



obituary

Richard Charles Harrington

Formerly Professor of Child and Adolescent Psychiatry, Royal Manchester Children's Hospital

Dick Harrington, as he was known, was born on 22 October 1956 and was an outstanding child psychiatrist who achieved a radical revision of our understanding of childhood depression. As a result of his work, we have evidence-based clinical practice, and systematic methods for evaluating the process and the outcome of psychological treatment given to young people with affective disorders. His early work consisted of follow-up studies of patients who had attended the child psychiatry out-patients' department at the Maudsley Hospital in southeast London, which showed that depressive conditions in the school-age years persisted and recurred in a significant number of cases.

A childhood history of depression was associated with increased risk of recurrent depressive illness, a poorer work record and greater instability in intimate relationships in adult life. Harrington demonstrated that around a third of depressed children were liable to suffer recurrent depression as adults. He also found that those who first became depressed as adolescents fared far worse in the long run than those who suffered depression in childhood. The emerging view in the early 1990s was that there might be a genetic predisposition to depressive disorders, and that this was more likely to show in earlier childhood. Harrington was



among the first to suggest that the opposite may be the case with depressive illness beginning in adolescence more likely to be partly genetic in origin and those in childhood less so.

Himself the son of a psychiatrist, Richard Charles Harrington was born in Birmingham and educated at Bedford School and Birmingham Medical School. He trained in psychiatry at the Maudsley Hospital, and by his mid-30s was recognised as a clinical academic scholar with outstanding insights into mental illness in children, based on his own research. In 1991, he left the Institute of Psychiatry to take up a post as senior lecturer at Birmingham University, before moving to a chair at Manchester University two years later. Over the next 10 years, he established one of the most active and productive child and adolescent psychiatry research groups in the world.

Building on his work on the origins of depression, his team developed cognitive-behaviour therapy treatments for children

and adolescents with depressive disorders. Subsequently, Harrington developed a new interest in the origins of antisocial, aggressive and hyperactive behaviour disorders in young children. He was again among the first to show that the parent-friendly psychological interventions used for depression could give clues to possible treatments for these behavioural disorders. He established detailed protocols for 'model' treatments, including group treatments for adolescents who had repeatedly harmed themselves and parent training groups for families with behaviourally disturbed children.

He was chairman of the British Child Psychiatry Research Society and Vice-President of the European Society of Child and Adolescent Psychiatry. He undertook committee work with the same care and dedication he brought to his research and clinical practice. He also served on scientific committees at the Wellcome Trust, the Health Foundation Trust and the Department of Health.

In the course of his career he published 150 articles and three books, and in 1998 he won the Nathan Cummings Foundation Award for best original research in the field of depression in young people. At the time of his death he was completing with colleagues in Manchester and Cambridge what is to date the largest randomised controlled trial of anti-depressant medication, with and without cognitive-behaviour therapy. He died from complications of surgery on 22 May 2004, aged 47, and is survived by his wife, Lesley, and their three children.

Ian Goodyer

reviews

Communicating with Vulnerable Children – A Guide for Practitioners

Jones, P. H.
London: Gaskell, 2003, £18 pb,
188 pp., ISBN: 1-901242-91-9

Like any publication that will form an important staple book for all child and adolescent mental health professionals and all specialist judges, barristers and solicitors in the Family Justice System, this guide for practitioners arose not in haste but after a series of informed and inter-linked developments within both the

Department of Health and the President's Interdisciplinary Committee. No better author could have emerged to produce a text that is evidence-based, readable and of value in everyday practice, well beyond the arena of family justice.

The layout of the book is such that it can be used by a wide range of professionals, who can go straight to selected chapters and summaries to meet the particular task of the reader at any point in the process of safely meeting the needs of vulnerable children.

The underlying principle is to help those who seek to communicate with children who may have had personally adverse or sensitive experiences. Central to this is the

concept of communication as a two-way process being receptive through listening, hearing and conveying meaning much of the time through the manner and nature of our non-verbal responses.

The book is divided into two main parts. Part I provides overviews of those areas that are especially important for those communicating with children. Chapters 2–7 cover developmental considerations, erroneous concerns and cases, the child's psychological condition, diversity and difference, successful communication, and how concerns come to the attention of a wide range of professionals from across and between the jurisdictions of health, social care,



education and justice. Part II goes on to tackle the key practice issues: first response, initial assessments, in-depth interviews, indirect and non-verbal approaches, and advice for parents and carers.

The Epilogue provides a framework from which to consider information, helping us all to adopt and maintain a systematic approach to this important field of work and to our future thinking and training developments.

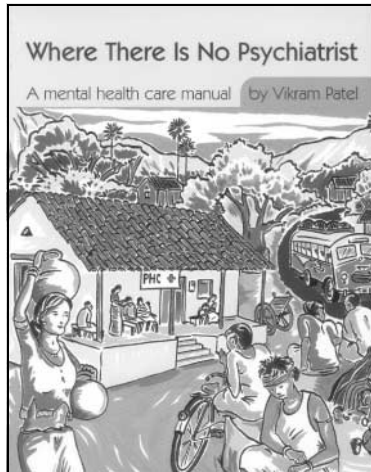
The general principles of the 'how to' communicate with children is applicable beyond the legislative framework of England and Wales.

