psychiatry's most expensive intervention. These omissions are frustrating because the results suggest that treatment does make a difference; patients who received more of it were less likely to be violent in the following 10 weeks, at least in the early stages of the study. But these are minor quibbles. The strength of this work is illustrated by the dilemma it poses for other researchers: what remains to be done in this field? Precious little, in elucidating the factors that distinguish violent patients from non-violent ones. There were few surprises here, and future surveys will recycle the main variables of personality, previous violence, substance misuse and cultural influences, until we all fall asleep. The unanswered questions are about intervention. How do we apply these findings in clinical practice? Will treatment reduce violence, and can the outcome justify the costs?

Anthony Maden

SWANSON, J. W., HOLZER, C. E., GANJU, V. K., *et al* (1990) Violence and psychiatric disorder in the community: evidence from the Epidemiologic Catchment Area surveys. *Hospital and Community Psychiatry*, **41**, 761–70.

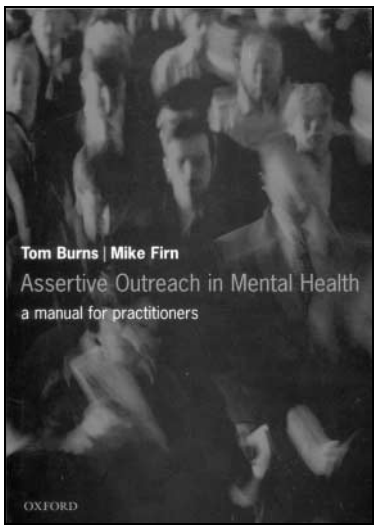
Assertive Outreach in Mental Health. A Manual for Practitioners

Tom Burns & Mike Firn
Oxford University Press, 2002.
355 pp. £24.50 pb.
ISBN: 0-19-851615-0

'This is a handbook primarily for practitioners and not for academics or researchers.' So write Tom Burns & Mike Firn in the opening sentence of the final chapter in their book. I would agree. This is a readable, practical manual covering all aspects of the origins, development and operation of assertive outreach in mental health.

Part I covers 'Conceptual issues' and takes the reader through the origins, context and model for this type of mental health service. There are useful discussions around the target population, and referrals to and discharges from the caseload, with particular emphasis on model fidelity and also on medication, compulsion versus freedom and cultural sensitivity.

Part II on 'Health and social care practice' takes the reader through all the major diagnostic categories one would expect in a service where 'by definition' the target group will be those with severe and enduring mental illnesses, such as bipolar disorder, schizophrenia, personality disorders, substance abuse, and depression and anxiety. However, in addition, the authors usefully explore the problem areas that lie at the roots of why



individuals require assertive outreach: engagement, medication compliance, self-neglect, hospital, suicidality and homelessness.

Part III, 'Structural issues', looks at managing the team, training, service planning, and research and development. The information in this part of the book will be useful for commissioners and service managers, as the authors lay out in detail how to set up an Assertive Outreach Team and how it would fit into the wider mental health system. There are even suggested activities for team building days, such as ten-pin bowling or greyhound racing.

Each part, and indeed each chapter, could be read on its own. The book is an excellent source of material for teaching, learning and debate among practising clinicians of all disciplines and it would be a useful addition to all Mental Health Team libraries. Parts I and III will also help commissioners and managers developing this type of service, a key element of all the frameworks (England and Wales, Scotland and Northern Ireland).

Linda J Watt Consultant Psychiatrist and Medical Director for Mental Health and Learning Disabilities, Greater Glasgow Primary Care NHS Trust, Gartnavel Royal Hospital, Great Western Rd, Glasgow G12 0XH

What Works in Reducing Domestic Violence? A Comprehensive Guide for Professionals

Julie Taylor-Browne (ed.). London: Whiting and Birch, 2001. 396 pp.
£16.95 pb, £47.50 hb.
ISBN: 1-86177-037-5

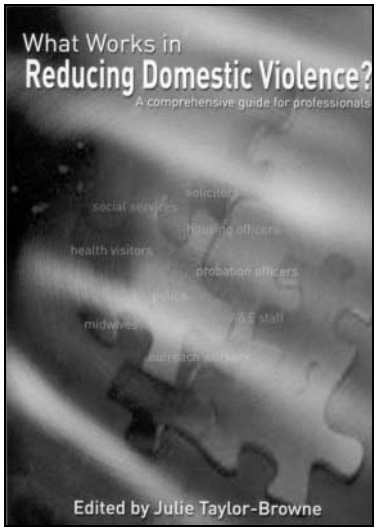
Is domestic violence a psychiatric issue or only one for child psychiatrists? There are few articles on the subject in the British psychiatric literature and even this excellent little book, which systematically covers many aspects of the subject, has little to say about psychiatric services.

