that do not identify as male despite it being written on their birth certificate; however, the majority prefer to be identified as male. This suggests that certain individuals with KS are at higher risk of gender dissatisfaction and dysphoria. Importantly, these observations are not substantiated with clinical judgement of a psychiatrist/mental health worker, which should aim to be incorporated in future research. Additionally, longitudinal studies should aim to establish whether certain age groups would be more at risk of gender dissatisfaction and gender dysphoria or if trends change with age.

A Pilot Study of Service Utilisation Pathways of Patients With Distinct Psychotic and Antisocial Typologies

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Aims. There is a developing body of research that suggests that there may be distinct categories of patients that can explain the relationship between psychosis and antisocial behaviours. Specifically, three pathways of offending, antisocial behaviour and psychosis have been described and there is an evolving empirical evidence base to suggest that these pathways are aetiologically distinct. Firstly, there is a pathway for early-start offenders, which have been identified as those with psychosis preceded by Conduct Disorder (SZ + CD). Secondly, a group that start to display antisocial behaviours in parallel to the onset of psychosis (SZ-AS). The third group involves those with a long history of a psychotic disorder and no history of antisocial behaviours, who will present to services following a first conviction for non-violent or violent crime (SZ). The authors hypothesise that each typology will utilise services differently throughout the clinical trajectory. This pilot study aimed to (i) examine the concurrent validity of the antisocial behaviour and psychosis typologies, and (ii) examine differences in the service utilisation patterns of patients between these groups.

Methods. The sample consisted of adult male patients admitted to low and medium secure forensic hospitals within the Northwest of England. A total of 90 patients were used.

A categorisation checklist was developed, and the typology of patients determined from data collected from electronic health records. Data were collected on patient demographics, psychiatric diagnosis, aetiological factors, and service utilisation. Two researchers reviewed the data and determined the typology. Statistical analysis aimed to assess the difference in aetiological variables between the typologies and examine the relationship with how each typology utilised services.

Results. This study provided further evidence of distinguishing characteristics emphasising typology heterogeneity.

The CD-SZ group were more likely to have utilised mental health services <18 years (70%, p = 0.062), and to have used services preceding a diagnosis of psychosis (60%, p = 0.011). Following the onset of a psychotic disorder, the AS-SZ and SZ groups had a higher proportion that used general adult psychiatry services (p = 0.031), with CD-SZ coming in to contact with forensic psychiatry services and criminal justice services earlier and more frequently.

Conclusion. This study demonstrates that each typology has a different clinical trajectory through mental health services. This provides further empirical evidence towards different clinical typologies and trajectories of individuals with psychosis and antisocial behaviour. Understanding more about how these typologies utilise services will enable clinicians to introduce interventions help develop effective management plans that address the distinct characteristics of each typology of offender with psychosis.

Theory of Mind Deficits in Bipolar Disorder in Remission

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Aims. Theory of mind (ToM) is the ability to represent one's own and other's mental state. Studies in bipolar affective disorder show mixed results possible due to confounding factors like intelligence, attention, phase of illness and current mood. Purpose of this study is to study ToM in remittent bipolar disorder patients and compare with normal controls to find if there are residual deficits during remission

Methods. 40 bipolar patients in remission and 40 age and sex matched controls were recruited. Clinical remission for 3 months with YMRS <4 and HAM-D <7 was inclusion criteria. ToM was assessed by Faux Pas test. Data were analysed using SPSS-11.5 for Windows with parametric and non-parametric tests as indicated. Level of significance taken as p < 0.05 (two tailed).

Results. Mean age of onset of illness in patient group was 23.8 years with duration of illness 11.3 years. Mean number of episodes 6.7 and duration of remission 4.15 months. ToM test result revealed deficit in recognizing social cues in faux pas test by bipolar patients as compared to normal controls. There was no difference between both groups in test result on control stories.

Conclusion. Results suggest that ToM deficits are present in bipolar disorder patients even during apparent clinical remission, indicating it may be a trait marker of the illness. There is no deficit in understanding a regular social context without faux pas. It also revealed that there is no correlation with ToM and duration of illness

The Prevalence of Autism in the Criminal Justice System: A Systematic Review

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