

are explored from adolescent, working-age and older-aged adult perspectives. To complete this 360-degree analysis, voluntary services and those bereaved by suicide are emotively discussed.

Keith Hawton has thoughtfully structured the book, allowing its themes to be developed in subsequent chapters and the authors to present differing critical appraisals. Midway through, I did become a little pessimistic about research into initiatives to prevent suicide, with the authors' repeated criticism of the lack of randomised controlled trials and the unacceptably low power of the existing trials. However, some optimism is introduced with the stance that preventive initiatives that are not based on evidence from clinical trials can contribute to our understanding of this area.

Inevitably, those familiar with the *International Handbook of Suicide and Attempted Suicide* (Hawton & Van Heeringen, 2000) will find some themes repeated, but *Prevention and Treatment of Suicidal Behaviour* is by no means a concise or rehashed version of this earlier book; it is a useful text with important ethical, societal and psychiatric messages.

Department of Health (2002) *National Suicide Prevention Strategy for England*. Department of Health.

Hawton, K. & Van Heeringen, K. (2000) *The International Handbook of Suicide and Attempted Suicide*. Wiley.

Clare Nolan Leeds Mental Health Teaching NHS Trust, Leeds, UK. Email: clarelnolan@hotmail.com
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Recovery Beyond Psychiatry

By David Whitwell.
Free Association Books. 2005. 192 pp.
£18.95 (pb). ISBN 1853439

David Whitwell and his publishers are to be congratulated for producing a book of rare and companionable honesty which, in being personal and specific, offers insight into the experience of every thoughtful clinician. To my knowledge this book is unique in being the reflections of a self-critical and highly experienced practitioner refracted through an understanding of the recovery movement and leading to a personal reevaluation of practice.

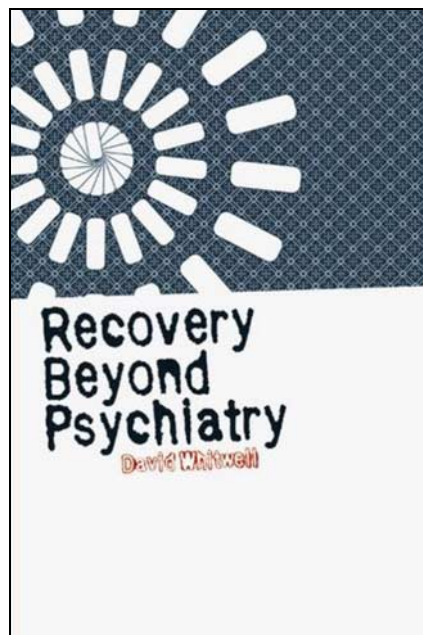
It is also a paradoxical text that resists many of our scientific conventions. It is

written simply and with restraint, lacking the dense referencing and citation that scholarly works depend upon for their credibility – as such it is radically unimpressive and befriending of the reader. The dedication to his family is a reminder that psychiatrists are people too, and more than a few have been touched deeply by the same issues as those they work with.

David has long been troubled by the gap between our apparent knowledge (what he calls 'naïve psychiatry') and our ineffectiveness in producing recovery through conventional psychiatric treatment, but found it 'easier to help people in distress once I had acknowledged my doubts'. His experience was that in learning how to be less knowledgeable he became better connected to the reality of peoples' lives and struggles. In turn he describes discovering that a recovery-based approach, focusing on people's aspirations, hopes and needs, and supporting the active role of the individual in their own recovery, on their own terms, was a better way to work.

In many ways this is a companion text to *Postpsychiatry: Mental Health in a Postmodern World* (Thomas & Bracken, 2005) which sees us as being caught up in and confined by science-based approaches that focus on the deficits of individuals and resort to technical solutions which relegate meanings, values and the social context to secondary consideration.

