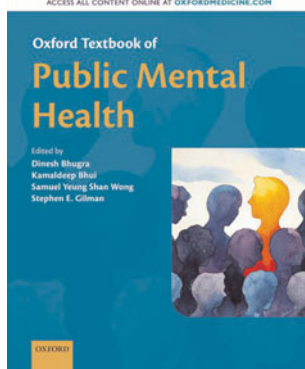# Book reviews

Edited by Allan Beveridge and Femi Oyebode

The Oxford Textbook of Public Mental Health

Edited by Dinesh Bhugra, Kamaldeep Bhui, Samuel Yeung Shan Wong and Stephen E. Gilman Oxford University Press. 2018. 616 pp. £115 (hb).
ISBN 9780198792994

January 2019 saw the publication by the UK Government of an inter-professional and multi-agency Consensus Statement on the Prevention Concordat for Better Mental Health, which has been three years in development. Its focus is cross-sector action, to increase 'the adoption of *public mental health* approaches'. The new *Oxford Textbook of Public Mental Health* should become the standard reference book for trainees who want to adopt such approaches and especially for those who want to understand the evidence that underpins them. I recognise many of its UK authors from the Royal College of Psychiatrists' public mental health network, but there is also strong global input, from every continent (except Antarctica).

The breadth of topics is impressive, from the expected epidemiological and aetiological material to vital areas that most other texts neglect (mental health in relation to housing or work). Secure housing reminds me of Dorothy's magical wish 'there's no place like home' from *The Wizard of Oz*. One of the key *Marmot Review* recommendations to reduce health inequalities was to 'create fair employment and good work for all', and future trainees should learn something about occupational mental health.

There are many fine chapters in this textbook, but in 'The Social Determinants of Mental Health', the suggestion for 'tackling inequity' really resonated with my own experience teaching Masters programmes in both public health and psychology: 'work alongside… agencies with influence over green space and leisure, the psychosocial work environment, and the management of exposures to adversity, conflict, war and trauma'.

For trainees in psychiatry, there are practical sections, like 'Interventions: Types and Places', that cover the whole lifespan and societies with differing cultures or resources. In particular, the evidence for effective prevention of illness for different populations is presented with clarity and balance. One chapter that may prove a valuable resource for a wide variety of public health roles, from health visitor to hospital catering manager, covers 'Diet, Environment, and Mental Health'.

In preparing this review, my hypothetical reader was engaged in UK professional training for the MRCPsych or MFPH qualifications, either as a trainee or a trainer. However, the developing field of public mental health extends much further than the UK. Consider two chapters that have international relevance: 'Social Determinants in Low-Income Countries' and 'Treatment of Mental Health Problems in Refugees and Asylum Seekers'.

The authors of the chapter on low-income countries come from Bangladesh. Even here in England, the mental health needs of women exposed to violence figure frequently in my public health work. But in low-income countries, the widespread pattern of gendered violence means that women have much higher rates of anxiety, depression, suicide attempts and post-traumatic stress disorder than men. These women also have the least access to economic and professional resources. Compounding this gender inequality, low-income countries in South Asia and Sub-Saharan Africa are experiencing massive rural–urban migration. This rapid urbanization increases psychological distress for whole communities.

The authors of the chapter on refugees and asylum seekers come from Italy. They first consider professional engagement with a range of conditions (not just post-traumatic stress disorder but complicated grief and somatic symptoms). They then review the outcomes of 11 randomised controlled trials of treatment in six different countries for adults seeking refuge from a wide variety of conflict zones. In keeping with the rest of this textbook, culturally sensitive practice is promoted – for example, training refugees as counsellors who can offer Narrative Exposure Therapy to others. This chapter ends with a thoughtful reflection on preventing mental disorder among traumatised refugees: 'I would love to see readers of this book develop new, upstream ways to prevent the conflict, victimization and trampling of human rights that drive so many millions to seek asylum, today'.

This book could enrich a variety of practitioners' contributions to the UN's Sustainable Development Goals. It is probably too expensive (and detailed) for undergraduate students. However, I hope it will soon find a place in libraries for health professionals throughout the English-speaking world.

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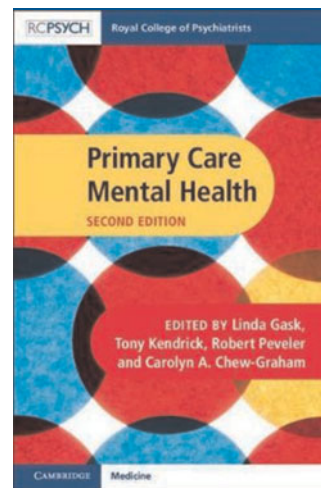
Primary Care Mental Health

Edited by Linda Gask, Tony Kendrick, Robert Peveler and Carolyn A. Chew-Graham.
RCPsych Books Cambridge University Press. 2018. Second edition, 526 pp. £39.99 (pb).
ISBN 9781911623021

Some things never change, despite everything changing around them. In this case, what never changes is the importance of primary care services in the care and treatment of people with mental health conditions. This is the second edition of this book, which I reviewed when it was first published in 2009 and recommended as 'an essential part of reading for trainees as well as for others within the fields of psychiatry, general practice and beyond'. I have not changed my mind.

This revised book provides an important reminder of the growing understanding of primary care mental health in the UK and internationally that took place over the second half of the twentieth century: the developments in general practice in the UK after

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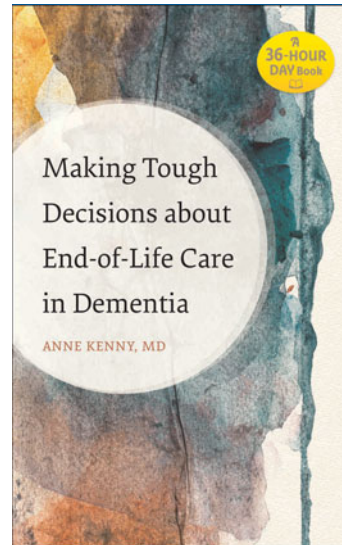
Making Tough Decisions about End-of-Life Care in Dementia

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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