Clinical Governance in Mental Health and Learning Disability Services: A Practical Guide
Edited by Adrian James, Adrian Worrall & Tim Kendall. London: Gaskell. 2005. 376pp. £35.00 (hb). ISBN 1904671128

As stated in the Foreword to this worthy book, many of the qualities of clinical governance are difficult to assess and, although attitudes towards it are positive, its implementation requires much skill and commitment. The challenge for the editors of this book was to assemble a volume that engages, informs and is above all else practical and usable. The approach taken is appropriate and straightforward. The book is constructed from four parts. The first describes the concepts of quality in the National Health Service (NHS) since its inception and since the introduction in 1997 of clinical governance. The second part lays out the operational structures required to move the enterprise forward. This meaty section highlights a number of underlying tensions. Why does clinical governance struggle to gain a foothold on the agenda of so many NHS trust boards? How will the original concept of clinical governance as a tool to ensure continuous improvement of services survive the shift from the Commission for Health Improvement (CHI) to the Healthcare Commission, with its emphasis on the inspection and monitoring of key performance indicators, how few of which are clinical outcomes? Sandford’s prediction that ‘over time, the relationship between good clinical governance, patient outcome and public health may become clearer’ (p. 73; my italics) is probably insufficient to sustain the engagement of clinicians and clinical teams.

The third section discusses eight ‘key elements’ from the involvement of service users through risk management, appraisal and clinical audit to inter-agency working. Each chapter stands independently as a basic primer often with some excellent yet simple advice on ‘making things work’, for example on risk management and clinical audit. There are many hidden gems, for example, Mary Lindsey’s tabular ‘good and bad organisational practice in relation to policies and procedures’ (p. 167).

The fourth and final part attempts to locate the ordinary clinician and clinical team in the overall picture. Many of the chapter authors regard the clinical team as the central engine of clinical governance. After all, at its most basic, clinical governance must be about those involved with services being able to describe what they do, how they know it works and how improvements will take place. Far from easy, particularly if Briscoe’s appraisal of the state and future of clinical information (systems) is correct (chapter 17).

Taken overall this book serves as a good comprehensive guide to contemporary (quality) management in the NHS. There is something here for many different consumers, from trainees (it will be an invaluable aid in teaching and supervising trainees for many of the non-clinical competencies) through to recently appointed clinical directors. There is some overlap in content between chapters, but frequently this gives an opportunity for the expression and consideration of different approaches to the same processes. Perhaps, though, a loose-leaf format would have provided better opportunity to keep abreast of policy change. Consider how quickly the CHI has come and gone!

The absorption and use of this guide will enable the commencement (if not already begun) of the cultural shift necessary to make the consistent and dependable delivery of high-quality services that is at the heart of clinical governance happen.

Nick Brown Consultant Psychiatrist, Birmingham and Solihull Mental Health NHS Trust, Lyndon Clinic, Hobs Meadow, Solihull B92 8PW, UK. Email: nicholas.brown@bsmht.nhs.uk

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Neurodevelopment and Schizophrenia

Over the past 10 years there have been many advances in the field of neurodevelopment and psychiatric illness, particularly as applied to schizophrenia. In this update of an earlier text (Keshavan & Murray, 1997), the editors attempt to take stock of the literature from basic sciences and
clinical studies and to incorporate information from psychology and that concerning the role of social and environmental factors. The book is written with the aim of informing and stimulating both researchers and clinicians.

The text is set out in four parts, beginning with ‘Basic aspects’, which concerns the determinants, trajectories and aberrations of normal cerebral and cognitive development. This section contains information on normal brain development rarely included in other texts, and continually links the information to a clinical context.

The second and longest part, ‘Etiological factors’, is a more heterogeneous mix. There are focused chapters on glucocorticoid involvement in psychiatric disorders and velo-cardio-facial syndrome as well as more general chapters on nutritional factors, early environmental risk factors, drug misuse and the social environment.

Part III, ‘Pathophysiology’, concerns the neurochemistry, neuropathology and neuroanatomy of schizophrenia. This section also includes information on neurodegenerative models and addresses the diagnostic specificity of findings.

The final part, ‘Clinical implications’, provides a clinical context to the whole volume, with chapters on identification of individuals pre-schizophrenia, high-risk studies and early intervention. The brevity of this section reflects the relative scarcity of evidence in this field and suggests that the translation of basic science and clinical studies into clinically meaningful interventions is probably some time away.

This is a generally well-written, referenced and illustrated text of research in the field of neurodevelopment and schizophrenia. It tackles a considerable literature: from normal development to aetiology, pathophysiology and potential clinical applications. Diagnostic specificity is considered at several points throughout the book and the potential usefulness of alternative endophenotypes is also well deliberated. Unfortunately, the relative lack of current medical applications will probably limit the book’s appeal to clinicians. Nevertheless, it is an excellent reference text for research in this rapidly developing field.


Andrew M. McIntosh Lecturer in Psychiatry, Division of Psychiatry, Royal Edinburgh Hospital, Edinburgh EH10 5HF, UK. Email: andrew.mcintosh@ed.ac.uk doi: 10.1192/bjp.189.1.88a
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