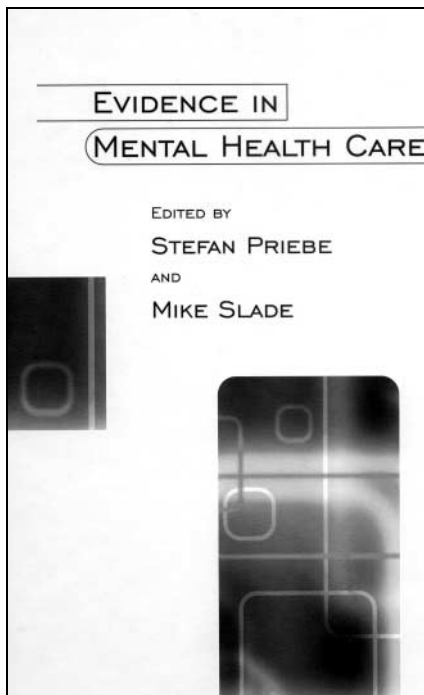


Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

Evidence in Mental Health Care

Edited by Stefan Priebe & Mike Slade
Hove: Brunner-Routledge. 2002. 267 pp.
£27.95 (hb). ISBN 0 415 23692 4



This multi-authored work examines the question of evidence from many different points of view. There are 21 chapters in all, organised under 4 headings: 'context', 'methodological approaches', 'applying the evidence' and 'the way forward'. The editors have done well to bring such varied perspectives together. However, I found that this book, like an increasing number of multi-authored works, promised a lot more than it delivered.

The question of evidence in mental health work is certainly topical. One constantly hears the question about a new development: 'Is it evidence-based?' I find this question irritating in its simplistic understanding of the world of mental health. This world, whether we like it or not, is based on relationships between people (even drug treatment in psychiatry is substantially affected by the placebo

response). Other branches of medicine also involve human relationships, but a central aspect of such medical work is technical, based on interactions between practitioners and non-human 'things' such as hearts, nerves, computed tomography scans, bacteria and viruses. There are technical issues in mental health work as well, but these are not central. Human relationships are complex and full of ambiguity, ambivalence and contradiction. So too is the bulk of mental health work. To what extent can developments in this arena be subjected to an 'is it evidence-based?' type of analysis? Or if they can, should this analysis be as central as it is now? If human encounters, with all their messiness, are at the heart of our work, should we not be moving towards an agenda based on an ethical (in a broad sense) discourse and away from the technical framework of evidence-based practice? Most complaints by service users about the care they receive concern issues such as lack of respect from professionals or loss of dignity in encounters with services. Building services that have a concern with respect and dignity at their core requires a focus on culture and philosophy and cannot be achieved by presenting professionals with more information about what treatments are 'effective'.

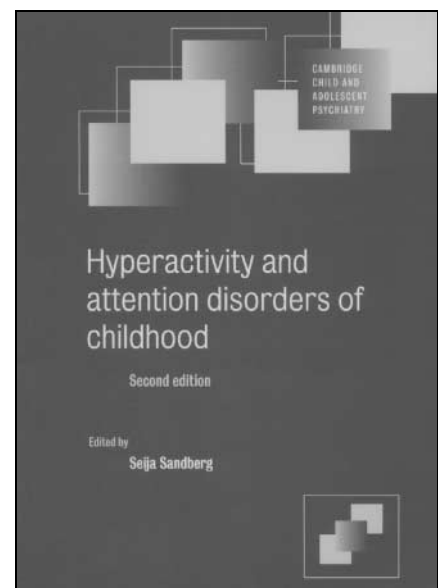
These questions are raised by Anthony Clare in his foreword to the book and echoed in the short chapter by Richard Laugharne on the postmodern perspective. Although the use of randomised control trials (RCTs) is subjected to criticism in a number of chapters, the consensus among most of the authors appears to be that they are 'the least bad form of investigation we have' (David Goldberg, p.228). This reflects the dominant position in academic psychiatry. The chapter by the editors themselves goes against the grain. They suggest that RCTs are singularly ill-suited to answering the questions raised by mental health work. I'll give the last word to Simon Allard, who writes from a user/survivor perspective: 'Progress is as much about discovering the hidden assumptions and

agendas at play in mental health research as the results or "evidence" produced by it' (p.207).

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Hyperactivity and Attention Disorders of Childhood (2nd edn)

Edited by Seija Sandberg. Cambridge:
Cambridge University Press. 2002. 504 pp
£44.95 (pb). ISBN 0 521 78961 3



This comprehensive and recently updated book forms part of the Cambridge Child and Adolescent Psychiatry series that is aimed at both practitioners and researchers in child and adolescent mental health services and developmental and clinical neurosciences. Several themes recur throughout the book, demonstrating the current concerns and issues within this field. One such theme is the development of diagnostic criteria relating to hyperactivity and attention disorders of childhood. These criteria have gone through considerable changes over time and remind us that ICD and DSM criteria are not set in stone. Many authors here provide evidence that our current approach to diagnosis and classification may not best support emerging scientific developments in the study of hyperactivity. In addition, they discuss research findings suggesting that the presence of a clinical diagnosis of attention-deficit hyperactivity disorder