Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

Child Protection and Adult Mental Health. Conflict of Interest?

This is an important book. The editors are managers and directors of Home Counties-based children’s and community services, respectively; and planners and providers of mental health, child mental health and child protection and placement services should have it on their bookshelves. This book should be part of relevant training programmes. It should be read and used for teaching and debate, not because it is perfect, but because it is almost the only publication of its kind in a field which deserves far more focused planning, audit and research. The range of contributors reflects this; they include adult and child psychiatrists, a policy director, psychologists, managers, the Chief Executive of the Central Council for Education and Training in Social Work, practitioners in that field and a director of housing and social services.

A recurrent theme is the need for multi-disciplinary planning for children and adolescents at risk of abuse or neglect, which evaluates the incidence and prevalence of mental health problems and needs in their care-givers, balancing respective needs and risks in a coherent, reasoned fashion enabling joint evaluation of each decision made.

Of course, this does not happen. At governmental level, mental health, social services and educational legislation have been enacted over the past decade without appropriate interdepartmental planning. The Children Act and mental health legislation lie in separate parts of the map, with few routes between them.

The same thing happens on the ground. Bernard (Chief Executive of the Central Council for Education and Training in Social Work) and Douglas (an executive director of community services) comment in Chapter 11 that mental health staff may be unable to obtain a quick response from a local child care team because “the mental health emergency may not appear to be a child protection issue. Similarly, a child care team may try to arrange for an approved social work assessment of a family member, believing that parental mental health problems are critical to family functioning. To the mental health team, these problems may seem minor and not constitute an emergency. At its worst, action can take days or even weeks to negotiate between the relevant teams”. Audit of such practices seems the bottom line in terms of future achievement, and this will be even more difficult to establish than is audit within individual overpressed agencies.

With regard to psychiatry, Lau (Chapter 9) writes of the need for service managers to address current splits in service delivery in which those for adult mental health and child and adolescent mental health services are often separate. This rings bells with anyone in the latter speciality: all of us work in services which at best obtain 5% of the adult mental health budget and which, although we try to embrace multi-disciplinary work, are hindered by the structural and legal anomalies in relation to social services. We are hindered even more by the lack of longitudinal training for psychiatrists across the age range of our patients. Lau writes: “Service specifications for mental health services must include screening and identification of the mental health needs of dependent children in a family where the parent is mentally ill”. This is hardly controversial: it is simply not addressed adequately in current practice and planning. There is a useful perspective from consumers, though this reflects adults rather than children; as ever, their voices remain distant and elusive.

There are a number of useful protocols, provided by specialist local services such as those in Bath, Lewisham and Hackney. Kumar provides an excellent chapter on the assessment of infants and mothers at the Maudsley Hospital.

All in all, it is extremely surprising to realise that this is a pioneering book which requires and advocates collaboration between professionals from the fields of health and social services. This is hardly an original message, given that it is writ large within every Part 8 inquiry on child deaths and serious injury as required by the Children Act 1989, and each inquiry into homicides by mental health patients. Nevertheless, the message needs repeating and this book is a refreshing contribution to a field of study which is aiming to improve audit practice rather than to learn from tragedies after the event.

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Cross-Cultural Practice with Couples and Families

This American book outlines the complexities of working with people of different cultures from the perspective of a family therapist. It consists of 12 essays, some of which explore issues pertinent to working with people of specific ethnic groups, for example, Native American and African American people. Some are more anecdotal in nature describing specific experiences of therapists working with people of different races, the remainder are more ‘scientific’ – measuring therapists’ attitudes and knowledge of the cultures of the peoples with whom they work.

Although much of the specific information provided is peculiar to the US and therefore would be more useful to North American than to European therapists, this book emphasises the importance of acquiring knowledge and understanding of the history and culture of different races and using this knowledge to facilitate a more effective therapeutic relationship. This skill is clearly of great importance and relevance to those of us who work in ethnically diverse areas such as inner cities. In addition some of the subtleties of the relationship between the therapist and the patient are explored, for example, the effects that both race and gender might have on the therapeutic

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relationship not only from the perspective of patients, but also from that of therapists. 
Necessarily the impact that stereotyping and prejudice has on this is heavily 
emphasised.

This is an easily read book which highlights the importance of empathy 
gained through the knowledge of others. 
Although written from the point of view of social workers many of the conclusions 
drawn are pertinent to anyone working in the field of mental health. Although possibly 
not ‘essential’ reading for trainees, I would certainly recommend inclusion of the book 
in any hospital library. Having read it it made me rethink some of my assumptions 
and attitudes about the families with whom I work in inner London.

