

Highlights of this issue

BY ELIZABETH WALSH

COGNITIVE THERAPY AND PSYCHOSIS PREVENTION

Cognitive therapy may prevent or delay the progression to psychosis among individuals at high risk. Previous work has shown that pharmacotherapy combined with psychotherapy delayed the transition to psychosis in young people at ultra-high risk. The relative role of psychotherapy alone could not be determined, however. In a randomised trial of 58 patients, Morrison *et al* (pp. 291–297) show that cognitive therapy significantly reduced the likelihood of progression to psychosis over 12 months and the likelihood of being prescribed antipsychotic medication, among patients at ultra-high risk. The authors suggest from their results, which require replication with larger samples, that this treatment may be the best first-line option for these people as an acceptable alternative to antipsychotic medication.

WEB-BASED ANTI-STIGMA PROGRAMMES

Most anti-stigma interventions for depression target the public. Stigma associated with mental illness can adversely affect help-seeking and as such it is important that such programmes are targeted at people with or at high risk of developing the disorder. Using a randomised design, Griffiths *et al* (pp. 342–349) examined the effect of web-based depression literacy and cognitive-behavioural interventions on personal and perceived stigma among people who

screened positive for depression. Relative to a control condition, the internet sites significantly reduced personal stigma but not perceived stigma. The authors suggest that the internet warrants further investigation as a means of delivering stigma reduction programmes.

WEEKEND WORKING BAD FOR ASSERTIVE OUTREACH TEAMS

Using a naturalistic prospective study, Priebe *et al* (pp. 306–311) utilised the existing variation between assertive outreach teams in London to investigate how team factors influence patient outcome in terms of admissions. Weekend working and staff burnout were strong predictors of both more voluntary and more compulsory admissions. Contact with other services emerged as a very powerful predictor of favourable outcome. Assertive outreach teams are here to stay; the challenge now is to evaluate how the teams should work to improve their effectiveness.

MORBID SELF-STARVATION – DIFFERING ATTRIBUTIONS BETWEEN CULTURES

Anorexia nervosa is widely considered to be a Western disorder, but suggestions of historical or atypical cases have long existed outside the West. Bennett *et al* (pp. 312–317) found 10 out of 668 secondary school girls in Ghana to have self-starvation as the

only cause for their low weight. All 10 viewed food restriction positively and in religious terms, and none exhibited weight concern. These findings suggest that beliefs associated with anorexia nervosa may differ between cultures. Although morbid self-starvation may be the core feature of anorexia nervosa, the attribution for the starvation behaviour may vary culturally.

BALANCED MENTAL HEALTH SERVICES

Studying admission patterns in England, Thompson *et al* (pp. 334–341) revealed depression and anxiety together to be the most common reason for psychiatric hospitalisation. Marked regional variations in admission were noted, with rates being higher in males than in females. The length of stay for about 1% exceeded 1 year, mainly accounted for by psychosis. Boardman *et al* (pp. 318–327) reveal that the bulk of people attending their general practitioners with common mental disorders are not receiving treatments of proven efficacy. Thornicroft & Tansella (pp. 283–290), in a review article, present evidence supporting a balanced approach to mental health care provision, with both hospital and community services being necessary in all areas, regardless of their levels of resources.

PSYCHOTIC SYMPTOMS – NOT AN ALL-OR-NONE PHENOMENON

It has been suggested that psychosis exists in the general population as a continuous phenotype rather than an all-or-none phenomenon. Johns *et al* (pp. 298–305) support this from a study of a representative sample of the British public. Among their respondents, 5.5% reported experiencing one or more psychotic symptoms. Factors associated with these symptoms were found to be similar to factors that predict psychosis, including cannabis dependence and recent stressful life events.