

revealed that the combined effects of comorbid mental and physical comorbidity on disability and impairment are greater than the sum of their parts. Finally and surprisingly, the pattern of results was consistent across the diverse cultural settings and the different states of economic development in the participating countries.

The book is divided into four sections. After an introductory chapter, the first section focuses on the *epidemiology* of mental-physical comorbidity. The chapter on methods discusses, among others, sampling procedures, measurement of mental and physical disorders, the assessment of childhood psychosocial stressors, the statistical approach, and the strength and limitations of the survey's design. The major limitation of this survey, acknowledged in this chapter, is the fact that whereas mental disorders are diagnosed with a structured interview assessing the DSM diagnostic criteria, physical disease is diagnosed by a self-report checklist only. Another limitation is that at the different sites certain aspects of the methods, such as sampling methods, may have been adapted to local circumstances and hence differ between countries. Such limitations and adaptations are probably inevitable in a project of this scope and magnitude and do not compromise the data nor the conclusions drawn from them. The second section focuses on *risk factors* for mental-physical comorbidity in patients with specified physical conditions, such as asthma, heart disease, hypertension, diabetes, obesity, etc.; the third section focuses on the *consequences* of mental-physical comorbidity. In this section, among others, disability, workforce participation and perceived stigma are addressed. Throughout these three sections an unprecedented wealth of data is presented in 55 prevalence tables, 17 prevalence figures, 31 odds ratio tables, 16 funnel plots and 10 other tables. The last section is a state-of-the-art synthesis of the findings, in which the *implications* for research, patient care and health-care policy are discussed. All chapters are worth reading and show evidence of a very up-to-date and nuanced view of mental-physical comorbidity.

This book is the reflection of a ground-breaking effort that provides us with a lot of new insights on mental-physical comorbidity. It shows us that the interrelation between mental disorders, physical disorders and psychosocial stressors is stronger and more bidirectional than previously thought. In this book, health-care policy-makers will find the evidence they need to make the case for reintegrating general and mental health care. Its findings stress the need for further development of an integrated approach for chronic diseases, and open the road for new and early intervention targets for preventing chronic disease.

Researchers may find the arguments and inspiration for further longitudinal population-based studies on mental-physical comorbidity that may unravel the biological consequences of psychological, psychosocial and societal factors in their disease modifying effects, both as risk factors and protective factors. This work will become a standard work of reference and is therefore compulsory reading for clinicians, policy makers, researchers and other disciplines working in the field of psychosomatic medicine.

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*Better Mental Health Care*. By G. Thornicroft and M. Tansella. (Pp. 194; £29.99; ISBN-13: 9780521689465 pb.) Cambridge University Press: Cambridge. 2009.

It is hard to mount a serious argument against better mental health care, this being the purpose of most psychiatric and psychotherapeutic texts. There would be a small market indeed for a text book of worst mental health care although some practising clinicians may fear, from time to time, that there exists such a secret book somewhere, consulted by the faceless 'them' that churn out some of the worst of the policy that comes from on high in the National Health Service. My first thought on picking up this attractively packaged book was a curious one: what is this book going to tell me? It could really have been anything about any aspect of mental health care and I would not have been surprised. What in the end did impress me most was that, without enormous detail, it touched on most aspects of mental health care from the level of the individual clinician and patient to the level of the nation and supra-national organizations. This enormous range was the book's main attraction and possibly the weakness. Without being a shelf bender, how can a book encompass this range without feeling light on detail?

To me the obvious reader for the book would be a newly appointed government aide with a remit to design a mental health service from almost scratch. I think this might be the best single book I could envisage for this imaginary tyro health minister to read particularly if he/she needed to get off to a quick start. Although encompassing the individual clinical encounter in its scope (particularly in the chapter on ethics) it is strongest at considering the organizational levels above the clinician; how teams make up a service and how services join to make a regional service and so on.

The wide range of the book is unified by a theme: that the future trend for mental health services around the world will continue along the pattern that we have seen in Britain and the United States over the last few decades. That is there will be a trend towards less institutional care and more locally based care with a greater range of care options delivered in less stigmatized and more normal settings closer to people's homes, jobs and relationships. The inevitability of these changes to mental health services forms an assumption that is the central theme of this wide-ranging book.

The historical basis for this assumption is well laid out in a chapter on history early on in the book and there are also excellent chapters on the ethical basis for these changes in the pattern of provision and truly international perspectives on where we are up to with these shifts around the world. A rigorous approach to the value of these changes shines through in a chapter outlining the evidence base for the shifts in mental health care. There is a very strong continental European perspective making a refreshing change to the usual England/USA/Australia perspective.

Moving into the second half of the book there are some excellent chapters on barriers to the changes outlined in the first half. Having seen first hand some of the barriers myself when traditional ward work came to the community with the advent of Crisis Resolution and Home Treatment Teams in the early part of this decade I am in a good position to endorse the validity of these chapters and the wide-ranging appreciation of the obstacles the authors show. This to me was the best part of the book, of value to any one caught up in such changes across the world at either a managerial or clinical level. This would certainly mean most clinicians in most services I have ever worked in. Those pushing ahead with such changes would be well advised to learn from the rich experience of others who have already faced such challenges and found solutions so that we do not to keep inventing new solutions to the same problems.

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