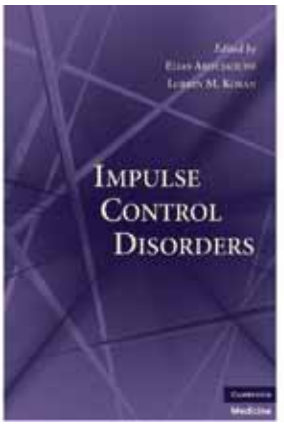

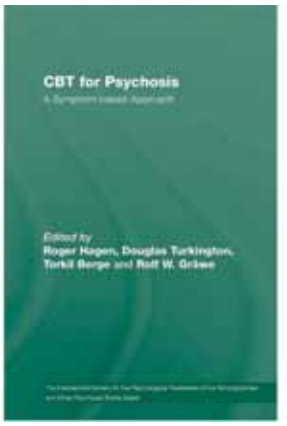

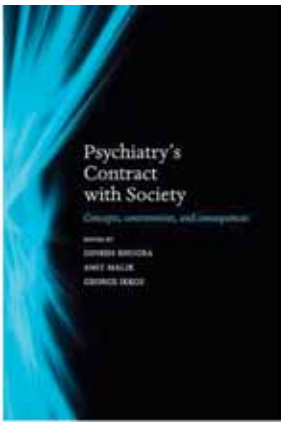

History and Health Policy in the United States: Putting the Past Back In, *edited by Rosemary A. Stevens, Charles E. Rosenberg, and Lawton R. Burns. Piscataway, N.J., Rutgers University Press, 2006, 376 pp., $25.95 (paper).*

> "The only thing new in the world is the history you don't know."
>
> —President Harry Truman

Rosemary Stevens, Charles Rosenberg, and Lawton Burns have edited a series of essays by 17 scholars that provides a historical context for understanding today's health care system. The overarching theme is that our policy challenges are not new, and a historical understanding informs how we perceive and address the critical issues we currently face. Although this book was published in 2006, its central message is informative in thinking about the current debates concerning the future of the Patient Provider and Affordable Care Act and how to reform our health care system. Furthermore, several themes are especially pertinent in thinking about the mental health care system as we move forward with health care reform efforts.

In the introductory chapter, Rosemary Stevens highlights an important message that emerges from several essays when she writes, "The politics of deflection have become policies of convenience" (p. 3). In other words, the current state of our health care system is shaped by political inaction as well as the enactment of specific policies. The essay by David Mechanic and Gerald Grob illustrates how this particular issue applies to the mental health care system through the story of deinstitutionalization. During this process, individuals with severe and persistent mental illness were discharged from institutions to an inadequate community-based system that did not have sufficient resources to care for their complex needs. As a result, there was an increase in homelessness, substance abuse/dependence, and "criminalization" of the mentally ill. These problems persist today as a result of political inaction in developing comprehensive systems of care for this population.

Another theme that emerges from several essays is the tension between the expanding role of government in our health care system and the political ideology that says its role should be limited. An essay by Lawrence Brown discusses three reasons for this expansion: 1) the role of technological innovation and the bipartisan support for the expansion of the National Institutes of Health (NIH); 2) the importance of interest groups in protecting and advocating for incremental expansions of existing health care programs; and 3) the role of government in addressing market failures in our health care system, including the passage of Medicaid and Medicare in 1965 to fill "the gaps of an otherwise robust private system" (p. 45). In 2009, prior to the passage of the Patient Provider and Affordable Care Act, Medicare and Medicaid provided health insurance for 30% of the population (1), and the government financed 44% of national health spending (2). When considering mental health services, these numbers were even higher because of the government's prominent role in providing health insurance to those with severe and persistent mental illness through Medicaid and Medicare. The enactment of the Patient Provider and Affordable Care Act on March 23, 2010, increased this role by expanding eligibility criteria for Medicaid and providing government subsidies for the poor to purchase private health insurance.

Today, the debate concerning the role of government in our health care system is as contentious as ever because of the mounting federal deficit and political climate. In the time since this law has been enacted, Republicans regained control of the House of Representatives, and the House voted to repeal the Patient Provider and Affordable Care Act. House Republicans have advocated for policies that would make fundamental changes to Medicare and Medicaid and greatly reduce federal government expenditures in these programs. These changes would have enormous implications for the mental health care system given the fundamental role of these programs in financing mental health services. Yet, as we debate the future of our health care system in an austere fiscal climate, an essay by Robert Cook-Deegan and Michael McGeary examining the history and politics of the NIH highlights how we currently have a weak evidentiary base to guide the implementation of efficient and effective cost-containment mechanisms. Although NIH has been a successful engine of scientific innovation, it has historically placed much less emphasis on public health research and the evaluation of health services that could help guide these decisions.