The Royal College of Psychiatrists has set 'recovery' as the theme for its annual meeting in 2007 and this will offer ample opportunity for both positive testimony



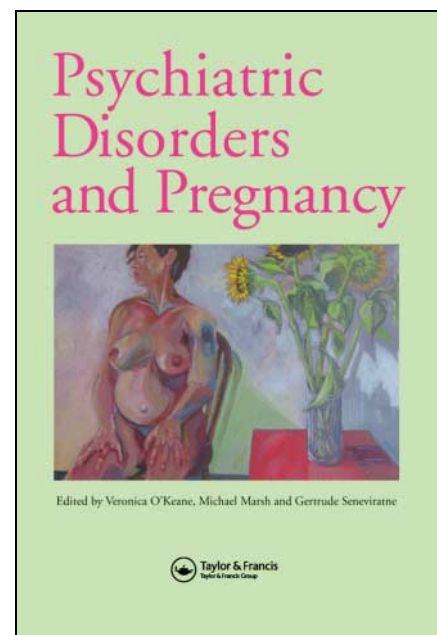
and critical evaluation. *Recovery Beyond Psychiatry* is an unusual, welcome and timely publication, which is a stimulus to this developing discourse and deserves wide readership and reaction.

Thomas, P. & Bracken, P. (2005) *Postpsychiatry: Mental Health in a Postmodern World*. Oxford University Press.

Glenn Roberts Wonford House Hospital, Dryden Road, Exeter EX2 5AF, UK
Email: glennroberts@doctors.org.uk
doi: 10.1192/bjp.bp.106.021675

Psychiatric Disorders and Pregnancy

Edited by V. O'Keane, M. Marsh & G. Seneviratne. Taylor & Francis.
2006. 336pp. £75.00 (hb).
ISBN 1841844624



In recent decades the relationship between childbirth and psychiatric disorders has come to greater prominence with postnatal (post-partum) depression becoming a generally recognised, if clinically imprecise, term. This has brought undoubted benefits in the fight for services and in reducing stigma for women with mood disorders at this time. A focus on postnatal depression, however, has not been without problems. First, the range of important disorders occurring in relationship to childbirth is

far greater than non-psychotic episodes of depression – the weight of evidence suggests that bipolarity has a specific relationship to the post-partum period for example. Second, a focus on the post-partum period has diverted attention from the importance of psychiatric disorders that occur in pregnancy, an issue which is addressed in this book.

Psychiatric Disorders and Pregnancy sets out to redress the balance and covers a wide range of areas – from screening for risk of severe post-partum illness, through specific conditions (including mood disorders, psychosis, eating disorders, personality disorders, post-traumatic stress disorder and substance use disorders) to specific modes of treatment and models of health-care. Although focused on pregnancy, many chapters also deal with the postnatal period. In addressing these issues the book

is to be commended and there is much of interest here for both the specialist and the casual reader. In this respect I feel it is a real shame that the book has been priced at £75, putting it beyond the reach of anybody but the most committed perinatal specialist and libraries.

The predominantly British authors include many well-recognised experts in their fields and a number of chapters are of particular interest and would reward re-visiting. As with any multi-author book covering a specific area there is some repetition, and there is always the danger that advice regarding the safety of medications during pregnancy and breast-feeding is quickly out of date – recent data on paroxetine, for example, were clearly only available after publication deadlines.

Although I agree with the editors that mood disorders during pregnancy have

been neglected in clinical practice and research, I believe it remains to be demonstrated that this is a period of higher risk for episodes of major depression compared with the post-partum period (as opposed to depressive symptoms more generally). In this area as in others, more research is clearly needed. In fact, the abiding impression I have from reading this book is the exciting opportunities that exist to further research on psychiatric disorders in relation to pregnancy. If this book goes some way to highlight the areas where work needs to be done, then it has served an important function. I just wish it were cheaper.

Ian Jones Neuropsychiatric Genetics Unit,
Department of Psychological Medicine, University
of Wales College of Medicine, Cardiff CF14 4XN,
Wales, UK. Email: jonesirl@cf.ac.uk
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