



Camberwell Assessment of Need – Forensic Version

Thomas, S., Harty, M., Parrott, J., *et al*
London: Gaskell, 2003, £75 spiral,
127 pp., ISBN: 1-901242-98-6

The Camberwell Assessment of Need – Forensic Version (CANFOR) is an individual needs assessment scale designed to identify the needs of people with mental health problems in contact with forensic services. The book under review is a manual for the use of the CANFOR.

The NHS and Community Care Act 1990 (Department of Health, 1991) recommended that care and treatment for people with mental health problems should be based on the assessment of individual need. Needs assessment also assists the planning and development of services. Although the social and clinical needs of mentally disordered offenders are in many ways similar to general psychiatric patients, there are also differences, with more emphasis on certain domains such as comorbid personality disorder, substance misuse and offending behaviours. There are also additional dimensions of need to consider in mentally disordered offenders, such as the level of security required and political need, where consideration is given to the effect of the index offence, for example if it was a high profile case (Cohen & Eastman, 2000; Shaw, 2003).

Structured needs assessment measures are useful in clinical practice and research to provide a baseline measure of need to inform care planning and subsequently, at intervals, to determine the effectiveness of interventions.

The CANFOR is an assessment scale for clinical research use, designed to measure needs in forensic mental health service users.

The manual for the CANFOR provides a brief overview of the principles of needs assessment and the range of needs assessment instruments available. It includes a description of the development of the Camberwell Assessment of Need (CAN) (Slade *et al*, 1999), the Camberwell Assessment of Needs, Development and Intellectual Disabilities (CANDID) (Xenitidis *et al*, 2000) and the CANFOR. It then concentrates on the structure of the CANFOR and how need is assessed in 25 domains. It describes the structure of the

questions used to assess problems in particular domains of need in the past month, and the exploration of interventions provided and their efficacy. It covers the different versions of the CANFOR, the forensic research version, the clinical version and the short version.

The book is a straightforward manual on the use of the CANFOR. I would recommend it to all clinicians and researchers contemplating measuring need in mentally disordered offenders.

COHEN, A. & EASTMAN, N. (2000) *Assessing Forensic Mental Health Need. Policy, Theory and Practice*. London: Gaskell.

DEPARTMENT OF HEALTH (1991) *The Care Programme Approach for People with a Mental Illness Referred to Specialist Mental Health Services*. London: Department of Health.

SHAW, J. (2003) Needs assessment for mentally disordered offenders is different. *Journal of Forensic Psychiatry & Psychology*, **13**, 14–17.

SLADE, M., THORNICROFT, G., LOFTUS, L., *et al* (1999) *CAN: Camberwell Assessment of Need*. London: Gaskell.

XENITIDIS, K., THORNICROFT, G., LEESE, M., *et al* (2000) Reliability and validity of CANDID – a needs assessment instrument for adults with learning disabilities and mental health problems. *British Journal of Psychiatry*, **176**, 473–478.

Jenny Shaw Consultant Forensic Psychiatrist, Guild Lodge Secure Services, Lancashire Care NHS Trust

A Window of Opportunity: A Practical Guide for Developing Early Intervention in Psychosis Services

Brown, M., McGowan, S., Powell, R., *et al*
London: The Sainsbury Centre for Mental Health, 2003, £15, 87 pp., ISBN: 1-870480-59-7

Early intervention in psychosis (EIP) has moved from the status of an interesting idea to being a novel, rather rare, service innovation, and onwards to firmly established Government policy in England in little over a decade. The pace and scale of this change demonstrates the power of good ideas that are significantly evidence-based and persuasively marketed: the

adoption of EIP services in England would make a fascinating case study in applied social policy. Understandably, *A Window of Opportunity* does not dwell overlong on the 'why' of EIP, either in terms of the intellectual argument for early intervention or the reasons for its adoption within the *Policy Implementation Guide* (PIG) (Department of Health, 2001). Rather, it offers a well-written and attractively-produced guide to service managers and clinicians faced with the task of implementing policy, supplementing the abbreviated service description in the PIG with details drawn from the experience of some of those services in England that have already developed EIP services.

By drawing on existing practical experience the authors gently underline some deficiencies in the PIG. Four issues deserve particular mention. First, the Department of Health requires commissioners to develop services assuming an incidence rate of psychosis (15/100 000 per year) that is far too low for many catchment areas. Second, the PIG promotes a 'one size fits all' model of an EIP service as a free-standing entity covering a population in the region of 1 000 000 people, therefore relating to at least 25 community mental health teams. Third, the PIG mandates a separation between EIP services and existing child and adolescent mental health services. As the experience in Croydon (p. 46) shows, this is unnecessary and probably undesirable. Finally, there is no statement in the PIG about how to achieve a reduction in duration of untreated psychosis, and hence no funding by commissioners to achieve what is now a target for local mental health services.

Although far from definitive, *A Window of Opportunity* will be read with profit by commissioners, service managers and clinicians alike. It rightly encourages emerging EIP services to contact established ones so that the neophytes can learn from the successes (and occasional failures) of their predecessors, and provides a useful if not comprehensive reading list.

DEPARTMENT OF HEALTH (2001) *The Mental Health Policy Implementation Guide*. London: Department of Health.

Frank Holloway Consultant Psychiatrist and Clinical Director, Croydon Integrated Adult Mental Health Service