

From the Editor's Desk

Mental health perspectives across services and across the lifespan

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This edition of the *Irish Journal of Psychological Medicine* explores a diverse range of perspectives from evolutionary psychiatry to COVID-19 to legal frameworks. Critical issues from across different services and across the lifespan are described, including cannabis use and self-harm in adolescents, first-episode psychosis services, and some of the challenges faced by caregivers of individuals with dementia.

The editorial by Swanepoel and colleagues (pp. 3–5) offers an evolutionary viewpoint on psychiatry and highlights how the traditional distinction between 'biological' and 'psychosocial' psychiatry is a false dichotomy. The article makes several interesting points including discussion of an 'evobiopsychosocial' model incorporating evolutionary concepts. The article also presents two frameworks for assessment and diagnosis based on this: Nesse's SOCIAL system and Troisi's GOAL system.

Hoare and colleagues (pp. 50–56) bring us a review of legislation in 71 English-language jurisdictions evaluating gender-based provisions in mental health legislation. The results indicate that gender-specific provisions are highly heterogeneous, are drafted from a cisnormative perspective, and fail to adequately address the specific needs of individuals outside that framework.

Lucey and colleagues (pp. 15–20) present a study evaluating the use of restrictive practices such as seclusion and physical restraint in approved mental health centres in Ireland. Reporting through data gathered by the Mental Health Commission and Health Research Board there has been a welcome reduction in restrictive practices in Irish approved centres between 2018 and 2022.

Farrell and colleagues (pp. 43–49) present a qualitative study examining the impact of the COVID-19 pandemic on individuals with pre-existing diabetes mellitus. The study reports that psychological and social impact of COVID-19 restrictions on individuals with diabetes was significant, with poorer management of the condition correlated with anxiety symptom severity.

On the topic of COVID-19, in their letter to the editor, Lovejoy and colleagues (pp. 90–91) identified lower provision of adequate mental health assessment rooms within Irish hospital emergency departments after COVID-19 restrictions. They argue that people requiring urgent mental health care in emergency settings should receive parity of esteem with other patient groups.

Pinto-Grau and colleagues (pp. 34–42) present a qualitative study on the phenomenological experience of caregiving for people with dementia during COVID-19. Findings demonstrate the significance of COVID-19 on caregivers experience and

well-being, and their ability to cope during COVID-19 and beyond.

Focusing on the other end of the lifespan, Bond and colleagues (pp. 28–33) report on the 'Maskey Impact Study'. The Maskey report highlighted substandard prescribing practices in Child and Adolescent Mental Health Services, and this study explores prescribing practices among 102 Irish psychiatrists in the aftermath of its publication. The study noted that many psychiatrists reported perceived improvements in prescribing practices, including improved medical record keeping (63.7%), consent documentation (53.9%), medication information provision (41.2%), and physical health monitoring (60.8%). Of note following the Maskey report 43.1% of psychiatrists reported a reluctance to prescribe medication even when clinically indicated, and 50% were more likely to avoid off-label use. Most respondents reported increased stress levels following the report (80.4%), with higher stress being significantly associated with reticence in prescribing and avoiding off-label use.

Lynch and colleagues (pp. 71–84) conducted a systematic review evaluating the prevalence of self-harm among children and adolescents in the Republic of Ireland. Eighteen studies were included. Limiting data to adolescent years (15–18 years), best estimates for overall lifetime rates of self-harm ranged from 1.5% (when rates of self-harm were reported based on a two-stage study design) to 23% (where self-harm was limited to non-suicidal self-harm). Self-harm was typically higher in females, impulsive in nature and occurred at home. The need for further robust studies was highlighted in the paper.

Another study evaluating a child and adolescent cohort was conducted by O'Dowd and colleagues (pp. 6–14) who reported a secondary analysis of the cross-sectional *Planet Youth* survey (2021) evaluating risk and protective factors for cannabis use in adolescence. The sample comprised 4,404 adolescents aged 15–16 years. They found that the prevalence of current cannabis use in this age group was 7.3% and did not differ significantly between males and females. Significant risk factors for cannabis use included: having peers who used cannabis; parental ambivalence towards cannabis use; low parental supervision; perception of cannabis as non-harmful; other substance use; and peer pressure to use cannabis.

FitzPatrick and colleagues (pp. 21–27) also conducted a secondary analysis of an existing dataset from a cohort study evaluating the prevalence of depressive symptoms, suicidal ideation, and behaviours in young people presenting with a first episode of psychosis. A total of 355 young people were included in the study with 39.7% (n = 141) reporting suicidal ideation, intent with a plan, or self-harm. Additionally, 71.5% (n = 118) had moderately severe or severe depressive symptoms, which were strongly associated with suicidal ideation or

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behaviours at the time of presentation. On the theme of first-episode psychosis, Connolly and colleagues (pp. 85–89) provide a short report from the Dublin area comparing care delivered before and after the introduction of an early intervention in psychosis programme.

Finally Aubry and colleagues (pp. 57–70) conducted an interesting systematic review evaluating the use of personal therapy by psychiatrists and psychiatry trainees in studies from a variety of countries. The proportion of trainees who engaged in personal therapy ranged from a low of 13.4% in a recent UK-based study to a high of 65.3% among Israeli residents. The

proportion of fully qualified psychiatrists who engaged in personal therapy varied from 32.1% in South Korea to 89% in New Zealand. The findings highlight the relatively common attendance at therapy by psychiatrists. We hope that this and other articles in the issue are informative and thought provoking for our readers.

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