

sense of security seem to mean even more, and when they 'have to', some of them move light-heartedly, with no looking back. My mother of 92 is a case in point, having left her house for an adapted, much smaller flat with no regrets when she turned 85. I read between the lines that the authors understand the stayers better. Those who are attached to the things they have surrounded themselves with, than the movers, who leave much of this behind with open eyes. Some move lightly, others only with regrets, and the difference between the two may be a key to understanding the environment–identity issue better.

The final chapter tries to polish some of the findings under the headings of 'place identity' and 'time and space'. In the latter case this means how people organise their time and surroundings, giving continuity and predictability to their private world, at the same time linking them to the larger society through the carrying out of the rituals of daily life. Again, I would have liked the authors to be even more bold than they are in their generalisations. They might have followed Kaufman, whom the authors refer to in their conclusions, when she suggests 'the ageless self' as a metaphor for her study on similar matters. Anyway, judge for yourself. The book is a nice read on an important theme, with something for researchers, students and policy makers.

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John P. Wattis and Stephen Curran, *Practical Psychiatry of Old Age*,
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1 85775 796 3.

Even more than its title implies, this book is indeed practical. It tells you not just about the theory and practice of old-age psychiatry, but so much more about what working in the specialty is actually like: the family; conflicts and feuds; deducing behaviour from the state of the home; post-traumatic-stress disorder related to war experiences decades after events; unanswered and possibly unanswerable ethical dilemmas; and a somewhat cynical view of planning and delivery of services and the implementation of often unevaluated policies. These are the real-life dilemmas in everyday clinical practice and service development. The authors note the reality, often unacknowledged (especially by politicians), that *we* are the old people of the future. If everyone followed the authors' advice in aphorisms like, 'The confused person does not usually ask for help', or took heed of the importance of developing a 'personal' or 'relational' empathic route to treatment for their patients, we would be able to provide a better service, even within the financial constraints of current service provision.

The book encompasses all objectives of learning: developing knowledge, attitudes and skills. The case studies make it interactive and further enhance learning. The emphasis is on a non-ageist approach providing the same options for social, psychological and physical treatments for older people, adapting them if necessary to the older person's other needs, such as physical limitations. Many old-age mental health services have not always been equitably resourced compared to those providing care for younger adults. Useful data are given, often in

tables. Intriguing key statistics from *The Debate of the Age* (Age Concern England 2000), such as the number of centenarians in the UK in 1951 and 2031 (300 and 36,000 respectively), give food for thought.

Whilst working with elderly mentally-ill people it is sometimes easy to forget the characteristics of healthy older people, their abilities, wisdom, their psychological strengths and their ability to adapt to losses or adversity in old age. Referring to Erikson and his colleagues (1986), the authors explain that there are 'core conflicts' at all stages of life, including old age. Our interactions as professionals with healthy carers are rightly emphasised. Some of the more general theoretical passages on illness classification or mental health legislation are rather dry, although accurate and concise. They are essential for the non-medical reader working with older mentally-ill people to gain an overall picture of the specialty. However, at times these descriptions are not specifically related to old age. This is a shame because such detail could draw the reader further into the subject. For example, it could have been pointed out that an absence of information, such as the lack of research on the prognosis of neurotic disorders in older people, could be of potential benefit by spurring on some enthusiastic psychiatric registrar or multi-disciplinary team actually to do the research. Interestingly, the authors justify the use of the diagnostic category 'late paraphrenia', even though it does not appear in the major disease classification systems.

The guides to further references (both electronic and paper) are excellent, although occasionally the most up-to-date edition is not cited. A couple of typographical errors are careless, and there is some repetition, although I suspect this was deliberate to ensure clarity. I could find not references to that mysterious condition of Diogenes (senile squalor) syndrome for which social workers not infrequently request information or ask the mental health team to do something about. The limitations of clinical methodology are discussed, for example, the pros and cons of various cognitive assessment tools, and this is valuable.

Surprisingly, there was a stronger focus on the Care Programme Approach for mental illness in all adults, rather than the Single Assessment Process (Department of Health 2002), first introduced with the *National Service Framework for Older People in England* (Department of Health 2001), which aims to ensure that older people's care needs are assessed thoroughly and accurately without procedures being needlessly duplicated by different agencies. The difficulties, dilemmas, misunderstandings and debates of implementing such a co-ordinated approach, in a specialty which is often regarded as being at the interface of geriatrics and psychiatry rather than as a specialty in its own right, would have deserved inclusion.

This is a down-to-earth book, full of data, suggestions on therapeutic interventions, and with a good index. It is readily usable, for example in team meetings or for planning teaching. It will be extremely helpful to various health and social care professionals working with elderly mentally-ill people and supporting their families and carers. It will be particularly helpful to the junior psychiatrist in training. Practising specialist consultants in old age psychiatry can also learn from the book, and reconsider aspects of their practice or revise approaches to interventions for conditions encountered only infrequently in their daily clinical work. It is often difficult to convey one's passion for a subject in a textbook. However,

Wattis's and Curran's enthusiasm and zeal for their speciality are palpable and this makes their book a pleasure to read.

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