were a strain to read and might be off-putting to an ambivalent undergraduate passing through their psychiatry placement. My advice to any such student would be to skip to Part 2 where the text comes alive, drawing readers into the narratives of its 22 case studies that range from schizophrenia and mania to the more exotic dissociative fugue. Most cases take about 20 minutes to work through, with the authors guiding you through vignettes with a blend of teaching, Socratic questioning and sage counsel that feels like a tutorial from an encouraging and compassionate senior consultant. Difficult relatives, ethical dilemmas and psychosocial mess intrude, at times unexpectedly, as each narrative unfolds and the small details, such as the religious woman compulsively washing her hands 12 times – once for each apostle – make for engaging and realistic stories.

Cultural, emotional and social issues are highlighted throughout. However, the backbone of this book is unapologetically medical. The first case – a man with panic disorder – sets the tone, with consideration within a few sentences of whether hypertrophic obstructive cardiomyopathy might not actually be causing his symptoms. As a consequence this book, which boldly claims in the introduction's opening gambit that 'psychiatry is the ultimate clinical specialty', has the potential to seize the attention of even the most ardent would-be physician.

Part 3 concludes with ten pages of multiple choice questions, extended matching questions and self-assessment questions for eager students and trainees to test themselves, with the authors continuing their supportive tone in the guidance provided in the accompanying answers.

This book is unlikely to replace the need for a comprehensive psychiatric textbook. Nor will you find yourself taking it on holiday to read by the pool. But if you are in the mood for something educational, engaging and at times even entertaining, and have half an hour to spare, then I would thoroughly recommend putting your feet up and dipping into one of the cases in this excellent text.

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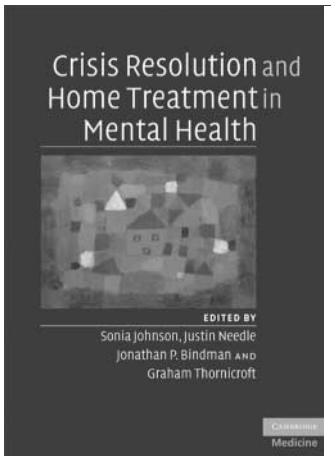

Crisis Resolution and Home Treatment in Mental Health

Edited by Sonia Johnson, Justin Needle, Jonathan P. Bindman & Graham Thornicroft.
Cambridge Medicine. 2008.
£29.99 (pb). 336pp.
ISBN: 9780521678759

The outcome data for crisis resolution and home treatment have always been disappointing in that although outcomes are as good as for hospital admission, they are no better. There are now repeat users of crisis intervention services who may never have had a hospital admission and studying the social outcome of this group may reveal differences. However, there are difficulties in conducting randomised controlled trials of people in crisis and these are discussed.

There is a dilemma about providing treatment at home with a choice between a designated crisis resolution team (CRT), where clients are visited by many unfamiliar faces, and an integrated crisis and community mental health team (CMHT), where continuity of care is ensured but there is no primary focus on gate-keeping and bed occupancy. Future research comparing the outcomes of these two models may yield some useful answers.

Bindman and Flowers in chapter 11 bemoan the fact that CRTs are 'strongly influenced by the medical model and may therefore see their principal role as mainly the delivery of medication'. This is a reductionist view of the original ethos of the home treatment service that I established in 1987 as part of the CMHT and a day care service providing financial, housing and occupational advice as well as a drop-in service. The psychosocial interventions that are necessary to resolve a crisis, in addition to medication, and a very clear guide about how to set up a social systems meeting in the client's home are outlined here.

The experience of two service users treated by the CRTs is informative. They both endorse the availability of a crisis house for short-term respite in addition to CRTs. However, this facility is not available in most places. The proposal chimes with the successful service in Trieste, with its 'hospitality beds', which has been maintained successfully for three decades and is described in detail.

I found section 4 the most interesting one as it examines a number of different models for the management of people in crisis: integration of the team with the CMHT, with day care and various residential services, and also a number of options for the management of older people in crisis. This will encourage readers to consider variations of the CRT model to meet the needs of their specific population.

This is an excellent book and I found it very stimulating. It covers the development of, and evidence for, crisis resolution services, the different models of service provision and the research questions still unanswered. It also has practical information for practitioners and managers who are setting up new services.

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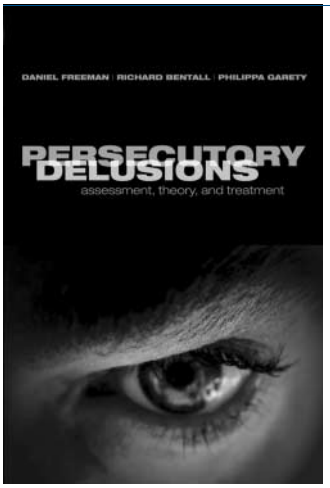

Persecutory Delusions: Assessment, Theory and Treatment

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£32.95 (pb). 328pp.
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Psychopathology has acquired a greater degree of certainty with the application of psychological, biological, sociological, and

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