- 11 Office for National Statistics. Census 2001. ONS, 2001 (http://www.statistics.gov.uk/census2001).
- 12 Everitt B. Commentary: classification and cluster analysis. BMJ 1995; 311: 535–6.
- 13 SPSS. The SPSS Two Step Cluster Component. SPSS, 2001 (ftp://ftp.spss.com/pub/web/wp/TSCWP-0101.pdf).
- 14 The Care Programme Approach Association. About the Care Programme Approach (CPA). CPAA, 2008 (http://www.cpaa.org.uk/ thecareprogrammeapproach).
- 15 Lloyd-Evans B, Johnson S, Gilburt H. Integration between crisis resolution teams and residential crisis teams. In Crisis Resolution and Home Treatment in Mental Health (eds S Johnson, J Needle, J Bindman, G Thornicroft). Cambridge University Press, 2008.
- 16 Fletcher E, Stevenson C. Launching the Tidal Model in an adult mental health programme. *Nurs Stand* 2001; 15: 33–6.
- 17 Bowles N. Mental health in-patient settings. In *New Approaches to Preventing Suicide* (eds D Duffy, T Ryan). Jessica Kingsley Publishers, 2004.
- 18 Healthcare Commission. Count Me In. Results of a National Census of Inpatients in Mental Health Hospitals and Facilities in England and Wales. Commission for Healthcare Audit and Inspection, 2006 (http://www.healthcarecommission.org.uk/_db/_documents/Count_-Me In 2006.pdf).
- 19 Department of Health. Hospital activity statistics. Department of Health, 2006 (http://www.performance.doh.gov.uk/hospitalactivity/).
- 20 Royal College of Psychiatrists. Accreditation for Acute Inpatient Mental Health Services (AIMS). Royal College of Psychiatrists, 2008 (http:// www.rcpsych.ac.uk/researchandtrainingunit/centreforqualityimprovement/ aims.aspx).
- 21 Johnstone P, Zolese G. Systematic review of the effectiveness of planned short hospital stays for mental health care. BMJ 1999; 318: 1387–90.
- 22 Mathews CA, Glidden D, Murray S, Forster P, Hargreaves WA. The effect on treatment outcomes of assigning patients to ethnically focused inpatient psychiatric units. *Psychiatr Serv* 2002; 53: 830–5.

- 23 Bonsack C, Borgeat F, Dubois A. Impact of mental health services' specialization by diagnosis in Lausanne: I. Qualitative study. Ann Med Psychol (Paris) 2001: 159: 645–51.
- 24 Johnson S, Gilburt H, Lloyd-Evans B, Slade M. Acute in-patient psychiatry: residential alternatives to hospital admission. Psychiatr Bull 2007; 31: 262–4.
- 25 Polak P, Kirby M, Deitchman W. Treating acutely psychotic patients in private homes. New Dir Ment Health Serv 1979; 1: 49–64.
- 26 National Institute for Health and Clinical Excellence. Schizophrenia. Core Interventions in the Treatment and Management of Schizophrenia in Primary and Secondary Care. NICE, 2002.
- 27 National Institute for Health and Clinical Excellence. Bipolar Disorder. The Management of Bipolar Disorder in Adults, Children and Adolescents, in Primary and Secondary Care. NICE, 2006.
- 28 Szmukler G, Holloway F. In-patient treatment. In Textbook of Community Psychiatry (eds G Thornicroft, G Szmukler): 321–37. Oxford University Press, 2001.
- 29 Sainsbury Centre for Mental Health. Acute Problems. A Survey of the Quality of Care in Acute Psychiatric Units. Sainsbury Centre for Mental Health, 1998.
- **30** Glover G, Arts G, Babu KS. Crisis resolution/home treatment teams and psychiatric admission rates in England. *Br J Psychiatry* 2006; **189**: 441–5.
- 31 Bhui K, Stansfeld S, Hull S, Priebe S, Mole F, Feder G. Ethnic variations in pathways to and use of specialist mental health services in the UK. Systematic review. Br J Psychiatry 2003; 182: 105–16.
- 32 Harrison J, Barrow S, Creed F. Social deprivation and psychiatric admission rates among different diagnostic groups. *Br J Psychiatry* 1995; 167: 456–62.
- 33 Boardman AP, Hodgson RE, Lewis M, Allen K. North Staffordshire Community Beds Study: longitudinal evaluation of psychiatric in-patient units attached to community mental health centres. I: Methods, outcome and patient satisfaction. *Br J Psychiatry* 1999: 175: 70–8.
- 34 Fenton WS, Mosher LR, Herrell JM, Blyler CR. Randomized trial of general hospital and residential alternative care for patients with severe and persistent mental illness. *Am J Psychiatry* 1998; **155**: 516–22.



Melancholia

Max Fink and Michael A. Taylor

Melancholia is a classical episodic depressive disorder that combines mood, psychomotor, cognitive and vegetative components with high suicide risk. In the present psychiatric classification it is buried as a modifier in both bipolar and unipolar depressions. It is hardly used to characterise patients in the clinic or research. The syndrome is frequently recognised in delusional and agitated depression, and in the elderly. Cortisol or sleep EEG abnormalities are prognostically helpful. Melancholia is particularly responsive to tricyclic antidepressants and electroconvulsive therapy but not to selective serotonin reuptake inhibitors or psychotherapy. Recognising melancholia as a distinct disorder improves clinical care and research.

The British Journal of Psychiatry (2009) 194, 463. doi: 10.1192/bjp.194.5.463