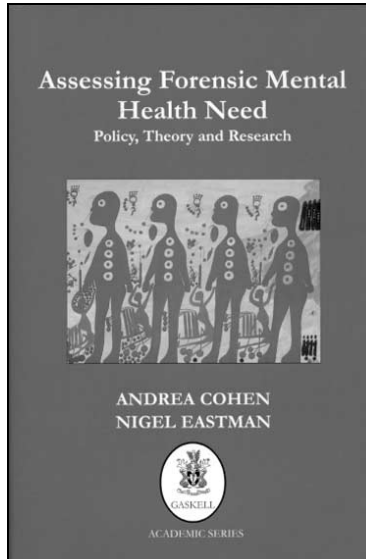




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## Assessing Forensic Mental Health Need. Policy, Theory and Research

By Andrea Cohen and Nigel Eastman. London: Gaskell. 2000. 228 pp. £30.00 (hb). ISBN: 1-901242-42-0



Some time ago I was asked by Gaskell if I would review the outline of a book – this book – in order to help them come to a view on possible publication. I suggested that it would have a narrow (forensic) audience, but it would be worthwhile to publish an authoritative book on needs assessment.

I was both right and wrong. This book could almost be entitled 'Everything you ever wanted to know about needs assessment, but was too afraid to ask'. I realised very early on in my reading that needs assessment was so much more complicated than I had first thought. Rationality in service planning is the goal, but at the same time it is also subjective, politically driven and resource managed. The authors offer a detailed description of needs assessment policy with an emphasis on mentally disordered offenders (MDOs) and a theoretical framework to enable the reader to understand the strengths and weaknesses of the various approaches (survey, rates under treatment, social indicator, key informant and community opinion).

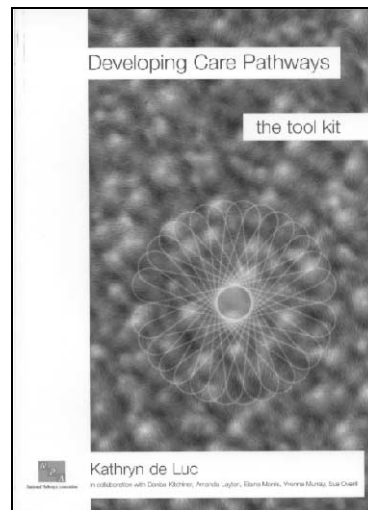
The detail and thoroughness of the reviews are impressive, but the over reliance on a historical approach makes some aspects of the book appear out of date. I was wrong in suggesting that the book would have a narrow audience. It may have – but it should not. The breadth of many of the chapters is such that I would commend it to the wider mental health constituency, in particular, general psychiatry. I did not find myself agreeing

with everything in the book. In the Survey approach chapter, the authors suggest 'if only high security hospitals provide the high level of occupational facilities that some patients require, then, even if their risk to others infers that they only require medium security, their proper placement within existing services is high security.' This confirmed for me that when one is drawn so far down the needs path, ethical judgements, for example, locking patients within category B prison type security, are not considered. But this is the point of the book – needs assessment is perhaps little more rational than other methods of service planning, and as the authors suggest, as an approach it is only as good as its assumptions and method. For MDOs the assumptions, the politics and the fears of the community complicate the whole process.

**Peter Snowden** Consultant Forensic Psychiatrist, Edenfield Centre, Mental Health Services of Salford NHS Trust, Bury New Road, Manchester M25 3BL

## Developing Care Pathways. The Toolkit

By Kathryn de Luc. Abingdon: Radcliffe Medical Press. 2001. 43 pp. £30.00 (sold with Handbook, pb). ISBN: 1-85775-499-9



Care pathways have been developed in many areas of medicine. Such pathways can be a helpful way of ensuring that clinicians implement good practice guidelines. They can also be helpful as a way of empowering patients with the knowledge of what treatments they can expect and within what time-frame. *Developing Care Pathways* has been written to facilitate the development of care pathways: explaining what they are and how to go about producing one.

Unfortunately, in spite of being in two volumes – a handbook and a toolkit – what has been produced is a simplistic

account of care pathways, long on the obvious and short on how to overcome any difficulties. The book was disappointing in two main aspects. First, there was insufficient material provided as to the evidence that care pathways actually improve the process of care. It would have been useful to have evidence both for and against the use of such pathways rather than simply seeing them as a good thing. Second, it would have been useful to have had much more information about problems that exist in implementing pathways. For example, how does one overcome clinician resistance? Is the extra paperwork that will almost inevitably be involved be justified by the result? Are care pathways completed accurately by staff? Are deficiencies in care highlighted by care pathways remedied to bring about improved patient results?

Although this book may be useful for someone who knows nothing about care pathways as an introduction to the concept, anyone who has had experience of developing their own care pathway will probably not learn anything new.

**L. Mynors-Wallis** Medical Director, Dorset Healthcare NHS Trust

## Challenging Behaviour. Analysis and Intervention in People with Severe Intellectual Disabilities

By Eric Emerson (2nd edn). Cambridge: Cambridge University Press. 2001. 210 pp. £29.95. ISBN: 0521-7944447.



