reviews

The Ethics of Survivor Research: Guidelines for the Ethical Conduct of Research Carried Out by Mental Service Users and Survivors

Alison Faulkner
Bristol: Policy Press,
2004, £9.95, 56 pp.
ISBN: 1-86134-641-7

User involvement in and control of research has increased dramatically from the early days of user-focused monitoring (Rose, 2001) and strategies for living (Faulkner & Layzell, 2000). This owes something to research funders who increasingly give user involvement as a pre-requisite of a successful bid (Beresford, 2005). Therefore this report by Alison Faulkner is both timely and essential reading.

It is intended for user/survivor researchers, those wishing to involve users in research and those wishing to commission research that follows good practice in user involvement. The report is accessible, well laid out and is easy to follow, with useful summaries and pointers for further information en route. In the final pages useful advice is provided on further reading and contacts.

Each chapter provides succinct information on the topic under consideration. Of particular importance is an early chapter that describes the principles underlying user research. These principles require that research should be clear and transparent, should aim to empower participants and have at its heart a commitment to change. The roles of accountability and identity are critically discussed and the reader is left with a clearer picture of the meaning of user research as well as its ethical conduct. Later chapters review in more detail what this means at specific points of the research process, from planning and design, training and support through to dissemination and implementation. The final chapter considers the often tricky business of dealing with research ethics committees who may be unfamiliar with, or unsympathetic to, the goals of user research. In writing this report, Faulkner has provided an excellent, succinct yet comprehensive account of the ethical conduct of research undertaken by users.

Faulkner's biggest achievement has been in providing a definition of what it means to be a user or survivor exploring the social world. Although the guide is not intended as a rulebook, it is, in some senses, a manifesto to be interpreted as the particular project suggests. Moreover, it is one that the majority of survivor researchers, including myself, may have already signed up to – the guidelines having been written following consultation with user researchers. This strengthens the sense of cohesiveness among user researchers. It also gives further credence to the status of user research as an independent, valid and reliable form of research in its own right. However, it is doubtful whether the more sceptical of mainstream researchers will be convinced; survivor research has a long way to go before equal status is achieved.

In summary, this is not a guide for beginners wishing to embark on a research project, although it will be invaluable for this and other targeted audiences. Instead it is an excellent description of the values and principles that make user research what it is. I would highly recommend this report to anyone who conducts, commissions, or is affected by research.

BERESFORD, P. (2005) Developing the theoretical basis for service user/survivor-led research and equal involvement in research. *Epidemiologia e Psichiatria Sociale,* **14**, 4 – 9.

FAULKNER, A. & LAYZELL, S. (2000) *Strategies for Living: A Report of User-Led Research into People's Strategies for Living with Mental Distress.* London: Mental Health Foundation.

ROSE, D. (2001) *Users' Voices.* London: Sainsbury Centre for Mental Health.

Angela Sweeney   Research Worker, Service User Research Enterprise (SURE), Institute of Psychiatry, London SE5 8AF

Community Mental Health Teams. A Guide to Current Practices

Tom Burns
Oxford: Oxford University Press,
2004, £29.95, 211 pp.
ISBN: 0-19-852999-6

Contemporary mental healthcare in the UK is based on an emerging service model that requires a number of 'functional' mental health teams to work together in providing comprehensive secondary mental healthcare to a catchment area. This model replaces the painfully won dominance of the single local community mental health team. At the time of writing, four teams are mandatory: in the phraseology of the Department of Health these are 'primary care liaison, assertive outreach, early intervention and crisis resolution and home treatment' teams (the logic of functional differentiation suggests that ever more specialist teams will emerge). All health economies have been required to develop these four teams, producing a potentially complex and confusing service system.

A book that provides a map of this brave new world should be valuable both for the experienced practitioner and the tyro. I cannot think of anyone better placed to write such a book than Tom Burns, now Professor of Social Psychiatry at Oxford, who has for many years been at the forefront of innovations in service delivery. With a career stretching back to the high point of traditional social psychiatry as practised at Dingleton Hospital, Burns has undertaken important research into the primary/secondary care interface, the workings of community mental health teams and intensive case management/assertive outreach teams. In *Community Mental Health Teams* he has supplemented his considerable personal experience and knowledge of the literature with direct observation of mental health teams both in the UK and North America. The structure of the book is simple and the writing is clear. Two introductory chapters summarise, perhaps rather too briefly, the origins of community psychiatry and some key issues in multidisciplinary team-working. Chapters describing the four 'functional' teams provide the core of the book: Burns underlines the commonalities between these teams as well as describing their differences. Two short chapters allude to highly specialised teams and the research agenda (which is very large). It provides all the information that an examination candidate should know, but like all good books this text raises more questions for the perceptive reader than it answers.

Frank Holloway   Clinical Director, Croydon Integrated Adult Mental Health Services, Bethlem Royal Hospital, Monks Orchard Road, Beckenham, Kent BR3 3BX