columns

Dick was a private man, modest, tolerant and generous, and was happiest when reading about Irish and British history. He took pleasure in investigating the history of the Vereker family. He did research on John Prendergast Vereker Field Marshal Viscount Gort VC, corresponding with politicians and military figures, including General Eisenhower. When J. R. Colville's biography of Gort *Man of Valour* was published in 1972, Dick's contribution was especially acknowledged.

He had a long and happy marriage to his beautiful wife Judy, whom he had known since childhood. In 1989 they moved to Killiney, South County Dublin, where they enjoyed a splendid view over the sea. He loved the countryside and planted many trees in his homes in England, Killiney and Moonveen. He endured his final illness with characteristic courage and dignity and died peacefully at home on 27 April 2004. He leaves a sad and loving family, his wife Judy, two daughters and five grandchildren.

Margaret Vereker

reviews

Assertive Outreach: A Strengths Approach to Policy and Practice

Peter Ryan & Steve Morgan
Edinburgh: Churchill Livingstone, 2004, £24.99 pb, 286 pp.
ISBN: 0-443-07375-9

Assertive outreach practitioners will be drawn to a new British publication on this topic, but they may be puzzled by its subheading: *A Strengths Approach to Policy and Practice*. The strengths model attracts relatively little direct acknowledgement in psychiatry, being more a set of values than a fully pragmatic clinical or service model. Whereas many who talk of hope, creativity, holistic care and neighbourhoods rarely move beyond the nebulous, the authors do present a structured, relevant and intelligent guide to developing services and practices that are built on service user-led wants and aspirations, rather than merely service-generated concepts of social inclusion and recovery.

The book supplies a critique of conventional approaches to serious mental illness as focusing on pathology, problems and deficits, with an overall therapeutic nihilism. The strengths view does not deny the existence of difficulties and sees them as obstacles to be overcome on the way to self-defined goals. With an unashamedly optimistic view of human interaction, the pure strengths model practitioners will have their faith tested in working with hard-to-engage assertive outreach clients in the prevailing atmosphere of risk avoidance. Defensive practice is challenged as limiting the individual's ability to weigh up the benefits and harms of available options, and to experience autonomy. Assertive outreach, with greater resources from small caseloads, is a model that sits well with delivering best practice. With its long-term approach, it is also a model for engaging people meaningfully, including allowing individuals to take control of decisions in lifestyle choice, accommodation or relapse responses and to facilitate learning from successes and failures. Ethical dilemmas are well covered in a separate chapter.

Evidence for greater optimism is drawn from longitudinal studies of major mental illness, first person accounts and effective collaborative therapeutic interventions such as cognitive–behavioural therapy and motivational interviewing for substance misuse. Throughout there is good use of case studies and summary boxes, and chapters are clearly structured. However, the style of applying the benevolent strengths 'faith' to all aspects of care and service organisation will not be to everyone's taste.

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Handbook of Spirituality and Worldview in Clinical Practice

Allan M. Josephson and John R. Peteet (eds)
Washington DC: American Psychiatric Publishing, 2004, $37.50 pb, 180 pp.
ISBN: 1-58562-104-8

We all have a worldview. These beliefs underpin what we value, the things we consider worth treating or investigating and how we deal with people. All doctors, all people, need to consider their own life philosophy and be aware of what other people believe, not just those of us who belong to a formal religion. This book is a valuable addition to that quest.

The first part of the book deals with worldview and spirituality, which the authors leave loosely defined. This enables them to include materialistic and atheistic philosophies, which deny the existence of a spiritual realm. The first chapter looks at Freud's worldview. His writings have had a major influence on the development of our current secular society and on the perception of psychiatry as not being interested in spiritual issues. The rest of the first part deals with how to take a spiritual history and incorporate it in the formulation and treatment plan. It is written from the point of view of an American psychoanalytical psychiatrist with an office practice in downtown USA. Hence it needs some translation for the UK National Health Service hospital scene. An in-depth spiritual history from upbringing to current practice will rarely be relevant in my work, but I find the question 'Do you have any faith or beliefs that are important to you?' enables a useful discussion of an individual's worldview.

The second half of the book is new and valuable. There are many books on comparative religion, a few written by the adherents of each religion, and none that highlight the challenges and concerns of the mental health professional as well. Each worldview is described by psychiatrists who hold that philosophy. The exception is the joint chapter on Hinduism and Buddhism, which, despite shared history, differ greatly in practice and deserve separate chapters.

The views of atheists and agnostics permeate western societies, but are generally overlooked in books on spirituality; this chapter is a significant addition to the field. The book is relatively easy to read and would be of value to new arrivals in the UK and to all who work in a cross-cultural setting.

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Suicide Prevention: Meeting the Challenge Together

Lakshmi Vijayakumar (ed)
Hyderabad, India: Orient Longman, 2003, £16.95 pb, 241 pp.
ISBN: 81-250-2553-7

In recent years, strategies for suicide prevention have revolved around two main concepts, with approaches to high-risk groups and to whole populations. Since 1999 the World Health Organization has established a worldwide initiative for the prevention of suicide (SUFRE). The Department of Health set a series of targets to reduce the suicide rate; these coincided with the start of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. The National Suicide Prevention Strategy for England was published in 2002 and appeared to acknowledge that strategies

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