

the birth of the NHS and the burgeoning work of the World Health Organization on primary health care. In England, despite these constant reminders, primary care mental health remains a major 'missing piece' in both health and mental health policy. There has been a relentless focus on IAPT (Improving Access to Psychological Therapies), but we know that primary care mental health is a lot broader than IAPT, yet it is invisible in current policy relating to both primary care and mental health. GPs have expressed concern about the lack of support for people with complex mental health needs, particularly those with medically unexplained symptoms, personality disorders, traumas and complex comorbidities and those who no longer meet thresholds for community mental health teams yet need more support than IAPT or their GP can offer. Perhaps this is another reminder of the change that reinforces the need for this revised version of the book.

This second edition contains 32 chapters, one more than the first edition, and uses the same structure of four parts covering the conceptual basis of primary mental health care, clinical aspects, policy and practice, and reflective practice. All the chapters have been updated, and some new chapters have been introduced on offenders and prison populations, public mental health and the health of GPs.

Chapter 1, 'What is Primary Care Mental Health?', should be read by anyone wishing to know about primary care, that 'messy swamp' which questions our attempts to create an orderly taxonomy of mental disorders and systematic interventions: the grey areas of borderline conditions, multimorbidity and the generalist approach. Some of these matters are revisited in chapter 6, which critically covers the existing concepts of the classification of mental disorders when applied in the primary care setting. Helpfully, Gask *et al* focus on a patient-centred rather than a disease-based approach. Perhaps, however, the next edition should champion a 'person-centred' approach. Chapters 2 and 3 cover the epidemiological and social views of health and illness and raise the importance of community and social inclusion, while chapter 4 provides the important perspectives of patients. Before we forget that the UK system of general practice is only one way of conceptualizing primary care, the chapter 'Primary Mental Health Care in Low- and Middle-Income Countries' offers the reader a clear view of the global importance of primary care.

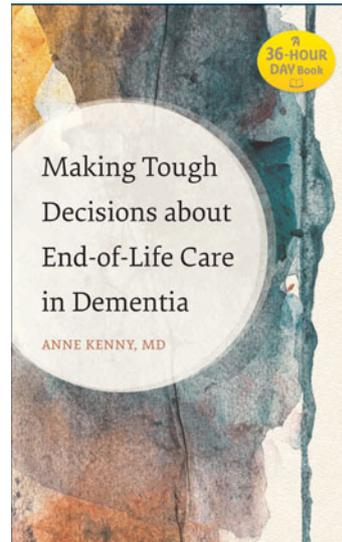
Section 2 of the book has to face up to the problem of how to divide this 'messy swamp', and it opts for an approach based predominantly on broad diagnostic categories, something that the editors apologise for in their first chapter. Nevertheless, the chapters 'Asylum Seekers and Refugees' and 'Offenders and Prison Populations' give a welcome insight into the problems faced by marginalised groups. I would like to see a future edition that includes a chapter on services for people who are homeless.

In the section 'Policy and Practice', the chapters prompt us to remember the exciting possibilities for primary care: population approaches, prevention, multidisciplinary teams, innovative models and pragmatic approaches to psychological therapies. Given this wealth of promise and experience, why have we not done better?

The final chapters give some valuable reflections on practice, and the book ends with a chapter that is a pertinent reminder to the reader of the importance of mental health and well-being in practitioners; remember, clinicians can be patients too.

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Making Tough Decisions about End-of-Life Care in Dementia

By Anne Kenny
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Does psychiatric training equip us with the skills to support a patient throughout their dementia journey? We can competently assess a patient presenting with cognitive impairment: we utilise our expertise to make a diagnosis and employ various strategies to promote living well with dementia.

However, are we skilled at supporting patients and families during the final weeks and months? Do we routinely encourage discussions exploring patient wishes for when decision-making ability is lost? Finally, when these conversations have not occurred, how do we support those who are called upon to make these difficult decisions?

This book is a call to arms, advocating a palliative approach for those with end-stage dementia. Written by Dr Anne Kenny, a palliative care physician based in the USA, the target audience is families and carers, particularly those faced with making decisions after capacity has been lost. Aside from sections addressing the US legal framework and financial implications, the book is still relevant to a UK audience.

This is an easy book to read. Frequent case studies break up the text, and summary sections with recommended action plans concisely conclude each chapter. Although they simplify the difficulties faced, the case studies are representative of typical challenges encountered. They are short but extremely emotive and powerful. As a result, they emphasise the key message: that a palliative approach to end-stage dementia is often not employed but is likely to be favoured by many patients. The book seeks to empower its reader to become the patient's advocate and suggests how a palliative approach might be sought and utilised.

This book has many strengths. It recognises the complex emotions faced by carers, normalising and validating them. It suggests an alternative approach when the standard route has become prolonging life at all costs. However, it also recognises that palliative care is not available or accessible for many. As a psychiatrist, this is the strongest message; we have a long way to go to ensure that all patients with dementia have access to appropriate palliation at the end of their lives.

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