



Classics of Community Psychiatry: Fifty Years of Public Mental Health Outside the Hospital, edited by Michael Rowe, Martha Lawless, Kenneth Thompson, and Larry Davidson. Oxford, United Kingdom, Oxford University Press, 2011, 624 pp., \$79.95.

This is a fascinating and illuminating collection of writings that will be a nostalgic reminder of developments in the field for those who have devoted their careers to community psychiatry and a mine of valuable information for those who are just entering it. If the book has a flaw, it is merely that the title calls for the word “American” to be inserted. Of the 50 or so essays and articles, only three deal in depth with topics beyond the shores of the United States. One is Leighton’s 1963 description of psychiatric disorder in West Africa; another is Wing’s call to recognize the importance of asylum in psychiatry, using British examples; and the third is the account of Scheper-Hughes and Lovell of Franco Basaglia’s role in the Italian Democratic Psychiatry reform movement, which began in the 1960s.

The topics in this volume of (primarily American) classic articles are wonderfully varied in their focus. Community psychiatrists struggle every day to deal with the effects of social policy on their work, learn how services can be delivered through different treatment and rehabilitation models, and discover, at some point, that underpinning their work is a set of values that often goes unrecognized and is seldom discussed. This book throws light on all of these areas.

The topic of American social policy in psychiatry is nicely covered in the opening essay by Miller et al. on the origins of the community mental health movement and by the recommendations in the 1961 report by the Joint Commission on Mental Illness and Health titled “Action for Mental Health.” A later essay by Davidson and Ridgeway details the effect of the community support movement in the 1970s and its demise, specifically the services implemented under the Carter Administration Community Support Program and the effects of the cuts under the Reagan Administration in Supplemental Security Income, housing benefits, and community services. The authors remark that capitation systems of government health funding and other forms of managed care for people with mental illness, in more recent years, have failed to improve service provision. The Davidson and Ridgeway essay and the 1976 article by Scull titled “Decarcerating the Mental-

ly Ill” highlight the under-recognized fact that deinstitutionalization in the United States was not the direct consequence of the advent of new and effective antipsychotic medications but rather of a transfer of patients from state hospitals to nursing homes as state governments took advantage of new federal social welfare and health benefits to reduce the cost to the state of psychiatric hospital care.

The articles in this book present the origins of a number of treatment models that have been developed in the past five decades, for example, Fairweather et al.’s 1969 description of the Fairweather Lodge model, the 1975 article by Stein and Test on the effectiveness of their assertive community treatment model, and Mosher’s development of a domestic-style environment for treating people in the early stages of a psychotic illness with minimal or no medication. Strangely absent, however, are classic articles dealing with the Clubhouse model of psychosocial rehabilitation, family psychoeducational approaches, and supported employment. While it may be true that seminal articles emerging from the Clubhouse movement have not been published, this would not be the case for the latter two great innovations in the community treatment of people with mental illness.

The values underpinning community psychiatry, which are seldom taught in residency training programs, are covered in this collection of articles. Bockoven’s 1956 article takes us back, appropriately, to the principles of nonrestraint and normalization embodied in moral treatment and contrasts these with the horrid truth of the dehumanizing conditions of American psychiatric hospitals in the 1950s. Even today, it is valuable to draw upon the innovative principles of Tuke’s York Retreat in designing inpatient care and alternative community approaches. The inclusion of first-person accounts is in itself a value statement encouraging us to listen closely to our patients’ reflections on our attitudes and services. Outstanding among these accounts is an article by Leete, published in 1989, of her personal strategies for dealing with the symptoms of her illness—a classic essay predating the introduction of cognitive-behavioral therapy for psychosis that one can still present to patients and family members as a useful guide. And who could resist the dark humor of an article written by someone who underwent ECT in the early 1960s titled “Scrambled Eggs for Brains”? Moreover, who could stop reading the article by the medical anthropologist Estroff on homelessness and mental illness after the opening sentence,

"In our very suspicious society, losing one's home, like losing one's mind, raises questions about cause, usually among those who have lost neither" (p. 306)?

In recent years, the recovery movement has refocused the attention of mental health professionals on important value questions. How much power should our patients have in determining their treatment? Should we encourage optimism about outcome from psychosis or adhere to our traditional preference for "realism"? Is mainstreaming always the right approach to the social inclusion of people with mental illness, or should we take a closer look at the mutual support to be found in subcommunities of people with psychiatric disabilities? In this volume, there are thoughts about these issues to be found in the contributions by Hopper, Mosher, Estroff, Schepers-Hughes, and many others. There is something to interest everyone in this fascinating collection.

