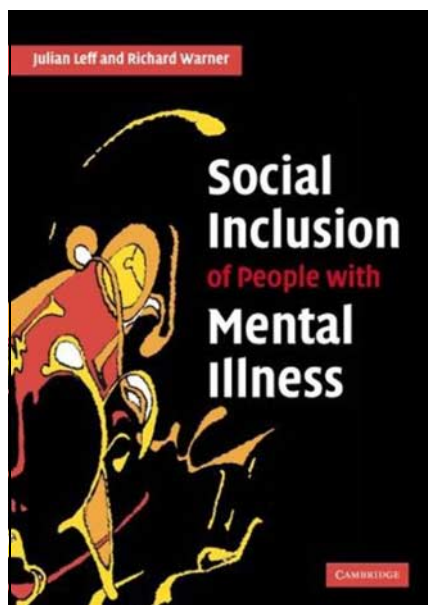


Book reviews

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Social Inclusion of People With Mental Illness

By Julian Leff & Richard Warner. Cambridge University Press. 2006. 202pp. £29.99(pb). ISBN 0521615364



Julian Leff and Richard Warner are two of the key voices in contemporary social psychiatry. This comprehensive (though relatively short) book is written accessibly, so will be a valuable introduction to anyone involved with severe mental illness, but has a wealth of detail for the specialist reader. The narrative is international (albeit with an understandable emphasis on the USA and UK), building a coherent narrative from research – much of which is, by necessity, on schizophrenia. Embedded in this are supporting and illustrating comments by service users, descriptions of fascinating practice innovations (from a consumer-run pharmacy in Boulder, USA to crisis homes in Aro, Nigeria) and invaluable sections drawing on the authors' extensive experience. Part 1 comprehensively reviews chronic psychosis, the history of mental health services, and treatment interventions, with the recurring theme of stigma and discrimination. Part 2 focuses on

employment, with a clear description of the two planks of modern vocational rehabilitation: supported employment and social firms.

The book is optimistic, arguing that innovative model projects can be generalised to wider use, an optimism that may clash with clinicians' experiences of mental health systems with top-down development and resource pressures. But it is also realistic, for example, acknowledging that not all people with chronic psychosis can be employed in the mainstream (though the research suggests 50–60% can, rather than 10–15% typically found), so work alternatives such as reformed sheltered work have a place.

The book is limited on forensic services and the challenges of fostering the social inclusion of mentally disordered offenders. There is the omission of disability discrimination legislation (and the wider context of government social policy) and, indeed, how mental health might be seen as part of the wider disability movement. And I would have welcomed more guidance on substance misuse, physical health and exercise, and on inequities in accessing healthcare. But these are quibbles. This is an excellent book, written with great compassion and with an emphasis on the person, citizenship and solutions.

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Cognitive Therapy of Schizophrenia

By David G. Kingdon & Douglas Turkington.
Guilford Press. 2006. 211pp. US \$37.00 (pb).
ISBN 0198520646

This is an immensely practical therapy manual for use in real-world clinical practice. The authors have avoided writing a step-by-step 'how to' text that would risk

oversimplifying this complex area. Instead, they help readers conceptualise the huge variety of presentations falling within this diagnostic category and emphasise the underlying principles and attitudes that are essential to delivering this intervention effectively.

The relapse prevention section, for example, is not the familiar listing of intervention protocols around the detection of early warning signs. Instead, it provides the reader with an understanding of the process of relapse in order to guide formulation; gives advice on how to raise the topic of relapse during periods of remission; and emphasises the need to maximise the client's sense of control. All of these are essential considerations if techniques are to be applied effectively in practice.

The slower pace and more elusive structure of cognitive-behavioural therapy (CBT) for psychosis can often leave therapists feeling confused and deskilled. Rather than present an idealised 'expert' account of therapy that can add to these feelings, the authors stay true to their therapeutic principles; they normalise many of the anxieties therapists are likely to feel and address many of the obstacles they are likely to face.

The book makes an intriguing read as the two authors are psychiatrists and so present an interweaving of the psychiatric and psychological perspectives that are too frequently seen pitted against each other. The result is perhaps a less thorough

