

Classics of Community Psychiatry: Fifty Years of Public Mental Health Outside the Hospital

edited by Michael Rowe, Martha Lawless, Kenneth Thompson, and Larry Davidson. Oxford University Press, New York, NY, 2011, 624 pages, \$79.95 (hardcover).

This is an interesting collection of historical articles on the topic of community psychiatry, thus the appropriate title—*Classics of Community Psychiatry*. The editors who chose the articles contained in this tome selected the 45 “classics” well, highlighting their familiarity with the field of community psychiatry. Reading these classics, I was again familiarized with the philosophies, values, studies, and authors who helped shape the direction of community mental health.

After an appropriate Foreword by A. Kathryn Power, the Director of the Center for Mental Health Services in the Substance Abuse and Mental Health Services Administration, the text starts with a brief, pithy review of the pre-community psychiatry period from 1850 to 1953. Next comes a brief introduction to the deinstitutionalization and community mental health center movement from 1954 to 1976; the 1961 government, legislative, and policy classic “Final Report of the Joint Commission on Mental Illness and Health” that provided guiding recommendations to treat the chronically, persistently, and seriously mentally ill who had been warehoused in hospitals, is then provided. A first person/literary classic (an excerpt from *I Never Promised You a Rose Garden*); 7 texts focusing on clinical and systems theory as well as on conceptual and historical topics (including texts by Grob on the history of deinstitutionalization, Szasz on the myth of mental illness, and Goffman on asylums); and 8 offerings on practice and research (including texts by Hollingshead and Redlich on social class and mental illness, Caplan on prevention, Feighner and colleagues on diagnostic criteria, Lamb and Goertzel on deinstitutionalization, and Stein and colleagues on Assertive Community Treatment) complete this section. This section also contains the report of the classic experiment by Rosenhan in which 8 pseudopatients, ie, people who were not actually mentally ill, got themselves admitted to 12 psychiatric hospitals in 5 states and then tried to engage the professional staff to get out to no avail, resulting in stays ranging in length from 7 to 52 days.

Next, after a concise overview of the community support movement and its demise (1977 to 1979), come the classics on government, legislative, and policy issues that include such gems as one from Sharfstein on Medicaid cutbacks and first-person/literary classics addressing patient-controlled alternatives to the mental health system along with personal illness management testimonies. The category of clinical and systems theories from this time includes articles by Goldman and Morrissey on homelessness,

Anthony and Liberman on psychiatric rehabilitation, Mechanic and Aiken on improving care for the chronically mentally ill, and Bachrach on defining chronic mental illness. Finally, the classic texts on practice and research from this time period showcase Lefleyn and Bestman's work on public-academic linkages, Davidson and colleagues' work that began a clubhouse approach to the destitute environment of many chronically ill, recently discharged patients, and Strauss' work on the long-term outcomes on schizophrenia.

Lastly, the recovery era covers the classics from 1998 to the present by underscoring Talbott and Lamb's work on the government, legislative, and policy practices to address homelessness; Andreasen's gripping clinical and systems exposé on the death of phenomenology and *DSM*; and Drake and colleagues' practice and research piece on implementing evidence-based practice in routine mental health settings.

Editors Rowe and Thompson top it off with a thoughtful commentary on the future of community psychiatry. I have purposely emphasized the authors of these classics chosen by the editors as I suspect psychiatry's future history will give them the same significance that we have given Charcot, Freud, Janet, Jung, Kraepelin, Alzheimer, Carter Fuller, Fanon, and Williams. Psychiatry will not be able to create its own future by planning where we need to go without understanding where it has been, and this text does a nice job of laying out that most recent past called community psychiatry.

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