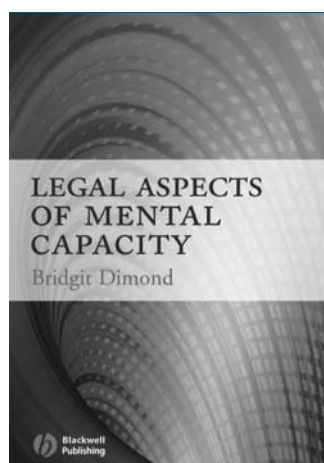


qualification of nurses also, the MPA was, for a long while, the only body to take this task seriously. I would have liked to see a longer mention of the Maudsley Bequest lectures: for doctors in provincial hospitals, these were a lifeline of information, at a time when medical schools were of very little help. By now, psychiatrists have reason to be proud of their College, and this history will give them the essentials of how it came about.

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Legal Aspects of Mental Capacity

By Bridgit Dimond.
Blackwell, 2008. £29.99 (pb). 448pp.
ISBN: 9781405133593

Pity the authors of books on mental capacity legislation! Not long after the Mental Capacity Act 2005 – an act which codified the previously confused English common law – was implemented in October 2007, it suddenly ballooned with the amendments added to it by the 2007 revision of the Mental Health Act 1983, which was, in turn, a response to the European Court's ruling on the Bournewood case. One can imagine Bridgit Dimond stopping the presses of Blackwell and wearily returning to her desk to accommodate these changes.

Within mental health, much recent debate has been on the apparently similar functions but very different flavours of the Mental Health Act compared with the Mental Capacity Act. The 2007 revision to the Mental Health Act 1983, coming from the Department of Health, modernised aspects of the earlier legislation but centred decision-making firmly on issues of risk; while the Mental Capacity Act, arising from the Department of Constitutional Affairs, was focused on respect for patient autonomy. These differences in emphasis pervade the two statutes, and reinforce claims that mental health legislation is inherently discriminatory. For example, under the Mental Capacity Act each decision faced by the patient has to be assessed on its own merits, and all decisions made on behalf of the person lacking capacity are made in the person's best interests. Best interests are not quite what most professionals think they are, as the Act emphasises the person's previous desires and wishes above what a professional thinks 'ought to be done'. Contrast this to the Mental Health Act, where no such requirements are placed on clinicians providing care.

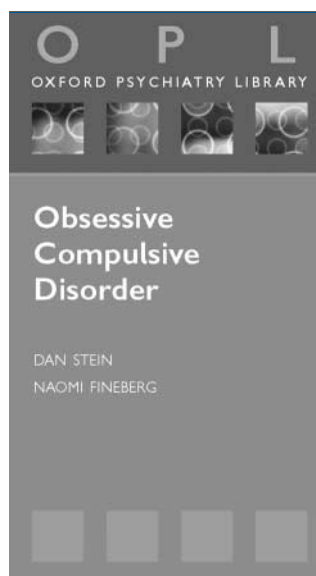
All of which is important, but this debate possibly loses sight of the real advances represented in the Mental Capacity Act. Although many of the issues seem similar for patients with mental disorders treated in mainstream psychiatry, the population the Mental Capacity Act was primarily designed for was people with long-term conditions predominantly affecting cognition –

learning disability and dementia – as well as helpfully clarifying the law relating to a range of difficult situations usually involving treatment refusal in general healthcare. For these groups the Act provides a new, clear framework, particularly in relation to issues such as best interests, proxy decision-making and advance decisions.

Professor Dimond – a barrister by background – has written a handbook designed for professionals working in health and social care, which despite being authoritative and comprehensive is also clearly written and easy to use. Early chapters outline some of the basic principles in mental capacity legislation, including case law which influenced the Mental Capacity Act, and a summary of the Human Rights Act. The book then takes us through each of the key components of the Act, with sections organised to describe first what the law says, and second providing worked examples which are compelling case histories. It is through these examples that the book comes alive, with examples of clinical conundrums that clinicians will recognise as cases to lose sleep over – a fate this book will, mercifully, prevent.

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Obsessive Compulsive Disorder

Dan Stein & Naomi Fineberg.
Oxford University Press.
2007. £5.99 (pb). 160pp.
ISBN: 9780199204601

This is a very comprehensive handbook covering the phenomenology, pathogenesis and treatment of obsessive-compulsive disorder (OCD). It is truly a handbook fitting neatly into the pocket/briefcase. The chapters are laid out in a logical format, guiding the reader through the aetiology of OCD before proceeding to management aspects. Their content is sufficiently detailed to guide practice without being overwhelming, while an excellent bibliography at the end of each chapter allows further, more detailed, reading. The layout of the chapters also lends to easy accessibility with the use of headings and boxes, figures and tables to highlight information.

