

and Hugh Freeman more than 10 years ago (Bennett & Freeman, 1991). By this test, while the principles of community psychiatry remain very similar, the project has advanced considerably. The definitions of community psychiatry proposed over the years have constantly been reframed to accommodate changing practice on the ground. And the practice is continually modified by competing and complementary value systems, as set out by Thornicroft & Szmukler in their opening chapter.

The book is large: 557 pages of text, 46 chapters. The first section covers the background of the subject in terms of social policy, methodology and epidemiology. The second and longest section describes the service system in exhaustive detail, moving from the practical application of principles through the integration of service components to the components themselves. It is this, of course, that is characteristic of community psychiatry – the fact that it relies on diverse elements acting in concert, hopefully in synergy. In Britain, although in many areas services are still emerging from an age of crass underresourcing, implementation is now sufficient for there to be serious point to debates about the right combination of provision.

One of the major differences over the past 10 years has been the increased reliance on the idea of evidence-based psychiatry. Thornicroft & Szmukler include four useful chapters devoted to the scientific background of community psychiatry. There are, of course, particular difficulties in deciding best practice in community psychiatry, and these chapters make this very clear. Likewise, in the first section of the book is a set of chapters quantifying both the extent and the impact of psychiatric disorders.

The meat of the book is the large number of chapters devoted to aspects of the service system, both its components and the way they meld together. Some of these chapters provide a clear, evidential basis for the choice of service structures, but in others it is apparent that the underlying research is much thinner, usually because it is much more difficult to carry out.

Other chapters point to inherent ambiguities in community psychiatry. For example, Rosen & Barfoot highlight the difficulty of integrating appropriate day care and sheltered work into modern forms of community psychiatry. The book certainly gives a reasonably up-to-date review of the considerations involved in continuing

development of community psychiatric care.

The chapters are mainly authoritative, although some are shorter and more desultory than they need to be. Nevertheless, the editors are to be complimented on an impressive effort. It is certainly useful to anyone involved in the field of community psychiatry. Most clinicians buy relatively few books. However, psychiatry in Britain has a strong community thread, and this book is a useful access point to a very large literature. For this reason, I recommend private as well as library purchase.

**Bennett, D. H. & Freeman, H. L. (eds) (1991)**

*Community Psychiatry: The Principles*. Edinburgh: Churchill Livingstone.

**Paul Bebbington** Royal Free and University College Medical School, University College London, Department of Psychiatry and Behavioural Sciences, Holborn Union Building, Archway Campus, Highgate Hill, London N19 5LW, UK

### Practical Management of Depression in Older People

Edited by Stephen Curran, John P. Wattis & Sean Lynch. Leeds: Arnold. 2001. 191 pp. £18.99 (pb). ISBN 0 340 76386 8

In the absence of a formal introduction, browsers of this book must rely on its focused title and brief description on the reverse cover to determine that its intended readership is all professionals working with older patients. In the first section old age psychiatrists provide evidence-based overviews and practical guidelines on the prevalence, diagnosis, prognosis, pharmacotherapy and electroconvulsive therapy (ECT) of depression. Thereafter, the roles of primary care professionals, geriatricians, psychologists, nurses and occupational therapists in the management of depression are explored.

Individual chapters start with a table of topic headings, some of which are in the form of clinical questions (e.g. 'What if there is no response to the first-choice antidepressant?') and end with a summary of key practice points. Patients are used to demonstrate management issues, for example relapsing depression ultimately requiring maintenance ECT. Psychological, occupational and social therapies are given due importance, and individual

professionals assert their unique contribution to assessment and management. The convergence of these various assessment methods is acknowledged, but there is limited exploration of the integration of different professional roles within psychiatric teams or with other health providers involved with the patients. Nevertheless, useful guidelines are suggested for those working in primary care and geriatric medicine regarding when to refer on to psychiatric services.

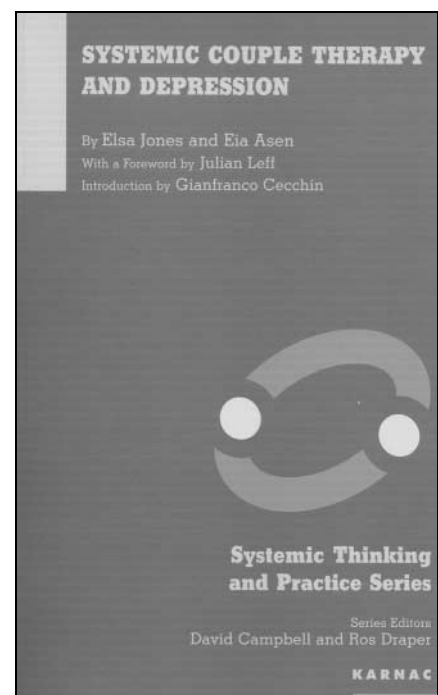
This book will appeal to all professionals with an interest in depression in older people. Old age psychiatrists will value it, not only to steer their own patient management along evidence-based practice guidelines, but also as an indication of the potential of other professionals within the team and as a teaching aid.