David Jones has given us a 'must read practical' resource book, to help us to undertake one of the most challenging tasks of our working lives, communicating with maltreated children.

Sue Bailey Consultant Child and Adolescent Forensic Psychiatrist, University of Central Lancashire

Where There is No Psychiatrist: A Mental Health Care Manual

Vikram Patel
London: Gaskell, 2003, £8.00 pb,
288 pp., ISBN: 1-901242-75-7



When I learnt that this book was in preparation, the immediate question I asked was, 'Why has it taken so long for such a book to be written?' It was a quarter of a century ago when David Werner's book, *Where there is no Doctor*, came out. In a few years, the book had become a household name in many low-income countries. The book served as a reference text for health workers and lay people, and many families kept a copy for their own use. The book enabled ordinary people to understand common diseases and empowered them to 'do something' rather than watch helplessly as the patient

suffered. It was often the only source of help for a teacher in a boarding school in a rural area, miles from the nearest health centre, when a pupil became sick in the middle of the night and there was no telephone or transport.

Can *Where there is no Psychiatrist* fulfil a similar role? I think this is what the author had in mind. The need for a simple manual, which could help rural health workers to recognise and manage common mental disorders, has been apparent for many years. During the past few decades, there has been increasing awareness of the magnitude of mental health problems and their impact on individuals, families and communities. Attitudes towards mental illness have also changed, with more people coming forward for treatment. Despite this positive development, access to mental health care in low-income countries is still extremely poor and there is a serious shortage of mental health care workers. However, most of these countries have large numbers of community workers who could be deployed to deliver mental health care if they had the necessary knowledge and skills. *Where there is no Psychiatrist* might go some way in providing such knowledge and skills.

The book is divided into four sections. Section one gives an overview of mental disorders, their assessment and management. Here, the author attempts to explain the concept of mental illness, particularly non-psychotic conditions, in simple terms that can be understood in cultures where mental illness is often equated with psychosis, and depression and anxiety are not recognised as mental disorders. The use of many illustrations and case histories is extremely helpful.

Section two describes specific clinical syndromes ranging from the traditionally recognised psychotic and non-psychotic conditions to emerging problems, such as HIV/AIDS, domestic violence and abuse.

Section three deals with the challenging problem of integrating mental health care into other sectors. Integration is a major determining factor in success or failure in the delivery of mental health care by primary health care workers. The issues of prevention and mental health promotion are also adequately treated here.

The final section focuses on drugs for the treatment of mental disorders. The drugs chosen are similar to those in the World Health Organization list of essential drugs for primary health care. Information on resources available in the community and how to use them, the flow chart to aid diagnosis and the management of common conditions, is also described.

So, will this book fulfil a similar role to *Where there is no Doctor*? My personal answer is yes but, time will tell. Many users of the book may require some training.

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Insomnia Principles and Management

Martin P. Szuba, Jacqueline D. Kloss & David F. Dinges (eds)
Cambridge University Press, 2003,
£36 pb, 288 pp., ISBN: 0521010764

Although published by Cambridge University Press, this is a largely American multi-contributor production, with the exception of one chapter author from Brazil and three from Canada. For all that, the book is an impressive 'teaching text', taking the reader from the basics to current thinking on insomnia in terms of neurotransmitters and the role of brain structures such as the amygdala in the modulation of arousal.

The subject matter gives practical advice to the clinician trying to manage insomnia in the out-patient department setting, with occasional clinical case illustrations in the body of the text, but also appendices devoted to practical scripts on 'sleep hygiene', 'sleep-restriction' and 'stimulus-control'. There will not be many general clinicians who have not struggled to help the persistent complainer of poor sleep. This book gives some of the tools on how to try and help with this problem rationally.

The book demystifies much of the terminology of the sleep disorders specialty. The authors give a clear account of topics such as insomnia due to circadian rhythm disturbances, and the use of hypnotic medications, including melatonin.

The pharmacology of the newer hypnotics (zopiclone, zolpidem, zaleplon) finds a place for discussion, but critically, lacks bite and detail. These drugs are clumped together as 'non-benzodiazepine sedatives', but there is clearly more to be said here that is not (e.g. structural differences from the benzodiazepines, interaction with the GABA-A receptor, or benzodiazepine-1 receptor). There is, however, in compensation a useful discussion on dependence risk which will be of interest particularly to prescribers of these drugs.

The book is attractively-covered, handily-sized, light to carry, and packs in an amazing amount into 285 pages (and the print size is not too small either). The book is sparse in terms of illustrations and tables, but generally, and especially given its multi-contributor format, reads clearly and fluently. Each chapter is extremely well-referenced with up-to-date references. A table of abbreviations (given that there are a lot) and their meanings is