Highlights of this issue

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ETHNIC DIFFERENCES IN FIRST-EPISODE PSYCHOSIS

Morgan *et al*, in two papers in this issue (pp. 281–289; 290–296), report on the role that ethnicity plays in determining pathways to care for those with first-onset psychosis. This large, population-based cohort study has overcome many of the limitations of previous research in the area to demonstrate a number of important findings. First, African–Caribbean and Black African patients are more likely to be compulsorily admitted, independent of a variety of potential confounders. Second, African–Caribbean and Black African patients are less likely to be referred to mental health services by their general practitioner but more likely to be referred via the criminal justice system, again independent of likely confounders. Significant others within the social network of the patient may also play an important part in determining the source of referral.

SCHIZOPHRENIA – TREATMENT RESISTANCE AND SOCIAL DISTANCE

Chronic treatment-resistant symptoms of schizophrenia present a particular challenge. Valmaggia *et al* (pp. 324–330), in a randomised controlled trial of cognitive–behavioural therapy in in-patients with refractory symptoms, report a reduction in auditory hallucinations compared with those receiving supportive counselling. Effects of the intervention were not present at 6-month follow-up, however. Public mental health education has been at the heart of many attempts to reduce the stigma associated with mental illnesses such as schizophrenia. It is assumed that negative views are held by members of the public because they lack understanding of the illness. A trend analysis using two population surveys conducted in Germany is described by Angermeyer & Matschinger (pp. 331–334), who report that contrary to this assumption, while the public's endorsements of biological causes of schizophrenia increased, so too did the desire for social distance from people with the illness.

DEPRESSIVE DISORDER

Although enormously influential, Beck's cognitive model of depression has not been consistently supported by empirical evidence. Evans *et al* (pp. 302–307) used a prospective approach to test the hypothesis that holding negative self-schemas when well increases the risk of future depression. Results support Beck's theory in this sample of women recruited early in pregnancy. Baldwin *et al* (pp. 308–313) find that neurological signs consistent with subcortical-frontal dysfunction are associated with late-onset depression. They raise the possibility that neurodegeneration and/or subtle vascular pathology may underlie their results. Sokero *et al* (pp. 314–318) report attempted suicide to be common among those with major depression – 8% of their sample attempted suicide during the 18-month follow-up period. An 8-fold risk was found during a depressive episode compared with a period of full remission. In one emergency department, occult suicidal ideation is reported to be as high as 11.6% among those attending for non-psychiatric reasons (Claassen & Larkin, pp. 352–353).

PSYCHOPATHOLOGY AND LEARNING DISABILITY

Sturmey *et al* (pp. 319–323) completed the Psychiatric Assessment Schedule for Adults with Developmental Disabilities Checklist for 226 adults referred to specialist mental health services for learning disabilities. Although the checklist displayed acceptable internal consistency, the main criticism was of its sensitivity. The authors suggest that it should not be used as the single method to uncover psychiatric disorder among those with learning disabilities.

PSYCHOPATHY IN THE UK AND THE USA

The North American PCL–R instrument (the Hare Psychopathy Checklist – Revised) is widely used to diagnose psychopathic personality disorder in the UK, despite a lack of evidence regarding its generalisability. Given the emphasis placed on PCL-R scores when decisions regarding release from prison or forensic hospital settings are being made, this issue has serious ethical implications. Cooke *et al* (pp. 335–341) consider both whether the syndromal structure of psychopathy is the same in the UK and in North America, and whether scores obtained in the UK and in North America are equivalent. They find the former to be true but report that the North American diagnostic cut-off score of 30 does not equate to the same intensity of disorder in the UK.

HELP-SEEKING IN THE GENERAL POPULATION

Oliver *et al* (pp. 297–301) assess the degree to which those with common mental health problems in the community seek professional help. They find that among those with high General Health Questionnaire scores, only 28% sought help from primary care although most did seek help from other sources. Those least likely to seek professional help were more likely to be young, male and from affluent areas – information that may inform public health promotion strategies.

TRANSFERENCE IN PSYCHOTHERAPY

The current concept of transference has broadened from the initial Freudian notion but much of the current understanding is based on clinical observation only. Bradley *et al* (pp. 342–349) describe the use of a clinician-report measure of transference processes and factor analysis to identify five transference dimensions – angry/entitled, anxious/preoccupied, avoidant/counterdependent, secure/engaged, and sexualised. They go further to examine the associations between these factors and their measures of personality disorder and attachment styles.

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