Psychological Medicine, 2005, **35**, 453–458. © 2005 Cambridge University Press
Printed in the United Kingdom

Book reviews

Psychological Medicine, **35** (2005).
DOI: 10.1017/S0033291705214472

Community Mental Health Teams: A Guide to Current Practices. By T. Burns. (Pp. 189; Price £29.95, ISBN 0-19-852999-6.) Oxford University Press: Oxford, UK. 2004.

At a time when the very existence of Community Mental Health Teams (CMHTs) seems to be under threat, it is a great pleasure to see a book on them, especially one written by an author who is an authority on the topic. I was, therefore, more than a bit disappointed when I glanced through the contents. Only one chapter was devoted to the endangered generic adult CMHT. The rest covered all the other specialist teams that policy makers in the government insist on implementing countrywide, regardless of local priorities. Can we really call an early intervention team a Community Mental Health Team? One constantly hears of generic CMHTs losing staff to the new specialist teams around the country. Losing their identity as well would certainly be the last straw!

Having overcome my initial disappointment about the contents I set about reading the book. Despite the dry nature of the topic, I found it to be surprisingly readable, partly because of the consistent style and the clear writing.

The book starts with an introductory chapter on the origins of community psychiatry. The second chapter on modern multidisciplinary working addresses the structure and functioning of any multidisciplinary team. All aspects of team functioning from referrals to pathological team dynamics are covered surprisingly well in 27 pages. It is obvious that the author has drawn heavily on his own extensive experience of actually working in teams. The next chapter is on generic CMHTs. CMHTs have evolved to meet human rather than technical needs and that this has made them variable and 'untidy', which is why they seem to have fallen out of favour with central planners, who would prefer uniformity and standardization. Despite this perceived variability in how CMHTs seem to feel and function, there is a surprising similarity in their core activities.

The next few chapters are on new specialist teams that work in the community. It was reassuring to read a chapter on assertive outreach teams (AOTs), in which the evidence and the pros and cons of these teams was presented objectively, without any 'hard sell'. Many practical issues, however minor, were addressed thoughtfully. I took away many simple and practical solutions to the usual problems of working in busy teams with challenging patients from this chapter. The dangers of an extremely prescriptive and research-based approach to a group of extremely ill and vulnerable patients was also highlighted. The chapter on early intervention teams is similar, but is packed with more practical and clinical information. Difficult issues such as restrictive inclusion criteria and prodromal teams are discussed in a balanced and objective way. In the chapter on crisis resolution teams, the author rightly takes issue with the prescriptive guidelines and exclusion criteria in the Policy Implementation Guidance from the Department of Health, which are clearly unworkable, if a CRT is to be effective. He is critical of the widespread assumption that these services will reduce bed usage but feels that their rapid availability and wide access can enhance any mental health service. There is a further chapter on highly specialized teams and a concluding chapter on the wider context and the future.

Change and development within any service is inevitable, and highly desirable. However, this change is best brought about by adaptive evolutionary changes based on evidence, rather than by prescriptive imperatives with a political basis. The current move to regulate the way services are delivered, regardless of local needs and scarce evidence about their efficacy, is clearly based on a political will to ensure uniformity in service delivery and on the need to bring about a change, just for the sake of it. It constrains local innovativeness, particularly since the implementation of these changes is tied in with

funding. The author addresses all these issues authoritatively and objectively.

The book is informative and readable and it will be a valuable addition to a professional library. It is certainly a book that I will refer to for both practical tips on running teams and when I need to negotiate service developments with managers and policy makers.

RAJINI RAMANA

Psychological Medicine, **35** (2005).
DOI: 10.1017/S0033291705224479

Reconstructing Early Interventions After Trauma: Innovations in the Care of Survivors. Edited by R. Ørner and U. Schnyder. (Pp. 287; £37.50; ISBN 0-198-50834-4.) Oxford University Press: Oxford, UK. 2003.

