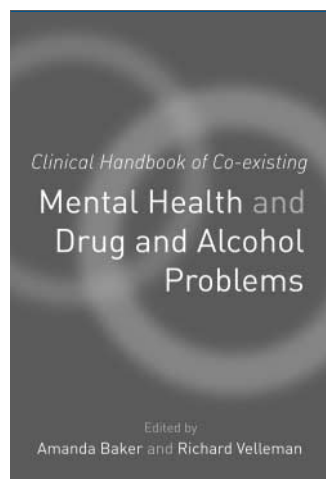


Although the book gives very clear guidance to individuals who want to work with families, it does not address the organisational blocks and obstacles to adopting this approach. It is often these that get in the way of clinicians engaging with families.

**Chris Mansell** Clinical Specialist, The Meriden West Midlands Family Programme. c/o The Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG, UK. Email: [bjp@rcpsych.ac.uk](mailto:bjp@rcpsych.ac.uk)

doi: 10.1192/bjp.192.1.73



### Clinical Handbook of Co-Existing Mental Health and Drug and Alcohol Problems

Edited by Amanda Baker and Richard Velleman.  
Routledge. 2007. 424pp.  
£27.99 (pb).  
ISBN 1583917764

In 1927 Emil Kraepelin updated his pre-War textbook *Klinische Psychiatrie*, highlighting the impact of cocaine on the mental health services of that era. In 2007 Pat McFadden, the Minister for Social Exclusion, discussed the cost of 'chaotic' people, defined by Baker & Velleman as those mentally ill who also have substance use disorders, to public services. He suggested that such a person will cost public services around £500 000 over the period of ten years, and there are an estimated 6400 chaotic people in London alone. With ever wider and more diverse substance use now than 80 years ago, the complex needs of people with dual diagnosis will present an increasing challenge to both clinical and social care.

I began to read Baker's & Velleman's *Handbook* with excitement that evidence-based management, based on a deepening understanding of life with complex disorders, would be taken far beyond routine clinical practice. To begin with the good news, several of the 40 contributors to this 20-chapter book write with vividness and literary ease. The *Journal's* readers may already be familiar with the eminently readable works of Hubert Lacey or Ilana Crome. Smith & Velleman's chapter on family interventions is a model of concise, informative and practical information and the family nursing case study rings of truth.

However, the more I read this hefty handbook, the more I felt it failed in its aim to 'substantially improve' the 'quality of treatment'. I had hoped I would learn about various assessment scales/algorithms, but these were mostly introduced sketchily and uncritically.

The book seriously lacks neuroscience or genetics in conceptualisation, and a surprisingly limited amount of clinical guidance is provided on prescribing or toxicology. In identifying problem-areas there is very little about lifecourse approaches that might illuminate, for example, the complex relationship in women between traumatic experiences early in life (e.g. childhood sexual abuse or bereavement) and chemical dependence, or might

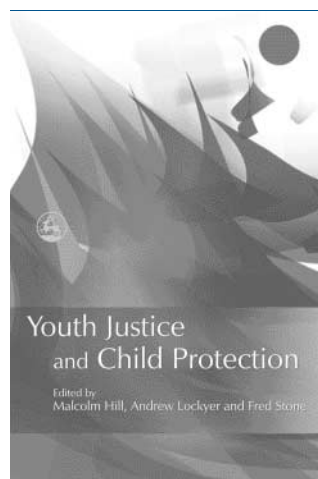
unravel the multi-factorial interaction between mid-life alcohol misuse and senile dementia. The historic lessons of barbiturate use in the period before suicide are also missing. I personally find the chapter on anxiety as the most disappointing. Particular studies are absent, for instance on individuals with overlapping cocaine rituals and obsessive-compulsive disorder, or on patients whose nocturnal panic follows alcohol nightcaps. A much more serious lack of insight concerns therapeutic addicts. Admittedly, dependence on benzodiazepines is mentioned here, but there is no discussion of the interaction between clinicians and patients with chronic anxiety that might produce this dependence. 'Big Pharma' has almost expunged the term 'benzodiazepine dementia', but when Baker & Velleman state that 'impairments in cognitive functioning may help to maintain substance use and anxiety', they could have nevertheless tried to make the connection.

