

publication (I suspect not) or whether any or some of it has now been submitted to the journals. If not, it might be worthwhile so doing; a succinct report would stand a better chance of being read than this unwieldy document which is stuffed full of raw data.

The study tries to find out if users, family carers and professionals can agree on "the key elements of an intervention package to support people with schizophrenia living in the community". The answer was found through questionnaires to 400 users, carers and professionals, and face to face discussion with representatives of the three groups. And the answer? Yes, there is a consensus, but the groups give priority to different elements of care. Users particularly valued practical kinds of help; family carers wanted their status as main carers acknowledged by professionals; and professionals emphasised treatments, monitoring and professional support. All were agreed however that of the 11 main areas of care (ranging from information and counselling through finance and housing to maintenance of good physical health) only a fraction were widely available.

The authors readily admit that there is nothing really new in their findings. However, the publication highlights yet again the inability of aftercare services to produce what users, carers and professionals all reckon is a reasonable standard of care. They finish by making some unremarkable recommendations, e.g. increase assertive outreach, provide more 24 hour care, improve professionals' communications skills, create more flexible housing, clarify different types of day care etc.

I hope that purchasers and providers when negotiating contracts might take some of this into account when agreeing what services must be provided for schizophrenic patients living outside hospital.

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Grieving Mental Illness: a guide for patients and their caregivers. By Virginia Lafond. University of Toronto Press, Toronto, Buffalo & London. 1994. £19.00 cl/£8.00 paperback.

This is a 'How to do it' book aimed at helping people with major psychiatric illness through the process of grieving for the effects of the illness on their lives. The author, who herself

suffered a manic-depressive psychosis but is now working as a social worker with the mentally ill, writes in an articulate way about her own experience as well as that of the patients whom she helps. She claims that she has found it helpful to understand her illness and to help others to live with theirs by acknowledging and working through the griefs at the many losses which result. She has developed a series of 'exercises' aimed at facilitating this grief.

It would take a properly conducted research study to validate her claims and, since her book is written in sophisticated language which would make it accessible only to patients of above average intelligence, this might be difficult to carry out.

On the face of it her claims are not unreasonable and those who work with people who suffer long-term mental illness need to be aware of the importance of encouraging them to express grief, disappointment and anger. These are natural reactions to the experiences of failure, stigma and shame caused by the illness and the social situations to which it gives rise. This, according to its Director, John Wilder, is an important component of the group work of the Psychiatric Rehabilitation Association and accounts for much of their success.

It follows that a book of this kind ought to be of help to intelligent patients and may also be of help to their families who need to understand them and who have their own griefs to cope with.

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Not Another Guide to Stress in General Practice. Edited by David Haslam. Medical Action Communications Ltd., Action International House, Crabtree Office Village, Eversley Way, Thorpe, Egham, Surrey TW20 8RY. 1994. Pp 102. Free of charge

This book contains eight chapters written by GPs in the East Anglia Faculty of the Royal College of General Practitioners. The aims of the book are to explore the causes of stress in general practice, to illustrate stress through case histories, and to give positive help and advice to GPs facing stress.