



of legal cases is provided. Key points that are raised in each chapter are reviewed at the end, along with extensive references. A useful appendix provides further access to public agencies for supplementary information.

As is customary, the style of writing is easy to follow, although a minor complaint is that the layout appears somewhat overcrowded. The target audience of the book rightly is the working health professional, who requires clear guidance on how to resolve ethical problems as they arise in child consultation and research.

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Spirituality and Mental Health Care: Rediscovering a 'Forgotten' Dimension

By John Swinton. London: Jessica Kingsley. 2001. 221 pp. £15.95 (pb). ISBN: 1-85302-804-5.

The author of this timely study, who comes from a background in psychiatric nursing and hospital chaplaincy, is currently a lecturer in practical theology at Aberdeen. His achievement is to have written a practical and, in part, evidence-based study of the spiritual aspects of psychiatric practice, both as they are and as they might become.

Daringly, he begins by attempting to define spirituality. He points out that while institutional religion is in decline, all of us, whether enjoying mental health or not, remain centrally concerned (implicitly or explicitly) with meaning, value, transcendence, connecting with others and becoming – 'discovering who we really are'. Merely to explain away these needs psychologically is to distort and impoverish them. Further, and as the rest of the book shows, 'spirituality can... be studied scientifically'. He adds (and this is a significant and recurring theme), 'although our understandings of science may have to alter to accommodate for the new perspectives that spirituality brings to it'.

He teases out the historical and doctrinal reasons why psychiatrists have tended to neglect or pathologise the spiritual, while acknowledging that within our College ignorance of the impact of the religious dimension on our patients 'is a recognised educational issue'. A useful literature survey is followed by a description of the author's study into the 'lived experience of spirituality in the context of depression'. The somewhat unusual though appropriate methodology is carefully described. The results indicate not only the deep significance to patients

of meaning and value, but also provide moving insights into ways of intervening therapeutically, whether or not we share the patient's world view.

A full discussion of how the different disciplines within mental health might collaboratively both assess and answer spiritual need leads to the claim that spiritual care is in part a form of practical wisdom, which is 'as much a way of *being* as a way of *acting*'.

Whatever our own beliefs, we can no longer afford to neglect the spiritual dimension of our patients' suffering. This information-rich and clearly written book charts relatively unknown territory with which we urgently need to become much more familiar.

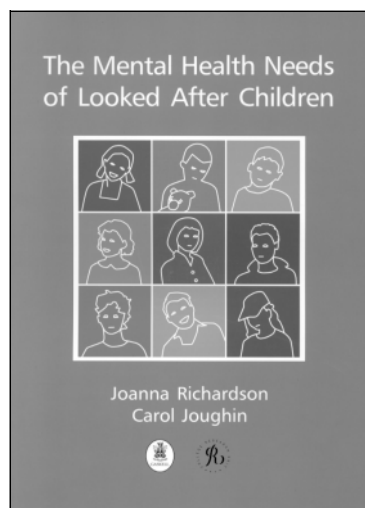
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The Mental Health Needs of Looked After Children

By Joanna Richardson and Carol Joughin. London: Gaskell. 2000. 133 pp. £14.00 (pb). ISBN: 1-901242-48-X.

This is a high-quality publication from the Focus project of the Royal College of Psychiatrists' Research Unit. Thirty-five contributors writing from a variety of perspectives and agency backgrounds provide a wealth of information relevant to the mental health needs of looked after children. Included are statistics, practice tips, information on services and insights from the experience of the young people themselves. I was particularly interested to read that 23% of adult prisoners and 38% of young prisoners have been in care. Also, that a study examining the prevalence of psychiatric disorders in adolescents in the care system in Oxfordshire found 23% to be suffering from a major depressive disorder.

The bulk of the material is organised around case vignettes. An example is



that of a 7-year-old of mixed parentage, who is currently in a children's home awaiting news of his 8th placement. This vignette is used to raise issues of attachment, number of placements, ethnicity and parental mental illness. Organising the material in this way, although slightly confusing to this crusty psychiatrist, is truer to the way problems attach themselves to people in the real world, and may well be more reader friendly for those at whom the book is aimed. I liked the way that each section ends with further reading, details of relevant current projects and initiatives and where to go for help and more information. The back cover states that the book is aimed primarily at foster carers and social workers and I imagine that it will be most helpful to them. However, I also feel that it contains information that should be available to those commissioning, planning and managing services, and to those in education, mental health and youth justice, whose work brings them into contact with these troubled and troubling young people.

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Users' Voices: The Perspective of Mental Health Service Users on Community and Hospital Care

By Diana Rose. London: The Sainsbury Centre for Mental Health. 2001. 120 pp.

Users' Voices is the latest in a series of recent studies undertaken by service users into their experiences of mental health services. Like *Knowing our Own Minds* (Mental Health Foundation, 1997) and *Strategies for Living* (Mental Health Foundation, 2000), it is a major contribution to our knowledge of service users' experiences of mental health services. *Users' Voices* consolidates and refines what is now becoming the gold standard of methodology for user-led research, through the training of mental health service users in research methodology. In addition, it reaches some important conclusions about service level and individual care standards that fit closely with the National Service Framework (NFS) for Mental Health.

