

Book Reviews

Michael H. Ebert, M.D., Editor

Managing Care, Not Dollars: The Continuum of Mental Health Services

edited by Robert K. Schreter, M.D.; Steven S. Scharfstein, M.D., M.P.A.; and Carol A. Schreter, M.S.W., Ph.D.
Washington, D.C., American Psychiatric Press, 1997,
383 pages, \$55.00.

Managing Care, Not Dollars calls us to shift our perspective on managed care from fear to embracement, from cost containment to the coherent delivery of state-of-the-art services. "The concept of the continuum of care with multiple components is not a new idea," we are reminded in the foreword: "It derives from community mental health principles and ideas developed in the 1960s as a means to provide continuity of care, a requirement in the early legislations for community mental health centers. . . . The movement toward managed care and capitation to reduce costs, with its profound impact on access and quality, provides the next stage for developing the continuum concept" (p. 2). Uncoupling traditional assumptions regarding location and service intensity, capitalizing on newer medications and technologies, and delineating parameters for hospital-alternative community-based care while employing principles of population and parsimony, accessibility, and flexibility are the basic elements set forth by the editors and contributing authors.

Section I describes the "Components of the Continuum," including the range of office- and home-based, emergency, community-residential, and other services. New conceptualizations of "time-effective" versus open-ended therapies and parallel considerations of population and individual needs are explored from both fiscal and therapeutic perspectives; supports for both patients and clinicians, incentives for efficiency and efficacy, institutional flexibility, and effective resource management are considered in qualitative and quantitative terms. Clinical vignettes demonstrate the range and interdependence of services and providers. Admission criteria, staffing and census issues, and other challenges are considered by intervention and setting.

In section II, the continuum is applied to special populations including children, adolescents, and the elderly. The historic development and range of therapeutic foster care and residential treatment services are explored, as are alternative treatment services and school-based interventions. Special needs and resources for the elderly patient with respect to the "5 common conditions" of dementia, delirium, depression, psychosis, and substance abuse in the elderly are discussed, as are special needs and resources for caregivers.

Section III addresses management and training issues, emphasizing potentially conflicting economic and clinical decision-making considerations, application of informatics and other technologies, embracing outcomes-oriented approaches, and particular challenges of transforming our institutions into the new economic and clinical realities. A chapter on training in the emerging environment focuses on maintaining "core values for modern psychiatry" of quality care, sound economic deci-

sion making, academic integrity, and humanistic treatment and the modeling of these values in our treatment of our residents.

Section IV considers public policy issues, including the role of the public sector and of family and consumer advocacy. Public health considerations, state and local controls, guiding principles and system components, and particular issues related to homelessness, children, and legislative mandates are reviewed, as are the roles of families and communities, self-help programs, recreation, education, and employment.

Clearly and cogently presented, *Managing Care, Not Dollars* is a "must read" for consumers, clinicians, and managers of mental health services on the brink of the new millennium. "Overall, this book is a how-to manual, a guide to setting up and using the emerging continuum of care," we are told in the introduction. "The editors believe that our existing psychiatric institutions can no longer survive as isolated programs . . . [rather] that clinicians' survival and patients' well-being will depend on our creativity, on each community's ability to develop an effective continuum of mental health services" (p. 7). *Managing Care, Not Dollars* provides the blueprint; we must provide the vision.

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Clinical Methods in Transcultural Psychiatry

edited by Samuel O. Okpaku, M.D., Ph.D. Washington, D.C.,
American Psychiatric Press, 1998, 458 pages, \$65.00.

This book is remarkable in the breadth of its coverage as well as its success in synthesizing divergent topics into a cogent, well-researched, informative, and clinically relevant volume. Reflecting Okpaku's unique background, the book is global, practical, and historically rooted. It includes 20 chapters and is organized into 6 sections. In section 1, Prince and Leighton, 2 of the founding fathers of modern transcultural psychiatry and psychiatric epidemiology, review their lifetime's work. These 2 chapters most vividly show us how much progress the field has made in the relatively short span of the past several decades. In addition, surveying the past helps the next generation of researchers to identify key issues and formulate alternative strategies.

The next section, "Cultural Psychiatry and Mental Health Services," includes 7 chapters that together address important issues ranging from cultural influences on diagnosis and misdiagnosis (and mistreatment) to the importance of traditional healing systems and ethnic variations in psychotropic responses. Written by recognized experts representing divergent perspectives, the chapters complement one another and together provide practical guidelines in concise terms that are immensely useful for clinicians increasingly confronted with patients with extremely divergent sociocultural backgrounds,

Sections 3 and 4 further elucidate the importance of the systematic elicitation of patients' "explanatory model" in psychiatric assessment and treatment and contain chapters providing insightful discussion on the nature of somatization and treatment implications.

