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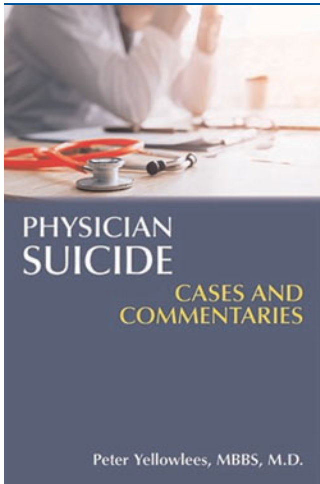
Book reviews

Edited by Allan Beveridge and Femi Oyebode



Physician Suicide: Cases and Commentaries

By Peter Yellowlees Amer Psychiatric Pub Inc. 1st Edition. 2019. £39.00 (pb). 251 pp.
ISBN 9781615371693

Whilst the suicide of any individual has a major impact on families and loved ones, the suicide of a doctor 'is without doubt rather different', writes the American Professor of psychiatry, Peter Yellowlees, in his book *Physician Suicide, Cases and Commentaries*. And indeed, he is right. A doctor who has died by their own hand seems to have committed the ultimate paradox, being a healer and yet not being able to heal their own wounds, of not being able to apply the same tools and techniques they use for their patients on themselves. Often relatives of doctors who have killed themselves are also in the medical field and are left feeling guilty, ashamed and angry that they could not see the warning signs and prevent the act. Despite many protective factors (relatively high income, stable and secure employment, and status), doctors have a higher rate of mental illness and suicide compared to the general population. The reasons for this are multifactorial but are linked to personality (high levels of altruism, perfectionism), occupation (easy access to potent drugs, emotionally demanding job) and professional attitude (fear that exposing mental illness might lead to disciplinary processes). I have been running a mental health service for doctors and dentists with mental illness and addiction problems for more than a decade and – as with Professor Yellowlees – I have had patients who, despite my and my team's best endeavours, take their own life. As with Yellowlees, I mourn them. Yellowlees' book is peppered with the names of his patients; I could also add mine. His book begins to tease out the causes using patient vignettes. For example, Marco, who was addicted to drugs and alcohol; Brent, who had a personality disorder; or Julia, who had depression and fortunately didn't kill herself, but came close to it.

Suicide amongst doctors could be seen as an occupational hazard. Medicine is a difficult job. Patients project their fears of death onto doctors. They demand hope from the medical profession and often have unachievable expectations that the medicines prescribed, and/or other interventions provided, can prevent their untimely death. Doctors are expected to contain these fears and as medicine becomes more advanced, each death is seen as a failure.

Yellowlees explores these issues: the unrealistic expectations placed on doctors; the fears of failure; the constant competition to be the best; and the need to ignore one's own needs ahead of one's patients. The book is well written; each chapter is a little story, focusing on a different patient, with their problem highlighting parallels with the underlying problem leading to the doctor's death. Through this process, Yellowlees presents the evidence underpinning the vignette. This book helps us understand the causes, and one hopes it may show us how to prevent the untimely death of a doctor.

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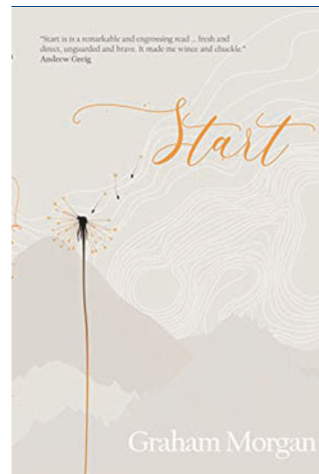

Start

By Graham Morgan
Fledgling Press. 2018. £11.99 (pb). 256 pp.
ISBN 9781912280070

This is a remarkable book. Its author, Graham Morgan, has been well known in Scotland and beyond for many years due to his tireless work for those suffering from mental illness. He is best known for his work with the Highland Users Group (HUG) and now works for the Mental Welfare Commission in Scotland. He was involved in the drafting of the Scottish Mental Health Care and Treatment Act (2003). Ironically, he is now detained under this act on a Compulsory Community Treatment Order and, indeed, was detained for much of the time he spent writing this book.

The book documents his decades of involvement with psychiatric services, the institutions in which they were provided and the individuals who worked in these services, as well as those who used them. Graham himself was given a diagnosis of schizophrenia, which he acknowledges he has difficulty accepting, though he does recognise that he often ends up in hospital when he does not take the medication prescribed. Graham writes vividly and quickly engages the reader. He describes the full range of emotions he has experienced on his journey, including sadness, regret, loss and hurt but also joy and fulfilment. Particularly poignant is his account of the breakdown of his marriage and subsequent separation from his wife and son, whom he has not seen or heard from for years.