The debate about which interventions will cure the traumatized victims of traumatic events is an emotive one. Those who know even a little about the field of what has been called psychotraumatology will have experienced the seemingly dichotomous viewpoints of 'debriefing for all' and 'debriefing for none' which will no doubt have been hurled at them by yet another so-called expert. This book, which is jointly published along with the European Society for Traumatic Stress Studies (ESTSS), tries to find the middle ground. I first heard about the book when it was launched at the ESTSS Conference in Berlin in 2003. Any hot-cakes stall would have been proud to have sold their wares as speedily!

The book is full of names of those who have engaged in the debriefing debate, as chapters are written by those at the forefront of their fields, although there are a few notable exceptions. Refreshingly Jeffrey Mitchell, the founder of debriefing, and his allies do not get to author a chapter, although their material is well covered by other authors. Readers are given an historical perspective, taken through current theories and led on to more contemporary topics, many of which are based upon reasonably up-to-date research. However, conducting well-designed large-sampled randomized trials in the wake of traumatic events is far from easy and as a result much of the research upon which the book is based is not of the highest quality. That said, the book uses research data from many different populations to arrive at its conclusions and the problems with conducting more robust trials in this field are not going to go away.

I felt that reading the book did not force me to become overly embroiled in the debriefing debate. It was clear that medication is not going to be the answer and that some sort of psychosocial approach was indeed what should be on offer for those unlucky enough to meet with disaster. There were teasing hints that it may be possible to provide some effective structured therapy for the few that need it in the chapters by Richard Bryant and Jonathan Bisson. Chris Brewin and others tell us how it is possible to effectively detect Post-traumatic Stress Disorder (PTSD) symptoms by using a simple screening tool, although it is clear from other chapters that PTSD is not the only adverse psychosocial outcome that we should be watching for.

Being a military man, I felt that the real strength of the book was in the chapters which dealt with what should actually be done in the aftermath of tragic events. The message from numerous chapters is a clear one that mental health provision is not best served by the 'counsellors are in attendance' statement so often bandied around by those in positions of responsibility. Indeed Roderick Ørner himself has a section in one of his chapters entitled 'Not everyone wants to talk'. I felt that Arieh Shalev and Robert Ursano gave the clearest pointers to those who want to know what should be done for trauma survivors. First, help to organize, people need protection and shelter. Next, contain the survivors' anxieties about what has happened and what is next to come. Only then can a professional begin to use their 'mind' skills as they help people to construct as helpful memories and an as 'healthy' an understanding of the events they can. Lastly for the few that need it therapy can begin.

The book left me feeling that there are lot more 'don't knows' than 'do knows' in the field of early interventions after traumatic events. However, it is clear that we know a few things not to do (like psychologically debrief everyone or wait until pharmacology tells us the answer) and we know a few things we can do (like try and spot the few people who will need help and get them effective early therapy). The book does touch on some inevitable legal issues including duty of care and compensation, which given the

costly PTSD case that the Ministry of Defence had to recently defend (costing over £20 million) should be some encouragement for organizations to splash out the money to buy this book for their in-house advisors. The book might have a rather foreboding title but is a good read for those who have to look after trauma survivors and I would recommend it.

NEIL GREENBERG

Psychological Medicine, **35** (2005).
DOI: 10.1017/S0033291705234475

Did My Genes Make Me Do It? And Other Philosophical Dilemmas. By A. Stroll. (Pp. 288; Price $24.95, ISBN 1851683402.) Oneworld Publications: USA. 2004.

This excellent book contains a number of essays by one of America's leading philosophers, all of which, the author argues, deal with questions that are inherently insoluble. These dilemmas include the oft-repeated claim that science can in principle solve all meaningful questions; whether there is life after death; whether God exists: where the Universe came from, and, of immediate interest to psychiatrists, the problem of whether people in a deterministic universe can be held to be morally and legally responsible for their actions. Stroll calls this the 'freedom of the will' problem and says that it is 'one of the oldest, most complicated, and most intractable of all philosophical challenges'.