As we move forward, it will be especially important to ensure that those with severe and persistent mental illness do not continue to fall victim to the "politics of deflection" and

that any reforms to our health care system explicitly account for this population. Furthermore, we should also advocate for greater investment in public health and health services research to better inform how to improve the efficiency of our current system and mitigate the need for draconian cuts that could erode health care access and quality for our most vulnerable populations.

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Impulse Control Disorders, *edited by Elias Aboujaoude, M.D., and Lorrin M. Koran M.D., New York, Cambridge University Press, 2010, 328 pp., $95.00.*

This book is a well-thought-out and well-edited compendium of impulse control disorders. The editors endeavored to—in a concise form, with uniform chapter formatting—gather and clearly present information for clinicians on various impulse control disorders. They divided 10 different individual disorders into four areas based on themes and clinical presentation. The area of acquisitive impulses includes compulsive buying, kleptomania, and pathological gambling. Pellicular or skin-related impulses include trichotillomania, skin picking disorders, and onychophagia (nail biting). Information-seeking impulses include only impulse control problems related to problematic Internet use, a timely topic in the digital age. The fourth area encompasses sexual and aggressive impulses and covers hypersexuality, intermittent explosive disorder, and pyromania.

The individual authors have organized their chapters in a conventional way. Each of the 10 specific impulse control disorders is detailed in a separate chapter that is formatted to include the history of the disorder, diagnostic nomenclature, differential diagnosis, clinical picture and features, assessment instruments when available, prevalence, demographics, natural history, functional effects of the disorder, biological data on etiology when available, comorbid conditions, and treatments (both pharmacologic and psychotherapeutic) as well as self-help materials. A particularly valuable portion of this book is the chapters that follow the discussion of each of the specific disorders and that relate to various functional, medical, or social aspects of the disorder. For example, the chapter on intermittent explosive disorder is accompanied by companion chapters that address violence against women and intimate partner violence, both of which are frequent in the context of this particular impulse control disorder. This is a particularly valuable feature of the book and expands the clinical relevance beyond the clinical setting.

Skin picking disorder is well described by two experts in the field, Drs. Calikusu and Tecer, who explain the prevalence (in approximately 2% of dermatology clinic populations) as well as the history of attention to the disorder, dating back to the late 1800s. Skin picking disorder is not recognized in DSM as a specific entity but rather is diagnosed under impulse control disorder not otherwise specified. The authors do a good job of linking this disorder to phenomenologically similar entities, describing the overlap as well as areas that distinguish each of these entities. Examples include trichotillomania, obsessive-compulsive personality disorder, and obsessive-compulsive disorder as well as various psychiatric and medical entities. The authors propose a specific diagnostic nomenclature that includes compulsive, impulsive, and mixed subtypes, and they detail the clinical presentation of each. This is quite valuable in the effort to focus on etiology as well as specific treatments, both psychological and pharmacologic. There are clear descriptions of skin picking behavior and its effect on individuals suffering from this disorder and the functional problems that they encounter. As with many of the impulse control disorders, people suffering from skin picking disorder rarely seek psychiatric care as a primary therapy and are often first encountered in dermatology and primary care clinics. It is a disorder that begins in adolescence, is more common in women, and is often associated with a high rate of other comorbid disorders, such as mood disorders and substance abuse, as well as other impulse control disorders, such as trichotillomania. The authors conclude the chapter by describing several small pharmacologic trials and case series illustrating successful treatment of this disorder with various serotonin selective reuptake inhibitors as well as with other pharmacologic agents. They also describe several nonpharmacologic (behavioral) and cognitive-behavioral therapy techniques that are effective. Overall, the chapter provides a comprehensive description of the disorder, its functional effects and epidemiology, and treatment.

The companion chapter titled "Skin Picking: the View From Dermatology," by Drs. Wanitphakdeedecha and Alster, discusses how skin picking disorder presents in the dermatology clinic as well as specific therapies directed toward the outcome. This chapter's contents dovetail nicely with the parent chapter and offer the unique perspective of a nonpsychiatric clinician's interaction with patients who suffer from this disorder as well as potential treatments. An important point is the emphasis on the need to collaborate with psychiatric providers and to alert dermatologists and primary care physicians of the frequent psychiatric comorbidity that is seen with this disorder.

Intermittent explosive disorder is also well described. Drs. Coccaro and McCloskey discuss the history and epidemiology of this very prevalent psychiatric disorder and do an excellent job of describing the internal (psychic) experience of individuals who suffer from this disorder as well as how the aggressive behavior plays out and the emotional aftermath. There is also a detailed and thoughtful differential diagnosis discussion contrasting intermittent explosive disorder with various mood disorders and psychotic disorders that can manifest with aggressive behavior. Additionally, the authors review specific personality disorders that have significant overlap