The *Handbook* can be summarised by a phrase from the chapter on learning disability: 'there are no empirically validated models and no best practice guidelines in this area', but it takes the authors a 22-page chapter to arrive at this conclusion. Outcome statistics are rarely discussed in relation to any interventions. For example, therapeutic communities have long been a key treatment option for the most chaotic patients, but it is only briefly mentioned here as 'promising reports of efficacy' (p. 312). Instead, Lacey's team give structured 'day programmes' in relation to treatment of eating disorders.

The editors finish their *Handbook* with a quotation from Charles O'Brien. It is a pity they did not consider his ongoing research on day hospitals in their discussion on coexisting cocaine dependence and depression.

**Woody Caan** Anglia Ruskin University, East Road, Cambridge CB1 1PT, UK.  
Email: [a.w.caan@anglia.ac.uk](mailto:a.w.caan@anglia.ac.uk)

doi: 10.1192/bjp.bp.107.039669



### Youth Justice and Child Protection

Edited by Malcolm Hill, Andrew Lockyer & Fred Stone.  
Jessica Kingsley Publishers.  
2007. 320pp. £19.99 (pb).  
ISBN 9781843102793

Youth justice and child protection has been high on the political agenda within the UK in the past decade. The Laming Inquiry into the death of Victoria Climbié led to subsequent development of policy and legislation such as the publication of *Every Child Matters* (2003) and the implementation of the Children Act 2004, the latter requiring all agencies to work together in order to safeguard vulnerable children and provide for children's well-being.

The government's approach to youth justice, namely 'to prevent offending by young people and children' had at its centrepiece the Crime and Disorder Act 1998. It is notable that

in the past 10 years there has been an increase in custodial sentences for young people by 90%.

This book explores various state responses to youth offending and child protection and the associated interfaces between policy and practice. A couple of chapters are dedicated to exploring different approaches to the youth justice and childcare protection interface, mainly addressing systems in Western Europe, the UK and the USA. The merits and drawbacks of integrated or separatist approaches are debated. Arguments passed include policies based on: welfare and punishment considerations; procedural rights; causation; the identification of young people and their families who are at risk; and intervention effects.

Also in the book, there is an in-depth exploration of the Children's Hearing System in Scotland, which effectively adopts an integrated approach to youth justice and child protection. It is proposed that creating parallel legal processes may have the capacity to increase criminalisation and undermine effectiveness unless part of a coherent system of youth justice and child protection. As the age of criminal responsibility differs in various countries, there may be some benefit in separating the adjudication of proof from the disposal decision, a process utilised in the Scottish Hearing System.

A key question the book poses is whether youth justice and effective interventions are best served by treating young people according to the grounds upon which they come to public attention or their individual needs.

It is proposed that a broader view of youth justice be taken, with a greater focus on restorative justice, mediation, family conferencing conflict resolution and problem solving.

An interesting chapter by David Archard on children rights and juvenile justice differentiates between participation and protection rights. He postulates that the shift to a criminal justice model for young people may be attributable to them being seen increasingly as agents, a change that can be explained by the increasing use of a participatory rights discourse.

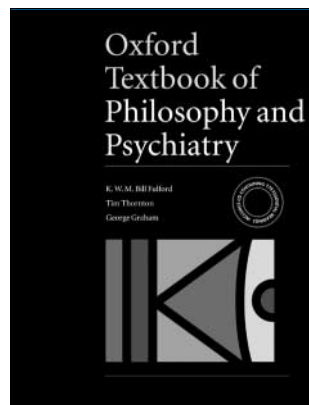
What emerges is that arrangements regarding youth justice and child protection, whether integrated or separatist, appear in large part to be a 'product of a series of *ad hoc* policies driven by political imperatives rather than having an overarching design'.

