

wide ramifications. They argue that change occurs between sessions as 'a consequence of changed attitudes to learning engendered by the therapy'. Echoing Bion and Winnicott, they contend that the crux of the matter is the clinician's 'careful focussing on the patient's internal experience', which in turn can provide an experience for the patient 'of another human being having [their] mind in mind'. Referring predominantly to patients who have so far lacked sufficient experiences of really feeling held in mind, Bateman & Fonagy describe that through this sort of interactive process a patient may gradually become more open to trusting what the therapist has to offer. They hypothesise that this 'epistemic trust' towards the clinician can open up a channel for trusting others more generally and so create the potential to 'take in' good things from others and develop more positive relationships. I think this process is highly relevant not only to formal therapy delivered by psychological therapists, but to encounters in psychiatry more generally in out-patient clinics and on the wards, and beyond this to wider areas such as housing, the voluntary sector and education.

I found the dialectical-behavioural therapy chapter by Wilks & Linehan very engaging. Linehan comes across as a clinician unafraid to get 'stuck in', taking being patient-centred right to the edge of what is bearable (and sensible?) for the clinician. How often do you see this in a research proposal: 'To conduct a clinical trial applying behavior therapy, Linehan called area hospitals and asked them to send her the most severe, highly suicidal, and difficult to treat patients'. Despite this audaciousness, the narrative that follows is not overconfident but conveys close listening and humility as they reflect on lessons learnt from this trial and how these led to the development of Linehan's therapeutic approach. Namely, how patients with a diagnosis of borderline personality disorder experienced a behavioural problem-solving approach as invalidating, as they inferred they were the problem that needed to change and so 'lashed out at the therapist' or dropped out altogether. This led to Linehan realising the need for a dialectic between acceptance and change.

Regardless of whether one is a dialectical-behavioural therapist, I recommend watching the video of Linehan in action to observe her style of working with a patient with emotional and relationship difficulties. Linehan is validating about her patient's feelings yet also 'challenging' and non-collusive about the patient's ways of seeing and doing. Linehan strikes a balance in her level of closeness to the patient by being warm and empathic to help engagement, yet also matter-of-fact and straightforward enough to keep the emotional tone from rising too high.

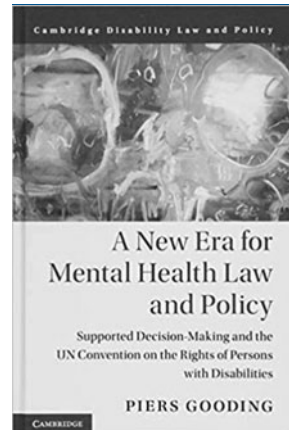
I felt one important aspect was missing from this book. This was a detailed account of the interpersonal pressures that arise that may lead clinicians from all schools to inadvertently act in ways that are unhelpful to the therapy. We may *know* about the value of common therapeutic factors such as empathy, close listening, and support – but sustaining these in relation to someone who rejects or attacks offered care is another matter. Herein is the role of reflective practice and processing the interpersonal dynamics of clinical work, alongside the more technical aspects of therapy that are the heartland of this book.

There are a few places in this book that might raise antibodies for some readers. On occasion some contributors perhaps overdo their certainty about expected benefits and what they see as positive attributes of their preferred way of working. For example, Edna Foa states that, '...clinicians initiate a course of [manualised] CBT knowing not only how the treatment as a whole will progress but also what each treatment session should entail'. But how might the patient feel about that, I grumbled to myself? Additionally, in chapters about particular schools of therapy, I felt in one or two places that the interpretations of the evidence-base were somewhat partisan, triggering again my Woody Allen fantasy of producing the three editors to recount their balanced analysis.

I expect this book is best suited to therapists mid-way through their training who are seeking fairly detailed accounts of various therapeutic approaches. More experienced therapists and general clinicians are likely to enjoy the overview chapters and to dip into the other sections, rather than read the book cover to cover.

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A New Era for Mental Health Law and Policy: Supported Decision-Making and the UN Convention on the Rights of Persons with Disabilities

By Piers Gooding. Cambridge University Press. 2017. £85.00 (hbk). 294 pp. ISBN 9781107140745

The Convention on the Rights of Persons with Disabilities (CRPD) is the first international human rights treaty of the 21st century. It is historic for bringing mental health issues more forcefully than ever before into the fold of international human rights law. The book looks at how the CRPD and its articulation of autonomy, human dignity and solidarity provide a conceptual and practical alternative to existing mental health legislation. It challenges long-held views on mental health legislation and is a timely development given major issues facing mental health systems in Western high-income countries, on which the book concentrates.