RICHARD WARNER, M.B., D.P.M.
Boulder, Colo.

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Homelessness, Housing, and Mental Illness, by Russell K. Schutt. Cambridge, Mass., Harvard University Press, 2011, 402 pp., \$49.95.

In *Homelessness, Housing, and Mental Illness*, sociologist Russell Schutt has written what must surely be the most thorough multimethod study yet to appear of efforts to help homeless people with serious mental illness reenter mainstream community living. The book is based on an 18-month randomized trial of two approaches conducted in the early 1990s by principal investigator Stephen Goldfinger, M.D., and a multidisciplinary team that included Schutt. The trial was modest in size, with just under 60 patients in each of two groups. All participants were guaranteed a housing subsidy that would support their exit from homelessness and give them a chance to move out of emergency shelter. One-half were assigned to live in independent living apartments. The other half moved to innovative evolving consumer households, in which a trained facilitator was instructed to guide on-site staff in promoting a sense of empowerment that would help residents create cohesive, mutually supportive communities that would eventually become self-sustaining without staff support after project funding ended. The bottom line of the experiment—as understood by this reviewer from the book and related publications—is that by traditional intention-to-treat analysis, there were few, if any, group differences, although the evolving consumer household group had fewer days of homelessness and substantially higher costs during the 18-month intervention (1, 2), while the independent living group had more days of independent housing after the intervention ended.

However, Schutt takes his presentation far beyond traditional experimental analysis and offers his readers extensive subanalyses that address patient housing preferences and the ways in which such preferences change over time, along with provider judgments about what kind of housing would

be "best" for each client, and the interaction between client and provider perspectives. He examines differential subgroup outcomes, reporting that both minorities and those with addictive disorders tended to have poor outcomes but that these disadvantages seemed to be attenuated in the evolving consumer household model. Schutt is so imaginative in his intricate and numerous subgroup and subscale analyses that he seems to forget the hazard of multiple comparisons in the analysis of experimental data. He finds, for example, that individuals who did not abuse substances showed specific benefits in the evolving consumer household model in the area of executive neurocognitive functioning, contrasted with several other neurocognitive dimensions that showed no differences; however, he concludes, too generally in my reading, that the evolving consumer household model distinctively benefits executive functioning (p. 266). Schutt is a sophisticated methodologist and tucks his rationale for this approach in an appendix (pp. 293–295), perhaps to keep the narrative moving forward. The range of analyses presented is exceptional and highlights the difference between definitive hypothesis testing and creative descriptive analysis.

Beyond the nuanced quantitative analyses, Schutt offers sophisticated theoretical perspectives and detailed qualitative observations. The research team clearly had high hopes for the evolving consumer household model, and Schutt places it in the context of sociological thinking about the difference between traditional communities, rooted in face-to-face personal attachments, and modern civilization, with its foundations in rationalized relationships. He rightly places the evolving consumer household concept in the tradition of utopian thinking about supportive communities in a world of cold impersonality. It is a mark of his honesty that he acknowledges that the evolving consumer household attempt failed to achieve its utopian objectives in this case.

Schutt demonstrates his commitment to rigorous multimethod investigation, once again, when he presents extensive qualitative data obtained through anthropological field methods. Numerous vignettes highlight the successes, paradoxes, and disappointments of the evolving consumer household endeavor. On the one hand, some clients value the supportive social environment, while others find it oppressive and intrusive. And although the investigators are deeply committed to principles of consumer choice, front-line staff find that this undermines their professional roles, and it is only when active substance users are forced to leave the evolving consumer household that these communities achieve their desired unity. These often painful descriptions of the experiential texture of the programs ring true, even as they complicate the empirical findings. One wishes that there were similar qualitative descriptions of the clients in the independent living condition.

It is hard to extract a simple conclusion from this demanding gold mine of objective data and lived experience. In the end, we are left with a humble sense of how much more difficult it is to reintegrate homeless people with mental illness into social communities than it is to put roofs over their heads. We should not minimize the importance of the latter goal to a just society, but we should likewise not minimize the incompleteness of this goal and the challenge of going beyond it.