

Highlights of this issue

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USER INVOLVEMENT IN RESEARCH

Trivedi & Wykes (pp. 468–472) provide a timely review of the benefits of user involvement in research. They describe the experience of working for the first time with users on a study investigating the effects of group sessions for educating in-patients about medication. User involvement changed not only the focus of the study but also its design and content. More attention was paid to the intervention itself, ensuring that it was user friendly. A practical list of questions is provided to guide us should we be considering a joint project.

ETHNICITY, PSYCHOPATHOLOGY AND OFFENDING

In two papers Coid *et al* (pp. 473–480, 481–487) investigate the relative contribution of ethnic minorities to the overall high levels of psychiatric morbidity among prisoners in a cross-sectional survey. Contrary to other studies, Black prisoners demonstrated lower levels of psychopathology on most measures, except personality disorders, and reported fewer early risk factors for mental illness.

MATERNAL RECALL BIAS AND OBSTETRIC COMPLICATIONS

Obstetric complications have been implicated in the aetiology of schizophrenia. McIntosh *et al* (pp. 520–525), using data from the Edinburgh High Risk Study, seek to clarify the role of maternal recall bias on the association in case-control studies. Results show that mothers of patients with schizophrenia or of those at high risk for its

development may overestimate the role of obstetric complications in the aetiology of their offspring's condition. Inclusion of studies that rely solely on maternal recall may falsely elevate the summary effect size when included in meta-analytical reviews.

LONG-TERM OUTCOME OF 'NORMAL' APPENDIX

Dummett *et al* (pp. 526–530) report that children and adults found to have a normal appendix at emergency appendicectomy have significantly higher lifetime attendance at hospital for all presentations than people found to have acute appendicitis. They are also at higher risk of adverse outcomes of self-harm and psychiatric disturbance. Removal of a normal appendix may represent an opportunity for early intervention in patients for whom psychosocial factors are significant determinants of health-seeking behaviour.

REDUCING STIGMA BY ASSOCIATION

Stigma affects not only people with mental illness but also their families. Östman & Kjellin (pp. 494–498), in a study of relatives of patients on acute psychiatric wards, found stigma by association to cause psychological disturbance in a high proportion. This was more pronounced when relatives themselves had mental health problems. For some people, having a relative with severe mental illness led to serious thoughts about life and death, both in connection with their relative and in terms of suicidal thoughts. Interventions aimed at reducing stigma should therefore include components specifically focused on patients and family members. Phillips

et al (pp. 488–493) found an extremely strong association between high expressed emotion (EE) and the reported effect of stigma on both patients and families and suggest that interventions that reduce high EE may also reduce perceived stigma.

ADVANCE DIRECTIVES IN PSYCHIATRY

Papageorgiou *et al* (pp. 513–519), in a randomised controlled trial, find that advance directives fail to reduce compulsory or voluntary readmissions, days spent in hospital or satisfaction with psychiatric care at 12-month follow-up. Nevertheless, it remains intuitively desirable that patients who are well should plan for treatment in the event of loss of mental competence, perhaps as part of a relapse prevention programme. Future research should examine the effects of advance directives on factors such as the therapeutic alliance and communication.

POST-PARTUM DEPRESSION – PREVALENCE, PREDICTORS AND COST

Depression occurs as frequently during late pregnancy and after delivery in developing countries as in Western societies, but some risk factors differ (Chandran *et al*, pp. 499–504). Western research has implicated spousal and parental relationships as important, but problems with mothers-in-law assume a greater importance in rural India, presumably because most new mothers reside with their spouse's parents. Birth of a daughter when a son was desired significantly increased risk, highlighting the pressure on women to bear sons in this part of the world. Petrou *et al* (pp. 505–512), in a British study, find the economic burden of the condition to be considerable and suggest that the cost is primarily borne by community service providers.

SEASON'S GREETINGS

The Editor, Editorial Board and staff of the *British Journal of Psychiatry* would like to wish all our readers a happy holiday season, free of conflict and threat.