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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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