The book considers the phenomenology of OCD and helpfully outlines the diagnostic criteria, paying particular attention to differential diagnoses. It highlights the chronic and hidden nature of the disorder. A comprehensive overview of the pathogenesis of OCD is provided considering the areas of neuroanatomy, neurochemistry, neurogenetics, neuroimmunology and neuroethology.

In my experience psychoeducation is an invaluable tool in engaging patients in therapy and this chapter allows the clinician to become proficient in the same.

A very comprehensive presentation of the available evidence base for treatment of OCD follows. Short commentaries on each study are provided. I particularly liked the section dealing with antidepressant side-effects and drug interactions. Included is a discussion of psychotherapeutic treatment; however, it would perhaps have been useful to discuss further the cognitive theories underlying the belief systems in OCD. These I have found particularly helpful in psychoeducation and engagement in therapy and would have added to the richness of this chapter. Particularly useful is the chapter providing rating scales, reference books and websites for patients and clinicians. Overall an enjoyable and clinically useful book.

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Understanding Psychoanalysis

By Matthew Sharpe
& Joanne Faulkner.
Acumen. £13.99 (pb). 230pp.
ISBN: 9781844651221

I was excited at the prospect of reviewing a book called, *Understanding Psychoanalysis*. As most practitioners of the art (or is it a science?) will tell you, we still long, no matter how experienced, to 'get hold' of psychoanalysis. Sadly, however, this moment was followed by disappointment: this book was written not by practitioners, but by two philosophers. Moreover, as the back cover alarmingly brought to my attention, these 'leading psychoanalytic theorists' would be covering such diverse topics as post-structuralism, cultural theory and feminism. My suspicions aroused, I glanced at the index and found that neither randomised controlled trials nor evidence-based medicine got a mention. I was beginning to wonder why it had been chosen for review?

To my relief, I was soon to learn that this book was to be a mind-expanding experience. The authors manage with great skill to communicate the fundamental tenets of key figures in the psychoanalytic pantheon. These include the obvious such as Freud and Klein (with a smattering on Winnicott and Bion), as well as the less obvious – to a British audience at least – like Lacan. Helpfully, a key points format is used throughout to summarise arcane, and sometimes dense, psychoanalytic and philosophical concepts.

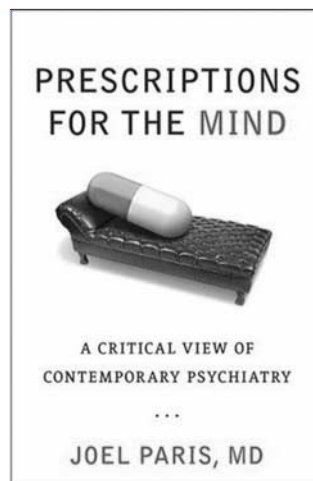
Freud in particular is brought to life. At a time when his obituary is habitually rehearsed, his ideas are presented in a way

that is thoroughly of the moment and apposite – see, for example, what he has to teach us about the compulsive nature of the addictions and self-harm. The authors revisit his meta-psychological outpourings in a way that is accessible and vibrant. We are also treated to a re-reading of the Freudian text at a time when there is an attack on complexity and a hatred of dependency. There is no easy sense here that those with profound mental illness are engaged in recovery, or that depression and anxiety will be dealt with after a course of computerised therapy or short-term cognitive-behavioural therapy, wherein, psychoanalytically speaking, the idealised world of the all-giving breast will be finally realised.

So, setting aside minor technical quibbles, and allowing for the omission of the recent work on mentalisation, if you are after a little time away from achieving your targets and returning, even if for the first time, to thinking about your patients in a way that does justice to the bewildering, sometimes grotesque, glory that is humankind, then this book comes highly recommended.

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Prescriptions for the Mind: A Critical View of Contemporary Psychiatry

By Joel Paris.
Oxford University Press. 2008.
£15.99 (hb). 272pp.
ISBN: 9780195313833

This is a thoughtful assessment of modern-day psychiatry. In essence it is a plea for a balance between biological psychiatry and psychotherapeutic approaches. Paris emphasises the limitations of current knowledge about the brain, presenting the failure to find genetic markers for psychiatric conditions, the non-specificity of neuroanatomical abnormalities and the inconsistency of biochemical research. His analysis of psychiatric diagnosis is particularly interesting. In the absence of biological markers of disease, Paris suggests, psychiatric diagnoses are simply pragmatic constructs, and he criticises the tendency to view them as real entities. He explores the difficulty of distinguishing disorder from normality and the tendency to pathologise more and more aspects of everyday life. He repeatedly criticises the tendency to over-diagnose mental disorders and over-prescribe psychiatric drugs. In particular, he highlights what he believes to be the misuse of the diagnosis of bipolar disorder in adults and children. He even suggests that the use of this diagnosis to justify the widespread initiation of long-term therapy with atypical antipsychotics and mood stabilisers could be 'one of the worst scandals in the history of psychiatry' (p. 82).