



***Prevention in Mental Health: Lifespan Perspectives***, edited by Dilip V. Jeste, M.D., and Carl C. Bell, M.D. Philadelphia, Saunders Press, 2011, 296 pp., \$110.00.

This year, the public health community mourned the loss of one of its pioneers: Lester Breslow, M.D., Professor Emeritus at the University of California, Los Angeles, Fielding School of Public Health. In the groundbreaking Alameda County Study, Dr. Breslow was one of the first to empirically demonstrate that healthy behaviors (e.g., physical activity, moderate weight, no smoking, no excessive alcohol consumption, regular sleep) were directly linked to increased longevity (1). The notion that public health research should encompass the *prevention* of chronic illnesses as well as communicable diseases was seen as radical for its time. In their book *Prevention in Mental Health: Lifespan Perspectives*, Drs. Jeste and Bell open with a similar prescient theme: “the goal of this monograph is to inform the mental health community that prevention of several psychiatric disorders is not a futuristic fantasy but is possible and even practical today” (p. xiii). By reviewing the state of the science in the prevention of mental and behavioral disorders, they provide a vision for a future paradigm that embraces a public health model of prevention that may also seem radical for our time but in essence has already been substantiated through empirical research.

In this monograph, published by Psychiatric Clinics of North America, the editors compiled a cogent set of chapters that summarize current and emerging research in the prevention of mental and behavioral disorders. The book is comprehensive and covers the most common conditions ranging across the lifespan, including dementia, postpartum depression, and mental and behavioral disorders in children/adolescents; it not only highlights the crucial role of unwanted “co-travellers,” such as metabolic syndrome and HIV, but addresses research on the social determinants of mental health (e.g., youth violence). Each chapter provides an up-to-date synopsis of the key risk factors and relevant research studies, either completed or under way, that are focused on prevention efforts, ultimately leading to the argument that public health approaches can be successfully applied in mental health.

Much of the book’s content is shaped by the editors’ unique but complementary backgrounds that have led them down the path of preventive mental health. Dr. Jeste, a geriatric psychiatrist, has been interested in the prevention of cognitive impairment and the role of emotional aging. Dr. Bell has performed extensive research on violence and other social determinants of mental health. Traditional risk factors for mental illness are

discussed throughout the book, but emerging research related to protective or resilience factors is also presented, bringing hope to many underserved communities that might be used to a more deterministic and reactive research model. As Dr. Bell states, “risk factors are not predictive factors because of protective factors” (p. 185). As each chapter presents the state of the science in identifying these resilience factors, one is struck by how findings from the Alameda County study (e.g., diet, physical activity, sleep) are echoed. Nonetheless, the psychological and emotional toll that persons with mental or behavioral disorders often experience can make adoption of these healthy behaviors especially challenging. Hence, what makes this book particularly important to the field of public health as well as to psychiatry is recognition that these prevention strategies must be accompanied by understanding of the underlying emotional, environmental, and psychological factors that can facilitate or impede health behavior change in vulnerable groups. Hence, from the complementary perspectives of Drs. Jeste and Bell, one can see how the broader field of health promotion/prevention research can in turn be shaped by this emerging psychiatric research.

Moreover, what is particularly noteworthy is how many of the chapters provide research “pearls,” or primers on methodological issues of particular salience to prevention in mental health. The reader is first introduced to the concept of behavioral vaccines, defined as “repeated simple behavior(s) that reduce morbidity or mortality and increase well-being” (p. 3). As with medical vaccines, behavioral vaccines may involve low-cost population-level approaches, such as public service announcements regarding bullying or omega-3 fatty acid supplementation. The chapter on Internet-based depression prevention stretches the concept of behavioral vaccines even further, providing a thorough review of technology-based interventions for depression. Other research pearls include a primer on the methodological issues in applying the number needed to treat, often used to gauge efficacy in medication trials, to measure the effectiveness of prevention interventions for late-life depression. There is also a section on dementia that offers the reader a succinct description of meta-analyses and the promises and pitfalls of this approach when assessing interventions ranging from pharmacotherapy to social support-based approaches. Moreover, the chapter on genomics provides a well-written synopsis on history, current research trends, and policy and insurance implications. For clinicians, a practical guide to prevention of co-occurring conditions, including metabolic syndrome monitoring, is also provided in the chapter on serious mental illness.

