



reviews

Child and Adolescent Mental Health Services: Strategy, Planning, Delivery and Evaluation

Richard Williams
and Michael Kerfoot
Oxford: Oxford University
Press, 2005, £40.00,
556 pp.
ISBN: 0–19–850844–1

Child and adolescent mental health services (CAMHS) in England and Wales face a decade of major challenge and major opportunity; challenge in the Children's National Service Framework objective of providing comprehensive mental health services to the 18th birthday and opportunity in the promise of 10% year-on-year increased funding to facilitate this. Politicians, planners, commissioners and providers will need to collaborate as never before if this aspiration is to become reality. Richard Williams and Mike Kerfoot endeavour to provide a road map for that journey.

Contributors drawn from academic, clinical, health economic, policy and management backgrounds provide a theoretical and practical framework within which to develop services. In some chapters liberal use of figures, flow charts and tables complements the text. The book comprises four sections – how/where planning takes place, planning for what, lessons from abroad, and delivery.

Sometimes drawing on homespun wisdom, other times using highly reasoned philosophical and ethical argument, the initial section describes the context within which decision-making and planning occur.

A clinical section reviewing the requirements of young people with particular disorders or needs follows. Inevitably each problem receives only summary treatment and chapters overlap considerably. Forensic services and substance misuse services stand out as exceptions, perhaps reflecting the underdeveloped nature of current services in these areas.

'Lessons from abroad' are personal reflections upon Europe, Australasia, North America and developing countries.

The final section focuses upon service development. 'Priority setting' and 'Achieving change' provide practical checklists against which commissioners and clinicians can assess their services. There is considerable emphasis upon interventions at a primary care level but little regarding development of age-

appropriate in-patient provision (five indexed references in total), despite the problems often encountered by clinicians and commissioners in accessing such a bed in an emergency – a situation likely to intensify as the 18th birthday becomes the watershed between CAMHS and adult mental health services.

Does the book achieve its aims? Would I purchase it? I will certainly use it in discussion with our managers and commissioners and with trainees in preparation for the service world they will inhabit. Whether it achieves its aims will be measured by how CAMHS evolve over the next decade.

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Key Concepts in Mental Health

David Pilgrim. London:
Sage, 2005, £17.99, 216 pp.
ISBN: 1–4129–0777–2

This book is one of a series – the next title to be produced is *Key Concepts in Leisure Studies* – that, according to the publisher's blurb, 'encourages critical evaluation through understanding'. Pilgrim provides the reader with 50 brief clearly written essays, structured into three parts: Mental Health and Mental Health Problems, Mental Health Services and Mental Health and Society. Essay titles include Psychiatric Diagnosis, Psychiatric Epidemiology, Mental Health Professionals, Coercion and Corruption of Care. Despite the necessarily fragmented structure of the book, Pilgrim puts forward a coherent argument. In these essays, heroes, villains and victims emerge. Heroes include the usual suspects (Szasz, Laing, Cooper, Foucault) together with the rising stars of the user and survivor movement and, presumably, Pilgrim himself. The villains are the psychiatrists, who have abrogated to themselves power over the fate of 'mad' people, and more specifically those who, in league with big pharmaceutical companies, peddle biomedical explanations of 'madness' in place of social and psychological causation. The victims are those who are labelled or identified as 'mad'.

Pilgrim has some harsh things to say about the conceptual basis of psychiatric diagnoses, despite at times using terms such as 'madness' in a quasi-diagnostic fashion. He has read the literature widely,

if not always deeply, and might be criticised for dismissing too readily that which he does not or chooses not to understand (for example, the nature and extent of the claims of neurobiologists and psychiatric geneticists). Some essays are gems of concise exposition of complex concepts (for example, the essay on labelling). Others draw welcome attention to forgotten literature (an essay on corruption of care cites John Martin's important book *Hospitals in Trouble*, published in 1984).

The target audience for the book is 'students', in this context encompassing an enviably wide group of people who need to write essays or submit project work about mental health topics. I suspect that many an essay will be based on an entry in Pilgrim's book, which is certainly critical in its evaluation of the concepts underlying contemporary psychiatric practice. It is, perhaps, a pity that the author, given his satisfaction with his world view, has not engaged fully with these concepts. The understanding that emerges for the reader of the book is, to my mind, distinctly partial.

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Interventions for Schizophrenia

Emma Williams
Oxford: Speechmark,
2004, £29.95, 200 pp.
ISBN: 0–86388–435–0

Interventions for Schizophrenia certainly looks good, has a nice layout, useful handouts and worksheets, and is undoubtedly produced with the best of intentions. Although psychological treatments for schizophrenia have an increased evidence base, are popular with patients and are recommended as a core intervention by the National Institute for Clinical Excellence, they are yet to feature routinely in packages of patient care.

This manual is designed for clinical psychologists, psychiatric nurses, social workers, occupational therapists and other mental health workers treating patients in group or individual settings on the ward or at home. It is divided into three parts: a brief overview of the theory, assessment and, in the third part, individual modules of engagement and treatment preparation, understanding and managing positive symptoms, maximising