States. Only three of the 49 contributors have affiliations outside of the USA and only one outside of North America. Thus, the experience of those who are introducing routine measurement across entire national mental health care systems is not considered. This includes England, where the Department of Health is attempting to implement a common approach to the collection of outcome measures and performance indicators, and Australia where the Federal and State governments have already mandated routine outcome measurement for all public and private mental health care providers, using a common, core set of measures. These developments in Australia refute the book's somewhat parochial contention that 'a national system of outcomes management . . . remains more tomorrow's technology than today's'.

Having said this, this 450-page book is a useful reference source, both about the opportunities and challenge of introducing routine measurement and about the psychometric properties of some of the measures themselves although here, once again, the focus is almost exclusively on instruments developed in the USA. Separate chapters discuss outcome measurement in the different psychiatric specialities and for the main classes of disorder. However, as might be expected from a book with so many contributing authors, the chapters vary in quality and in depth. The chapter about outcome measurement in mood disorders stands out for its critical reviews of specific measures, which include tidy summaries of reliability, validity and sensitivity.

The final section of the book considers the practicalities of implementation, with some informative case studies of attempts to introduce routine outcome measurement in local mental health care systems. These sound a note of caution to those wishing to do this, that is relevant whether the attempt is within a single team or across an entire country. The lessons are summarised neatly with the conclusion that "the introduction of an outcome measurement program into a system of care is a delicate management process . . . if unsuccessful, the program can get mired in expensive and mindless data collection. It can alienate overburdened clinicians and support personnel".

Paul Lelliott   Director, Royal College of Psychiatrists' Research Unit, 6th floor, 83 Victoria Street, London SW1H 0HW

The Case Study Guide to Cognitive Behaviour Therapy of Psychosis

Kingdon, D. & Turkington, D. (eds), Chichester: John Wiley & Sons, 2002, 240 pb.
ISBN: 0-471-49861-0

Recently the National Institute for Clinical Excellence (NICE) issued the Schizophrenia Guideline 'Core Interventions in the Treatment and Management of Schizophrenia' (National Institute for Clinical Excellence, 2002). This evidence-based guideline, in which I had a hand and must therefore declare an interest, recommends the provision in the National Health Service (NHS) of two forms of psychological intervention; family interventions and cognitive–behavioural therapy (CBT) for psychosis. Kingdon and Turkington's book is therefore timely, for it provides a lucid introduction to the provision of CBT for psychosis in the context of NHS services. The introduction gives a brief overview of the clinical approach, while most of the remainder of the book consists of case studies written by therapists. What distinguishes the book from others is that the therapists, from the different professions of psychology, psychiatry and nursing, have different levels of training and experience. Each case study chapter starts with a brief description of the author's route into the practice of CBT for psychosis and the service context in which the work takes place. This makes the book lively and engaging.

A variety of settings are described – acute in-patient wards, community and out-patient settings, high-security hospital and rehabilitation settings. It comes across clearly that CBT for psychosis does not need to be restricted to only 'easy' cases. The case studies are presented in different formats – and while I found some more readable than others, collectively they provide a good overview of this therapy.

The final three chapters of the book address the topical and important issue of dissemination – dealing with training, supervision and implementation in service settings. There is a great deal for us to learn about these issues. This book offers a common-sense view of training and has some useful suggestions for implementation, such as an approach to estimating need. A summary of the evidence for CBT for psychosis is also given. In such a rapidly developing field, the review of the evidence is already somewhat dated and more recent systematic reviews are now available, not least the review for the NICE guideline.

In sum, this is a timely introduction to CBT for psychosis, with its feet firmly on the ground of NHS services. It should interest both those who are already and those who would like to become CBT therapy practitioners, as well as senior clinicians and managers with responsibility for service development.

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE (2002) *Full National Guideline on Core Interventions in Primary and Secondary Care.* London: Gaskell.

Philippa Garety   Professor of Clinical Psychology, Guy's, King's and St Thomas' School of Medicine & The Institute of Psychiatry (Division of Psychological Medicine, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF), Trust Head of Psychology, South London & Maudsley NHS Trust

Students' Mental Health Needs: Problems and Responses

Nicky Stanley and Jill Manthorpe (eds). London: Jessica Kingsley, 2002, 224pp. £15.95 pb,
ISBN: 1-85302-983-1

This edited book is aimed at academic, administrative and student support staff in higher education, providing the reader with a variety of perspectives including personal accounts, chapters on contributory factors to illness and outlines of innovative services. The personal accounts are of shame, anger and hopelessness made worse by the fearful or frankly hostile responses of bewildered tutors and inadequate interventions from counselling services. Not that contact with external psychiatric services was that rewarding either. Seeking help entirely outside the educational system does nothing to encourage that system to adapt to the special educational needs of students.

The key, of course, is to bring together good mental health care with sensible adaptations to the educational system without lowering the standard required of the student, to make it more likely that students' work progresses in spite of ongoing health difficulties.

Two chapters stand out for me as illustrations of how this might be done. In the first, Barbara Rickinson and Jean Turner describe a comprehensive system of supportive services at the University of Leicester. Mental health awareness is built into staff development, and compulsory training is provided for all tutors in the recognition and management of stress. Consultative support is provided to tutors by a Student Support and Counselling Service that also delivers a broad range of interventions for students ranging from workshops aimed at helping first year students adjust to life at university to confidential counselling for students with mental health problems. A consultant psychiatrist is also available one session a week.

From a rather different perspective, Kathryn James describes a joint initiative between a mental health trust and New College Nottingham for people suffering from severe mental illness, providing opportunities for more than 300 referrals a year from adult mental health, addictions and forensic services. Guidance workers help potential students choose a course and provide ongoing support. The courses themselves are designed and run