

Book reviews

Edited by Sidney Crown, Femi Oyeboode
and Rosalind Ramsay

Choosing Methods in Mental Health Research

Mental Health Research from Theory to Practice
Edited by MIKE SLADE & STEFAN PRIEBE

Choosing Methods in Mental Health Research

Edited by Mike Slade
& Stefan Priebe.
Routledge. 2007. 298pp. £29.95
(hb). ISBN 9781583918449



Advocates of 'evidence-based policy' assert that 'what matters is what works'. This perspective became fashionable in England after the 1997 general election. Mental health service researchers like to see themselves as contributing to the fund of 'evidence' which should rightfully determine policy. The problem is whether others agree. Solesbury¹ identifies a number of key questions. Is there consensus about what the questions are and how they should be formulated? What sorts of evidence are persuasive to the types of people influencing care provision? How far can conclusions be generalised? And does the public still trust professionals to give the 'right' answers as opposed to self-interested ones? Slade & Priebe set out to open up this debate, providing us with a symposium-in-a-book.

Sections cover research methods and the factors that appear to influence practice in different clinical areas and different countries. Four final chapters reflect on what gives research impact. Read these and the introduction first, since they set out the ground for the debate.

Beresford, giving a service-user perspective, argues for explicitly value-based research. His interest is in research that empowers and improves the lives of service users by its design as well as its questions. Bracken & Thomas explore how research benefits funders and researchers while entrenching service users' states of disadvantage.

Reading the earlier chapters on methods, the question becomes how the contributors have located their offerings in this context. Some tell us, some just set out their stall and, tellingly, a few seem to have missed the point altogether.

The chapters describing what actually appears to influence practice are sobering. Walters & Tylee identify a range of policy exhortations and educational initiatives for general practitioners. While explicitly upbeat about these, they note that mental health issues have only a small effect on bonus payments. Their implication seems to be that these are the 'evidence' general practitioners understand.

Burns writes cogently about community mental health team practice, providing a nice analysis of the features of the famous Madison study² which enabled it to be so influential; however, the study he describes as having most impact on practice in England is the report on the care of Christopher Clunis. Curiously, despite its painstaking attention to evidence, he classifies this as 'non-academic'.

Holloway notes the wide range of influences people regard as evidential and the tendency of recent government publications to be couched in evidence-based language while apparently lacking the peer-scrutiny normally associated.

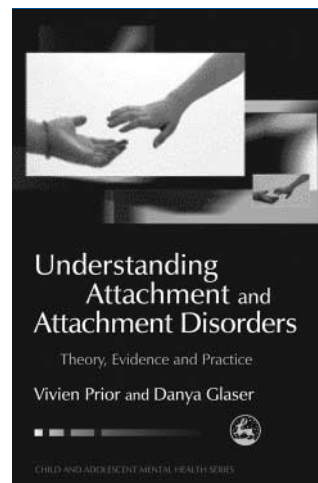
Perspectives from other countries provide evidence of the need for scandals as a spur to reform and the tendency of de-institutionalisation to transfer care resources from the more to the less needy.

Where do the authors stand? They emphasise that their book is not about research ethics but about the concept of evidence. If research funders want to back work that will influence policy-makers and practitioners, those writing research proposals should consider what impresses these audiences and not confine their attention to the referees of mental health journals.

- 1 Solesbury W. *Evidence-Based Policy: Whence it Came and Where it's Going*. ESRC UK Centre for Evidence-Based Policy and Practice. Queen Mary University of London, 2001. <http://www.evidencenetwork.co.uk/Documents/wp1.pdf>
- 2 Stein LI, Test MA. Alternative to mental hospital treatment. I. Conceptual model, treatment program, and clinical evaluation. *Arch Gen Psychiatry* 1980; **37**: 392–7.

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Understanding Attachment and Attachment Disorders. Theory, Evidence and Practice

By Vivien Prior & Danya Glaser.
Jessica Kingsley.
2006. 288pp. £19.99 (pb).
ISBN 9781843102458

This book is timely as it comes following publication of the clinical book by David Howe (*Child Abuse and Neglect: Attachment, Development and Intervention*). The outline of attachment is clearly presented, the classification system follows well, and understanding how the attachments evolve and the factors involved is helpful. I particularly liked the section on different cultures and what has been explored across differing parenting styles and social groupings – it's well worth reading.

