

BOOK REVIEWS

Solution Focused Practice and Mental Health Crisis: Inclusive Support Towards Safety and Hope, Edited by Nick Perry

Mark McKergow¹  ^a

¹ Centre for Solutions Focus at Work (SFWork)

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Solution Focused Practice and Mental Health Crisis: Inclusive Support Towards Safety and Hope, edited by Nick Perry

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Nick Perry is a registered social worker, an Approved Mental Health Professional (AMHP, responsible in law for assessing and potentially detaining patients), as well as a visiting lecturer at the University of Brighton. He has already appeared in this journal writing about his experience of using SFP with young people in mental health crisis (Perry & Goldie-McSorley, 2024). Now he has marshalled solution focused (SF) practitioners from across the UK and around the world to present their experiences in a punchy and accessible way, which is both true to the approach and takes care of the interfaces with other health systems and professions.

This is a somewhat unusual combination. There are dozens of books which present how to do SF work. However, they often seem to fight shy of the differences with other, perhaps more established fields, and they are frequently addressed to practitioners in many areas of endeavour (coaches, teachers, etc). By taking on the challenge of working with mental health crisis situations, where there are laws to consider and other professionals

^a Mark McKergow is the editor of the Journal of Solution Focused Practices and the author of The Solutions Focus (with Paul Z Jackson) and The Next Generation of Solution Focused Practice. Email mark@sfwork.com

in the room (or maybe the next room), Perry positions his account clearly and confidently. He doesn't pretend that he is operating outside the system; far from it. Rather, he and his colleagues stress how SFP can be seen as a humane way to reduce suffering and build hope rapidly and reliably within legal constraints, and bringing colleagues alongside on the journey.

Nick Perry's own introduction chapter sets the tone. Firstly, the book is about Solution Focused Practice (and by extension not about Solution Focused Brief Therapy). SFBT is the root of this work, but many of the cases described throughout the book are not full therapeutic 'treatments' – they are using SFP to rapidly shift a situation. There is no time (or indeed need) for steps inherited from the norms of family therapy (teams, breaks, homework tasks and so on) which were seen as essential to SFBT in the early days.

Secondly, Perry explicitly positions SFP as an ally to anti-racism. He notes an overall commitment to work "in a culturally respectful and responsive therapy process with clients from ethno-racial backgrounds" (Lee, 2003), and how there are still a disproportionate number of people from racialised groups being detained to hospital. He notes that the baked-in not knowing position can promote open questions (and answers) which can challenge assumptions, stereotypes and prejudices. I welcome this explicit stance – it is refreshing to see it expressed explicitly in a professional SF context.

There are many notable chapters. Lauren Jerome, a PhD candidate at Queen Mary University of London gives a succinct and comprehensive account of the uniqueness of SFP starting with brief therapy in 1974. She clearly lists differences with cognitive behavioural therapy and psychodynamic approaches and even finds space to bring in the more recent Open Dialogue movement - quite an achievement in 10 pages, two of which are reference lists. Adam S Froerer (Solution Focused Universe) gives a similarly brief account of why SF is useful for treating trauma, citing neuroscience sources. Guy Shennan, a leading voice on SF and social work, writes about working moment by moment. Evan George (BRIEF) relates the outrage which greeted Steve de Shazer's first big presentation in London in 1992, and speculates on where the approach might go next.

In terms of practical input, Professor Rose McCabe and her colleagues from City St George's University of London present their findings about National Health Service (NHS) staff using SFP with those in mental health crisis. Rayya Ghul and Mark Kilbey write about Take Off, a mental health charity in Kent, England led entirely by service users. Natasha Adams goes up a level and writes about how SFP can not only help young people but can also shape the services and structures within which they are engaged. Luke Goldie-McSorley shares his work as a statutory children's worker and how SFP helps him to be the 'ultimate co-conspirator' in modelling and 'being' hope.

There is a healthy international dimension to the book. Emma Burns (New Zealand) writes about how SFP can align with the processes of procedural justice and help frontline policing. Michelle Orr (Australia) looks about how

SFP can be used to assess and manage suicide risk. Aine Garvey from the Irish NHS draws on a wide range of sources to show how the work can itself help enhance the wellbeing of range of health professionals, teams and supervisors.

Back home, there is a chunky chapter from Dr Nektarios Kouvarakis, consultant forensic psychiatrist with Sussex Partnership NHS Foundation Trust, writes about how SFP can produce a more inclusive and empowering psychiatry. And Nick Perry gives himself a chapter to write about cases from his experience as an AMHP, right at the sharp end of the work with people who have been arrested or detained. What makes the book even more coherent is that the authors refer to each other's chapters, noting where something resonates and is supported elsewhere.

I think this is the most consequential SF book for some time. It feels like a group of leading voices, some very experienced and some newer, taking a collective deep breath. We're here. We're still here after 35+ years. We're building bridges with other professionals without losing what makes SFP both magical and effective. There is so much fine and carefully positioned practice described here – it's both humbling and inspiring. And, in the end, it's not just about mental health crisis; it's about deploying SFP wherever you are and whatever difficult setting in which you find yourself.

More about the book on the publishers website:
<https://www.taylorfrancis.com/books/edit/10.4324/9781003519225/solution-focused-practice-mental-health-crisis-nick-perry>

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