Finally, suggested areas for future research are widely discussed throughout the book. Notably, the chapter on Internet technologies introduces the role of emerging implementation research, particularly in facilitating the adoption of new technologies or behavioral vaccines. Some of the implementation and dissemination of mental health prevention interventions may require a sequel to this already comprehensive monograph, especially as ongoing prevention research studies come to fruition. Yet in keeping with the public health framework, this emerging field of research may end up taking a page from the Centers for Disease Control and Prevention (CDC) experience with the research to practice framework to ultimately get effective research off the academic shelf and into communities (2). Developed in the 1990s, the CDC research to practice framework was developed to identify and rapidly disseminate HIV prevention interventions in community-based settings in response to the growing epidemic and was recently adapted to translate mental health treatments to community practices (3). Ultimately *Prevention in Mental Health* provides guidance for the next generation of mental health research and, by focusing on prevention efforts, leads the call for this emerging paradigm shift toward a public health model that holds promise in reducing the burden of mental disorders in our communities.

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***The Psychotherapy of Hope: The Legacy of Persuasion and Healing*, edited by Renato D. Alarcón, M.D. and Julia B. Frank, M.D. Baltimore, Johns Hopkins University Press, 2011, 368 pp., \$55.00.**

Jerome Frank was a towering figure in American psychiatry. Sadly, I doubt if his work is well-known by many in our profession. This carefully edited volume should fill that knowledge gap. The book is not a Festschrift, but a primer on common elements in psychotherapy, with a focus on the concept of demoralization. Its two editors have done a masterful job of carefully integrating the chapters in a sequential manner so

that the book is a joy to read but also so that each chapter can stand alone.

Frank's genius was his ability to ask important questions about the theory-bound psychodynamic psychotherapy of mid-twentieth century America, which was dominated by psychoanalytic schools of thought. He concluded that the role of the socially sanctioned healer, whether a psychoanalyst or culturally based practitioner, was to instill hope in the demoralized patient. It was this phenomenon, rather than the specific theory, that fostered the treatment alliance and fueled the trajectory toward a positive therapeutic model. It must be noted at the outset that his research was focused on nonpsychotic ambulatory patients but also contained elements that were helpful to other clinical populations and their families.

The book is divided into two parts. The first section reviews the basic principles common to all psychotherapies, and the second focuses on clinical issues regarding a variety of therapies and clinical populations. The book opens with a discussion of the genius of Frank and provides a review of his systematic research of the therapeutic elements of psychotherapy. By developing such testable hypotheses via empirically based outcomes, Frank documented that a demoralized individual is able to restore a sense of hope and mastery via various psychotherapies. This denotes the development of self-efficacy, which is defined as an individual's belief that he or she can accomplish a given task. Role induction was an essential technique for successful outcomes. Role induction is educating the patient about what to expect from the therapy and how it might work. This process may enhance placebo responses in many therapies and has currently re-emerged as a controversial topic (1). Chapters on the biological substrates of therapy and evolutionary biology offer current neuroscience data on psychotherapy. Demoralization is the central element in Frank's work. de Figueiredo's essay on deconstructing demoralization defines and expands the role of this psychological state that may include hopelessness, helplessness, and a sense of subjective incompetence. Drs. Slavney and McHugh (2) placed Frank's work within the life story perspective of psychiatry and described how demoralization fits into the personal narrative that patients offer the therapist.

The role of hope in various forms of practices in psychotherapy is reviewed in the second part of the book. Dr. Clarke presents a chapter on depression, demoralization, and psychotherapy in the medically ill. He conceptualizes demoralization as a construct that is an independent dimension in depressed individuals. Demoralization is similar to but has unique qualities distinct from a major mood episode and is also different from grief. It may be best categorized as a subtype of depression, which is rarely a stand-alone phenomenon. The chapter on psychotherapeutic communication in the medical setting is discussed by Dr. Freeman and should be essential reading for all consultation-liaison psychiatrists. Both of these chapters should be essential reading for psychosomatic specialists.

Next, Drs. Griffith and D'Souza review the development of self-efficacy in clinical work as a product of "agency thinking," wherein an individual's perceptions evolve into the belief that he or she can act effectively, and the development of "pathway thinking," which is a road map of how to reach such coping mechanisms and relief from current stressors.