

privileged developed societies. As we point out in our paper, the important implications of our research relate to the interpretation of the abortion laws in legislations such as those in the UK and New Zealand where the mental health risks of unwanted pregnancy are the principal grounds on which abortion is authorised. Our findings suggest that in the New Zealand context, at least, the mental health risks of abortion may outweigh the mental health risks of unwanted pregnancies that come to term but that, in any event, the mental health risks associated with either of these outcomes appear to be relatively small.

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Editor's note: When I commissioned the commentaries on Dr Fergusson's paper I was aware that the subject of abortion tended to polarise opinions. For this reason I commissioned two reviews, one from each side of the debate, but I had confidence from my choice of authors that they would focus primarily on

Dr Fergusson's paper, not the wider issues. I chose Professor Casey as someone who was a pro-life supporter and Dr Oates as a representative of the pro-choice group (with agreement for Drs Jones and Cantwell to be added later), even though I consider these terms somewhat limited and two-dimensional in the context of reviewing a scholarly paper, and believe that specific declarations of interest in this context were unnecessary. I hoped that neither commentary was viewed as tendentious by our readers and personally regard both of them as adding substance to the conclusion of Fergusson *et al* that 'the results do not support strong pro-life positions that claim that abortion has large and devastating effects on the mental health of women. Neither do the results support strong pro-choice positions that imply that abortion is without any mental health effects' (p. 450).¹

1 Fergusson DM, Horwood LJ, Boden JM. Abortion and mental health disorders: evidence from a 30-year longitudinal study. *Br J Psychiatry* 2008; **193**: 444–51.

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Correction

Group psychoeducation for stabilised bipolar disorders: 5-year outcome of a randomised clinical trial. *BJP*, **194**, 260–265. Table 2, p. 264: the values for Depression should read: Control group 398.55 (364.16); Psychoeducation group 93.28 (165.46). This was a typographical error only and does not affect the statistical analysis presented.

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