

inpatient violence was found in a ROC curve.

Results: Multivariate analysis yielded eight correlates of pre-admission violence. Positive correlates included compulsory admission status, past history of violence, BPRS-unusual thought score, BPRS-distractibility score, and delayed DMS; negative correlates included diagnosis of major depression, BPRS- emotional withdrawal score, and attending subspecialty out-patient clinic. Risk factors for inpatient violence obtained from multivariate analysis were two BPRS scores – hostility and total manic score. A cut-off value of 10 in the combined BPRS hostility and total manic score (BPRS-hostility + total manic score) was found to predict a substantial proportion of inpatient violence. This cut-off value also has a high negative predictive value.

Conclusion: Local and setting-specific correlates and risk factors are useful to psychiatrists in assessing violence risk of mental patients. The findings also help in rethinking the current psychiatric service provision. BPRS-hostility + total manic score could be a potentially convenient and valid assessment tools for violence in the future, suitable to be used in daily inpatient psychiatric setting.

Chapter 1 Introduction

Violence, according to the *Cambridge Advanced Learner's Dictionary*, is defined as “actions or words which are intended to hurt people”. The Royal College Research Unit (1998) defined a violent incident as “a situation where a mental health service user is either actively violent or on the brink of being so”.

The World Health Organisation (WHO) reported that over 1.6 million people worldwide lose their lives to violence annually. Death from violence is a major cause of pre-mature mortality for people aged 15-44 years worldwide. Violence also causes non-fatal physical and mental injuries in victims. It places a massive burden on economy and productivity, and strains many resources in health care systems, law enforcement, and criminal justice systems.

Violence is at the centre of the interface between psychiatry and law. A mental patient can be subjected to involuntarily psychiatric detention should he be considered dangerous. Although the ultimate decision rests with the Courts, the decision is usually recommended by psychiatrists. Psychiatrists have civil liability and owe a duty to the potential victim of “dangerous” mental patient.