# CORRESPONDENCE

## AKHTAR & JAGAWAT REPLY

Sir,

We (Akhtar & Jagawat, 1993) had the modest aim to highlight the anxiety and fear generated by the mentally ill in the general public, which leads to unnecessary restraint of mental patients. In our study, 60% of the cases were judged to have inadequate reasons for being brought restrained to the outpatient department.

Identification of a dangerous person is the greatest unresolved problem faced by the criminal justice system. There seem to be no psychiatric criteria for dangerousness, which may be sufficiently effective in the real social setting. The incidence of false negative and false positive prediction of violence makes individual prediction impossible in most cases (Manahan, 1973; Steadman, 1977). There are situations, however, when prediction of violence for only the near future may be more accurate, if there is a history of recent violence and the individual is likely to remain in the same environment. Given the inherently unresolved nature of 'dangerous and disruptive' behavior and the impetus on the human rights of the mentally ill, it must be left to the judiciary to make the criteria explicit, and we believe that in doing so, the clinical judgement of the psychiatrists must be given paramount importance.

Floud (1981) reviewed many studies and concluded that when serious offenders with formidable criminal record of violence were set at liberty, the maximum chance of prediction of violence to be true was 50% and was much less in most of the studies. It was not a single study as has been mentioned inadvertently in our report.

We stick to our view that insight should not be a criterion for restraint. Most psychotics lack insight but only a few warrant restraint. On the contrary, there may be patients with insight requiring restraint to prevent themselves from self harming behavior.

The greatest use of restraint and seclusion are made for non-violent behaviors in order to limit the progression of disruptive behavior to actual violence (Soloff et al. 1988), but some patients produce alarm without risk, while others produce risk without alarm. The question is whose judgement of risk is to prevail? There is a substantial subjective element in the perception of dangerousness, which by inflating the actual risk, is liable to cause unjust invasion of human rights. It is not the danger, assessed by some criteria but the manner in which it is assessed which generates fear and alarm.

Since public fear cannot be disregarded, it must be objectively and justly assessed; and if restraint and seclusion are called for, they may be justly administered.

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