The involvement of service users and patients in healthcare generally has gathered momentum over the past few years, so this book is timely. It covers the many different features of mental health service user involvement, from joint decision-making on personal treatment plans to service user-led research projects. About half of the chapters are about the history and policy of aspects of service user involvement, with contributions from user groups; the rest are user narratives giving examples of what in terms of participation allowed them to start on their recovery journey. The book was written as a collaborative venture between academics from London South Bank University and several groups of service users.

The book is based around the English National Health Service (NHS) mental health services and may not even fully translate to the rest of the UK, let alone further afield. The chapters I found the most interesting and informative were those on the group Advocacy in Action, the chapter on listening to young care-leavers and the one on the creative involvement of service users in the classroom. Although it never explicitly says so, the book does highlight the difference between participation as therapy and user involvement to get a project done as a co-professional with tight deadlines and limited resources. I would guess that the majority of this book was written before the start of the recession.

These days, given government policy and National Institute for Health and Clinical Excellence guidelines, involving mental health service users in decisions about their own care should be a given. And if service users are involved in service redesign, engaging them early and agreeing the limits of their contribution (these are always there) is only the courteous thing to do. That we still need to be reminded about this is rather sad.

The book has some inadequacies. It assumes a high degree of knowledge of the English mental health system and, although acronyms are explained at some point in the text, anyone who is dipping in and out rather than reading through may find the mentions of SLAM (South London and Maudsley Mental Health NHS Foundation Trust), CPA (care programme approach), MIND (a mental health charity) etc., quite confusing.

This is an interesting book and I would recommend it to service users who are near the beginning of their recovery journey and to professionals who are new to working in the NHS, especially if they have come from more corporate jobs. It is easy to read and each chapter finishes with a list of useful tips. However, it seems to say that service users always need to be treated as if they are fragile and unable to take being treated as proper equals, a view I would disagree with strongly, as would many other service users I work with.

Recovery is probably the most important new direction for mental health. It represents the convergence of a number of ideas – empowerment, self-management, disability rights, social inclusion and rehabilitation – under a single heading that signals a new direction in services.

This book was originally published in German. The translation has been revised, with some new material added and references amended to reflect the English-language literature. The authors set themselves the ambitious task of providing a text that will be a useful resource not only for mental health professionals but also for professionals from other health-related areas as well as people with lived experience of mental health problems and carers. In this the book is only partially successful. There is a huge amount of information describing concepts of recovery and also examples of how the concept has been put into practice around the globe. For those with an interest and some knowledge of recovery, the book provides a treasure trove of bite-size chunks of knowledge and theory. What the books lacks, however, is a coherent sense of structure, which limits its accessibility and usefulness for readers needing a basic grounding in recovery theory and practice. For example, although chapter one, ‘Recovery: basis and concepts’, starts with Anthony’s elegant and succinct definition of recovery, it then runs to nearly 50 pages taking in such diverse areas as political strategy, resilience and health promotion. Subsequent chapters follow a similar pattern, with wildly diverse subjects grouped together, some of which appear to have only a tenuous link to recovery concepts. The references, however, are useful and eclectic, and include a significant number of European authors, reflecting the book’s German origins.

This is certainly not a book for everyone and is unlikely to bring many new converts to the ideas of the recovery model. However, for those who are already knowledgeable and enthused...
by the concepts, it provides a useful information source, albeit one which is most likely to be dipped in and out of rather than read from cover to cover.

Is the subtitle here an oxymoron? I thought about this for some time. But that was before I started to read. Then the question became redundant as the real worth of this volume shone through. It is part of the Forensic Focus series which, as the introductory note states, ‘takes the field of Forensic Psychotherapy as its focal point.’ This, I would argue, is not really the case here, as I believe both the series editor and those responsible for this particular number might agree. There are thought-provoking chapters on ethical difficulties associated with the delivery of psychiatric care in prisons and a fascinating one on the use of language in penal settings. But what the book does do, to my mind at least, is represent a significant achievement and a milestone in writing about the practice of psychiatry in what can at times be the most difficult of environments.

The book’s format makes it easy to read and there is relatively little repetition of material, which is no mean feat where multiple authors are involved. In the few instances where repetition does occur it is actually appropriate and helpful. The chapters are kept short, one suspects intentionally, and very much to the point. As a consequence they are packed with information, both theoretical and practical in most instances. Subjects covered range from prison history, present-day service structure and processes; through health screening, suicide, substance misuse, healthcare and therapeutic regimes, and the production of reports; to the prison history, present-day service structure and processes; through health screening, suicide, substance misuse, healthcare and therapeutic regimes, and the production of reports; to the various offender groups, consent to treatment, capacity and the UK Mental Health Act. There are particularly valuable and interesting contributions on hunger strikes and food refusal as well as deaths in custody. There is some variation in style from section to section but not in a way that detracts from the content. I was a little uncertain about the chapters offering an international perspective as they relate only to the USA and New Zealand. That said, what makes this book so powerful is that all the contributors have in the past worked, or still do, right at the coalface, thus imbuing the writing with a sense of credibility and authority.

I would hold that this book should be read by any psychiatrist who has worked, or intends to work, in a prison, as well as by anyone commencing training or already working in the forensic field. It will not lessen the challenge but will surely offer a firm foundation from which to start.

