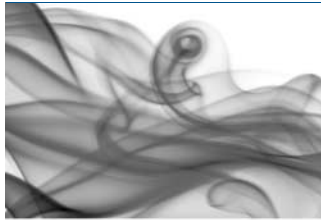


other than researchers with a specific interest in this area, I cannot recommend this as essential reading for any clinician working in mental health services.

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**Treating Violence.
A Guide to Risk
Management in Mental
Health**

By Anthony Maden.
Oxford University Press. 2007.
208pp. £26.00 (pb).
ISBN 9780198526902

**TREATING
VIOLENCE**
a guide to risk management in mental health

ANTHONY MADEN

This is a book for all clinicians managing psychiatric patients with a history of violence and is not limited to staff in forensic services.

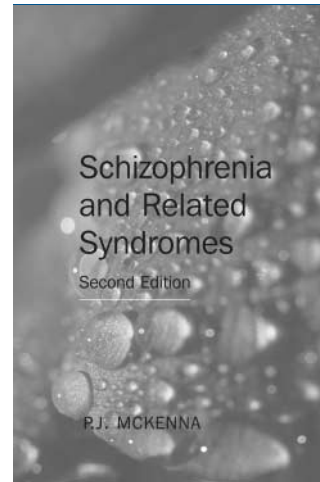
The strength of the book is its accessible style and prose. Maden makes the case for structured clinical risk assessments. In support of this he includes good reviews on the development of risk instruments, the relationship between violence and mental disorder, and psychiatric homicide inquiries. He identifies the latter as a rich source of case histories and presents a series of homicides that illustrate how an enhanced approach to risk assessment might have prevented tragedy. However, we are left with the question of how to control for hindsight bias. Maden does not give enough information about how he selected the cases and although the retrospective HCR-20 score at the start of each example is intriguing, this is not a standard use of the HCR-20 assessment.

I found less convincing Maden's argument that muddled liberal thinking is to blame for poor risk assessment and management. He argues that proper risk management will reduce homicides in the mentally disordered population; however, even with the highest standards of risk assessments and management the number of deaths prevented is likely to be small. He blames RD Laing as the lead culprit for attitude problems in contemporary psychiatry and dismisses the concept of using capacity as a determinant of non-consensual psychiatric treatment.

Overall, the case for structured clinical risk assessments is overwhelming. This book will greatly assist both trainees and experienced psychiatrists in thinking about this topic. I agree with Maden that the killing of Jonathan Zito by Christopher Clunis was a pivotal point in British psychiatry but caution that we should be realistic about the place of mental health services in reducing the level of serious violence in the population.

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**Schizophrenia
and Related Syndromes
(2nd edn)**

By P. J. McKenna. Routledge. 2007.
536pp. £24.99 (pb).
ISBN 9781583919293

The author's background in experimental psychology and clinical psychiatry is evident throughout this book, as are his aims of giving historical perspective and detailing key published work. It begins comprehensively, but begs the question at whom this is book aimed. Its detail would appear beyond that necessary to pass the MRCPsych examinations, though the opening chapters and one on neurochemistry pitch at this level. I cannot agree with some of McKenna's statements: 'somatic hallucinations in schizophrenia continue to be regarded as quite common' (p.10), or 'FTD [formal thought disorder, P.B.] is relatively uncommon in acute schizophrenia' (p. 12). That said, his exposition of formal thought disorder, with clear examples, is the best one available to date. Diehard phenomenologists will need to look elsewhere for detailed accounts of other psychotic symptoms and signs. With over 50 pages of references that include recent research, there seem to be few omissions from the past decade. For clinicians, many sections are lively and interesting, but they fall short on treatment innovations or novel perspectives on established methods. The book's strengths lie in the diagnostic field, with solid sections on schizoaffective disorder and autism.

The book will disappoint young early intervention teams as it will not really help to inform their decisions about how to deliver the most effective treatments. Other texts set out a clearer cognitive basis for psychotic symptoms and their treatment. For this reviewer, sections on the management of psychosis were unfocused and lacked depth with regard to psychosocial treatments. For both clinicians and researchers, the book has too little information on cannabis (I cannot agree with the statement that 'the risk [the use of cannabis poses, P.B.] is small' (p.155)) and far too much on, for example, 'neurodevelopmental theory'. Again a personal reflection, but we need a break from 'schizophrenic patients' and 'schizophrenics' used throughout the text. At its worst, there are statements that will inflame rather than illuminate: 'mothers of schizophrenics show more concern and protectiveness than mothers of normals' (p.115). Even if this be true, it can be stated more subtly with 'people first' language: 'people with schizophrenia'. In short, *Schizophrenia and Related Syndromes* does have some interesting points to make but it does not live up to its promise. To cover aetiologies, clinical features, treatment and outcomes for psychotic disorders has proved too ambitious a project for one author.

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