

conduct, is not incompatible with refinements of artistic creation.

He summarised his final conclusion by stating that mental distress or illness influences the *what* and *when* of creative writing. Knowing about the writer's mental life can enrich our understanding and appreciation of his work.

Alex's book was written in an elegant style and with a richness of language. He remained cautious in his interpretations and keenly aware that an assessment of the mental life of writers must take into account differences in the cultural and moral climates of the times they lived in

Alex is survived by his wife, Daisy, who like him was a refugee from Hungary and whom he met in Switzerland. They have three daughters (one is Gillian Mezey, forensic psychiatrist) and five

granddaughters. They are enormously proud of him and his achievements.

Gerald Russell

MEZEY, A. G. (1960) Personal background, emigration and mental disorder in Hungarian refugees. *Journal of Mental Science*, **106**, 618–627; 628–637.

MEZEY, A. G. (1994) Muse inTorment: The Psychopathology of Creative Writing. The Book Guild.

doi: 10.1192/pb.bp.108.022822

reviews

Experiences of Mental Health In-Patient Care: Narratives from Service Users, Carers and Professionals

Mark Hardcastle, David Kennard, Sheila Grandison and Leonard Fagin (eds)

Routledge, 2007, £19.99 pb, 218pp. ISBN 978-0-415-41082-3

Contributors to this fine book are to be thanked and congratulated for forthright, deeply reflective pieces. The editors are particularly praiseworthy for vision and tenacity, in both setting up and completing the project. To produce such a consistent and seamless read demonstrates consummate skill.

The title tells exactly what the book is about. Two forewords and three introductory chapters clarify its scope and format. Three sections follow, one each on the experiences of service users, carers (close relatives) and mental health staff. Typically, in each chapter there is a first-person account of psychiatric in-patient experience — always insightful, frequently challenging and often moving — followed by two complementary (but not necessarily complimentary) 'commentaries'. Chapters end with 'Questions and issues for discussion' and an exercise, ideal for use in multidisciplinary CPD training.

Each section is followed by a 'Summary of the main issues'. The book is completed by a commendable, brief after-word on 'Things you can do to make in-patient care a better experience' (just six headed paragraphs including 'Tell people what's going on and why' and 'Looking after yourself'), followed by a reference list and index. The book also carries an art psychotherapist's line drawing illustrations.

The book is an easy, fluent read, but a sometimes uncomfortable one. There is a strong argument that the quality of a mental health service depends on with what degrees of kindness, compassion and generosity the *most* severely ill and disabled are handled. The investment here of time, intelligence and resources

(material and human) can provide a necessarily strong infrastructure and repay big dividends. Looking at it another way, as this book makes plain, if a service fails to provide a central, adequately sized, adequately staffed in-patient service at one end (and does not have easy access for service users to appropriate housing of good quality at the other), the system will struggle and everyone will feel the pressure: patients, carers and mental health staff alike, easily then finding themselves at loggerheads.

Many contributors, including professionals, agree that a human response - to engage with the distressed person, listen, validate the emotions and allow them to settle - is preferable to the 'us-and-them' institutional response involving staff distancing themselves from patients and carers by using medication, restraint and/or seclusion, and by retreating into the office to complete 'essential' paperwork (or read a magazine). It appears that staff members are systematically encouraged to deny and suppress their own natural feelings of distress. Solutions to key problems will not be easy until it is clear where responsibility for change really lies. One idea, emphasised repeatedly, is that managing mental illness involves supportive teamwork, and a successful team includes the service user and the carers as equal and valued partners.

There is another helpful pointer in the admirable concluding chapter, where hospital chaplain Mike Pritchard advocates the raising of spiritual awareness among mental health professionals, and recommends curiosity about the person's inner self, about what gives life meaning, and about what helps best in adversity. Asking these types of question can be uniquely satisfying, helping to build confidence and thus improve professional—patient relationships.

Although admittedly painful reading in places, this splendid book is an excellent resource at many levels. Its honesty commends it to service-users, carers and mental health staff, both to validate their own experiences and suggest ways to improve things. Mental health service managers, commissioners, local and

national politicians will also benefit by reading some of the narratives presented. News may then filter through to the public that mental illness can be managed safely and effectively, with community services backed by adequate numbers of in-patient places, plus sufficient suitable housing options.

As a Royal College, we have not recently been shy of telling people how common mental illness is. Now is the time, with the help of this book, to acquaint them unapologetically with details of how destructive it can be too. Let people draw for themselves the obvious conclusion that we need greater recognition. Their support will help us focus better on facing, finding meaning in and growing through the suffering, rather than continually seeking to deny, avoid, control, suppress or remove it. To read this book is to discover that what we do could seem increasingly worthwhile.

Larry Culliford Rehabilitation Psychiatrist (retired), PO Box 2567, Steyning, West Sussex BN5 OBR, UK, email auud26@dsl.pipex.com

doi: 10.1192/pb.bp.107.017558

Three Stories: The Mental Capacity Act

Office of the Public Guardian, 2007, available online at http:// www.publicguardian.gov.uk/mca/ three-stories.htm

Three Stories is a 15-minute documentary depicting the experiences of three individuals who have benefited from the implementation of the Mental Capacity Act (1 October 2007). It offers a useful introduction to the ideas of incapacity, of how capacity may be impaired and what safeguards have been introduced following the Act.

Each story explores capacity issues from a different perspective. The first is told through an account of a person with a mild learning disability, where the Act can be seen to promote autonomous decision making and empowerment. The