



them at parties, or let alone dance with them, never.

What Wendy Holden has managed to do in this very readable and highly informative book is to broaden the scope of our understanding, and this is no mean achievement for a book written for a popular audience. She has adopted the procedure of using scientific texts as the point of departure into wider enquiry. The broader range of a journalist has allowed her to provide a wider historical context, and to bring in the accounts of the nurses at Northfield who danced with the strange shell-shocked men.

Holden achieves, by careful description, a sobering critique of the many therapies employed and strongly defended by their inventors. In a pattern which is familiar to this day, many novices found a particular method which appeared to work, and then made a dogma and an industry out of it, relying on their own advocacy and the lack of meaningful comparative trials. More disturbing is the catalogue of severe punishments meted out by some experts to soldiers who returned from the front unable to continue because of some psychological incapacity. Electric shocks were applied with vigour to the afflicted part, and many sufferers chose to regain the use of their limbs when subjected to these tortures. These accounts cast a baleful light on the role conflicts involved in being an Army psychiatrist, caught between treating patients and recycling worn out soldiers.

Seen with the comforting detachment of historical hindsight, shell-shock was a solution to an impossible problem. The force of social duty, patriotism and misplaced enthusiasm about a just and short war led men to the Front. There they were confronted not with a romantic victory, but with the certainty of death and injury. Incapacity was both an understandable reaction and a wise strategem. Millions died because they obeyed foolish orders. Some survived because they were incapable of continuing to function. A few were shot by their own side for cowardice. The survival strategy was therefore complicated: getting away from the front was desirable but not admissible, a 'Blighty' wound was a ticket home, but a psychological wound could lead to stigma, to being treated roughly, to being 'cured' and sent back to fight or to being shot as a coward.

Holden gives a good account of the history of shell-shock, from the first incomprehension and total lack of preparation for psychological casualties to the coining of the phrase 'shell-shock' by Myers in 1915 and the reluctant acceptance by the military authorities that they had to embrace some of the questionable ideas of the 'mad' doctors in order to prevent an epidemic. Holden traces the development of treatments up to the

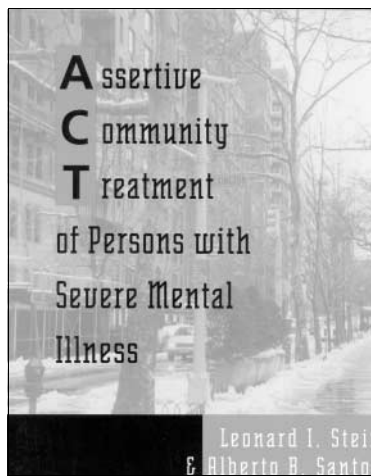
present day, showing clearly that the dangers of war are run a close second by the perils of therapy by unsupervised drug and electroconvulsive therapy evangelists. Against this picture of dangerous medical egotists there are many sympathetic portraits of trauma therapists such as W. H. R. Rivers, dealing with a wide variety of disturbed officers and using psychotherapy wisely in a humane treatment milieu.

In all, this is a good book in terms of its broad coverage, and in its willingness to tell the story from the participants' point of view. So what are the shell-shocked like to dance with? Pretty normal on the dance floor, but even more terrified than other men beforehand.

James Thompson Senior Lecturer in Psychology, Department of Psychiatry and Behavioural Sciences, University College, London WC1E 6AU

Assertive Community Treatment of Persons with Severe Mental Illness

By Leonard I. Stein & Alberto B. Santos.
New York & London: W. W. Norton & Co. 1998. 274 pp. £19.95 (pb). ISBN 0-393-70258-8



This book is published at an opportune time in the UK. Colleagues in the USA may be surprised to hear that few in this country had heard of assertive community treatment or its acronym, ACT, before 1990. It has been used in Wisconsin, where it was developed, since 1974, and it was the impressive results of randomised controlled trials in Wisconsin and later, in Australia, by Hoult *et al*, that made both research workers and clinicians in the UK interested, and later, quite excited. Now, a quarter of a century after its introduction, its originators, who include Leonard Stein himself, would feel proud that the world has finally approved ACT as "a service delivery vehicle or system designed to

furnish the latest, most effective and efficient treatments, rehabilitation and support services conveniently as an integrated package". What better at this stage than to play Wisconsin's *Pomp and Circumstance* to a world audience, complete with the 119 pages of ACT assessment and treatment plans from Dane County in Wisconsin, the home of the original recipe?

This is all valuable, but not entirely for the reasons that the authors intend. They are writing for either acolytes of ACT or those wishing to be converted and in the process of setting up programmes of their own. In enthusiastic and sometimes adulatory tones they describe the essentials of ACT and the patient-based philosophy underlying it – to help patients with severe mental illness live successfully in the community with a good quality of life.

By far the best section is the account of the functions of the work in a good ACT team – where the essential elements of sharing skills and genuine team working are graphically described from practical experience – and emphasising the need for all such teams to be flexible and opportunistic in their management of the combatants under their care. 'Combatant' may seem a strange word, but perpetually challenging the system of care for the most disabled of psychiatric patients is still much more common than the harmonious care plans that sit at the heart of government policies for those with mental illness. The need for lateral thinking and creativity in teams on the ground contrasts greatly with the uncritical promulgation of the core features that are presented as a prerequisite for success, including case-loads of between 8 and 12 (no more, no less), 24-hour cover, and (only) part-time psychiatric input using a parallel hierarchy, without which no team can say it practises true ACT. These are clearly not essential, as the authors present examples of the success of ACT in settings outside the UK, including our own service in Paddington and North Kensington, in which none of these features were present.

