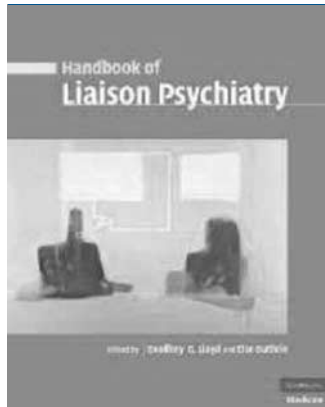


Book reviews

Edited by Sidney Crown, Femi Oyeboode
and Rosalind Ramsay



Handbook of Liaison Psychiatry

Edited by Geoffrey Lloyd
& Elspeth Guthrie.
Cambridge University Press. 2007.
944pp. £72.00 (hb).
ISBN 9780521826372

This book is a very welcome addition to liaison psychiatry literature. It is the first really comprehensive textbook of liaison psychiatry by authors predominantly working in the UK; however, the inclusion of a number of eminent international contributors greatly enhances it. Although the editors state that it is aimed at clinicians 'from a variety of backgrounds', it will principally be read by practising or aspiring liaison psychiatrists. General adult psychiatrists would, however, greatly benefit from reading several of the contributions notably those on self-harm, alcohol problems, functional somatic symptoms and neurology.

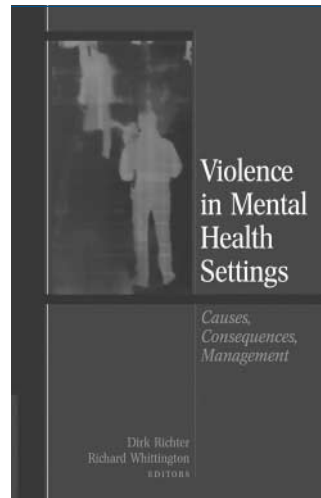
Although there are multiple authors, the editors have succeeded in ensuring an evenness of style and all the contributions combine clinical wisdom with reasonable discussion of the evidence base underlying the area under discussion.

In recent years liaison psychiatrists have become more aware of the need to forge links with primary care, particularly as patients spend less time in hospitals and more services for physical illness become community based. This is acknowledged by two excellent chapters on primary care psychiatry. Particular highlights were the assessment section in the neurology chapter, which could be of benefit to all psychiatrists (although in the same chapter I would have liked more advice on how to manage behaviourally disturbed brain-injured patients in a general medical setting), and also the chapters on alcohol problems and psychological treatments.

My criticisms of this book are few. In any multi-author book it is challenging to keep the reference lists up-to-date and in some of the chapters this was an issue. I would have liked to have seen a chapter on transplant surgery. The contributions in other chapters, for example those on renal and hepatic disease, did not cover assessment of both organ donors and recipients as comprehensively as a single chapter might have. The otherwise excellent chapter on legal and ethical issues could have made more use of experience already gained in Scotland of incapacity legislation. These are, however, minor reservations. The editors are to be congratulated on pulling together an excellent book. Were I to be asked to recommend a single liaison psychiatry textbook for liaison psychiatrists and trainees it would now be this one.

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Violence in Mental Health Settings: Causes, Consequences, Management

Edited by Dirk Richter
& Richard Whittington.
Springer. 2006 345pp. £42.50 (hb)
ISBN 9780387339641

This multi-author text is edited by a British nurse/psychologist and a German nurse/sociologist who are both acknowledged experts in the area. They have drawn together contributions from a range of European experts in the field, representing all of the main relevant disciplines. As Chair of the Guidelines Development Group which produced the UK National Institute for Health and Clinical Excellence (NICE) guidance on the management of violence in mental health and emergency settings in 2005, I was pleased to receive this book as I believe that there is a real need to distil the important issues from the enormous amount of research on this topic and to have a textbook to which all mental health professionals could refer. Unfortunately, much of this book turned out to be disappointing. The text is divided into seven sections covering measurement and epidemiology, the psychology and sociology of the violent incident, prediction and management, staff skills, the organisational context, dealing with the consequences of violence and a concluding chapter. Each section contains sound, scholarly reviews of the literature; however, as with many such textbooks, I found that they did not join up. There were also some startling omissions in the book. For example, there was only passing reference made to the contribution of drugs and alcohol to violence in mental health settings, and scant attention paid to personality disorders.

Although a glance at the contributor list shows that the chapter authors come from a number of European countries, the book has considerable international limitations. Having had experience of policy initiatives on violence in both the USA and Australia, I am of the opinion that clinicians in these countries would find little of relevance to their services. For example, the chapter on pharmacological management of aggression did not reflect practice in the UK and the USA. Indeed, I thought that one of the drawbacks of the approach of using authors from various European countries was that while this highlighted the heterogeneity of approaches to violence management across the world, the reader was not provided with a comprehensive account of this issue. A particular failing of the book was the absence of the most important matter of human rights legislation and its particular relevance in mental health areas.

