EDITORIAL

From the editor's desk

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For many mental health professionals, the management of suicide and self-harm remains a daily clinical priority, which can sometimes overshadow clinical work aimed at longer-term recovery. However, the implementation of suicide reduction strategies poses many challenges, and much research is needed to progress the evidence base for suicide prevention. In this issue, multiple strands of suicide management and prevention are explored.

Advances in suicide research are described in the editorial by B.D. Kelly (pp. 95–101), including highlighting the importance of social, clinical and societal measures. Most clinicians will have experience with the many groups that provide support to people at risk of suicide, yet there is a paucity of research on the impact of this work. Conway *et al.* (pp. 113–120) report an evaluation of one such suicide crisis centre, Pieta House, by investigating the recovery-orientation of the service using both client and therapist data. In an evaluation of another voluntary service Lyons *et al.* (pp. 103–112) describe an evaluation of a 6-week Cognitive Behavioural Therapy based programme delivered by Aware (pp. 103–112), who provide interventions, information and support for people experiencing mood disorders.

B.D. Kelly's editorial alludes to the importance of social factors on suicidal behaviours. In a further illustration of the link between social factors and mental health Ullah *et al.* (pp. 127–133) report on the association of violence-related trauma with the presence of dissociative symptoms among a population of third-level students in Pakistan.

In a thought-provoking review article by Gulati *et al.* (pp. 135–142), the results of a narrative systematic review of the literature on ethical considerations for physicians managing hunger strikes in prison environments are presented. Though the circumstances of these ethical issues may be uncommon, the ethical themes are likely to resonate with many others who provide compassionate care for vulnerable people.

Diagnostic classification systems remain the gold standard tool for clinicians to identify effective treatment options for presentations of mental illness; however, current classifications are recognised by many as being imperfect. The pitfalls of these systems are explored in a perspective piece by Huttunen on page 151–152. Keeping pace with change in these systems is a further recognised challenge. Shujah and Mulligan (pp. 143–149) examine the differences between Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association (DSM) IV and DSM-V as relevant to child and adolescent psychiatry, in a piece which provides a useful reading for students as well as experienced clinicians.

Support of diagnosis from reliable biomarkers is a long-desired addition to aid the accurate identification of optimal treatment pathways. In an editorial by J.R. Kelly *et al.* (pp. 89–94) on the Research Domain Criteria, a reconceptualised model for diagnostic classification systems is presented, which focusses on neurobiological measures as well as observable behaviours. This approach aims to aggregate presentations into transdiagnostic dimensional constructs in order to develop biomarkers that guide the delivery of effective treatments. These potential developments in diagnosis are an exciting prospect and could ultimately lead to better mental health care for all.

Conflicts of interest

Martha Finnegan has no conflicts of interest to disclose. John Lyne has no conflicts of interest to disclose.

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