consumer power but inadvertently risk an appearance of co-opting it. For people who experience mental illnesses, it is also a call to exploit political channels. On the individual level, it declares a need for clinicians in the 21st century to continue to reevaluate what we think collaboration really means in pursuit of healing. The playing field—that is, the interpersonal psychotherapeutic field—is being leveled beneath our feet. As clinical administrators, it reminds us that we need to actually listen to our consumers, lest they will begin to go elsewhere.

A qualified frustration concerns the book's presentation and my need to know even more about how these consumers are succeeding. As a person working on the other side of the Atlantic Ocean, I wished that Ms. Weinstein had included a chapter providing an overview of the British mental health system, if only to provide more understanding of how their systems-change efforts could be adapted in the United States. There are brief descriptions of the British system throughout the volume, though so brief that they seemed to serve only as puzzle pieces. For example, the British Department of Health is described as embracing some enlightened policies. Are they effective? What is the national department's power in relation to localities? So, context is important, and the maxim holds that all politics are local. More description would have complemented a particularly lucid introductory chapter by Philip Kemp that examines the societal evolution of mental health service user involvement.

Regardless, this fast-reading book is valuable to understand how personal experiences affect recovery and advocacy. As grounding to educate a new generation of practitioners, I recommend it to trainees and faculty. For the rest of us, clinicians and administrators alike, it is part of the wake-up call.

The reviewer reports no competing interests. ♦

Personal Recovery and Mental Illness: A Guide for Mental Health Professionals

by Mike Slade; New York, Cambridge University Press, 2009, 288 pages, $68

Stephen Thielke, M.D., M.S.P.H.

Did you ever consider, as a mainstream provider, that you were inadvertently doing harm, that your treatments were toxic, that you were treating symptoms rather than people, or that your work might be categorized with Nazi atrocities, the slave trade, and Apartheid? If not, then you will not likely be convinced by this book's claims that recovery will solve most of the problems with modern mental health services. The author, a psychologist and health services researcher at King's College London, while arguing five rationales for recovery (epistemological, ethical, effectiveness, empowerment, and policy) rails against current practices, in particular medications. As he describes the replacement of first- by second-generation antipsychotics, "The winners from this arrangement are pharmaceutical companies, who make more money, and those who prescribe, whose status is enhanced. The losers are patients."

The book illuminates an innovative, promising, and well-researched model of treatment, personal recovery, but the straw man of mainstream psychiatry provides much of the fuel for its flame. In the process, it caricatures psychiatry, and I envisioned a cabal of pill-pushers hunting out opportunities to subordinate marginalized people. The book, while distancing itself in principle from the antipsychiatry movement, intimates that the real problems are not mental illnesses or symptoms but psychiatric diagnoses and treatments. Yet I doubt that any mainstream provider would disavow the tenets of recovery, such as that "People with severe mental illness are people" and that the primary goal is "better mental health, regardless of mental illness." Almost everyone I know who works in mental health tries to live up to these ideals. Yet the author seems convinced that they are antithetical to mainstream practice. The book seeks to convince, crystallize, and catalyze thoughts around the theme of recovery, but it tacitly works to dismantle and undermine the current system, too.

The book sustains a surprisingly prescriptive tone, using lengthy bulleted lists and tables to enumerate all the steps needed to restructure services and change interactions with patients. It would be impossible to follow a large number of these suggestions for improving mental health services. The case studies (largely from Australia and Europe) are interesting and inspiring but often do not map well onto systems and practices in the United States. Many of these recovery-based programs incorporate mainstream approaches, too, and they seem to work well in concert, which raises the question of why we need a reversal of many clinical assumptions to make progress.

When I was a resident, I met Mark Ragins, M.D., and was inspired by his accounts of engaging people sincerely and creatively and his vision of recovery. He made me want to use recovery approaches as a way to become a better psychiatrist. This book posited me instead as part of an intractable problem, the old guard that awaits overthrow. Readers who are already convinced of the insensitivity and illogic of the status quo will find this book a touchstone and call to arms, but those who hope to make incremental improvements will be put off by its antagonism.

The reviewer reports no competing interests. ♦

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