



are particularly important improvements considering the generally held view that South Asian people present with physical complaints. None the less, some respondents did complain of unequal and unfair treatment, of being made to feel inferior or intimidated, and feelings of frustration and helplessness. Visiting and engaging with clients in their own homes, engaging with their families, and being flexible about offering advice and practical support, were all valued. These devices were all used to engage the clients in treatment which later took on a more conventional form. Not all clients, however, wanted to be ethnically matched. A complaint often heard by health professionals is that Asian people 'don't get it' and want a different form of intervention, perhaps more concrete forms of advice and instrumental or practical help. This report illustrates how providing an innovative response to such requests can lead to effective use of counselling services, and that Asian people do 'get it' after all.

Kamaldeep Bhui

Clinical Guidelines in Old Age Psychiatry

By Alistair Burns, Tom Dening and Brian Lawlor. London: Martin Dunitz. 2002. 208 pp. ISBN: 1-84184-029-7

First there was the publication of *Assessment Scales in Old Age Psychiatry* in 1999, providing a comprehensive collection of scales to measure the various manifestations of mental and physical diseases affecting older people. Now, the formidable duo Burns and Lawlor return, having teamed up with Tom Dening to produce another user-friendly companion.

Clinical Guidelines in Old Age Psychiatry provides a source of direct and systematic advice to people working in, and responsible for, services for older people. It aims to improve the quality of patient care as well as achieving more standardised and consistent practice. Furthermore, it invites us to challenge and reflect upon our own clinical practice. It also serves, as before, to put old age psychiatry firmly on the agenda of those involved with commissioning, planning and financing services for older people.

It includes chapters on dementia, depression and other disorders and conditions such as delirium, schizophrenia, Parkinson's disease and learning disability. In addition, there are general statements varying from the *National Service Framework for Older People to Home Alone*.

Inevitably, many guidelines are consensus statements or practice policies, due to the lack of evidence from randomised controlled trials and other research studies. Most guidelines currently in use originate from professional bodies such as the various Royal Colleges and diverse national and international organisations.

The use of the single assessment process will certainly increase. Hopefully, public agencies and patient groups will have a greater involvement in the preparation of future editions of this book.

Considering the wealth of guidelines and statements on a multitude of aspects relating to older people's lives, the absence of any guidance on sexual health and relationships remains remarkable, particularly as the prevalence of sexual dysfunction is highest in this group. However, this is a minor criticism and no doubt the next edition will expand on this topic.

I highly recommend this book, not only to all aspiring and practising colleagues in the field, but to everyone aiming to improve both quantity and quality of services for older people in the broadest sense.

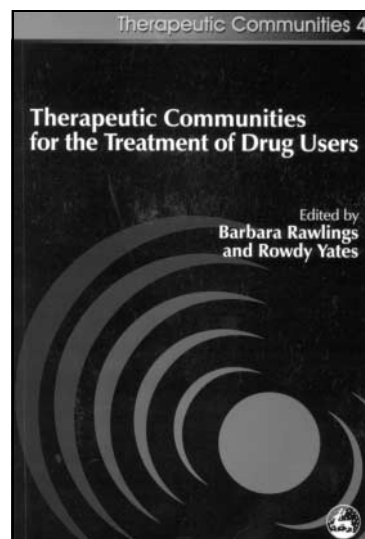
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Therapeutic Communities for the Treatment of Drug Users

Edited by Barbara Rawling and Rowdy Yates. London and Philadelphia: Jessica Kingsley Publishers. 2001. 240 pp. £17.95 (pb). ISBN: 1-85302-817-7

This multi-author review by British editors is divided into background, history and current situation, 'life-in', variations on the model and, finally, research and evaluation. Multi-authorship has led to overlaps. It was pleasing to see the early pioneers described as 'charismatic free-thinkers . . . imbued with ideological viewpoints and passion . . . experimenting'. Were there no evidence-based practice protocols?

Within a referenced history, there are ample quotes from residents outlining the changes leading to the 'new therapeutic communities'. Central throughout have been the Encounter Groups with the experience evolving; the move from behaviour modification to social learning, from confrontation to motivation. Also, there is the tension between professional input and the focus of the community being 'self-help' and 'here and now', plus the gradual erosion of insider/outsider divisions, to becoming part of the wider community.



Authoritative, prescriptive and inflexible chapters are balanced by more personal portraits of therapeutic communities. Alan Woodham's closing personal view of working in a therapeutic community is not covered elsewhere, yet needs to be heard by those thinking of this field or funding these groups. As for residents' experiences, Keith Burnett provides a flowing association of thoughts with quotes from individuals. He addresses the problem of high drop-out rates, and offers solutions, not just leaving the responsibility on the ex-resident as being 'not motivated'.

Examples of how to, and how not to, set up a therapeutic community in prison, are given. Re-integration within the community has been neglected for too long and Paul Goodman and Karen Nolan give a frank view of resettlement.

The chapter by Barbara Rawlings on evaluation, essential in any review, is an overview of the evidence beyond 'improvements were greatest for those that stayed the longest'. Edle Ravndal gives details of one outcome study in Norway showing a methodology which others could well copy if they wish to remain financially sound.

This book is essential for those in this field.

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The Human Rights Act and Mental Health

By W. Armstrong, J. Cummings, K. Gledhill and P. Edwards (2nd edn), plus accompanying video. Petworth: Mensana Consultants and The Institute of Mental Health Law. 2000. 30pp. £282.00.

It seems fashionable these days to combine the written word with an audio-