Ischaemic heart disease is the number one killer of both males and females. An Expert Working Group of the National Heart Foundation in Australia concluded that there is strong evidence of a causal association between depression, social isolation and lack of quality social support and the causes and prognosis of coronary heart disease. The evidence for a causal association with stressors at work, anxiety and panic disorders, hostility and type A behaviour patterns was not strong.[2] Psychological factors have been shown to play a role in cardiovascular disease through the impact on smoking, hypertension, obesity and alcohol intake.[3] There are modifiable and non-modifiable risk factors related to the premature mortality in schizophrenia. These are well reviewed.[4] Substance misuse and eating disorders are the highest risks for premature death. The risk of death from unnatural causes is high in schizophrenia and depression. Deaths from 'natural' causes are also increased in organic mental disorders, DSM-III-R mental retardation and epilepsy.[5] 'All mental disorders have an increased risk of premature death.'[5] Is this reflected in national mortality statistics?

In ICD-10, F00 to F99 are the statistical codes for mental illnesses.[6] There are about 500 000 deaths annually in England and Wales. If 0.9% of the population has schizophrenia, the number of deaths recorded reflecting this statistic is a great understatement at about 200 per year in 2005.[7] Depression is clearly underreported even with its known role in cardiac diseases; the number with affective disorders F30 to F39 is 141 in the same table. Clearly, to focus appropriate resources on health needs, there is a need for improvement in the accuracy of death certification.

1 Office for National Statistics. Deaths related to drug poisoning in England and Wales, 2009. *Statistical Bulletin* 2010; August.

2 Bunker SJ, Colquhoun DM, Esler MD, Hickie IB, Hunt D, Jelinek VM, et al. 'Stress' and coronary heart disease: psychosocial risk factors. National Heart Foundation of Australia position statement update. *Med J Aust* 2003; **178**: 272–6.

3 Hamer M, Molloy GJ, Stamatakis E. Psychological distress as a risk factor for cardiovascular events: pathophysiological and behavioral mechanisms. *J Am Coll Cardiol* 2008; **52**: 2156–62.

4 Wildgust HJ, Beary M. Are there modifiable risk factors which will reduce the excess mortality in schizophrenia. *J Psychopharmacol* 2010; **24** (suppl 4): 37–50.

5 Harris EC, Barraclough B. Excess mortality of mental disorder. *Br J Psychiatry* 1998; **173**: 11–53.

6 World Health Organization. *The ICD-10 Classification of Mental and Behavioural Disorders*. WHO, 1993.

7 Office for National Statistics. *Mortality Statistics: Cause, England and Wales (Series DH2)*: Table 2.5 – Deaths: underlying cause, sex and age-group. ONS, 2005.

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Abortion and mental health

The article by Coleman[1] published in our September issue has provoked a great deal of debate and correspondence. We are aware of the controversy of the subject matter and were planning a commentary on this subject before the article was published. As the volume of material now goes far beyond the bounds of a commentary, we now intend to bring all the relevant correspondence and papers together in a forthcoming issue so that we give adequate and comprehensive coverage of an important topic, while at the same time trying to be as dispassionate and balanced as possible in ensuring that all relevant voices are heard. We aim to publish this as soon as possible.

1 Coleman PK. Abortion and mental health: quantitative synthesis and analysis of research published 1995–2009. *Br J Psychiatry* 2011; **199**: 180–6.

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