

Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

The Unbalanced Mind

By Julian Leff. London: Weidenfeld and Nicolson. 2001. 168 pp. £16.99 (hb). ISBN 0 297 64640 0



Julian Leff's parents, both committed Marxists and instrumental in the setting up of the British National Health Service, initially tried to dissuade him from studying medicine. They believed that environmental improvements would soon eliminate the causes of disease and so make doctors redundant. This incredible optimism of socially oriented thinkers of the 1950s and 1960s has given way to pessimism about the ability of society to prevent mental illness. This shift was partly due to the increasing encroachment of biological perspectives during the 1980s and 1990s.

Leff's purpose in writing this book is to temper the Orwellian view of the future apparently promised by the supposed increased control over behaviour made available to us by the unravelling of the human genome and the new insights into brain structure and function provided by medical imaging.

The book builds an argument in favour of the importance of social causes of mental illness and in the final chapter uses the tools assembled to tackle the contentious issue of whether the higher rates of schizophrenia found in African–Caribbeans in Britain are due to social or biological factors.

This is an even-handed antidote to biological psychiatry, with Leff content to present data and accept that definitive explanations await further research. For example, the intriguing Dutch National Psychiatric Case Register study, which found that being born and brought up in a densely populated city doubles the risk of developing schizophrenia in adult life, is used, as are all the studies quoted, to illustrate both biological and social theories.

Ultimately, Leff's vision of the future of psychiatry is one that depends not on technical advances in making images of the brain or replacing bad genes with good ones, but on increasing our understanding of relationships between people. He presents a simple formula for calculating the number of relationships generated by the people who are close to us. It is $n(n-1)$. Using this equation, we find that a couple with three children and their partners have 56 relationships between them. Leff argues that no simple one-to-one correspondence between genes and behaviour could encompass the interactions in even a small network of people.

Leff is also influenced by psychoanalytic thinking and he points out that Donald Winnicott once made the challenging statement that there is no such thing as a baby. He meant, of course, that a baby cannot survive on its own but needs the nurture and care provided by other people. So, to look for the causes of mental illness in one brain or gene ignores the social network in which these phenomena exist and is ultimately misguided.

This easy-to-read, erudite and entertaining guide to where social psychiatry is at the moment is essential for anyone involved in psychiatric research or clinical work. Its arguments, ranging from Shakespeare to

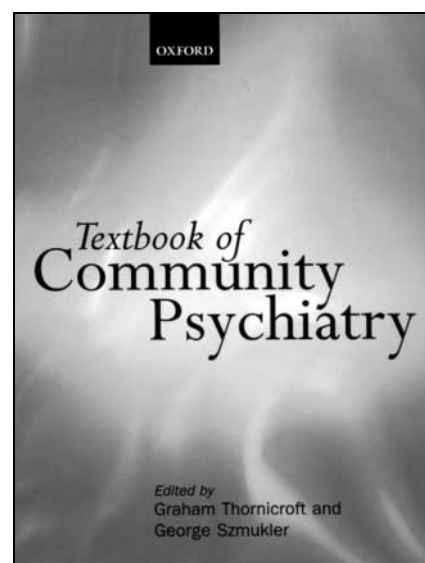
serotonin, left me with the insight that, in fact, there is probably also no such thing as a social or a biological psychiatrist. Psychiatry is too complex to be categorised in this way and this book, unusually wide-ranging for a product from a specialist, explodes the attempts to divide and pigeon-hole the subject.

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Textbook of Community Psychiatry

Edited by Graham Thornicroft & George Szmukler. Oxford: Oxford University Press. 2001. 585 pp. £75.00 (hb). ISBN 0 19 262997 2

Although the editors of this book are to be congratulated on their selection of experts from the USA, Australia and continental Europe, this is essentially a British book with British perspectives and intentions. This is proper, as any system of community psychiatry must operate within constraints arising from the social and historical context. Although there may be similarities in the best form for services in countries with similar structures, there will also be differences, and this makes for uncertainty in the choice of service pattern and provision: what seems to be effective in one country is not necessarily so in another. Given that, it is instructive to compare this text with the impressive volume with a similar theme edited by Douglas Bennett



and Hugh Freeman more than 10 years ago (Bennett & Freeman, 1991). By this test, while the principles of community psychiatry remain very similar, the project has advanced considerably. The definitions of community psychiatry proposed over the years have constantly been reframed to accommodate changing practice on the ground. And the practice is continually modified by competing and complementary value systems, as set out by Thornicroft & Szmukler in their opening chapter.

