

more of the reader than do the more forthright presentations mentioned earlier but the conclusions are much the same.

A remarkable consensus emerges from this collection of studies conducted by a variety of methods and in different places. The most pressing need is for better training of family doctors in the examination skills necessary for diagnosis of depressive illness. The challenge to academic departments of both psychiatry and general practice is clear. Teachers of undergraduate psychiatry in particular should be moved to review urgently the content of their teaching on both sides of the Atlantic. For general practitioners and psychiatrists—and especially for trainee psychiatrists—this is a valuable booklet which provides an easy entrance to what has now become quite a complicated and important area of psychiatric research. The lists of references are comprehensive and this modest volume is likely to become a landmark of easy reference. No psychiatric library should be without a copy and the problem of case definition continues to vex.

T. J. FAHY

*Regional Hospital  
Galway*

**Psychological Problems: Who Can Help?** By Hilary Edwards. Leicester: The British Psychological Society in association with Methuen (London). 1987. Pp 86. £3.95

"This book is for you if you are an adult and you feel you have a psychological problem or have been told you have one. It may also be useful for other family members and friends".

"It is not a self-help manual: It won't do the treatment for you, but it will give you some idea of what to expect from your therapist".

The aim is to present a factual and detailed picture of the world of mental health professionals. Accounts are given of the 12 different professionals involved, including a general practitioner, a psychiatrist, a clinical psychologist, a nurse therapist, a social worker and a counsellor. In addition, using case studies, the reader can 'glimpse' the workings of an anxiety management group, a desensitisation programme for a specific phobia, and a behavioural treatment for bulimia nervosa. The final 10% of the text is devoted to a 'spotlight on professional psychologists'.

From a medical and psychiatric perspective, the contents present a highly selective view of clinically important psychological problems. The section dealing with 'some common problems and their treatment' concerns the anxiety management of cat phobia, a severely overweight man, bulimia nervosa, sexual problems, learning to live with diabetes, chronic pain and rehabilitation after a stroke. Moreover, the 'different approaches to therapy' detailed are: counselling; a behavioural approach; cognitive therapy; a psychodynamic approach; and family therapy.

The author explicitly excludes consideration of drug and medical treatments. Nevertheless, there is repeated attention to the desirability of the patient reducing or stopping

minor tranquillisers. Doctors might be interested in the ethical and professional assumptions underlying the following description: "After discussion with the psychologist (the patients) each wrote out a plan for gradually cutting down their tablets. For some this involved seeing their doctor to obtain lower dosage tablets or tablets which it would be easier to cut down... Some continued reducing their tablets after the group had finished meeting weekly".

The scope of the clinical psychologists' enterprise is apparently wide-ranging, and everywhere seeks to supplement, or substitute for, medical practice. Gemma Paris is learning to live with diabetes. Gemma's diabetes was diagnosed when she was 24. Four years later she met a clinical psychologist when she attended an information group for people with diabetes. The group helped her to develop the skills of looking after herself so that she could achieve good metabolic control. She got her diabetes under very good control, but she felt terrible about having diabetes at all. "So she went to see the psychologist... Using cognitive methods she learned to be much more realistic and positive about herself and her diabetes." With the psychologist she set goals for things she would do, like going out socially, and began to enjoy a more fulfilling life. Her more positive attitude was rewarded at work when she got promoted.

Perhaps the most interesting section of the booklet answers some of the questions one might have about clinical psychology. Here the reader learns what a professional is, and about the thorny problems, for psychologists, of registration and chartering. It may come as a surprise to some to find that at the moment anyone can call him or herself a psychologist. The British Psychological Society has applied to the Privy Council for a Charter to set up a *Register of Chartered Psychologists* to provide the public with a professional guarantee of qualifications. I understand that the Privy Council approved the Charter at the end of 1987 and interesting details will no doubt emerge shortly.

The author's postscript emphasises the difficulties faced by people with mental disorders in finding appropriate professional information, advice and treatment. She concludes with the hope that the reader will find the most suitable help and the, arguably appropriate, injunction, "Good Luck".

GREG WILKINSON

*General Practice Research Unit  
Institute of Psychiatry, London*

**Creating Community Mental Health Services in Scotland. Volume I: The Issues.** Pp 132. £5.00. **Volume II: Community Services in Practice.** Pp 134. £5.00. Edited by Nancy Drucker. 1987. Obtainable from Scottish Association for Mental Health, 40 Shandwick Place, Edinburgh EH2 4RT

The publication of these two volumes is timely. The Scottish Home and Health Department and at least two of the major health boards in Scotland have admitted that, despite the various documents in recent years purporting to show a

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**Psychological Problems: Who Can Help?: By Hilary Edwards.  
Leicester: The British Psychological Society in association with  
Methuen (London). 1987. Pp 86. £3.95**

Greg Wilkinson

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