been that the true risks of violence from people with psychosis, at the population level, are exceedingly small.

Professor Persaud's impression might be owing to the space in our paper devoted to discussing the public health impact of alcohol misuse and antisocial personality disorder on violence. In an additional paper published recently in the *American Journal of Epidemiology* we make the point about psychosis more strongly (Coid *et al*, 2006). Researchers with an interest in violence and psychosis often emphasise that relative risks of violence are greater for individuals with psychosis but they ignore the fact that illnesses such as schizophrenia are rare and that persons with psychosis account for an exceptionally small number of violent incidents at the population level. Detaining more persons with psychosis in hospital would have a very small effect in reducing violent crime (Fazel & Grann, 2006).

Misleading impressions based on relative risks are typical for homicides perpetrated by people with psychosis. These are often based on Scandinavian countries where the base rate is exceptionally low (Hodgins & Janson, 2002). In locations where the base rate is very high, for example certain areas in the USA and South American countries, people with psychosis hardly feature in criminal statistics.

Careful reading of our paper will reveal how we dealt with confounding from comorbid conditions. We agree with Professor Persaud's point about residents in violent neighbourhoods entirely, but the sampling frame was intended to exclude bias from factors such as socioeconomic deprivation. We used two-level hierarchical models throughout the analysis to take account of clustering from these areas. We would concede, however, that our study did not adequately explore the important issue of neighbourhood effects.

Coid, J., Yang, M., Roberts, A., *et al* (2006) Violence and psychiatric morbidity in a national household population – a report from the British Household Survey. *American Journal of Epidemiology*, **164**, 1199–1208.

Fazel, S. & Grann, M. (2006) The population impact of severe mental illness on violent crime. *American Journal of Psychiatry*, **163**, 1397–1403.

Hodgins, S. & Janson, C.-G. (2002) *Criminality and Violence Among the Mentally Disordered: The Stockholm Metropolitan Project*. Cambridge University Press.

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Assessment of manic symptoms in different cultures

Mackin *et al* (2006) make a laudable attempt to evaluate cultural differences in the perception of psychiatric symptoms. Unfortunately, aspects of their methodology make it difficult to draw definitive conclusions. I will leave it for the statisticians to decide whether the sample sizes for the English and Indian groups (n=20 and 24 respectively) are large enough to allow the findings to be generalised. Given the authors' concerns about the influence of confounding variables on the findings, however, the disparity between the size of these groups and that of the American clinicians (n=82) is striking. A demographic breakdown of the various groups might have been useful in allaying these concerns.

A further source of potential bias is introduced by asking the participants to complete rating scales for only two patients of a single nationality. There is a risk that cultural differences between nationalities might influence attitudes as to what can be considered 'normal' behaviour for people of other nationalities. Certainly, an English psychiatrist whose expectations of a 'typical' American have been shaped by stereotyped media images might not be expected to register certain aspects of the patients' behaviour as pathological on the Young Mania Rating Scale. The threshold for recognition of manic symptoms might well have been different had they been asked to rate their own compatriots. More revealing conclusions could perhaps have been drawn had all participants been asked to complete rating scales for patients of a variety of nationalities, including their own.

The authors make a compelling argument about the potential consequences of cultural differences in the recognition of symptoms of mental illness, and have provided a useful starting point for future discussion and research. Unfortunately, they fall short of proving these differences exist with their preliminary data.

Mackin, P., Targum, S. D., Kalali, A., *et al* (2006) Culture and assessment of manic symptoms. *British Journal of Psychiatry*, **189**, 379–380.

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The study of Mackin *et al* was interesting but so much highly relevant information is missing that it is hard to determine whether the findings have validity. The clinicians are effectively trial participants, yet we are not told the method of selection for doctors in each country. Training and employment structures are so different in the three countries that the clinicians are likely to have had very different degrees of experience and specialisation (the American system in particular favouring greater sub-specialisation). We are required to make the assumption that the groups are similar in all respects except the culture of the country of practice, yet there is no way to tell this without a socio-demographic profile of the participants from each country. There should be an attempt to make them representative of the total population of psychiatrists in their country in terms of ethnicity, gender and other factors which have a strong subcultural influence. There is no unifying 'culture' for psychiatrists in the UK, where at least one-third are trained outside the UK, and in some areas of the country the significant majority of doctors are non-UK-trained. Sampling such a small group from the UK (n=20) would be most unlikely to give a representative picture of British psychiatry as a whole. Similarly, India and the USA are also among the most multicultural countries in the world, and the same issues of systematic sampling bias apply.

Furthermore, we do not actually know the ethnic and cultural background of the two videotaped individuals with mania. They are described only as 'American' – but can this be a meaningful term when describing an individual's culture in such a varied society? The authors minimise the