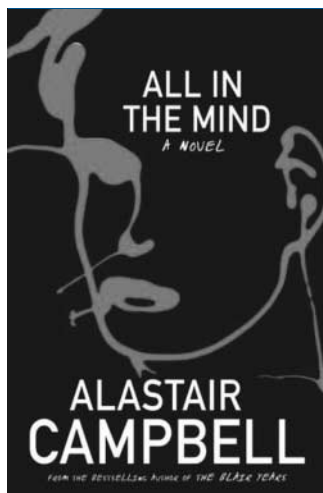


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay

**All in the Mind**

By Alastair Campbell.
Hutchison. 2008.
£17.99 (hb). 297 pp.
ISBN: 9780091925789

Alastair Campbell, New Labour's combative former spin doctor, has emerged as an unlikely champion of the rights of people with mental illness. He has recently very publicly discussed his own psychiatric problems – bouts of depression and battles with alcoholism – and he has also campaigned to reduce the stigma of mental illness. In this, his first novel, Campbell describes 4 days in the life of a psychiatrist, Martin Sturrock, a professor of psychiatry in London.

Professor Sturrock uses cognitive techniques and dream analysis, and we sit in with him as he sees his patients and converses with them. The book is structured so that we learn about the individual narratives of Sturrock's patients, as well as finding out more about the psychiatrist and his background. Sturrock's patients include a depressed, reclusive, 30-year-old man, a Kosovan refugee with post-traumatic symptoms following a rape, and an alcoholic cabinet minister who is furtively trying to hide his drinking. The exchanges between the psychiatrist and his patients have a credible air to them. Campbell apparently asked psychiatrists to read earlier drafts, as well as drawing on his own experiences of mental illness and of being a patient. We see how the professor responds to his patients' problems and how he tries to find the right word and tone in his interventions. As in everyday clinical practice, he does not always succeed in making a helpful response and we witness his resultant disquiet and feelings of failure. We also see something of the lives of the patients outside the consulting room, and we hear the imaginary conversations that they conduct with the professor inside their own heads. At times Sturrock is a source of anger, at others he is perceived to be a kindly guide. One patient fantasises that the psychiatrist's own home life must be very content because he seems so sagacious.

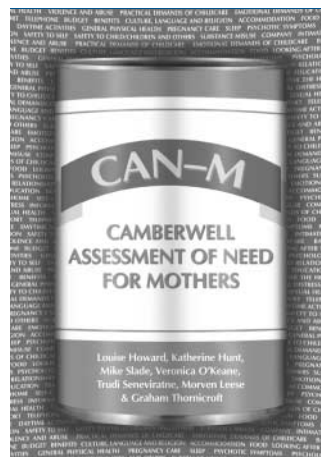
In fact, the professor is in the midst of an existential crisis and is tumbling into a depressive abyss. The novel raises the question of how much time and emotional energy psychiatrists should devote to their patients. In the case of Sturrock, it is clear that his family feels neglected – his wife tells him that he spends all his day listening to his patients but has no time to hear her concerns. Like the fictional detective who is often portrayed as a loner battling with his inner demons, Campbell's fictional psychiatrist has his own torments – he visits prostitutes and is torn

by guilt and the fear of being discovered. Readers may feel that this is a rather hackneyed way of demonstrating the lack of intimacy in Sturrock's marriage. Nevertheless, by the end of the novel Sturrock has succeeded in helping his patients, at a terrible cost to himself.

Campbell has written an accessible and compassionate book that depicts the experience of mental suffering with sensitivity and contributes to the ongoing endeavour to lessen the stigma of psychiatric illness.

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**CAN-M: Camberwell Assessment of Need for Mothers**

Edited by L. Howard, K. Hunt,
M. Slade, V. O'Keane, *et al.*
Royal College of Psychiatrists.
2008. £75.00 (pb). 168pp.
ISBN: 9781904671541

Whether you believe we need needs or not, needs assessment has become a driving principle of modern mental health service delivery and underpins care planning. Several operationalised assessment tools exist, but since its introduction in 1995 the Camberwell Assessment of Need (CAN) has rapidly become a research tool of choice and has spawned several specialist versions.

The CAN-M is the latest of these and succeeds in retaining the simple and accessible structure of the original, while managing that rarest of things, adding without over-burdening. This is important, because one of the great strengths of the CAN is its relative brevity. Of course this can be seen as over-simplification of a concept that is much more complicated than it appears on the surface, but it is clear that the authors of the CAN-M have a sophisticated view of this. They specifically caution that the instrument is designed to identify needs and not to describe them in any great detail.

The CAN-M comes in three formats, a clinical, research and short appraisal version. Service users' and professionals' ratings are recorded and scored separately. The instruments are complemented by authoritative summaries of needs assessment in general, the needs of women with mental health problems around childbirth and the needs of severely mentally ill mothers with children, together with an excellent review of the impact of maternal mental illness on the developing child.

The new domains in the CAN-M, developed following a survey of service users and professionals, are relatively predictable and have face validity (for example, there are domains on the emotional and practical demands of childcare). The results of the development survey and an evaluation survey are described.

