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Assaults on Staff by Psychiatric In-Patients

SIR: Haller & Doherty (*Journal,* February 1988, **152,** 174–179) raise valid points on the difficulties inherent in accurately predicting violent behaviour by psychiatric patients.

Over-prediction of violence, with resultant detention of many non-violent individuals, is the price society is prepared to pay for protection. More accurate methods of prediction would reduce this overkill. However, statistical accuracy would be considerably improved if all individuals were predicted non-violent, but this would be unacceptable as a few are dangerous.

From my experience, the vast majority of violent incidents within mental hospitals are perpetrated by a very small percentage of individuals (Fottrell, 1980). In the first instance, attention should be focused on persistent offenders who inflict personal physical injury. Damage to property and abuse may have different determinants. When examining correlations and standardising for variances, it is crucial to heed the role of the victim and the effect on the perpetrator of labelling him 'violent'. Victims of patient violence, especially non-impulsive violence, may have a role not only in provoking the incident consciously or subconsciously, but also to a degree in determining the form and seriousness of the act.

Rubin (1972) commented that society has a way "of labelling some mentally ill as criminals, over-predicting violence and then acting on that prediction to exact retributive costs". He continued, "the poor, the mentally ill, the drifter and the black are very likely to be labelled in this way for social reasons unrelated to any violent behaviour, but rather to society's need to find objects who represent projections of its own violence".

Scheff (1963) wrote persuasively on the consequences of labelling and described categorising in this context as the single most important cause of "a career of individual deviance". Further research is urgently needed on this complex prediction problem.

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Monitoring Problem Drug Use

SIR: Parker *et al* (Journal, February 1988, **152,** 214–221) conclude on the basis of their experience in Bristol that case-register surveys concentrating on information from GPs, psychiatrists, accident and emergency departments, the Home Office, and probation officers are the most cost-effective method of estimating and monitoring the prevalence of problem drug use. Our recent experience in Oxford City (Peveler *et al,* 1988) differs from theirs. In our survey of the prevalence of opioid misuse, GPs and psychiatrists notified over 40% of the total sample, and probation officers contributed 18%, while the Home Office register and accident and emergency departments did not contribute significantly. It is difficult to see how the Home Office notifications, which are supplied by doctors, can add to the total. In our study the low referral rate from the accident and emergency department was expected, because it is not located in the city centre, and is known to