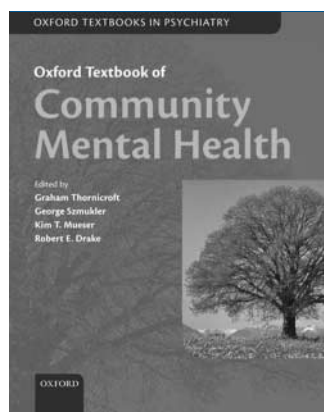


political assumptions and practices. Such praise is careless, not least because the PASOK Socialist Party governed Greece during 1999–2004, the years of Davis' research. The reformed psychiatric services were imbued with Christian and Social Democratic ideals of social solidarity and the welfare state. 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.

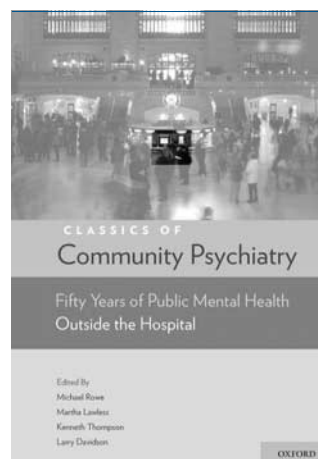
Although the individual components of this textbook, by and large, are appropriate to the topic, there is no sense that this is anything more than a collection of reflective papers,

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

people out of hospital is seen as the key role of those working there. There is still some sense of a mental hospital being a 'retreat', but the intensity of illness now found in acute units was never part of the predictions advocating community psychiatry.

Given that the notion of 're-institutionalisation' is now starting to emerge, particularly via the building of more and more low-secure and medium-secure units, and in the age of risk management, what can we learn about how things progressed to the current state? This collection of 45 'classic' papers, or part of them at least, is a great read, each nicely introduced and many written by the leading lights of the business. Several are selections from books and some are key texts (e.g. Stein and Test on alternatives to the hospital in 1975). However, this is essentially an American collection, with the cultural limitations of that particular society and its relatively unique system of funding mental health services. The two British contributions are from J. K. Wing ('The functions of asylum', 1990) and Thornicroft and Tansella ('Components of a modern mental health service', 2004). Classics like 'On being sane in insane places' (Rosenhan, 1973) are welcome in any culture, and there is a nice outline of the work of Franco Basaglia from Schaper-Hughes and colleagues (1986) that is illuminating indeed. Still, what is the average UK psychiatrist to make of articles on Medicaid cutbacks or 'Soteria – another alternative to acute psychiatric hospitalization', although of course the notion of a 'non-hospital hospital' (the crisis house) and so forth has long hovered in the less clear-thinking minds of liberationists? For example, there are useful comments on the politics of recovery and the difficulties in establishing this (even in a liberal state like Wisconsin) and that the work of specification (i.e. what is meant by recovery) is difficult to clarify. Likewise, there are considerable limitations on the true evidence available, and in the concluding discussion around community psychiatry in the future, two of the editors outline the difficulties of understanding, still, what we mean by 'mental illness', what is the role of the psychiatrist, how we clarify funding, and what is really meant by the community.

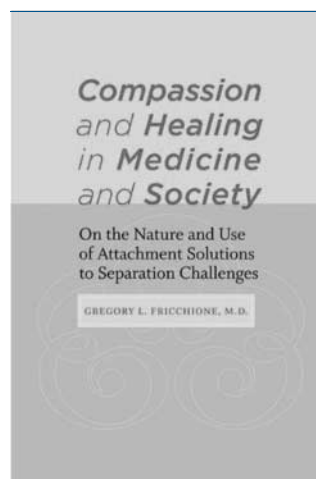
What is not discussed in any detail, however, the ghost in the machine, is the USA's enormous prison population (over 2 million; in the UK it is over 85 000). To what extent does this incarcerated 'stage away' represent the practical failure of community care, a jail-bound witness to risk overriding therapy?

This collection, therefore, is very much of the positive variety; it contains some fascinating papers and certainly enables an understanding of American social policy. But as the discussion by J. K. Wing on the meaning of the term 'asylum' shows, however you cut the cake, the needs of severely and chronically disabled people continue to have a low priority.

Have today's psychiatrists anything to learn from this collection? As we fill out our care programme approach and risk management forms, try to keep our community teams together and our hospital beds safe, should we despair at the sheer hurly-burly of the enterprise? Variations across regions, countries and continents are immense, in whatever is meant by psychiatric community care, and the balance of independence and neglect is likely to move decisively towards the latter as the global recession persists. There are some useful ideas in here that may help us defend the ramparts of appropriate psychiatric care, but it is not going to be easy.

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### Compassion and Healing in Medicine and Society: On the Nature and Use of Attachment Solutions to Separation Challenges

By Gregory L. Fricchione.  
Johns Hopkins University Press.  
2011.  
US\$65.00 (hb). 552pp.  
ISBN: 9781421402208

Neither the title of this book nor a casual look at its contents list will prepare you for the depth and profundity of its substance. The ambition of the author is to provide a new philosophy of medicine that will enable the re-integration of love and compassion into the science of medicine. However, this is not simply a philosophical or polemical text. The author is a psychiatrist and an evolutionary scientist, and he sets out to achieve his objective by proposing a theory that drives all matter and energy in the universe. Fricchione proposes that the phenomenon of 'separation challenge-attachment solution' applies not only to mammals and birds or even to all life forms, but also to the prebiotic universe. This may shock and baffle many readers but the author carefully sets out his ideas, which he bases on evolutionary theory, and to support his hypothesis marshals a formidable array of cutting-edge scientific evidence ranging from particle physics and the Big Bang theory right through to advanced neuroscience and evolutionary biology. The arguments and evidence are presented in exhaustive detail over 22 chapters (and a post-script) ranging over 550 pages of densely packed text. Some of the science is highly technical and complex, which places this book beyond the reach of the majority of the non-specialist public.

The author presents a strong case for the evolution of true altruism, primarily through the somewhat contentious process of group selection rather than through kin selection as conventional wisdom would have it. This genuine altruism then forms the basis for philanthropy and the unbounded love of the stranger, of humanity and nature preached by the major religions as well as the compassion that forms the cornerstone of healing in medical practice and in healthcare in general.

Furthermore, unlike conventional evolutionary theorists who insist that evolution has no direction or goal, Fricchione contends that evolution does have a direction and this is towards increasing complexity (the law of complexification) and that this is relentlessly driven by the process of separation challenges being met by the production of ever more complex attachment solutions. This particular aspect of Fricchione's theory is highly persuasive as is clear from comparing amphibians and reptiles with mammals and birds respectively where there is a clear increase in the complexity and intensity of the attachment solutions in the latter compared with the former. This rule appears to hold true more generally in biology in that the simpler the life form the simpler the attachment strategies and *vice versa*.

Mammals show the most elaborate attachment strategies exemplified by McLean's mammalian behavioural triad (mother-infant attachment, infant separation call and juvenile play). Among mammals primates have the most complex