

BJPpsych

The British Journal of Psychiatry

**Psychopathology as
the basic science
of psychiatry**

Giovanni Stanghellini
& Matthew Broome

**The psychiatric
ward as a
therapeutic space**

Constantina Papoulias
& Emese Csipke *et al*

**Impact of the diagnostic
changes to post-traumatic
stress disorder for DSM-5
and the proposed changes
to ICD-11**

Meaghan O'Donnell *et al*

**Suspicious young
minds: paranoia and
mistrust in 8- to
14-year-olds in the UK
and Hong Kong**

Keri Wong *et al*



BJPsych

Contents

- A9 Editorial Board
A11 Highlights of this issue

Editorial

- 169 **Psychopathology as the basic science of psychiatry**
G. Stanghellini and M. R. Broome

Review article

- 171 **The psychiatric ward as a therapeutic space: systematic review**
C. Papoulias, E. Csipke, D. Rose, S. McKellar and T. Wykes

Papers

- 177 **Discharges to prison from medium secure psychiatric units in England and Wales**
M. Doyle, J. Coid, L. Archer-Power, L. Dewa, A. Hunter-Didrichsen, R. Stevenson, V. Wainwright, C. Kallis, S. Ullrich and J. Shaw
- 183 **Cancer incidence in people with affective disorder: nationwide cohort study in Taiwan, 1997–2010**
Y.-N. Hung, S.-Y. Yang, M.-C. Huang, F.-W. Lung, S.-K. Lin, K.-Y. Chen, C.-J. Kuo and Y.-Y. Chen
- 189 **Behavioural and psychiatric symptoms in people with dementia admitted to the acute hospital: prospective cohort study**
E. L. Sampson, N. White, B. Leurent, S. Scott, K. Lord, J. Round and L. Jones
- 197 **Mental and physical illness in caregivers: results from an English national survey sample**
L. Smith, J. Onwumere, T. Craig, S. McManus, P. Bebbington and E. Kuipers
- 204 **Functional connectivity and grey matter volume of the striatum in schizophrenia**
K. Koch, O. G. Rus, T. J. Reeb, C. Schachtzabel, G. Wagner, C. C. Schultz, C. Sorg and R. G. M. Scholter

- 213 **On Bereavement: Studies of Grief in Adult Life by Colin Murray Parkes – reflection**
Jan Oyeboode

- 214 **Starting lithium prophylaxis early v. late in bipolar disorder**
L. V. Kessing, E. Vradi and P. K. Andersen

- 220 **To L.H.B. (1894–1915) – poem**
Katherine Mansfield

- 221 **Suspicious young minds: paranoia and mistrust in 8- to 14-year-olds in the UK and Hong Kong**
K. K. Wong, D. Freeman and C. Hughes

- 229 **Arjuna and Job: depression relieved by submission to gods – psychiatry and sacred texts**
John Scott Price and Russell Gardner Jr

- 230 **Impact of the diagnostic changes to post-traumatic stress disorder for DSM-5 and the proposed changes to ICD-11**
M. L. O'Donnell, N. Alkemade, A. Nickerson, M. Creamer, A. C. McFarlane, D. Silove, R. A. Bryant and D. Forbes

- 236 **Using generic preference-based measures in mental health: psychometric validity of the EQ-5D and SD-6D**
B. Mulhern, C. Mukuria, M. Barkham, M. Knapp, S. Byford, D. Soeteman and J. Brazier

Short reports

- 244 **ANK3 gene expression in bipolar disorder and schizophrenia**
K. V. Wirgenes, M. Tesli, E. Inderhaug, L. Athanasiu, I. Agartz, I. Melle, T. Hughes, O. A. Andreassen and S. Djurovic
- 246 **Economic suicides in the Great Recession in Europe and North America**
A. Reeves, M. McKee and D. Stuckler

Columns

- 248 Correspondence
249 Retraction
249 Contents of *Advances in Psychiatric Treatment*
250 Book reviews
253 Contents of the *American Journal of Psychiatry*
254 Kaleidoscope

- 255 **The temperance movement – in 100 words**
Iain D. Smith

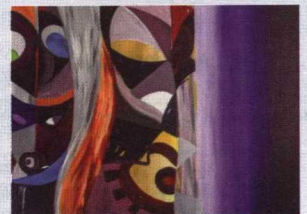
- 256 From the Editor's desk

Cover picture

Good Grief (2008, acrylic on board).
Neil Shah (b. 1985)

Dr Neil Shah is a psychiatry trainee working in East London. He has won awards for his artwork. He writes of this painting: 'Grief should be experienced naturally and should not be medicalised. It is a natural process; thus it is 'good' to grieve. The bold colours in the picture serve to challenge the negative stigma associated with grief. I wanted the piece to be attractive and to demonstrate that grieving people should not be ostracised. The two faces with contrasting colours represent the different aspects of grief. The distorted shapes are meant to illustrate that grief does not always follow a set course. Ultimately, I think that patients experiencing grief should do so naturally and be allowed to recover without the need for medication'.

We are always looking for interesting and visually appealing images for the cover of the *Journal* and would welcome suggestions or pictures, which should be sent to Dr Allan Beveridge, British Journal of Psychiatry, 21 Prescot Street, London E1 8BB, UK or bjp@rcpsych.ac.uk.



