



columns

The strength of the report lies in the description of the development of the actual services, their contexts and their activities. The accounts convince the reader that much of value was achieved, while being frank about difficulties. Many of these (staff recruitment and retention, inability to solve problems with housing, employment and benefits, and difficulty forming partnerships with other stakeholders, including primary care) are common to many London services. In the face of these, even successful service developments may be insufficient to get us 'out of the maze'.

An evaluation of the services is given, based on stakeholder interviews. The conclusions tend to be cautiously positive, though the real difficulties of developing integrated services in the London context also emerge. More rigorous evaluations of these service models are needed, and two of the services are carrying out randomised trials to be reported separately. A final chapter makes common sense recommendations and this should ensure that the report finds a place as a useful primer for service developers. However, its clear description of a fragmented and complex service context should warn policy makers that there is unlikely to be a single 'London Model' to rival Birmingham's.

Jonathan Bindman Senior Lecturer and Honorary Consultant Psychiatrist, South London and Maudsley NHS Trust, Section of Community Psychiatry (PRISM), Health Services Research Department, Institute of Psychiatry, King's College London, De Crespigny Park, London SE5 8AF. E-mail: j.bindman@iop.kcl.ac.uk

Psychology for the MRCPsych (2nd edn)

Marcus Munafò
London: Arnold, 2002, 198pp.
£18.99 PB, ISBN: 0-340-80911-6

This is a book written for trainee psychiatrists by a psychologist experienced in preparing candidates for the Part I examination. He finds that candidates are unhappy when presented with a heavy-weight introductory psychology textbook, and this text serves as an introduction, a glossary and a source of multiple-choice questions to help revision.

My main concern probably reflects the structure of the MRCPsych exam as much as this book. Conceptually similar material seems to be dotted, almost arbitrarily, through several sections. So while learning, modelling, conditioning etc. appear as 'basic psychology', social learning theory pops up without cross-reference in 'social psychology' (p. 83) and again under 'human development' (p. 124) and learnt fears are treated elsewhere (p. 155). There are also lacunae. For example, for psychiatrists to understand intelligence quotient (IQ) assessments, it might help them to know that two-thirds

of the population have IQs between 90 and 110. Indeed, this may be far more important than being able to define IQ. The number of self-report questions also seems unbalanced: the Social section (28 pp) has 35 questions and Assessment (12 pp) 65.

I admire the author's bravery in attempting to cover the whole of psychology, but there are niggles such as a fundamentally incorrect definition of IQ (p. 106) and ordinal scales (p. 107), an idiosyncratic definition of split-half reliability (p. 102), the claim that there are only two sub-scales in the Wechsler Adult Intelligence Scale (p. 106; there are 11 sub-scales, best combined to yield scores on four ability factors) and an idiosyncratic reading of the behaviour-genetic literature (p. 127), which ignores adoption studies. Likewise, readers may think that behaviour-genetic designs are limited to simple additive models (p. 123), which is incorrect. This book should surely present mainstream opinion. There are also a few incorrectly-spelt authors' names and some terms appear to be used without being defined (e.g., p. 102).

This book is well-written, the index is good, and many of the succinct definitions and sample questions are likely to help trainees' revision. However, there are problems as noted above and the structure of the book makes for a disjointed read.

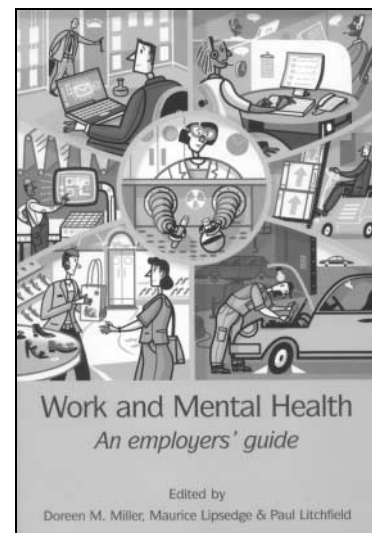
Colin Cooper Senior Lecturer, School of Psychology, The Queen's University, Belfast BT7 1NN, UK

