

be a decline in the occurrence of catatonia, enhanced by the inclusion of a segment on nosology. The interesting reading continues with each chapter, where phenomenology remains a constant strong point.

The educational value of this small book should not be understated. Each chapter contains important and concise information for the clinician, resident, and experienced academician. The descriptive detail is marvelous. Michael Taylor provides a brief but extremely educational bit on the clinical examination of catatonic patients. Descriptions of the course of different types of catatonia are given, and the differential diagnosis of the precursors of this condition is provided. Treatments for this syndrome are well discussed and fairly handled. The book concludes with a discussion of the prognosis and complications of catatonia, followed by theoretical issues of genetics, animal models, and brain evolution. The use of ECT for acute catatonia is briefly described. The proper pharmacological interventions are well covered by the chapter authors. The neurological underpinnings of treatment are given a brief but clear review.

It would have been nice to see more detailed information on all the areas covered by this book because the syndrome of catatonia is poorly understood by so many people. This relative shortcoming is likely to be attributed to the paucity of good research on the syndrome. Indeed, catatonia is one of the neuropsychiatric conditions that has been neglected in much of the research of the past few years. Catatonia does indeed exist in the 21st century. It is serious and deserves our attention. Like many conditions of years past, catatonia has languished in our collective ignorance. This book is an enlightening reminder that we have not finished learning about catatonia and need to study it further. This book is a very good start and we highly recommend it.

References

1. Kahlbaum KL: Catatonia (1874). Translated by Levi Y, Pridon T. Baltimore, Johns Hopkins University Press, 1973
2. Morrison JR: Catatonia: retarded and excited types. *Arch Gen Psychiatry* 1973; 28:39-41

JAMES ALLEN WILCOX, D.O., Ph.D.
ALEKSANDR GAZAROV, M.D.
El Paso, Tex.

PUBLIC HEALTH PERSPECTIVES

Parental Psychiatric Disorder: Distressed Parents and Their Families, 2nd ed., edited by Michael Göpfert, Jeni Webster, and Mary V. Seeman. New York, Cambridge University Press, 2004, 382 pp., \$160.00; \$70.00 (paper).

The topic is worthy, but this book is not a quick read for the clinical psychiatrist. The disquieting message is that we need to be much more concerned with the effectiveness of adult patients in their role as parent in an effort to prevent psychopathology in the next generation. This public health perspective is superimposed on the multilevel, individually focused symptomatic, psychodynamic, neuroanatomic, molecular, and pharmacological clinical care with which the clinician is already struggling.

Twenty-seven chapters written by 32 authors, mainly from the United Kingdom and Australia, are grouped under six headings: Basic Issues (e.g., children's view of the parent's psychiatrist and parental disorder and its effect on attachment), Comprehensive Assessment and Treatment (the mentally ill mother in a parenting role), Specific Disorders: The Impact on Parent-Child Relationships (schizophrenia, alcoholism, drug abuse, affective disorder, personality disorder), Specific Treatments and Service Needs, Child-Sensitive Therapeutic Interventions, and Models for Collaborative Services and Staff Training. The presence of clinical vignettes in 12 of the chapters made me wish for the same in all. Lacking is any focus on childhood illnesses such as autism, obsessive-compulsive disorder, or school phobia, which affect the parent's morale or sense of competence.

On rereading the volume, I grasped the message that I and all other mental health providers should consider many perspectives simultaneously—the disordered patient, his or her parental role, the state of the children in the family, role reversals, a supportive network for patient and family, and community agencies and their coordination.

There is no explicit bridging mode to lead the reader from one chapter to the next. Samples of what I found interesting in parts 1 and 2 include the following: Children want to be included to some degree when a professional makes an assessment of a troubled parent for whom the youngster may have to take some responsibility. "Protective factors" for the mental health of children that can be reinforced by an adult health professional are described in a table. A Boston study revealed that in "84% of abused child cases, one or both parents suffered a psychiatric disorder or had IQs less than 80." A study by one of the editors, Göpfert, and his associates noted the recurring inability of psychiatric personnel to assess the impact of mental illness on the role of the parent and to validate the parent's residual function in that role. "60% of mothers with mental disorders relinquish or lose custody of their children." An intervention to improve mother-infant attachment, even when threatened by parental mental illness, can reduce the likelihood of the child's developing insecure-disorganized attachment.

The attention of the clinician reader picks up in part 3 with the focus on parent-child behavior by diagnosis. For example, a mother with bipolar disorder who had three children had care provided by so many professionals (a "multi-agency family") that there was little parenting left to her. Study data indicate that about 50% of women with schizophrenia become parents and that about half of these women retain some custody with the help of grandparents and with a relationship characterized by low mother-infant interaction. The authors of one chapter conclude from a literature review that a child's insecure attachment is predicted less by parental depression per se than by the quality of the postpartum parent-child interaction. Children of alcoholic parents may have to take over parenting roles at an early age, but they do not have more substance abuse or adjustment problems than the general population. The case is made that the majority of women in substance abuse treatment who have children drop out of treatment because of lack of proper child care. The parents' personality disorder and their likely story of childhood trauma or poor attachment experience with their own parental figures lead to great difficulty in offering a secure attachment.

ment experience to their own children, who subsequently will have trouble giving effective care to their offspring. This theory makes a compelling case for collaboration of adult and child treaters to break the cycle.