Graham's account is characterised by a noteworthy generosity of spirit and his descriptions of his treatment and those treating him highlight this, but also contain much from which clinicians can learn. His thoughts on his ambivalence about his diagnosis and medication are interesting, particularly his comments on pharmaceutical companies which are more nuanced than many would predict – for example, he says: 'if I had typhoid I wouldn't say "I hate these pharmaceutical companies!"'

The book ends on an upbeat note. Graham reflects with gratitude on his current situation and especially his relationships with his new partner, Wendy, her children, and his work. This story highlights that people with severe mental illness can live worthwhile and fulfilled lives. It is a tale which inspires hope. This reviewer not only read this book, but interviewed Graham about it in front of an

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audience of Scottish psychiatrists. A previous Chief Executive of the Scottish Mental Welfare Commission was in the audience; he commented that all members of the Mental Health Tribunal should read this book. They should, and so should many others.

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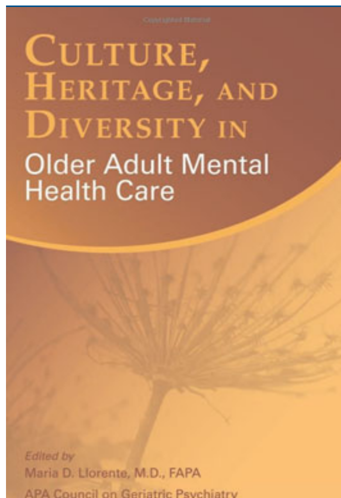

Culture, Heritage, and Diversity in Older Adult Mental Health Care

Edited by Maria D. Llorente
American Psychiatric Association Publishing. 2018. £42.00 (pb). 320 pp.
ISBN 9781615372058

This book provides an excellent aid for students and clinicians who are exploring old age and mental healthcare in the USA. Although it is primarily written for an American audience, this book allowed me (a doctoral research student in the field of dementia and minority ethnic groups in the UK) to gain fresh ideas and challenge views around culture, the elderly and mental healthcare in the UK.

The book is structured into 11 easy-to-follow chapters, which can be used as stand-alone guides, designed to enhance knowledge to apply in practice. Each chapter contains key information around cultural sensitivities and offers solutions to issues that may arise when providing healthcare for each cultural group discussed. The individual sections are devised to focus on different aspects of cultural competency: from the importance of working with older adults to historical changes in attitudes that may affect each group.

Historical changes in attitude and culturally sensitive care are prominent throughout each section of the book. Chapter five emphasises the effect of historical trauma on the indigenous people. This section, although shorter, is significant in highlighting the importance of the indigenous people of the USA and the need to be proactive in providing elderly care for them. Since notable upset exists from past experiences, this discussion captures the need to understand differences in beliefs regarding the traditional healing practices used by older indigenous people so as to incorporate them within Western medicine. There is mention of how building mutual rapport and respect for cultural customs that hold high importance for these individuals improves healthcare outcomes and access to services. The book also recognises that more research and advancement of policies is needed to support mental health treatment of indigenous older people.

All 11 chapters are unique in what they provide but are all central to the theme of culturally competent care and the issues in each identified cultural group. Although no two are the same, there is a set pattern for each, including a series of learning outcomes and definitions of key terms exclusive to that topic. Each section also informs the reader of demographics, migration patterns and changes in attitude over time.

In chapter eight generational differences in young and older lesbian, gay, bisexual and transgender (LGBT) adults are highlighted. There is discussion about the obvious negative societal judgments experienced by older LGBT adults, and how they may have heightened feelings of discrimination, vulnerability and of being misunderstood. The stigma associated with accessing services for older LGBT adults is mentioned, and the high rates of depression, anxiety and suicide are acknowledged. This section expresses the need for researchers and clinicians to initiate dialogue on ageing and healthcare requirements in the older LGBT population.

In each chapter, the prevalence rates of mental illnesses are given, including how each cultural group is affected and the possible solutions/treatments available to them, along with suggestions of what not to say/do in professional practice.

Throughout the book justification is given for each point made, reassuring the reader that the text is evidence based. Each section concludes with a series of engagement tools for the reader to take away: a list of key points, questions on what was covered, web links, reading, films and a series of references.

Acting as a go-to guide with an evidence base covering historical context from beginning to end, this book is thought provoking for anyone interested in understanding how to work effectively in the field of health in contemporary society.

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