This book started badly for me. It got better but, let down by the variable quality of the contributions, left a sense of disappointment at the end. The cover shows two miserable and poor-looking Black children surrounded by a group of Black adults staring at them. When my 12-year-old daughter looked at this cover and said, ‘Oh those poor African children, I feel sorry for them’, I thought, ‘Oh dear, another book that paints ethnic minorities as backward, with their children in need of saving’. But as I started reading I was pleasantly surprised to find a much more nuanced analysis.

The book tries to shed light on recent distressing revelations that have hit the headlines in British papers about the (sometimes fatal) abuse of children who have been accused by their carers of being possessed by dangerous demonic powers. Bringing together contributions from academics from social sciences, psychiatry and anthropology backgrounds, with traditional practitioners, social workers, police and others is both a strength and a problem in this book. It is a strength for the breadth of different perspectives, but a problem because the accounts vary considerably in style, scholarly evaluation and quality of writing, making it difficult to put the book down having arrived at some coherent understanding of the topic.

Many of the contributions come from two conferences organised by ‘Inform’, an organisation based at the London School of Economics and Political Science and supported by a number of organisations including the British government, with the aim of providing information about minority religions, faith movements and spiritual communities. The book is divided into three parts, each with several chapters. The first part, ‘The meaning of possession’, looks at ‘possession states’ in different traditions and how these have changed historically across cultures. The second part, ‘Possession as contact with the divine’, includes personal accounts of becoming ‘possessed’ by ‘supernatural’ entities. The
This latest book from Janet Treasure exemplifies practice-based collaborative research hand in hand with evidence-based practice in eating disorders. It bridges the dangerous gap between adolescent and adult services with an integration of the best understanding from both sides and draws on work from the addictions, psychoses, obsessive–compulsive disorder, genetics, cognitive psychology, and a range of psychotherapeutic models. The authors have also learnt from patients and carers. Both this book and its predecessor, Skills-Based Learning for Caring for a Loved One with an Eating Disorder, can be read by professionals as well as lay carers without feeling either patronised or mystified.

Overall, I think the book strives to reach a balanced view, neither minimising the potential dangers of children being accused of possession or witchcraft, nor exaggerating the likelihood of this happening and always striving to keep this phenomenon within a broader context. It seems that it is relatively new and something that has developed in the context of some communities struggling with severely disrupted social and community cohesion.

A chapter on pregnancy and parenting includes a useful list of parenting strategies from mothers who have suffered from eating disorders themselves and another chapter emphasises fathers’ contributions. Two excellent checklists are also included, which I shall use with all our families henceforth to highlight the particular traps that eating disorders set for us all.

A young doctor summarised in the BMJ her experience of anorexia in a single word, isolation. Here, in 300 pages, is the wisdom of a clinical and research community urging us to collaborate in the task of bringing patients and families back into human society.


In Mental Capital and Wellbeing, Cooper et al provide a road map of how society can optimally harness the creativity and mental capacities of its individual members if they (countries and persons) are to be competitive in the globalising, technology- and market-driven world of the 21st century. This is an excellent compendium of papers written to inform policy and practice at the levels of government, industry, academia and the professions in medicine, health and the social sciences.

The volume presents the Foresight Mental Capital and Wellbeing Project (a UK project in the Government Office for Science) set up to advise the government and the private sector on how to achieve the best possible mental development and well-being for everyone in the UK (www.foresight.gov.uk). The project sought to generate an understanding of the science of mental capital and well-being and a vision of the size and nature of future challenges. Analyses of strategic options for addressing the future challenges were conducted and an action plan developed. For background, the project drew upon current research and commissioned reviews of the state of the art in medicine, biology, psychiatry, psychology, technology and social science.

Mental capital is defined as ‘the totality of an individual’s cognitive and emotional resources’, and mental well-being as ‘a dynamic state in which the individual is able to develop their potential, work productively, build positive relationships . . .
Mental capital is likened to financial stock that can be nurtured and accumulated throughout life, but which also alters through life in a trajectory-like fashion. Mental well-being facilitates optimal and judicious use of the capital so that it is not depleted. The papers in the volume detail the best available evidence of how best to nurture and accumulate mental capital at the level of the individual and community, and how to best put these to judicious use, mindful of subsisting challenges and likely future ones (i.e. drivers of change; e.g. an ageing population, technology innovations in the workplace, immigration, changes in the physical environment, the global burden of depression). Five broad areas are subsumed under mental capital and well-being: mental capital and well-being throughout life, learning through life, mental health and ill health, well-being and work, and intellectual disabilities. The book is organised in sections around the five themes, plus a section for cross-cutting reviews and a conclusion section.

I enjoyed the rigour of the papers, which along with use of strengths–deficits and cost–benefit analysis models, and an integrative and multidisciplinary approach to policy recommendations, help the book deliver on its stated aims. The plea made by the editors for a global effort towards building evidence on the cost-effectiveness of mental capital and well-being interventions charts the way for future work. I would have preferred a more integrated consideration of spirituality as a mental resource. The adoption of a utilitarian and materialist framework is bound also to cause some disquiet. Littlewood raises these and other related issues in his chapter titled ‘Comparative cultural perspectives on wellbeing’. Overall, this is a masterful effort at foretelling using facts and scientific evidence.

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