
Book reviews

Mental Health in Black and Minority People: The Fundamental Facts. By NEENA S. RALEIGH. London: Mental Health Foundation. 1995. 48 pp. £9.

British interest in 'transcultural psychiatry', the quasi-academic euphemism for the mental health of Black and ethnic minority people, is now reflected in a College Special Interest Group. Job advertisements for consultants in inner-city areas frequently carry a disingenuous rubric of "opportunities for research in transcultural psychiatry" or even as a "post in transcultural psychiatry".

As a discipline, transcultural psychiatry has been criticised for resting on dubious clinical and academic grounds. Despite its glossy lay-out and extra-ordinary price, this Mental Health Foundation booklet provides an introduction to the current controversies: notably the high rates of schizophrenia identified in African Caribbeans, both among migrants and their British children, but little on the high rates of eating disorders and parasuicide among British Asian women. Those areas where Black people have less illness than White Britons are ignored, despite their potential significance. Despite a large number of published academic papers in transcultural psychiatry (over 300 by my count) and four critical books written for British professionals, this is the first accessible digest: written, one presumes, for patients and their families, and for community workers, journalists and others.

Carefully, at times blandly, worded, the publication pays banal tribute to the current government's policy statements, but sidesteps the more tricky epistemological and political issues. One hundred and eighteen familiar references back up fairly accessible graphs on rates of illness in the larger groups with reasonable conclusions as to the state of professional disagreement. Certain issues are not considered, notably eating disorders, immigration law and the assessment of refugees and survivors of severe trauma, and the issue of 'selection' in migration (whether migrants are possibly not representative of the communities they leave through particular economic or political patterns of migration or flight). That certain minority groups somatise and stigmatise psychological distress is asserted rather than demonstrated, not surprisingly following our virtually complete ignorance of the understandings of self, illness and therapy in any ethnic group, the Whites included.

Racism is acknowledged throughout but with little suggestion of how it intersects with British institutions or with the development of individual self-identity. One limitation is that there is no attempt to evaluate the large numbers of local 'minority mental health' projects which I suspect collapse after a few years' funding, leaving behind reports which are seldom read and which generally repeat the extensive antecedent literature.

Mental Health in Black and Minority Ethnic People will provide a brief but useful introduction to the literature for junior psychiatrists. The Mental Health Foundation is studying whether it will be accessible to users and non-medical groups. Psychiatrists would doubtless have preferred a more nuanced analysis but they are not the intended readership.

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Down's Syndrome Children Growing Up. By JANET CARR. Cambridge: Cambridge University Press. 1995. 202 pp. £17.95 (pb). ISBN: 0521 469333.

Down's syndrome is the most common chromosomal cause of mental retardation. This volume describes the longitudinal study of a cohort of young people with Down's syndrome born in one geographical area of south east England in one year from 1963 to 1964. Fifty-four babies were part of the initial study and were matched with a non-disabled baby. The subjects were first seen at 6 weeks old, then on six occasions until the age of 4 years, and then again at 11 and 21. The book focuses on the data collected at age 11 and 21 years.

The initial aim was to undertake a brief developmental study of infants with Down's syndrome but the project was expanded to be longitudinal and to include effects on the family. Information on the family, services, the management of the individual with Down's syndrome, their behaviour, health and life style were collected through semi-structured interview.

The most striking feature of the study looking at families was the great variability. Few adverse effects were detected as indicated by marital discord and well-being of the siblings. Behavioural problems persisted over time with a tendency for the young person to become easier to manage