

requested to follow them up. This may include telephone contact, twice a day, daily or weekly visits, supervision of medication and facilitating transport to hospital appointments.

The 2 Extended Hours Teams have 34 staff (nurses, social workers, psychologists), there are in addition 12 community mental health staff members who are not part of the after hours rota.

Statistics for 1994 show 21,290 occasions of service provided by the Extended Hours Teams in the area with just over 1,000 new clients assessed in the same period by the teams.

It may be helpful in the current process of service reorganisation to examine other forms of service provision available and already tried elsewhere.

CAN LACK OF QUALITY IN ACUTE PSYCHIATRIC CARE BE IDENTIFIED BY ANALYZING ROUTINE DATA FROM A PSYCHIATRIC INFORMATION SYSTEM?

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Oslo pioneered Psychiatric Information Systems by establishing its own system in 1980. In 1993, the Norwegian National Minimal Basis Data Set for Psychiatry was introduced, and it has been implemented in Oslo since 1994. Global patient status (GAF) was one of the new variables that was introduced then.

In 1994, the two acute wards at Ullevål University Hospital were under severe pressure due to their overloaded capacity. In 1995, a third acute ward was opened, and the situation improved substantially.

One major objective with information systems based on routine data, is to be able to detect quality problems in Psychiatric treatment as they arise. If this objective is met, then the experienced problems in 1994 should be reflected in the data of our Psychiatric Information System.

In our study, we compare data from 1994 with data from 1995, in order to see if the known problems are in any way detectable in our data set. We further discuss the implications of our findings with regards to how one may continuously monitor quality in Mental Health Care Systems.

PROFESSIONALS VIEWS ON PATIENTS' SOCIAL FUNCTIONING IN THE LONG-TERM TREATMENT

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An implementation of Quality of Life Studies into psychiatric practice to great extent depends on the attitude of the rehabilitation process participants towards different elements of the process. An analysis of discrepancies of the specialists modern views on patient social functioning is carried out in this research. The opinion about the goals of the long-term treatment and its efficacy were estimated by the use of the questionnaire for psychiatrists and patients' relatives. The questioning had been carried out so that the opinions concern the experience of treatment of 110 schizophrenic patients. An analysis indicates that out-patients care physicians as well as patient relatives have an opinion that management of the schizophrenics must be mainly directed at relapse prevention. The in-patient care psychiatrists think that the treatment in the aftermath must not impede patient social functioning in the first place. Among the factors determining management effectiveness the out-patient physicians more often single out the treatment duration, while in-patient care practitioners — quality of interpersonal contacts of patients, patients' relatives more often mention the low rate of side-effects. Obtained data give evidence that the treatment process participants have certain notions that the effectiveness of psychiatric care is not determined exclusively by clinical and biological showings, but at

the same time they do not have common viewpoint on relationship of social and biological factors in the patient management.

FAMILIES AND MENTAL ILLNESS INITIATIVE

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Background to the FAMILI research project: It is well documented that having a mentally ill parent presents the child with a greater risk of emotional and behavioural problems in addition to poorer social adaptation and academic attainment. For ill parents there is insufficient awareness about the mutual influences and interactions between the parental role, child care burden and the nature and course of mental illness.

The structure of current service provision within health and social services does not meet the needs of these children and their mentally ill parents.

Objectives of the study:

- Quantify the prevalence of mentally ill parents with dependent children in West Lambeth area (London). *Ascertain the degree of awareness that exists amongst professionals in respect of the particular needs of mentally ill parents and their children. *Assess the needs of children of mentally ill parents and their children.

- Obtain a comprehensive picture of which mainstream services these families are coming into contact with.

Method: A 3 month prospective study (Dec. 95–March 96) of families in contact with a sample of adult and child health and social services over 6 sites in West Lambeth. Professionals were asked to complete a questionnaire on all current and new clients during this period. This entails the 'assessment' of 1000+ families.

Preliminary results: Initial returns (280) point to a prevalence of 15% of mentally ill parents having dependent children.

CONTINUING CARE OF THE LONG TERM MENTALLY ILL. A STUDY OF THE ROLE OF GENERAL PRACTITIONERS AND THE MULTI-DISCIPLINARY TEAM

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Recent studies have shown that patients with chronic mental illness make considerable demands on General Practitioners (GPs). However, it is not clear whether the role of the GP is primarily that of caring for physical illness, or also involves psychiatric management. This study investigated the frequency of, and recorded reason for, attendance of such patients with GPs, and whether this was influenced by involvement with the multi-disciplinary team (MDT).

Method: Patients were entered into the study from a single catchment area, served by a stable MDT within a typical District General Hospital in England. Criteria were; continuous contact with the MDT for a year or more during a 1 year test period, and a diagnosis, or strong differential diagnosis of, schizophrenia, schizo-affective disorder or paranoid disorder. Data was recorded for the 1 year period from the notes. In particular, whether the reason for seeing the GP was primarily for physical or psychiatric problems.

Results: 42 patients satisfied the entry criteria, 29 suffered from schizophrenia, 10 from schizo-affective disorder and 3 from paranoid disorder. The mean number of contacts with the GP was 5.9. 29 (69%) of the patients regularly saw a CPN for the full year, and 99% of these contacts were home visits, whereas 32% involved administering depot medication. There was no relationship between the number of contacts with the CPN and the number of contacts with the GP. However, when the sample was divided into 3 equal groups according to the total length of continuous contact with a

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.