

## Reviews

### Challenging the Stigma of Mental Illness: Lessons for Therapists and Advocates

Patrick W. Corrigan, David Roe & Hector W. H. Tsang  
Wiley-Blackwell, 2011, £60.00, hb, 254 pp.  
ISBN: 9780470683606

As suggested in the preface, the book's target audience are advocates whose role is to reduce mental health stigma. The authors define stigma, explain how stigma develops and examine the concepts of attitudes, stereotypes, prejudice and discrimination. Parallels are drawn with ethnic and religious discrimination and an exercise is included which serves to challenge mental health stigma by substituting ethnic terminology for mental illness labels. Last, the book looks at challenging public stigma, self-stigma and structural stigma. Public stigma may improve with exposure to people with mental illness, with education and through protests against discriminatory practices. It is suggested that fostering empowerment is the mainstay of tackling self-stigma, and the section on structural stigma focuses on providing information about the rights of people with a mental illness and the laws protecting them from discrimination.

The chapters on targeting stigma include guidelines, flowcharts and examples that can be used in daily practice. Some of these I found helpful, such as an example letter to a broadcaster pointing out stigmatising content in a broadcast, and suggesting using specific comments and facts to counter erroneous assumptions. Later on in the book most of the worksheets and examples are directed at 'consumers' (the preferred term in the book), including an assessment of self-stigma. As the book is aimed at advocates, the worksheets add to the rather muddled and laboured style of writing present throughout. At times sentences are so long they require rereading several times, and in other areas ideas are introduced rather abruptly and are not clearly detailed. This is a pity as the writing style detracts from the importance of the matters being addressed.

Overall, I think the intentions of the authors are honourable and the book includes good suggestions on how to tackle the widespread problems of stigma. These range from small tasks that people could carry out in daily life to large changes required at government level.

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### How We Treat the Sick: Neglect and Abuse in Our Health Services

Michael Mandelstam  
Jessica Kingsley Publishers, 2011, £18.99, pb, 384 pp.  
ISBN: 9781849051606

This important book makes for uncomfortable reading. The *Private Eye* column by M.D. recently commented that the

National Health Service (NHS) 'pools everyone's risk and money, and the rich pay for the poor. This provides a decent, often excellent but occasionally dreadful service'.<sup>1</sup> However, the author of *How We Treat the Sick* Michael Mandelstam claims that neglect or abuse are, in fact, 'a systemic, rather than sporadic and opportunistic, affliction within our health services' (p. 34).

The reader is repeatedly led from individual cases of terrible failures of care to institutional reports and responses, from the specific to the systemic and back again. These parallel levels of description will sit relatively easily with most clinicians, familiar with the dual perspectives of epidemiology and evidence-based medicine on the one hand and anecdotal clinical experience on the other.

It is sometimes difficult to discern the book's thread in the litany of examples. However, as it progresses a pattern emerges. Various specific areas where care can fail – dignity, continence, hospital-acquired infections, eating and drinking, pressure sores, etc. – are described in successive chapters, as are some potential causes, such as understaffing or distracting 'targets'. Since older adults make up two-thirds of users of the NHS, they rightly receive a chapter devoted to them, entitled 'The Unwanted'. The backdrop to all of this is the thesis that local failures stem from a 'systemic blight in the health service' (p. 358).

The book's purpose is to give a coherent voice to those who have been failed. Until the final pages, it does not attempt to offer solutions, which is just what Mandelstam accuses central government of doing. Many groups will attempt to rebut his accusations with claims that things have indeed changed. Frustratingly, many of these reforms merely tackle superficialities and ignore the enormous strain caused by caring for sick and suffering people as described by Isabel Menzies Lyth in 1960.<sup>2</sup> Caring for people is extremely challenging and expecting anyone to do so in adverse, understaffed conditions, with little or no emotional support, is asking for trouble, as the people given a voice in this book bear witness.

1 M.D. Dismembering the NHS. *Private Eye* 2011; **1288**.

2 Menzies Lyth I. A case study in the functioning of social systems as a defence against anxiety: a report on a study of the nursing service of a general hospital. *Human Relations* 1960; **13**: 95–121.

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### 101 Recipes for Audit in Psychiatry

Edited by Clare Oakley, Floriana Coccia, Neil Masson, Iain McKinnon & Meinou Simmons  
RCPsych Publications, 2011, £20.00, pb, 256 pp.  
ISBN: 9781908020017

In the foreword, Professor Robert Howard writes: 'A psychiatrist who cannot show that he or she has been involved in audit is going to be in difficulties.' This statement rings true for trainees and consultants alike who will have to

undergo annual review of competence progression and revalidation, both expecting audit involvement. However, finding a topic to audit that is interesting, relevant and achievable within clinical practice can sometimes be difficult. This book aims to 'ease the audit process' by providing tried and tested audit recipes and step-by-step advice on how to carry them out in clinical practice.

The book starts with a clear definition of the audit cycle and the importance of audit. Then a whole section is devoted to distinguishing between audit and research. Several of my colleagues have started out doing what they think is an audit only to find out later that what they have found and presented is in fact research. This section is particularly helpful in separating the two and avoiding this confusion.

The following chapter presents an 11-step plan on how to complete the audit cycle. The information at each step, although very precise and detailed, at no point felt overwhelming. The chapter as a whole allows even the beginner to understand the process involved in producing a well-designed, interesting and useful audit which will lead to improvement in patient care.

As the title infers, the remainder of the book is devoted to 101 tried and tested, 'real life' audits which are presented as easy-to-follow recipes. The audits themselves cover a broad range of issues, including disorders, legislation, physical health, training and service provision. With such a variety of topics there is something to interest every level of psychiatrist. The recipes detail the setting, background, standards, method, resources required, results and recommendations for each audit. The resources section is particularly useful as it gives the number of people needed to carry out the audit and the amount of time taken to complete it. This book is a valuable resource for anybody involved in undertaking an audit as part of their continuing professional development. It can be dipped in and out of time and time again and I know I have already bookmarked several pages.

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