The project trained over 60 interviewees, all of whom were service users, who then interviewed over 500 service users both in the community and in hospital, at seven sites, urban and rural, across England. This is a methodology that embodies a bottom up approach to research, in which service users draw on their own experience and knowledge of local mental health services. The research questions asked are of direct relevance



to service users, and this effectively re-defines outcomes in terms of users' priorities. This can help to make greater sense of clinical research. For example, Faulkner and Thomas (2002) have argued that research on drug interventions rarely takes sufficient account of what it is actually like to take the drug. If clinical drug trials paid closer attention to the lived experience of those who take these drugs, we would have a better understanding of issues such as non-compliance. User-led research is evolving into a powerful tool for service evaluation, which, as Rose points out, can be used in conjunction with the NSF, which recommends that service users should be involved in auditing the Care Programme Approach (CPA).

As for some of the findings, only around 50% of subjects felt they were given sufficient information about the side-effects of medication. Knowledge of the different components of the CPA was extremely patchy, and the majority of users appeared not to understand its purpose. Very few even knew they had a care plan, or had a copy of it, and even fewer knew the date of their next review. Not surprisingly, satisfaction with information was significantly associated with levels of satisfaction with community mental health services. Overall, the study shows just how little service users are involved in determining the nature of the service they receive. This work, like that of the Mental Health Foundation, should be read by every psychiatrist in the land, and its message taken to heart. The College would do well to place it on the recommended reading list for trainees.

FAULKNER, A. & THOMAS, P. (2002) User-led research and evidence-based medicine. *British Journal of Psychiatry*, **180**, 1–3.

MENTAL HEALTH FOUNDATION (1997) *Knowing Our Own Minds*. London: Mental Health Foundation.

— (2000) *Strategies for Living*. London: Mental Health Foundation.

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Reducing Drug Related Deaths

By the Advisory Council on the Misuse of Drugs. London: Stationery Office. 2000. 123 pp. £11.50. ISBN: 0-11-341-239-8.

The topic of drug-related deaths went quiet for many years during the major

focus on HIV and the prevention of the spread of HIV and AIDS. Of course the problem of drug-related mortality never went away. Now it is very welcome to have a comprehensive and thoughtful review from the Advisory Council on the Misuse of Drugs. This report collates a vast amount of epidemiological information and will be a key resource on the subject for anyone wishing to review or research it.

The report outlines the current state of knowledge and the difficulties that any strategy to reduce drug-related deaths faces. In particular, the current classification systems and the current coronial system lack consistency and are in need of a major overhaul. Drug-related deaths have increased in number very significantly over the past 2 decades and they now come a close second to deaths from road traffic accidents.

Reducing Drug Related Deaths provides a good balanced review of the role of agonist maintenance pharmacotherapy and outlines how such treatment has a major impact on reducing drug-related deaths among opiate-dependent individuals. However, it also points out that in the UK, as a result of diversion and possibly some other reasons, there is a disproportionate number of methadone-related deaths. It supports the recommendations from the Guidelines for the Clinical Management of Drug Dependence Working Group for tighter supervision and control of methadone prescribing and calls for urgent and radical action to ensure that methadone-related deaths be reduced.

I am sure that I will return time and again to this report as a key source of documented and referenced material on drug-related deaths. I trust that as a report it will impact strongly on the field and be part of the process of reducing drug-related deaths.

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The Psychiatric Interview: A Guide to History Taking and the Mental State Examination

By Saxby Pridmore. Australia and The Netherlands: Harwood Academic Publishers. 2000. 160 pp. £14.00 (pb). £25 (hb). ISBN: 90-5823-106-2.

This book is initially attractive because of its succinct approach to the psychiatric

interview. However, it is because of its brevity that it does not do the subject adequate justice. One of the book's aims is to offer practical advice to clinicians conducting diagnostic interviews; particularly how to phrase difficult questions. It is a personal matter as to what one considers are difficult areas to explore, but the book does not really achieve this aim. However, some of its descriptive definitions of key phenomenological terms are beautifully illustrated by examples from patients. These illustrations certainly bring the subject alive and arouse one's interest.

The book consists of a chapter on the history and a separate chapter for each of the sub-sections of the mental state, with supplementary chapters on intelligence, rapport and tests of cognition. This structure is basic and familiar to clinicians but commentary on the order is lacking. The introductory chapter provides a brief overview of classification of mental health disorders and the biopsychosocial model, but without detailing the potential pitfalls and controversial issues.

It is perhaps the history chapter that caused most concern. For example, the section on the history of the presenting complaint informs the reader that the breadth of the history should be explored, but not what to target in order to achieve this. The section on the sexual history is amusingly phrased and is rather entertaining as a result. Unfortunately, however, it does not suggest how to appropriately phrase questions that cover issues such as 'has the patient reproduced?'. The succinct approach presented in this book is therefore probably more suitable for students of medicine, nursing and social services rather than mental health professionals.

The chapters on the mental state examination vary in quality. Of particular note, the chapter on thoughts is reasonably comprehensive and provides a good starting point for this often difficult part of the mental state examination. The chapter on rapport provides an interesting description but makes no comment on how to engage the patient.

Subsequent editions of this book would benefit from more detail on transcultural issues and differentiation between diagnoses, as well as the use of summary boxes within each chapter.

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