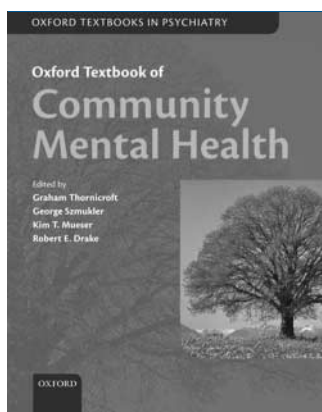


political assumptions and practices. Such praise is careless, not least because the PASOK Socialist Party governed Greece during 1999–2004, the years of Davis' research. The reformed psychiatric services were imbued with Christian and Social Democratic ideals of social solidarity and the welfare state. Indeed, the services were funded and specified by the European Union (EU) as a requirement of Greece joining the Union and to enhance the human rights of people with mental disorder in the country.

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Oxford Textbook of Community Mental Health

Edited by Graham Thornicroft, George Szmulker, Kim T. Muser & Robert E. Drake
Oxford University Press. 2011.
£85.00 (hb). 406 pp.
ISBN: 9780199565498

In the introduction the editors note that 'community mental health care has evolved as a discipline for over 50 years now'. Thus, it seems wholly reasonable to produce a comprehensive textbook dealing with the 'large diversity of perspectives' on community care and embracing a wide range of authors, most of whom are based outside of the UK. In that sense this is a relatively international tome and benefits from this broad-church background, while being a little impractical in terms of what it can offer the general adult community psychiatrist in the National Health Service today. For example, there is a chapter on treatment pressures, coercion and compulsion, which is thoughtful but lacking any details of the Mental Health Act. The recent introduction of community treatment orders (which are not discussed at all) likewise indicates how quickly things change in the swirling pools of community treatment.

In terms of individual chapters and topics, the choice and structure is admirable. Chapters are relatively brief, well organised, have varying lengths of reference lists and cover most of the areas relevant to modern practice. Particularly strong is a section on service components, for example case management, in-patient treatment and crisis and emergency services, which are very much of the essence of the business. Other sections on stigma, policies and assessing the evidence for effectiveness likewise deal with areas in which a summary of the background situation is very valuable. In terms of the latter, the difficulties of measuring whether or not we are doing any good are well outlined, with particular mention of the 'saboteur of setting'. Thus, we cannot discount the extent to which locality often outweighs any generalisability in terms of studies in a given community or a given programme.

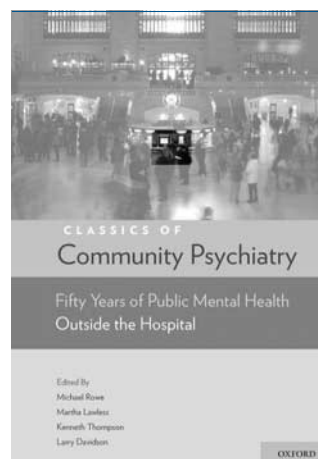
Although the individual components of this textbook, by and large, are appropriate to the topic, there is no sense that this is anything more than a collection of reflective papers,

summarising events and knowledge so far. It is not a call to arms, and while acknowledging the common barriers of stigma and discrimination, as well as funding, there does not seem to be a sense of purpose about why we should keep people out of hospital. The chapter on in-patient treatment is useful and insists that there will 'always be a place for hospital care', but there seems little real awareness of the way in which long-stay patients are building up in other (not officially in-patient) resources, for example in prisons. There is also, oddly enough, no reference whatsoever to the first book on community psychiatry principles – *Community Psychiatry: The Principles* – by Douglas H. Benett and Hugh L. Freeman in 1991. This may reflect a lack of historical appreciation or, perhaps, that modern fragmentations in community care are intrinsic to the recent vibe of modern short-termism in thinking (and reference lists).

In essence, this is a perfectly worthwhile contribution to our understandings of community psychiatry, and individual chapters do serve their purpose in terms of both trainees wishing to learn and consultants wishing to refresh. Whether there is any genuine specialisation required to understand community mental health is, however, a moot point, and there is little acknowledgement of the sheer physical, relationship and local practicalities of making sure that individuals with significant mental illness can be cared for outwith the confines of bricks and mortar. Somewhere in the background the asylums and their imprimatur do still linger, while mentally disordered offenders accumulate in prisons, hostels, so-called 'hotels' and the streets.

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Classics of Community Psychiatry: Fifty Years of Public Mental Health Outside the Hospital

Edited by M. Rowe, M. Lawless, K. Thompson & L. Davidson.
Oxford University Press. 2011.
£50.00 (hb). 594pp.
ISBN: 9780195326048

The debate about care in the community was a psychiatric 'cause celebre' of the 1960s and 1970s. The assaults on orthodox psychiatry from the sociologists, as well as from radical psychiatrists like Thomas Szasz and R. D. Laing, made for colourful presentations, polemical writings and even some research. The term 'de-institutionalisation' was coined in America, while in the UK the beacon was lit by the famous 'Water Tower' speech of the then Minister of Health, Enoch Powell, in 1961. This has all now become another historical country, since the asylums are largely closed, specialist forms of community care have flourished (assertive outreach, early intervention, crisis teams) and getting