



States. Only three of the 49 contributors have affiliations outside of the USA and only one outside of North America. Thus, the experience of those who are introducing routine measurement across entire national mental health care systems is not considered. This includes England, where the Department of Health is attempting to implement a common approach to the collection of outcome measures and performance indicators, and Australia where the Federal and State governments have already mandated routine outcome measurement for all public and private mental health care providers, using a common, core set of measures. These developments in Australia refute the book's somewhat parochial contention that 'a national system of outcomes management . . . remains more tomorrow's technology than today's'.

Having said this, this 450-page book is a useful reference source, both about the opportunities and challenge of introducing routine measurement and about the psychometric properties of some of the measures themselves although here, once again, the focus is almost exclusively on instruments developed in the USA. Separate chapters discuss outcome measurement in the different psychiatric specialities and for the main classes of disorder. However, as might be expected from a book with so many contributing authors, the chapters vary in quality and in depth. The chapter about outcome measurement in mood disorders stands out for its critical reviews of specific measures, which include tidy summaries of reliability, validity and sensitivity.

The final section of the book considers the practicalities of implementation, with some informative case studies of attempts to introduce routine outcome measurement in local mental health care systems. These sound a note of caution to those wishing to do this, that is relevant whether the attempt is within a single team or across an entire country. The lessons are summarised neatly with the conclusion that "the introduction of an outcome measurement program into a system of care is a delicate management process . . . if unsuccessful, the program can get mired in expensive and mindless data collection. It can alienate overburdened clinicians and support personnel".

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## The Case Study Guide to Cognitive Behaviour Therapy of Psychosis

Kingdon, D. & Turkington, D. (eds), Chichester: John Wiley & Sons, 2002, 240 pb.  
ISBN: 0-471-49861-0

Recently the National Institute for Clinical Excellence (NICE) issued the Schizophrenia Guideline 'Core Interventions in the Treatment and Management of Schizophrenia' (National Institute for Clinical Excellence, 2002). This evidence-based guideline, in which I had a hand and must therefore declare an interest, recommends the provision in the National Health Service (NHS) of two forms of psychological intervention; family interventions and cognitive-behavioural therapy (CBT) for psychosis. Kingdon and Turkington's book is therefore timely, for it provides a lucid introduction to the provision of CBT for psychosis in the context of NHS services. The introduction gives a brief overview of the clinical approach, while most of the remainder of the book consists of case studies written by therapists. What distinguishes the book from others is that the therapists, from the different professions of psychology, psychiatry and nursing, have different levels of training and experience. Each case study chapter starts with a brief description of the author's route into the practice of CBT for psychosis and the service context in which the work takes place. This makes the book lively and engaging.

A variety of settings are described – acute in-patient wards, community and out-patient settings, high-security hospital and rehabilitation settings. It comes across clearly that CBT for psychosis does not need to be restricted to only 'easy' cases. The case studies are presented in different formats – and while I found some more readable than others, collectively they provide a good overview of this therapy.

The final three chapters of the book address the topical and important issue of dissemination – dealing with training, supervision and implementation in service settings. There is a great deal for us to learn about these issues. This book offers a common-sense view of training and has some useful suggestions for implementation, such as an approach to estimating need. A summary of the evidence for CBT for psychosis is also given. In such a rapidly developing field, the review of the evidence is already somewhat dated and more recent systematic reviews are now available, not least the review for the NICE guideline.

In sum, this is a timely introduction to CBT for psychosis, with its feet firmly on the ground of NHS services. It should interest both those who are already and those who would like to become CBT therapy practitioners, as well as senior clinicians and managers with responsibility for service development.

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE (2002) *Full National Guideline on Core Interventions in Primary and Secondary Care*. London: Gaskell.

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## Students' Mental Health Needs: Problems and Responses

Nicky Stanley and Jill Manthorpe (eds). London: Jessica Kingsley, 2002, 224pp. £15.95 pb, ISBN: 1-85302-983-1

This edited book is aimed at academic, administrative and student support staff in higher education, providing the reader with a variety of perspectives including personal accounts, chapters on contributory factors to illness and outlines of innovative services. The personal accounts are of shame, anger and hopelessness made worse by the fearful or frankly hostile responses of bewildered tutors and inadequate interventions from counselling services. Not that contact with external psychiatric services was that rewarding either. Seeking help entirely outside the educational system does nothing to encourage that system to adapt to the special educational needs of students.

The key, of course, is to bring together good mental health care with sensible adaptations to the educational system without lowering the standard required of the student, to make it more likely that students' work progresses in spite of ongoing health difficulties.

Two chapters stand out for me as illustrations of how this might be done. In the first, Barbara Rickinson and Jean Turner describe a comprehensive system of supportive services at the University of Leicester. Mental health awareness is built into staff development, and compulsory training is provided for all tutors in the recognition and management of stress. Consultative support is provided to tutors by a Student Support and Counselling Service that also delivers a broad range of interventions for students ranging from workshops aimed at helping first year students adjust to life at university to confidential counselling for students with mental health problems. A consultant psychiatrist is also available one session a week.

