Highlights of this issue

By Derek K Tracy

Mother, mother/there’s too many of you crying

There are greater rates of psychosis in minority ethnic and migrant groups. This is even more so the fewer surrounding people there are from the same background – a so-called ‘ethnic density effect’ that operates in a dose-response fashion. What has been less clear is how this might differ between various populations. Baker et al (pp. 632–643) unpicked this in a review of 32 studies, ten of which were included in a multilevel meta-analysis. Consistent with previous work, reduced own-group density was associated with a rise in the rate of psychosis: overall, a 10% drop equated to a 20% increase in illness risk (though, intriguingly, there was a reverse relationship in South American migrants to Sweden). However, this was most notably seen in Black populations, where risks were considerably greater than average; the authors discuss how ‘visible minorities’, especially Black individuals, have been particularly vulnerable to overt discrimination and coercive healthcare practices. There was considerable heterogeneity in effect size, which might represent distinctive social experiences of specific subgroups, as many studies aggregated potentially quite different groups into broad categories, such as ‘Black’ or ‘Asian’.

Bhui et al (pp. 686–694) remind us of the construct of ‘syndemics’, wherein socioenvironmental issues can cluster and reinforce harms: here we might think of adversity, discrimination and racism, socio-economic conditions and so forth. Using logistic regression models applied to UK Biobank data, they identified three constructs linked with psychosis: lifetime adversity, current adversity and biomarkers. The first two were more strongly associated in individuals from ethnic minorities. Both pieces demonstrate poor accuracy. Neurodevelopmental and social vulnerability – such factors, a predictive model developed to test for persistence. Finally, Kaleidoscope (pp. 697–698) invokes Lieutenant Frank Mother, there’s too many of you crying

You know we’ve got to find a way/to bring some lovin’ here today

Hallucinatory experiences have a peak occurrence during childhood, when they are experienced by about one in six. However, it has been unclear which factors might predict their persistence into adolescence. Steenkamp et al (pp. 670–677) report on a large population-based cohort that followed up over three thousand young people at mean ages of 10 and 14 years. Of those who initially had hallucinations, they persisted in just over one-fifth, and this was associated with higher levels of baseline symptoms, emotional and behavioural problems, lower self-esteem and worse non-verbal IQ. Despite identifying such factors, a predictive model developed to test for persistence demonstrated poor accuracy. Neurodevelopmental and social vulnerabilities clearly affect outcomes, but these are complex and currently proving difficult to clinically utilise when planning future care. Yates et al (pp. 652–658) note that studies of hallucinations have inadequately sampled across the full lifespan, particularly the later years. They used the 1993, 2000, 2007 and 2014 cross-sectional Adult Psychiatric Morbidity Survey series to better elucidate this. Past-year hallucinations were most common in individuals aged 16–19 years, where they had occurred in about 7%, but this dropped to a low of 3% in those over 70 years old. Interestingly, hallucinations in this older age group were significantly less associated with mental illness and suicidal ideation than those in younger cohorts. The almost explosive growth of mindfulness, particularly among the general public, has raised some professional concerns about hype and the adequacy of the scientific literature in keeping up with this. Ellet and Chadwick’s editorial (pp. 629–631) is a thoughtful and timely piece on the potential harmful effects in relation to psychosis. The authors offer eight sensible recommendations to operationalise, monitor and report any harms, from study design through to drop-out rates and adverse events. Compared with pharmacotherapeutic research, harms are understudied and underreported in psychological research more generally; this editorial is a welcome addition. Finally, Kaleidoscope (pp. 697–698) invokes Lieutenant Frank Drebin in exploring ways to reduce vaccine hesitancy.