

the cost effectiveness of psychotherapy as a single modality or in combination with other interventions.

Affective and anxiety disorders, schizophrenia and psychotic disorders, personality disorders, posttraumatic stress disorder (PTSD), and childhood mental illness are all addressed.

The volume would have been biased indeed if only those outcomes that support the title's thesis were included. Actually, the authors' conclusions range from enthusiasm to skepticism. In the chapter by Lazar and Offenkrantz, psychotherapy is not conclusively proved to be either cost effective or of long-term benefit for PTSD. Dr. Jules Bemporad proposes that the use of psychotherapy in treating children should be effective in returning them to a course of normal development, although the author acknowledges that there are no studies offering conclusive evidence.

In the depression literature (also reviewed by Lazar), the cohorts are larger and the evidence more robust. Even here, however, many studies conclude that psychotherapy is equal to medication or that therapy plus medication outperforms either treatment alone.

Along the way, there are compelling arguments that psychotherapy can be dosed, applied, and measured like other health interventions.

This volume is a marvelous reference for mental health professionals who are thinking through optimal treatment strategies. But it seems that Lazar and her colleagues want to go farther. The intended audience may ultimately be policy makers or healthcare executives looking for guidance in developing cost effective mental health programs with measurable outcomes. This group of authors argues for insurance coverage for psychotherapy to be at parity with other treatments in health insurance plans.

Over the past two decades, the mental health field has grown more slowly than the healthcare industry as a whole. The disease burden has increased exponentially. Yet we are still arguing about the value of mental health treatment! Our tentativeness is multifactorial, but it may stem largely from our poor understanding of the brain and behavior and our lack of standardized treatments for mental illness. There are treatment protocols for all other major disease states that likely vary only slightly from institution to institution. In contrast, the treatment for the same mental illness can vary in different settings. I am not sure that we can convince governmental and private agencies of the value of the treatments our profession offers when these treatments lack consensual definitions from system to system. In some ways, we have created our own problem.

In some institutions, behavioral health patients do not necessarily receive exactly the same treatment for the same illness. Choices, including the prescription of psychotherapy, often depend upon clinic culture, region, or individual practitioner preference. Eighty percent of mental health care is now delivered in primary care offices. Even in an integrated delivery system, there is no standard way of deciding when a patient belongs in a specialty clinic, where psychotherapy is common, versus primary care, where it is not. When we assert that our patients should receive mental health services at parity, we do not know whether we are asserting for them to receive treatment that is highly effective or not.

For parity to be meaningful, leaders in the field must eliminate less effective, less evidence-based treatments and help the healthcare industry decide on a standardized set of treatments, including psychotherapy where it is indicated, with proper outcome measures.

Lazar's volume, despite its comprehensiveness, does not direct us out of this maze. Cost effective services, as Lazar points out, are not "cheap" but may return the investment by offsetting other medical costs. My own perspective is that nonmedication interventions should be standardized, manualized, and often group-based if they are to be covered by health insurance. However, this volume, perhaps reflecting the state of our field, does not give us a definitive conclusion that any of our opinions are as yet sustained by evidence that will convince policy makers and health economists or even ourselves.

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***Clinical Topics in Cultural Psychiatry***, edited by Rahul Bhattacharya, Sean Cross, and Dinesh Bhugra. London, United Kingdom, RCPsych Publications, 2010, 432 pp., £30.00.

The preface of this book opens with the following statement: "Culture is what makes us who we are." It would be accurate to describe this statement as the foundation on which the book is compiled. The volume consists of 29 chapters, several of which were originally published, between 1997 and 2005, as reviews in the *Advances in Psychiatric Treatment*, as part of a series on culture in psychiatric illness. In this volume, each review has been updated to reflect changes and new findings since the original publication, and the editors have added additional chapters to reflect newer topics that were not part of the original series of review articles. This results in some inconsistency of organization across chapters and repetition of some themes. While this may otherwise have been a drawback, here, the format chosen by the editors is a strength, since it allows each chapter to be a stand-alone discussion of a topic, without requiring cross-reference across chapters.

Writing on culture is difficult, since this is a term of enormous depth and breadth and much of the writing on this topic tends to inadvertently simplify (and sometimes oversimplify) concepts. In my view, the greatest achievement of this book may be its avoidance of this pitfall. The editorial approach is expansive rather than restrictive, and as a result, the book incorporates several topics that have not traditionally been a part of discussions on culture and mental health (for example, globalization, migration, racism, and poverty and their interaction with and effect on mental illness).