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Cognitive Vulnerability to Depression

By Rick E. Ingram, Jeanne Miranda & 

The authors overview existing theories and 
research addressing cognitive vulnerabilities to depression. Models include Bowlby’s 
development of Adler’s hypothesis that anomalies in early attachment (especially 
uncaring and/or overprotective parents) generate internal working models or cognitive 
‘schema’ that negatively shape processing and interpretation of interpersonal interac-
tions, so inducing and/or maintaining depression. To most clinical psychiatrists, 
schema models are intuitively appealing, both seemingly confirmed by many patients’ 
reports of their core beliefs as well as allowing common sense therapeutic application. 
As a consequence, many psychologists and psychiatrists run the theory up the 
clinical flag pole every day of their professional lives – and despite increasing 
questioning about the efficacy of cognitive–behavioural therapy (King, 1998).

There is, however, a problem. The 
theory, not for the first time in the history of psychiatry, resists empirical confirmation. 
If, as many cognitive therapists have claimed, 
negative schema are latent constructs 
intrinsic to those who develop depression 
and activated by key life events (particu-
larly ones that mirror early adverse events),
certain consequences should follow. Some 
can be noted.

First, prospective studies of those with 
or without negative cognitive schema 
should predict onset of depression in the 
former group when mirroring life event 
stressors are experienced – a specificity 
model. Such studies do not appear to have 
been conducted.

Second, patients with depression in 
remission should, when ‘mood-primed’, 
differ from subjects who are not depressed by 
the evidence of dysfunctional cognitive patterns. While generally confirmed, such 
findings do not establish the existence of cognitive schema – as such patterns could 
equally be a consequence of the state mood 
disturbance. Third, any such mood-priming should induce consistent schema, an issue 
apparently not pursued by researchers.

Fourth, returning to the Bowlby hypo-
thesis, if certain parent behaving 
then, depression, recall of those 
behaviours might be expected to identify 
cognitive vulnerabilities, and the authors 
note an interesting priming strategy (use of the 
Parental Bonding Instrument) offering 
some preliminary support.

Most importantly, patients with depres-
sion should, when euthymic, be more likely 
than subjects who have never suffered from 
pression to show evidence of ongoing 
cognitive vulnerabilities. The authors con-
sider the now very large bank of such 
which may or may not measure core beliefs 
and schemas – the Dysfunctional Attitude Scale and the Automatic Thoughts 
Questionnaire. If not reflecting methodological 
limitations, and such schema are only 
evident when an individual is depressed, it 
argue for their status as vulner-
ability factors. The rule of parsimony might 
then argue for ‘schema’ as more reflecting 
state nuances of a depressed mood, a 
possibility conceded by the authors but 
rather unconvincingly rejected. Thus, they 
dismiss a significant challenge to the 
cognitive Zeitgeist with the ex cathedra 
statement that there exists “compelling 
theory and research suggesting that there 
are important cognitive factors at work in 
the onset and maintenance of depression” 
(p. 66). This trinity of faith, hope 
and charity is akin to arguing that the Emperor 
cannot be regarded as naked as he has a

large wardrobe at home. Thus, cognitive 
schema currently appear to have a ‘ghost in 
the machine’ status. Schemas, formulated 
as being ‘dormant’ or ‘latent’, thus occupy 
a position which allows a range of explana-
tions for their ‘now you see them, now you 
don’t’ status, and which risks being all 
explanatory. Is it not time for definitive 
proof of their status or conceptual 
repositioning – at least as vulnerability 
factors to depression? Perhaps they have 
greater relevance to the anxiety and 
personality disorders rather than to the 
depressive disorders. If not, why not?

The authors assume that their readers 
have no knowledge base – at least about 
depression, cognitive schema, model-testing 
paradigms or the applied studies. There-
fore, this is an excellent reference for 
students seeking such a primer and a review 
of the field, but somewhat frustrating to 
those who have followed the field and who 
will be impatient for the authors to cut to 
the chase. The authors impress as ‘true 
believers’; somewhat mystified by the lack 
of confirmatory research. Rightly so. While 
this book seeks to inform, its careful 
preparation raises more questions than 
answers. That is a noble outcome for an 
academic product, and worthy of being 
applauded.

King, R. (1998) Evidence-based practice: where is the 
evidence? The case of cognitive behaviour therapy and 

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Panic Disorder

£49.85. ISBN 1-85317-518-8

Around half of this book (116 pages) 
consists of chapters outlining neurobiologi-
cal theories and drug treatment. The 
remainder outlines psychological theories 
and treatments of panic disorder.

The neurobiological perspective is 
comprehensive. Data are presented from 
recent radioactive ligand single photon 
emission computed tomography (SPECT) 
studies which suggest that alterations at the