

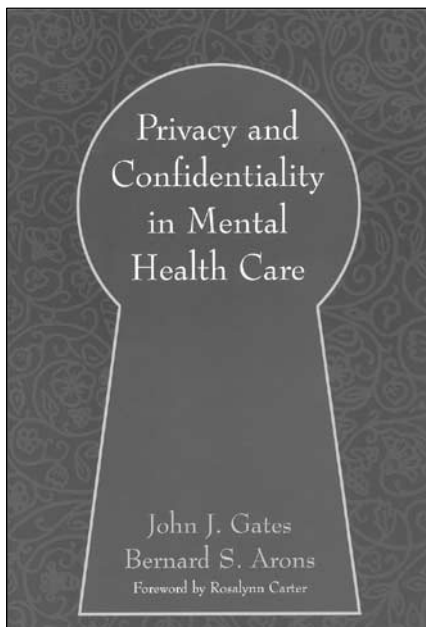
gather a comprehensive overview of all that is involved.

This is a useful reference text, but it lacks that comprehensiveness, especially in the clinical assessment of the long-term neuropsychiatric sequelae. This is beyond the author's brief, but I was left thinking that we seem not much further on in many ways from the conclusions of Sir Charles Symonds, writing over 70 years ago: "The late effects of head injury can only be properly understood in the light of a full psychiatric study of the individual patient . . . it is not only the kind of injury that matters, but the kind of head". We are still no good at measuring the latter!

**Michael Trimble** Professor of Behavioural Neurology, National Hospital for Neurology and Neurosurgery, Queen Square, London WC1N 3BG, UK

### Privacy and Confidentiality in Mental Health Care

Edited by John J. Gates & Bernard S. Arons.  
Baltimore, MD: Paul H. Brookes. 2000.  
242 pp. US\$34.00, £37.50 (pb).  
ISBN 1 55766 426 9



Privacy is a tenet of individual liberty in the USA. To understand this in the particular context of mental health information, the inquisitive must enter a complex legal and ethical labyrinth, featuring a patchwork of amorphous state laws, a dearth of controlling federal law, the Code of Ethics of the

American Medical Association and many case-law precedents. The weary traveller will likely emerge with the conclusion that privacy and confidentiality rules affecting mental health information in America are inadequate and incomplete.

Vast technological changes in the USA pose a continuing challenge to the privacy of mental health information. The individual right to privacy must be continually reasserted against competing, larger societal pressures. The need for ongoing, informed discussion in this vital (and contentious) area is obvious.

The contributors to this volume deserve congratulation for injecting a healthy, salutary dose of good, solid scholarship into the strident debate relating to the privacy and confidentiality of mental health information in the USA. It is to be hoped that its call for informed debate in this unsettled area will galvanise such discussion.

Much of the volume is work originally presented at the 1997 13th Annual Rosalynn Carter Symposium of the Carter Center Mental Health Task Force (Atlanta, Georgia). Contributors come from varied academic and professional backgrounds, including psychology, psychiatry, social work and law.

Ten illuminating chapters tackle thorny issues associated with the privacy of mental health information from various perspectives, including those of consumers, family members and clinicians. In critical but constructive discourses the expert contributors draw readers' attention to the legal aspects of the privacy of mental health information. Attention is focused on the limits of confidentiality for HIV patients and on mental health information and confidentiality in the context of substance misuse.

The academic worth of this book is enhanced by numerous references and a succinct appendix, which summarises US state provisions for mental health confidentiality.

Although written in an academic style, the volume is not esoteric. In an incisive, sobering way it offers an abundance of informed views and advice which will be of value to all those interested in reshaping the existing laws on the privacy and confidentiality of mental health information in order to benefit both the individual and society. For such prospective readers, the volume is heartily recommended.

