nexus (family therapy, occupational therapy, social support). More broadly, psychiatric public health should address the social matrix at a population level; such a therapeutic framework is provided by the 'ecological public health' articulated by Lang & Rayner (2012), which integrates material, biological, social and cultural aspects in understanding the determinants of disease.

This raises the issue of the purpose of mental health law, which tends to relate to 'risk'. Attention is therefore narrowed to individuals, but this forecloses consideration of those social factors that have brought a person before the law or a mental health review tribunal.

There are examples in medicine of the health-promoting use of law, such as the restriction of tobacco advertising and in Scotland the minimum pricing of alcohol. The Marmot review found social inequality to be detrimental to physical *and* mental health (Marmot *et al*, 2010). Perhaps greater public funds should be dedicated to policies or laws that modify the 'meaningful' aspects of the social matrix in the promotion of mental well-being.

## References

Bennett, M., Dennett, D., Hacker, P., et al (2007) Neuroscience and Philosophy: Brain, Mind, and Language. Columbia University Press.

Bourget, D. & Chalmers, D. (2009) Philpapers survey, at http://philpapers.org/surveys/results.pl (accessed March 2003).

Boydell, J. & Allardyce, J. (2011) Does urban density matter? In Schizophrenia: The Final Frontier – A Festschrift for Robin M. Murray (eds A. S. David, S. Kapur & P. McGuffin), pp. 275–278. The Maudsley Series. Psychology Press.

**Chalmers, D. (2003)** Consciousness and its place in nature. In *Blackwell Guide to the Philosophy of Mind* (eds S. Stich & T. Warfield), pp. 102–142. Blackwell.

Clark, A. (2011) Supersizing the Mind: Embodiment, Action and Cognitive Extension. Oxford University Press.

Fulford, K. W. M. (1998) Dissent and dissensus: the limits of consensus formation in psychiatry. In *Consensus Formation in Healthcare Ethics* (eds H. A. M. J. ten Have & H-M. Saas), pp. 175–192. Philosophy and Medicine Series. Kluwer Academic.

Gazzaniga, M. & Steven, M. S. (2005) Neuroscience and the law. Scientific American Mind, 16, 44.

**Ghaemi, S. N.** (2009) The rise and fall of the biopsychosocial model. *British Journal of Psychiatry*, 195, 3–4.

Lang, T. & Rayner, G. (2012) Ecological public health: the 21st century's big idea? *BMJ*, 345, 17–20.

Marmot, M. G., Allen, J., Goldblatt, P., et al (2010) Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post-2010. At http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review (accessed March 2003).

McDowell, J. (1996) Mind and World. Harvard University Press.

McQueen, D. & St John Smith, P. (2012) Placebo effects: a new paradigm and relevance to psychiatry. *International Psychiatry*, 9, 1-3.

Panksepp, J. (2012) The philosophical implications of affective neuroscience. *Journal of Consciousness Studies*, 19, 6–48.

Wilkinson, R. & Pickett, K. (2010) The Spirit Level: Why Equality Is Better for Everyone. Penguin Books.



## Health and homosexuality: a world-view

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Behavioural and Brain Sciences Unit, Institute of Child Health, London, UK, email d.skuse@ Amid the current controversy in the UK about whether or not homosexual couples should be allowed to marry in church, it is all too easy to lose sight of the fact that in most countries the mere admission that one's erotic fantasies are directed towards the same sex could bring about social opprobrium, discrimination or even death.

Hanneke van den Akker and colleagues present an important analysis of health and happiness among homosexual couples in European countries. Their report is based on data gathered from households by the European Social Survey of over 30 countries; remarkably, only 9 countries could provide responses from more than 50 couples living in a same-sex relationship. The implication is that in many European countries it would not be acceptable to admit, even in a survey of this type, that one's living arrangements reflect homosexuality. Their findings are provocative and indicate the need for a deeper understanding of the social adjustments such couples have to make, even in relatively enlightened countries such as the UK, Denmark and the Netherlands.

We were delighted to receive from Hong Kong a report about attitudes towards homosexuality among Chinese people, provided by Joseph Wu and Diana Kwok. The attitudes in question, surveyed among medical students and social work students, were surprisingly negative – especially among those with professed Christian beliefs. Sadly, it appears stereotyping and homophobia are endemic in school counselling services too. Unsurprisingly, the net effect of this prejudice on the mental health of people with a homosexual preference leads to a reduced quality of life.

Finally, we present a review of attitudes to people from sexual minorities in Africa, prepared by Marc Epprecht. We hear much about the serious risk of harm to people in some African countries who admit their sexual orientation is unconventional. Not all countries on that diverse continent are as intolerant as Uganda, and some – such as Botswana, Mozambique and Malawi – are acting to protect such minorities from discrimination. On the other hand, it is chilling to learn that neo-conservative Christian groups in the USA are providing money to Africans who want to force sexual conversion on deviants, reviewed in a report (available to download) entitled *Colonizing African Values*, by Dr Kapya Kaoma, an Anglican priest.