visits that can be made within a certain time period in a particular specialty; therefore, if patients go elsewhere for their treatment or have continuing unmet health needs, there is no way of quantifying (and therefore costing) this. Secondly, the open access of patients to specialist services tends to exaggerate any excess costs that are incurred. In this country, general practitioners act as a gateway to specialist care, limit its inappropriate use and, it is hoped, deal with minor psychiatric morbidity in a more cost-effective way.

More than ever before we are being asked to prioritise and choose between competing health care needs. It is therefore important to be able to justify the allocation of resources to treatment modalities that are expensive in their use of professional time for illnesses that generally speaking are in the mild-moderate range of severity. Notwithstanding this, non-psychotic mental illness produces its own economic burden on the community (Wilkinson, 1989).

If its treatment is cost-effective as well as clinically effective, there is a case for expanding resource allocation to psychotherapy services. Only further controlled cost-benefit studies of specific psychotherapeutic treatments can solve the problem satisfactorily.

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A full list of references is available from Dr Mallett.

A very dangerous practice

DEAR SIRS

Every psychiatrist who has assessed mentally abnormal offenders remanded in prison will be aware of one glaring fact: that absolutely no information is available about the offence.

In fact, the Courts do not pass on any information even to the Prison Medical Officers. All that they have, and all that the psychiatrist has access to, is the offender's own account of the offence.

What tends to happen is that the offender, his mental illness notwithstanding – or because of the mental disorder – gives a watered down account of the offence, and claims that he is not in touch with any relatives. It is only after his admission to an open ward for assessment for reports that the true extent of his dangerousness became evident – when relatives telephone the ward to explain that the offender had tried to kill someone who lives down the road from the hospital, and that the threat was still being made.

On two occasions, though it must have been obvious from my report that the offender lied to the psychiatrist, the Courts went ahead and made an order to remand the offender to hospital for reports or treatment, and even completed a Hospital Order. My attempts to obtain an explanation from the Courts of their refusal to give some information to the Prison Medical Service about the offences committed by the inmates have been unsuccessful.

I would like to suggest that the College, especially its Forensic Psychiatry Specialist Section, look into this matter, and perhaps try to reach a compromise position with the Courts, to ensure that the assessing psychiatrist is made aware of the offence prior to the assessment in prison; failing which an incorrectly informed psychiatric report – one whose content reveals a serious disparity between the offender's account of his offence and what the Court knows – should not be a basis for a disposal to hospital.

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DEAR SIRS

Dr Azuonye has criticised the unwillingness of Courts to share information with psychiatrists considering patients for admission, or with prison medical officers. Sir Donald Acheson, the Chief Medical Officer, made some of his considerable reputation through his Oxford Record Linkage Study, in which he showed the gains to patients from linking up the many scattered records about them. However, in the case of remand prisoners, it is important that such linkage does not prejudice their chance of a fair trial, and for instance a magistrate who considers a defendant's suitability for bail, and so studies his previous criminal record, is automatically barred from trying the case. This may explain why Courts sometimes seem reluctant to release information, although bureaucratic inertia may not help.

There is usually little problem in obtaining background information in serious Crown Court cases. If the Court requests a report, copies of the depositions (the prosecution evidence in the case) are often supplied automatically, or can be obtained on request, particularly with the reminder that the Lord Chief Justice ruled some years ago that psychiatrists preparing court reports were entitled to see the

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