

audience but 'the busy general practitioner and other primary care team members' is. For this group of health professionals it is woefully lacking in substance and it is directed to the lowest common denominator of knowledge of depressive disorders. Indeed were the 'busy general practitioner and other primary care team members' to find this pocket book useful it would be an indictment of the current crop of primary health care professionals and would raise serious questions about their ability to deal with those suffering from these disorders at all.

The writers suggest memorising the DSM criteria for major depression – an exercise in procrustean dogma and remote from the clinical acumen which the skilled health professional utilises in making diagnosis. The differential diagnosis is considered in less than half a page and the authors do not mention, anywhere in the text, the distinction from adjustment disorders, the category probably most commonly seen in general practice, or the diagnostic confusion with anxiety disorders, again a frequent occurrence in the primary care setting. While the various antidepressant groups are listed along with their common side-effects the authors could have usefully provided assistance in choosing between one group and another or between different drugs in the same group, instead the authors choose to limit themselves to a broad descriptive sweep.

General practitioners constantly refer to the problems of compliance which they encounter among their patients once symptomatic improvement has been noticed. The authors of this book correctly recommend antidepressant treatment for 4–6 months but with no hints on how to encourage this.

The section on suicide risk assessment following an episode of parasuicide is the most useful contribution to the book and provides a useful strategy for interviewing the patient and for negotiating a management plan. A further positive aspect is the production of the text itself – the paper is nicely textured and the layout utilises highlighted tables lavishly. It is regrettable that the content is so shallow.

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**Options for Improving Patient Care in Schizophrenia.** Edited by HUGH FREEMAN. London: Royal Society of Medicine Press. 1996. 57 pp. £10. ISBN 1-85315-288-9.

This book in the Round Table Series sets out to review the current model of care and the

effectiveness of the service. Alarm bells are immediately set ringing by the fact that no social worker could be persuaded to take part in this critical review. The editor draws attention to the fact that this itself reflects the problematic role that social services play in mental health in most parts of the country.

This multi-disciplinary Round Table discussion makes a brave attempt to provide a comprehensive and balanced review of the current status. Certain uncomfortable facts are highlighted. The enormous burden placed on family, voluntary workers and general practitioners is sharply focused. A plea is made for the hospital to remain an essential part of the integrated package offered to patients and their families. The introduction of new medications, with particular reference to clozapine, is discussed. Several people emphasised the real cost of community care and the need to judge the newer and more expensive drugs in this context. The reality facing purchasing organisations with limited resources and the need to define clear treatment goals and prioritise treatment programmes is clearly reviewed.

The improvements brought by community care is acknowledged and particularly that this is frequently preferred by patients and their families. In this context the results of research showing an increasing burden on general practitioners, families and carers, coupled with a trend for community psychiatric nurses to involve themselves in the less seriously ill revealed important areas requiring urgent review and adequate resources.

At times this review is uncomfortable and thought provoking. This book can be recommended to all who care for those suffering from severe mental illness and are interested in building a research-based system of treatment and rehabilitation embracing an integrated multi-disciplinary approach.

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**Child and Adolescent Services. Young People and Protective Legislation. Safeguards for Young Minds.** Edited by R. WILLIAMS and R. WHITE. London: Gaskell. 1996. 122 pp. £10 (pb). ISBN 0-902-241-94-X.

The past 15 years have seen a dramatic increase in the legal complications affecting the work of child and adolescent psychiatrists. The provisions of the 1983 Mental Health Act include no minimum age limit, and its use is often an alternative to the Children Act 1989 when a child, or more probably an adolescent, is

unwilling to accept that admission seems desirable, and this book provides it.

Richard Williams, a child and adolescent psychiatrist until recently Director of the Health Advisory Service (HAS), and Richard White, a highly respected solicitor specialising in the field of child law, have combined to edit the text. They cover different aspects of the Children Act (Private Law Orders, Public Law Orders and Orders for the Protection of Children), and then consider the state of the law in relation to consent to treatment, wardship, special educational needs, restriction of liberty, aftercare and complaints procedures. Throughout their approach is descriptive rather than prescriptive, and when, as in the case of involuntary admission, there are possible alternative courses of action they do not provide guidance but expand on the advantages and disadvantages of each approach. This might be regarded as rather over cautious, but I expect this was dictated by the semi-official nature of this publication.

The book is very clearly written, without legal jargon. I would think that any child psychiatrist having ready access to it, and to the latest edition of *Child Psychiatry and the Law* by Dora Black and colleagues, also published by Gaskell Press, would be fully equipped to face any legal dilemma.

My only reservation concerns the format. We are now used to Department of Health pronouncements about the need to avoid waste in the NHS, at the same time as we receive documents published by that Department that are incredibly wasteful of high-quality paper. This book has been published in the standard HAS format. The text is bordered by five-inch margins, and the book has 121 pages of which 46 (37%) are either blank or filled with computer scribble. Why is it thought necessary to imitate the Department of Health in this respect?

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**Living in the Community.** By DIANA ROSE. London: Sainsbury Centre for Mental Health. 1996. 48 pp. £4. ISBN 1-870480-26-0.

*Living in the Community* reports a survey of 76 mental health service users' views of how they are treated in their day-to-day lives in the wider community. The author, Diana Rose, has a background in social sciences and a PhD in social psychology. She has also been a user of mental health services for 25 years. The researchers who administered the semistructured interviews were also service users with in-patient

experience and were clearly up-front about this in their contact with subjects. They chose not to ask for diagnoses (to emphasise that the interview was about users' experiences and not their mental health), but most subjects volunteered their diagnosis of schizophrenia. The sample was drawn from a day centre (58 users) and 18 'hard to engage' clients interviewed via their key-workers.

This small, well-written pamphlet gives a clear description of those interviewed and their experiences. Friends, church, family community organisations and casual contacts (in that order) are appreciated and experienced as supportive and understanding. Housing agency and social security staff and the police (again, in that order) are experienced as positively rude and even hostile. Work colleagues and neighbours lie somewhere between.

The users interviewed attributed much of the stigma and discrimination they experienced to the influence of the media. Television and the newspapers are blamed for fostering frightening stereotypes of mental illness. Diana Rose concludes that inadequate training for front-line staff (whether housing, social security or police) is a major factor perpetuating their poor treatment by these groups. She sees improved training, drawing heavily on input from service users, to be the way forward.

At one level this could make pessimistic reading. I was struck, however, by how many of the experiences described reflected the common human problems faced by disadvantaged individuals surviving in a complex urban environment. They did not sound particularly exclusive to users of mental health services. The problems with neighbours could apply to any of us. Likewise, the relationships with social security staff, housing staff, work supervisors and the police could just as easily have featured in a report on the unemployed or ethnic minorities. This is not to excuse it, and we must strive towards a more accepting, tolerant society for all its members. In the past it has been the special misfortune for the mentally ill to be doubly burdened. They were marginalised by poverty and unemployment, and then shunned even by the poor and unemployed through fear and misunderstanding. I could detect hints in this survey that this second barrier was perhaps beginning to dissolve.

This book is mercifully free from shrill ideological attacks on mental health workers and is well worth buying and reading.

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