assessment is given by Nancy Andreasen (2001) in a recent editorial, although she too worries that the ability to talk to the patient is diminishing as the emphasis on symptom checklists increases.

Rather curiously, given that the writer is not a psychiatrist, the book lacks critical distance and frequently takes psychiatry at its own estimation. Perhaps this is to be expected, because the author is not only the daughter of a psychiatrist but has also been in therapy. A much more searching anthropological account of psychiatry is to be found in Barrett's (1996) *The Psychiatric Team*, in which he questions the 'taken-for-granted' assumptions of clinicians. Luhrmann is hindered by a verbose and repetitive prose style, and readers who do not share her enthusiasm for Freud or Christianity may have reservations about her conclusions. Despite this, and despite its concentration on the American experience, many of the concerns of the book are of fundamental importance to British psychiatry. It is, therefore, well worth reading.

Andreasen, N. C. (2001) Diversity in psychiatry: or, why did we become psychiatrists? *American Journal of Psychiatry*, **158**, 673–675.

Barrett, R. J. (1996) *The Psychiatric Team and the Social Definition of Schizophrenia*. Cambridge: Cambridge University Press.

Eisenberg, L. (2000) Is psychiatry more mindful or brainier than it was a decade ago? *British Journal of Psychiatry*, **176**, 1–5.

Shem, S. (1999) *Mount Misery*. London: Black Swan.

Allan Beveridge Consultant Psychiatrist, Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU, UK

Psychiatric Intensive Care

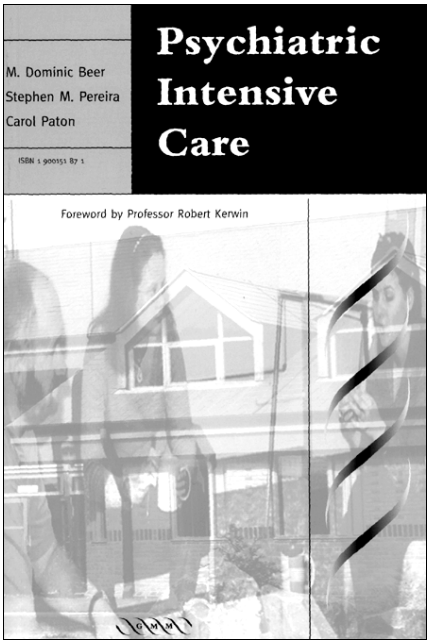
Edited by M. Dominic Beer, Stephen M. Pereira & Carol Paton. London: Greenwich Medical Media. 2001. 353 pp. £24.50 (pb). ISBN 1 900 151 871

This book is addressed to "All healthcare and related professionals working in, or interacting with, psychiatric intensive care units, as well as managers with a responsibility to commission, provide and monitor such units". In addition to the three editors, there are 19 contributors. This useful book shows the strengths and weaknesses of a work written by a committee and for everybody. On the positive side, it is comprehensive and multi-disciplinary. It is clinically oriented and most chapters will be of interest to clinical staff working on intensive care units. Chapters deal with important issues such as seclusion, physical restraint and rapid tranquillisation.

On the negative side, it lacks the unity, simplicity and clarity that reflects the practice and experience of a single author or, at most, of a small team. The standard of individual chapters is uneven, and jargon and acronyms (such as PICUs, SCIPs and NAPICUs) abound. Also, it is difficult for this type of 'comprehensive' multi-author book to be really up to date. For instance, the otherwise useful sections on pharmacology and rapid tranquillisation do not do justice to recently published evidence on the risk of cardiac complications and sudden death from high-dose medication. The internet affords easy access to journal articles and reviews, and books trying to provide current information and reviews of the literature have an increasingly short shelf-life.

