

## Highlights of this issue

By Kimberlie Dean

### Radicalisation and mental health

Two papers in the *BJPsych* this month address the topical issue of radicalisation associated with terrorism and the potential role of psychiatric vulnerability. Coid *et al* (pp. 491–497) investigated the population distribution of extremist views in a cross-sectional study of young men in Great Britain and found evidence of considerable heterogeneity among those expressing extremist views but did identify a negative association between extremism and depression. The authors comment on the potential importance of promoting shared values and perceived similarity in personal identity with regard to preventing radicalisation among vulnerable groups. Bhui *et al* (pp. 483–490) found that depressive symptoms were associated with a higher risk of ‘sympathies for violent protest and terrorism’ (SVPT) in a survey of Pakistani and Bangladeshi men and women from two English cities. They also found that expressions of social connectedness (measured as specific life events and political engagement) were associated with a lower risk of SVPT, independently of depression, and that previous contact with the criminal justice system increased risk of SVPT. The authors call for more research to be focused on understanding radicalisation processes, given the current importance of such understanding for preventing terrorism.

### Improving outcomes – individual-level, service-level and legal approaches

Several papers in the *BJPsych* this month examine approaches to improving mental health outcomes, taking a wide variety of perspectives. A meta-analysis of the effect of psychotherapy for depression on quality of life by Kolovos *et al* (pp. 460–468) found that the intervention had a positive effect on quality of life, including across global, mental health and physical health domains. They further found that the positive impact on aspects of QoL was not fully explained by the effect of psychotherapy on depressive symptoms. In a cluster randomised controlled trial (RCT) of a new intervention aimed at enhancing psychiatrist communication with patients with psychosis, McCabe *et al* (pp. 517–524) found that those psychiatrists who received communication training made more effort to establishing shared understanding and, in the treatment arm, both psychiatrists and patients rated the therapeutic relationship more positively.

Moving from considering the impact of specific interventions on outcomes at an individual level, Roux *et al* (pp. 511–516) examined the relationship between severity of needs, service

performance and outcomes for patients with a range of mental disorders in order to evaluate the impact of mental healthcare reform in Quebec. Using a mediation analysis and theory of change model, the authors found that service performance mediated the relationship between patient needs and outcomes – services were less effective for those with greater needs. Also taking a broad perspective, an editorial in the *BJPsych* this month considers the importance of improving the mental health and well-being of health service staff, particularly in light of the increasing pressure on staff arising from the performance culture in health services. Hacker Hughes *et al* (pp. 447–448) highlight the new Charter for Psychological Staff Wellbeing and Resilience in the NHS launched in February this year and note that a Wellbeing Collaborative Learning Network has been established to take the Charter forward. In a debate, Szmukler and Kelly (pp. 449–453) address the merits of replacing conventional mental health law with capacity-based law, revisiting a debate which has been active for some time but which has been reignited in the context of the antidiscriminatory principles at the heart of much human rights-based legislation internationally.

### Intellectual disability – anticholinergics, interventions and autism prevalence

O’Dwyer *et al* (pp. 504–510) examined cumulative exposure to anticholinergics in a sample of people aged over 40 years with intellectual disability. They found evidence of a high burden of exposure in the group, particularly for those over 65 years and those with a mental health condition. Exposure was associated with both daytime drowsiness and constipation. In a systematic review and meta-analysis, Koslowski *et al* (pp. 469–474) identified 12 RCTs or controlled studies testing any type of intervention for people with mild to moderate intellectual disability aimed at comorbid mental health problems. They found no significant effects of interventions with regard to a range of outcomes and noted that the quality of studies was only moderate, with high levels of heterogeneity evident. The authors call for larger and more rigorous trials aimed at domains of comorbid mental illness and caution against a focus on poorly defined and measured behavioural problems as a primary outcome. Brugha *et al* (pp. 498–503) sought to contribute to knowledge of the epidemiology of autism in adults across age groups and ability levels by analysing data from the Adult Psychiatric Morbidity Survey and a population case-register of adults with intellectual disability. A higher autism prevalence was identified in those with moderate to profound intellectual disability and male gender was found to predict autism only in those with no or mild disability. The authors comment on the extent to which their findings differ from adult prevalence estimates based on projections from child study findings.