

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.