

Highlights of this issue

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IMPACT OF MIGRATION AND ALCOHOL CONSUMPTION ON MENTAL HEALTH OUTCOMES

Migrant groups have often been found to have elevated rates of mental disorder but the nature of the relationship is not well understood. Ryan *et al* (pp. 560–566) found that poorly planned migration was associated with subsequent depression in a sample of Irish-born people living in London. In addition, positive experiences post-migration showed some evidence of being protective against the development of depression. Among people with severe psychiatric disorders, the association between substance misuse and poor mental health outcome is well known. In a study of adults with less severe psychiatric morbidity, Tait & Hulse (pp. 554–559) found that those with alcohol dependence suffered poorer health outcomes over the 7-year follow-up period but tentative evidence was also found to suggest that moderate alcohol consumption was associated with better outcomes compared with abstinence.

PSYCHOTIC SYMPTOMS, PSYCHOSIS PRONENESS AND FIRST-EPIISODE ILLNESS

At 18-month follow-up, 4.4% of the British National Psychiatric Morbidity Survey

sample reported incident psychotic symptoms (Wiles *et al*, pp. 519–526). Living in a rural area, having a small primary support group, having a greater number of adverse life events, smoking tobacco, experiencing neurotic symptoms and engaging in harmful drinking were all factors at baseline found to predict onset of psychotic symptoms. Spauwen *et al* (pp. 527–533) found an association between self-reported trauma and later psychotic symptoms, particularly among those with pre-existing psychosis proneness. Evidence was also found to support a dose-response effect of trauma on risk. Steen *et al* (pp. 510–518) report that whole-brain and hippocampal volume are reduced, and ventricular volume increased in first-episode schizophrenia based on a systematic review and meta-analysis of 52 magnetic resonance imaging studies.

YOUNG OFFENDERS – NEEDS AND COSTS

The mental health needs of young people engaged in antisocial behaviour and the associated economic costs are considered in a series of papers in the *Journal* this month. A cross-sectional survey of young offenders in both custody and the community was conducted across six areas in England and Wales. Chitsabesan *et al* (pp. 534–540) report that 31% of the sample had high levels of mental health need with

rates of depressive symptoms, anxiety, features of post-traumatic stress and self-harm being particularly high. Rates of unmet need were found to be very high across both mental health and social domains. When the cost of supporting these young people in the criminal justice system was examined by Barrett *et al* (pp. 541–546), younger age and depressed mood were found to be associated with greater costs. Although rates of mental health need did not differ between those in custody and those in the community, the latter were less likely to access mental health services. Romeo *et al* (pp. 547–553) investigated costs incurred by a sample of children aged 3–8 years with severe antisocial behaviour referred to child and adolescent mental health services in London and Chichester. The average annual total cost was calculated to be £5960. Although health, education and voluntary services incurred significant costs, the greatest burden was borne by the family.

INTERVENTIONS FOR DEPRESSION AND DEMENTIA

Bass *et al* (pp. 567–573) present outcome findings from a randomised controlled trial of group interpersonal psychotherapy for depression conducted in rural Uganda. At 6 months, the group who received therapy continued to have lower levels of depressive symptoms, functional impairment and rates of major depression compared with controls. Although they are widely used, the cost-effectiveness of many psychological therapies for people with dementia has not been investigated. Knapp *et al* (pp. 574–580) conclude that cognitive stimulation therapy has benefits for both cognition and quality of life, and may well be more cost-effective than treatment as usual.