Highlights of this issue

BY MARY CANNON

MHA DETENTIONS: INSTITUTIONAL RACISM OR INACCURATE DATA?

Black people are six times more likely to be detained under Part II of the Mental Health Act (MHA), report Audini & Lelliot (pp. 222–226) in an analysis of Department of Health data over 11 years. The authors express concern about the quality of the data: there is a large amount of missing data, not all local authorities and trusts are included, and there is no method for linking detentions in the same individual over time. Nevertheless, this startling finding cannot be ignored. Harrison (pp. 198–199), in an accompanying editorial, identifies three policy implications. First, routine data should be collected in a centralised, coherent way. Second, research should be commissioned on this issue with sample sizes large enough to control for confounding by age, gender and socio-economic factors. Finally, a government initiative is needed to reduce the proportion of Black people detained under the MHA. Important elements of such an initiative would include: realistic, locally agreed targets; service user and carer involvement; training in race awareness; and the development of culturally relevant services. In this way Harrison hopes that 'the potential for unwitting racism becoming institutionalised in local processes of compulsion . . . could be challenged'.

PREVALENCE OF LEWY BODY AND FRONTAL LOBE DEMENTIAS

Everyone is familiar with the two main causes of dementia: Alzheimer's disease and vascular dementia. However, two other forms of dementia have been recently described: dementia with Lewy bodies (DLB) and frontal lobe dementia (FLD). These are not listed in ICD–10 or DSM–IV and little is known about their distribution in the population. Stevens *et al* (pp. 270–276) report a survey of 1085 individuals aged over 65 years in Islington, London, revealing that just under 10% met screening criteria for dementia. Of these, 10.9% and 7.8% met criteria for DLB and FLD, respectively – higher proportions than anticipated. The authors recommend that both these subtypes of dementia should be incorporated into future editions of standard diagnostic manuals.

CANNABIS USE AMONG ADOLESCENTS

Cannabis use has become more frequent among the young. One-quarter of 13- to 17-year-olds surveyed in an Australian study of 1261 adolescents (Rey *et al*, pp. 216–221) report having already used cannabis at least once, and one-fifth of these had used it for the first time at 12 years of age or younger. These figures may even be an underestimate because many adolescents surveyed did not answer the questions about substance use. Contrary to previous studies, there was no difference in the prevalence of cannabis use between girls and boys, indicating a particularly rapid increase in cannabis use among females. The reasons for this narrowing of the gender gap are not known. Unfortunately, cannabis use among these adolescents was not benign, but associated with depression, conduct problems, excessive drinking and use of other drugs. Although temporality cannot be established from a cross-sectional survey, the authors warn that 'this malignant pattern of comorbidity may lead ultimately to further negative outcomes'.

ESTIMATING THE COSTS OF PSYCHIATRIC DISORDER

Frequent attenders of health care services are characterised by high rates of physical and psychiatric problems and account for a major proportion of medical resources. Reid *et al* (pp. 248–253) identified the top 5% of out-patient attenders in the South Thames NHS database and examined their medical records. Almost one in five of this group presented repeatedly with medically unexplained symptoms and were described as 'somatising patients'. The use and cost of medical investigations was significantly higher among this group compared with the other frequent attenders. For example, brain scans were four times more likely to be performed on the somatiser group. The authors urge that improved management of these patients should be a priority. Das Gupta & Guest (pp. 227–233) report the first study of the socio-economic burden of bipolar disorder in the UK. They estimate that the annual cost of bipolar disorder to UK society is £2 billion. This compares with £3.7 billion for schizophrenia.

PSYCHOTHERAPY FOR VICTIMS OF SEXUAL ABUSE?

Child sexual abuse is an important risk factor for mental health problems later in life, but little is known about the effectiveness of psychological treatments in this regard. Trowell *et al* (pp. 234–247) report a study in which 71 girls aged between 6 and 14 years who had experienced sexual abuse were randomly assigned to either psychoeducational group therapy or individual psychotherapy. Both treatment groups showed substantial reduction in psychopathological symptoms with no significant difference between the two types of treatment. However, in the absence of an untreated control group, the changes cannot definitely be ascribed to the effects of therapy.

ADHD HERITABILITY: IT DEPENDS WHO YOU ASK!

Twin studies have shown that attention-deficit hyperactivity disorder (ADHD) is highly heritable. But, as Martin *et al* (pp. 260–265) find out, that depends who you ask! In a study of 1170 twin pairs in Wales, self-report of ADHD had zero heritability. Parent and teacher reports showed substantial heritability for ADHD – but in different ways. The authors speculate that children behave differently at home and at school, and parents and teachers are therefore observing the effects of different genes. Of course, twin confusion may also be a factor. A teacher may attribute behaviour to the wrong twin whereas parents (one hopes!) can tell one twin from the other.

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