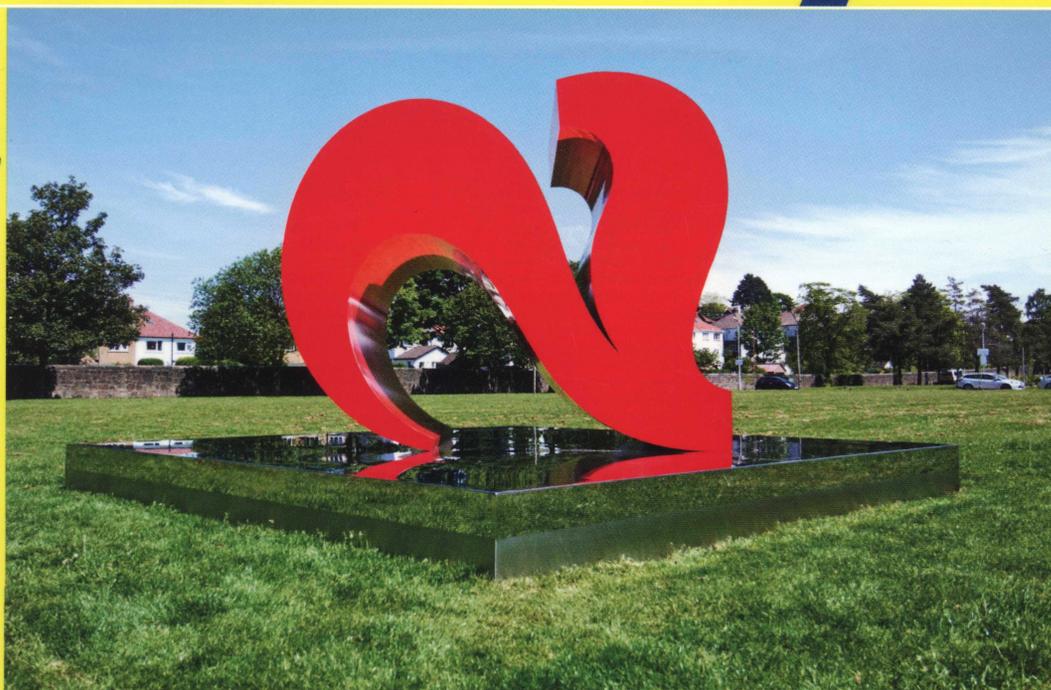


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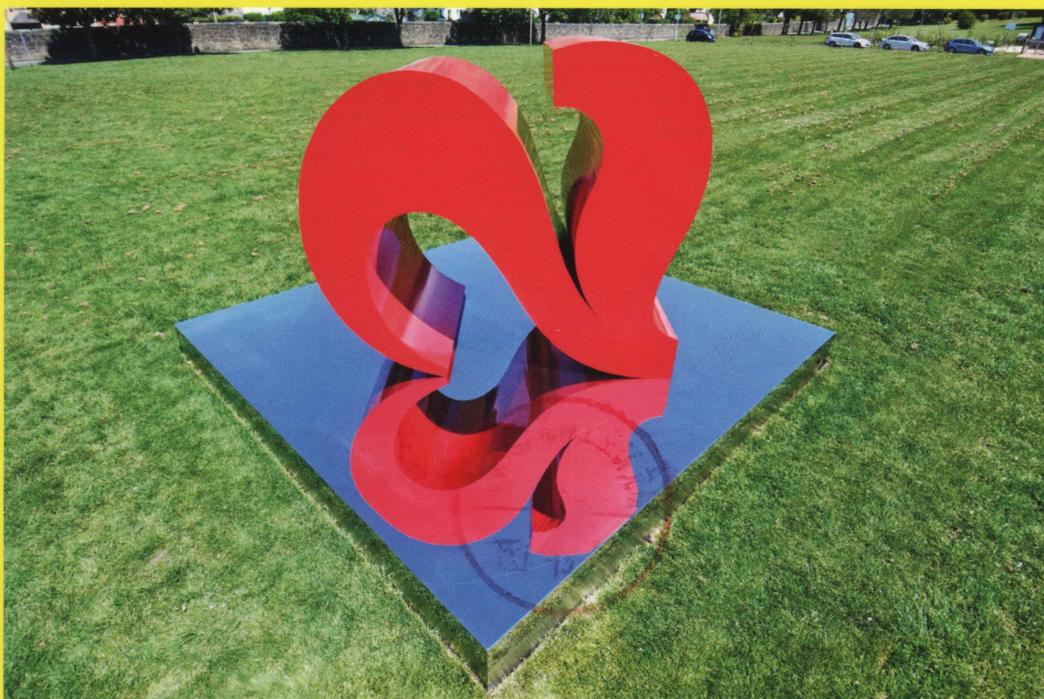
The British Journal of Psychiatry



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Cover picture

Two Hearts (2015)

by Jephson Robb (b. 1970)

Robb was commissioned by NHS Greater Glasgow and Clyde through Gartnavel Royal Hospital's 'Art in the Gart' initiative to design a sculpture to mark the 200 years since the opening of Glasgow's first asylum in 1814. The work (comprising *Two Hearts* and *Sun and Moon*, see next month's *BJPsych*) was unveiled on 27 May 2015 by staff and patients. This was part of a year-long series of creative and interactive activities to celebrate the bicentenary.

