

Mental Health

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In this issue of the Journal, there is a compilation of papers on mental health. Over the last fifty years, there has been a movement away from involuntary certification and custodialization of psychiatric patients to one of family therapy and community engagement (1). Although research has revealed longstanding psychopathological effects of slavery and colonialism on the Caribbean population, Robertson-Hickling and Hickling have argued that the mechanism of resilience and formation of social capital have ensured the well-being of Caribbean people through dire circumstances (2, 3).

Abel *et al* commends the progress in integration of mental health policy and practice in the English-speaking Caribbean. He argues that much effort is still needed to reform mental health legislation and incorporate mental health practice in primary care (4).

Depression is a major cause of morbidity worldwide and can lead to fatality. Campbell *et al* report on a head-on comparison between the Zung Self-rating Depression Scale and the Beck Depression Inventory-II (BDI-II) in university students. They found that the BDI-II demonstrated superior psychometric properties (5). Ignjatovic-Ristić *et al*, also in a university sample, showed no significant difference in depression with respect to year of testing, age, economic status and educational profile but there were differences between genders using the Beck Depression Inventory (6). Abel *et al* researched depressive symptoms in adolescents in primary and secondary schools in Jamaica and reported a frequency of 4.5% with depressive symptoms (7). Physicians are alerted to look for depression in chronic disease patients such as patients with cardiovascular diseases assessed by Martin *et al* (8).

Abdirahman *et al* surveyed adolescents in the Cayman Islands, St Lucia, St Vincent and the Grenadines, and Trinidad and Tobago and found a strong association between bullying and poor mental health (9). This bullying could be a cause of depression and suicide.

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Suicide is a major public health issue in Japan and Inoue *et al* in two letters to the editor emphasized the importance of suicide prevention measures in bipolar disorders and in the elderly (10, 11). Abel *et al* reported that suicide rates in Jamaica between 2002 and 2010 were stable with a mean overall incidence of 2.1 per 100 000 population (12). However, according to Holder-Nevins *et al*, in adolescents in Jamaica, the suicide rate was 1.1 per 100 000 for 2007 to 2010 (13). Abel *et al* noted that the prevalence of suicide ideation among Jamaican youth was 9.7% (14) and Williams-Johnson *et al* reported that in the Emergency Room at the University Hospital of the West Indies, attempted suicide by self-poisoning was seen more in females and the age group 16–30 years represented the largest number of cases (15). Inoue *et al* investigated the relationship between suicide and some climatic conditions and reported that annual age-adjusted suicide rates were significantly correlated with annual mean relative humidity (16).

Belli and Ural reported from a literature search on the association between schizophrenia and violent or homicidal behaviour. They outlined some factors which might increase the potential for violent episodes in schizophrenic patients (17).

Sertbas *et al* found that for all psychiatric symptoms and diseases, co-morbidities were higher in patients with irritable bowel syndrome than the population without it (18).

Al-Mobeeriek assessed psychiatric patients' oral health and found that oral health among psychiatric patients was worse than in normal controls (19).

Mental health must be considered pertinent to the management of the whole patient and mental health practices must be integrated into primary care.

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