Many mental health professionals have asked, in view of the ever-increasing findings of science that many aspects of criminal and anti-social behaviour are determined by genetic and environmental influences, is it fair to blame such offenders for their actions which were outwith their control? Stroll examines the complex philosophical basis of this argument. He distinguishes between three theories. The first is Hard Determinism which says that the iron laws of nature determine all our actions and that free will is an illusion. The second is Indeterminism which holds that the dualistic mind is can caught in the deterministic web that applies only to physical events. The third is Soft Determinism. Its most prominent exponents were St Augustine and David Hume. Hume demonstrated that to say that A causes B under a law of nature is not to say that B must occur because any prediction based on a natural law may turn out to be false. Thus we can say that Humean causality is universal (and the only valid type of causality) yet freedom of choice and action exist. But neither science nor philosophy can prove which of these theories is correct. The problem is inherently insoluble.

The chapter on whether there is life after death is also of widespread interest. Stroll discusses various philosophical aspects of this problem, in particular the possible nature of the soul. He does not mention the subject of psychical research which has attempted an experimental approach including studies of the near death experience, and mediumistic topics such as the cross-correspondences. Nor does he speculate on what kind of an after-life there might be – a matter discussed at length *inter alia* by F. W. H. Myers, H. H. Price, Hindu and Buddhist psychology, and graphically portrayed by Charles Williams in his novel *All Hallows' Eve*. These considerations, I believe, might flesh out, as it were the philosophical story.

JOHN SMYTHIES

Psychological Medicine, **35** (2005).
DOI: 10.1017/S0033291705244471

Adverse Syndromes and Psychiatric Drugs: A Clinical Guide. By P. Haddad, S. Dursun and B. Deakin. (Pp. 316; Price £29.50, ISBN 0-19-852748-9 pb.) Oxford University Press: Oxford, UK. 2004.

For any of us who had forgotten the old adage that a drug is a poison, this book supplies a useful reminder. Peter Haddad and his colleagues from the Department of Psychiatry in Manchester, have approached the adverse effects of psychotropic agents in a novel way, dealing with adverse effect syndromes rather than side-effects of individual drugs and drug classes. Each chapter, written by authors with a special interest, covers particular syndromes in a systematic way under headings such as clinical features, differential diagnosis, management and prevention. A useful summary of key points, listed under the same headings, concludes each presentation.

This approach works well, particularly with topics of current concern such as type II diabetes, Torsade de pointes, hyperprolactinaemia and drug discontinuation syndromes. All these chapters contain up-to-date, succinct

information which will be of great value to the practising clinician. Other more traditional topics such as neuroleptic malignant syndrome and extrapyramidal syndromes are also expertly covered with enough neuropharmacology to make the relevant pathophysiology comprehensible. In addition, there is a more conventional description of the adverse effects of lithium by Alan Young and teratogenicity issues by Angelika Wiek, while Heather Ashton deals with the familiar territory of benzodiazepine dependence in a tone of barely suppressed outrage.

Where do most of us obtain our information on the adverse effects of medication? I would guess that the British National Formulary would be the most usual source followed perhaps by the Compendium of Data Sheets, both of which often lack the detail necessary to identify, understand and treat the problems posed by adverse reactions. However, adverse effects are, unfortunately, an inevitable part of current psychotropic drug treatment and media outlets suggest that patients are not convinced that practitioners are sufficiently knowledgeable about them or take them seriously enough. At the same time, current perceptions of the pharmaceutical industry can result in its information being given the level of credence usually awarded to party political broadcasts.

This environment makes it all the more important for prescribers to be aware of adverse effects of the medication they are using, to counsel patients appropriately, and to take what steps they can to prevent and deal with problems quickly. Haddad and colleagues' book will genuinely help this endeavour. It may be that in the future pharmacogenetics will help us match medications more effectively to individuals, thereby avoiding troublesome side-effects. Until then it might be worth bearing in mind the Ashanti proverb, 'the physician does not drink the medicine for the patient'. If we did, adverse effects would surely have the highest priority.

P. J. COWEN

Psychological Medicine, **35** (2005).
DOI: 10.1017/S0033291705254478

Psychological Treatment of Bipolar Disorder. Edited by S. L. Johnson and R. L. Leahy (Pp. 340; Price $40, ISBN 1572309245.) Guilford: New York. 2004.

> Historically, individuals with bipolar disorder were not offered psychological therapies … [because] … etiological models highlighting genetic and biological factors in bipolar disorder have dominated the research agenda and largely dictated that medication was not just the primary but the only appropriate treatment … [and] … there was a misconception that virtually all clients with bipolar disorder made a full interepisode recovery and returned to their premorbid level of functioning (Scott, p. 226).

