

Highlights of this issue

By Kimberlie Dean

Health and social outcomes of mental disorder – employment, education, mortality

There is a focus on examining health and social outcomes for those with a range of mental disorders in the *Journal* this month. In a large sample of individuals with schizophrenia living in rural and urban areas of China, Yang *et al* (pp. 272–279) found that employment rates were higher among those living in rural settings, despite similar levels of impairment due to symptoms when compared with the urban group and reduced levels of access to treatment. The study authors reflect in their conclusions on the sociocultural factors likely to explain the employment advantage seen in rural China, where employment may be less organised, less competitive and provide more low-skill working opportunities. In a linked editorial by Boardman & Rinaldi (pp. 247–249), difficulties identified with the implementation of individual placement and support (IPS) schemes, despite evidence of effectiveness, are discussed. The authors comment on the need to see IPS schemes integrated into mental health services and employment rates considered routine measures of outcome for such services.

Washbrook *et al* (pp. 265–271) have examined the relationship between pre-school hyperactivity/inattention and conduct problems and later academic outcomes. Utilising data from the ALSPAC study and after adjusting for a range of potential confounders, the authors found that parent-rated behavioural problems measured at age 3 were negatively associated with GCSE results at age 16 years. Adverse effects were seen for both males and females but while both hyperactivity/inattention and conduct problems were predictive for boys, only the latter were important for girls. Of the other factors considered, child IQ, parental education and social class also appeared to have major effects on academic outcomes.

Two papers in the *Journal* this month focus on mortality outcomes of mental disorder. Using data from a national cohort study of all Swedish adults over the period 2001–2008, Crump *et al* (pp. 297–302) found an association between accidental death and psychiatric diagnosis. Risk was particularly high for those with personality disorder and dementia but was also apparent across the full range of diagnostic groups. Accidental death was noted to be more common than suicide. In a community-based

study of elderly people, Carrière *et al* (pp. 303–309) found that mortality risk for women was elevated for those with anxiety disorder, and generalised anxiety disorder in particular, but no associations were found for men. The authors postulate a role for endocrine factors in explaining the gender-specific effect found.

Also related to the theme of health and social outcomes of mental disorder, an editorial by McNamee *et al* (pp. 239–241) addresses the poor life expectancy and low physical activity levels noted for those with schizophrenia. The authors call for evidence-based interventions to increase activity and improve health outcomes.

Evidence for interventions – dynamic group psychotherapy, treatments for mild cognitive impairment, and anger management in intellectual disability

In a randomised controlled trial of short- and long-term dynamic group psychotherapy for out-patients with mood, anxiety and personality disorders, Lorentzen *et al* (pp. 280–287) found that patients in both groups made significant gains but a larger improvement in symptoms over time was associated with long-term treatment. No difference was seen for outcomes related to interpersonal problems and psychosocial functioning. In a systematic review of studies of treatment for mild cognitive impairment, Cooper *et al* (pp. 255–264) identified 41 randomised controlled trials and found overall that there was no replicated evidence for any effective intervention. Cholinesterase inhibitors and rofecoxib were not found to be effective in preventing dementia. The authors call for further research and identify group psychological interventions and trials of piribedil as potentially important candidates for evaluation.

Anger and aggression are known to be problems for many people with intellectual disability and can be associated with a range of negative consequences for them, their carers and the professionals supporting them. Wilner *et al* (pp. 288–296) undertook a cluster randomised controlled trial of a group-based cognitive-behavioural anger management intervention for those with mild to moderate intellectual disabilities and found evidence of effectiveness across a range of self-reported and keyworker-reported outcomes. The authors commented on the evidence confirming that staff involved in the care of this patient group can be trained to deliver the intervention. In a linked editorial by Hastings (pp. 245–246), a call is made for research to focus on the rapid generation of evidence to support ‘close-to-market’ interventions and the need to develop treatments to address the mental health needs of those with more severe disability.