Buy this book and force every medical and nursing student you encounter to read a chapter from it. I suspect it would significantly improve in the future the care that patients presenting to accident and emergency with self-harm receive. While you are at it, share it with your psychiatric colleagues; a reminder of empathy and a deepening of our understanding of our patients can never go amiss. As one of the contributors writes, ‘whatever you learn, get it out there, you never know who might benefit from your own experiences’.

Elizabeth J. F. Hunt is ST4 in liaison psychiatry, Department of Psychological Medicine, King’s College Hospital, London, UK, email: elizabeth.hunt@slam.nhs.uk

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The authors present interesting data on public misconceptions about psychosis. They highlight salient points in early psychosis treatment such as recommended dose of each antipsychotic drug, topics to be covered in peer support groups, strategies for family work and medication adherence. I personally found the chapter illustrating the state-of-art information technology and database design very interesting.

I highly recommend this book to mental health professionals who are keen to establish early psychosis intervention services in other parts of Asia, Africa and South America. The authors carefully insert clinical vignettes throughout the book and enrich its clinical relevance. Mental health professionals working for well-established early psychosis intervention programmes may find the culturally adaptive strategies helpful in their clinical practice. In the near future, I hope Professor Eric Chen and his colleagues may consider writing a book on the neurobiology of early psychosis.

Roger Ho is Assistant Professor and Consultant Psychiatrist, Department of Psychological Medicine, National University of Singapore, 1E Lower Kent Ridge Road, Singapore 119228, email: pcmrhcm@nus.edu.sg

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In this easy-to-read book, ten authentic carer stories of different styles have been collected. Each has different themes, many of sadness and loss, and they describe the roller-coaster ride that most have had to endure until eventually finding stability and some acceptance of the situation in their own and their loved ones’ lives. Tips between carers are shared, especially those of encouraging and steering others towards empowerment both in managing their own, often ignored, needs and to negotiate the fragmented, bewildering and inconsistent care delivery arrangements.

The most notable theme is that of hope. The stories demonstrate the process of finding hope, not a superficial denial of the challenges that lie ahead, but something worthy of respect. This hope is borne in adversity, is effortful and those
who do find it have to overcome years of difficult associations to have future positive expectations.

Another theme is that of the care triangle between service users, carers and professionals. Many speak of how devastating some professional attitudes and practices can be, leaving wounds that take years to heal. Many also speak of positive relationships with professionals that have the capacity to become pillars of strength.

These stories are of heroes, and their own contribution to their relative’s wellness is often under-recognised, overlooked and underestimated. In addition, their own care needs are often ignored as their caring role becomes engulfing. Many require active encouragement and permission to attend to their own wellness. When we as professionals see carers presenting as fraught or distressed, we should honestly ask ourselves ‘What would we do?’ After reading these stories, I am doubtful any of us, even experienced clinicians, would know what it takes to manage some of the situations described, let alone find the peace than many carers achieve.

Debbie Mountain, consultant psychiatrist, Royal Edinburgh Hospital, Edinburgh, email: debbie.mountain@nhslothian.scot.nhs.uk

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