

measures, and one would like to know how the results might have been affected by including them.

SAMUEL B. GUZE

*Department of Psychiatry,
Washington University School of Medicine,
St Louis, Missouri, USA*

CHEAPER CARE OF PARASUICIDES

DEAR SIR,

The paper by Newson-Smith and Hirsch (*Journal*, April 1979, 134, 335-42) appears to show that social workers can be about as effective as psychiatrists in screening parasuicides, and closely follows reports by Gardner and others (1977, 1978) that briefly trained house physicians can also match psychiatrists in this endeavour. Does this mean that special psychiatric services of the kind originally recommended in the Hill Report (Central Health Services Council, 1962) and developed in Regional Poisoning Treatment Centres are expensive luxuries?

We wish to draw attention to the fact that psychiatrists in Charing Cross Hospital and in Cambridge, who were emulated so well by social workers or house physicians, were very generous in their offers of further psychiatric treatment and did not leave much margin for error.

Psychiatric (and social work) after-care recommended for parasuicides by psychiatrists

	% In- patient	% Out- patient (social worker only)	% None
Cambridge (Gardner <i>et al</i> , 1978)	20	49 (8)	31
Charing Cross Hospital (Newson-Smith and Hirsch, 1979)	27	65 (13)	8
Edinburgh R.P.T.C. (unpublished report, 1977)	10	32 (14)	58

Compared with psychiatrists at the Edinburgh Regional Poisoning Treatment Centre (R.P.T.C.) they recommended twice as many patients for in-patient psychiatric treatment and twice as many for out-patient follow-up. It is very unlikely that these large differences in the utilization of expensive

psychiatric resources can be explained by differences in the patient populations. Where is the saving?

It seems that the psychiatric services for parasuicides in these other centres largely depend on junior psychiatrists, who share out the work and have other commitments, and therefore have diluted experience and supervision. In Edinburgh most parasuicides are also assessed by a junior psychiatrist, but he has a major commitment to the R.P.T.C. for six months, where he is trained and supervised by two consultant psychiatrists who have a special interest in this area. They have learnt over the years to be much more selective and sparing in the use of psychiatric after-care for their annual 2,000 patients, most of whom are not mentally ill. Meanwhile, the repetition rate has not increased.

If less experienced colleagues refer on 60-80 per cent of parasuicides, the psychiatrist might as well see them all in the first place. The Edinburgh model may be cheaper.

PETER KENNEDY
IAN OSWALD

*University Department of Psychiatry,
Edinburgh*

References

- GARDNER, R., HANKA, R., O'BRIEN, V. C., PAGE, A. J. F. & REES, R. (1977) Psychological and social evaluation in cases of deliberate self-poisoning admitted to a general hospital. *British Medical Journal*, *ii*, 1567-70.
- — — — — EIVSON, B., MOUNTFORD, P. M., O'BRIEN, V. C. & ROBERTS, S. J. (1978) Consultation-liaison scheme for self-poisoned patients in a general hospital. *British Medical Journal*, *ii*, 1392-4.
- CENTRAL HEALTH SERVICES COUNCIL (1962) *Emergency Treatment in Hospital in Cases of Acute Poisoning*. London: H.M.S.O.

A CONTAGION HYPOTHESIS

DEAR SIR,

This brief report of a small explorative study may be of interest. A simple socio-metric method was used to determine whether the high prevalence of reported emotional disturbance in an all-female student hall of residence was to some extent the result of case-to-case spread.

Nearly 90 per cent of the 155 residents returned a questionnaire and 23 per cent of respondents answered in the affirmative to the question 'Have you been emotionally disturbed or nervously unwell since the beginning of term?' (Two large psychiatric morbidity surveys in the same university had shown that a positive answer to this question was highly correlated with medically detected psychiatric morbidity and poor academic performance). The students were

asked to nominate the three people in the hall of residence with whom they had had most social contact and in each case to indicate whether that person was considered a 'close friend'. The Eysenck Personality Inventory was also included in the questionnaire because Moss and McEvedy (1966) had found that 'Neuroticism' and 'Extraversion' influenced susceptibility in the epidemic of hysteria which they studied.

Nominated friends	Nominating students	
	Emotionally disturbed	Not disturbed
	n = 30 students with 3 nominations each	n = 103 students with 3 nominations each
(a) Emotionally disturbed		
None	15 (50%)	58 (56%)
One	10 (33%)	33 (32%)
Two or three	5 (17%)	12 (12%)
(b) Reciprocated relationships		
None	7 (24%)	22 (21%)
One	10 (33%)	35 (34%)
Two or three	13 (43%)	46 (44%)

Emotionally disturbed students did not nominate proportionately more students who were also disturbed than students who denied any disturbance (see Table (a)). This was also true when the analysis was confined to 'close friends' only. Nor were the mean 'N' and 'E' scores of the nominated friends of emotionally disturbed students significantly different from those of the friends of students who denied any disturbance.

There was no evidence that emotional disturbance impaired peer relationships. Emotionally disturbed students did not perceive fewer of their nominated contacts as 'close friends', and they had their nominations reciprocated as often as those who denied any emotional disturbance (see Table b)).

Since the dancing manias of the Middle-ages it has been recognized that mental disturbances can be communicable. Brief outbreaks of epidemic hysteria still occur occasionally, and on the basis of epidemiological evidence it has been suggested that the rapid rise in the rates of parasuicide may be due in part to case-to-case spread (Kreitman, Smith and Tan, 1969). Young females are believed to be most

susceptible to case-to-case spread. Yet there is no evidence from this study that they affect each other with less dramatic and more common forms of emotional disturbance. It is true that mundane neurotic symptoms are found with excessive frequency in the spouses of neurotic patients, but of course relationships between these students were very different from marital relationships in duration, intimacy and role sharing, to name but a few factors which may favour transmission of symptoms.

When almost a quarter of a population report that they have been 'nervously unwell or emotionally disturbed' and yet there is no evidence of associated impairment in their peer relationships, it can only be assumed that the disturbance in the majority was mild. This prevalence rate is of the same order as that found in the large field surveys of psychiatric morbidity carried out in the late fifties and early sixties by Taylor and Chave (1964) for example, the significance of whose findings have remained controversial. Perhaps transiently unhappy people are a little too ready to label themselves 'unwell' or 'disturbed'.

In conclusion, there is no evidence that common forms of emotional disturbance which are neither severe nor dramatic spread within social networks of young adults living together.

PETER F. KENNEDY

Edinburgh University Department of Psychiatry,
Morningside Park,
Edinburgh EH10 5HF

References

- KREITMAN, N., SMITH, P. & TAN, E. S. (1969) Attempted suicide in social networks. *British Journal of Preventive and Social Medicine*, 23, 116-23.
- MOSS, P. D. & MCEVEDY, C. P. (1966) An epidemic of overbreathing among schoolgirls. *British Medical Journal*, ii, 1295-1300.
- TAYLOR, S. & CHAVE, S. (1964) *Mental Health and Environment*. Longmans.

CORRECTION

In the paper 'Averaged Evoked Responses in Relation to Cognitive and Affective State of Elderly Psychiatric Patients' by Elaine Hendrickson, Raymond Levy and Felix Post (*Journal*, May 1979, 134, 494-501) Table III on p. 498, column 9 should read 1.0, 0.93, 0.85 and in column 10 the last figure should be 0.96.