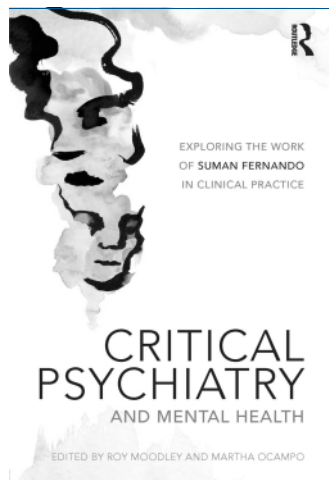# Book reviews

Edited by Allan Beveridge, Femi Oyebode
and Rosalind Ramsay

Critical Psychiatry and Mental Health. Exploring the Work of Suman Fernando in Clinical Practice

Edited by Roy Moodley
& Martha Ocampo.
Routledge. 2014.
£29.99 (pb). 278 pp.
ISBN: 9781138016583

This book deserves a longer review. It sets out to explore the theory and practice of psychiatry (which means Western psychiatry) in relation to race and culture, and the burden of 'otherness' in mental health. It grounds itself in the pioneering critiques of the academic and former National Health Service consultant psychiatrist Suman Fernando, who is of Sri Lankan background. In 2007, Fernando refused an OBE as a protest that the mental health bill then going through parliament would not address the disproportionate rate of compulsory admissions of Black people.

Among the weighty academic figures who have contributed chapters, David Ingleby notes that Fernando's first major book, *Race and Culture in Psychiatry* (1988), started not with a discussion of Black and minority ethnic patients but of 'the culture of psychiatry'– an examination of psychiatry's historical involvement in colonialism and racist practices. 'Drapetomania' was a diagnosis applied to slaves in USA, the primary symptom being a persistent urge to run away. Phil Thomas notes that compelling critiques of biomedical psychiatry originated in those groups most directly affected and constrained by its power – service users, feminists, Black people and those in the ex-colonial world.

Ingleby notes that it is important to distinguish between 'critical' approaches (which ask fundamental questions about the validity of interventions developed for one population being applied to another) and 'technical' approaches (which take the Eurocentric and biomedical assumptions of mainstream mental health treatment as a given and see the provision of services as simply a technical problem). Fernando, Ingleby and other contributors such as Laurence Kirmayer of McGill University, Canada, have critiqued the movement for 'global mental health' as an example of the latter approach. This movement disregards the range of mentalities and systems of value across the non-Western world and the gritty fact that as the source of their problems most people would point outwards, to their poverty-haunted predicaments, rather than inwards to the space between their ears. Fernando calls it the myth of 'global' mental health. The technical approach to health is not essentially different from that used to sell any other goods and services to ethnic minorities or 'third world' countries.

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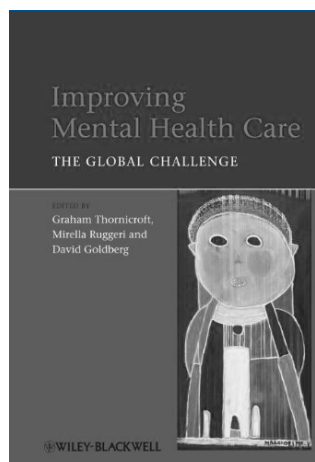
Improving Mental Health Care: The Global Challenge

Edited by Graham Thornicroft,
Mirella Ruggeri & David Goldberg
Wiley-Blackwell. 2013.
£74.99 (hb). 462 pp.
ISBN: 9781118337974

It is difficult to quantify the population burden of mental illness. Many individuals who die prematurely do so from physical illnesses which are recognised in death certification; those who die by suicide may be reported in injury figures. However, it is estimated that in 2010 mental health and substance misuse disorders accounted for 7.4% of all disability-adjusted life years globally. Many affected people do not have access to the treatment they need. This book aims to provide guidance on how mental health services can be provided, bearing in mind the resources available in both high- and low-income countries.

The book is set in four sections. Sections 1 and 2 present various challenges and evidence-based solutions for global mental health, including (but not limited to) the human and financial resource gap, how to build capacity in primary and community care and make an economic case for improved services; the need for research, particularly in low- and middle-income countries; the need to develop understanding of personal recovery, how this might be translated internationally and interventions which have sought to re-focus care workers on patients' personal goals; and ensuring equality for people with mental illness, including employment and access to preventive healthcare. The final section returns to similar themes.

Section 3 was my favourite part of the book. Here, approaches to research are presented including quantitative epidemiological designs, clinical brain imaging and qualitative research techniques. These chapters describe complex and sometimes unfamiliar concepts in clear and engaging ways.

A major strength of the book is the narrative. The book was inspired by and is dedicated to Michele Tansella and the fact that many authors have a connection to him may be part of the reason for it being a cohesive read. However, this may also be considered a weakness in a book about global mental health. Italy (particularly south Verona) and the UK are overrepresented in the pages and 42 out of 67 authors come from these two countries. There are no authors from low-income countries and just one middle-income country is represented (India). This means the reader cannot be certain that perspectives are not missing.

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