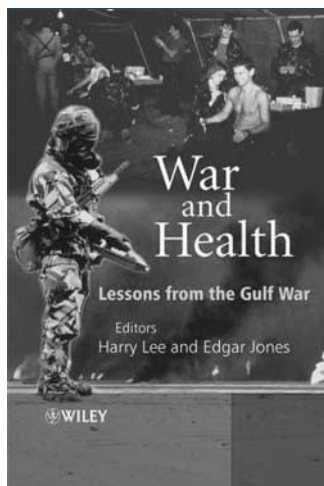
The strength of the book is its focus on research as evidence and the details given of all the current instruments and ways of capturing the attachment status of individuals and relationships. All the instruments have advocates, and the authors give their views of their strengths and weaknesses in an academic and thoughtful way. Anyone planning to undertake a research project or clinical study will find this book extremely helpful when trying to select the best available method. The limitations do remain frustrating but this book explains what is currently possible.

The book then moves on to look at what each different attachment status means for the individual, what is likely to be their developmental trajectory, their strengths and problems. Attachment disorder is then discussed and this is where the book becomes somewhat controversial. The authors go on to discuss interventions, those that are evidence-based and those that are not. They explain, for example, that although reactive attachment disorder is now recognised (DSM-IV) and there are some evaluated interventions, many professionals are using interventions not yet evaluated.

The book is well presented, each chapter has good headings and useful summaries. However, it is not the sort of book one reads straight through, but is a book to have to hand to help understand patients from an attachment perspective, or when considering a study.

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War and Health. Lessons from the Gulf War

Edited by Harry Lee & Edgar Jones.
Wiley. 2007. 154pp.
£29.95 (pb).
ISBN 9780470512296

There was a time when texts on military psychiatry were little more than a historical sideshow, of interest to the small fraternity of military psychiatrists and their more curious civilian colleagues. Sadly, with the prospect of warfighting in Afghanistan for the foreseeable future, increasing numbers of ex-service personnel are likely to present to National Health Service mental health services. Psychiatrists are singularly ill-equipped to deal with these – lacking an understanding of the unique stresses of service life as well as knowledge of the ways in which service-related psychopathology may present.

The first Gulf War (1991) has important lessons to teach: 16 years on, more than 6000 British veterans of the conflict (11% of those deployed) have developed a variety of disparate, seemingly unrelated, unexplained chronic, enduring, and sometimes disabling physical, cognitive and psychological symptoms. Considering that most of these individuals were previously fit to be deployed on military operations it is not surprising that many have attributed their complaints to Gulf service. Few, however, witness the ‘horrors’ of war or anything remotely meeting the ‘stressor’ criterion for a diagnosis of post-traumatic stress disorder.

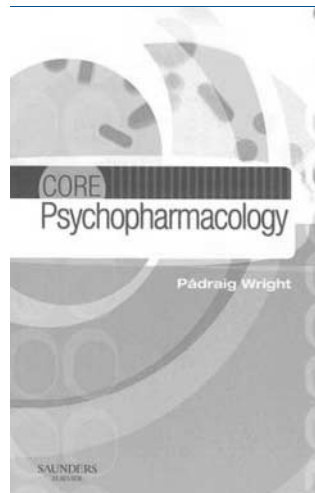
In their book, Lee & Jones summarise the evidence to date on Gulf War illness. Brief (and sometimes oversimplified) research findings are described in their historical, anthropological and cultural context. Gratifyingly, a chapter is devoted to the work of Combat Stress – the major UK voluntary service provider of mental health services to veterans providing invaluable support and one about which psychiatrists should know a lot more.

The book reminds us that there is a lot more to psychological trauma than post-traumatic stress disorder and makes an important philosophical point: in a psychiatric landscape ‘obsessed’ with operational diagnostic criteria many young psychiatrists have lost touch with their historical roots. How many of your trainees have read Jaspers lately? The book demonstrates the importance of context and rekindles (albeit obliquely) those Jasperian concepts of meaningful and causal connections which underpinned psychiatry for so many years – now (in my view) sadly forgotten.

War and Health is limited in its purview and the comprehensive text of military psychiatry encompassing current operations remains unwritten. Nevertheless, it is an excellent synopsis of a massive and disparate literature and if it helps colleagues treating veterans from the first Gulf War and whets the appetite for military psychiatry, then it will have done a very good job indeed.

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Core Psychopharmacology

By Pádraig Wright. Saunders
Elsevier. 2006. 272 pp. £29.99 (pb).
ISBN 9780702028126

As a general adult psychiatrist I have found myself anxious to keep up-to-date with advances in psychopharmacology. However, I find it hard to keep clear in my mind the basics of drugs and their actions. My excuse (to myself, at least) is that these fundamentals are crowded out by the huge amount of clinical clutter involved in day-to-day psychiatric practice. I have read – and mostly failed to retain – the wealth of information and explanation in Stephen Stahl’s excellent *Essential Psychopharmacology*. British Association for Psychopharmacology courses have left me still feeling uneasy. Well, this little book is not a complete answer to my problems, but it does go a long way towards bringing the logic of pharmacology closer to the messy process of routine clinical activity.