publication (I suspect not) or whether any or some of it has now been submitted to the journals. If not, it might be worthwhile so doing; a succinct report would stand a better chance of being read than this unwieldy document which is stuffed full of raw data.

The study tries to find out if users, family carers and professionals can agree on "the key elements of an intervention package to support people with schizophrenia living in the community". The answer was found through questionnaires to 400 users, carers and professionals, and face to face discussion with representatives of the three groups. And the answer? Yes, there is a consensus, but the groups give priority to different elements of care. Users particularly valued practical kinds of help; family carers wanted their status as main carers acknowledged by professionals; and professionals emphasised treatments, monitoring and professional support. All were agreed however that of the 11 main areas of care (ranging from information and counselling through finance and housing to maintenance of good physical health) only a fraction were widely available.

The authors readily admit that there is nothing really new in their findings. However, the publication highlights yet again the inability of aftercare services to produce what users, carers and professionals all reckon is a reasonable standard of care. They finish by making some unremarkable recommendations, e.g. increase assertive outreach, provide more 24 hour care, improve professionals' communications skills, create more flexible housing, clarify different types of day care etc.

I hope that purchasers and providers when negotiating contracts might take some of this into account when agreeing what services must be provided for schizophrenic patients living outside hospital.

R.G. McCREADIE, *Director, Department of Clinical Research, Crichton Royal Hospital, Dumfries, Scotland DG1 4TG*

Grieving Mental Illness: a guide for patients and their caregivers. By Virginia Lafond. University of Toronto Press, Toronto, Buffalo & London. 1994. £19.00 cl/£8.00 paperback.

This is a 'How to do it' book aimed at helping people with major psychiatric illness through the process of grieving for the effects of the illness on their lives. The author, who herself suffered a manic-depressive psychosis but is now working as a social worker with the mentally ill, writes in an articulate way about her own experience as well as that of the patients whom she helps. She claims that she has found it helpful to understand her illness and to help others to live with theirs by acknowledging and working through the griefs at the many losses which result. She has developed a series of 'exercises' aimed at facilitating this grief.

It would take a properly conducted research study to validate her claims and, since her book is written in sophisticated language which would make it accessible only to patients of above average intelligence, this might be difficult to carry out.

On the face of it her claims are not unreasonable and those who work with people who suffer long-term mental illness need to be aware of the importance of encouraging them to express grief, disappointment and anger. These are natural reactions to the experiences of failure, stigma and shame caused by the illness and the social situations to which it gives rise. This, according to its Director, John Wilder, is an important component of the group work of the Psychiatric Rehabilitation Association and accounts for much of their success.

It follows that a book of this kind ought to be of help to intelligent patients and may also be of help to their families who need to understand them and who have their own griefs to cope with.

C. MURRAY PARKES, *Honorary Consultant Psychiatrist, St Christopher's Hospice, Sydenham & St Joseph's Hospice*

Not Another Guide to Stress in General Practice. Edited by David Haslam. Medical Action Communications Ltd., Action International House, Crabtree Office Village, Eversley Way, Thorpe, Egham, Surrey TW20 8RY. 1994. Pp 102. Free of charge

This book contains eight chapters written by GPs in the East Anglia Faculty of the Royal College of General Practitioners. The aims of the book are to explore the causes of stress in general practice, to illustrate stress through case histories, and to give positive help and advice to GPs facing stress.

The causes of stress are listed, including increasing complaints by patients, government-imposed contract changes, increasing out-of-hours calls, the threat of violence in the inner city, which are all compounded by the reluctance of many doctors to seek help and a tendency to self medicate. One chapter details the more specific pressures on women doctors who have to juggle looking after the home and children with their practice work. A stress diary is suggested to help assess the problem and a checklist is provided for GPs to check whether they are suffering from 'burn out'.

A number of the chapters suggest solutions. Time management, relaxation, exercise, reducing intake of coffee and alcohol and developing outside interests are mentioned several times by the different authors. Changing one's attitude and coping style is recommended, through what may broadly be described as cognitive self-help approaches. Several authors describe how good practice management, including improved communication, delegation and division of responsibility, and carefully constructed practice agreements can all help reduce the stress on individual partners.

This book certainly gives ideas that GPs and other doctors facing stress could usefully adopt. I did find some of the chapters rather repetitive, as author after author outlined many of the same solutions listed above. However, overall this is a helpful publication. I suspect, though, that the GPs who most need to address stress in their lives are the least likely to find time to read it.

TONY KENDRICK, *Senior Lecturer in General Practice & Primary Care, St George's Hospital Medical School, London SW17 0RE*

Spider PC (Phobia Control): computerised behavioural treatment for fear of spiders. By Paul Whitby & Kevin Allcock. Available from Gwent Psychology Services, St Cadoc's Hospital, Caerleon, Gwent NP6 1XQ. Single user £30+VAT. Site licence £100+VAT

This computer program takes 1.42mb of free memory and comes with a 16-page instruction booklet. The program allows a spider image to appear on a screen along a graded hierarchy of four types of spider, four sizes of image, and three types of movement – none, one movement, or indefinitely repeated movement. How long the user keeps each image on the screen is reported in a table and as complex bar or pie charts. The instruction booklet explains some principles of exposure therapy and how to use the program. An installation instruction to 'COPY A:' may confuse those using a disk drive which only responds to an instruction to 'COPY B:'. The booklet emphasises the need to progress from looking at screen images of spiders to the handling of real live spiders; neither it nor the program gives detailed guidance on how to do that critical phase of treatment.

The subtitle 'Computerised behavioural treatment for fear of spiders' is rather misleading. At best the program may be used 'as a classroom demonstration of exposure and habituation' or as part of the first stage of exposure therapy. Neither the program nor the booklet have an initial assessment module, nor do they ask for fear or avoidance ratings or other relevant clinical information, or allow interaction between the program and the user according to the nature of the user's clinical problem, or give instructions on relapse prevention. No data are given on how useful the program has been in actual practice for spider phobics to start exposure therapy.

This program's advent is a sign of the slowly increasing use of computers in mental health care. Unlike this simple Spider PC program, other more complex interactive computer programs have in long-published randomised controlled studies (RCTs) actually helped patients overcome phobias or nonsuicidal depression or lose weight as much as did similar instructions from a clinician. It is even possible that an appropriate self-help program or manual may help some patients to help themselves without any clinician doing an assessment. In other RCTs bulimics and anxiety patients improved significantly with self-help manuals which have yet to be computerised. Other computer-aided interactive self-care programs are under development for general anxiety, for OCD, and for phobias, among others. Computer programs are also available now to rapidly audit clinical outcome (and costs of obtaining that outcome) with individual patients in routine clinical practice, and to analyse such data aggregated from large cohorts of patients.

The delivery of some aspects of mental health care can become transformed in the next few years as we learn how to model essential ingredients of treatment in suitably

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