

A good example of the question and answer method is "Are learning disability hospital populations declining?". The answer, well illustrated, shows that although the numbers of long-stay patients have halved, short-term admissions have gone up by 157% and out-patient attendances by 90%. This is sound evidence of the increased workload. Another interesting example concerns the work opportunities for people with learning disability and concludes that providing sheltered work would not only be much more acceptable but much less expensive.

The challenging behaviour section explains this sometimes controversial term better than most and shows that the causes are many. However, although self-injurious behaviour and aggression are more commonly found in conditions of neglect and deprivation, some of the more severe cases arising in childhood or adolescence and persisting in adult life can appear under the best available conditions and are now thought to be more likely to arise from brain dysfunction, about which too little is known.

The nomenclature for learning disability is constantly changing and therefore confused and misleading. Somehow the document has managed to tackle this, despite the possible confusion that the expression which is used, "impairment of mind", may have with "mental impairment" as used in the Mental Health Act. The emphasis, is however, that disability is that which hinders the individual's ability to participate on equal terms with others. This excellent book, which should be read by policy makers and by those who have to live with such policies be they providers, purchasers, carers or those afflicted themselves is to be warmly welcomed. It is to be hoped that some of the challenges that itself sets up will be answered and improvements in services follow.

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Suicide and Schizophrenia. By Gary Hogman. 1993. Pp 40. £4.50. Available from NSF, 28 Castle Street, Kingston upon Thames, Surrey KT1 1SS

At first glance we might be tempted to dismiss a collection of newspaper cuttings, the approach adopted in this NSF publication, as too unreliable a way to gain information on any clinical matter. We would be well advised, however, to take this salutary report very seriously, and to glean from it the many important and telling insights which it provides with regard to the present day care of persons who suffer from schizophrenia. It holds a mirror up to what we do, and if we really are to strive to produce the

best form of care for our patients we cannot afford to ignore its contents.

One hundred and sixty-four deaths between April 1991 and July 1993 in persons with schizophrenia were identified through a news cuttings service, covering the trade press and national and local papers throughout England. Little detail is given about the reliability of such a method of data collection. Details contained in the reports varied considerably, but they were consistently sufficient in terms of basic information to allow a content analysis.

Problems related to variation in approach adopted by individual coroners feature prominently. The Department of Health's White Paper, *The Health of the Nation* allows for these to some extent by including both open and suicide verdicts in its targets for suicide prevention. Nevertheless any selective reluctance to acknowledge suicidal deaths in people suffering with schizophrenia may make us less alert to their need for specialised services. There is indeed some evidence of systematic bias in the way such deaths are categorised; jumping from heights is less likely than drug overdose to be classified as suicide; likewise the methods of hanging and drowning appear to be characterised less often as suicide in persons with schizophrenia than they are in suicides as a whole. This seems to stem from the fact that coroners are unwilling to reach a verdict of suicide if it appears that the death was directly related to psychotic symptoms, thereby raising doubts about the person's 'true intent'. The report comments that such a problem is important because it may lead to an underestimate of suicide rates in schizophrenia, besides giving the impression that suicide is difficult to prevent when this form of illness is active.

Raw numbers, as utilised here, do not themselves allow us to draw firm conclusions about the distribution of deaths between various health regions. Apart from the fact that the sample is very small, and for that reason alone potentially unreliable, we need to calculate the rates for specific age groups, especially those concerning young adult men, before taking this kind of analysis further. And yet the seven-fold discrepancy between numbers in certain areas in the north of England compared with some in the south are startling, and not to be dismissed easily. They are not closely reflected in the overall suicide rates in the relevant areas.

Other points of concern identified in this document reflect very closely those which arise from more systematic studies. Deaths in hospital or soon after discharge from hospital care, and problems related to medication, alert us to the difficulties encountered in managing suicide risk in persons under our day to day care. The hospital-community gap, inadequacies in level of

provision of intensive care, hospital services and delays before suicidal deaths are discovered are all cited as reminders of potential deficiencies in community based care.

It might have made for a more even-handed approach if this report had acknowledged the many uncertainties which face clinical staff in caring for suicidal persons, particularly with regards to the unreliability of risk factors in predicting suicide risk in the short term. Nevertheless, a defensive reaction on our part could do little justice to the valuable insights which may be gleaned from this report. It deserves to be read widely.

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The Power of Words: uses and abuses of talking treatments. By Daphne Wood. London: MIND Publications. 1993. Pp 34. £7.50 plus 75p postage and packing. Available from North Staffs MIND, 44 Church Street, Stoke-on-Trent, Staffs

The recent televising of George Eliot's *Middlemarch*, set in the 1820s, highlighted the uncertain status of doctors before the Medical Act of 1858. The position of psychotherapists today has been likened to that of medical practitioners at that time. Public debate about the need for registration of psychotherapists has been smouldering at least since the publication of the Forster Report in 1971. This recommended 'indicative', as opposed to 'functional' registration which would confine the title of psychotherapist to those who had had recognised training, and would entail monitoring of standards of practice and education, ethical codes and disciplinary procedures. Despite the efforts of the UK Council for Psychotherapy there have been few signs of more than desultory government interest, and it has taken a novel by a well-known feminist author to rekindle much needed public discussion on the topic.

The Power of Words is MIND's contribution to the debate. It too calls for a register of psychotherapists, in order to protect the public from unscrupulous, ineffective or abusive practitioners. It highlights the need for clients to be offered a range of different therapy options rather than simply being given what the particular therapist they happen to consult knows best. It calls for therapists to make clear contractual

arrangements at the start of therapy so that the client has a good idea of what to expect in the course of treatment. It suggests that patients who come from ethnic minorities, are poor, disadvantaged, or gay, tend to be excluded from psychotherapy, and that steps are needed to redress this injustice. It argues that people with psychotic illness tend not to be offered psychotherapy even though it may well be beneficial.

Several of these points are highly relevant to psychiatrists and especially to medical psychotherapists, who will welcome the emphasis on the importance of assessment but may feel less easy about the criticism of their under-involvement in psychosis, although there is now a growing interest in the psychotherapeutic contribution to psychotic disorders. Nor, I suspect, will many feel entirely complacent about their efforts to provide therapy for minority groups. The pamphlet – which leans heavily on consumer surveys of psychotherapy services – also calls for 'users' to be involved in the running of psychotherapy organisations and treatment centres and this too is a topic likely to arouse discomfort.

Wood's style is combative and challenging. 'Mental illness' and 'psychosis' are in inverted commas throughout, and, as her title implies, argues that diagnosis is more a matter of power than scientific or therapeutic truth. She suggests (p 10) that disempowered clients might be frightened to confide in their psychiatrists for fear they would merely increase their medication rather than listen empathically to what was being said. There is a self-fulfilling transference aspect to this – one's immediate (countertransference) reaction is to hit back, to insist that we beneficent psychiatrists are not like that at all. And yet . . . perhaps we are. Perhaps we don't listen as much as we might. Perhaps we do tend to ignore the 'user' (to return the inverted commas). Above all, perhaps our training as psychiatrists is often deficient in just the area of treatment – psychotherapy – that clients value most. We should listen to this voice, welcome its attack, continue the dialogue – and work harder to ensure that to be a psychiatrist means also becoming a psychotherapist.

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