

onset and in a third the syndrome runs an episodic course. In a majority symptoms commence in the late teens.

Depersonalisation-inducing drugs include alcohol, cannabis, ecstasy, lysergic acid diethylamide and ketamine, with the principal comorbid psychiatric disorders being anxiety and depression, but rarely schizophrenia. Associated neurological disorders, as well as the widely known temporal lobe epilepsy, include migraine, head injury and hypersomnia syndromes. There are anecdotal reports of response to various medications, but the author concedes that there is no officially recognised pharmacotherapy. Improvement is also reported with both psychodynamic and cognitive-based psychotherapies, and abreaction. Neurochemical studies suggest effects on brain serotonin, opioid and glutamate systems, and brain imaging reveals increased activity in prefrontal regions and reduced activity within the limbic system. In a final chapter the author attempts to 'pull the threads together' but, through no fault of his, this is long on speculation and short on evidence. The Cambridge Depersonalization Scale, introduced in 2000 by the author in collaboration with Berrios, is usefully included as an appendix.

Sierra's claim that more has been learnt about depersonalisation in the past decade than in the previous century is credible, but this comprehensive overview also exposes the limitations of our current knowledge. Nevertheless, it contains much to interest and educate all who contend with the condition, whether as patient or therapist.

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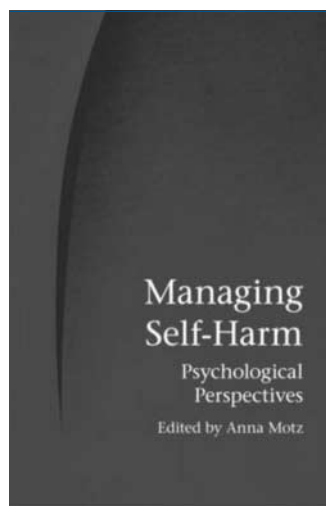
In so doing it comes as a relief to read a book that explicitly makes a powerful case for psychodynamic meaning: one key message being that self-harm is a communication that the clinician is being asked to understand and make sense of to the patient.

We are given privileged, front-row access to clinicians struggling to do just this when confronted by apparently self-destructive behaviours. We see practitioners evolving an expanding complexity in their work in a way that begins to do justice to their patients' humanity as well as their destructiveness. However they treat themselves, these patients are no longer treated as 'other'. Indeed, what the authors capture with great honesty is just how hard this work is. Yet, expertly delivered, the reader is never left behind, carrying a sense of 'I wish I could do that'. There remain profound moments of exasperation, disgust and yes, even dislike, as the therapists attempt to weave a path that is neither overindulgent (of the 'poor you' variety) nor sadistic (of the 'you've done this to yourself' variety).

If there is a quibble, it is about the book title – I do not think it sufficiently reflects the therapeutic achievement presented in this volume or wider clinical reality. Sometimes those who self-harm get beyond needing to be managed and stop self-harming. This book comes highly recommended precisely because it demonstrates how the skill, thoughtfulness and resilience required of clinicians who work with this challenging, and sometimes inspiring, patient group can bring about fundamental change.

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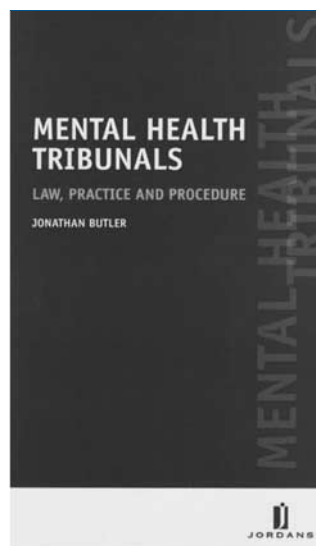


Managing Self-Harm: Psychological Perspectives

Edited by Anna Motz.
Routledge, 2009.
£19.99 (pb). 248 pp.
ISBN: 9781583917053

Reading this book brought to consciousness something I did not know I knew: namely, how far the world of psychiatry has grown professionally, from a place where people with personality disorders could be portrayed as 'the patients psychiatrists dislike' (in 1988), to a point where the disorder is 'no longer a diagnosis of exclusion' (2003). These patients are now rightly offered therapy supported by a requisite and growing evidence base. A similar fate has also been bestowed on those who self-harm, who in many cases themselves have a personality disorder.

This book, carefully edited by Anna Motz, contains papers from practitioners working in different settings and represents a growing body of clinical work that reflects these developments.



Mental Health Tribunals: Law, Practice and Procedure

By Jonathan Butler.
Jordan Publishing, 2009.
£65.00 (pb). 489 pp.
ISBN: 9781846611391

The changes to the mental health review tribunal in 2008 were overshadowed by those to the Mental Health Act. The tribunals service acknowledges that the change has few implications for patients, hospitals or local Social Services so it is perhaps difficult to raise expectations in this audience for this book. Most people are aware that there is no longer any such thing as the mental health review tribunal (although struggle with what to call its successor) but as other changes are related to practice and procedure, this book should be a useful adjunct to the information readily available on changes to the law relating to mental health.

