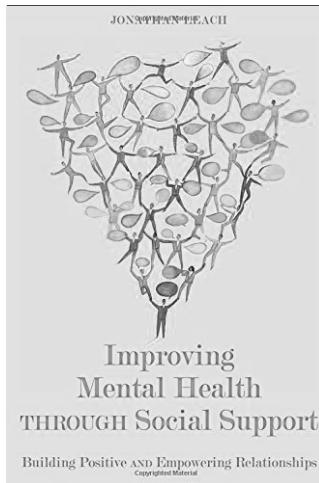knowledge. Still, I would recommend this book – to psychiatrists who are interested in the wider context of our work.

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Improving Mental Health through Social Support: Building Positive and Empowering Relationships

By Jonathan Leach. Jessica Kingsley. 2014. £22.99 (pb). 208 pp. ISBN: 9781849055185

Social support is thriving in theory but certainly not in evidence-based practice. In published papers we are constantly reminded of the importance of a supportive environment in all its forms. I find it curious that when the adjective 'social' precedes 'support', 'capital', 'inclusion', 'exclusion', 'networks', 'vulnerability', 'environment', 'control', 'enterprises', 'connections', 'relationships', 'exchange' and 'integration', it seems to add a cachet of approval that somehow makes the subject more scholarly. But in practice I fear it confuses, as little seems to follow from the many dull but worthy recommendations that are made. Social support surrounds mental health like a foggy miasma; it is difficult to define, and although we cannot escape its ubiquity and importance, it does not signpost a way forward.

Jonathan Leach is nonetheless well placed to write about the subject. He has a degree in sociology, has worked in the voluntary sector, has been involved in the support needs of students, and currently works as a lecturer in mental health at the Open University. He approaches psychiatry as a keenly observing outsider, and one can easily understand his frustration with many health professionals. So when he takes part in a meeting with a community psychiatric team about a patient whom he knows very well he cannot understand why they do not involve him, and fail to recognise 'the breadth and depth of that individual's reality that I witnessed'. He is equally puzzled by the failure of many to appreciate that mental health is more than the absence of mental illness.

But the book's title is a little misleading. The first seven chapters are sound and give a comprehensive academic substrate of the subject but I suspect these are part of the bedrock of Leach's Open University teaching. The last chapter, 'Making it happen', unfortunately does not. It tentatively looks at 'possibilities' and hints at 'suggestions', advises health professionals to involve carers and service users more than they do at present, makes an interesting but probably impractical recommendation to general practitioners to give more 'social prescribing' (yet another example of adjectival respectability), and urges generosity and goodness along the lines of an unfunded Liberal Democrat Party manifesto.

Leach only hints at the reasons why he cannot say more. There ain't no good evidence, folks. He comments that most of the research on social support is 'small-scale and qualitative in nature' and grumbles about the much larger funding given to 'the evaluation of bio-medical or psychological interventions'. But this need not be so. Good, high-quality social support research is not an oxymoron; it needs a determined academic group to grab it by the horns and take it forward, just as George Brown and Tirril Harris did in highlighting the social aspects of depression 40 years ago. And now, as Leach recognises, there is much greater awareness and acknowledgment of the individuals' importance in an age when isolation is in danger of becoming the norm, so it is an ideal time to surge forward. A second edition of this book could live up to its name.

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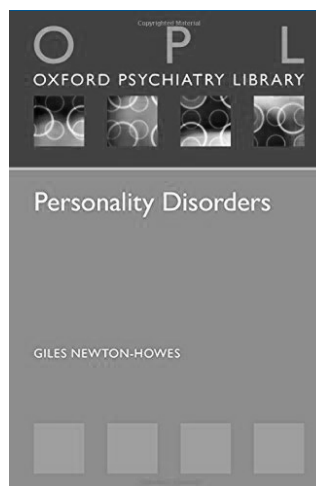
Personality Disorder

By Giles Newton-Howes Oxford University Press. 2014. £19.99 (pb). 80 pp. ISBN 9780199688388

This is the perfect handbook for the busy clinician. It is light and compact, enabling it to travel easily for quick reference. It is composed of 14 chapters written in language that is easy to understand and follow. The text is concise yet comprehensive, managing to stick to the point with inclusion of key knowledge and references. It flows extremely well, starting with background information on epidemiology, the development of personality and the vast concept of what is considered 'normal personality'. We are then taken through the diagnostic steps of personality disorders as categorised by ICD-10 and DSM-5, backed with excellent case examples that clearly illustrate the clinical picture for each category of personality disorder. Moving on, the reader is shown robust, evidence-based management strategies, including pharmacotherapy and talking therapies. The book ends with some more complex issues surrounding comorbidities in personality disorder, rounded off with a well-rooted conclusion.