The potentially enduring chapters in this volume are those that provide some sort of manual for clinical procedures and practice. A useful section is devoted to the setting up and management of intensive care units. Such units require clear leadership and lines of responsibility. I would endorse the recommendation that there should be only one or, at the most, two clinical teams – although this often entails transfer of consultant responsibility when patients are admitted or discharged from the unit. A chapter on good practice raises the question of whether units should be mixed or single-gender. The move towards mixed-gender wards that gathered momentum in the 1960s was part of a well-intentioned effort to 'normalise' the culture of psychiatric hospitals. However, female patients are in a minority on intensive care units and are vulnerable to intimidation, violence and sexual harassment. At the very least, a newly designed unit should afford the possibility of very substantial segregation of women and men.

Unfortunately, the book does not deal with the important issue of resources. Standards are inevitably low in an overcrowded and dilapidated unit, unable to recruit or keep capable permanent staff and relying instead on locum and agency staff. Sadly, this is the situation throughout much of the country.



Peter Noble Emeritus Consultant, The Maudsley and Bethlem Royal Hospitals, Denmark Hill, London SE5 8AZ, UK

Anxiety Disorders in Children and Adolescents: Research, Assessment and Intervention

Edited by Wendy Silverman & Philip Treffers. Cambridge: Cambridge University Press. 2001. 402 pp. £39.95 (pb). ISBN 0 521 78966 4

This multifaceted volume is based on the papers presented at an international conference on child and adolescent anxiety disorders, and it covers a broad range of approaches and perspectives. The 16 chapters range from the more theoretical (on affective–cognitive mechanisms, behavioural inhibition, neuropsychiatry and attachment theory) to the more clinically oriented (phenomenology and assessment, epidemiology, and both pharmacological and psychosocial interventions).

A historical introduction raises the interesting idea that child and adolescent anxiety disorders may be viewed as forerunners of later pathologies. Esquirol viewed anxiety as a sign of vulnerability – a ground on which psychopathology can develop. It is refreshing to think that a lifecourse view on psychopathology was alive many years ago.

https://doi.org/10.1192/bjp.180.1.90-a Published online by Cambridge University Press

For the psychologically minded, a comprehensive chapter on affective–cognitive processes leaves unanswered the question of causation, as most work on cognition in child and adolescent anxiety is characterised by lack of consistency in methods and theory. This shortcoming highlights the need for further observational and experimental studies that can go beyond the self-report questionnaire, to inform on affective–cognitive mechanisms.

For the neurobiologically inclined, the detailed chapter on neuropsychiatry is interesting, although the range of studies and quality of evidence provide no clear message regarding neuropsychiatric underpinnings. The developmental view, although largely based on animal models, is nevertheless refreshing, particularly the significance of early maternal deprivation, which can promote changes in the hypothalamo-pituitary axis that persist into childhood, and can influence stress reactivity and affect regulation in later life. Such evidence might lead to the fruitful integration of psychodynamic ideas, developmental psychopathology and neurobiological perspectives.

From a treatment perspective, psychosocial approaches are reviewed. Most evidence relates to cognitive–behavioural therapies (CBT), and the intriguing finding that educational support is as efficacious as elements of CBT raises the unanswered question of what it is about psychosocial treatments that is effective. Pharmacological approaches are also assessed; here I was concerned at the detailed discussion of the prescription of medications such as benzodiazepines for children, despite the absence of controlled trials supporting their use.

Clinicians will be satisfied with the review chapters on a developmental approach to assessment. Issues for future research are raised, again stressing the need for greater attention to the assessment of 'cognition' in anxiety and calling for more experimental studies to inform on affective–cognitive processes such as attention and memory biases in anxiety disorders.

Yule's fluent chapter on post-traumatic stress disorder (PTSD) provides a fascinating update and is complemented by a chapter on preventive approaches to anxiety disorders that focuses on PTSD as an example of prevention.