The book is ambitious in appealing to a very wide audience who have an interest in mental health, disability and human rights, including those 'engaged in the daily puzzles of mental health'. It is designed so that readers can skip to certain sections to suit their knowledge needs.

The book comprises seven chapters and a lengthy conclusion and is divided into two parts. Part 1 considers what human rights mean for mental health law. The composition of the CRPD is explained, as are the main CRPD articles related to mental health legislation. The hugely significant implications of the CRPD are described, including the potential abolition of mental health legislation in its entirety, abolition of laws allowing community treatment orders and the abolition of mental health legislation allowing forced treatment, as these violate various CRPD articles. This part may have been helped by having the full list of CRPD articles in an additional appendix and possibly a review of further accessible information sources for the CRPD.

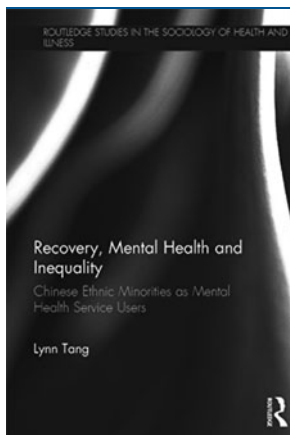
Part 2 considers the CRPD and mental health law acting together or as a new paradigm. This part is where professionals will find useful discourse on how the CRPD influences mental health legislation. Chapter 7 is probably the most useful chapter for professionals in that it provides a very balanced review, addressing major concerns and the 'threat' to mental health legislation that it is perceived as discriminatory. This chapter reflects on real-life dilemmas and the resource practicalities needed to help support CRPD implementation. An important section considers the

perennial balancing act of individual autonomy with the ‘collectivist, paternalistic agendas’ regarding risk management – with mental health legislation having a strong risk-aversion focus as opposed to the relatively low priority given to risk under the CRPD. Under the CRPD, ‘best interests’ determinations would be replaced by ‘best interpretation of will and preferences’, which is examined in depth.

Despite the fact that many unresolved issues and ambiguities remain, and no government has yet fully implemented the CRPD by entirely abolishing mental health legislation, the book finds no ‘plausible reasons’ as to why domestic law, policy and practice could not generally be reshaped in accordance with the CRPD. Although it clearly advocates the innovation of the CRPD approach, it does acknowledge the enormity of the epoch-making change needed to implement this and makes a series of recommendations in this regard.

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Recovery, Mental Health and Inequality: Chinese Ethnic Minorities as Mental Health Service Users

By Lynn Tang. Routledge. 2017.
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ISBN 978-1138849976

Chinese community, many of the findings and comments are applicable across the whole of society.

It is important to emphasise, at the outset, that the theoretical context and viewpoint that the author works within, will be unfamiliar to many psychiatrists, nonetheless the insights are often illuminating and always informative. The framework is the recovery model, an approach that is now so well embedded within mental health services that it is hardly novel and its influence on social policy commonplace to the degree that is unquestioned. What Tang does is to reinvigorate the concept by arguing for a central role for social justice in the recovery paradigm. She says that her aim is to explore ‘the lived experiences of a marginalised group of mental health service users’ thereby addressing how tackling multilevel inequalities fits into the recovery model.

Here is a complex and nuanced examination of the recovery model. It delineates the facets of recovery: recovery from illness, recovery from impairment and recovery from invalidation. It shows how the current emphasis within the recovery movement on empowerment ignores the immense structural forces of social inequality and how these constrain recovery. The focus is on the Chinese community, a community that in Britain is ‘invisible’ such that little is known about their utilisation of services and even less about the epidemiology of disorders within it. For this reason alone, this book is a welcome addition to the literature. But, it does more than merely foreground Chinese experiences of mental healthcare, it contributes to the field by demonstrating how a qualitative methodology that is anchored on rigorous theory can help further our understanding of the plight and position of people with mental illness.

Tang contextualises the varying push and pressures underlying Chinese migration to the UK from the nineteenth century to the present day. She emphasises the heterogeneity of the community in terms of origins, language, social class and education. She then draws on her research interviews to give a detailed exploration of how biography, cultural beliefs, dual citizenship, language and employment status, among other things determine or promote recovery.

This is very definitely a book that deserves to be read for its wider implication for practice and policy.

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This is a book reporting on a study of Chinese people living in Birmingham. Even though it sets out to investigate the experiences of mental illness, its treatment and management within both the health and social care systems, and the manner in which social and cultural factors influence these experiences within the