Edited by Sheri L. Johnson and Robert L. Leahy, *Psychological Treatment of Bipolar Disorder* provides an updated resource for treating people diagnosed with bipolar disorder using psychological interventions as an adjunct to pharmacotherapy. This book is a timely contribution given the considerable and relatively recent progress that has been made in this field. The take-home message from the book is that evidence-based, multi-faceted approaches to treating bipolar disorder are now available.

The opening chapter is a helpful, accessible and up-to-date review of diagnostic issues, the course of the disorder and comorbidity. It includes a section on the biological basis of the disorder which discusses genetic advances as well as recent findings on abnormalities in neurotransmitter function. This chapter also provides a rationale for the use of adjunctive psychological treatments which include: providing education about the disorder and the symptoms; increasing adherence to medication; addressing comorbid conditions; managing stigma, lowered self-esteem and the impact of social and occupational functioning; and reducing risk of suicide and identifying and managing prodromes (e.g. sleep disturbance) and psychosocial triggers (e.g. stressful life events).

The book then moves on to address four issues, with several chapters devoted to each. First, the evidence on psychosocial predictors of relapse in bipolar disorder is reviewed in chapters 2 and 5. In chapter 2 the empirical evidence is presented for the extent and predictors of impairment in occupational, marital, parental and social functioning. Chapter 5 begins with two interesting points about the importance of carefully delineating psychosocial variables in bipolar disorder: (1) that because the psychological and biological systems are intimately linked, psychosocial variables are very likely to

have a direct impact on neurotransmitter levels, peptides and cytokines and other disease processes and (2) that they identify areas that may need to be targeted in psychosocial interventions. This chapter then moves on to review the evidence that expressed emotion in families, social support, negative life events, negative cognitive styles, personality (e.g. neuroticism), sleep deprivation and behavioural activation uniquely predict mania, depression or both mania/depression. The conclusion drawn is that individuals who are able to 'maintain non-critical family relationships, strong social support networks, and lower rates of major life events are likely to experience fewer symptoms of their disorder over time' (p. 87, Johnson & Meyer).

Second, two chapters on the assessment of bipolar disorder in adults (chapter 3) and children and adolescents (chapter 4) include a review of the advantages and disadvantages of various assessment instruments and discuss the controversial issues surrounding the assessment of bipolar spectrum disorders in adolescents and children. But note that the emphasis in chapter 3 is on assessing mania, with depression rating scales receiving minimal attention.

Third, the section on treatment approaches that have empirical support includes six chapters. Chapter 6 is a chapter on pharmacotherapy for bipolar disorder. This is a key chapter given the emphasis of this book on psychological interventions *as an adjunct* to pharmacotherapy. Then one chapter is devoted to each of four psychological treatment approaches to bipolar disorder. Each of these four chapters starts with a brief theoretical rationale but the guts of the chapters are devoted to describing how to do the therapy, helpfully illustrated with case material. The first treatment discussed is *Cognitive Therapy* which is derived from the view that 'the genetic predisposition for bipolar illness may be catalysed by negative or positive events that are filtered through the individual's cognitive schemas' (p. 139, Leahy). Hence, one of the key targets of the treatment is to challenge cognitive distortions and inoculate against manic and depressive thinking patterns. *Interpersonal and Social Rhythm Therapy* is derived from the theory that exposure to life events affects social zeitgebers, leading to instability of biological rhythms, particularly sleep. Individuals vulnerable to bipolar disorder then 'get stuck in a state of ongoing desynchronization or pathological entrainment of biological rhythms such as that observed in major depression or mania' (p. 165, Frank & Swartz). Hence, the treatment aims to regularize the scheduling of daily activities and to promote avoidance of activities that disrupt social rhythms. Borrowed from success as an adjunct treatment for schizophrenia, *Family Therapy* aims to provide psychoeducation and skills to family members with the aim of delaying relapse and improving the functioning of individuals with bipolar disorder. This intervention is derived from the finding that individuals with bipolar disorder who have families characterized by high expressed emotion are more likely to relapse relative to those in low expressed emotion environments. The fourth and final treatment approach discussed is *The Life Goals Program* which is delivered in a group format and aims to assist individuals with bipolar disorder 'to become better collaborators in their own illness management' (p. 203, Bauer). The aim is to (1) improve illness management skills, such as adherence to medication and (2) improve functional outcome. The final chapter in this section is an excellent and thorough review of the treatment outcome studies conducted to date evaluating the four psychological treatments presented in chapters 7–10. From this chapter the reader will discover that there is empirical support for all four treatment approaches discussed. Having said that the chapter makes clear that much work remains to refine and optimize the interventions. The discussion of commonalities across the four treatment approaches is a particularly interesting feature of this chapter.

