

## Highlights of this issue

By Kimberlie Dean

### The epidemiology of suicidality

Two papers in the *Journal* this month examine factors that influence rates of suicide and suicidal behaviour, considering both individual and societal determinants. O'Reilly *et al* (pp. 106–111) assessed the role of area-level factors in their 5-year follow-up study of the population in Northern Ireland. They found that suicide rates were higher in the more deprived areas of the country, as previous ecological studies have also found, but the relationship did not persist when account was taken of individual and household measures of isolation and socio-economic disadvantage. The authors argue that interventions aimed only at high-risk areas are unlikely to have a significant impact on suicide rates. Nock *et al* (pp. 98–105) examined the prevalence and associated risk factors for suicidal ideation, plans and attempts across 17 countries using data from the WHO World Mental Health Survey Initiative. Overall, they found the prevalence of suicidal ideation, plans and attempts to be 9.2%, 3.1% and 2.7% respectively. Although the authors found substantial cross-national variation in their results, they also found evidence of important consistencies, including the fact that the majority of transitions from ideation to first attempt occurred within the first year after ideation onset. In addition, the following risk factors were identified as important across countries: female gender, younger age, fewer years of education, unmarried status and the presence of a mental disorder.

### Intervention studies in mood disorder

In a randomised study of interventions for depression, Fournier *et al* (pp. 124–129) found that those with comorbid personality disorder showed a poorer response to cognitive therapy than to antidepressant treatment. However, for those without personality disorder there was evidence of a trend towards an advantage of cognitive therapy over antidepressants. Mackinnon *et al* (pp. 130–134) compared online cognitive-behavioural therapy and an information website for depression with a control intervention in a randomised trial involving individuals with elevated depression scores living in the community. Benefits in symptomatology were seen for both intervention groups compared with controls, and evidence was found to support the persistence of such benefit even after 12 months of follow-up. In a third trial reported in the *Journal* this month Tohen *et al* (pp. 135–143) examined pharmacological interventions for mania. The authors found that there was no advantage for the combination of olanzapine and carbamazepine compared with the latter alone. They also observed that adverse effects such as weight gain and increased levels of triglycerides occurred more often among those in the group assigned to combination treatment.

### Mental health in South Africa, stigma in Australia and investment in UK services

Stein *et al* (pp. 112–117) conducted a study of lifetime prevalence of psychiatric disorders in South Africa between 2002 and 2004. Substance use disorders were found to be highly prevalent (13.4%) with substantial variation seen between different ethnic groups. Almost a third of respondents reported a lifetime history of at least one disorder, which the authors comment is lower than in some Western countries such as the USA but higher than in most of the other countries involved in the WHO World Mental Health Survey Initiative. In an Australian survey of young people and their parents, Jorm & Wright (pp. 144–149) found that stigmatising attitudes towards peers with mental disorders were influenced by personal experiences, parental attitudes and public campaigns. They also found that the pattern of stigma varied across different mental disorders and that different components of stigma were influenced by different factors. The authors argue that no single approach is likely to reduce stigma. In a special article in the *Journal* this month Goldberg (pp. 88–91) evaluates the impact of increased investment in National Health Service (NHS) mental health services over the past 5 years. After reviewing documents available to the public and papers on public expenditure compiled by a number of groups, Goldberg concludes that money has been well spent on additional clinical staff and for some services there has been substantial investment, particularly specialist community and forensic services. Increased spending on managerial staff and an increasingly centralised system of control are, however, criticised. Goldberg also comments on money wasted in other parts of the NHS – on reorganisations, development of new information technology and the consultant and general practitioner contracts.

### ADHD and borderline personality disorder

Philipsen *et al* (pp. 118–123) examined the prevalence of ADHD in a sample of women with borderline personality disorder. They found a high prevalence of both childhood (41.5%) and adult (16.1%) ADHD in their sample. They also report that childhood ADHD was associated with emotional abuse in childhood and more severe borderline psychopathology in adulthood.

### Semantic priming in schizophrenia

Pomarol-Clotet *et al* (pp. 92–97) conducted a systematic review and meta-analysis of studies of semantic priming in schizophrenia. They found no evidence for altered semantic priming in schizophrenia as a whole but did find evidence that priming was increased among those with thought disorder compared with normal controls. The effect size for this association was reduced when measures of reaction time slowing were considered.