Highlights of this issue

By Sukhwinder S. Shergill

Paranoia, psychopathology and PTSD

The presence of paranoid thoughts is not exclusive to clinical disorder; recent data suggest that their prevalence follows an exponential-shaped curve, with many people experiencing a few such thoughts, while a few people experience many such thoughts. Wong *et al* (pp. 221–229) found that this exponential curve was also evident in their assessment of paranoid thoughts in children, but the frequency of these paranoid thoughts decreased with increasing age. They found similar rates of paranoid thoughts in children in Hong Kong and the UK, who demonstrated higher levels of suspiciousness at school relative to home, and both countries showed strong correlations with anxiety symptoms. However, in the UK suspiciousness at home was strongly linked to aggression. This study of symptoms is an example used to demonstrate the value of psychopathology to psychiatry; an editorial by Stanghellini & Broome (pp. 169–170) makes the point that psychopathology consists of more than the evaluation of symptoms; it also has a person-oriented focus. Taken together, psychopathology describes the person's experience, in relationship both to themselves and to the world. They make a case for the centrality of psychopathological examination, based on an emphasis of form over content, as the core of psychiatric practice. The importance of this focus on psychopathology and symptoms is made crystal clear in the differences observed in the prevalence of post-traumatic stress disorder (PTSD) within the same sample, depending on the classification used – the DSM-5 or the new proposed criteria for ICD-11. Each of these two systems identified a proportion of people with PTSD that was not identified by the other – and thus revealed a significant difference in the prevalence of PTSD as assessed by the different classification systems. O'Donnell *et al* (pp. 230–235) point out the problems of this discrepancy, particularly for international research on PTSD.

Lithium and cancer in affective disorders, and carers' well-being

Lithium is widely indicated as a first-line treatment for the prophylaxis of bipolar disorder but there is some doubt as to when this prophylaxis should commence. Kessing *et al* (pp. 214–220) demonstrate that patients who started their lithium prophylaxis earlier in their illness demonstrated better outcomes, as indexed by decreased frequency of hospitalisation and increased use of lithium monotherapy. Given the robust data supporting the use of lithium in prophylaxis, the authors suggest that early treatment, started after the first episode of illness, is likely to improve long-term response to lithium. Bipolar disorder and depressive illness are associated with significant comorbidity, including poorer physical health outcomes. Hung and colleagues (pp. 183–188) show that risk of cancer is elevated in patients with affective disorder, with a greater increase in depressive illness compared with bipolar disorder. The authors suggest that there needs to

be a specific focus on lifestyle behaviours in patients with affective disorder, in order to attenuate the risk of cancer. There is an enormous burden of care, often provided informally, by carers of patients with both physical and mental illness. Smith and colleagues (pp. 197–203) found that one in four people was caring for somebody, and that this caregiving role was associated with poorer mental health outcomes, with a dose effect in relation to the time spent in caregiving activity. The authors suggest that there is a need for a national strategy to identify and engage caregivers at an early stage in order to offer targeted information and support.

Space, striatum and secure units

In-patient psychiatry bed numbers have reduced over the years, initially as a response to a renewed focus on treatment in the community, and again more recently, putatively as a consequence of economic circumstances. However, the current level of overcrowding and bed shortages have indicated that the pendulum may have swung too far in this direction, and there is an argument for expansion of in-patient provision. Unfortunately, there is a dearth of data assessing the optimal design of in-patient units, to facilitate positive outcomes in mental health. Papoulias and colleagues (pp. 171–176) performed a systematic review of the psychiatric ward as a therapeutic space and identified a lack of robust data linking design to outcomes; however, they report that the presence of private spaces and a homely environment within the unit may contribute to increased social interaction and patient well-being. The authors discuss the different mechanisms, both explicit and implicit, through which the environment interacts with the patient to contribute to well-being. The striatum is a brain region traditionally associated with well-being, though more conventionally linked to feedback and reward processing, both of which have been demonstrated to be impaired in schizophrenia. Koch and colleagues (pp. 204–213) use neuroimaging to show that the connectivity of the striatum in schizophrenia is reduced in key cortical areas relative to controls. This reduction correlated positively with the volume of the striatum and inversely with the magnitude of negative symptoms. Interestingly, this is also the site of action of most of our antipsychotic medications. Medium secure forensic services were created to facilitate step-down in care from high secure hospitals on the pathway towards community care. The mean length of stay of patients in medium secure units has progressively increased, and is positively associated with poor treatment response, presence of restriction orders and fewer discharge placement options. Doyle and colleagues (pp. 177–182) found that over 20% of patients discharged from medium score units were discharged back to prison, double the figure 15 years ago. These patients returning to prison were characterised as posing a higher risk to others, being more symptomatic, more likely to have a personality disorder and less motivated to engage with treatment. The authors question whether this transfer from and back to prison is an effective use of medium secure resource and discuss alternatives such as enhancing in-prison services for this group – as well as highlighting the urgent need for greater liaison between prison and medium secure working.

Finally, the new Kaleidoscope section (pp. 254–255) brings scientific colour from outside the *BJPsych* into our readers' view.