Correspondence

EDITED BY STANLEY ZAMMIT

The endeavour to become international

We read with interest the inaugural editorial by Peter Tyrer (2003). We especially welcome his hope to continue the quest of his predecessor to make the *Journal* 'the leading international journal of general psychiatry'. Responding to his invitation for feedback, we offer the following comments and suggestions.

As suggested by Patel & Sumathipala (2001), evidence to influence mental health policies and practices at the international level will often have to come from research done both within and outside the cultural and health systems of Western Europe and America. In 1996 to 1998, of the articles published in the *Journal*, only 6.5% were from the 'rest of the world' (Patel & Sumathipala, 2001). Between 1991–1992 and 2001–2002, the regional distribution of contributions has remained largely the same (65–69% from the UK, 3–4% from Asia, Africa and South America) (Catapano & Castle, 2003). Obviously, the *Journal* has a long way to go in obtaining contributions from and with relevance to countries across the world. The negligible representation of members based in low- or middle-income countries on the Editorial Board (one among 69 members) (Saxena *et al*, 2003) is also incongruent, perhaps even incompatible with being truly international.

We suggest a few steps that might be taken by the *Journal* under the new Editor. First, more Editorial Board members should be recruited from low- and middle-income countries. It is likely that at least some suitable candidates from psychiatrists and researchers working in Asia, Africa and Latin America can be found if a serious search is made. Second, the *Journal* should use international relevance as a criterion in selection of articles for publication, in addition to the criterion of scientific excellence, which should remain uncompromised. Third, the *Journal* should be proactive in attracting and supporting submissions from low- and middle-income countries. This could include, for example, appointing regional Deputy Editors, launching special sections and themes (e.g. 'Psychiatry around the world', referred to by Wilkinson, 2003) and assistance with editing for authors whose first language is not English.

We believe that concrete steps like these will make the *Journal*'s aim of becoming truly international more easily achievable.

Catapano, L. A. & Castle, D. J. (2003) How international are psychiatry journals? *Lancet*, **361**, 2087.

Patel, V. & Sumathipala, A. (2001) International representation in psychiatric literature. Survey of six leading journals. *British Journal of Psychiatry*, **178**, 406–409.

Saxena, S., Levav, I., Maulik, P., *et al* (2003) How international are the editorial boards of leading psychiatric journals? *Lancet*, **361**, 609.

Tyrer, P. (2003) Entertaining eminence in the *British Journal of Psychiatry*. *British Journal of Psychiatry*, **183**, 1–2.

Wilkinson, G. (2003) How international are the editorial boards of leading psychiatry journals? *Lancet*, **361**, 1229.

S. Saxena, P. Sharan Mental Health: Evidence and Research, World Health Organization, CH-1211, Geneva, Switzerland. E-mail: saxenas@who.int

Editor's response: The points made by Drs Saxena and Sharan are well taken and, on behalf of the *Journal*, I have to plead *mea culpa* to the charge of Western parochialism. The *Journal* will take these criticisms on board and hope that readers will note a move in the direction suggested by Drs Saxena & Sharan shortly. As they say, the criterion of scientific excellence should remain uncompromised and this should remain the clearest of guides.

Peter Tyrer Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SWIX 8PG, UK. E-mail: bjp@rcpsych.ac.uk

Suicide and self-harm

What conclusions should we draw from the article by Gairin *et al* (2003) on attendance at the accident and emergency department in the year before suicide? That if you do not do your homework, you will make mistakes. Although they criticise the National Confidential Inquiry and make 18 references to it, they do not seem to know what it does.

The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness has been based in Manchester since 1996, covering only one of the years studied by Gairin *et al*. It was set up to identify all deaths by suicide of people who had been under the care of specialist mental health services in the previous 12 months (Appleby *et al*, 1997). Our remit (not to mention our funding) does not extend to emergency departments. Our method of case ascertainment (Appleby *et al*, 2001) is to obtain lists of suicides and undetermined deaths from the Office for National Statistics and to check these against records held by local mental health services. We then collect further information from each patient's consultant psychiatrist. Gairin *et al* seem to think that we rely on voluntary reporting by health districts.

The Inquiry has been notified of 35 000 suicides since 1996 and has collected detailed information on over 9000 people in contact with mental health services. Gairin *et al*'s assertion that we 'must record the occurrence of hospital attendances for self-harm' for all patients is a bold one, especially when it is based on five misclassified cases in one region. The issue is not whether self-harm is important, but the best way of collecting information about it in a national study. As a first step we are now carrying out a psychological autopsy study of 300 suicides by mental health patients, obtaining details of attendances in emergency departments and general practice, and interviewing the families of those who have died.

Gairin *et al* are also critical of policy makers for not recognising that self-harm is a key indicator of suicide risk. They must have missed the fact that the National Suicide Prevention Strategy for England includes a section on preventing suicide following self-harm (Department of Health, 2002).

Declaration of interest

The authors all work on the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.

https://doi.org/10.1192/Deccorrs Published online by Cambridge University Press