As a new psychiatry trainee, I found this handbook immensely helpful in my understanding of a very complex, poorly understood and – ironically – disordered area of psychiatry. Despite its brevity, it manages to take away the harsh stigma attached to patients diagnosed with personality disorders, which sadly still exists among psychiatry professionals. Dr Newton-Howes does this by emphasising the relevance of these conditions within psychiatry as well as stressing the psychological and social destruction that can occur in patients who are poorly managed. He argues that

mental health clinicians need to be more proactive with their patients by first educating themselves and then their patients. Most importantly, the book takes away the white handkerchief of defeat that clinicians tend to hold up when faced with patients with personality disorder, and replaces it with effective tools to understand personality disorders and manage patients confidently and appropriately. Incorporating this in 66 pages makes this informative book by Dr Newton-Howes a must-have for every clinician.

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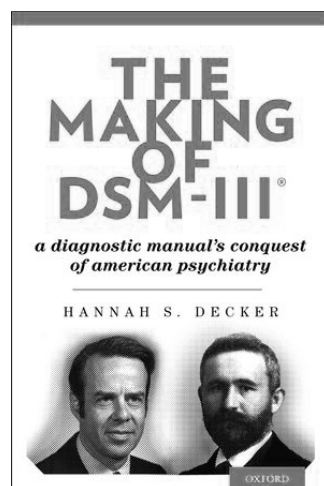
The Making of DSM-III: A Diagnostic Manual's Conquest of American Psychiatry

By Hannah S. Decker
Oxford University Press USA. 2013.
£35.99 (pb). 466 pp.
ISBN 9780195382235

This book describes the history of the most important edition of the American Psychiatric Association's diagnostic manual: DSM-III, which came out in 1980, was a truly revolutionary document. Decker puts this story in a wider historical context. American psychiatry faced criticism from many quarters, including colleagues from other specialties, and felt particularly vulnerable about the reliability of its diagnoses. Only a few academics, most of whom worked at Washington University in St Louis, had focused on these issues.

The main character in this book is Robert Spitzer, a Columbia University professor whose portrait is next to that of Emil Kraepelin on the cover of the book. Spitzer adopted the views of the St Louis group, namely that in the absence of biomarkers, psychiatric diagnosis has to be made on the basis of systematic observation and phenomenology. Spitzer, a former psychoanalyst, had moved into psychometrics, but was also a brilliant politician. Often under attack, particularly from psychoanalysts, Spitzer almost always emerged victorious. The new system replaced prototypical descriptions (still to be found in the *International Classification of Diseases*) with algorithmic criteria that had the potential to make diagnosis more reliable. The DSM system was a convenient way of classifying disorders that were poorly understood (and remain so). It was never intended to be a treatment manual, although it has often been used that way, with clinicians conducting routine symptom checks instead of exploring life histories. As biological theories came to dominate the American system, that problem has not got any better.

Decker has gone to primary sources and interviewed key players to find out how decisions were actually made. What makes this book outstanding is its analysis of medical politics. We would like to believe that diagnostic manuals are based on empirical data. In psychiatry, this is not yet possible. Decker's book shows how outcomes often depend on which physicians are most influential and powerful.

This story is also highly relevant in view of the recent publication of DSM-5, which ignited a story of controversy that was also based on medical politics. While DSM-5 is not radically different from DSM-III, every change stirred up a storm of disagreement. It remains to be seen whether the upcoming ICD-11 system will produce similar levels of criticism. It also remains to be seen whether the research domain criteria proposed by the National Institute of Mental Health offer a viable alternative. It is likely that the diagnostic system cannot become more valid until research illuminates the true causes of mental disorders. In summary, this book tells a story that was relevant 35 years ago and remains relevant today.

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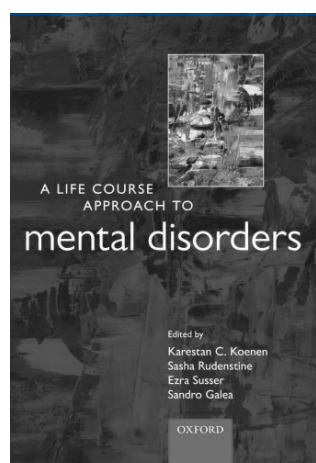
A Life Course Approach to Mental Disorders

Edited by Karestan C. Koenen, Sasha Rudenstine, Ezra Susser & Sandro Galea.
Oxford University Press, 2013.
£44.99 (pb). 336 pp.
ISBN 9780199657018

The life course approach to physical health has been modelled in previous publications by Oxford University Press; this is the first book to apply the concept to the theory of the development of psychiatric illness. From the effect of population-wide lead levels on the prevalence of schizophrenia, to the genetic risk factors for starting smoking, this book provides a wide-ranging critical overview of current theories and evidence for the aetiology of common mental disorders. The approach – part epidemiology, part sociology, genetics, public health, psychology, child development, and more – appears to be uniquely suitable when analysing the complex reasons why people develop mental illness.

For example, in chapter 6 the aetiology of schizophrenia is discussed in depth: genetic risk factors are analysed; maternal lifestyle and illness in pregnancy addressed; childhood cognitive development discussed, as well as biological and social factors; and later-life risk factors analysed. Contributing data are critically analysed, and include recently published prospective cohort data and large population-based studies, as well as twin and retrospective studies. A similar approach is taken to each mental illness in turn, in each case thoroughly and clearly presented.

The most involving chapter is the final conclusion, which outlines the few published studies of interventions aimed at the