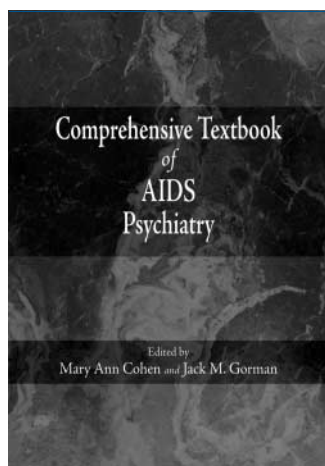
The authors suggest that formal training in the use of the CAN-M is not necessary, but they provide a training

guide together with overheads that can be photocopied onto transparencies. The training guide can be used to develop understanding of needs assessment or to develop interrater reliability among research staff.

For anyone working in the field of mental health, parenting and childcare, the CAN–M will be a useful assessment tool, not just in relation to needs for clinical care, but in relation to needs for social care and support with safeguarding. Risks are clearly related to unmet needs for support with parenting and in these times of high anxiety about safeguarding, the publication of the CAN–M is very timely.

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Comprehensive Textbook of AIDS Psychiatry

Edited by Mary Ann Cohen & Jack M. Gorman.
Oxford University Press. 2007.
£57.00 (hb). 656pp.
ISBN: 9780195304350

With two forewords and divided into ten sections with a total of 41 chapters, this volume edited by two New York-based psychiatrists aims to do justice to its title. It could have been subtitled 'The view from the USA', had it not been for the fact that one of its 72 contributors is based in Canada. Among the rest, the majority work in New York and a handful in Omaha, Nebraska, in California and in Florida. Unsurprisingly in view of the origin of the contributors, the overwhelming majority of the references quoted and the topics addressed are from North America and relevant to that part of the developed world. Although the level of expertise and practical knowledge of many of the authors is a great strength of this textbook, the rather narrow geographical and social context of its scope is a limitation.

There are good, succinct chapters on the epidemiology of mental disorders in people with HIV infection, anxiety disorders and suicide ideation. Chapters on HIV-associated fatigue and insomnia cover important neglected topics in a practical and well-researched way. Discussion of the effects of HIV on brain function is detailed and exhaustive, but it would have been better not to have allocated the material to five different chapters. Inevitable repetition and overlap could have been avoided and a critical evaluation of the evidence presented in a much clearer way. Two chapters dealing with severe psychiatric disorders and risk of HIV infection and transmission will be of particular interest to general psychiatrists. Reviews of medical comorbidities with mental manifestations and interventions to increase treatment adherence are practical and clear. A surprising omission

concerns sexual dysfunction – no review or discussion of this very common problem in people with HIV is provided beyond a passing reference to antiretroviral use.

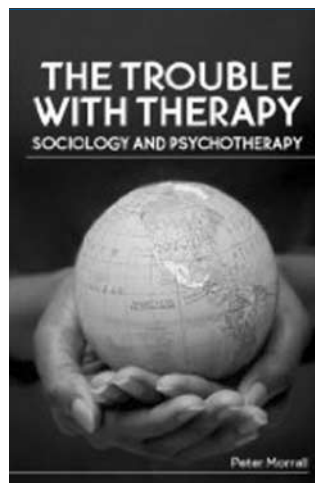
A very detailed and comprehensive chapter on psychopharmacological interventions and drug interactions with anti-retrovirals describes the potential risks of adding psychotropic drugs to complex medical treatments. Although a first examination of the evidence might lead some psychiatrists to a prescribing paralysis, cautious use of a limited number of safe antidepressants and other psychotropics will avoid serious harmful interactions. Two emerging topics receive attention: the mental health impact of hepatitis C, both as comorbid with HIV but also in its own right, as an infection with likely neurocognitive effects, and the mental consequences of ageing with HIV infection.

Apart from the lack of attention to the mental health impact of HIV in resource-poor countries, the discussion of ethical and legal issues is limited, so that the concerns that are often raised by psychiatrists about consent for HIV testing, capacity for medical decisions and use of compulsory psychiatric treatment are addressed only briefly.

Overall, this is a good, solid book for the medical library and for general hospital mental health teams dealing with people with HIV, but possibly too detailed for the psychiatrist in training.

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The Trouble with Therapy: Sociology and Psychotherapy

By Peter Morrall
McGraw Hill Open University Press.
2008. £21.99 (pb). 253pp.
ISBN: 9780335218752

It is now nearly 50 years since the action–research sociologist Erving Goffman turned his insider-view daily notes into a devastating critique of the realities of mental hospital life. Back then, sociologists and psychotherapists were natural allies rallying to the flag of community psychiatry, united in opposition to the hegemonic medical model. Academically, social psychiatry was the sexy place to be, with as many as seven UK units funded by the Medical Research Council charting the social and psychological impact of mental hospital closure, the social origins of depression, the epidemiology of suicide, the impact of mental illness in primary care, and the relationship between class and mental health. Today all has changed. Neuropsychiatry rules; *Asylums* (1961) lies unread; the few remaining sociologists are in search of new targets for radical assault.