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Child and Adolescent Mental Health Services: Strategy, Planning, Delivery and Evaluation. Edited by R. Williams and M. Kerfoot. (Pp. 556; £40; ISBN 0198508441 pb.) Oxford University Press: Oxford, UK. 2005.

Richard Williams and Michael Kerfoot have put together a most helpful sourcebook on Child and Adolescent Mental Health Services (CAMHS). They have brought together an impressive diverse set of authorities to cover a broad and indeed very ambitious set of goals. In many ways the book achieves these goals; we are treated to a review of the history of CAMHS, its developmental pathway and struggles. This is enlightening, as a good history so often is in health care, providing insights into structural service issues that impact on everyday working practice.

For example, in the beginning, were the trinity of child psychiatrist, psychiatric social worker and psychologist, in the old child guidance clinics. They worked together. Across agency boundaries – health, social care and education, working together, often closely with residential units and special schools. Sound familiar as a strategy? Yet back then Kolvin (1973) found that under 1% of the child population were seen in such clinics whilst Rutter *et al*. (1970) had shown that between 7% and 20% of the child population had a psychiatric disorder meriting intervention.

Demands already placed on these services were magnified by policy changes, driven by need. The Psychiatric Social Workers were withdrawn to attend to ever more pressing child protection issues and agendas. The Educational Psychologists were drawn into dealing with the 1981 Education Act and its consequences, managing the statements of the special educational needs process in the Local Education Authorities. The Psychiatrists went into more hospital-based posts out of local authority clinics. They were responding to changes in the understanding, identification and management of mental ill health and developmental disorders in children and adolescents.

But problems have followed these changes. The book alludes to these issues but not as clearly and strongly as it might have done. The problem is that there was and continues to be no proper policy of 'back-filling' the gaps left as new responsibilities are discovered, or placed upon CAMHS professionals. There has until recently been no long-term and sustained policy to develop CAMHS capacity to meet these demands. The recent and admirable policy of increasing spending and capacity by 10% a year until 2006 is welcome but even this promised increase, 'ring-fenced' as it is from the Department Of Health, does not always reach provider services because Primary Care Trusts and Mental Health Trusts in some parts of the country struggle with debts.

This book provides a clear insight into the ways in which successive policy decisions and processes flowing from them have largely missed or omitted to think of the mental health needs of people under the age of 18 years. The result is the massive imbalance between supply of services and the demand that genuine and serious needs generate. One outcome of this mismatch of supply and demand is widespread waiting lists. Several chapters refer to issues inherent in this imbalance and its ongoing management.

Unfortunately these imbalances can easily mitigate against joint working and flexibility. Services and practitioners find themselves inundated and pull up the drawbridge. That provides fertile ground for gaps to appear between agencies into which patients can and do fall. Some politicians are quick to highlight such failings when they occur, yet often slower to provide effective remedies such as helping services grow or helpfully restructuring inundated services, rather than only castigating them.

What this book aims to provide is some of the tools to help services and their commissioner plant the seeds of success for the future, nurture the developments and help them grow.

The book is divided into four sections, there are nine chapters in Part 1, 'Background Issues

and Concepts', which as throughout maintains a focus on the three agencies and associated domains of children's lives, health, education and social care. The chapter on health economic evaluation reminds us of the huge societal costs to untreated deviant development and the cost benefits of CAMHS interventions. Part 2 of the book has 18 chapters addressing 'The Challenges to be Overcome'. This section of the book addresses the epidemiology of the disorders in CAMHS, and the various disorders and special situation that disorders can present in as detailed below in the reflections on the complexity of CAMHS.

In Part 3 'Lessons from International Perspectives – Comparative Analyses', there are four chapters examining CAMHS across the world. The book concludes with Part 4, 'Planning, Commissioning and Delivering Child and Adolescent Mental Health Services'. There are 12 chapters here spanning issues from primary care, needs evaluation, mapping and priority setting to team-working, leadership and service quality and evaluation issues. There are many useful ideas and information sources provided throughout.