Robb spent 6 weeks at Gartnavel Royal Hospital; the hospital staff enabled him to access all wards and grounds to gain insights from patients and staff. In addition he researched the history of mental health, and its constant companion, the stigma of mental illness. He concluded that despite many mistakes, the pursuit of better care of the mentally ill had been paramount. He felt it was not possible to see 200 years of mental healthcare from any single point of view; rather, he proposed that not one but two sculptures should be placed at different locations within the hospital.

Two Hearts is a large red 2 sitting on a 4 m² mirror polished plinth, with an overall height of 2.5m. The 2 makes reference to 200 years but rotated counter-clockwise through 90° the 2, normally a familiar shape, is transformed into a new form. Only by adjusting their viewpoint does the viewer recognise the familiar. Mental illness can have a similar effect, quickly transforming the familiar into the unfamiliar, stripping away that by which we would normally identify ourselves or another person. The sculpture asks us to adjust our way of seeing when dealing with mental illness.

Even in its altered position the 2 is still very much a 2 just as anyone with a mental illness is still very much a human being of equal value. Viewed from close range on either side, the 2 is reflected in the plinth, creating a heart shape that symbolises the love and care that Robb noted when working among staff and patients in the hospital.

Thanks to Jephson Robb, Dr Anne Nightingale, Dr Iain Smith, Ms Fiona Sinclair and Mr Colin McCormack.

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 Kimberlie Dean

Challenging accepted notions

Several papers in the *BJPsych* this month present findings that challenge accepted notions in psychiatry, and one paper focuses specifically on the extent to which the findings of highly cited papers are subsequently replicated. Tajika *et al* (pp. 357–362) identified highly cited studies claiming evidence of effective treatments reported in a range of high-impact general medical and psychiatric journals. Following the progress of attempts at replication in the literature over 10 years, the authors found almost half had not been subject to any attempt at replication (40 of 83), 16 were contradicted and 11 were found to have substantially smaller effects. The authors advise readers to exercise caution when interpreting the significance of studies reporting large treatment effects on the basis of small study samples, even if the studies are published in high-impact journals and are highly cited.

Challenging the notion that stigma is the explanation for the reluctance of military personnel to seek treatment for mental ill health, Adler *et al* (pp. 346–350) found evidence to support a broadening of the conceptualisation of barriers to and facilitators of mental healthcare and, in particular, found an important preference for self-management among surveyed US soldiers. In the field of interventions for mental health vocational rehabilitation, the effectiveness of individual placement and support (IPS) is well accepted. However, its implementation has been limited by the requirements for time-unlimited support and fixed case-loads. Burns *et al* (pp. 351–356) challenge the essential nature of these requirements and find that IPS-LITE (time-limited) is equally effective to IPS and, the authors argue, may be more cost-effective.

Also challenging current notions are arguments made in favour of applying a developmental perspective to psychiatric classification in an editorial by Hall & Owen (pp. 281–282), while Castle and Singh (pp. 288–292) debate the current notion that separate early intervention in psychosis is still the best option.

Recognising the impact of personality disorder

Three papers in the *BJPsych* this month highlight the impact of personality disorder – on mortality, psychosocial morbidity and outcomes following adolescent self-harm. Using nationwide register-based data, Björkenstam *et al* (pp. 339–345) explored the cause-specific mortality excess for those with in-patient-treated personality disorder. All-cause mortality was found to be increased for those admitted to hospital with a primary diagnosis

of personality disorder, for all clusters of personality disorder and for both natural and unnatural causes of death. The authors found little difference between clusters of personality disorder, at least with respect to natural causes of death. Zimmerman *et al* (pp. 334–338) undertook to compare the psychosocial morbidity associated with borderline personality disorder compared with bipolar disorder, a comparison justified on the basis of apparent clinical similarities between the two disorders but with a stronger emphasis on the public health necessity of improving detection and treatment for the latter. In a sample of patients recruited from a community-based out-patient practice, those with borderline personality disorder were found to have levels of psychosocial morbidity at least as high as those with bipolar disorder; higher levels of comorbidity, historical substance use disorder, suicidal ideation, and historical suicide attempts, among other factors, were identified for those diagnosed with borderline personality disorder.

Ayodeji *et al* (pp. 313–319) found that 60% of adolescents referred following repeated self-harm demonstrated evidence of one or more forms of personality disorder and that the presence of personality disorder was associated with negative outcomes at 1 year. The authors call on clinicians to consider underlying personality disorder in adolescents presenting with self-harm in order to inform treatment decisions and argue that such diagnostic information can be reliably obtained in this group, even though adulthood has not been reached. Interestingly, another paper in the *BJPsych* this month focused on self-harm in adolescence and found an association with sleep problems, an association which persisted after depressive symptoms were accounted for (Hysing *et al*, pp. 306–312).

Eating disorders: oral health and gender-specific risk factors in young people

In a systematic review and meta-analysis, Kisely *et al* (pp. 299–305) found that patients with an eating disorder were more likely to suffer a range of dental problems, with dental erosion being the most commonly encountered problem and with a further increased risk of this outcome being associated with self-induced vomiting. The authors of the review comment on the likelihood that dentists may sometimes be the first clinicians to suspect an eating disorder and that mental health clinicians need to be more aware of the oral health consequences of eating disorders. Utilising data from the Avon Longitudinal Study of Parents and Children, Micali *et al* (pp. 320–327) found that risk factors for adolescent eating disorder behaviours and cognitions were gender-specific – for example, childhood body dissatisfaction strongly predicted eating disorder cognitions in girls but only in interaction with body mass index in boys. The authors call for a targeted rather than universal approach to prevention strategies given the differences found in risk–outcome associations by gender and weight status.