The main aim of this study was to identify the continuing personal impact of schizophrenia on patients and their families. The primary data source was the European Psychiatric Services: Inputs Linked to Outcome Domain and Needs (EPSILON) multi-site study, a prospective observational study. Following screening 404 participants across five European sites (Amsterdam, Copenhagen, London, Canabria, Santander, and Verona) with a research diagnosis of schizophrenia (ICD-10 F20) and who had been in contact with services in the preceding three months were recruited into the study.

The results suggested that across sites 79 per cent of patients did not work and 65 per cent were single. Patient satisfaction was highest in Copenhagen and lowest in London. In all sites patients were least satisfied with ‘Involvement of relatives in care’ and ‘Information about illness’. Using a regression analysis, lower satisfaction levels were associated with living in London or Santander, being retired/unemployed, having more hospital admissions, more severe psychopathology, more unmet needs and lower general satisfaction with life.

The impact on families was similar across all sites, with a regression analysis showing that impact for caregivers was higher when they had more contact with patients, the patient lived with him or her family, the patient was older and there were fewer psychiatric beds available per 100,000 population. The most frequently occurring unmet needs across sites were daytime activities, company, psychotic symptoms psychological distress and intimate relationships. Lower quality of life was associated with a range of clinical and sociodemographic variables.

The authors conclude that psychiatric services are largely ineffective at managing the personal impact of schizophrenia, especially on work, home and family life.


This study aims to evaluate the clinical effects of a three-month programme of dialectical behaviour therapy (DBT) in a group of 31 women with borderline personality disorder. A further 19 women served as a control group and received their usual outpatient treatment. The inclusion criteria also specified that the participants should have made at least one suicide attempt, or two non-suicidal self-injurious acts, in the last two years. The exclusion criteria included current substance abuse and lifetime diagnosis of schizophrenia. Participants were allocated to treatment in consecutive order.

At four months the DBT group showed significant improvement on all outcomes except anger, whereas the waiting list group showed no significant improvement on any measure. Between-group comparisons showed a statistically significant difference for the DBT group on seven of the nine outcome measures, including a reduction in self-mutilation attempts, compared to the waiting-list group. Clinical significance, assessed using Jacobson’s Reliable Change Index, showed that 13 (42 per cent) of the DBT group could be considered recovered in a clinically meaningful way. The authors note that as random allocation was not used selection bias is possible, and conclude that further randomised comparisons involving DBT are needed.


This randomised controlled trial examined the effectiveness of a multi-faceted collaborative care (CC) intervention on PTSD symptoms and alcohol use in trauma survivors. Following assessment patients who were hospitalised for intentional or unintentional injuries were randomised to the collaborative care intervention of continuous post-injury case management, motivational interviewing for alcohol dependence, and evidence based interventions for PTSD (CBT or pharmacotherapy), or to usual care. There were 59 and 61 patients in the treatment and control groups respectively.

The results showed clinically significant reductions in alcohol use for the CC group in the first year after injury, and no change in PTSD symptoms, compared with statistically significant increase in alcohol consumption and PTSD symptoms at 12-months for the control group. The authors discuss the findings in terms of the feasibility of combining physical and psychological interventions for trauma survivors and note some of the limitations of the study.


This prospective cohort study sought to establish whether there was an association between child sexual abuse and subsequent treatment for mental disorder in Victoria Sate, Australia. As the authors note, previous studies have relied on retrospective ascertainment of sexual abuse history, where the current one used reports validated at the time. The results showed that both male and female abuse victims had significantly higher rates of psychiatric treatment than general population controls, with the highest rates for childhood mental disorders, personality disorders, anxiety disorders and major affective disorders.


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