

## Highlights of this issue

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### BRIEF CBT TRAINING WORTHWHILE IN PSYCHOSIS

Recent work has shown that cognitive-behavioural therapy for psychotic disorders can be of value, even if administered by therapists given relatively brief training. Durham *et al* (pp. 303–311) confirm this in a 3-month follow-up trial by demonstrating clinically significant improvements in severity of overall symptomatology in about one-third of patients who are willing to attend therapy sessions delivered by clinical nurse specialists. The authors support the view that people with chronic psychosis should be given the opportunity to engage in systematic psychological treatment.

### DRAWBACKS OF DRUG TREATMENTS

Movig *et al* (pp. 319–323) confirm the high prevalence of polyuria in those treated with lithium, with 37% of the 75 patients followed for 4 months experiencing this problem. Concomitant use of serotonergic antidepressants was found to increase this risk fourfold. Haug *et al* (pp. 312–318) describe the 1-year outcome of 375 patients with social phobia randomised to treatment with sertraline or placebo for 24 weeks, with or without the addition of exposure therapy. Treatment with exposure therapy seemed to give further improvement after the treatment was completed, whereas patients treated with sertraline showed a tendency towards deterioration after cessation of medication.

### SUBSTANCE MISUSE AND ADVERSITY

Comorbid substance misuse has been linked to a number of adverse outcomes

in those with psychosis. Cantwell *et al* (pp. 324–329) examine the effects of comorbid substance misuse on symptoms, social functioning and service use in 316 patients with schizophrenia. Patients with comorbid substance misuse were more likely to be young males with a short duration of illness and more police contacts. Interestingly, problem substance use had only a modest impact on service use, symptoms and social functioning in this group. The authors suggest from their findings that problem substance use may inflict less serious damage than was previously suspected. Most young adults who use cannabis use it infrequently without health consequences, but a minority progress to harmful heavy use. Coffey *et al* (pp. 330–336), in an Australian cohort study, examine the adolescent precursors of young adult cannabis dependence. A number of predictors were identified. Weekly cannabis use marked a threshold for increased risk of later dependence, with selection of cannabis in preference to alcohol possibly indicating an early addiction process.

### REDUCING STIGMA – EVALUATING AN EDUCATIONAL INTERVENTION

Despite the common occurrence of mental health problems, societies continue to hold deep-rooted, culturally sensitive, negative beliefs about mental illness. This has led to the establishment of global programmes to challenge these views, but these initiatives are rarely evaluated. Pinfold *et al* (pp. 342–346) assess the effectiveness of two mental health awareness workshops attended by 472 secondary school students who completed pre- and post-workshop questionnaires detailing knowledge, attitudes

and behavioural intentions. The mean positive attitude score rose significantly from 1.2 at baseline to 2.8 at 1-week follow-up and 2.3 at 6-month follow-up. Changes were most marked in females and those reporting personal contact with people with mental illness.

### PSYCHIATRIC TREATMENT FOR PRISONERS

There are many inmates in UK prisons with acute and severe mental illness who require National Health Service in-patient care, but whose transfer cannot be arranged expeditiously (Reed, pp. 287–288). Many reasons have been suggested for these delays. Earthrowl *et al* (pp. 299–302) propose a policy and protocol for extending treatment for non-consenting patients in prison beyond emergencies.

### SCHIZOPHRENIA, PHENOMENOLOGY AND THE CEREBELLUM

Reports of cerebellar involvement in cognitive and language functions increasingly implicate the cerebellum as a site of morphological changes occurring in schizophrenia. Andersen & Pakkenberg (pp. 354–361) failed to demonstrate any global structural difference in volume, cell numbers or Purkinje cell volume between the brains of men with schizophrenia and a group of controls.

### CAN THE SOCIAL ENVIRONMENT CAUSE SCHIZOPHRENIA?

It is agreed that there is a familial vulnerability to schizophrenia, despite the fact that there is much work to do on the mechanisms and the genes involved. Conversely, the causal role for the environment is hotly contested despite the mounting epidemiological evidence to support its importance. In our regular 'In debate' section (pp. 291–292), Professor Peter McGuffin and Professor Jim van Os debate the question: Can the social environment cause schizophrenia?