Correspondence

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A defence of evolutionary psychology

The letter by Rose & Lucas (2001), with its unconventional structure (having been written by Lucas with a lengthy quote from Rose but then signed by Rose as the first author), repeats the misleading arguments that can be found in abundance in Rose & Rose (2000). Professor Rose claims to welcome a hypothesis-driven scientific discipline of evolutionary psychology but laments what is, according to him, the present state of the discipline that is no more than an "untestable bunch of anecdotes based upon *a priori* ideological convictions". He is also indignant at my suggestion that he is in effect in the camp that holds that the human mind is a blank slate.

As to the first point, his position is far from credible. He contends that the hypothesis that the human psychological make-up was formed during the Pleistocene is incorrect and that this is somehow fatal to the whole enterprise of evolutionary psychology. In fact, the contention that the human psyche or mind formed primarily during the Pleistocene is no more than an empirical question that requires testing through evidence. If evidence from various sources shows this to be incorrect, then this idea should certainly be modified or abandoned but, whichever way this question will be settled, it will not herald the end of evolutionary psychology. The core idea of evolutionary psychology is the assumption that the human mind has a species-specific architecture that contains a degree of variability and plasticity depending on environmental influences, but (and this is the most important point) it is not infinitely malleable, as the standard social science model would have us believe. It is rather surprising that Rose, in the same breath, claims to reject the *tabula rasa* view of the mind and rejects any hypotheses that suggest it may have any definable architecture on the grounds that conceding this is genetically deterministic. If the mind is not a blank slate, then it should have some architecture. For a Darwinian, this architecture is partly (not wholly) determined by our genetic heritage which, in turn, has been shaped by aeons of selection in a particular type of environment (whatever that may be). We can argue about what this architecture may look like through proposing hypotheses and empirically testing them.

Rose chooses to ignore the abundant evidence of the vibrancy of evolutionary psychology where hypotheses and theories are continually tested, debated, modified and discarded. It is a fast-moving field where one can quickly be overtaken by new ideas and new evidence. Take, for example, the waist-to-hip ratio that Rose has cited. The suggestion was made in the early 1990s that there may be a universally attractive human female shape that signals maximum reproductive value. This triggered transcultural comparison studies by evolutionary psychologists that showed that there were exceptions to this (see for example Marlowe & Westman, 2001). It is likely that the hypothesis will now be modified to incorporate the effect of ecological influences. There are many other examples of such vigorous hypothesis-testing such as in the area of human sexuality where major theoretical modifications have taken place based upon empirical findings (see Buss, 2000).

Buss, D. (2000) *The Dangerous Passion: Why Jealousy is as Necessary as Love or Sex*. London: Bloomsbury.

Marlowe, F. & Westman, A. (2001) Preferred waist-to-hip ratio and ecology. *Personality and Individual Differences*, **30**, 481–489.

Rose, H. & Rose, S. (eds) (2000) *Alas Poor Darwin: Arguments Against Evolutionary Psychology*. London: Jonathan Cape.

Rose, S. & Lucas, P. (2001) Evolutionary psychology revisited (letter). *British Journal of Psychiatry*, **178**, 573.

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The arguments put forward by Rose & Lucas (2001) are rather unclear. On the one hand, Professor Rose emphasises that "any understanding of the human mind and brain needs to locate its structure and workings in the context of evolution and development, as well as social, cultural and technological history". Most sociobiologists or evolutionary psychologists would endorse this statement. However, the main reason behind Abed's (2000) editorial was that since the Second World War psychiatric research (with the notable exception of Bowlby) has deliberately ignored the possibility that human beings are the result of evolutionary processes, for understandable political reasons. All the other factors on Rose's list have been carefully studied, and the result is a mixture of incomplete and incompatible theories, with significant gaps in knowledge. For example, it has not been explained why certain mental disorders show a gender imbalance. An evolutionary perspective could provide fresh approaches and offer a much-needed integrative theoretical framework.

On the other hand, Rose later makes the accusation that "what is at stake is the autonomy of the social sciences as research fields from the imperialistic claims of an overly reductive biology at the hands of these new evolutionary fundamentalists". This is a wholly exaggerated claim, but even if it were true, why does he regard the autonomy of the social sciences as so fragile? Social scientists are keen to use developments in mathematics, which is an inherently reductionist science. In any case, neither psychiatry nor psychology is a social science.

Rose's ultimate objection is that "what currently passes for evolutionary psychology is little more than an untestable bunch of anecdotes based upon *a priori* ideological convictions". This could be said of most current psychiatric theories, exactly because the evolutionary context has been ignored. Surely, each new hypothesis should be scrutinised on its own merit. More than 140 years ago Darwin (1859; 1985 edn: 458) predicted that "in the distant future . . . psychology will be based on a new foundation". For various ideological reasons

https://doi.org/10.1192/bjp.179.3.267-a Published online by Cambridge University Press

"defenders of the truth" (Segerstråle, 2000) have been trying to prevent this, but unless they can offer a more solid alternative, they will not succeed.

Abed, R. T. (2000) Psychiatry and Darwinism. *British Journal of Psychiatry*, **177**, 1–3.

Darwin, C. R. (1859) *On the Origin of Species by Means of Natural Selection, or the Preservation of Favoured Races in the Struggle for Life*. London: John Murray. Republished (1985) Harmondsworth: Penguin Classics.