Complexity is inherent in CAMHS for a number of reasons: this book addresses many of them. CAMHS actually comprises a host of specialist areas; forensic, neuro-developmental, adolescent mental health and infant mental health, substance misuse, eating disorders, affective and related disorders and psychosis, and learning disability services for children. Children in special circumstances such as refugee children, ethnic minority children, children with physical illnesses, children in hospital services for children, and children looked after by the state. Services range from primary-care settings to highly specialized in-patient care must all work with reference to a complex educational and social care system. All this in close relationship to family/carers as well as the index-referred child or adolescent.

The book helpfully highlights these areas of complexity. If commissioners take the time to read the book, and I fear that is a big 'if', they will certainly have a better understanding of the range of issues, systems, and individuals involved in CAMHS.

Although this is primarily a book on services in the UK, there is a brief excursion into some international comparisons. I was sorry, in this regard, that these comparisons did not include some of the best CAMHS systems internationally, and in the Scandinavian countries in particular.

There are particularly interesting chapters on the place of values in decision making, both clinical and managerial, and of best practices in developing and implementing joint working both within teams and across agencies. This includes the need to develop effective joint and whole system commissioning processes between the statutory and voluntary agencies.

The sciences underpinning clinical delivery including educational, social and health-related bodies of knowledge are full of promise and only partially realized potential. Effective early intervention prevention programmes exist, so do effective treatments for many of the conditions presenting which can ameliorate and prevent serious secondary complications such as family breakdown and school failure, death from suicide and establishment of substance-misusing lifestyles.

One study estimates that we need a further 10 years of 10% annual growth to reach a satisfactory state of affairs (Kelvin, 2005). That may sound ambitious and a lot to ask. However, as detailed in this book, CAMHS sits on a very low cost base. CAMHS spend 5% of the total spent on all mental health, for a 20% segment of the population. In total, including all costs, this only amounts to around £250 million per year for all CAMHS specialized services; or £20 per child per year – it is not very much.

This book will, therefore, provide a source-book for a range of interested parties; clearly it is partly aimed at service commissioners and directors. I commend it to them, and it can be dipped into for specific projects if not read in the round. It will clearly appeal to all those heading towards or already in senior positions in CAMHS where service strategy, planning, delivery and evaluation all come into focus.

Junior students may well struggle with the whole book but I recommend selected chapters, particularly the chapter on the history of CAMHS and some of the examples of good practice given. I point particularly here to the chapters that examine team-working, underlying philosophical values and the needs, mapping and epidemiological data sections.

This book is unique in breadth, and that is valuable. As a trainee and now consultant

I have spent many hours piecing together some of the information from disparate sources, which is now contained within this one book. So if our commissioners and policy makers can use what is available herein then together we will grow our services. In that case, this book and its authors will have provided a great service to children, their families, and all of our futures.

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References

Kelvin, R. G. (2005). Capacity of tier 2/3 CAMHS and service specification: a model to enable evidence based service development. *Child and Adolescent Mental Health* **10**, 63–73.

Kolvin, I. (1973). Evaluation of psychiatric services for children in England and Wales. In *Roots of Evaluation* (ed. J. K. Wing and J. Hafner). Oxford University Press: Oxford.

Rutter, M., Tizard, J. & Whitmore, K. (1970). *Education, Health and Behaviour*. Longman: London.

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Schizophrenic Speech: Making Sense of Bathroots and Ponds that Fall in Doorways. By P. McKenna and T. Oh. (Pp. 220; £55.00, $95.00; ISBN 0-521-81075-2). Cambridge University Press: Cambridge, UK. 2005.

'The trains broke, and the pond fell in the front doorway' (this book, p. 98). 'Working the mind can comfort the bathroot as well' (Oh *et al.* 2002). These are examples of formal thought disorder (FTD), the strange disturbance of spoken expression that occurs in some cases of schizophrenia. Although its name means disturbance of the form of thought, it is still an open question whether FTD is actually an impairment of thought, language, or something in between.

Schizophrenic Speech is about FTD, not schizophrenic speech as a whole. The book does not cover other aspects of speech in schizophrenia, such as flattened intonation or subtly impaired syntax. Nor is the book confined to schizophrenia, since the authors pursue at length the occurrence of FTD in other conditions.