Section 5 covers issues related to education and training, which will increasingly confront the mental health field as the populations in practically every corner of the world continue to diversify in an accelerating fashion. Section 6 discusses issues related to children and families that are significant in their own right but are often neglected. Such oversight may be particularly problematic when working with immigrant and ethnic minority populations, particularly in light of recent findings indicating the multigenerational nature of the impact of acculturation on mental health and the central role of family in the transmission of culture.

In summary, this is a scholarly and practical overview of issues related to the practice of psychiatry in our increasingly multicultural and multiethnic societies. It is unique in its global orientation and its use of rich examples from many cultural groups, including not only ethnic minority populations in the "Western" countries, but also communities that until recently may have been regarded as remote and "exotic." As we are entering the age of "global villages," such an orientation is indeed particularly timely and valuable.

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Schizophrenia: Concepts and Clinical Management

by *Eve Johnstone, Martin Humphreys, Fiona Lang, Stephen Lawrie, and Robert Sandler. New York, N.Y., Cambridge University Press, 1999, 271 pages, \$74.95.*

Eve Johnstone, Head of Psychiatry at the University of Edinburgh, together with her departmental colleagues, has put Scotland on the map with this comprehensive and critical review of the phenomenon, etiology, pathophysiology, and treatment of schizophrenia. From brain imaging to community services, Johnstone and her coauthors have cut a wide swath through current knowledge about the most devastating of the mental diseases. While there has been a veritable avalanche of research and cumulative clinical experience with this disorder during the past 2 decades, the authors aptly point out that we are still "in the dark" about most of the important questions regarding schizophrenia, waiting for improved assessment and treatment technology to bring the "light of dawn." Researchers in schizophrenia tend to behave very much like the proverbial drunk who has lost his keys and when asked why he was searching for them under the street lamp, replied, "Because I can see in the light." Similarly, we depend on prevailing tools for understanding and treating schizophrenia. The authors of this book make it clear that it is highly likely that in another 50 years, we'll look back to current concepts and clinical management of schizophrenia at the end of the 20th century as simplistic and wrongminded. By standing on the shoulders of Johnstone and her colleagues, and using the perspectives in their book, we will be making a good first step toward that more enlightened future.

The 12 chapters of the book include the following topics: diagnostic issues and concepts of the disorder, aspects of differential diagnosis, the pharmacologic basis of schizophrenia, neuropathology and brain imaging in schizophrenia, epidemiology

and genetics, service provision, the clinical perspective, special problem areas, the pharmacologic treatment of schizophrenia, social and psychological treatments, the economic perspective, and legal and ethical issues. While the chapters are richly documented with references to the literature, the authors reveal their provincialism (or British insularity) by heavily citing their colleagues in the United Kingdom and lightly their colleagues in the United States. The authors have been judicious in their writing, and the resulting text is highly readable, succinct, and to the point. Each chapter ends with "Conclusions" that give the reader the "take-home" message. For example, in summarizing the "false dichotomy" between hospital and community care, the authors conclude, "For the majority of patients, the provision of an integrated and coordinated program of care which is delivered in a flexible but continuous manner is an ideal as yet to be realized" (p. 257).

An American reflection of this important point, the inexcusable closures of state hospitals in California by cost-conscious politicians, has led to an enormous transinstitutionalization of patients into the state's prisons and jails. The largest psychiatric inpatient facility in the world is now the Los Angeles County Jail, a consequence of the abandonment of the seriously mentally ill by the state, which closed Camarillo State Hospital in 1997 and downsized Metropolitan State Hospital during the previous 2 decades. While exemplary, the community-based programs that exist in Los Angeles serve fewer than 1000 patients in an area having more than 150,000 persons with schizophrenia. While many American psychiatrists and allied mental health professionals have become captivated by beliefs in the "one size fits all" mantra of community mental health, the authors point out that "hospital care must remain an integral part of any service system, complementary to the care that is available in the community and not an alternative to it" (p. 260).

The chapter on neuropathology and brain imaging is particularly cogent and edifying. The strengths and limitations of each neuroimaging technique are presented, and the lack of specificity and consistency in findings across studies is clarified. Attempts to simplistically link brain abnormalities with symptom profiles and the overlap in most studies in the distribution of brain imaging scores between normal controls and schizophrenics are pointed out. Differences in types of patients, machines, analytic techniques, and head restraints all contribute to the confused state of this literature. Moreover, it is likely that the circuitry or connections among brain areas will be the future focus of neuroimaging, rather than one or two brain structures responsible for schizophrenia.

