

The author reports no financial relationships with commercial interests.

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Mental Health and Deafness, by Margaret du Feu and Cathy Chovaz. New York, Oxford University Press, 2014, 320 pp. \$39.95 (paper).

This text is a wonderfully written, comprehensive, and gripping chronicle of the struggles and advances of deaf and hard-of-hearing individuals worldwide and of the need for culturally competent and appropriate mental health examination, diagnosis, and treatment of those individuals who present with mental illness. It is aimed at health care providers who thus far have had little or no experience with the examination, treatment, and management of deaf individuals. It clearly meets or exceeds the authors' objectives. The deaf tend to be an underserved population in general, and practitioners who do not have a specialization with deaf patients have a need to become acquainted with the Deaf culture. Deaf with a capital "D" denotes the proud members of a unique community of people with their own customs, traditions, mannerisms, languages, and other means of expression. Each country has its own unique sign language (e.g., American Sign Language is entirely separate and distinct from British Sign Language) and other means of expression. For practitioners to competently evaluate any patient, their linguistic, cultural, educational, medical, genetic, and family backgrounds must be taken into account and understood. While true for any patient anywhere, this is especially true for Deaf patients because of the dearth of knowledge about this population among health care providers. Few, if any, receive any formal training about the Deaf culture, and many have little exposure to the care of the Deaf in training and/or in practice, and yet a Deaf person could seek services at any time. *Mental Health and Deafness* goes a substantial way toward helping fill in knowledge gaps for practitioners and helps fill a sorely needed niche. The book is designed for family doctors, psychiatrists, social workers, and psychologists just for that purpose and is highly recommended.

The book does a nice job of covering issues affecting Deaf individuals, and after more general considerations is laid out in a developmental pattern, with unique considerations of age groups encountered from infancy, childhood, adolescence, adulthood, and senescence. It describes sad historical and frequently misguided efforts at education and socialization of Deaf individuals. Far too-frequent injustices have resulted. This problem remains today, although societies and health care professionals have gotten better at identifying deafness and recommending culturally appropriate and needed services. Not recognizing that an infant is deaf can and will have profound and tragic lifelong consequences upon the individual, his or her family, and society. This book poignantly notes the hard choices that hearing parents with deaf children and deaf patients with hearing children face. With what culture will the children identify? What opportunities will they have, and what opportunities will they miss? If not handled well, fractured families, educational missteps, and resultant behavioral problems, as well as psychiatric misdiagnoses and well-intentioned but poor treatments, may and will result.

Management issues such as whether to send the child to a residential Deaf school versus mainstreaming, the consideration of cochlear implants, and other critical decisions are discussed.

Diagnostic testing and assessments are spelled out and are nicely referenced. One overarching theme is the importance of a culturally competent and informed, thorough assessment of the patient as an individual. The mistake of lumping all deaf/Deaf patients into the same category cannot be made any more than it can with hearing patients. Each patient has a unique set of characteristics—of which it is critical that it be considered—such as genetics, identified culture, language of choice, educational background, and family dynamics and attitudes. The examiner, unless fluent in sign, must have qualified sign language interpreters and must, in cases of extreme language dysfluency, utilize certified Deaf interpreters where appropriate. Interpreters as third parties can unintentionally distort the doctor/provider-patient relationship, and issues related to this must be considered.

Diagnostic categories and special considerations for Deaf, deafened, and deaf-blind individuals are reviewed. As part of an excellent discussion on diagnostics, evaluation of possible hallucinations and disorganized thinking (versus language dysfluency) must include a thorough understanding of the patient and his or her language abilities. Legal charges as they relate to Deaf patients require a comprehensive understanding of the patient and an adequate legal defense as well. There must be a culturally informed and competent mental health evaluation when mental health issues are in question.

A case is made for competent and accessible mental health services for Deaf individuals, where every member of the mental health team, from receptionists to providers, should sign, and liberal availability of interpreters should be made. Many locales at least in the United States do not have such services, and worldwide there is still a long way to go.

This text is abundantly referenced with relatively current as well as historical literature cited, is nicely indexed, and is scientifically sound. *Mental Health and Deafness*, by Du Feu and Chovaz, should be on every provider's bookshelf.

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Madness and Memory: The Discovery of Prions—A New Biological Principle of Disease, by Stanley B. Prusiner. New Haven, Conn., Yale University Press, 2014, 344 pp., \$30.00.

This book provides a detailed history of the efforts that led Dr. Prusiner to identify prions as the etiological agents of devastating neurological disorders in animals (e.g., scrapie) and humans (e.g., kuru, Creutzfeldt-Jakob disease). The concept that a modified normal protein could cause disease was unthinkable in the medical field in the 1980s. Dr. Prusiner proposed that a normal protein could cause a disease by changing

its conformation and could replicate without a genome by forcing other normal proteins to change their shape into harmful ones. He presents a frank and honest description of the successes and frustrations that took him to the identification of prions (proteinaceous infectious particles).