Nonetheless, as the first book on its subject in more than a decade, and perhaps the first ever that comprehensively reviews prior work, *Schizophrenic Speech* fills a major gap. The authors explain that they wrote it to provide a context for their research results. Some of those results have been presented more succinctly elsewhere (Oh *et al.* 2002), but that does not make this book any less valuable. On the contrary, the nature of FTD is far from a solved problem, and this book goes a long way toward giving us the 'big picture'.

Chapter 1 traces the history of the question from Kraepelin and Bleuler up to Andreasen's list of symptoms, which is now standard. Chapter 2 addresses the way symptoms of schizophrenia and components of FTD group together. A handy excursus explains factor analysis to the uninitiated. Indeed, one of the strengths of this book is that, where needed, it supplies background knowledge to make the subject accessible to readers not trained in psychiatry. As such, it will foster much-needed interdisciplinary research.

Chapter 3, on differential diagnosis, reports that FTD is also seen in mania and possibly psychotic depression. FTD-like symptoms in delirium and Wernicke's aphasia, on the other hand, are not, on close examination, quite the same as in schizophrenia. The FTD-like writing style of James Joyce, which has long intrigued psychiatrists, was carefully constructed and not the result of FTD at all – but Joyce did have a schizophrenic daughter.

Chapters 4–8 are the meat of the book. The authors consider the possibilities, in succession, that FTD is a form of dysphasia, a communicative disorder like autism, a dysexecutive phenomenon, or a 'dyssemantic' disorder. They conclude that all four of these factors are present to some extent, but the last two loom largest.

Some aspects of FTD are obviously dysexecutive. Talking is perhaps the greatest creative planning task that ordinary people face every day, and derailment and circumstantiality in schizophrenic speech are easily interpretable as failures to make and execute a plan. Barrera *et al.* (2005) find further evidence that FTD has a large dysexecutive component.

By 'dyssemantic' the authors mean an impairment of semantic memory (non-episodic real-world knowledge), not linguistic semantics. Early work on 'overinclusive thinking' showed that FTD involves excessive or insufficiently restricted associations between words or ideas. Experiments have demonstrated increased semantic priming in thought-disordered patients.

There is also some evidence of disorder in the structure of semantic memory, not just the retrieval process. This explains, at the fundamental level, why patients with schizophrenia say strange things and say them strangely.

In the final chapter, the authors conclude that thought disorder is 'more than one thing' (p. 172). In some cases it may involve a phenomenon like confabulation, but in semantic rather than episodic memory. It is not confined to schizophrenia, nor to language, but nonetheless crucially involves the interface between cognition and language. The impairment is not in pronunciation or grammar, but in marshalling and expressing knowledge.

The authors cite with approval the work of Kleist (1914), who held that there is a borderland between aphasia and mental illness, and formal though disorder is in it. Elsewhere, they have spoken of an 'expressive semantic disorder which spares naming' (Oh *et al*. 2002). We might sum up one component of schizophrenic language by paraphrasing *Star Trek*: 'It's dysphasia, Jim, but not as we know it.' Unfortunately, neither this nor anything else sums it all up neatly. It is a multi-faceted puzzle.

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References

Barrera, A., McKenna, P. J. & Berrios, G. E. (2005). Formal thought disorder in schizophrenia: an executive or a semantic deficit? *Psychological Medicine* **35**, 121–132.

Kleist, K. (1914). Aphasie und Geisteskrankheit. *Mnchener medizinische Wochenschrift* **61**, 8–12.

Oh, T. M., McCarthy, R. A. & McKenna, P. J. (2002). Is there a schizophasia? A study applying the single case study approach to formal thought disorder in schizophrenia. *Neurocase* **8**, 233–244.

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Cognitive Behaviour Therapy for Children and Families (*2nd edition*). Edited by P. J. Graham. (Pp. 532; $70.00; ISBN 0521529921 pb.) Cambridge University Press: Cambridge. 2005.

