

stood as a parliamentary Labour candidate for Winchester on four occasions – well aware he was unlikely to be elected. Other organisations that benefited from his efforts were the Winchester Film Society and the local Housing Association. For more than 20 years he was a member

of the Society of Friends, where his input was greatly valued.

A unique, compassionate person, Bill is greatly missed. Contemplative and almost ascetic at times, he had a rich sense of humour and he loved good food or an evening in the pub. On leaving a

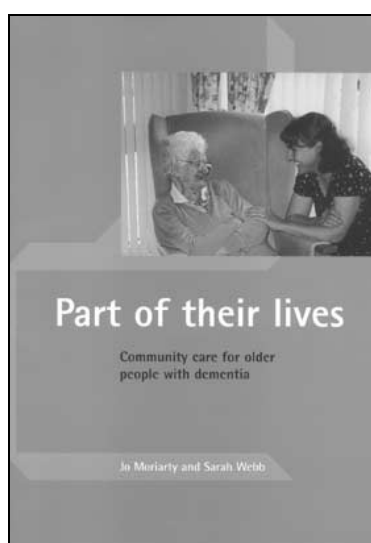
case conference with him, a colleague once remarked 'he's all altruism': there was more than a grain of truth in that comment.

**Leslie Bartlet**

## reviews

### **Part of their Lives. Community Care for Older People with Dementia**

By Jo Moriarty & Sarah Webb.  
Bristol: The Policy Press. 2000.  
118 pp. £14.99 (pb).  
ISBN: 1-86134-217-9.



This book describes a follow-up study of a group of people with dementia who were referred to three social services departments in 1994–1995 and underwent assessment. The chapter dealing with difficulties in identifying people with dementia in a social services referral population touched a particularly raw nerve for me, as we have just joined a mental health partnership in Manchester where our partners (namely Manchester social services) are struggling to identify how much of their resource goes into supporting elderly people with mental illnesses. After reading this book I am less perplexed (but just as cynical) about why they cannot quantify their commitment.

One bugbear of mine is the lack of information held by staff in residential and nursing homes about those in their care. Often they can tell me virtually nothing about the family and life history of their residents. Small wonder then, that proxy informants in this study knew so little about residents with dementia and their past lives and that in many cases social class could not be assigned.

On a positive note, more carers were aware of the diagnosis of their relatives, and used terms such as Alzheimer's disease, than in previous studies. This suggests public awareness of dementia is increasing: perhaps a first step in the battle against stigma.

Few referred cases could be resolved quickly and closed: elders with dementia needed long-term support. I felt this was the single most important finding (simple and self-evident though it is). The authors argue that regular reviews of care packages are essential because the needs of people with dementia will increase over time. The more cynical reader might suspect that this explains the drive to close cases: reviews, which detect increasing needs, are inevitably going to lead to increasing costs, so let us not review people. Obvious really. I think that the findings reported here would benefit from widespread publicity: in particular "the long-term nature of the support that study participants and other people with dementia in similar circumstances require". Send a copy of this book to your counterparts in social services with the relevant bits highlighted!

**Susan M. Benbow**, Consultant Psychiatrist (Old Age Psychiatry), Carisbrooke Resource Centre, Wenlock Way, Gorton, Manchester M12 5LF

### **Improving the Care of People in Substance Misuse Services. Clinical Audit Project Examples.**

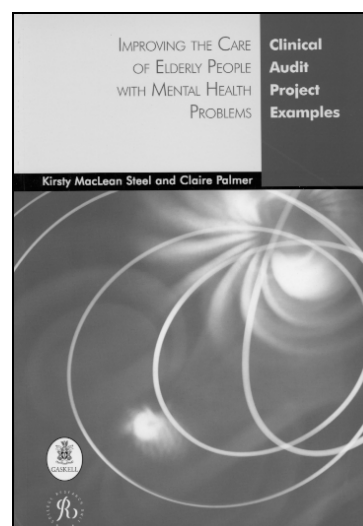
By Kirsty Maclean Steel &  
Claire Palmer. London: Gaskell.  
2000. 50 pp. £15 (pb).  
ISBN: 1-901242-46-3.

This short book, produced by the Clinical Governance Support Service at the Royal College of Psychiatrists' Research Unit, reports on 28 clinical audits carried out by a number of UK substance misuse services. Topic areas covered include patient assessment, aspects of clinical care such as shorter- and longer-term prescribing and hepatitis B vaccination, organisational and management processes, user satisfaction and outcome. Examples of self-assessment, peer group and external evaluation methods are

given, and both alcohol and drug misuse are covered.

The text provides some useful ideas for audit topics and methods, and is an early attempt at benchmarking standards. The reporting is well structured and easy to follow. Key messages for carrying out local audits, such as keeping things simple and not taking on too much, are sensible. The examples given of audits of hepatitis B vaccination programmes were particularly notable in this regard, and seem likely to have increased the quality of care given to intravenous drug users. However, the methods for choosing audit standards are not well explained or referenced, and their evidence-base therefore appears thin at times. This may, of course, reflect the state of the discipline. It would also be difficult to replicate some of the audit examples without well-developed peer-group audit structures already in place.

Readers will find this book helpful, perhaps as a clinically focused complement to the more organisationally based QuADS project manual produced by Drug Scope/Alcohol Concern. It may be that the national standards for drug and alcohol services that should be in place as part of the National Drugs Strategy by 2002 will eventually provide more salient audit standards than those provided in this text. However, this book will still remain useful in terms of auditing everyday practice, and staff in both statutory and voluntary sector drug and alcohol services should have access to it.

