

From the Editor's desk

By Peter Tyrer

Listening to the hecklers

In 1951 my mother went to a political meeting. This event may not seem of much relevance to this *Journal* but it had a big effect on the way I view my editorial role. The meeting in a park was addressed by Aneurin Bevan, the Labour Health Minister who initiated the National Health Service. When my mother returned from the meeting she was very excited, not about the specific content of the meeting, but about the way Bevan dealt with the hecklers who always interrupt political rallies. She talked about this over our supper and although at first we were more interested in the tasty rabbit casserole she had cooked, she was determined to tell all to her three sons and we were compelled to listen. 'He didn't shout or challenge them', she explained, 'he welcomed their interruptions. He thanked them for helping him to understand their concerns, he went out of his way to address them, saying that he understood their doubts and annoyances, and by the time he had finished they were all silent; he had won them over. So remember this, lads, when you need to try and persuade people that you are right when you argue with them, try and engage them as allies'. Now I am not a silver-tongued Welsh politician and any diplomatic skills I was ever meant to possess seemed to evaporate in my cradle, but I picked up the message. So as Editor, in choosing the articles I publish, I am primarily aware of my main audience, you the readers, and the importance of getting the latest advances of clinical significance over in each issue. Some of the articles almost choose themselves: the substantial randomised trials, the systematic reviews on major topics of importance, big epidemiological surveys (especially if they contain the name Kessler^{1,2}), and well-funded biological studies from the principal research councils; but the others depend on determined authors. These, like the hecklers at political meetings, want their voices to be heard, and although sometimes they are raucous and occasionally offensive, I have tried to listen to them and take notice.

So when authors complain that their article should be published because it deals with a marginalised subject such as intellectual disability or epilepsy, I pay particular attention, check whether we have addressed these subjects recently³⁻⁶ and often send them out for review, and eventually some may see the bright light of day, such as Baxendale *et al* (pp. 352-356). And when I get a paper on reactive attachment disorder, a subject that had previously never engaged my attention, my ears prick up and we proceed, sometimes to publication (Minnis *et al*, pp. 342-346), and I hope you agree this article is an important read. I also would like to feel I have taken my mother's advice to heart in listening carefully to those interlopers who have made a big impression on research in the past few years, including the far-off voices in Brazil,^{7,8} the new way of looking at the genetics of schizophrenia,⁹ the neuroanatomy of obsessive-compulsive disorder,¹⁰ and the underlying principles of recovery.¹¹ Even those persistent miscreants who shout very loudly and cause intense irritation to others need to be heard also.¹² We can never be certain which of those who shout at the edges today will become the cheerleaders of tomorrow, but Colleen Loo and her colleagues¹³ are doing well, the highly organised group of Stefan Priebe and his colleagues

(pp. 319-320) have put in a good case for the social democratic party of psychiatry taking over the mantle from those currently in power, and Morgan and her colleagues (pp. 381-382), in their constant search for the critical factors that make cannabis such a problem to some and not to others, may be on to something big. So I genuinely welcome more heckling and dissent; it helps to keep this *Journal* on its toes.

The pointlessness of risk assessment

Most readers in the UK will be aware of the cartoons of HW Bateman, who brilliantly exposed the foibles and weaknesses of social life in the early 20th century in his cartoons. Some of his most famous were in the series entitled 'The man who . . .' and showed the ritual humiliation of people who had failed in their allotted roles. I have frequently been exposed as 'The man who failed to carry out a risk assessment on a psychiatric patient'. I am therefore glad to note that this particular cartoon can be put away, if not for good, at least for the time being, as Troquete *et al* (pp. 365-371) have shown one form of conventional risk assessment to be of no value. Crisis management also seems to be going through a bad phase (Borschmann *et al*, pp. 357-364), and that other form of risk assessment that has proved so popular, the community treatment order, also now seems to be of little worth.¹⁴ Three (or possibly 2½ on an obsessional off-day) cheers for the risk takers, you have nothing to lose but your chains.

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