Highlights of this issue

By Kimberlie Dean

Isn't there an 'app' for that?

Three papers in the *BJPsych* this month address the opportunities and challenges arising from the emergence of mental health interventions utilising new technologies. Hill *et al* (pp. 65–69) present an analysis of the challenges of developing online and smartphone-application-based psychological interventions. They consider the range of development options, from industry-led to in-house development within the health or university sectors, and highlight a concern that digital developments are outpacing the process of rigorous scientific evaluation, leaving the clinical and academic communities lagging behind. The authors detail a range of recommendations for clinicians and academics working in the field to ensure that, with careful planning and better collaboration, the e-therapies developed are engaging, acceptable, evidence-based, scalable and sustainable.

Computerised cognitive–behavioural therapy (cCBT), one of the earliest and best tested of the digital adaptations of psychological interventions, has been modified for adults with intellectual disability and evaluated in a randomised controlled trial (RCT) by Cooney *et al* (pp. 95–102). They found that the CBT computer game *Pesky Gnats: The Feel Good Island* had a positive impact on anxiety, but not on depression, compared with treatment as usual, with an even larger effect size for the former at 3-month follow-up. In addition to providing initial support for cCBT in reducing anxiety in adults with mild to moderate intellectual disability, the authors highlight the benefits of gaining user-experience information to guide the developers of future digital interventions for this population.

Educative websites have been widely developed to address the public understanding of a range of mental health problems, including suicide, but evaluations of their impact have been lacking. On the basis of a single-blind RCT, Till *et al* (pp. 109–115) found that an educative website on suicide prevention was associated with an increase in relevant knowledge and did appear to be associated with a reduction in suicidal ideation among the subgroup of vulnerable individuals in the sample.

Suicidality – sexual orientation and staff experiences

On the basis of a systematic review and meta-analysis, Miranda-Mendizábal *et al* (pp. 77–87) report that lesbian, gay and bisexual (LGB) young people are at increased risk of suicide attempts, but they found an insufficient number of studies to assess the relationship with completed suicide. The authors comment on the lack of studies providing evidence for any specific risk factors affecting the LGB population and on the difficulties arising from the lack of consistency regarding the way in which sexual orientation and gender identity are assessed. In a linked editorial, Meader & Chan (pp. 63–64) also highlight the lack of studies focused on risk factors for suicide attempts in the LGB population and consequent lack of evidence needed to inform development of targeted interventions. The paper itself is further discussed on the Mental Elf blog at https://elfi.sh/bjpme5.

In a qualitative analysis of staff experiences and perceptions of working with in-patients who are suicidal, Awenat *et al* (pp. 103–108) identified three key themes – experiences of suicidality, conceptualising suicidality and talking about suicide. The authors made a number of recommendations with regard to the need for more support for staff following exposure to suicidality, a need to avoid a culture of blame in organisational responses to suicidal behaviour, and a need to provide staff with training aimed at improving therapeutic responses to suicidal behaviour.

Ethnicity and psychosis – moving the focus to the longer-term

The incidence of psychosis is known to be increased in a number of minority ethnic groups, and the ÆSOP study based in the UK was one of the studies contributing to this evidence. A 10-year follow-up (ÆSOP-10) has been completed and Morgan *et al* (pp. 88–94) report that, compared with White British patients, Black Caribbean patients experienced worse clinical, social and service use outcomes, while Black African patients experienced worse social and service use outcomes. The authors comment on the role of social disparities at baseline in contributing to the poorer outcomes over the period of follow-up and point to the potential benefits to be gained for disadvantaged groups from a greater integration of health and social services. The authors also call for their findings to be replicated and explored further to fully understand the factors driving poor longer-term outcomes in minority ethnic groups following a first episode of psychosis.