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Comfort zones

By Joe Bouch

FROM
THE EDITOR

It is a great pleasure to greet colleagues from the Royal Australia and New Zealand College of Psychiatrists (RANZCP). The RANZCP has just made the decision to purchase online access to *Advances* for its 3000 members. This is welcome news for more than one reason. We have always had a steady stream of subscribers and some excellent papers from Australasian authors. I hope that this will lead to more, raising our international awareness and contributing to *Advance's* broad educational agenda. In addition, as we do not carry paid advertisements we depend on individual and institutional subscriptions for our financial survival. At a time of great concern in the medical profession about the sponsorship of medical education our financial independence is a considerable strength.

One of the reasons that *Advances* takes a broad educational approach is that psychiatric disorders are no respecters of either service boundaries or gaps in the evidence base. Reading outwith the comfort zone of one's own specialty is vital. This issue features articles on two important conditions with onset in childhood but which persist into adulthood and may manifest differently there. Howlin (pp. 133–140) considers psychological treatments for autism-spectrum disorders, focusing on children, while Janakiraman & Benning (pp. 96–104) consider attention-deficit hyperactivity disorder (ADHD) in adults. Both are common. The respective prevalences, which may be around 1% and 2% of the adult population, and the frequency of psychiatric comorbidities mean that all clinicians working in mental health services should be familiar with them. So too should clinicians be alert to a vulnerable group who may be 'invisible' (Oates 1997) and who are the focus of the article by Cooklin (pp. 141–146), which is my Editor's pick this month.

Young carers

The children of parents who have a severe mental illness are at a much increased risk of developing that illness themselves. Coupled with this is the negative impact on their social and cognitive development that can result from one or both parents being ill. Cooklin highlights that although young carers should be everyone's responsibility, in reality they are often no one's. Mental health staff used to working with adults feel untrained and nervous that they might say the wrong thing. Compounding the problem is that these children are used to being ignored and to coping by themselves, sometimes at the expense of developing 'false maturity'. A group of young carers reported to the author that worst for them was that their knowledge and advice were not sought by anyone 'when the mental health services suddenly realised there was a problem and became involved'. Smith and colleagues (pp. 147–154) show that 'psychoeducation' can be a powerful intervention for patients with bipolar disorder that modifies the course of the illness. For young carers, simply appropriately discussing their parent's illness with them can have a significant protective impact. Perhaps another reason for us all to be prepared to leave our comfort zones?

Oates M (1997) Patients as parents: the risk to children. *British Journal of Psychiatry* 170 (suppl 32): 22–7.