

Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

Child Protection and Adult Mental Health. Conflict of Interest?

Edited by A. Weir & A. Douglas. Oxford: Butterworth-Heinemann. 1999. 211 pp. £16.99 (pb). ISBN 0-7506-2904-5

This is an important book. The editors are managers and directors of Home Counties-based children's and community services, respectively; and planners and providers of mental health, child mental health and child protection and placement services should have it on their bookshelves. This book should be part of relevant training programmes. It should be read and used for teaching and debate, not because it is perfect, but because it is almost the only publication of its kind in a field which deserves far more focused planning, audit and research. The range of contributors reflects this; they include adult and child psychiatrists, a policy director, psychologists, managers, the Chief Executive of the Central Council for Education and Training in Social Work, practitioners in that field and a director of housing and social services.

A recurrent theme is the need for multi-disciplinary planning for children and adolescents at risk of abuse or neglect, which evaluates the incidence and prevalence of mental health problems and needs in their care-givers, balancing respective needs and risks in a coherent, reasoned fashion enabling joint evaluation of each decision made.

Of course, this does not happen. At governmental level, mental health, social services and educational legislation have been enacted over the past decade without appropriate interdepartmental planning. The Children Act and mental health legislation lie in separate parts of the map, with few routes between them.

The same thing happens on the ground. Bernard (Chief Executive of the Central Council for Education and Training in Social Work) and Douglas (an executive director of community services) comment in Chapter 11 that mental health staff may be unable to obtain a quick response from a

local child care team because "the mental health emergency may not appear to be a child protection issue. Similarly, a child care team may try to arrange for an approved social work assessment of a family member, believing that parental mental health problems are critical to family functioning. To the mental health team, these problems may seem minor and not constitute an emergency. At its worst, action can take days or even weeks to negotiate between the relevant teams". Audit of such practices seems the bottom line in terms of future achievement, and this will be even more difficult to establish than is audit within individual overpressed agencies.

With regard to psychiatry, Lau (Chapter 9) writes of the need for service managers to address current splits in service delivery in which those for adult mental health and child and adolescent mental health services are often separate. This rings bells with anyone in the latter speciality: all of us work in services which at best obtain 5% of the adult mental health budget and which, although we try to embrace multi-disciplinary work, are hindered by the structural and legal anomalies in relation to social services. We are hindered even more by the lack of longitudinal training for psychiatrists across the age range of our patients. Lau writes: "Service specifications for mental health services must include screening and identification of the mental health needs of dependent children in a family where the parent is mentally ill". This is hardly controversial: it is simply not addressed adequately in current practice and planning. There is a useful perspective from consumers, though this reflects adults rather than children; as ever, their voices remain distant and elusive.

There are a number of useful protocols, provided by specialist local services such as those in Bath, Lewisham and Hackney. Kumar provides an excellent chapter on the assessment of infants and mothers at the Maudsley Hospital.

All in all, it is extremely surprising to realise that this is a pioneering book which

requires and advocates collaboration between professionals from the fields of health and social services. This is hardly an original message, given that it is writ large within every Part 8 inquiry on child deaths and serious injury as required by the Children Act 1989, and each inquiry into homicides by mental health patients. Nevertheless, the message needs repeating and this book is a refreshing contribution to a field of study which is aiming to improve audit practice rather than to learn from tragedies after the event.

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Cross-Cultural Practice with Couples and Families

By Philip Brown & John Shallett. New York: Haworth Press. 1997. 204 pp. US\$24.00 (pb). ISBN 0-78900308-2

This American book outlines the complexities of working with people of different cultures from the perspective of a family therapist. It consists of 12 essays, some of which explore issues pertinent to working with people of specific ethnic groups, for example, Native American and African American people. Some are more anecdotal in nature describing specific experiences of therapists working with people of different races, the remainder are more 'scientific' – measuring therapists' attitudes and knowledge of the cultures of the peoples with whom they work.

Although much of the specific information provided is peculiar to the US and therefore would be more useful to North American than to European therapists, this book emphasises the importance of acquiring knowledge and understanding of the history and culture of different races and using this knowledge to facilitate a more effective therapeutic relationship. This skill is clearly of great importance and relevance to those of us who work in ethnically diverse areas such as inner cities. In addition some of the subtleties of the relationship between the therapist and the patient are explored, for example, the effects that both race and gender might have on the therapeutic

relationship not only from the perspective of patients, but also from that of therapists. Necessarily the impact that stereotyping and prejudice has on this is heavily emphasised.

This is an easily read book which highlights the importance of empathy gained through the knowledge of others. Although written from the point of view of social workers many of the conclusions drawn are pertinent to anyone working in the field of mental health. Although possibly not 'essential' reading for trainees, I would certainly recommend inclusion of the book in any hospital library. Having read it it made me rethink some of my assumptions and attitudes about the families with whom I work in inner London.