Much is made of the results of controlled trials that show superiority of ACT over conventional treatment in the UK settings in particular. There is no comment about the apparent lesser efficacy of ACT (and its counterpart, intensive case management) in the UK and elsewhere. However, the authors indicate why ACT is so effective in the USA in the early pages of this book. They note that there is a "fragmented non-system of public mental health care in the United States" in which services are "uncoordinated and non-collaborative, where service users are denied services, excluded from services, or never apply for them in the first place". When this is



columns

treatment as usual it is not surprising that any form of coordinated and committed care would come out to be superior.

This book is certainly worth reading. It gives the longitudinal history of an experiment in community care that has been undoubtedly successful and has influenced the world. However, it also reveals, almost unwittingly, that the

essential requirements of success are not cookbook ingredients, but the right mix of skills, true collaboration between professionals, and good communication and coordination. The members of many community mental health teams in this country would be surprised on reading this book to find out that they are practising assertive community treatment but without the prerequisites that its

instigators regard as essential. Perhaps this should be the true test of the success of this approach; it is fundamentally the philosophy that matters and what constitutes its outer clothes is really immaterial.

Peter Tyrer Professor of Community Psychiatry, Department of Public Mental Health, Division of Neuroscience and Psychological Medicine, Imperial College School of Medicine, Paterson Centre, London W2 1PD

forthcoming events

The Sainsbury Centre for Mental Health are the organisers of a two-day conference entitled **Building on Progress: The National Service Framework – One Year On**. The conference will take place in Manchester on 19/20 September 2000 and key themes will include: how far we have got with National Service Framework implementation; public attitudes and mental health promotion; suicide; the evolving primary care agenda; and partnership. Further information: The Sainsbury Centre for Mental Health, 134138 Borough High Street, London SE1 1LB (tel: 020 7827 8384; fax: 020 7403 9482; website: www.sainsburycentre.org.uk).

The **British & Irish Association for the Study of Personality Disorder**, in collaboration with the **Association Of Therapeutic Communities**, will be holding their second **Annual Meeting** on 20/22 September 2000 at the University of Leicester. The aim is to develop further the themes identified in last year's conference and, in particular, devote several sessions to the management and treatment of personality disorders, both in forensic and general settings. Further information: Ms Victoria Cochrane, Research & Business Development Office, University of Leicester, University Road, Leicester LE1 7RH (tel: 0116 252 3332; fax: 0116 252 2028; e-mail: vclm@admin.le.ac.uk).

The Division of Psychological Medicine at the Institute of Psychiatry would like to announce **The First Annual Institute of Psychiatry 'Matter-to-mind' Symposium**. This symposium focusing on schizophrenia in the year 2000, is the first of a series of annual symposia focusing on the latest in world research findings in

specific psychiatric disorders. The 'matter-to-mind' title reflects the integration of work from all disciplines in academic neuroscience at the cutting edge of research. Leading international psychiatrists will be presenting their current research in schizophrenia. This two-day symposium will take place on 24/25 October 2000 at the Wolfson Lecture Theatre, Institute of Psychiatry. Further information: Dr Mike Travis/Dr Mary Phillips, Division of Psychological Medicine, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF (tel: 020 7848 0625; fax: 020 7848 0051; e-mail: m.travis@iop.kcl.ac.uk or m.phillips@iop.kcl.ac.uk; website: www.iop.kcl.ac.uk/matter2mind/).

Mole Conferences are the organisers of the following events: **Friends and Enemies: Our Need to Love and Hate** is an afternoon seminar with Dr Dorothy Rowe to explore the themes of her new book which is due to be launched in September 2000; this seminar will take place on 9 November 2000; **Serving the Community: Using Health Services Research** is a one-day conference administered by Mole Conferences for the Institute of Psychiatry and will take place in February 2001 at King's College, London. Further information: Mole Conferences, 26 Church Road, Portslade, Brighton BN41 1LA (tel: 01273 242634; fax: 01273 235095; e-mail: enquiries@mole-conferences.com).

The British Institute of Human Rights and MIND are the organisers of **Mental Health and Human Rights in the UK**, a unique and timely forum setting out how the Human Rights Act will impact on mental health service provision. The event will take place in London on 9 October

2000. Further information: The British Institute of Human Rights (tel: 020 7401 2712).

The Manchester Medical Society Section of Psychiatry would like to announce their first meeting, which is to be held on 28 November 2000 in the Health Sciences Centre of the Manchester Royal Infirmary, Oxford Road, Manchester. The programme will include topics such as setting up assertive community treatment and the effectiveness of counselling in primary care; and a debate on the future of psychiatry with Professor Sir David Goldberg and Professor Anthony Clare. Further information: The Administrator, Manchester Medical Society, c/o John Rylands University Library, Oxford Road, Manchester M13 9PP (tel: 0161 273 6048; fax: 0161 272 8046; e-mail: admin@mcr-med-society.u-net.com).

The Institute of Health Sciences, City University London have recently developed an **MSc in Interprofessional Mental Health Studies**. This course, which starts in October 2000, will provide the skills and knowledge needed to strategically develop services for people with mental health problems using an inter-professional focus. The course emphasises collaboration at all levels; draws on a wealth of professional specialist knowledge in the university; and is aimed at mental health and social care practitioners and managers from nursing, medicine, social work, the justice system and occupational therapy. Further information: MSc Courses Administrator, City University London, St Bartholomew School of Nursing and Midwifery, 20 Bartholomew Close, London EC1A 7QN (tel: 020 7505 5829; fax 020 7505 5832; website: www.city.ac.uk/barts).