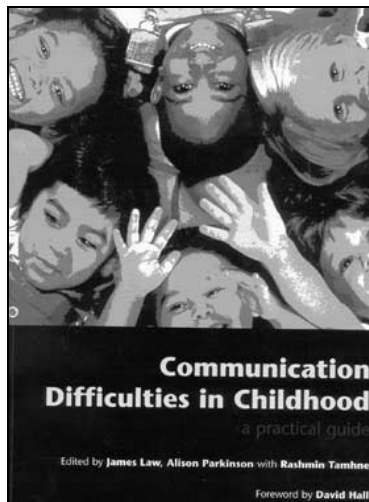


Audit project coordinators will also find it a practical guide to the area.

**Stuart McLaren**, Consultant Psychiatrist in the Addictions, South Devon Drug and Alcohol Service

## Communication Difficulties in Childhood. A Practical Guide

By J. Law, A. Parkinson & R. Tamline (eds). Radcliffe Medical Press Ltd. 2000. 338 pp. £19.95 (pb). ISBN: 1-85775-098-5.



The objective of this book is to serve as a text and practical guide for a range of professionals who may have a role in the assessment or management of a child with a communication difficulty. Following the introduction the book is divided into two sections. Part 1 begins with a clear overview of the nature of communication in children followed by epidemiological data and the implications of these for services. This is followed by descriptions of methods for assessment and a discussion of general management strategies. The inclusion of multicultural issues is very relevant given the anxieties that parents have and misperceptions among professionals of the consequences of bilingualism.

Part 2 consists of sections each focusing on a particular clinical problem or disorder including its assessment and management. Problems range from children who have been abused to pervasive developmental disorder. If appropriate, the diagnosis in relation to DSM-IV is given.

The book is written in a clear and readable style. The content is divided into sections and use is made of tabulations, boxed text to enhance understanding and facilitate learning. As the book is presumably intended for use in the UK as well as in other countries, including developing countries, I was sorry that the DSM classification system was used rather than the

ICD system. Advice on management and referral to other agencies seemed at times too prescriptive and not reflecting the diversity of service systems that in reality exists.

However, I thought the book a valuable text certainly of use to the professionals for which it was written and for trainees and clinicians working within child mental health services.

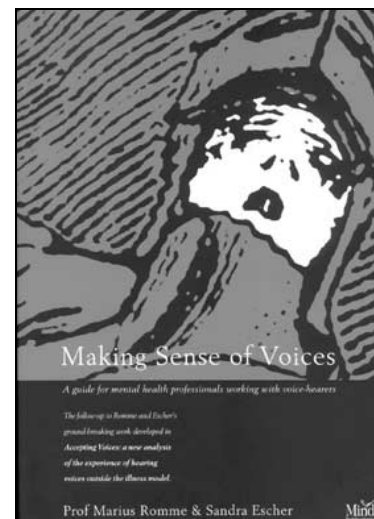
**A. D. Nikapota**

## Making Sense of Voices

By M. Romme & S. Escher. London: Mind Publications. 2000. 143 pp. £25 (pb). ISBN: 1-874690-86-3.

The recognition that people in the general population hear voices is at the foundation of Romme and Escher's work. They are leaders in setting an understanding of voices in a mental health context within this wider framework, with the important consequences of understanding that hearing voices is not by itself a problem or a symptom of mental illness. For Romme and Escher, voices are only a problem when the person hearing them has difficulty coping with them. Their research has found that ordinary people who hear voices accept them and find them predominantly positive in impact, whereas psychiatric patients who hear voices are more likely to find them distressing and to feel powerless in relation to them.

This 'practitioner's handbook' is about helping those who find their voices difficult and distressing. In some respects it takes a radical approach: it is not concerned with psychiatric diagnosis, it is decidedly lukewarm about the benefits of medication, it emphasises self-help and social empowerment and it treats seriously the contributions of alternative therapies. But the heart of the book draws heavily on the more mainstream approaches to voices developed in the past decade within social psychiatry and clinical psychology. The social psychiatric perspective (Romme and Escher's own approach) proposes that difficulties coping with voices are best understood by examining the person's life history, in particular traumatic life events thought to be related to the onset, and the wider context of often overwhelming social difficulties, such as housing, work or relationship problems. However, the authors also draw very extensively on psychological, in particular cognitive-behavioural, approaches to helping people with distressing voices. Such approaches also set the voices in the context of a person's life circumstances and consider the role of triggering events, but emphasise the appraisals made of the voices – for example, as powerful and



malevolent – as mediating between the voice experience and the way the person responds. Both approaches require a very detailed assessment of the voices themselves, their onset, the person's life history and circumstances. Both also see the content of the voices as important and meaningful, usually pointing to the person's concerns.

The handbook is divided into three parts. The first part is introductory, providing some of the background research on the authors' understanding of voices. The second part, on the assessment process, provides a full description of the authors' assessment interview, as well as an exceptionally detailed set of instructions on writing a report and deriving a formulation (called here a 'construct'). This is certainly useful, but strangely prescriptive given the open-mindedness evident elsewhere in the book. For example, using case material, the reader is instructed on every element of writing a report, including the choice of first or surnames (always use first names) and what to include about a person's occupation ('the fact that she followed a chiropody course . . . [is] not relevant'). Nevertheless, the interview and the method described for deriving hypotheses about the development and understanding of voices, coupled with case descriptions, evidently stem from extensive experience of working with voice hearers. Drawing on this will enrich my clinical practice.

The third part is on interventions. For me, this part was less convincing and strikingly different from the previous section. It lacks an essential feature of a handbook, in that it does not point the practitioner to a coherent set of methods with guidance on their use. Rather, it surveys a range of approaches, generally quoting directly and at length from others' work. This covers cognitive-behavioural, and alternative therapies (with an intriguing more detailed description of reincarnation therapy), self-help and