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The Prevalence of Mental Illness Among People with Mental Handicaps

Sir: A recent publication of the Royal College of Psychiatrists (Wilkinson & Freeman, 1986) contains the following statements:

"Nearly one half of mentally handicapped children and adults suffer from associated psychiatric disorder. Among mental handicap hospital populations, the prevalence is between 30% and 60%" (p. 117).

'Several surveys indicate the prevalence of severe mental illness (psychosis) in mentally handicapped people is between 11% and 13% of hospital residents" (p 122).

The discussion which followed suggested a weight of opinion in favour of the first quotation.

Two years ago I summarised all the evidence I could find (over a dozen studies) on the subject (Ineichen, 1984). Most of those which gave a figure based on diagnosed mental illness, rather than vaguer measures such as 'disordered behaviour' clustered around the 10 to 14% mark. The highest figure of all was 58.8%, including only 15.8% severe cases which warranted 'continuous and perhaps intensive in-patient care from psychiatrists' while the rest require 'at the most occasional psychiatric specialist attention (Williams, 1971), the figure of 'up to 60%' has been in circulation for a decade or more. I am still waiting to find a single study which justifies its use.

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Violent Behaviour in Psychiatric Hospitals

Sir: I read with interest the paper by Pearson *et al* (*Journal*, August 1986, **149**, 232–235) and felt that the report of the high incidence of violent acts at mealtimes was worth further discussion. Phillips & Nasr (1983) noted a peak of violent incidents resulting in seclusion or restraint between noon and 2.00 p.m. and in a study of my own, incidents resulting in seclusion were about twice as common at mealtimes than at any other time. There was a tendancy for non-psychotic rather than psychotic patients to be involved in such incidents, but the type of incidents were no different from those occurring at other times.

Kinzel (1970) suggests that schizophrenic patients are prone to disturbed behaviour at times when they perceive their "body-buffer zone" being encroached upon, particularly if from behind, and Bigelow (1972) states that "the crowding of strangers, especially near such valued resources as food" may result in aggression.

I believe that study of the facilities used in psychiatric units for the serving and eating of food by patients may allow modifications to be made, so reducing the incidence of violence.

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Schizophrenia and Ethnicity

Sir: One of the most intriguing facts to emerge from the World Health Organization's International Pilot Study on Schizophrenia (World Health Organization, 1974) is that two-year outcome was the higher percentage of good outcome schizophrenics in Third World ountries as opposed to First World countries.

The CATEGO Class S Schizophrenia Study (*Journal*, December 1985, **147**, 683–687) is presently being analysed regarding outcome at two years. Preliminary findings indicate that the Xhosa schizophrenics in the sample have a better outcome at two years than the White schizophrenics, but the reason for this is not known at this stage. However, there are distinct differences in terms of cultural factors, attitudes to mental illness, compliance with maintenance medication, expressed emotion and living in extended families, which are of great importance in