On the legal front, the authors in part 4 refer to a U.S. study finding that 70% to 80% of parents with mental illness lost custody of their children, but in the next chapter, which deals with international comparisons, the European emphasis on support for parents in their parental role functioning is emphasized.

The chapter in part 5 by Denise Roberts on growing up in a disturbed family gives a poignant account of "becoming mindless" as a survival defense when normal adult attention is lacking. Family therapy is presented as having developed from "promising a cure" to helping members become more effective and less intrusive in problem solving.

The closing chapters in part 6 center around international models of care that integrate concerns for children into adult models (an interesting example from Australia includes the Child Risk Checklist). The U.K. model of Crossing Bridges gives elaborate training material to address the needs of mentally ill parents and their children, integrated across multiple levels of service and training of professionals. Outcome assessment of this noble endeavor thus far seems to be lacking.

Each of the 27 chapters is followed by a comprehensive list of references. This book can serve as a compendium of related articles that are an excellent resource for individual practitioners who need to be mindful of other generations within the emotional sphere of their patients, for training programs that need to enhance their public health reach across generations, and community mental health administrators trying to minimize the proliferation of psychopathology from one generation to the next.

STEPHEN L. WASHBURN, M.D.
Belmont, Mass.

Community Mental Health Teams: A Guide to Current Practices, by Tom Burns. New York, Oxford University Press, 2004, 211 pp., \$49.95 (paper).

Community mental health teams are a vital component of community support systems for people with serious mental illness, particularly for people with a history of institutional care. This book is about community mental health teams in the United Kingdom, but the authors describe them as fairly universal and generic in form. They are multidisciplinary teams in which professionals typically cross disciplinary lines to assume multiple roles of case management. The teams offer home outreach, on-site medication monitoring, aid with multiple living tasks, psychosocial rehabilitation, and, often, supportive therapy. Regardless of composition, their goals are to reduce relapse and to facilitate community integration and an improved quality of life for the people they serve.

Closest to the British model in the United States are the Program for Assertive Community Treatment teams. These teams represent evidence-based practice for serious mental illness, supported by many years of rigorous research as major deterrents to rehospitalization and channels to improved functioning in the community. Multidisciplinary Program for Assertive Community Treatment teams ideally represent psychiatry, psychiatric nursing, psychology, and social work as

well as occupational therapy and rehabilitation counseling. They include vocational and substance abuse specialists and, often, consumers. The psychiatrist provides a minimum of 16 hours of time for every 50 clients. Teams are presumed to have a staff-to-client ratio of no more than 10 clients per staff member (1). The Program for Assertive Community Treatment model has its detractors but is strongly supported by the National Alliance for the Mentally Ill, which for years distributed this program's manuals and materials to service providers under a grant from the Center for Mental Health Services. According to the latest available data from the National Association of State Mental Health Program Directors, 38 states currently fund Assertive Community Treatment programs.

Burns's book goes far beyond the manual stage, beginning with the historical background of community psychiatry in relation to the emergence of community mental health teams. Descriptions of their organization and structure are enriched by a discussion of team dynamics and modes of dealing with professional and personality differences, role blurring, and other problems of multidisciplinary teams. Issues of ethnic diversity, balancing therapy and bureaucracy, contingency planning and risk assessment, governance, and audits of care pathways are addressed, with helpful forms included. Generic adult community mental health teams are compared with specialized assertive outreach teams in the United Kingdom and with Program for Assertive Community Treatment models in the United States. There is a section on early intervention teams that deal with people in their first episode of psychosis and, sometimes, with early detection. Included are high-risk and prodromal teams, subdivided into early intervention, prodromal intervention, and continuing care teams with specific criteria for "ultra high-risk subjects" and modes of intervention. There is a brief but good discussion of family psychoeducation, support groups, and behavior management. Crisis resolution and home treatment teams are very welcome additions that fill a yawning gap in the service system—provision of on-site treatment during a psychotic episode for people who reject clinical services and who, in fact, may be completely outside of the system.

Overall, this is a comprehensive and well-researched book for community psychiatrists concerned with serious mental illness as well as a practical tool for team builders. The book has a helpful discussion of issues, offers a wide variety of models that take into account diagnostic diversity and illness trajectory, and contains valuable materials for assessment and management of both cases and teams. There are some deficit areas. The discussion of burnout is quite cursory. One of the big problems with community mental health teams, perhaps even more than other services, is the retention of staff. These are demanding services with relatively low pay and often a 24-hour time commitment. This makes for high turnover, which is detrimental to both staff and patients. Psychiatrists in particular may tend to view these as stopgap or temporary positions rather than as ongoing roles in service delivery. Professional roles in community mental health teams require energy, dedication, and, above all, a conviction that one's efforts will lead to more fulfilling and satisfying lives for individuals with serious mental illness. It is a career goal well worth the investment, and this book is well worth an investment of time and, one hopes, implementation.