The book is organized into the following three sections: Theoretical and General Issues, Specific Mental Health Conditions Across Cultures, and Management Issues in the Cultural Context. In the first section, the chapter on "Globalization, Psychiatry and Human Rights," by Brendan Kelly, opens with a discussion on economic theories and socioeconomic

equality. The chapter includes a discussion of human rights and large-scale social change and how these may influence mental illness at the population level. The chapter on "Racism, Racial Life Events and Mental Health," by Bhugra and Ayonrinde, makes a case for accumulated racial life experiences as an often unrecognized etiological factor in medical illnesses, such as hypertension and several psychiatric conditions. The authors acknowledge a shortage of data related to racism and racial life events, but based on the limited existing evidence, they suggest that racism may serve as a chronic stressor in some groups of individuals and affect clinical presentation. The authors, however, rightly warn against overgeneralization and interpretation of such findings, since the data are relatively unclear.

The second section, entitled *Specific Mental Conditions Across Cultures*, is largely based on extensive reviews of epidemiological literature from around the world. A noteworthy inclusion in this section is the topic "Mental Health of the Aging Immigrant Population," by Livingston, Sembhi, and Bhattacharya. The issue of aging and culture has not been discussed extensively in psychiatry. Most studies in this area focus on ethnic and racial differences in epidemiology of diseases in older persons (e.g., dementias, depression). The chapter summarizes this body of literature but ultimately makes clear that even the existing literature, which is mainly limited to migrant populations in the United States, may not apply to other parts of the world. One hopes that this work provides the impetus for further research in this area.

The chapter "Culture and Liaison Psychiatry," by Gopinath Ranjith, stands out for its creative use of clinical vignettes that raise critical clinical questions. In one vignette, the author describes the case of a woman from India who was seen in an intensive care unit in a hospital in the United Kingdom after an overdose of medication in response to family pressure to return to India to get married. The psychiatrist assessed the woman, and after determining that there was no ongoing suicidal ideation recommended discharge from the hospital and referral to a psychologist for problem solving therapy. However, 2 weeks after the evaluation, the psychiatrist received a note from the psychologist stating that an attempt was made to contact the patient in order to commence therapy, only to learn that the patient had in fact returned to India. The psychiatrist was left wondering whether a major cultural stressor had been ignored. This vignette warns against a common error of omission in psychiatric assessment—not just in consult liaison, but also in emergency, inpatient, and outpatient settings. Culture affects the manifestation and severity of most social stressors, and this in turn influences outcomes. In the vignette, the eventual outcome is not presented, but the reader is left with a clear sense that by ignoring the cultural element to the patient's stress, the psychiatrist may have missed an opportunity to actually help the patient beyond just assessing her symptoms. Even if the patient is from a culture that is unfamiliar, any psychiatrist is well served by simply inquiring about the patient's background and attempting to place psychiatric symptoms within cultural context.

The final section addresses Management Issues in the Cultural Context. Much of this section consists of chapters reviewing ethnic differences in response to psychotropic medication and psychotherapy among patients from different cultures. Two chapters are noteworthy in this section because they are of immediate use to clinicians and they are likely to make valuable teaching examples. In the chapter "Interpreter-Mediated Psychiatric Interviews," Farooq and Fear discuss issues associated with translation in psychiatry. The use of interpreters does not receive adequate attention in training or practice. Too frequently, clinicians resort to using patients' family members or associates as interpreters. I can recount several instances from my own experience where the family members add their own subjective opinions to what the patient is saying, thus biasing the interview and clinical impressions. The authors caution against such common errors and provide simple tips on conducting interviews using an interpreter. Important suggestions include requesting verbatim translations, speaking directly to the patient and not the interpreter, and seeking the impression of the interpreter afterward about the normality of the conversation. In the chapter "Cross-Cultural Psychiatric Assessment," Bhugra and Bhui provide a systematic guide to clinical evaluation of culture-related clinical information. The authors note the importance of assessing migration status and conditions of migration, acculturation (including language fluency, employment, and use of leisure time), and patients' own explanatory models for their symptoms. Incorporating these elements into a psychiatric assessment has benefits for patients as well as clinicians. Patients are more likely to develop a positive rapport with a clinician who demonstrates perceptive insight into patients' experiences with migration and acculturation and seeks to understand how patients understand their symptoms. This can lead to better clinical information and reflect in the overall quality of care.

The overwhelming majority of contributing authors to this book are from the United Kingdom, and most discussions are based on the British perspective. However, American readers will note that much of the literature reviewed is from the United States and culture-related issues in the United Kingdom are more similar than different from those in the United States (though undoubtedly, some differences exist). Overall, this book stands out for its broad scope; sophisticated approach to the topic of culture; integration of ideas from diverse fields such as economics, anthropology, and social psychology; and its synthesis of diverse bodies of literature within psychiatry to provide informed clinical recommendations. I expect that this book will be of great value and interest to mental health practitioners across levels of experience and expertise, especially to those working among culturally diverse populations.

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