A substantial minority of people with severe learning disabilities behave in ways that cause problems for themselves, their carers and other members of society. This is frequently a reason for referral to a psychiatrist. Challenging behaviour has become the preferred term in recent years



columns

to describe such behaviours because it emphasises the social context. Professor Emerson, a psychologist well-known for his own research in the field of behavioural interventions, has written a comprehensive summary of current thinking about challenging behaviour.

The opening chapter defines challenging behaviour as a social construction and later states that it is not a psychiatric diagnosis, although 'it may be a secondary feature of a psychiatric disorder'. The second chapter describes the impact of challenging behaviour on the health, safety and quality of life of both the sufferer and his/her carers, which is inevitably significant. A detailed chapter on epidemiology follows, showing that these behaviours are common and tend to be persistent over years or even decades. Theoretical models are discussed in the fourth chapter. The book is concerned primarily with psychological and specifically behavioural approaches but in this second edition Emerson has expanded the section on neurobiological models and psychiatric disorders and this is welcome.

The remaining chapters cover functional analysis, behavioural interventions, psychopharmacological interventions, the effectiveness of community-based supports and the challenges for future research. Although Emerson supports all his comments with references, the number of good case controlled studies to support either pharmacological or behavioural interventions is disappointingly small. The range of methods used by psychologists to measure and influence challenging behaviour are effectively communicated, and the usefulness of the various techniques is helpfully summarised in tables. The ethical implications of each model are considered.

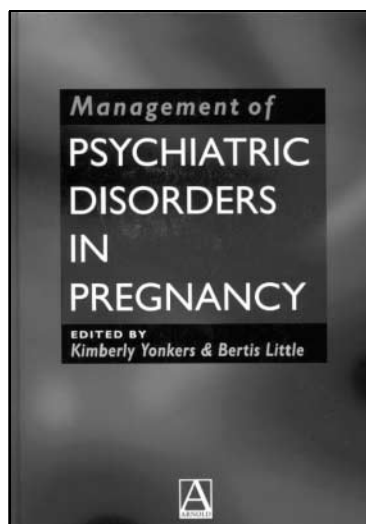
There are some omissions, for example the section on psychiatric disorders does not include consideration of the possible role of psychotic illness, the role of anxiety disorders is given insufficient attention and there is no discussion of the possible usefulness of a psychodynamic

understanding and treatment of challenging behaviour. However, the book does succeed in its stated aim of providing a concise introduction to the field and drawing attention to recent advances in applied behaviour analysis. For this reason, and for its extensive references, I commend it to learning disability psychiatrists and other professionals who work with people who have learning disabilities and whose behaviour is challenging.

**Jane Radley** Consultant in Learning Disability Psychiatry, Northgate and Prudhoe NHS Trust

## Management of Psychiatric Disorders in Pregnancy

Edited by Kimberley Yonkers and Bertis Little. London: Arnold. 2001. 266 pp. £55.00 (hb). ISBN: 0-340-76126-1



There is increasing awareness of the impact of antenatal and postnatal psychiatric disorders on the pregnant woman, the foetus and, after delivery, the whole family. Many psychiatrists treat

patients who become pregnant, but this is one of the few books in which one can find details on the natural history of psychiatric disorders during pregnancy, with discussion of treatment options, particularly whether or not to prescribe medication.

Most chapters include a review of the relevant research literature, although not all give useful summaries of the clinical management of patients, which busy clinicians will probably be looking for. The chapters on the management of pregnancy in the woman with schizophrenia (J.K. Tekell) and bipolar disorder (L.L. Davis *et al*) were particularly comprehensive and helpful. Psychological treatments in the pregnant woman generally received less attention than pharmacological, other than a sole chapter on interpersonal therapy. There was also no discussion of the different models of perinatal services or the vexed question of whether postpartum disorders, particularly postnatal depression, can be prevented or attenuated by interventions during pregnancy.

Nevertheless this book is a useful resource and despite its multi-author nature, there was a consistent message. Clinicians must be aware of the risks and benefits of different interventions when treating pregnant women with psychiatric disorders, particularly as the adverse effects of psychiatric illness on the mother and foetus may be greater than those caused by psychotropic medication. There is a growing body of research into the effects of antenatal stress on the foetus, suggesting that psychiatric disorders may have subtle biological effects on the developing foetus, in addition to the genetic and psychosocial consequences of these disorders. This book is therefore timely in providing a useful summary of many of the management issues in pregnancy for psychiatrists, obstetricians and primary care professionals.

**Louise M. Howard** Research Fellow, Health Services Research Department, Institute of Psychiatry

## miscellany

### The Douglas Bennett prize

The Section of Social and Rehabilitation Psychiatry has recently inaugurated a prize to the value of £200 to commemorate the work of Douglas Bennett, whom many regard as the father of rehabilitation psychiatry. Readers are encouraged to submit an original paper (2000 words maximum) on aspects of

long-term care, service development for people with severe mental illness or on relevant health or social care policy for consideration for this prize. Critical reviews of specific treatments or service evaluations will also be considered. A selected shortlist of papers may be presented to the Prize Adjudication Committee at the Section Annual Residential Meeting in Bournemouth on

14–15 November 2002. The Douglas Bennett prize will be awarded for the best paper, which may be submitted for presentation at the College Annual General Meeting 2003. Submissions (clearly entitled) or enquiries should be sent to Dr Sarah Davenport, Women's Service, Ashworth Hospital, Maghull, Liverpool L31 1HW by 15 October 2002.