reviews

Working Therapeutically with Women in Secure Mental Health Settings

Nikki Jeffcote & Tessa Watson (eds)

This is an excellent collection of papers for professionals working together in secure mental health settings for women. The publication of the national strategy Women’s Mental Health: Into the Mainstream (Department of Health, 2002) mapped out gender-specific service development for the next decade and beyond. However, the map had been drawn in the absence of specific evidence about treatment efficacy. There was little professional consensus on what type of service actually worked for which particular group of women; the policy implementation guidance recommended that women’s mental health should become an integral element in the training of all staff and managers, within every organisation, but there was no research and little agreement about the types of training required. This book is therefore timely and a valuable resource in a relatively new but rapidly developing field.

The content addresses a range of clinical, political, social, training and management issues for women’s secure services. The excellent introduction by the two editors, Nikki Jeftcote and Tessa Watson, lays out some of the key themes of the book, including the multidisciplinary nature of the work, the importance of care pathways into secure services and out of them again, and the impact of early experience and trauma on the development of adult therapeutic relationships. A feminist perspective underwrites many of the chapters. It defines the framework within which inequality and disempowerment are addressed; this may not appeal to all readers.

The first section comprises six chapters on ‘theory building’, the second is focused on ‘practice’ and the third is a collection of four practical papers on training and ‘service development’.

Needs and risk assessment are both addressed in the first section. The chapter by Nikki Jeftcote and Ray Travers on ‘thinking about the needs of women in secure settings’ helpfully reviews current approaches and the salience of relational issues, making the important link with Bowlby’s attachment theory. This is an illuminating description of an overarching theoretical model of care. It is complemented well by Les Petrie’s extremely useful and practical chapter in the third section on ‘men, women and good practice’. It also provides an appropriate springboard for Gwen Ashhead’s provocative piece on ‘more alike than different: gender and forensic mental health’, which draws out the dialectic with characteristic authority; it is refreshing to see the inclusion of an alternative view of gender sensitivity. Tony Maden’s chapter on ‘risk assessment’ addresses the unresolved difficulty of applying the existing risk assessment tools to women when they have all been standardised on male populations. There are no easy solutions here, but his guidance on the use of good holistic clinical risk assessment complemented by some of the existing instruments is helpful.

The ‘practice’ section includes a series of illuminating case examples to illustrate particular treatment approaches. Countertransference difficulties experienced by staff are described by Anne Ayegbuisi, in her chapter ‘Thinking under fire’. She makes an effective case for clinical supervision for nursing staff, but perhaps misses the opportunity to highlight the need for multidisciplinary reflective practice. There is also a good definitive chapter on the Gender Training Initiative by Sara Scott and Jennie Williams, necessary reading for all staff working in secure services.

I enjoyed this book immensely; it is rich reading and should be accessible on the bookshelves of women’s service resource rooms.

Wyatt’s Practical Psychiatric Practice: Forms and Protocols for Clinical Use (3rd edn)

Richard Jed Wyatt & Robert H. Chew
ISBN: 1585621099

To paraphrase René Magritte, this is not a book. As the title suggests, it is an extensive set of A4-sized sheets for use in everyday clinical practice, ring-bound to allow for easy photocopying. The two sections for clinicians provide basic record-keeping forms and rating scales. The two sections for patients and families provide information about psychiatric disorders and psychiatric medications. It is designed for the American market and so includes medical insurance forms, invoices and a final collection notice for those pesky late payers.

The idea of assembling a comprehensive set of clinical papers is terrific. However, this example sits uneasily with the needs of UK National Health Service practice. Most of the clinician forms are redundant, as trusts will usually have their own pro formas. The tick box format of many sections encourages standardised collection of data, but with no tie-in to any database engine to aggregate and analyse the data collected. The rating scales might be useful but are available from other sources. The information for patients and families is admirably thorough, accurate and (on the whole) up to date, but is written in a jargonistic, technical style. I ran some of these sheets through the Flesch Reading Ease test, a standardised scale in which higher scores indicate greater readability. They averaged out at around 20, compared with a recommended level of 60–70 for public information. There is little information about psychological therapies or their effectiveness.

The bundled CD contains electronic PDF files of all the documents in the package. They cannot be altered but if you really want to customise them for your own use, it’s the work of a moment to copy the text and paste it into a word processor for editing.

So, can I recommend it for UK practice? Not as it stands, although it provides a useful example of the tools that should be available to every psychiatrist. It might be helpful in private practice, although the difficulty in customising the forms would limit its appeal. I suspect that the patient information sheets might more often be used as aide memoir by the doctor.

Our Inner World: A Guide to Psychodynamics and Psychotherapy

S. R. Ahles

This book presents a selection of psychodynamic and developmental theories and a perspective on brief psychotherapy (10–25 sessions) that is discussed in terms of