**Peter Bell** Consultant Old Age Psychiatrist, Royal London Hospital, Bancroft Road, London E1 4DG, UK

### Systemic Couples Therapy and Depression

Elsa Jones & Eia Asen. London: Karnac. 2000. 132 pp. £14.95 (pb). ISBN 1 85575 221 2

This short text forms part of a series of books on systemic thinking and practice. It



represents a précis of the treatment approach employed in a recent study comparing couples therapy with antidepressant medication in the acute management of depression. In their introduction, the authors suggest that the book has two objectives. First, to provide information and knowledge required for training in couples therapy. Second, to record the techniques used in the depression study to allow comparison with and/or inform future research trials of this therapy. Although this is a tall order for such a brief text, I think that the book goes a considerable way towards these two stated goals and its five chapters make interesting reading for novice and experienced therapists alike.

Anyone wishing to explore whether a partner or significant other can be of help to someone who is depressed will find sections of this text worthwhile. It provides useful and accessible ideas about how to formulate and intervene in such situations. However, the relative brevity of the overview on the conceptualisation of depression and the descriptions of the techniques used mean that the text may not function as a training manual in its own right. Novice therapists would need to supplement this book with training workshops, practical demonstrations or other opportunities for skill development in order to feel confident that they could faithfully apply the therapy model. That said, the strength of this text is that it does manage to meet some of the needs of therapists of all levels of expertise. Experienced practitioners who are more familiar with the philosophy and techniques of the therapy will enjoy reading about the acknowledged similarities and differences in the authors' therapeutic styles and hypothesising about the impact on the process and outcome of therapy.

**Jan Scott** University Department of Psychological Medicine, Gartnavel Royal Hospital, Glasgow G12 0XH, UK

### Women, Health and the Mind

Edited by Lorraine Sherr & Janet St Lawrence. Chichester: John Wiley & Sons. 2000. 388 pp. £19.99 (pb). ISBN 0 471 99879 6

To Henry Maudsley, in the 1870s, it seemed that the novel American approach to education for women was probably to

blame for an inability of American mothers to nurse their children and for their increasing emotional instability. 'There is sex in mind', he remarked, 'as distinctly as sex in body' (Maudsley, 1874). He evaluated the competing hypotheses of male oppression *v.* innate disposition and decided in favour of the latter.

The debate continues, but what has changed? This book is an attempt to contribute to the concept of 'women's health studies' in a way similar to the academic development of 'women's studies'. One of the key components of this approach is that women contribute to the debate and do not just remain as observed objects. In addition, medical assumptions and research are looked at more closely to see whether the needs of women are being met. Classic findings include the frequent failure to involve women as subjects in the evaluation of pharmaceuticals, although their physiologies are clearly different, and the failure to recognise gender differences of presentation in cardiovascular disease. These topics are by now quite well rehearsed, however, and there is a more general recognition that looking at gender differences in disease can benefit understanding of its processes.

In terms of 'the mind' this book promises more than it delivers, as only one of its five sections is about mental health and this includes a chapter on women as stand-up comics! There are some interesting ideas, none the less – for instance, in the chapter by de Ridder on

gender, stress and coping I learned that women are more sensitive to signals of short-term stress than men are. This can lead to apparent greater 'fussiness', but may be adaptive in, for example, the prevention of illness and better adaptation to a serious long-term stress. Men are inclined to ignore and avoid minor early-warning signs, which may be appropriate for many short-term situations that right themselves, but leaves them unprepared for serious long-term situations. And did you know that the house interiors of agoraphobic women are more 'personalised'?

The chapters tend to more general descriptions than is necessary for mental health professionals and my recommendation would be that the ideas of some of the authors – such as Jane Ussher – deserve further study, but that an edited collection is not the ideal format for this.

**Maudsley, H. (1874)** Sex in mind and education. *Fortnightly Review*, 15, 466–483.

**Fiona Subotsky** Consultant Child and Adolescent Psychiatrist, Belgrave Department of Child and Family Psychiatry, King's College Hospital, London SE5 9RS, UK

### New Oxford Textbook of Psychiatry

Edited by M. G. Gelder, Juan J. López-Ibor Jr & Nancy C. Andreasen. Oxford: Oxford University Press. 2000. 2 vols, 2132 pp. £195.00 (hb). ISBN 0 19 262970 0.

The sheer size of this beautifully produced two-volume textbook begged a cherry-picking approach as a realistic alternative to months of full-time reading – by the end of which time review, reviewer and text might all be out of date!

Basic sciences are covered to the likely satisfaction of trainees preparing for examinations or psychiatrists engaged in continuing professional development. More space might have been given to evidence-based psychiatry (Geddes), in light of the importance accorded this area in training of psychiatrists. Risk assessment and prediction of violence (Mullen) will intimidate some clinicians, particularly those unable to interpret legal jargon: it is nicely balanced by Gunn and Wheat on principles of mental law. Service provision (Thorncroft and others) to populations and communities is