The fourth and final section of the book is devoted to the special issues in treating patients with bipolar disorder including treatment compliance, suicidality and consumer advocacy. These, like the treatment chapters, are full of practical solutions to the difficulties that therapists and their patients are likely to face, yet are scholarly in their reliance on evidence.

The only potential difficulty is that the book may better suit a biologically orientated clinician who wishes to learn about psychosocial interventions, rather than a clinician who is already adept at psychosocial interventions and needs to understand the biological basis of the disorder before treating bipolar disorder.

Chapter 6, and a section in chapter 1, whet the reader's appetite for knowledge about the biology of the disorder but, given the complexities of this area, my guess is that a thorough coverage of key biological findings was beyond the scope of one volume.

However, it is emphasized that this minor point should not take away from the importance of this book as a key resource, containing a wealth of information on a burgeoning area. It is practical with generous use of summary tables. Despite being a multi-authored volume there is no compromise to the quality, scholarliness or coherence of the chapters.

ALLISON G. HARVEY

Psychological Medicine, **35** (2005).
DOI: 10.1017/S0033291705264474

Understanding Drugs and Behaviour. By A. Parrott, A. Morinan, M. Moss and A. Scholey. (Pp. 320; £21.99; ISBN 0-471-98640-2 pb.) John Wiley & Sons Ltd: Chichester, UK. 2004.

Students embarking on introductory courses often seek advice on which texts to consult to provide background, review topics covered in lectures, or explore areas of interest in particular detail. In some fields there are single texts which can fill all these needs, but in others sections from multiple sources best cover different aspects. It can sometimes seem that the longer the list of recommended reading, the less likely it is that any of it will be consulted.

Understanding Drugs and Behaviour is an ambitious introductory text for undergraduates that sets out to describe the mechanisms of psychoactive drug action and their effects on behaviour. To this end, it covers a wide range of topics including introductions to brain structure and function, pharmacokinetics and pharmacodynamics, as well as chapters addressing particular groups of recreational drugs and prescription medications. Thus, it could potentially stand as a single course text for a programme of study.

It has many features that are likely to appeal to students new to the field, and to their teachers. It is clearly laid out and organized, with a separate glossary, and includes material to allow students to engage in self-assessment, chapter by chapter. For the more enquiring student, it contains references to relevant primary literature and chapter-specific references to suitable further reading. In addition, it is of a physical size that is more readily portable and less initially intimidating than some competing texts.

However, the true test of a textbook is the content within. Introductory texts have a difficult task to achieve, needing to condense and summarize large areas, without oversimplifying to the extent it proves misleading. Thankfully, much of the material in *Understanding Drugs and Behaviour* is excellent. The coverage of the behavioural effects of a number of recreational substances is clear and informative, with particularly fine chapters on nicotine and cannabis.

However, as is inevitable in a text covering such a broad area there are some areas of relative weakness. The descriptions of the underlying basic science are not as clear as in, for example, Stahl's *Essential Psychopharmacology*. Similarly coverage of some clinical topics, both in the main body of the text and in the glossary, does not always reflect current clinical consensus, and the glossary contains some straightforward factual errors such as in the definitions of Korsakov's Syndrome and paranoia.

Overall, while *Understanding Drugs and Behaviour* has much to recommend it, and is a useful addition to the textbooks in this area, it may be best used selectively in conjunction with other references.

MATTHEW TAYLOR