

Treating Violence: A Guide to Risk Management in Mental Health

by Anthony Maden, Oxford University Press
(189 pages; ISBN: 978-0-19852690-2).

Andrew Day
University of South Australia

In this book Professor Anthony Maden argues that mental health service providers have a professional responsibility to consider and respond to the risks that their patients present to others. His argument is persuasive (and the logic indisputable) given the case histories he presents of patients who have, often in the absence of adequate risk management procedures, committed acts of serious violence.

It is not difficult to find things to like about this book. The fluent and entertaining writing style, use of clinical examples, and Maden's willingness to offer a personal opinion makes the book easy to read and accessible to those with little background in the area. It is also informative. Maden has carefully reviewed only what he considers to be key research in the area, enabling the reader to quickly synthesize what is a relatively large, and at times rather dense, literature.

The book begins with the case for violence risk assessment. The opening chapters provide an overview of the current knowledge about the relationship between mental disorder and offending, and risk factors for violence in mental health population. Maden then considers how the risk of violence in the medium and longer term might best be assessed. His approach to risk assessment is pragmatic. Starting from the position that clinical judgment is indispensable to effective risk management in mental health, Maden then reviews different approaches to violence risk assessment before recommending the use of structured approaches, and a personal preference for the HCR-20. He then illustrates how the approach works through a retrospective analysis of cases referred to the UK's

Confidential Inquiry into Suicides and Homicides, presenting a series of case studies in which he thoughtfully discusses how risk assessment might have influenced service responses. The book concludes with a chapter discussing some issues relevant to the attitudinal, legal and ethical context in which risk management procedures might be implemented.

I would like to offer three personal observations about the book. First, for a book with the title *Treating Violence*, there was very little description of what treatment might actually look like. While many of the risk factors for violence and others are considered amenable to change through intervention (including some of those that are listed as historical such as *relationship instability* and *employment*), it was not clear which risk factors should be identified as targets for change in treatment (for example, should 'psychopathy' or 'impulsivity' be considered to be treatable?), and how might mental health teams might go about intervening in these areas (e.g., what types of intervention are recommended to bring about changes in *negative attitudes* or *low levels of insight*). In short, it would have been interesting to see what a comprehensive treatment plan for someone identified as at risk of violence might look like, and in particular how social, psychological, and psychiatric interventions might be integrated and prioritized.

Second, there was little consideration of theories of violent behavior and how these might inform assessment and treatment. The focus of this book is almost exclusively on very serious violent offences, and in particular homicides, committed by mental health patients, and there may be important differences between this group and those who

Andrew Day is Associate Research Professor in Forensic Psychology at the University of South Australia (Andrew.Day@unisa.edu.au).

commit different types of violence (e.g., lower level but more frequent aggression). I would have been interested to learn Maden's views on the ways in which less serious, though still violent, behavior might be assessed and managed and how we should seek to understand and explain this.

Finally, some of the current debates (such as the value of clinically adjusting scores from actuarial risk assessments; the validity of measures for specific sub-groups; and issues relating to the predictive validity of assessments) were alluded to rather than discussed in depth. It might have been useful to direct interested readers to other resources that address these areas in more detail, in case these issues arose in discussions within clinical teams about potential problems with the use of structured tools to assess risk.

Nevertheless this is not a book that is intended for researchers and academics. It has been written for practitioners and will be of most value to those who work in services in which risk assessment and management processes are not well developed. Maden succeeds in his aim of showing how and why the assessment and management of risk should become a routine part of clinical care. I see this book as essential reading for those working forensic mental health, and an important resource for those working in general psychiatry. It would be a valuable addition to the library of every mental health service. I believe it will be of great interest to readers of this journal.