

teams, and it is one of the first comprehensive multi-author texts on the subject. The majority of the contributors are from Scandinavia, and there are useful descriptions of services in these countries which make it clear that if tertiary disability is to be minimised, community care must be accompanied by specialist backup from multi-disciplinary teams who have the neuropsychiatric skills to provide not merely assessments, but also long-term monitoring and support.

The opening chapter, on epidemiology, gives a useful up-to-date review of the literature, noting the relative lack of total population studies, especially of those with mild learning disability. The detailed descriptions of epilepsy in Angelman's, fragile X and Down's syndrome provide useful models for consideration of the possible underlying mechanisms (the last of these also has a separate chapter devoted to it).

The chapters on new anticonvulsants and the role of surgery in the treatment of intractable seizures will be of particular interest to the clinician, and it is gratifying to learn that learning disability is no longer a contraindication to surgery. Intellectual deterioration is also no longer to be regarded as an inevitable consequence of chronic epilepsy, but, as Stephen Brown points out in his excellent review of the topic, it does present as a major problem in a minority. It would have been helpful to have had a fuller review of the educational difficulties affecting people with epilepsy, although these are alluded to in the chapters on services. This book can be recommended as an authoritative text for both clinicians and researchers.

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### **CAN: Camberwell Assessment of Need**

By Mike Slade, Graham Thornicroft, Linda Loftus, Michael Phelan & Til Wykes. London: Gaskell. 1999. 144 pp. £45.00 (pb). ISBN 1-901242-25-0

This book is intended for people who are using or are considering using the Camberwell Assessment of Need (CAN). The CAN was developed by the Section of Community Psychiatry (PRISM) at the Institute

of Psychiatry. It is described as "a tool for assessing the needs of people with severe and enduring mental illness", covering both health and social needs. It was developed for use by mental health care professionals, service users or other non-mental health professionals, and has clinical and research versions.

In the UK, a needs-led approach is a central theme in the individual care of those with severe mental illness (National Health Service and Community Care Act 1990), and this has been encouraged by the introduction of the Care Programme Approach. In this book the authors discuss the concept of 'need' and how it can be defined and assessed. They emphasise that need is a subjective notion and that the judgement of its presence or absence depends on the viewpoint being taken. They argue that with the use of a tool such as the CAN the differences in perception of need between users of mental health services and the involved professionals can be identified, and then negotiation can take place to agree a care plan. The authors also recommend the CAN for use in assessing population need. They argue that if services are to be appropriately developed, an agreed method for assessing need is required, and suggest that the CAN is one of only four instruments available for needs assessment. Furthermore, it is the only one that is suitable for use by those without extensive experience.

There are dissenting voices. Priebe *et al* (1999) question the entire concept of need. They cite the subjective nature of needs and the low-to-moderate congruence between

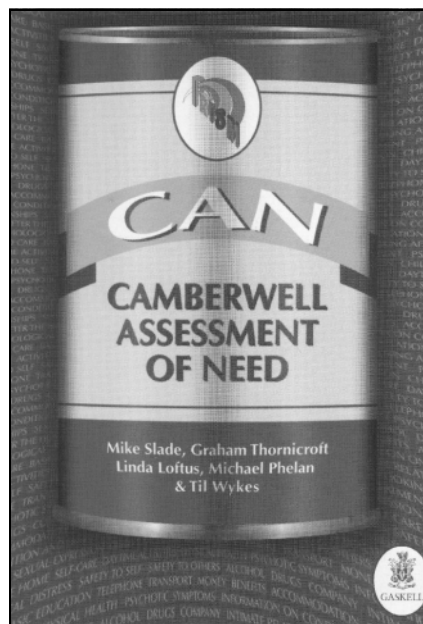
needs assessment of patients, keyworkers and others. They argue that the term 'need' implies that there is a specific effective intervention available to meet it, greatly oversimplifying the complex process of decision-making.

This book includes a description of the development of the CAN and a paper describing its reliability and validity. The authors emphasise that needs assessment should be part of routine clinical practice and that the CAN is brief to administer and can be used by a wide range of professionals without formal training. Indeed, this book gives all the information needed to use the CAN in any setting, with separate manuals for each of the three different versions (research, clinical and short). They also included a training package and copies of the three versions for photocopying. The training package and manuals are brief, pragmatic and easy to follow.

In summary, the weakness of the book may lie in the basic concept of need, rather than the text itself. However, if you accept that needs assessment is a useful concept and have decided to measure need, this is the book to purchase.

**Priebe, S., Huxley, P. & Burns, T. (1999)** Who needs needs? *European Psychiatry*, **14**, 186–188.

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### **The Clinical Neuropsychiatry of Multiple Sclerosis**

By Anthony Feinstein. Cambridge: Cambridge University Press. 1999. 204 pp. £40.00 (hb). ISBN 0-521-57274-6

Mental and cognitive disorders in multiple sclerosis (MS) have been reported at least since the time of Charcot. However, very little space has been devoted to these abnormalities in the medical and psychiatric literature over the past century. Thus, MS has remained an essentially neurological, rather than neuropsychiatric, condition. Only during the past decade or so has interest in the psychiatric aspects of MS developed, and although there is now a considerable body of knowledge on the neuropsychiatry of the disease, there is still a lack of overviews on the subject.