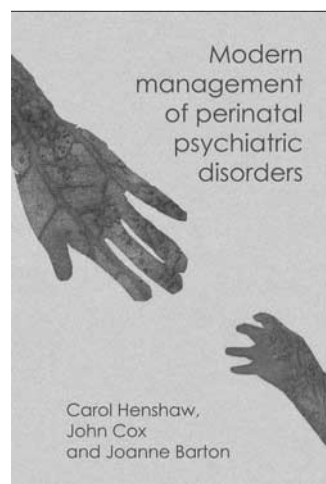
The book certainly provides a complete guide to the new law and is helpfully accompanied by full versions of relevant legislation and the first tier (health, education and social care) tribunal rules. The layout is much more accessible than many legal texts; the book is practically useful, with clear subheadings and indexing making it a viable all-in-one handbook. Although it is not written specifically for psychiatrists, it is free from the legal jargon that may ordinarily repel the interested practitioner.

I am frequently asked to comment on the powers of the tribunal by colleagues; although the questions vary, they could probably be summarised as, 'Can they [tribunals] do that?' Perhaps the test of this book is whether it can satisfactorily answer those questions and in my experience it performed very well.

There is a reluctance to wholeheartedly recommend this book as a necessary addition to your library – if you invest in a copy of Richard Jones' *Mental Health Act Manual* every year then this is probably an unnecessary text. If, however, you struggle with the size of the font in Jones' book or you want a more practical and easily navigable guide to the new tribunal, then this is a worthwhile purchase.

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Modern Management of Perinatal Psychiatric Disorders

By Carol Henshaw, John Cox & Joanne Barton
RCPsych Publications. 2009.
£25.00 (pb). 294.
ISBN: 9781904671367

Recent decades have seen significant research in the field of perinatal mental health, with corresponding changes in clinical practice and policy. This timely book achieves its stated aim of providing trainees and professionals with up-to-date knowledge about the diagnosis and management of perinatal psychiatric disorders, and is for the most part comprehensive in its overview of relevant research. It is a valuable reference book for mental health, primary care and maternity staff.

A particular strength of the book is the chapter on the impact of perinatal illness on children and families, and the authors argue convincingly for greater collaboration between adult and child mental health services. A surprising omission, however, are the findings of the South London Child Development Study¹ which highlight the negative impact of postpartum and antepartum depression on child development and mental health. The need for more research into the impact of routine interventions for perinatal mental illness on child outcomes, short- and long-term, is highlighted, as is the importance of developing and evaluating specific interventions targeting the mother–infant relationship.

The authors also emphasise the importance of understanding the sociocultural context in which women present and could have usefully expanded on this theme in the book.

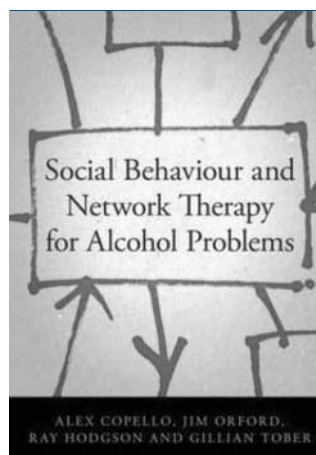
One of the practical challenges facing clinicians in this field is the wide variation in some research findings, for example estimates of risk of perinatal illness in different scenarios and risk associated with psychotropic medication in pregnancy and breastfeeding. The text is thorough in listing the available evidence but there are only limited attempts made to bring the research findings together and draw conclusions which could help clinicians in their day-to-day work.

This is first and foremost a textbook and as such it can make for rather dry reading at times. Many chapters come across as theoretical and somewhat distanced from clinical practice, which is particularly surprising given the authors' combined wealth of clinical experience. More discussion of current practice, with case examples or vignettes, would have enriched the text and made this well-written book inspiring as well as highly informative.

- 1 Hay DF, Pawlby S, Waters CS, Sharp D. Antepartum and postpartum exposure to maternal depression: different effects on different adolescent outcomes. *J Child Psychol Psychiatry* 2008; **49**: 1079–88.

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Social Behaviour and Network Therapy for Alcohol Problems

By Alex Copello, Jim Orford, Ray Hodgson & Gillian Tober.
Routledge. 2009.
£22.99 (pb). 176pp.
ISBN: 9781583918036

The use of psychotherapy to treat alcohol dependence has a provenance almost as long as the recognition of alcoholism as a medical concern. Despite some famous successes – the playwright Eugene O'Neill, for one – psychoanalysis was not deemed an effective treatment for alcoholics. The American Psychiatric Association took the lead in steering practitioners away from therapy aimed at the purported underlying causes of the addiction in favour of behavioural therapies that addressed the use of alcohol head on. These therapies were in accord with new theories of the aetiology of addiction derived from social learning theory.

Such behavioural therapies now come in many different forms with manualised guidance available for each of the variations. The treatments have a good evidence base and when comparing their efficacy in relation to which types of patients might show most benefit there is often little to separate the different approaches. Project MATCH in the USA and the more recent UK Alcohol Treatment Trial (UKATT) are the main research programmes in this area of practice.