

common type of abuse, it would have been helpful if it had also covered physical, emotional and financial abuse, and neglect. Also, it is confined to adults living in residential care homes whereas there is increasing evidence that the majority of abuse occurs in family homes where it can be extremely difficult to deal with. Neither does the document cover abuse in hospitals or other NHS settings where the role of social services may be less clear.

However, the document is clearly written and set out, and very user-friendly. It would be a valuable reference work as it contains some useful definitions, such as what constitutes sexual abuse and the criteria for meaningful consent to sexual activity. It specifies the responsibilities of the agencies involved, including the purchasing authorities and suggests ways in which multi-agency co-ordination should occur e.g. in the formation of adult protection committees. There is clearly laid out guidance for the investigation of abuse, although I felt the flow chart would have been more useful in the text rather than as an annex. I would challenge the assumption that social services will usually take the lead in any investigation. Although this is clearly recommended by the Law Commission, they do not always seem willing to do so in practice.

The final chapter consists of a checklist to identify what action needs to be taken to lower the risk of abuse and ensure a speedy and helpful response when it occurs. This would provide a useful reference point for all organisations involved in providing services for adults with learning disabilities.

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Individual and Community Responses to Trauma and Disaster. Edited by Robert J. Ursano, Brian G. McCaughey and Carol S. Fullerton. Cambridge University Press. 1994. Pp 442. £60.00 ISBN 0 521 41633 7.

The editors of this book are members of staff of the US Uniformed Services University of Health Sciences in Washington. Together they have an extensive experience of dealing with disasters of all kinds. The sub-title 'The structure of human chaos' encapsulates Ursano's view of the cognitive response to terror.

The 33 contributors represent very different experiences and models yet there is a remarkable degree of agreement and the

editors have achieved considerable continuity helped by their final overview. Shalev gives a good account of current views of debriefing following trauma while retaining a healthy scepticism about its effectiveness in preventing post-traumatic stress disorder.

Ulrik Malt gives focuses on the neglected area of the traumatic effects of individual accidents and several authors deal with technological catastrophes. The chapter on long-term sequelae of combat in World War II, Korea and Vietnam brings together valuable material which deserves further study. Although purporting to cover the life cycle, children receive scant attention and I did not find the chapter on children in war particularly helpful when facing the traumatised children of Rwanda and the Sudan.

The concept of PTSD has come to steal the limelight when traumatic events are considered and the alacrity with which the concept has been embraced by lawyers and litigants has induced an attitude of great scepticism among British psychiatrists.

Yet a historical review indicates that all of the phenomena described in the DSM-III and elsewhere were known to the ancients and that emotional consequences of disaster are universal. They account for major problems of resettlement after community disasters and considerable distress and disability in individuals affected.

This book fills a useful role in detailing the variety of disasters and disaster responses. What we need now is a book on prevention and treatment of the adverse effects of disaster but I hope that we can wait until there is a sound research base for it.

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Relative Values: the differing views of users, family carers and professionals on services for people with schizophrenia in the community. By Geoff Shepherd, Alison Murray and Matt Muijen. London: The Sainsbury Centre for Mental Health. 1994. Pp 118. £10.00.

The Sainsbury Centre for Mental Health has published this 118 page document. The principal researcher was Murray and the 'project manager' Shepherd; Muijen's role is not clear. It is also not clear whether the results were subject to peer review before

publication (I suspect not) or whether any or some of it has now been submitted to the journals. If not, it might be worthwhile so doing; a succinct report would stand a better chance of being read than this unwieldy document which is stuffed full of raw data.

The study tries to find out if users, family carers and professionals can agree on "the key elements of an intervention package to support people with schizophrenia living in the community". The answer was found through questionnaires to 400 users, carers and professionals, and face to face discussion with representatives of the three groups. And the answer? Yes, there is a consensus, but the groups give priority to different elements of care. Users particularly valued practical kinds of help; family carers wanted their status as main carers acknowledged by professionals; and professionals emphasised treatments, monitoring and professional support. All were agreed however that of the 11 main areas of care (ranging from information and counselling through finance and housing to maintenance of good physical health) only a fraction were widely available.

The authors readily admit that there is nothing really new in their findings. However, the publication highlights yet again the inability of aftercare services to produce what users, carers and professionals all reckon is a reasonable standard of care. They finish by making some unremarkable recommendations, e.g. increase assertive outreach, provide more 24 hour care, improve professionals' communications skills, create more flexible housing, clarify different types of day care etc.

I hope that purchasers and providers when negotiating contracts might take some of this into account when agreeing what services must be provided for schizophrenic patients living outside hospital.

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Grieving Mental Illness: a guide for patients and their caregivers. By Virginia Lafond. University of Toronto Press, Toronto, Buffalo & London. 1994. £19.00 cl/£8.00 paperback.

This is a 'How to do it' book aimed at helping people with major psychiatric illness through the process of grieving for the effects of the illness on their lives. The author, who herself

suffered a manic-depressive psychosis but is now working as a social worker with the mentally ill, writes in an articulate way about her own experience as well as that of the patients whom she helps. She claims that she has found it helpful to understand her illness and to help others to live with theirs by acknowledging and working through the griefs at the many losses which result. She has developed a series of 'exercises' aimed at facilitating this grief.

It would take a properly conducted research study to validate her claims and, since her book is written in sophisticated language which would make it accessible only to patients of above average intelligence, this might be difficult to carry out.

On the face of it her claims are not unreasonable and those who work with people who suffer long-term mental illness need to be aware of the importance of encouraging them to express grief, disappointment and anger. These are natural reactions to the experiences of failure, stigma and shame caused by the illness and the social situations to which it gives rise. This, according to its Director, John Wilder, is an important component of the group work of the Psychiatric Rehabilitation Association and accounts for much of their success.

It follows that a book of this kind ought to be of help to intelligent patients and may also be of help to their families who need to understand them and who have their own griefs to cope with.

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Not Another Guide to Stress in General Practice. Edited by David Haslam. Medical Action Communications Ltd., Action International House, Crabtree Office Village, Eversley Way, Thorpe, Egham, Surrey TW20 8RY. 1994. Pp 102. Free of charge

This book contains eight chapters written by GPs in the East Anglia Faculty of the Royal College of General Practitioners. The aims of the book are to explore the causes of stress in general practice, to illustrate stress through case histories, and to give positive help and advice to GPs facing stress.