The book is a collection of reports commissioned by the Home Office crime reduction programme Violence Against Women Initiative. While this occasionally leads to repetition, it ensures that each topic – such as women survivors' views, the needs of children, policing and prosecution, is complete in itself.

From the health point of view, it confirms what has emerged before – that a presentation to a health professional is an opportunity to make an enquiry or confirm a suspicion, which would probably be welcomed by the woman concerned. Professionals, however, are often reluctant to make these enquiries for fear of possibly making matters worse, and anyway, do not know how to offer help. But what has been found to help?

Women survivors of domestic violence found most help from the refuge system, even though these are often crowded and difficult to access. The contributors argue that while much has been done via the establishment of local domestic violence fora to promote interagency collaboration, these may simply add to the burden of work for small voluntary agencies, without supporting their core work. The provision of offender services, excellent in principle, can also be seen as an opportunity cost, especially when successful schemes are difficult to establish.

What should this have to do with a Community Mental Health Team? The sole reference I found on this topic merely suggested that domestic violence was an inappropriate ground for referral by general practitioners. Nevertheless, the psychological consequences may be grave and should be considered. Curiously, in both adult and child mental health, if the assault is sexual then it is more likely to be successfully referred and there is extensive literature in this field. Surely, however,



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clients of Community Mental Health Teams should be being assessed both for their likelihood (risk) of being violent to their partners and for their risk of experiencing harm? The consequences for any children in the home should also be considered. The 'not knowing what to do' syndrome could be mitigated by having in each team a resource base of local information, one worker with a specialist interest and access to information and evidence, such as is provided by this book.

Fiona Subotsky Consultant Child and Adolescent Psychiatrist, South London & Maudsley NHS Trust

miscellany

'Maya' – Bloomsbury Theatre, London – 5 July 2003

We are a group of professionals with a London-based cultural organisation called Rabisikha, which primarily teaches and promotes Indian music and dance in the UK through regular classes and concerts. We run a 5-year diploma course on Tagore music and dance. Although our students are mainly second-generation Asians, we concentrate on the promotion and dissemination of the knowledge, philosophy and beauty of Indian music and dance to mainstream audiences, across all cultures.

Our next venture is the production of a musical called 'Maya', which will be launched at the Bloomsbury Theatre (UCL) in London on 5 July 2003. The musical incorporates multiple dimensions of pure drama, dance, Eastern and Western classical music and Tagore songs. The story essentially challenges the negative effects of stigma associated with mental health and supports the philosophy of reducing stigma, discrimination and social exclusion by changing attitudes and behaviour. We share the special responsibility to recognise and respect the uniqueness of an individual over and above a diagnostic 'label'. We are also aware of the inaccurate representations of mental illness in the media and elsewhere based on stigmatising attitudes and stereotypes, myths and misunderstandings. Through 'Maya', we wish to deliver a clear message against prejudice and discrimination and support the Royal College of Psychiatrists' Anti-stigma campaign (Changing Minds).

For further information about Rabisikha's work and 'Maya' please contact: Dr Amit Biswas, Specialist Registrar in Child and Adolescent Psychiatry, St George's Hospital, London. Tel: 0208 725 1068. Fax: 0208 725 0305.

forthcoming events

The **National Mental Health Nursing Conference 2003** will take place on 14–17 July 2003 at the University of Leicester. This popular conference is for all those involved in education, mental health nursing practice, research and management. It provides a unique opportunity to share information in a learning environment and discuss the challenges and opportunities for mental health nursing across the UK. For further information, please contact: The Conference Office, Jill Rogers Associates, 6 The Maltings, Millfield, Cottenham, Cambridge CB4 8RE (tel: 01954 252 020; fax: 01954 252 027; web site: http://www.jillrogerassociates.co.uk).

Mole Conferences would like to announce the following one-day conferences: **Munchausen Syndrome by Proxy** (7 July 2003) and **Supervision and Self Harm** (10 July 2003). Both events will take place in central London. For further information, please contact: Mole Conferences, 26 Church Road, Portslade, Brighton BN41 1LA (tel: 01273 242634; fax: 01273 235095; e-mail: enquiries@mole-conferences.com; web site and online booking: www.mole-conferences.com).

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