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Cognitive Vulnerability to Depression

By Rick E. Ingram, Jeanne Miranda & Zindel V. Segal. New York: Guilford. 1998. 330pp. £26.50 (hb). ISBN 1-57230-304-2

The authors overview existing theories and research addressing cognitive vulnerabilities to depression. Models include Bowlby's development of Adler's hypothesis that anomalies in early attachment (especially uncaring and/or overprotective parents) generate internal working models or cognitive 'schema' that negatively shape processing and interpretation of interpersonal interactions, so inducing and/or maintaining depression. To most clinical psychiatrists, schema models are intuitively appealing, both seemingly confirmed by many patients' reports of their core beliefs as well as allowing common sense therapeutic application. As a consequence, many psychologists and psychiatrists run the theory up the clinical flag pole every day of their professional lives – and despite increasing questioning about the efficacy of cognitive-behavioural therapy (King, 1998).

There is, however, a problem. The theory, not for the first time in the history of psychiatry, resists empirical confirmation. If, as many cognitive therapists have claimed, negative schema are latent constructs intrinsic to those who develop depression

and activated by key life events (particularly ones that mirror early adverse events), certain consequences should follow. Some can be noted.

First, prospective studies of those with or without negative cognitive schema should predict onset of depression in the former group when mirroring life event stressors are experienced – a specificity model. Such studies do not appear to have been conducted.

Second, patients with depression in remission should, when 'mood-primed', differ from subjects who are not depressed by the evidence of dysfunctional cognitive patterns. While generally confirmed, such findings do not establish the existence of cognitive schema – as such patterns could equally be a consequence of the state mood disturbance. Third, any such mood-priming should induce consistent schema, an issue apparently not pursued by researchers.

Fourth, returning to the Bowlby hypothesis, if certain parenting behaviours dispose to depression, recall of those behaviours might be expected to identify cognitive vulnerabilities, and the authors note an interesting priming strategy (use of the Parental Bonding Instrument) offering some preliminary support.

Most importantly, patients with depression should, when euthymic, be more likely than subjects who have never suffered from depression to show evidence of ongoing cognitive vulnerabilities. The authors consider the now very large bank of such studies which, almost without exception, fail to reveal such differences. This could reflect over-reliance on two measures which may or may not measure core beliefs and schemas – the Dysfunctional Attitude Scale and the Automatic Thoughts Questionnaire. If not reflecting methodological limitations, and such schema are only evident when an individual is depressed, it is hard to argue for their status as vulnerability factors. The rule of parsimony might then argue for 'schema' as more reflecting state nuances of a depressed mood, a possibility conceded by the authors but rather unconvincingly rejected. Thus, they dismiss a significant challenge to the cognitive *Zeitgeist* with the *ex cathedra* statement that there exists "compelling theory and research suggesting that there are important cognitive factors at work in the onset and maintenance of depression" (p. 66). This trifecta of faith, hope and charity is akin to arguing that the Emperor cannot be regarded as naked as he has a

large wardrobe at home. Thus, cognitive schema currently appear to have a 'ghost in the machine' status. Schemas, formulated as being 'dormant' or 'latent', thus occupy a position which allows a range of explanations for their 'now you see them, now you don't' status, and which risks being all explanatory. Is it not time for definitive proof of their status or conceptual repositioning – at least as vulnerability factors to depression? Perhaps they have greater relevance to the anxiety and personality disorders rather than to the depressive disorders. If not, why not?

The authors assume that their readers have no knowledge base – at least about depression, cognitive schema, model-testing paradigms or the applied studies. Therefore, this is an excellent reference for students seeking such a primer and a review of the field, but somewhat frustrating to those who have followed the field and who will be impatient for the authors to cut to the chase. The authors impress as 'true believers'; somewhat mystified by the lack of confirmatory research. Rightly so. While this book seeks to inform, its careful preparation raises more questions than answers. That is a noble outcome for an academic product, and worthy of being applauded.

King, R. (1998) Evidence-based practice: where is the evidence? The case of cognitive behaviour therapy and depression. *Australian Psychologist*, **33**, 83–88.

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Panic Disorder

By D.J. Nutt, J.C. Ballenger & J.-P. Lépine. London: Martin Dunitz. 1998. 237 pp. £49.85. ISBN 1-85317-518-8

Around half of this book (116 pages) consists of chapters outlining neurobiological theories and drug treatment. The remainder outlines psychological theories and treatments of panic disorder.

The neurobiological perspective is comprehensive. Data are presented from recent radioactive ligand single photon emission computed tomography (SPECT) studies which suggest that alterations at the