The book is large: 557 pages of text, 46 chapters. The first section covers the background of the subject in terms of social policy, methodology and epidemiology. The second and longest section describes the service system in exhaustive detail, moving from the practical application of principles through the integration of service components to the components themselves. It is this, of course, that is characteristic of community psychiatry – the fact that it relies on diverse elements acting in concert, hopefully in synergy. In Britain, although in many areas services are still emerging from an age of crass underresourcing, implementation is now sufficient for there to be serious point to debates about the right combination of provision.

One of the major differences over the past 10 years has been the increased reliance on the idea of evidence-based psychiatry. Thornicroft & Szmukler include four useful chapters devoted to the scientific background of community psychiatry. There are, of course, particular difficulties in deciding best practice in community psychiatry, and these chapters make this very clear. Likewise, in the first section of the book is a set of chapters quantifying both the extent and the impact of psychiatric disorders.

The meat of the book is the large number of chapters devoted to aspects of the service system, both its components and the way they meld together. Some of these chapters provide a clear, evidential basis for the choice of service structures, but in others it is apparent that the underlying research is much thinner, usually because it is much more difficult to carry out.

Other chapters point to inherent ambiguities in community psychiatry. For example, Rosen & Barfoot highlight the difficulty of integrating appropriate day care and sheltered work into modern forms of community psychiatry. The book certainly gives a reasonably up-to-date review of the considerations involved in continuing

development of community psychiatric care.

The chapters are mainly authoritative, although some are shorter and more desultory than they need to be. Nevertheless, the editors are to be complimented on an impressive effort. It is certainly useful to anyone involved in the field of community psychiatry. Most clinicians buy relatively few books. However, psychiatry in Britain has a strong community thread, and this book is a useful access point to a very large literature. For this reason, I recommend private as well as library purchase.

Bennett, D. H. & Freeman, H. L. (eds) (1991)

Community Psychiatry: The Principles. Edinburgh: Churchill Livingstone.

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Practical Management of Depression in Older People

Edited by Stephen Curran, John P. Wattis & Sean Lynch. Leeds: Arnold. 2001. 191 pp. £18.99 (pb). ISBN 0 340 76386 8

In the absence of a formal introduction, browsers of this book must rely on its focused title and brief description on the reverse cover to determine that its intended readership is all professionals working with older patients. In the first section old age psychiatrists provide evidence-based overviews and practical guidelines on the prevalence, diagnosis, prognosis, pharmacotherapy and electroconvulsive therapy (ECT) of depression. Thereafter, the roles of primary care professionals, geriatricians, psychologists, nurses and occupational therapists in the management of depression are explored.

Individual chapters start with a table of topic headings, some of which are in the form of clinical questions (e.g. 'What if there is no response to the first-choice antidepressant?') and end with a summary of key practice points. Patients are used to demonstrate management issues, for example relapsing depression ultimately requiring maintenance ECT. Psychological, occupational and social therapies are given due importance, and individual

professionals assert their unique contribution to assessment and management. The convergence of these various assessment methods is acknowledged, but there is limited exploration of the integration of different professional roles within psychiatric teams or with other health providers involved with the patients. Nevertheless, useful guidelines are suggested for those working in primary care and geriatric medicine regarding when to refer on to psychiatric services.

This book will appeal to all professionals with an interest in depression in older people. Old age psychiatrists will value it, not only to steer their own patient management along evidence-based practice guidelines, but also as an indication of the potential of other professionals within the team and as a teaching aid.

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Systemic Couples Therapy and Depression

Elsa Jones & Eia Asen. London: Karnac. 2000. 132 pp. £14.95 (pb). ISBN 1 85575 221 2

This short text forms part of a series of books on systemic thinking and practice. It

