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From the Editor's desk

By Kamaldeep Bhui CBE

Positive brands for brain, mind and body

Pride, stigma and discrimination

Proud elitism will help us recruit more psychiatrists, reduce self-stigma and eschew apologetic and unconfident portrayals of psychiatric practice, say Crabb and colleagues (pp. 259–261) in a bold editorial on branding psychiatry. Apart from presenting a progressive and enriching account of the achievements of psychiatric practice through the expert eyes of a branding company, there are some enticing one-liners with which to impress your friends, family, social and professional networks: psychiatrists wish to think and act differently; and the profession is of the moment for the moment. Such an approach may also mitigate the self-stigma faced by psychiatrists and mental health professionals who symbolise for the public popular myths about mental illness. Anti-stigma campaigns appear to encourage more comfortable disclosures of mental illness to family, friends and employers; and such campaigns are associated with more intention to seek help (Henderson *et al*, pp. 316–322). Stigma is known to deter help-seeking[1,2] and as a stressor may contribution to greater chances of suicidal behaviours[3] yet interventions appear only to be effective for shorter periods and so need to be sustained.[4] Stigma felt by healthcare staff is not much discussed; could this in part explain the higher rates of work-related ill health among ambulance staff and nurses, and then the rising levels among doctors, especially women doctors (Zhou *et al*, pp. 310–315)?

Despite entrenched attitudes towards mental illness, the recognition of mental health and psychiatric research as challenging, important and a valuable societal good is heartening to see captured in two new initiatives. First, there is a new UK Research Councils' forward-thinking research strategy.[5] The areas of importance include a better understanding of patient experience and aetiology, the physical–mental interface, public health interventions and recovery-oriented interventions. Cross-cutting themes include research that is interdisciplinary, that seeks effective interventions, makes best use of technology and data, improves lifestyle and behavioural treatments, reduces health inequalities; and studies on empowerment, ethics, confidentiality and trust.[5] Second, the relationship between stigma and discrimination is well established, but not easily isolated to a single or simple pathway, as there are multiple interactions between gender, race, ethnicity and other markers of identity.[6,7] Concerns have also been raised about the Mental Health Act in England and Wales leading to discriminatory outcomes.[8–10] The UK Prime Minister has just announced (4 October) a commitment to a better and fairer society, race equality in public services, and the resolve to reform mental health legislation that is deemed to be discriminatory. The interactions between professional standards, empowering evidence-based practice, legal and ethical options, and a contract with society will be challenging to negotiate and necessitate sophisticated and robust and carefully marshalled evidence considered alongside patient voices.

Resonating with future ambitions for psychiatric research as a core societal good, this month's *BJPsych* shares substantive findings that capture the excitement of searching for new and more effective interventions.

Preventive epidemiology

Schizophrenia appears to present with a prodromal anxiety, which may constitute a useful screening target for early recognition and intervention (Hall, pp. 262–263). Global efforts to tackle suicidal thinking and behaviours need to focus on social and economic conditions (Jacob, pp. 264–265) rather than only on the presence of mental illness and related treatments. Childhood trauma is shown in the World Mental Health Surveys to be associated with post-traumatic disorders (McLaughlin *et al*, pp. 280–288); surprisingly, parental mental illness is experienced as a trauma alongside physical, sexual and emotional abuse, making parental mental illness an important preventive target. There is much concern about young people in care and the impact on their mental health. Contrary to expectations, disinhibited social engagement due to early institutional deprivation appears to be relatively benign and not associated with other mental illnesses (Kennedy *et al*, pp. 289–295).

Orgeta *et al* (pp. 274–279) find that behavioural activation helpfully reduces depression in older adults living in the community; however, the evidence base is weak and more studies are needed. Similar concerns are raised about cognitive bias interventions for anxiety and depression.[11,12] Cristea *et al* (pp. 272–273) and Grafton *et al* (pp. 266–271) consider methodological advances to better design cognitive bias interventions in order to not over- or under-estimate the benefits to patients.

Mind–body mortality inequalities

Inequalities were mentioned in the new UK Research Councils' strategy for forward-thinking mental health research and are of relevance to the review of mental health legislation in the UK. Another major health inequality is the premature mortality facing people with severe mental illness.[13] Previous systematic reviews show that cancer mortality is higher among people with schizophrenia because of late and less-aggressive treatment.[14,15] In contrast, a Finnish study shows higher mortality in people with psychoses and substance misuse, but this was not explained by cancer staging and treatment (Manderbacka *et al*, pp. 304–309) so posing questions about which forms of psychosis and which aetiological pathways are implicated. Severe mental illness is associated with a higher cardiac mortality due to poorer care.[16] Looijmans *et al* (pp. 296–303) demonstrate that lifestyle interventions in people with severe mental illness who are institutionalised can reduce abdominal adiposity and cardiovascular risk, but only in the short term. Institutionalised and detained patients should be provided with healthier and health-promoting options and environments.

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