

Highlights of this issue

BY KIMBERLIE DEAN

SUICIDE, HOMICIDE AND MENTAL ILLNESS

Two papers in the *Journal* this month investigate suicide rates among two groups in recent contact with mental health services – one group having been in contact with services in the previous 12 months (Hunt *et al*, pp. 135–142) and the other group a sample of in-patients and those within 3 months of hospital discharge (Meehan *et al*, pp. 129–134). Data for both studies derive from a national clinical survey and were carried out as part of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Hunt *et al* assert that young people might benefit more from suicide prevention strategies targeting schizophrenia, dual diagnosis and loss of contact with services, whereas strategies targeting depression, isolation and physical ill health might reduce risk of suicide in older adults. Over the 4-year survey period (ending March 2000), Meehan *et al* found that 16% of those in recent contact with services who died by suicide were in-patients at the time of death, with hanging being a common method used by this group. Among those discharged from in-patient care within the previous 3 months, risk of suicide was highest in the first 2 weeks after leaving hospital. In a study of homicide offenders carried out as part of the same national inquiry, Shaw *et al* (pp. 143–147) report that although an association is suggested between schizophrenia and homicide conviction, most offenders with a lifetime history of mental disorder were neither acutely ill at the time of the offence, nor were they in contact with mental health services.

ADVERSE EXPOSURES IN CHILDHOOD

Interest in the impact of cannabis use on mental health continues to rise. Results from a large Dutch cross-sectional survey reveal that cannabis use in adolescence is associated with delinquency and aggressive behaviour but not with internalising problems (Monshouwer *et al*, pp. 148–153). The strength of the associations were found to increase with the frequency of cannabis use and remained even after adjustment for strong confounding factors such as cigarette smoking and alcohol use. In a study of much younger children in the Gaza Strip, Thabet *et al* (pp. 154–158) found that traumatic exposures, both direct and indirect, were associated with behavioural and emotional problems.

MORTALITY IN SCHIZOPHRENIA AND MORBIDITY AMONG PRISONERS

In a previous study, Joukamaa and colleagues found schizophrenia to be associated with excess mortality by both suicide and natural causes. In this month's *Journal* (pp. 122–127) the authors further report that the number of neuroleptics used at baseline predicted mortality after 17 years of follow-up, even after adjustment for age, gender, somatic diseases and other risk factors for premature death. The implications of this finding are taken up in an invited commentary by David Healy (p. 128). In an Iranian sample, Assadi *et al* (pp. 159–164) have replicated the finding often reported in Western settings that psychiatric

morbidity is high among prisoners. Over half the sample were found to have a current Axis I disorder, with rates of depression and substance use disorders higher than those previously found in many Western countries.

FATHERS OF THE STILLBORN AND CARERS OF THOSE WITH PSYCHOSIS

In a cohort of expectant couples, fathers who had previously experienced a stillbirth were found to have significant levels of anxiety and post-traumatic stress disorder antenatally but their symptom levels were lower than those of the mother throughout and did remit postnatally (Turton *et al*, pp. 165–172). In a cross-sectional study of patients experiencing psychotic relapse and their carers, Kuipers *et al* (pp. 173–179) report that high expressed emotion in carers was associated with higher patient levels of anxiety and depression but not psychotic symptoms or low self-esteem. Critical comments by carers was the component of high expressed emotion found to predict patient anxiety and, in carers, was associated with low self-esteem and poor coping.

WHITE-MATTER HYPERINTENSITIES IN DEPRESSION

Iosifescu *et al* (pp. 180–185) found no difference in the prevalence of white-matter hyperintensities on magnetic resonance imaging between those with major depression and a control group of healthy volunteers. They also found no relationship between global hyperintensity measures and clinical outcome, considered either in terms of response to treatment or remission. They did, however, find that left-hemispheric subcortical hyperintensities were associated with poor outcome on antidepressant treatment, and that hyperintensities in the group with depression were associated with the presence of cardiovascular risk factors.