From a rather different perspective, Kathryn James describes a joint initiative between a mental health trust and New College Nottingham for people suffering from severe mental illness, providing opportunities for more than 300 referrals a year from adult mental health, admissions and forensic services. Guidance workers help potential students choose a course and provide ongoing support. The courses themselves are designed and run



columns

by the curriculum team at the university responsible for teaching that subject.

The past decade has seen a rapid expansion in the numbers of students in further and higher education. Enrolments are up 55%, and even higher for part-time courses where, for example, enrolments for women have increased by 88%. With this expansion has come increasing recognition of mental health problems in the student population and calls for better integration of educational and health care. This book is part of that call. While superficially of limited appeal to the general psychiatrist, it has much to interest those who work in higher education or who have an interest in improving access to educational services for their patients.

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### Teamworking in Mental Health

Steve Onyett  
Basingstoke: Palsgrave Macmillan, 2002, 269pp. £17.99 pb, ISBN 0-333-76375-0

I am a member of five formally constituted multidisciplinary teams. I also participate in numerous regular and ad hoc entities (e.g. committees and research groups), which come together to achieve a task. In common with most psychiatrists almost all my work takes place in the context of what might be called a team of one sort or another. However, I do not recall receiving any formal teaching or training about the theory and practice of working within teams apart from a team-building day a decade ago when we played games designed to show that teams do better than individuals. (Sadly, according to Onyett and my experience on the day that is not true: the team will do better than the average of its members' individual performances, but worse than the best individual.)

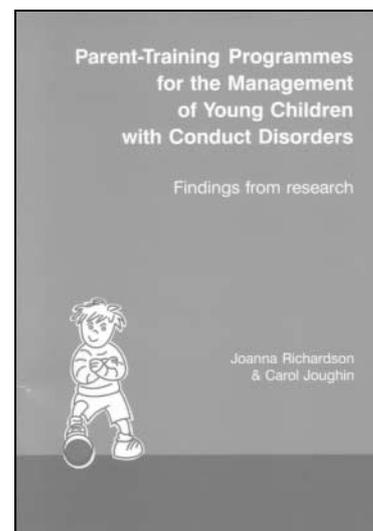
There is a theory of team-working within mental health. Its doyen, John Øvretveit, contributed an excellent brief chapter to Thornicroft and Szmukler's *Textbook of Community Psychiatry*. In the book under review, Onyett draws on Øvretveit's work, the rather scanty available empirical data, and recent developments in organisational and occupational psychology. Onyett has read widely and has drawn on his experience as a mental health team leader, and more latterly in research and consultation, to produce a valuable text that can be read with profit, if not a little irritation, by established consultants and senior trainees. He does not address important issues of operational management, such as dealing with difficult colleagues, performance and financial management and he is not, in my opinion, an entirely reliable guide to the history of mental health or the community care literature. He is surprisingly weak in his discussion about power: classically, professionals have 'negative power', in that we can screw up almost any managerial initiative if we choose to. Onyett's negative view of the work of psychiatrists within teams is presumably an honest reflection of his experience and is a sobering reminder to new consultants that leadership roles need to be earned.

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### Parent-Training Programmes for the Management of Young Children with Conduct Disorders: Findings from Research

Joanna Richardson and Carol Joughin  
London: Gaskell, 2002, 105pp. £15 pb, ISBN: 1-901242-80-3

This is another excellent publication from FOCUS at the Royal College of



Psychiatrists Research Unit. Unfortunately, it suffers the fate of many book-style publications, in that it is out of date even before it is published, and certainly by the time it is reviewed. The most recent reference in this volume is from the year 2000. Nevertheless, it provides a very readable summary of the research on different styles of parent training. The volume starts with an overview of the nature of conduct disorders, then looks at the nature of the research, and summarises relevant papers. Summaries of the different treatments give a useful idea of the alternatives to the Webster-Stratton programme. Included in the volume are the results of a survey of child and adolescent mental health services about practices and attitudes in relation to parent-training programmes.

This would be a worthwhile volume for any child and adolescent mental health service needing a summary of the evidence base for parent-training programmes.

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## miscellany

### BUPA Foundation Communication Award 2004

This will be the 11th year of the Communication Award, which is organised in association with the Medical Royal Colleges and the Patients Association. The aim of the award is to enhance mutual understanding between patients and health care professionals, and should

describe work that could be widely adopted for the benefit of patients. There is a prize of £10 000 to the winning entry. The closing date for the full submission is July 2004, and a one-page outline must be sent to Lady Nourse by the end of May 2004. It is important to point out that this is an award for an initiative completed recently or nearly so, and is *not* sponsorship. The criteria must show an improvement in one of the following areas: doctor-patient communication; commu-

nication between doctors and the general public; communication skills of individual doctors as a result of the project; methods of transferring information between doctors and patients, and in-patient systems. The Royal College of Psychiatrists has won the prize 2 years running. For further information about the award, please contact Lady Nourse, Dullingham House, Dullingham, Newmarket CB8 9UP (tel: 01638 508186; e-mail: nourse@dircon.co.uk).