

BJPsych Bulletin

EDITORIALS

- 65 Epistemic injustice in psychiatry
Paul Crichton, Havi Carel, Ian James Kidd
- 71 Psychiatry and the geriatric syndromes –
creating constructive interfaces
Simon Thacker, Mike Skelton, Rowan Harwood

ORIGINAL PAPERS

- 76 Police liaison and section 136: comparison of two different
approaches
Oliver Jenkins, Stephen Dye, Franklin Obeng-Asare, Nam Nguyen,
Nicola Wright
- 83 Online media reporting of suicides:
analysis of adherence to existing guidelines
Michael Utterson, Jason Daoud, Rina Dutta
- 87 Caregiver burden and distress following the patient's
discharge from psychiatric hospital
Veronica Ranieri, Kevin Madigan, Eric Roche, David McGuinness,
Emma Bainbridge, Larkin Feeney, Brian Hallahan, Colm McDonald,
Brian O'Donoghue
- 92 Unlocking an acute psychiatric ward: the impact
on unauthorised absences, assaults and seclusions
Ben Beaglehole, John Beveridge, Warren Campbell-Trotter,
Chris Frampton
- 97 Psychiatry trainees' experiences of cognitive-behavioural
therapy training in a UK deanery: a qualitative analysis
Amy Alice Carson, Sarah Emily Clark

- 103 Antipsychotic prescribing of consultant forensic psychiatrists
working in different levels of secure care with patients
with schizophrenia
Anna Machin, Lucy McCarthy

REVIEW ARTICLE

- 109 Niemann–Pick type C disease – the tip of the iceberg?
A review of neuropsychiatric presentation, diagnosis
and treatment
William R. H. Evans, Chris J. Hendriks

EDUCATION & TRAINING

- 115 The mini-PAT as a multi-source feedback tool for trainees
in child and adolescent psychiatry: assessing whether
it is fit for purpose
Gill Salmon, Lesley Pugsley

COLUMNS

- 120 Correspondence
- 123 Obituaries
James (Jim) Watson
Irving Gottesman
- 125 Reviews



Cover image

An 'epistemic injustice' arises when someone's credibility is unfairly compromised by stigmatising or prejudicial attitudes. In a psychiatric context, a patient with schizophrenia for example, or with dementia could be wrongly considered an unreliable informant. Psychiatric terminology might be used to devalue a patient's accounts of reality; but while the language is scientific, the resulting 'credibility deficit' may not be. In a challenging editorial in this issue, Crichton and colleagues (pp. 65–70) examine epistemic injustice in psychiatry.