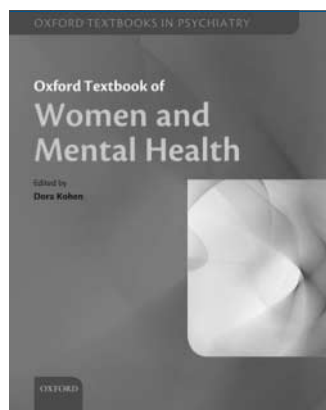


given for using light therapy alone, wake therapy plus light therapy and wake therapy plus light therapy plus sleep phase advance. There are informative sections on the use of melatonin and the practicalities of light therapy, including recognition that motivated and knowledgeable night nurses are required to competently implement some of the chronotherapeutic techniques with in-patients.

Overall, I feel that clinicians who work with patients with affective disorders should gain new and significant insights from reading this book.

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Oxford Textbook of Women and Mental Health

Edited by Dora Kohen.
Oxford University Press. 2010.
£75.00 (pb). 352pp.
ISBN: 9780199214365

I wanted to like this book; I knew and respected Professor Kohen although I did not always agree with her. Healthy debate has, however, always formed an important part of the Royal College of Psychiatrists' Women in Psychiatry Special Interest Group, to which Professor Kohen brought her extensive intellect and unique perspective.

The book is advertised by the publisher as including chapters by leading experts in their respective fields providing 'the most authoritative information available'. There are contributions from academics in Canada, England, India, Ireland, Switzerland and Turkey. Some are indeed leading experts; however, others are not and despite their best efforts in some chapters this shows.

Although I enjoyed reading many of the chapters, I found the overall structure of the book rather confused. Part 1 focuses on 'Fundamental aspects: women and mental health'. This was an enjoyable section covering issues such as stigma, violence and ethnicity. I was pleased to see a chapter on lesbianism and mental health, an area much neglected in contemporary research despite the health inequalities experienced by lesbians. I particularly enjoyed the useful introduction to biological sex differences relating to mental health, but was disappointed that this was not followed up with specific coverage of gender differences in prescribing (although this was actively considered in the section on intellectual disability later in the book).

I found Part 2, 'Clinical aspects: women and mental health', less coherent. Under the heading of mental illness a number of disorders such as anxiety, depression, borderline personality disorder and schizophrenia are considered, yet post-traumatic stress disorder is not; this was addressed as a 'special clinical topic' in Part 3. There is a specific section on perinatal psychiatric disorders and, importantly, parental psychiatric disorders are also considered. Specific focus is also given to substance misuse, eating

disorders and women with intellectual disabilities. I was surprised not to find a section on the mental health difficulties and challenges faced by older women.

I support the arguments of this book; it highlights, from a multidisciplinary perspective, some of the essential issues facing women in the context of their daily lives and how these issues relate to their mental health. I welcome an approach that considers women's different roles as carers, parents, workers and partners. Overall the chapters were succinct, well written and comprehensive. I accept that no book can cover all areas of such a broad topic, but in parts the coverage was lacking. If you expect a 'practical' text focused on service delivery, then you will be disappointed but if you accept that this is not a practical guide, then this book is a noteworthy addition to the literature.

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Schizophrenia: Who Cares?

By Tim Salmon.
Artaxerxes Press. 2010.
£12.00 (pb). 178pp.
ISBN: 9780956507006

I found this book to be a bit of a long gripe at times, but nonetheless a salutary one. Before embarking on it I kept in mind three questions: Will it provide comfort/advice/guidance to other carers? Will it make mental health professionals more aware of the plight of the carer? Will it offer insights on what carers actually need in terms of support? The answer to all three questions is yes, in parts.

The book relates a 20-year history of a father not only struggling to come to terms with his son's schizophrenia, prompting guilty, soul-searching questions, but also having to cope with the idiosyncrasies of the caring system, which apparently often failed both him and his son. Father deserves admiration for the courage, resilience and sheer utter resolve not to abandon a son in distress, even when he behaved in an appalling, bewildering and risky manner, living between the extremes of 'constant worry, increasing anxiety and heart-in-mouth horror'. Salmon describes the incomprehensible institutional routines, the Kafkaesque bureaucratic system, constant changes in policy and personnel, and the 'impersonal system of care', which fails to take into account the inability of a person with a mental illness to navigate its forms and procedures, constantly fails to deliver despite good intentions and high-sounding but empty rhetorical words (consultation, empowerment, normalisation, accessibility, flexible pathways,

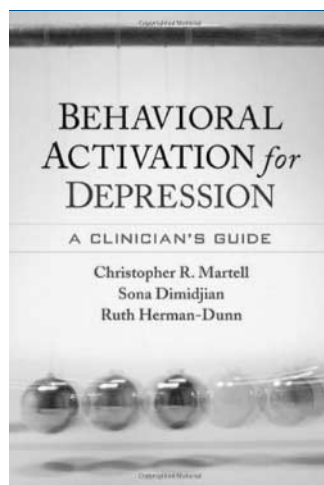
well-being agenda, therapeutic optimism, preventing revolving doors, early intervention, social inclusion) and, in the words of the author, all that 'brouhaha'. More often than not he was left having to do all the provision himself.