This extensively updated second edition is very welcome and I know it was eagerly awaited by CBT practitioners. I really do like the balance of theory, evidence for theory and practice, practice tips and worked examples showing how to apply the treatment in real life. In particular this volume has picked up the crucial part that 'context' plays in developmental psychology. The family is the most obvious and poignant example of what we mean by the context, but also crucially the peer group. The book focuses admirably on the contextual issues, and family systems in particular.

The book comprises 11 new chapters over and above those in the first edition. All chapters are extensively revised and updated. There are different authors for each chapter. The editor is to be congratulated on bringing together such a broad range of distinguished authors, many from the United Kingdom but there is also strong international representation. This is impressive and compelling in itself given their combined expertise.

The structure of the book reflects changes in the conceptualization of child and adolescent mental health issues. This book brings together the science of developmental psychology and psychopathology with grounded clinical practice. There are 6 parts: Part I, Developmental Cognitive Theory and Clinical Practice, with chapters highlighting the interplay between development and applicability of CBT. Part II, Engagement and Assessment, highlighting the need for careful processes at the point of contact to help ensure appropriate pretreatment work with children and adolescents who might benefit from CBT. Much herein is generally applicable to other assessment, engagement and pretreatment interviews. It is interesting to see concepts derived from motivational interviewing highlighted. One of the criticisms of a diagnosis-based assessment approach (caricatured as the medical model) is that it easily leads to a failure to attend to these issues. Understanding motivation in children and adolescents does also require attention to interactions and context, all so much a part of everyday clinical practice in CAMHS (Child and Adolescent Mental Health Service). A chapter on cognitive case formulation develops these themes nicely with a worked example. Part III, Client Groups, has a chapter very helpfully focusing on working with parents and families. In CAMHS this is always necessary at least to some degree. There is a chapter on working with pre-pubertal children, and again the author highlights the finding that restrictions on the lower age at which CBT

could be used arising out of rather dated Piagetian developmental concepts were incorrect. Children can use CBT, when due attention is given to appropriate language use, use of toys, drawings and representations, appropriate selection of cases and varying the balance between cognitive and behavioural elements of treatment, as indicated by the actual child in front of you and their capacities. The next chapter is focused on CBT in in-patient environments and the particular issues pertaining here compared to out-patients' work. Interestingly there is no chapter focused on working with adolescents as a client group. I think such a chapter would be helpful in the future.

Part IV, Applications in Psychosocial Adversity, highlights the use of CBT for abused children and children experiencing parental separation. Developmental aspects are again highlighted, the differing ways that children respond to these adversities, and their cognitions and behaviour at different ages are detailed. Part V, Applications in Specific Child and Adolescent Psychiatric Disorders, takes us through a wide range of the problems and disorders that present to CAMHS, although not including psychoses. There is a chapter on eating and sleeping problems in young children of preschool age. There is an emphasis again on how CBT in CAMHS has developed, to include parenting and is justified on the basis of the central influence of context/parents on development. Chapters follow on Conduct disorder, ADHD, Depression, PTSD, Anxiety and Obsessive compulsive disorders and there are also chapters on Developmental disorders, School refusal and its management, Eating disorders, Chronic fatigue and Pain disorders. The chapter on Interpersonal problems again picks up the importance of relationships for children in their development, and finally a chapter on Drug and alcohol misuse.

The book ends with Part VI, CBT Applications in Preventative Interventions, this chapter reviews whole system interventions such as the PATHS (promoting Alternative Thinking Strategies) classroom curriculum and the multilevel whole system approach of the Triple P Positive Parenting Program, in the prevention of conduct problems.

The developing brain is an 'open system', genes direct the scaffold of development but it is neurons that fire the wire together (Hebb, 1949; Siegal, 1999; Schore, 2003). The rapidity of development during the childhood years is such that we can see the context effecting development in front of our very eyes. Indeed it is this very fact that makes for some of the fundamental interest and excitement of working in this area and also some of its greatest challenges. These issues pertain whether one is looking at it from a research or a clinical perspective. To be more specific, the effect of seeing change for better or worse in front of you as a clinician is one the pleasures and also the pains of this work, made more poignant by the tender vulnerability of youth. This book pays good attention to the issues of working with the family, and environment of the young person, acknowledging that children cannot be treated in isolation whatever the therapeutic modality.

