON BASED PSYCHIATRISTS AND THE NEEDS OF MENTALLY DISORDERED REMAND PRISONERS

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Objectives - To measure unmet needs for treatment for mental health problems among male remand prisoners, and to attempt to meet those needs by discharge planning or diversion from custody.

Methods - A survey of men in a local prison who had been referred to medical officers for mental health problems. 277 men were interviewed using an individual needs assessment, leading to a prospective study using a comparison group.

Results - The commonest unmet needs for treatment were for substance abuse (52%), for neurotic problems (41.9%), and psychotic symptoms (22.7%). Nearly half of the subjects had a need for assistance with housing problems i.e. were homeless. A majority of men (60%) had previous contact with psychiatric services in the community, but a minority (22%) were in contact with services at the time of their arrest. At an eight month follow up, 35% of the 62 men who had the opportunity to comply with their discharge plan had attended to some part of it. Follow up of the comparison group proved impossible. The 49 men in the experimental group were not diverted from custody significantly faster than the 32 men in the comparison group.

Conclusions - There are high rates of both mental health and social problems amongst remand prisoners. Many subjects had apparently fallen out of psychiatric care before their arrest. Discharge planning was made more difficult by men whose range of problems meant that they did not fit neatly into any the remit of any one service. Such a mechanism must be an essential part of the implementation of the Care Programme Approach, and we believe that a take up rate of 35% justifies its application to remand prisoners.

DELIBERATE SELF-HARM IN FEMALES IN A SPECIAL HOSPITAL: SELF-HARMERS AND NON-SELF HARMERS COMPARED

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Aim: Self-harm is a common problem in women detained in hospital or in custodial settings. This study was designed to identify the psychological characteristics in a sample of women who repeatedly self-harmed in an English Special Hospital.

Method: The sample consisted of 34 (53%) female patients detained under the 1983 Mental Health Act in Rampton Hospital. Sixteen (47%) of those patients with mental illness classification, 11 (50%) with a classification of psychopathic disorder and the remaining 7 (78%) of those with a dual classification agreed to take part. From period prevalence study into self-harming behaviour in this sample extending over the previous 30 months, the group was subdivided into 27 with a history of self-harm and 7 who had not self-harmed. All the patients were assessed using a series of measures including hopelessness, depression, impulsivity, anger, dissociation and traumatic antecedents in childhood.

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Results: The self-harming group were distinguished from the remainder on a number of measures. For instance, the self-harmers had more dissociative experiences ($F = 4.581$, $p = 0.04$), more physical neglect in childhood ($F = 6.09$, $p - 0.022$) and to have more suicidal ideation ($F = 10.683$, $p = 0.003$), hopelessness ($F = 5.804$, $p = 0.022$), and more inwardly directed anger ($F = 4.546$, $p = 0.04$).

Conclusion: These empirical data provide some evidence as to reasons why women who self-harm respond to adversity in a maladaptive manner and the ways in which such women process emotionally-laden material. These data also have implications for designing an intervention to reduce this maladaptive behaviour.

MAGNETIC RESONANCE TOMOGRAPHY OF THE BRAIN IN 21 SEX OFFENDERS

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21 male sex offenders admitted to prison have been investigated consecutively by magnetic resonance tomography (MRI). Patients were divided into 2 groups. Patients of group I ($n = 12$) had committed at least one aggressive sexual offense with vaginal or anal penetration by directly injuring severely the victim. Patients of group II ($n = 9$) had been sentenced for either having performed forced sex without directly injuring their victims, or they had tried to commit rape but had withdrawed because of the victim's resistance, or they had committed a non-violent pedophile or exhibitionistic offense. 9 patients of group I (75%), but only 2 patients of group II (18%) showed structural brain abnormalities according to blindly rated magnetic resonance scan reports. Groups did not differ significantly in age or general intellectual functioning. Different types of abnormalities were found: right ventricular enlargement, dilated right temporal horn, cortical atrophy and deep white matter lesion.

Furthermore, MRI abnormalities were correlated with clinical diagnoses according to DSM-III-R axis I and II, and with variables of official criminal records. Results suggest an association between structural brain abnormalities as detected by magnetic resonance tomography and the extent of physical violence in sexual offenses, exhibiting rather a symptom of general violence and sadistic and antisocial personality than of paraphilia.

THE INSANITY DEFENCE IN IRELAND: A STUDY OF GUILTY BUT INSANE PATIENTS 1850–1995

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Background: In common-law jurisdictions, the insanity defence has been governed by the M.Naghten rules since 1843. Very little research has been published on the application of the insanity defence in the U.K. of Ireland. This is a retrospective descriptive study of a complete sample of insanity defence cases in Ireland between 1850 and 1995.

Methods: Case records and legal files were examined for 436 acquittees in all. Socio-demographic, forensic and clinical data are described.

Results: The number of insanity acquittees has fallen five-fold since the nineteenth century. Acquittees were commonly single males from rural areas, aged in the mid-thirties who had been charged with violent crime. The majority had a major psychiatric illness. Female insanity acquittees were relatively few in number and were as likely as males to have been charged with violent crime, especially directed towards their own children. The average length of stay in hospital has decreased significantly since the nineteenth century to mean of 8.7 years.

Conclusion: The insanity defence is rarely used in Ireland and is largely confined to serious offenses, especially homicide. Acquittal continues to result in prolonged detention at the Central Mental Hospital.

DEPRIVATION OF LIBERTY IN PSYCHIATRIC TREATMENT

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In a Finnish university psychiatric clinic, 101 inpatient treatment periods of 99 18–65 years old patients (one month admission sample) were followed until discharge or up to 150 days to study deprivation of liberty in psychiatric treatment. 44% of the patients were female, 21% were admitted for the first time, and 55% were diagnosed as suffering from psychotic disorders according to DSM-III-R. 32% of the patients had been involved with the civil commitment procedures, experiencing involuntary admission, observation period for assessing the mental health status, or involuntary detainment. Involvement with involuntary procedures was more common among psychotic patients (45%) than among non-psychotic patients (16%). Independently of the civil commitment procedures, 36% of the patients had been deprived of their liberty during the treatment period experiencing seclusion, physical restraint or denial of leaving the ward, for the most those whose legal status was involuntary (66%) but also patients treated voluntarily (22%). The figures are high and probably due to a paternalistic tradition in Finnish psychiatry.

CRITERION-BASED AUDIT OF EPILEPSY IN BOTH COMMUNITY AND HOSPITAL SETTINGS IN SEVEN DISTRICTS

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Background: Approximately 2% of the general population will have developed epilepsy before the age of 40 but in patients with a learning disability, the prevalence is up to 40%. There have been few previous audits on epilepsy in learning disability. A Portsmouth study examined the medical management of 75 patients with epilepsy but this was an institutionalised sample. An American survey of 100 learning disabled patients was more relevant in that it was a community-based survey. Neither of these publications set standards of care beforehand and so were surveys rather than audits.

Standard	Result
1. Each patient should have an annual review by a psychiatrist	88%
2. Each patient should have an ICD diagnosis recorded in the notes	40%
3. Seizures should be described and recorded in the medical notes	83%
4. The evidence on which the diagnosis was made should be adequate	99%
5. The patient or main carer should know which doctor is responsible for epilepsy management	100%
6. Overall, 80% of patients should be on monotherapy	50%
7. Patients should not be receiving medication if they have not had a seizure within the past 2 years unless there has been a specific decision to continue antiepileptic drugs	31% had no specific review
8. 80% should be free from drug side-effects	89%
9. Patients should have medications provided if they are at risk of status	60%
10. Written instructions for the use of drugs in status should be provided	84%

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