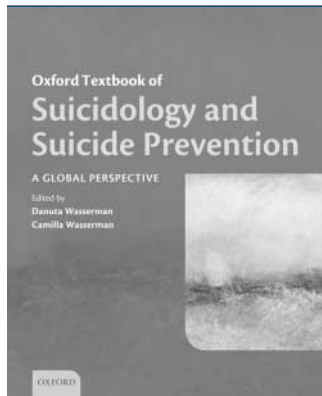


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



**Oxford Textbook
of Suicidology
and Suicide Prevention.
A Global Perspective**

Edited by Danuta Wasserman
& Camilla Wasserman.
Oxford University Press, 2009.
£75.00 (hb). 912pp.
ISBN: 9780198570059

Around the world there are about 1 million deaths from suicide each year. This is more than in all the various wars and conflicts currently ongoing, a fact that would doubtless surprise many, including some policy makers. Suicide is clearly a major public health problem and this new textbook addressing suicide and its prevention is to be welcomed. The editors are a psychiatrist and an anthropologist, widely published in a range of issues related to suicide, who have brought together a distinguished international group of contributors with a breadth of academic and clinical experience in this field.

The strengths of the book are in the breadth of its coverage embracing both public health and healthcare issues as well as giving the reader a truly international perspective on suicide and strategies for its prevention. There is much to be learnt from the shared experiences of authors from every corner of the globe. I was particularly engaged by the chapter on suicide during a time of transition in the former Soviet republics. The ethnic and religious diversity in the post-Soviet countries, as well as the role of alcohol and the anti-alcohol policy in the *perestroika* period, mean the lessons of this chapter have significance well beyond these countries themselves.

It will surprise many readers that the book opens with chapters on suicide in a religious and cross-cultural perspective. The editors defend this decision in the preface, highlighting the fact that suicide is deeply tied up with the individual's existential and social condition; this is also ably argued further throughout the book. Psychiatrists as a group are less religious than their patients, yet strategies to prevent suicide need to 'incorporate the traditional world views of individuals and communities' and their constructions of the meaning of life and death. Thus, psychiatrists should heed the message of these chapters irrespective of their own beliefs.

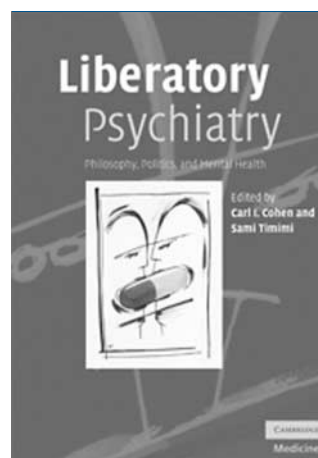
From the perspective of a practising clinician, I found the chapter on the clinical interview as an assessment tool of particular value, as it emphasises being able to understand the patient's 'experiential world' as a crucial part of clinical assessment, complementing standard assessment of risk factors. However, like many other chapters in this book, it will leave the reader thirsting for more.

The book has other weaknesses. Given that the population attributable risk for suicide in people who have a mental illness is 40%, and as one of the authors notes, mental illness is 'an almost necessary but insufficient risk factor for suicide', psychiatrists will be surprised that there is only one 12-page

chapter on major psychiatric disorders and suicide (though this is covered to some degree in other chapters). Other omissions include discussion of mentalisation-based treatments for borderline personality disorder; similarly, discussion of the role of primary care in suicide prevention is weak. Surprisingly in the current political climate, there is little or no mention of suicide as a political act (including suicide bombing). Finally, UK readers will be surprised that this Oxford textbook contains no contributions from the Oxford University Centre for Suicide Research. These comments notwithstanding, this book is a notable addition to the literature on suicide and its prevention and it is highly recommended.

Tom Brown Consultant Liaison Psychiatrist, Western Infirmary, Dumbarton Road, Glasgow G11 6NT, UK. Email: tom.brown@ggc.scot.nhs.uk

doi: 10.1192/bjp.bp.109.070151



**Liberatory Psychiatry.
Philosophy, Politics
and Mental Health**

Edited by Carl I. Cohen
& Sami Timimi
Cambridge University Press, 2008.
£37.00 (pb). 306pp.
ISBN: 9780521689816

This multi-author book is a critique of psychiatry and its role in the world. Many authors are from the school of critical psychiatry, which maintains that science and psychiatry are complicit in the oppression of people, because scientific knowledge exists in the context of the prevailing social and political environment and its development requires establishment of institutions, privilege, power, and adheres to normative choices and their values. Science is not value free, but carries the aspirations of those who wield power, and alternative views struggle to achieve legitimacy since their position is powerless within such sociopolitical systems. The authors describe recent changes in the global socioeconomic and political environment and some of the devastating impact that societal structures of power have had on individuals and their health. This is wide-ranging and includes concerns about the role of the pharmaceutical industry, Western practice and service delivery (US-style managed healthcare) which 'commodifies' distress. The book advocates a bottom-up perspective to make sense of these dynamics.

Many readers would object to the denial of professional expertise to alleviate distress. Others would consider the call to dismiss scientific knowledge as counterproductive. We are, however, well reminded that contexts are important, especially since mainstream psychiatry tends to locate problems in individuals – it does not always acknowledge the influence that socioeconomic factors may have on health.

The authors offer a 'constructive postmodernism' approach, which is unconvincing as it appears to have little substance to offer assimilation between traditional/subjective and modern/objective practice. The hegemony of societal institutions is already being

challenged in various ways and value systems are changing, with a growing awareness of the consequences of consumerism, added to by the fallibility of financial systems. I would have thought that the recovery paradigm, with its emphasis on personalised outcomes, self-direction and valuing the local narrative while acknowledging the usefulness of science and biomedicine, would be the way forward.