CBT has moved beyond the laboratory and got its hands dirty in the crucible of day-to-day practice and in doing so it has increasingly acknowledged the importance of relationship elements that were played down in its early years. In this way concepts such as schema and the impact of early-life experience sit easily and well with much of the rest of developmental psychology and psychiatry. The close attention to the therapeutic relationship is welcome and is repeatedly highlighted, this, as we know, is such a large element of any effective therapy.

I highly recommend this book, to any student, be they new to the field or experienced practitioners of child and adolescent mental health who want a grasp of contemporary CBT in CAMHS. It is a worthy successor to the first edition and should become a core text in most clinic libraries.

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References

Hebb, D. (1949). *The Organisation of Behaviour: A Neuropsychological Theory*. John Wiley: New York.

Schore, A. N. (2003). *Affect Dysregulation and Disorders of the Self and Affect Regulation and Repair of the Self*. Two Volume set. W. W. Norton & Co.: New York.

Siegal, D. J. (1999). *The Developing Mind: Towards a Neurobiology of Interpersonal Experience*. Guilford Press: New York.

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Psychogeriatric Service Delivery: An International Perspective. Edited by B. Draper, P. Melding and H. Brodaty. (Pp. 362; £34.50; ISBN 0198528256 pb.) Oxford University Press: Oxford. 2005.

In 22 chapters written by 33 contributors, drawn from 15 countries and six continents: this is a truly impressive attempt to capture the current world picture of 'Psychogeriatrics'. World thinking on the issue of mental health amongst older people has become sophisticated and is maturing rapidly as ideas and experiences are shared generously and warmly between peoples. This is something to be pleased about, given the neglect and disinterest shown even in those countries with substantial numbers of old people up to the 1950s. Section One looks for general principles. It reviews the lessons of a short history (50 years) within the UK, North America, Europe and Australasia, led by individual clinicians or clinical teams. This might be contrasted with the systematic 'public health' model described by Martin Prince and Peter Trebilco in their stimulating account of recent ideas and their implementation in countries where there are few medical or nursing professionals, and few old people. It is, of course, a false dichotomy, for wherever services are to be brought to individuals and families, there is a clinical interface; and psychogeriatric service delivery has included a public health perspective from its beginnings. This was, and remains, Tom Arie's gift to medicine, carried on by those who have understood and followed his lead.

Section Two offers (mainly) brief accounts of current service profiles in individual countries or continents. Politics and financial imperatives are exposed for criticism and consideration, openly and helpfully. It is understood that, in many countries, old people are poor and are expected simply to fade and die once they become unable to provide for themselves. The shocking contrast of this, with the massive investments demanded to maintain life, at all costs, in nursing homes in the USA, makes for uncomfortable reflection. Within the spectrum of differences, the oddity of urban advantage over rural neglect, matched in China at least, by a very marked excess of rural suicide, encourages optimism for the life-styles towards which which mankind is drifting. At present, it is the variation between economies, within and between nations, which determines the experience of mental illness in late life, for the elements of best practice in therapy and care are not dependent upon complex, advanced technologies. These last are, appropriately, inconspicuous within this narrative.

Section Three presents the final cross-cut through the elements of services: acute care, long-term care, etc. Very near the end, Alastair Macdonald is allowed in to steal the show with his characteristically quirky exposé of approaches to 'evaluation'. His predominantly Eeyore minor key, gives way, on occasion, to more reckless Bill Bailey riffs: refreshing if surprising excursions, which bring a smile as he encourages the reader to embrace the unlikely pleasure of doubt. 'A chapter like this is unlikely to stimulate Pauline conversion to RCOM (Routine Clinical Outcome Measures – I think)' is as good a sentence as any I can think of, to sell a book and maybe even draw new recruits to the field.

This is a good book. It addresses its massive, serious, still-unfashionable, but important topic with humane sense and balance. It will take the cause several steps forward.

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