There is an excellent and critical description of the pioneering work in the studies of prion diseases. From William Hadlow, who in 1959 described that the scrapie's pathological findings were undistinguishable from those of kuru, to the work of Gibbs and Gajdusek on the transmission of brain tissue of kuru patients to nonhuman primates.

Dr. Prusiner's thoughts about his scientific and political agreements and disagreements with his colleagues bring a human dimension to this book. At the end, this struggle seemed to have had a positive effect on his motivation to continue testing his hypothesis and ended when he received the Nobel Prize in Medicine in 1997.

The last chapters of the book are devoted to explaining a unifying hypothesis on neurodegeneration (e.g., Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis, and dementia with Lewy bodies), where a diverse group of proteins can form prions, which in turn undergo self-propagation as oligomers. Regardless of the provocative aspects of this hypothesis, it is important to remember that although we have identified major risk factors for some of these conditions, we do not know the initial pathological event.

Alzheimer's disease is the most common neurodegenerative disease in persons age 65 or older, and one of its pathological hallmarks is the deposition of A β amyloid plaques. Because patients with Creutzfeldt-Jakob disease have amyloid deposits in their brains, and some studies have shown that inoculated human Alzheimer's disease brain homogenates in experimental animals (e.g., marmosets) led to the development of A β amyloid plaques, Prusiner proposed that Alzheimer's disease could be transmissible and possibly caused by a prion.

The book is oriented to a medical audience, and it should be read by medical students, residents, and neuroscientists in general. There is a profound message of optimism for the younger generations struggling to conduct basic and clinical research.

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***American Psychosis: How the Federal Government Destroyed the Mental Illness Treatment System*, by E. Fuller Torrey. New York, Oxford University Press, 2013, 224 pp., \$27.95.**

Our current treatment system falls far short of what it should be for individuals with severe mental illness. This is painfully obvious to patients, their family members, and clinicians who struggle to provide care and find community supports. E. Fuller Torrey's book, *American Psychosis: How the Federal Government*

Destroyed the Mental Illness Treatment System, is his account of how we arrived at this conglomeration of failed policies and services systems, the consequences, and suggested solutions. It is clear that Dr. Torrey cares deeply about individuals with severe mental illness and the importance of treatment for them. As a psychiatrist and family member of someone with schizophrenia, he has seen the failings of our health care system up close.

Dr. Torrey begins with the role Joe Kennedy, his daughter Rosemary, and her tragic outcome after a lobotomy would play in focusing the Kennedys on legislation to improve care for people with cognitive disabilities and mental illness. This narrative occurs within a larger 1950s context of increasing awareness to the excesses of state hospitalization, the discovery of chlorpromazine, and a pervasive (albeit unproven) optimism that mental illness can be prevented with existing knowledge and treatments delivered in community settings. This historical backdrop spurred the creation of the federal Community Mental Health Act, and for Dr. Torrey, the genesis of a very wrong turn in mental health policy. Some predominant themes in *American Psychosis* are: providing for individuals with mental illness should be a state responsibility; federal involvement destroyed existing and emerging state mental health systems; deinstitutionalization has gone too far; the community mental health centers did not live up to their promise of caring for the severely ill; and the public needs to be protected from individuals with severe mental illness.

While there are some truths in this book, a major flaw of it is that Dr. Torrey is selective in what he presents and emphasizes. For example, the historically positive roles of the state hospital systems are emphasized, while their abuses are mentioned in passing. He highlights the historical failures of community mental health centers to treat the types of patients who were leaving the state hospitals but neglects to mention that community mental health center funding was small, and later reduced, relative to the scope that would be needed to care for these individuals. Also, community mental health centers expanded treatment opportunities for many individuals with depression and anxiety disorders. *American Psychosis* provides an incomplete understanding of how these events, as well as programs such as Medicaid and Social Security Disability Insurance, affected individuals with mental illness compared with other academic works produced by respected scholars.

Similarly, when it comes to topics that can inform health policy, he is often selective in the literature he cites or is prone to anecdotal information (such as newspaper articles), rather than empirical literature (which does not always support his views). For example, when discussing the risk of violence, while he acknowledges that individuals with severe mental illness can be victimized, he spends far more time describing how they can be aggressors and homicidal. He prefers to cite a psychiatrist/television news consultant as the expert in gun violence and mental illness, rather than thoughtful researchers and scholars on the subject. In general, scientific literature that does not prove his points is unlikely to be mentioned; for example, he ignores the literature about the role of co-occurring substance use and the contribution of community levels of violence. Such nuances matter if we are to make informed policy.

Furthermore, he is prone to gratuitous, derogatory statements that at best are inappropriate and distracting (e.g., stating that some charities funded by the Kennedy Foundation personally benefitted the Kennedy family, and that "the ability of the Kennedys