This book has certainly been thought-provoking for me as a mental health professional working with young people who are involved both with the youth justice and child protection systems in England and Wales. It has again aroused my concerns about the origins of youth policy in this area, the impact of political imperatives on this policy, the increasing criminalisation of young people, the low age of criminal responsibility within the UK and Ireland and the alarmingly increasing rate of custodial sentences imposed. Finally, it is of serious concern that despite the United Nations Committee on the Rights of the Child (1995) formally reporting that the human rights of child prisoners in England and Wales are routinely violated, there has been little or no remedial action taken.

This book is a useful reference for all those working in criminal justice, child protection or the interface between both, including social workers, health professionals, lawyers and those involved in developing policy in this area. There is slight over-emphasis on the Scottish Hearing Systems, although the author did acknowledge that the book arose following a conference entitled 'The Scottish Children's Hearings at a Crossroads'. The book explores the rationale, impact and efficacy of current policies and processes employed in youth justice and child protection.

**Hilary M. Grant** Ardenleigh FCAMHS, 385 Kingsbury Road, Erdington, Birmingham B24 9SA, UK. Email: hilary.grant@bsmht.nhs.uk

doi: 10.1192/bjp.bp.107.039537



### Oxford Textbook of Philosophy and Psychiatry

By K. W. M. Bill Fulford, Tim Thornton & George Graham  
Oxford University Press.  
2006. 872pp. £59.95 (pb).  
ISBN 0198526954

This is a landmark publication. Dealing with the major philosophical dilemmas as they relate to psychiatry, it provides a lucid and accessible introduction to a subject that can often seem forbidding and abstruse.

The book provides a philosophical overview of the different approaches to mental disturbance down the ages. The authors suggest that these approaches have veered between the twin poles of the 'medical' and the 'moral': between the belief that madness is the result of brain disease and the belief that it is a psychological or spiritual problem. This conflict was apparent at least 2000 years ago, when Hippocrates espoused a humoral theory of madness, in contrast to Plato, who believed that insanity signified a disturbance of the soul. The authors chart the winding path of this dispute through to the present day and the argument between biological psychiatrists and their opponents as to the nature of mental illness. A pivotal figure in this historical reading of events, and indeed in the book itself, is Karl Jaspers, whom the authors describe as 'psychiatry's first philosopher'. Jaspers sought to reconcile the medical endeavour to find causal explanations for psychiatric illness with the moral emphasis on its meaning for the individual sufferer. The authors concede that he did not succeed but argue that the failure lies less with Jaspers than with the extraordinary difficulty of the problems involved. Likewise, they feel that Freud has been unfairly scapegoated for his attempts to relate meaning to mechanism.

We are still wrestling with the same problems today. The authors maintain that rapid advances in the neurosciences have made such questions of pressing practical and philosophical importance. For example, have the developments in genetics and neuroimaging abolished such concepts as free will and consciousness? Are they illusory, mere epiphenomena of brain activity? Or are the neuroscientists themselves misguided, as contended by the 'new mysterians' – those who hold that the riddle of the mind/body relation cannot be unravelled? The authors prefer a middle course, eschewing both the triumphalism of the biological reductionists and what they call the 'premature retreat' of the mysterians.

As the book makes clear, psychiatry confronts many of the fundamental questions in philosophy, whether or not its practitioners acknowledge this or are even aware of it. In fact, the great strength of this volume is that it demonstrates how philosophical considerations impinge on practice. It does this by taking examples from seemingly ordinary clinical encounters and carefully unpacking the words and actions of the participants to reveal their underlying philosophical assumptions. In this the authors are guided by the work of J. L. Austin, the Oxford philosopher, who held that we should look at how words and ideas are actually employed in the everyday world rather than how they are defined in theory. Thus the authors are able to undermine the