The most important message arising from this book is that anxiety disorders are common, start early in life and are more persistent than previously recognised. Although there are few follow-up studies, it is concluded that "child and adolescent anxiety disorders, with or without depression, raise the risk of adjustment problems and anxiety disorders later in life". Its comprehensive coverage of both theoretical and clinical issues make this recent volume in the Cambridge Child and Adolescent Psychiatry series a valuable addition to departmental libraries and to the personal reference shelves of both clinicians and researchers.

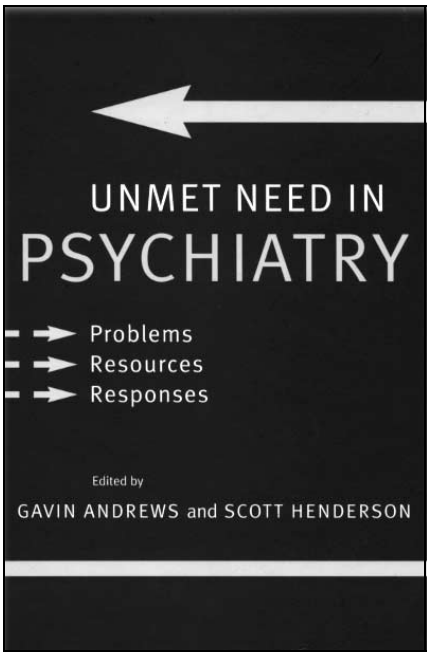
Rebecca J. Park Research Fellow and Honorary Consultant in Child and Adolescent Psychiatry, Developmental Psychiatry Section, Department of Psychiatry, University of Cambridge, Douglas House, 18b Trumpington Road, Cambridge CB2 2AH, UK

Unmet Need in Psychiatry: Problems, Resources, Responses

Edited by Gavin Andrews & Scott Henderson. Cambridge: Cambridge University Press. 2000. 440 pp. £55.00 (hb). ISBN 0 521 66229 X

This valuable book arose from a conference held in Sydney in 1997 under the auspices of the World Psychiatric Association's Section of Epidemiology and Public Health. Its underlying theme is the applicability of the findings of psychiatric epidemiology in shaping a policy response to meeting the needs of people with a 'mental disorder' (those disorders listed in DSM–IV and Chapter V of ICD–10). The scale of the problem is enormous. The World Bank Global Burden of Disease project has reported that mental disorders account for about 10% of the burden of disease worldwide – and over 20% in the otherwise much healthier West. Compare this with the negligible spending on mental health by developing nations and the 5–10% of health budgets typically devoted to mental health services in advanced industrial countries. A series of careful epidemiological studies using refined methodologies carried out over the past 20 years in the USA, Canada, UK and, most recently, Australia have identified a 1-year-period prevalence of mental disorder in between 20% and 30% of the adult population. (The UK is scolded for adopting a non-standard methodology in its national psychiatric morbidity survey but its findings are broadly similar.) Anxiety, depression, substance misuse and personality disorder are overwhelmingly more prevalent than psychosis (which tends to be underreported in community surveys). Roughly a quarter of cases will be continually ill throughout the year, with onset cases and remitted cases balancing out.

The epidemiology maps poorly onto real life, with only a small proportion of identified cases receiving treatment and a significant proportion of those receiving treatment failing to meet diagnostic criteria for mental disorder. Treatment resources are overwhelmingly devoted to in-patient care, which in turn is predominantly for people with psychosis (and in some countries substance misuse). Part of the gap between epidemiology and real life is explained by a discordance between diagnosis and disability: many people who meet diagnostic criteria for mental disorder function well (and not a few who do not meet the criteria function badly). Symptoms do not equate to need. Just as important in explaining the gap between epidemiology and service use are the choices of the individual to label their experience a mental disorder and to seek help. Many health care systems actively discourage help-seeking in an effort to contain costs or (what is in effect the same thing) deal with overwhelming demand. There is a further discordance, rather shocking for those who espouse evidence-based medicine, between the public and professionals about what constitutes



https://doi.org/10.1192/bjp.180.1.90-a Published online by Cambridge University Press