**Leo Uzych** Healthcare lawyer, 103 Canterbury Drive, Wallingford, PA 19086, USA

### Evidence-Based Counselling and Psychological Therapies: Research and Applications

Edited by Nancy Rowland & Stephen Gross.  
London: Routledge. 2000. 216 pp. £16.99 (pb). ISBN 0 415 20507 7

Expectant readers may at first feel misled by the title of this text. It is not the Holy Grail for those seeking to apply evidence-based medicine to psychological treatments. However, perhaps it aims to be the next best thing – a map towards the Holy Grail.

The multi-author text is directed primarily at providers, managers and service coordinators of psychological therapies within the National Health Service (NHS). It is intended to provide essential background to the reasoning, methodology and implications of the evidence-based health care movement in relation to this field. However, as much of the information contained is generic, it would be of potential interest to an even broader readership.

The book is divided into three sections: the first covers the background, philosophy and infrastructure of evidence-based medicine within the NHS; the second provides an introduction to the research methodology that generates the evidence base, and includes reference to both qualitative and quantitative techniques; and the final section describes moves to synthesise and disseminate research results and apply them in practice. Each section is well referenced, not only to academic literature, but also to practical examples and sources of further information.

The editors acknowledge a degree of overlap between chapters, although this is appropriate and allows the book to be used effectively for reference purposes. The introductory chapter provides a useful summary to the contents of the remainder, and there is extensive cross-referencing.

Unfortunately, as with many texts that attempt to provide a comprehensive guide to contemporary thought in a rapidly evolving world, this one was probably out of date before it was published. A notable omission is the lack of reference to the National Service Framework for Mental Health (Department of Health, 1999).

Critics will realise that the book has been principally written by strong proponents of the 'evidence-based' movement. However, individual authors have provided well-balanced arguments allowing readers to make their own decisions about the

relative merits of academic evidence and professional judgement in the clinical setting.

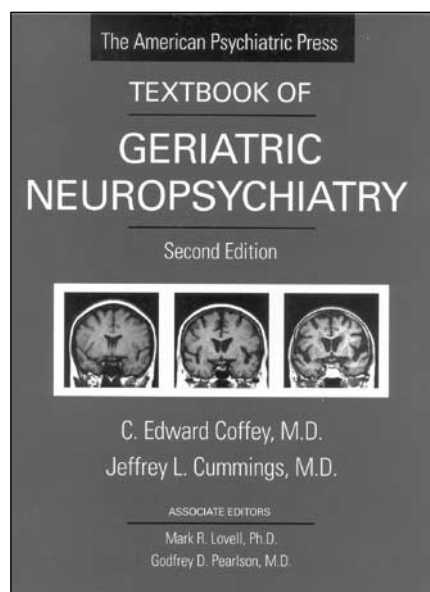
Since it is no longer possible to bury one's head in the sand at the mention of evidence-based medicine this book might be a sensible acquisition for those involved with psychological therapies who are trying to make sense of this part of 'the new NHS' for the first time.

**Department of Health (1999)** *The National Service Framework for Mental Health Standards and Models*. London: Department of Health.

**Dick Churchill** Clinical Lecturer, Division of General Practice, School of Community Health Sciences, University Hospital, Queen's Medical Centre, Nottingham NG7 2UH, UK

### Textbook of Geriatric Neuropsychiatry (2nd edn)

Edited by C. Edward Coffey & Jeffrey L. Cummings. Washington, DC: American Psychiatric Press. 2000. 1000 pp. £138.00 (hb) ISBN 0 88048 841 7



This is a new edition of an important and influential US-based textbook, dealing with biological aspects of geriatric psychiatry. This second edition has appeared 6 years after the first and the text is almost a third longer, with nine new chapters. It is divided into five easily digestible sections, each with its own editor: introduction to geriatric neuropsychiatry; neuropsychiatric assessment of the elderly; neuropsychiatric aspects of psychiatric disorder in the elderly;

neuropsychiatric aspects of neurological disease in the elderly and principles of neuropsychiatric treatment in the elderly. Every aspect of psychiatric disorders in older people is dealt with in a logical and authoritative manner.