Although it is sometimes difficult to follow the twists and turns of the philosophical debate unless the reader is well versed in this discourse, the book provides an impetus to debate and offers some insights into the historical context of how we live, often lacking in conventional discourse.

Debbie Mountain Royal Edinburgh Hospital, Morningside Terrace, Edinburgh EH10 5HF, UK. Email: debbie.mountain@nhslothian.scot.nhs.uk

doi: 10.1192/bjp.bp.109.070128



The Recognition and Management of Early Psychosis: A Preventive Approach (2nd edn)

Edited by Henry J. Jackson & Patrick D. McGorry. Cambridge University Press. 2009. £40.00 (pb). 444pp. ISBN: 9780521617314

One of the more remarkable developments in psychiatry over the past two decades has been the rise of ‘early intervention’, both as a topic of research interest and as a policy principle attracting generous resourcing. Indeed, for those not directly involved, but who view the field with interest from outside, it is the possibility of mismatch between these two that is so fascinating – providing either the spectacle of a powerful machine rising from the systematic acquisition of technology or the hypnotic attraction of a Ferrari being driven swiftly, if inelegantly, along by a Vespa two-stroke.

The intuitive pull of the field is obvious – gone should be the days when, as Johnstone and colleagues in one of the seminal early studies found, patients and their families had to withstand more than 30 attempts and wait many years to get unheeding services to treat their concerns as valid. As a core practice principle, ‘early intervention’ is beyond challenge. And when framed by the powerful intellect of the late Jed Wyatt, one of that towering generation of mainly American authors who pioneered systematic review in psychiatry, an eye-catching theoretical perspective emerges to blow a pleasing breath of optimism into a specialty grown weary of the therapeutic pessimism its core business seems to offer. As the editors of this volume point out, however, there is nothing new about the field and other explanations for its ascent must be sought – perhaps in the move to community treatment, and child and adolescent psychiatry into areas it traditionally eschewed?

Be that as it may, early intervention is here to stay. The real question is the basis of its place at the policy table. Is it by dint of ‘desire’ or from scientifically validated ‘need’? This volume, as one would expect, is not diffident in attaching its colours to the latter mast, presenting itself with a logic that is engaging and enthusiasm that is contagious. It is a thoroughly comprehensive overview of the field and an excellent read well worth the effort,

bringing together an impressive array of those who have published in the field – though with an Australian bent (half the authorship), perhaps a worthy reflection of the contribution the Melbourne group have made to the field. It is certainly striking these days to find in a multi-author international text only two of some 60 authors from US centres, though whether this reflects American research interest or editorial factors is unclear.

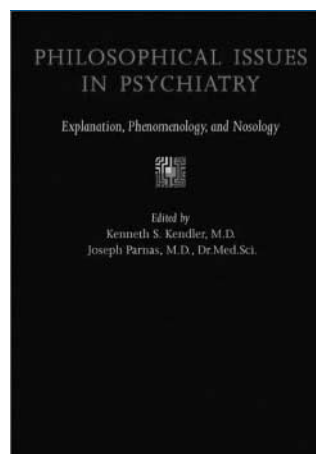
The book’s layout is systematic, with conveniently separated sections focusing on particular areas, some of which (e.g. section 2, ‘Risk and vulnerability’) are particularly informative, though some leave the outsider rather uncomfortable (e.g. public ‘literacy’ programmes and section 7, headed ‘Specific interventions’). It is particularly valuable to have the German perspective presented as the concept of basic symptoms is one the English-language generalist may not be familiar with but that holds much of interest. There is even an outline for those wishing to pursue service development.

There are inevitably some signs of schism, evident also in the literature (Weinberger and Pantelis talk lucidly and informatively about genetics and endophenotypes of schizophrenia but clinical contributions veer beyond these very specific boundaries set by Wyatt’s theorising) and some lingering grey areas, such as the issue of duration of untreated illness *v.* duration of untreated psychosis, are also notably absent as topics of debate. The biggest weakness however – the elephant in the room – is the failure of the volume to tackle head-on its critics. The read would have been immeasurably enhanced by a section devoted to issues of sample selectivity, confounding, the literature linking untreated interval to biological variables and the whole issue of the direction of causality – all those criticisms that leave many in the scientific community still wondering whether early intervention’s place at the policy table remains based as much on desire as science.

This volume is a worthy successor to its own first edition and will rightly be regarded as a widely-read bible of early intervention. While there is much fact and more wisdom in the Good Book and few whose life would not be bettered by knowledge of its content, it is also a work whose richness is best appreciated by those of faith.

David Cunningham Owens University of Edinburgh, Department of Psychiatry, Kennedy Tower, Royal Edinburgh Hospital, Morningside Terrace, Edinburgh EH10 5HF, UK. Email: david.owens@ed.ac.uk

doi: 10.1192/bjp.bp.109.073247



Philosophical Issues in Psychiatry: Explanation, Phenomenology and Nosology

Edited by Kenneth S. Kendler & Josef Parnas. The Johns Hopkins University Press. 2008. US\$60.00(hb). 424pp. ISBN: 9780801889837

This is a serious and important book dealing with the concepts that underpin models of explanation, the nature of psychiatric phenomena, and whether psychiatric taxonomy reflects ‘real’ diseases. It grew out of a conference held in Copenhagen in 2006.