In terms of ideas helpful to services Salmon does offer some insights. He stresses the need to involve carers more effectively when drawing care plans that are feasible and implementable, an awareness that people with schizophrenia are particularly sensitive to defensiveness, insincerity or discomfort in staff and more likely to react in a violent or bizarre manner when faced with uncaring professionals, and the need for straight and frank communication when establishing a prognosis and therapeutic hopes.

Although at times I was uncomfortable at his comments expressing a hint of resentment against other 'creeds and races' (both patients and staff) who often populate admission wards and poor estates, and the deference he showed the medical profession as opposed to other mental health workers, I do agree with the overriding message that we have a long way to go to work alongside carers in a mutually sharing system of care. I would recommend this book for care coordinators and those interested in more responsive and engaged services.

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Behavioural Activation for Depression: A Clinician's Guide

By Christopher R. Martell, Sonja Dimidjian & Ruth Herman-Dunn. Guilford Press. 2010. US\$35.00 (hb). 224pp. ISBN: 9781606235157

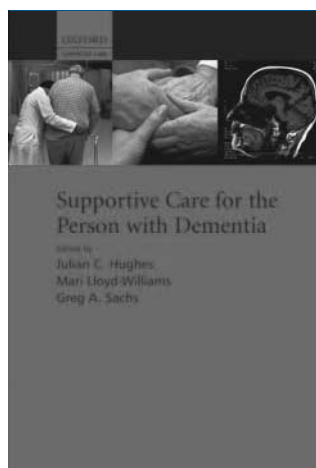
As the authors comment in this very accessible book, they are sometimes confronted by the objection that behavioural activation 'sounds too simplistic'. It is indeed a very clear and straightforward model for helping people who experience depression. Nevertheless, coaching a client into accepting that what they need to do in order to feel better in their mood is to begin to identify and indulge in more 'antidepressant behaviours' can be a challenging task; but it is a rewarding one. In fact, for me the great advantage of the model is that it is remarkably easy to follow. For some, of course, this may be its downfall. After all, is a psychological therapy not supposed to be complicated to learn, couched in mystifying language and (these days anyway) contain the word 'cognitive' in its title?

Behavioural activation starts from the premise that in order to feel better it is necessary to 'act' better; that mood and activity are inextricably related to each other; that as a person becomes more depressed they stop engaging in activities that were once

pleasurable, utilise escape or avoidance behaviours which service to keep them stuck in a rut, such as shutting themselves away in their room and not answering the phone; pull away from their world and potential sources of antidepressant reinforcement, and as a consequence feel more down. Behavioural activation really works, as the authors have demonstrated in their research, and there is evidence that it is as effective as 'full' cognitive-behavioural therapy. It is now in the National Institute for Health and Clinical Excellence guidance for depression. It is being increasingly used, as I know first-hand, as a front-line therapy by workers in primary care mental health. As a client of the authors once very succinctly put it: 'So are you saying that cognitive therapists believe that the head teaches the hands, whereas the BA (behavioural activation) approach assumes that the hands teach the head?' That is a great way of describing something which is essentially a very practical way of learning how to feel better.

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Supportive Care for the Person with Dementia

Edited by Julian Hughes, Mari Lloyd-Williams & Greg Sachs. Oxford University Press. 2009. £59.95 (hb). 330pp. ISBN: 9780199554133

This is a book covering the care for people with dementia, from diagnosis to death. The 'supportive care' of the title refers to a model developed to guide the comprehensive support of people with a variety of long-term, life-shortening conditions. The approach owes a lot to the philosophy of palliative care in its attention to biological, psychological, social and spiritual needs but these considerations are extended, within supportive care, to encompass diagnosis, curative and life-prolonging treatments as well as palliation and dying. The book itself is one of a series of volumes focused on different diseases and is the first to apply this framework to dementia.

One of the delights of the book is the range of writings, with no fewer than 32 chapters packed into its 300 or so pages, including many contributions from well-known names as well as some newer voices. There are chapters from psychiatrists and old age physicians, general practitioners and palliative care specialists, psychologists, philosophers and many more besides. The mix is greatly enriched by contributions from individuals with dementia and family members of people with dementia, as well as chapters on often neglected topics such as Huntington's dementia and dementia in low-income countries. Overall the content