The book attempts to establish a link between the neurobiology of psychiatric illness and that of neurological disorders which can cause disturbed behaviour and psychiatric symptoms. The emerging speciality of clinical geriatric neuropsychiatry is outlined by the editors. It has implications for where old age psychiatry finds itself in the UK, with an understandable desire to make innovative links with primary care and social work and to avoid the mistake perceived by many to have been made by geriatric medicine. The authors summarise the situation in the USA as follows.

Geriatric neuropsychiatry is an integrated speciality that draws concepts from a number of different fields and is subsumed under the general term 'neuropsychiatry'. Both geriatric psychiatry (old age psychiatry) and geriatric neuropsychiatry are concerned with care, education and research related to behavioural changes in older people. Geriatric neuropsychiatry emphasises links with basic science and the application of pharmacological treatments to disease and the assessment and management of psychiatric aspects of neurological disease. The interfaces between behavioural neurology, geriatric psychology, neuroimaging and gerontology are complex. The conclusion is that geriatric neuropsychiatry is a discipline in its own right, separate and distinct from the normal practice of geriatric psychiatry, in which a psychosocial and psychotherapeutic attitude takes the lead.

Is there an analogous situation in the UK? Psychiatry here is probably less polarised than in the USA, and many general psychiatrists would use a combination of drugs and a psychological or psychotherapeutic approach. The practising old age psychiatrist in the UK probably combines the skills of geriatric neuropsychiatry and geriatric psychiatry in one discipline, although as the field grows and specialisation increases, this may change. To have old age psychiatrists practising only old age psychiatry is a relatively new phenomenon, and it may be in the future that some professionals would choose to deal only with dementia. General psychiatry colleagues are seeing the advantages of referring people with chronic mental illness to our services when they reach a certain age.

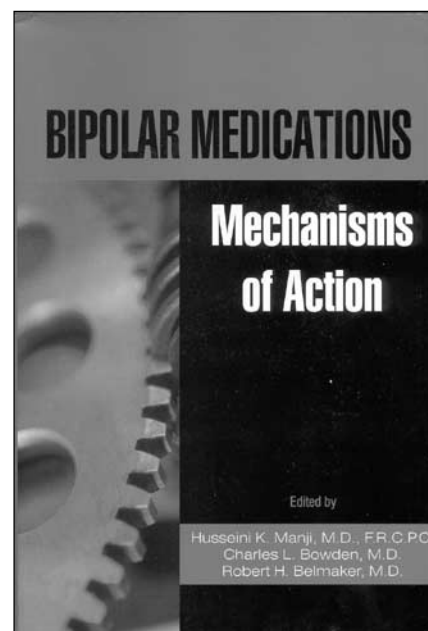
The approach taken in the book is refreshing and novel and certainly gets to the root very quickly of what many old age psychiatrists would regard as core business, that is the treatment of psychiatric manifestations of any disorder affecting older people, whether it be a neurological condition, a reaction to physical illness or a direct result of a psychiatrically defined disorder.

Whether or not one embraces the concept of geriatric neuropsychiatry in total the book is a masterpiece of the current state of the field (purists will ask, "Which field?") written by a senior and authoritative group of researchers and clinicians. As a textbook in this area, it is unrivalled.

**Alistair Burns** Professor of Old Age Psychiatry (University of Manchester) and Honorary Consultant Psychiatrist (Manchester Mental Health Partnership), Withington Hospital, Nell Lane, West Didsbury, Manchester M20 8LR, UK

### Bipolar Medications: Mechanisms of Action

Edited by Husseini K. Manji, Charles L. Bowden & Robert H. Belmaker. Washington, DC: American Psychiatric Press. 2000. 440 pp. £46.95 (hb). ISBN 0 88048 927 8



To both clinicians and researchers bipolar affective disorder is a fascinating topic for study. Bipolar disorder interfaces with every area of psychiatry, childhood and elderly forms are well recognised, there is a clear