There are some glaring omissions in the book. For example, the chapter on pharmacologic management lacks key information on starting doses, titration schedules, finding optimal doses, managing side effects, deciding between typical and atypical antipsychotics, and engaging the patient as an active collaborator in the drug treatment process.¹ There is little appreciation of the individualized nature of schizophrenia and the need to link treatments with the type and phase of the person's disorder. The enormous problems posed by dual diagnosis (substance abuse, anxiety disorders, or mental retardation complicating schizophrenia) and ways to manage it are not covered.² In reviewing social learning and token economy methods, the authors fail to cite the methodologically rigorous and classic study by Paul and Lentz³ that showed the clear superiority of the token economy-social learning approach to chronic schizophrenia.

In the chapter on psychological and social treatments, the nail is driven into the coffin of psychodynamic and insight-oriented therapies for schizophrenia. The authors do not mention, however, that training programs continue to encourage residents to use these anachronistic and ineffective methods

while failing to school them in evidence-based interventions such as social skills training and behavioral family interventions.⁴ This book should be recommended reading for any clinician, administrator, or policymaker involved with schizophrenia. Even for those not directly working with the problems of schizophrenia, the book can be a fine reference on research and practice up to 1995.

REFERENCES

1. Psychiatric Rehab Consultants, Medication Management Module. Available from Dissemination Coordinator, Psychiatric Rehab Consultants, PO Box 2867, Camarillo, CA 93011
2. Ho A, Tsuang J, Liberman RP, et al. Achieving effective treatment of patients with chronic psychotic illness and comorbid substance abuse. *Am J Psychiatry* 1999;156:1765-1770
3. Paul GL, Lentz R. *Psychosocial Treatment of the Chronic Mental Patient*. Cambridge, Mass: Harvard University Press; 1977
4. Liberman RP, Kopelowicz A, Smith T. Psychiatric rehabilitation. In: Kaplan H, Sadock BJ, eds. *Comprehensive Textbook of Psychiatry*. 7th ed. Baltimore, Md: Williams & Wilkins; 1999

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Psychotropic Drug Handbook, 7th ed.

by Paul J. Perry, Ph.D.; Bruce Alexander, Pharm. D.;
and Barry I. Liskow, M.D. Washington, D.C.,
American Psychiatric Press, 1997, 740 pages,
\$42.50 (paperback).

Psychopharmacology is rapidly advancing. For this reason, it is essential that the clinician keep abreast of the most recent changes in this evolving field. The *Psychotropic Drug Handbook, 7th Edition*, not only serves as a handbook for prescribers, but also admirably provides a concise summary of psychopharmacology in general.

The book is clearly structured to facilitate practical use by the clinician. Each chapter considers somatic treatments on the basis of their clinical effects on target symptoms rather than on the pharmacologic properties of any given drug. For example,

there is not one chapter in which "anxiolytics" as a class of medications are considered. Instead, the chapter on antianxiety agents includes sections on antidepressants, benzodiazepines, β -blockers, and buspirone. The first 5 chapters of the *Handbook* consider medications that can be used as antipsychotics, antidepressants, antimanics, anxiolytics, and hypnotics. Several classes of drugs are considered in each chapter.

There are also other chapters in this work that one might generally expect to be a part of any handbook of pharmacotherapy. These include sections on the treatment of extrapyramidal side effects, substance dependence, and substance withdrawal. However, this *Handbook* also has chapters dedicated to drug interactions, drug overdoses, narcotherapy, and electroconvulsive therapy. In addition, an entire chapter consists solely of 22 different patient information handouts regarding a whole host of different psychotropic agents.

Although practical treatment strategies are provided throughout, this *Handbook* is clearly more than a simple "how-to" book. Information regarding the pharmacokinetics, pharmacodynamics, indications for use, and potential side effects of psychotropic medications is considered in the text. However, because of its broad scope, the book is over 700 pages long. Since the *Handbook's* pages are $7\frac{1}{2} \times 4\frac{1}{2}$ inches and it is spiral bound, it is quite portable. However, although it is called a "handbook," it is certainly too large to comfortably fit in anyone's pocket.

Despite the book's strengths, it does have some minor flaws. Since this is a text that was published in 1997, the most recent developments in psychopharmacology are not included in this work. In addition, considering the breadth of the subjects considered by the authors, it was disappointing that almost nothing was included about the therapeutic use of the psychostimulants. Considering that these medications are commonly prescribed to young people and that they now seem to be more frequently prescribed to adults, it would have been useful to examine these agents in more detail.

In summary, the *Psychotropic Drug Handbook, 7th Edition*, is an excellent book. It is well written and well organized. For busy practitioners interested in having a portable and practical review of psychopharmacology at their fingertips, this book is highly recommended.

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