Work and Mental Health: an Employer's Guide

Miller, D. M., Lipsedge, M. & Litchfield, P. (eds).
London: Gaskell, 2002, £20 pb,
176 pp. ISBN: 1-901242-85-4

There seems to be little doubt that work plays an important role in the well-being of the population. Work is after all, *just about the only thing that you can do for eight hours a day*. This book, aimed at employers and occupational health workers, contains a series of articles from a string of leaflets on 'The ABC of Mental Health for Occupational Physicians' and presentations from a conference on 'Mental Well-being in the Workforce – Current Practice'.

The book is divided into chapters concerned with assessing mental health problems and specific disorders written by clinicians and a series of case studies on employers' schemes to improve practice in the workplace. The former are of value to those working in occupational health settings, but the latter may be of interest to general practitioners and those working in mental health services. The chapter on legal aspects of mental health in the workplace is particularly useful.



As with many edited books containing material written for other purposes, there are important omissions. The book has missed an opportunity to outline the importance of work and employment for those with a mental illness. Work for people with mental illness is given an important place in the National Service Framework and both getting people with mental illness into work and keeping them in employment is crucial. More importantly for this book, the National Health Service (NHS) is one of the largest employers in the United Kingdom, yet there is no mention of schemes in NHS Trusts that employ users of mental health services. These schemes not only create jobs, but also challenge many of the barriers and misconceptions about employing people with mental health problems.

Employment for those with a mental illness is of significance to the process of recovery and to social inclusion. It is important that employers, occupational physicians, general practitioners and mental health workers are made aware of these matters and liaison between these groups encouraged. This book may have a role to play in promoting this awareness and collaboration.

Jed Boardman Consultant Senior Lecturer in Social Psychiatry, Institute of Psychiatry, South London and Maudsley NHS Trust, De Crespigny Park, Denmark Hill, London SE5 8AF

Outcome Measurement in Psychiatry: a Critical Review

IsHak, W. W., Burt, T. & Sederer, L. I. (eds). Washington, American Psychiatric Association, 2002, £69.95 pb. ISBN: 0-88048-119-6

There is international interest in establishing outcome measurement as part of routine practice in mental health services. This book is therefore timely. Its main limitation is that it concentrates almost exclusively on developments in the United



Institute of Psychiatry (Division of Psychological Medicine, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF), Trust Head of Psychology, South London & Maudsley NHS Trust

Students' Mental Health Needs: Problems and Responses

Nicky Stanley and Jill Manthorpe (eds). London: Jessica Kingsley, 2002, 224pp. £15.95 pb, ISBN: 1-85302-983-1

This edited book is aimed at academic, administrative and student support staff in higher education, providing the reader with a variety of perspectives including personal accounts, chapters on contributory factors to illness and outlines of innovative services. The personal accounts are of shame, anger and hopelessness made worse by the fearful or frankly hostile responses of bewildered tutors and inadequate interventions from counselling services. Not that contact with external psychiatric services was that rewarding either. Seeking help entirely outside the educational system does nothing to encourage that system to adapt to the special educational needs of students.

The key, of course, is to bring together good mental health care with sensible adaptations to the educational system without lowering the standard required of the student, to make it more likely that students' work progresses in spite of ongoing health difficulties.

Two chapters stand out for me as illustrations of how this might be done. In the first, Barbara Rickinson and Jean Turner describe a comprehensive system of supportive services at the University of Leicester. Mental health awareness is built into staff development, and compulsory training is provided for all tutors in the recognition and management of stress. Consultative support is provided to tutors by a Student Support and Counselling Service that also delivers a broad range of interventions for students ranging from workshops aimed at helping first year students adjust to life at university to confidential counselling for students with mental health problems. A consultant psychiatrist is also available one session a week.

