
Book reviews

Emergency Mental Health Services in the Community (eds M. Phelan, G. Strathdee & G. Thornicroft), pp. 361. Cambridge University Press. ISBN 0-521-45251-1.

"Round up the usual suspects" orders Inspector Renault to keep the authorities occupied as Ingrid Bergman and her husband escape at the end of Casablanca. The editors of this book, ". . . providing a comprehensive overview of current understanding about the provision of emergency mental health services in an era of community orientated care," appear to have followed Inspector Renault's example. Armed with an interesting title they have rounded up a collection of reliable experts who can write well-crafted and authoritative chapters on most aspects of community psychiatry. The result is a series of well-written, thorough and quite scholarly chapters but which give little sense of any intimate involvement with the subject.

This lack of first hand engagement is manifest throughout in the striking absence of any focused debate on the difference (if any exists) between an emergency, an urgent problem or just common-or-garden acute psychiatry. Several of the chapters could just as easily have been in a general book about community mental health and too many repeat the same elements of introduction. It is annoying to read for the fourth or fifth time how essential it is for an emergency response to be well integrated into a comprehensive network of services or that there has been a shift over time from centralised emergency provision to locating it as one component of a local comprehensive service.

Heinz Katschnig's excellent introductory chapter ends with the conclusion "Emergency psychiatry is not simply general psychiatry in an acute setting . . . working under such circumstances is quite different from ordinary psychiatric duties". It is to understand that difference that the reader is likely to buy this book, and generally to be disappointed.

There are exceptions. The most outstanding is Russell Bennett's chapter 'Family placement schemes as an alternative to short-term hospitalisation' which excludes enthusiasm and a depth of experience. He gives a vivid, detailed description of the practicalities of the service including a case history about the admission of Mary. His honest, balanced discussion of the strengths and weaknesses in the venture - 'Why does it work' and 'Potential problems' gives an immediate

'hand-on' feeling plus an understanding of the service's guiding principles and philosophy. Bennett recognises the fears of the host families that they will be uncovered as "not normal enough for the job". He also comes closest to conveying a feature of successful emergency work which probably does distinguish it from other aspects of mental health practice. For him the idiosyncrasies of the situation - the circumstances of the crisis and the varied personalities of the patients and carers - are the source of the solution, not complications of the problem. He conveys his ease in working with, and enjoyment of, the individual variations in both patient and host. One can understand the contribution of such a service, see how it might fit into your own service, and have the confidence to start exploring its local feasibility.

The chapters by Peter Tyrer on 'Maintaining an emergency service' and by Lorenzo Burti and Michele Tansella on 'Acute home-based care and community psychiatry' also carry a ring of real knowledge and enduring practice derived from years of finding out what works and what does not. I felt that these authors would have been able to address the question of what is the essential character of emergency mental health practice. The book would have been enhanced if they (and perhaps all the contributors) had been specifically instructed to draw out the distinctions between their emergency and non-emergency practice.

Peter Tyrer's discussion of the 'skill-share' approach to his service leads into considering the nature of hierarchies within teams and their relationship to burn-out. The response to emergencies puts team functioning and its structure under intensified scrutiny. Rapid decision making in situations of stress and incomplete information are characteristics of emergency practice identified by Katschnig. Such stresses expose aspects of relationships which can otherwise be avoided or obscured. An exploration of whether there are different working relationships required for emergencies or whether it is the same relationship only clearer would have been a valuable contribution to our understanding of community mental team health functioning.

Having commented on the general lack of focus in many of the chapters it may seem churlish and even partisan to criticise the chapter on user's perspectives by Liz Sayce, Yvonne Christie, Mike Slade and Alison Cobb for these same failings.

Users are crucial stakeholders in the mental health system and few would quibble with the authors' statement: "... a partial revolution has been brought about by user involvement. For the first time users in some areas have begun to have some real say in what is - and is not - developed."

Much of this impact has come from persistent advocacy and skilful politics where eloquence, polemic and judicious overstatement are fair enough. These are, however, out of place and unproductive in an academic book. The reader has a right to expect that the literature quoted will have been consistently surveyed to give a balanced view of the present state of knowledge - not plundered for selective quotes to support specific opinions. Similarly when facts are stated the security of the knowledge and the existence of contrary findings should be acknowledged. This chapter fails to give any sense of the weighing of evidence. It is a passionate indictment of the current mental health services generally. Professionals are savagely criticised either for neglecting their duties and doing nothing for patients: "You're lucky to see a psychiatrist for more than five minutes a week", or when they do do anything then their expertise renders them crushingly insensitive to patients' individuality. Surely the authors must acknowledge that there are some elements of good practice and decent intentions which characterise the whole service and not just in some isolated exceptions?

My contention with this chapter is not with the authors. Their views are well known and eloquently and effectively expressed in other settings where they can be a powerful antidote to complacency. My argument is with the editors for not requiring the same academic rigor in this chapter that they would expect in the others. Had they done so I have no doubt that Liz Sayce and colleagues could have risen to the task. We know that they are perfectly capable of it. As it is the opportunity is lost.

Overall, therefore, a patchy book. There are some useful insights and some very good writing which repay a selective browse but hardly worth reading from cover to cover.

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Attention-Deficit Scales for Adults (ADSA). Santo J. Triolo & Kevin R. Murphy. Available from Brunner/Mazel, Inc., 19 Union Square West, New York NY 10003, USA. Fax: (212) 242-6339.

This instrument is a self-administered questionnaire (54 items). From these, by an ingenious scoring device, nine subscales are derived together with an indication of the reliability of completion and comparison of scale scores with the normative population. The nine subscales are termed: Attention-Focus Concentration; Interpersonal; Behaviour Disorganised activity; Coordination; Academic Theme; Emotive; Consistency/Long Term; Childhood; Negative-Social.

The numbers of items contributing to each of these varies between 23 (Behaviour Disorganisation Activity) and 2 (Academic Theme and Childhood). The response to the completed Scale produces a profile which is recorded on a well-produced chart. The chart provides information on 'normal' and standard deviations of scores for all subscales together with percentiles for the normal population.

The subscales and the total scale score are supposed to relate to measurement of a disorder (Attention Deficit/Hyperactivity Disorder - AD/HD). The sample on which the scales were established included subjects with "emotional difficulties" (? psychiatric disorders) and subjects reporting problems with attentional deficit. The authors attempt to justify failure to exclude such groups but it would have been better if they had been excluded since the Scale is designed for clinical use.

It has been overambitious to include all the subscales especially since the meaning of those based on few items must be doubtful. There is a mixture of 'state' and 'trait' concepts and indeed the 'Negative Social' subscale is largely a reflection of trait although, and this the authors admit, its interpretation is obscure and conclusion of personality disorder should not be based on it.

The Scale is well presented and the items may be read in this country without being unduly aware of its American origin. It will probably find more use in non-clinical settings and, in such settings, will be a helpful addition to the available instruments.

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