BJPsych The British Journal of Psychiatry (2020)
217, A43. doi: 10.1192/bjp.2020.187

# Highlights of this issue

Edited by Rahul (Tony) Rao

Psychiatry is no stranger to the alleviation of mental suffering in vulnerable and marginalised populations. It provides an anchor of hope to those who have experienced trauma following natural disasters and to those uprooted by war and persecution. But it does not end there. Trauma is multifaceted and includes adverse experiences in childhood, as well as abuse and neglect. As we cast our eye across the range of research on this research terrain, the stage is set for an immersion into this week's highlights section.

Before we address the major themes of trauma and stress that shape this issue, the Editorial by Corrigan (pp. 595–596) opens our minds to the role of faith groups in inclusivity for people with mental illness. Differences should be respected. There should be dignity in celebrating such differences, so that shame is replaced with pride and a more open discussion about what it is to be different.

## The stable door

The wide-ranging impact of emotional abuse and neglect across both high- and low-income countries has been considerably overlooked in research. In an Editorial by Kumari (pp. 597–599), the author raises the profile of this underexplored domain. The area is ripe for further development. This includes examining psychobiological associations across individual mental disorders, early identification, prevention and public education.

In a similar vein, Günak et al (pp. 600–608) undertook what is probably the first published meta-analysis to evaluate the relationship between post-traumatic stress disorder (PTSD) and subsequent development of dementia. Based on studies adding up to a total of almost two million participants with long follow-up periods, they found the risk of dementia to be twice as likely in people with PTSD compared with those without this diagnosis. An association worthy of further exploration.

## Trauma and disaster

Imagery rescripting (ImR) and eye movement desensitisation reprogramming (EMDR) offer difference approaches to the treatment of PTSD. In a study of 155 participants with PTSD from childhood experiences, Boterhoven de Haan et al (pp. 609–615), found no difference in clinical effectiveness between ImR and EMDR. But both treatments had large effect sizes for the reduction of PTSD symptoms and showed lower drop-out rates than comparable studies.

Problem Management Plus (PM+) is based on well-established principles of problem-solving and behavioural techniques in the treatment of common mental health problems. Within a post-conflict setting in Pakistan, Hamdani et al (pp. 623–629) found the PM+ intervention to be more effective but also more costly than enhanced usual care in reducing symptoms of anxiety and depression. The intervention was five times more costly for treating one person with depression, compared with modelled costs of training and supervision by local trainers. It could be a price worth paying to improve mental health at a population level.

Can we develop psychological immunity to trauma through the development of resilience? Fernandez et al (pp. 630–637) attempted to answer this following the 2010 Chilean earthquake disaster. People who had experienced prior stressors were hypothesised to have a lower risk of PTSD and/or major depressive disorder (MDD) following the disaster. They found exactly the opposite. Because a history of pre-disaster stressors increased the risk of developing post-disaster PTSD and/or MDD, it is likely that this Chilean sample had experienced 'stress sensitisation'. However, when stressors were categorised, only participants who experienced more than four stressors had higher odds of developing post-disaster PTSD.

## Stress and distress

Social resources can be key to prevention for mental disorders. Sehmi et al (pp. 638–644) investigated the concurrent and longitudinal contribution of higher levels of social resources in reducing the risk of mental health symptoms in middle age after exposure to stress. The authors found that higher than average levels of social resources were required to confer benefits to mental health among individuals exposed to high stress levels. This has implications for interventions such as social skills training and social inclusion both in mid-life and during early childhood development.

We end this Highlights section on the theme of nature and nurture. Self-efficacy can be a modifying factor in reducing the severity of likelihood of mental disorder in people with trait anxiety. An elegant study by Schiele et al. (pp. 645–650) found that self-efficacy did not reduce anxiety in individuals homozygous for the T allele of the *NSR1* gene but did so for those homozygous for the less active A allele. Both are known to be genetic determinants of anxiety in people with trait anxiety from childhood adversity. General self-efficacy is a target worth considering in the delivery of preventive interventions in at-risk individuals, to raise the threshold in the development of anxiety disorders.



https://doi.org/10.1192/bjp.2020.187 Published online by Cambridge University Press