with the maximum utilisation of institutional services would have experience the greatest social disadvantage.

Thick-chart patients are characterised by being female, being admitted more often, spending more time in hospital, presenting earlier in life, being separated or single, losing employment during the course of their psychiatric career, having an excess of medical illness, being reared in care, and having lost a parent, especially the mother, early in life. They are more likely than thin-chart patients to have had contact with the law and to have had significant interaction with other agencies, including social workers. Their psychiatric diagnoses are relatively unstable over time and the label of personality disorder is over-represented in this group. They may also be less intellectually bright and more likely to abuse drugs, including alcohol.

No consistent attempt was made to place persons with the above high risk characteristics into a special programme *ab initio* or to collect the necessary data in a systematic way.

The large-chart patients, apart from any humanitarian consideration, place a considerable burden on health service resources and represent a major challenge to any move away from chronic dependence on asylum care.

The excess of females in our study, while greater in the thick-chart group, is present in both groups, and may reflect social influences or a real excess of psychiatric illness in women, perhaps with an hormonal basis.

We strongly suggest that the criteria identified in this study be used for identifying patients at risk of chronic psychosocial breakdown. A pilot study of a high intensity medico-social intervention, incorporating procedures such as social skills training and attention to self-image (Mylet *et al*, 1979) in psychotherapy, using only brief hospital or high-support hostel stay during psychosocial crises, would, we believe, pay dividends in the long run. Diagnoses in this survey were applied by doctors at all levels of experience, in varied settings, and using largely unspecified criteria. The Royal College of Psychiatrists suggest that even juniors try to make an early diagnosis. We suggest that senior psychiatrists only should make diagnoses which carry a potential social stigma, and which tend to stick. Perhaps juniors could be encouraged to use differential diagnoses or formulations, or to emphasise the tentativeness of their diagnoses. However, the requirements of statistical agencies militate against delayed labelling.

## References


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**May Day Bank Holiday**
The College will be closed from 7.00 p.m. on Friday, 3 May and will re-open at 8.00 a.m. on Tuesday, 7 May 1991.

**Spring Bank Holiday**
The College will be closed from 7.00 p.m. on Thursday, 23 May and will re-open at 8.00 a.m. on Tuesday, 28 May 1991.

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