

Different types of case study are incorporated. These cover, for example, Chernobyl, the tsunamis, Turkish earthquakes, and the Enschede fireworks explosion in The Netherlands. Terrorist incidents in the USA, Israel and London are also well covered. One other disaster I thought might have received some attention was the massive earthquake of 2005 in Pakistan. I also thought that a little more could have been said of the period known as The Troubles in Northern Ireland (1960s–1998) and their impact on the mental health of the Irish nation. On the other hand, I do accept that no one book can cover all major incidents.

Although the reviews of the different topics are very good, I liked the fact that the book has a forward-looking perspective. This is achieved by a critical commentary on the strengths and shortcomings of the studies which the authors have covered. Moreover, they identify important gaps in our knowledge and the challenges facing us if we are to address these. Perhaps some more guidance on ethical issues might also have been useful to prospective researchers.

In summary, however, I commend this book without reservation. It is well written and the editors have achieved a good balance among the chapters. The authors are rigorous in their critical analysis of the research from which the data are derived, and they identify fruitful opportunities for researchers, practitioners and policy makers.

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Primary Care Mental Health

Edited by Linda Gask, Helen Lester, Tony Kendrick & Robert Peveler. RCPsych Publications. 2009. £35 (hb). 512pp. ISBN: 9781904671 770

We have here a book of 32 chapters, plus a final epilogue, which is divided into four parts. The first part, containing some of the best chapters in the book, covers the concepts and themes of primary care mental health from an international perspective and the standpoints of policy, sociology, epidemiology and the service user. The second part is the longest, with 16 chapters on the broad diagnoses of particular patient groups. Part 3 revisits policy and practice, looking at the delivery of care and treatment and covering mental health promotion. The final part, 'Reflexive practice', provides a welcome approach to clinical practice, teaching, learning and research and, importantly, addresses the mental health of the practitioner.

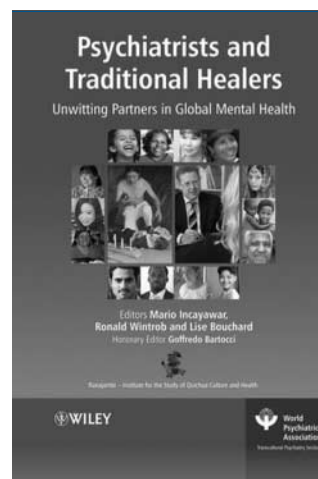
There are several excellent chapters in this book which overall makes a first-class attempt to explore the many facets of primary

care and its relationship to mental disorder and mental health. Professor Sartorius' contribution to the first section sets the scene by providing an interesting look at the background to the formal definition of primary healthcare, as well as debunking some of the myths of primary care while illuminating its complexities, limitations and ultimate value.

The book is ambitious in its breadth and inevitably focuses much on practice relating to the UK context. It could be seen as two books in one, the second part being the second book. If I have a gripe it is that I would have liked to have seen some of the chapters in the first part developed more to illuminate the exciting conceptual issues raised (for example, the nature of mental health problems and their relation to diagnosis and to population statistics). But that is my preoccupation and I would not let that put the reader off, considering this to be essential reading for trainees and others within the fields of psychiatry, general practice and beyond.

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Psychiatrists and Traditional Healers: Unwitting Partners in Global Mental Health

Edited by Mario Incayawar, Ronald Wintrob, Lise Bouchard & Goffredo Bartocci. Wiley. 2009. £49.99 (hb). 294pp. ISBN: 9780470516836

Traditional healing is not confined to mental health problems but is offered for virtually all known human ailments. However, it is probably more in psychiatry than in any other branch of medicine that a strong advocacy exists for the integration of traditional healing with Western medicine. It is not unlikely that this reflects, to some extent, the common scepticism about the scientific basis of mental disorders in general.

In examining partnerships between psychiatrists and traditional healers, this excellent book offers the reader a diversity of views to help them form their own opinion about the feasibility of such partnerships. It highlights the challenges of integrating traditional healing with biomedicine, especially given that the nature of the former is so diffuse and its practice often shrouded in secrecy. As the book shows, traditional healers are a diverse group of practitioners ranging from folk herbalists, to diviners and magic witch doctors. The unmet need for mental health services in most low- and middle-income countries, as described by Incayawar, provides the context in which some form of traditional healing sometimes becomes the only available source of help for patients and their families. But the process of integration of traditional healing with modern medicine has to

