

Highlights of this issue

By Kimberlie Dean*

Mental health sequelae of trauma

Several papers in the *BJPsych* this month consider mental health outcomes following trauma, with the trauma concerned occurring in a variety of contexts. Stevelink *et al* (pp. 690–697) examined mental health outcomes in UK military personnel at the end of British involvement in the Iraq and Afghanistan conflicts and found that over one-fifth of the cohort had common mental disorder (CMD), 10.0% had alcohol misuse problems and 6.2% had probable post-traumatic stress disorder (PTSD). The highest levels of PTSD and CMD were seen amongst ex-serving regulars who had deployed in a combat role, prompting the authors to comment on the importance of providing and improving mental healthcare for veterans in particular. While military personnel might anticipate trauma exposure to some extent, the effects of unexpected natural disasters on individuals in affected communities may be quite different. In a systematic review and meta-analysis of psychological distress and psychiatric disorder following natural disasters, Beaglehole *et al* (pp. 716–722) confirmed that both continuous measures of psychological distress and discrete measures of psychiatric disorder increase following the occurrence of natural disasters, with particular influence on rates of PTSD and depression. The authors identified significant heterogeneity across the 27 studies included in the analysis and suggested that disaster-specific factors, along with differences in post-disaster responses and the study methodology employed, might explain the variation seen.

Looking more broadly across the life-course, Kisely *et al* (pp. 698–703) examined the association between trauma experienced in childhood and mental health problems occurring much later in adulthood. In their prospective longitudinal birth cohort study, substantiated child maltreatment was found to be associated with adult depressive symptoms, as well as with internalising and externalising behaviours. The associations between maltreatment and adult mental disorder diagnoses appeared to be most consistent when considered right across the diagnostic spectrum, and for emotional abuse and neglect, as well in the presence of multiple types of

abuse. The authors call for a public health approach to the long-term mental health problems associated with childhood maltreatment, rather than an approach focused solely on immediate safety.

Finally, Graham *et al* (pp. 704–708) report on results from a multisite randomised trial comparing prolonged exposure to treatment with sertraline, in a sample of men and women with PTSD. They found similar rates of early response in the two groups, but in the sertraline group, early responders were much more likely to achieve non-clinical levels of PTSD, depression and anxiety at the end of treatment and final follow-up.

Personality disorder – community prevalence and diagnostic approaches

In a systematic review and meta-analysis of ten studies, Volkert *et al* (pp. 709–715) estimated the prevalence of any personality disorder in the general population to be relatively high (12.16%; 95% CI 8.01–17.02), with the most common disorder being obsessive–compulsive disorder. The authors of the review comment on the paucity of personality disorder research despite the level of community morbidity associated with these disorders, and call for a greater research effort targeting these poorly understood and inadequately treated disorders. In an editorial also focused on personality disorders, Huprich (pp. 685–689) discusses the relative merits of categorical and dimensional models of personality pathology and suggests that an expansion beyond these approaches is needed to address the limitations of current diagnostic systems.

Gender equity, discrimination and victimisation – effects on science and on women's mental health

In the context of the current societal focus on gender equity issues, Breedvelt *et al* (pp. 679–681) raise concerns about the persistence of an underrepresentation of women at senior academic, clinical and managerial levels, and the associated gender pay gap, across medicine, including in psychiatry. They also call on those in the academic publishing sector to continue to work towards improving the representation of women in leadership positions. Also inspired by the current gender equity focus, Hosang and Bhui (pp. 682–684) discuss the effects of discrimination and victimisation on women's mental health. In considering the response to these issues, the authors join the call for further progress to be made with regard to the representation of women in senior clinical and managerial positions.

* The original version of this article listed Derek K. Tracy as the author. This has now been corrected and an erratum published.