From a rather different perspective, Kathryn James describes a joint initiative between a mental health trust and New College Nottingham for people suffering from severe mental illness, providing opportunities for more than 300 referrals a year from adult mental health, admissions and forensic services. Guidance workers help potential students choose a course and provide ongoing support. The courses themselves are designed and run

States. Only three of the 49 contributors have affiliations outside of the USA and only one outside of North America. Thus, the experience of those who are introducing routine measurement across entire national mental health care systems is not considered. This includes England, where the Department of Health is attempting to implement a common approach to the collection of outcome measures and performance indicators, and Australia where the Federal and State governments have already mandated routine outcome measurement for all public and private mental health care providers, using a common, core set of measures. These developments in Australia refute the book's somewhat parochial contention that 'a national system of outcomes management . . . remains more tomorrow's technology than today's'.

Having said this, this 450-page book is a useful reference source, both about the opportunities and challenge of introducing routine measurement and about the psychometric properties of some of the measures themselves although here, once again, the focus is almost exclusively on instruments developed in the USA. Separate chapters discuss outcome measurement in the different psychiatric specialities and for the main classes of disorder. However, as might be expected from a book with so many contributing authors, the chapters vary in quality and in depth. The chapter about outcome measurement in mood disorders stands out for its critical reviews of specific measures, which include tidy summaries of reliability, validity and sensitivity.

The final section of the book considers the practicalities of implementation, with some informative case studies of attempts to introduce routine outcome measurement in local mental health care systems. These sound a note of caution to those wishing to do this, that is relevant whether the attempt is within a single team or across an entire country. The lessons are summarised neatly with the conclusion that "the introduction of an outcome measurement program into a system of care is a delicate management process . . . if unsuccessful, the program can get mired in expensive and mindless data collection. It can alienate overburdened clinicians and support personnel".

Paul Lelliott Director, Royal College of Psychiatrists' Research Unit, 6th floor, 83 Victoria Street, London SW1H 0HW

The Case Study Guide to Cognitive Behaviour Therapy of Psychosis

Kingdon, D. & Turkington, D. (eds), Chichester: John Wiley & Sons, 2002, 240 pb. ISBN: 0-471-49861-0

Recently the National Institute for Clinical Excellence (NICE) issued the Schizophrenia Guideline 'Core Interventions in the Treatment and Management of Schizophrenia' (National Institute for Clinical Excellence, 2002). This evidence-based guideline, in which I had a hand and must therefore declare an interest, recommends the provision in the National Health Service (NHS) of two forms of psychological intervention; family interventions and cognitive-behavioural therapy (CBT) for psychosis. Kingdon and Turkington's book is therefore timely, for it provides a lucid introduction to the provision of CBT for psychosis in the context of NHS services. The introduction gives a brief overview of the clinical approach, while most of the remainder of the book consists of case studies written by therapists. What distinguishes the book from others is that the therapists, from the different professions of psychology, psychiatry and nursing, have different levels of training and experience. Each case study chapter starts with a brief description of the author's route into the practice of CBT for psychosis and the service context in which the work takes place. This makes the book lively and engaging.

A variety of settings are described – acute in-patient wards, community and out-patient settings, high-security hospital and rehabilitation settings. It comes across clearly that CBT for psychosis does not need to be restricted to only 'easy' cases. The case studies are presented in different formats – and while I found some more readable than others, collectively they provide a good overview of this therapy.

The final three chapters of the book address the topical and important issue of dissemination – dealing with training, supervision and implementation in service settings. There is a great deal for us to learn about these issues. This book offers a common-sense view of training and has some useful suggestions for implementation, such as an approach to estimating need. A summary of the evidence for CBT for psychosis is also given. In such a rapidly developing field, the review of the evidence is already somewhat dated and more recent systematic reviews are now available, not least the review for the NICE guideline.

In sum, this is a timely introduction to CBT for psychosis, with its feet firmly on the ground of NHS services. It should interest both those who are already and those who would like to become CBT therapy practitioners, as well as senior clinicians and managers with responsibility for service development.

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE (2002) *Full National Guideline on Core Interventions in Primary and Secondary Care*. London: Gaskell.

Philippa Garety Professor of Clinical Psychology, Guy's, King's and StThomas' School of Medicine & The