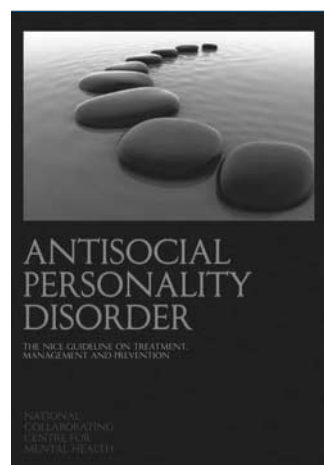
go beyond necessity and begin with an attempt to understand what traditional healing can usefully offer and what harm it may unintentionally do. And that process can be a daunting one. Dan Mkize describes such an effort in South Africa where, given the post-apartheid political environment, an unthinking absorption of anything indigenous to Black Africans may have been a more populist approach. He and his colleagues knew the challenges would include 'herbal medicine toxicity' and the 'secrecy' of the practitioners of traditional healing, the same problems that sceptics of integration have often highlighted and which uncritical reification of traditional healing tends to dismiss.

So, the claim by Robert Lemelson that a common ground between traditional healing and biomedical treatment can be found in their common lack of efficacy for disorders such as obsessive-compulsive disorder and Tourette syndrome will have to be considered in the light of his other observation. Namely, many of the patients he studied with these conditions and who had consulted traditional healers had not only been offered 'competing explanatory models' for their illness, but had been subjected to various forms of treatment, including some harmful ones, which were based on these often contradictory explanations.

This book, organised into 20 chapters, touches on many of those core issues that psychiatrists and mental health professionals are concerned about when contemplating partnership with traditional healers: healing practices, the knowledge base of healers, the experience of collaboration between healers and psychiatrists, the efficacy of healing practices, psychotherapy and religious healing, among others. As Thachil and Bhugra remind us, traditional healing is not just relevant to healthcare systems in low- and middle-income countries, but is equally important in high-income countries where globalisation continues to widen the cultural context in which clinicians have to perform their duties of healing. With so many contributors from diverse areas of experience and expertise, the editors of this book have done a marvellous job of ensuring that this treasure trove of information is presented in a way that any lay reader can comprehend and enjoy.

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Antisocial Personality Disorder: The NICE Guideline on Treatment, Management and Prevention

By National Collaborating Centre for Mental Health.
British Psychological Society & Royal College of Psychiatrists.
2010. £35.00 (pb). 360pp.
ISBN: 9781854334787

Having read the National Institute for Health and Clinical Excellence guidance on antisocial personality disorder and found it provided more questions than answers, I was unsure what this

text would add to my understanding. The book, however, is surprisingly interesting and helpful. The discussion around the available evidence and scope of the guidance addressed many of the ethical concerns I had about treatment of the condition under compulsion and interventions aimed at preventing its development.

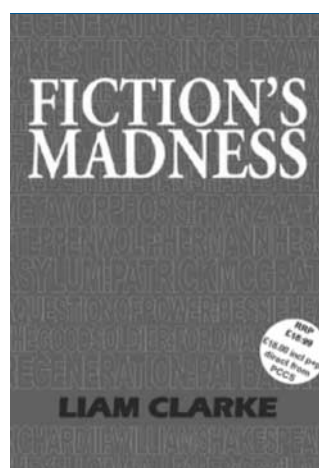
The first three chapters give a background to antisocial personality disorder and the methods used to develop the guideline. The following chapters lay out the guidance in detail along with the evidence on which it is based. In particular, the second chapter (which gives an overview of the condition, its history and diagnosis) provides a fascinating review of the relationship between offending behaviour and antisocial personality disorder. The chapters directly addressing the clinical guidance are a heavy read and at times difficult to follow, but they give useful summaries on the outcomes of studies on which the guidance is based. The accompanying CD-ROM covers some of the statistics in more detail, for those with a more mathematical persuasion than me.

As the evidence for effective interventions in adulthood is fairly weak, there is a focus on prevention, risk assessment and engagement with services. This book will mainly be of interest to those working in forensic psychiatry, but the chapter on interventions for children and adolescents (on which the guidance focuses heavily) will also be important for child and adolescent psychiatrists. The chapter on risk assessment gives an extremely useful account of the use and limitations of actuarial and clinical risk assessment. This will be of use to trainees starting a forensic placement.

Overall, the guidelines themselves highlight the uncertainty in the treatment of antisocial personality disorder. This text is enlightening as to the development of guidelines for the treatment and management of a controversial condition, which presents a challenge to psychiatrists and society as a whole.

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Fiction's Madness

By Liam Clarke.
PCCS Books. 2009.
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This is an odd and uneven book. The author, Liam Clarke, a reader in mental health at the University of Brighton, argues quite reasonably that exposure to great works of fiction can deepen our understanding of people with a mental illness and that a narrow 'evidence-based' approach, focusing on facts and figures, constricts our therapeutic ability. Clarke examines the depiction