

Highlights of this issue

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MEASURING OUTCOME OF SCHIZOPHRENIA IN EUROPE

A supplement to this month's *Journal* is devoted to the EPSILON study, a project funded by EU-Biomed to develop standardised instruments for cross-national mental health services research. Eight papers describe the study methodology and the cross-cultural adaptation of outcome measures for schizophrenia. Apart from a great acronym, the output of this project is a set of EU instruments available in five languages.

STIGMA: NO END IN SIGHT

In 1998 the Royal College of Psychiatrists started a 5-year campaign to reduce the stigma of mental illness. Crisp *et al* (pp. 4–7) report the results of a baseline survey in which 1737 people were interviewed regarding their attitudes to seven mental disorders. Apparently the College has a difficult task ahead; over 70% of respondents rated people with schizophrenia, alcoholism or drug addiction as dangerous or unpredictable. There was a widespread view that people with mental illness are hard to talk to, particularly those with severe depression. Surprisingly, personal knowledge of someone with mental illness did not seem to influence the respondents' negative attitudes.

COGNITIVE THERAPY FOR PSYCHOSIS: NO LONG-TERM BENEFIT

Drury *et al* (pp. 8–14) find no overall long-term benefit for cognitive therapy in a

cohort of patients with schizophrenia followed up over 5 years. A subgroup analysis finds some benefit in patients who had no relapse or only one relapse over the follow-up period.

CAUSES OF SCHIZOPHRENIA: JUST ASK THE FAMILY

Understanding the explanatory beliefs of patients and family members about mental illness is essential to improving the quality of clinical care. In a study from China, Phillips *et al* (pp. 20–25) interviewed 245 family members of patients with schizophrenia and identified six causal models. Family members attributed more than 84% of the 'cause' of schizophrenia to social, interpersonal and psychological problems, and less than 12% to biological reasons. Contact with psychiatrists had little effect on changing these beliefs.

THE SUPERVISION REGISTER: WHO NEEDS IT?

Supervision Registers are local registers of patients with severe mental illness identified as being at risk, which were introduced by the UK Government in 1994. Bindman *et al* (pp. 33–37) studied the uses and impact of the Supervision Register policy in a random sample of 14 mental health provider trusts. The most common reason for placing patients on the Register was risk of violence, followed by risk of self-neglect and, lastly, risk of self-harm, although structured assessments of risk were largely absent from case notes. In most cases, clinicians and keyworkers felt that registration had not had any positive impact.

SCHIZOPHRENIA IS NOT DISAPPEARING

It seems that reports of the 'demise' of schizophrenia have been greatly exaggerated! Allardyce *et al* (pp. 38–41) show that changes in diagnostic practice can account for the apparent decline.

FREE QUESTIONNAIRES!

Two useful new questionnaires are introduced in this month's *Journal*. Wilkinson *et al* (pp. 42–46) have developed and validated a self-report quality of life measure for individuals with schizophrenia (SQLS) that takes 5–10 minutes to complete and is very acceptable to patients. Even *et al* (pp. 47–51) present a seven-item checklist for evaluating the quality of blindness protection in placebo-controlled trials.

DRINKING AND THINKING

It appears that moderate intake of alcohol can protect against cognitive deterioration in late life. Cervilla *et al* (pp. 66–71) report this cheerful news from a cohort study of older people with hypertension. Premorbid IQ was the best predictor of good cognitive outcome giving further support to the 'brain reserve' hypothesis.

CHOLESTEROL, IMPULSIVITY AND FISH

Epidemiological studies have found an association between low serum cholesterol and excess mortality from trauma and suicide. Garland *et al* (pp. 77–83) find that this association may be partly mediated by high impulsivity. The authors then speculate that the real culprit may be essential fatty acids, in view of an apparently strong correlation between low fish intake and high rates of depression worldwide!