Rose, S. & Lucas, P. (2001) Evolutionary psychology revisited (letter). *British Journal of Psychiatry*, **178**, 573.

Segerstråle, U. (2000) *Defenders of the Truth. The Sociobiology Debate*. Oxford: Oxford University Press.

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A defence of community mental health teams

Dr Holloway's (2001) stimulating, if ever so slightly mischievous, commentary on our paper (Simmonds *et al*, 2001) adds substance to the debate on this subject but leaves the reader with the unfair impression that community mental health teams are now out of date and have been replaced by 'more exotic fruit'. Indeed, our labours have borne much more fruit than we expected, as Dr Holloway identifies our study as a *mélange* from a variety of species. We accept that the studies in our review showed great heterogeneity of service provision but all possessed the key central feature in the experimental group, a team-based community service. The fact that we were able to identify only five studies that satisfied the criteria for such a comparison, despite the widespread use of such teams, illustrates the consequences of deciding on policy in the absence of evidence. Once this is done, the subject cannot be researched through adequate randomised studies since policy makes the interventions statutory. Dr Holloway is right in concluding that community mental health teams have become the focus of mental health care in the UK and, although they are now universal here, it is still possible to carry out further randomised controlled trials elsewhere. We are in the process of developing similar studies in Eastern Europe, which should help to provide a stronger evidence base for our conclusions if they replicate the findings in the five studies we reported.

What would be most unfortunate at this stage of development of a community mental health team would be to move on to a new model based on the North Birmingham approach (Peck, 1999) without further evidence. The North Birmingham model has not been tested by any form of controlled comparison and there is now a strong body of evidence, to which Dr Holloway himself is a major contributor (Holloway & Carson, 1998; Burns, 2000; Tyrer, 2000), which shows the standard community mental health team to be a robust and effective service model that is at least as effective as the new specialist approaches.

To return to the fruit metaphor, our review, and the work of others, seems to have established firmly that apples, grapes and oranges are good for your health when compared with other non-fruit diets. Recently, mangos, paw-paws and persimmons, have also been introduced and have attracted considerable numbers of devotees. To date, these exotic fruits have not proved in any way to be superior in their health-giving properties than the older fruits; until they do so we should not change our fruit policy. So we should stick with the community mental health team. James Lind, the originator of the first ever controlled trial – of citrus fruit juice for scurvy – would not have expected anything less.

Burns, T. (2000) Models of community treatment in schizophrenia; do they travel? *Acta Psychiatrica Scandinavica*, **102** (suppl. 402), 11–14.

Holloway, F. (2001) Invited commentary on: Community mental health team management in severe mental illness. *British Journal of Psychiatry*, **178**, 503–509

__ **& Carson, J. (1998)** Intensive case management for the severely mentally ill. Controlled trial. *British Journal of Psychiatry*, **172**, 19–22.

Peck, E. (1999) Introduction to special section on community mental health teams. *Journal of Mental Health*, **8**, 215–216.

Simmonds, S., Coid, J., Joseph, P., *et al* (2001) Community mental health team management in severe mental illness: a systematic review. *British Journal of Psychiatry*, **178**, 497–502.

Tyrer, P. (2000) The future of the community mental health team. *International Review of Psychiatry*, **12**, 219–225.

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Evidence-based psychiatry within multi-disciplinary clinical teams

The paper by Lawrie *et al* (2001) and letter by Jha (2001) are of considerable interest and importance. The decision by the Royal College of Psychiatrists to introduce the Critical Review Paper as part of the MRCPsych Part II examination stimulated the Psychiatric Tutor and Trust Librarian of Barnet Community Healthcare NHS Trust (now part of Barnet, Enfield and Haringey Mental Health Trust and Barnet Primary Care Trust) to seek funding for posts of clinical librarians. Thames Postgraduate Medical and Dental Education (now the London Deanery) and the North London Consortium for Multi-professional Education (now the North London Confederation for Workforce Development) agreed to provide funding for 1.5 whole-time equivalent clinical librarians and equipment to support this proposal, over a period of 30 months.

The clinical librarians work with 14 multi-disciplinary clinical teams within the Trust. Arrangements differ from team to team but in all cases the clinical librarians visit the teams at their place of clinical work. Priority is given to quick provision of information to clinicians in relation to questions arising out of direct patient contact. Portable information (lap-top computers and CDs) and communication (mobile telephones) technology is used to support this project. All disciplines, not just doctors, are encouraged to make use of this service. The clinical librarians have trained clinical team members to formulate focused clinical questions, use the internet for work and search a collection of databases. Training on critical appraisal is being considered at present.

Trusts have a responsibility to support evidence-based clinical practice by consultants and other members of the multi-disciplinary team. Arguably, a clinical librarian/clinical information specialist should be a new member of the multi-disciplinary mental health team, in the same way that the psychologist, community occupational therapist, the secretary, the manager and others are. The addition of such a member to the team will greatly facilitate mastery of critical appraisal and other evidence-based clinical practice skills, through the routine use and continuous improvement of such skills.

Jha, A. (2001) Evidence-based psychiatry (letter). *British Journal of Psychiatry*, **178**, 575–576.

https://doi.org/10.1192/bjp.179.3.267-a Published online by Cambridge University Press