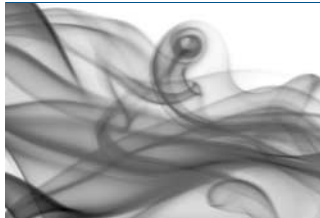
On a more positive note, some of the chapters will be of interest to researchers across the world; for example, the chapters on coercive measures and aggression management training were, in my opinion, very well written and provide excellent, up-to-date reviews of the area.

In summary, while this is clearly a text supported by considerable scholarship, its relevance to clinical settings is lacking and,

other than researchers with a specific interest in this area, I cannot recommend this as essential reading for any clinician working in mental health services.

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**Treating Violence.
A Guide to Risk
Management in Mental
Health**

By Anthony Maden.
Oxford University Press. 2007.
208pp. £26.00 (pb).
ISBN 9780198526902

**TREATING
VIOLENCE**
a guide to risk management in mental health

ANTHONY MADEN

This is a book for all clinicians managing psychiatric patients with a history of violence and is not limited to staff in forensic services.

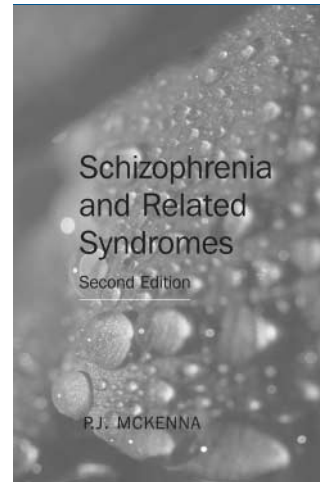
The strength of the book is its accessible style and prose. Maden makes the case for structured clinical risk assessments. In support of this he includes good reviews on the development of risk instruments, the relationship between violence and mental disorder, and psychiatric homicide inquiries. He identifies the latter as a rich source of case histories and presents a series of homicides that illustrate how an enhanced approach to risk assessment might have prevented tragedy. However, we are left with the question of how to control for hindsight bias. Maden does not give enough information about how he selected the cases and although the retrospective HCR-20 score at the start of each example is intriguing, this is not a standard use of the HCR-20 assessment.

I found less convincing Maden's argument that muddled liberal thinking is to blame for poor risk assessment and management. He argues that proper risk management will reduce homicides in the mentally disordered population; however, even with the highest standards of risk assessments and management the number of deaths prevented is likely to be small. He blames RD Laing as the lead culprit for attitude problems in contemporary psychiatry and dismisses the concept of using capacity as a determinant of non-consensual psychiatric treatment.

Overall, the case for structured clinical risk assessments is overwhelming. This book will greatly assist both trainees and experienced psychiatrists in thinking about this topic. I agree with Maden that the killing of Jonathan Zito by Christopher Clunis was a pivotal point in British psychiatry but caution that we should be realistic about the place of mental health services in reducing the level of serious violence in the population.

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**Schizophrenia
and Related Syndromes
(2nd edn)**

By P. J. McKenna. Routledge. 2007.
536pp. £24.99 (pb).
ISBN 9781583919293

The author's background in experimental psychology and clinical psychiatry is evident throughout this book, as are his aims of giving historical perspective and detailing key published work. It begins comprehensively, but begs the question at whom this is book aimed. Its detail would appear beyond that necessary to pass the MRCPsych examinations, though the opening chapters and one on neurochemistry pitch at this level. I cannot agree with some of McKenna's statements: 'somatic hallucinations in schizophrenia continue to be regarded as quite common' (p.10), or 'FTD [formal thought disorder, P.B.] is relatively uncommon in acute schizophrenia' (p. 12). That said, his exposition of formal thought disorder, with clear examples, is the best one available to date. Diehard phenomenologists will need to look elsewhere for detailed accounts of other psychotic symptoms and signs. With over 50 pages of references that include recent research, there seem to be few omissions from the past decade. For clinicians, many sections are lively and interesting, but they fall short on treatment innovations or novel perspectives on established methods. The book's strengths lie in the diagnostic field, with solid sections on schizoaffective disorder and autism.

The book will disappoint young early intervention teams as it will not really help to inform their decisions about how to deliver the most effective treatments. Other texts set out a clearer cognitive basis for psychotic symptoms and their treatment. For this reviewer, sections on the management of psychosis were unfocused and lacked depth with regard to psychosocial treatments. For both clinicians and researchers, the book has too little information on cannabis (I cannot agree with the statement that 'the risk [the use of cannabis poses, P.B.] is small' (p.155)) and far too much on, for example, 'neurodevelopmental theory'. Again a personal reflection, but we need a break from 'schizophrenic patients' and 'schizophrenics' used throughout the text. At its worst, there are statements that will inflame rather than illuminate: 'mothers of schizophrenics show more concern and protectiveness than mothers of normals' (p.115). Even if this be true, it can be stated more subtly with 'people first' language: 'people with schizophrenia'. In short, *Schizophrenia and Related Syndromes* does have some interesting points to make but it does not live up to its promise. To cover aetiologies, clinical features, treatment and outcomes for psychotic disorders has proved too ambitious a project for one author.

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