Disaster Psychiatry: Readiness, Evaluation, and Treatment

edited by Frederick J. Stoddard Jr., M.D., Anand Pandya, M.D., and Craig L. Katz, M.D.; Washington, D.C., American Psychiatric Publishing, 2011, 418 pages, $69

Robert J. Ursano, M.D.

Disaster psychiatry has a long history as a field of intervention and an emerging area of science and clinical care. In the past two decades, it has become a well-defined area of clinical care and research. In 1992 the APA established the Committee on Psychiatric Aspects of Disaster. As a clinical specialty, disaster psychiatry includes care for the individual and populations and requires skills that range from the stethoscope to development of communitywide interventions (1). The care models are built on clinical skills, knowledge of communities, knowledge of culture, and the ability to work across disciplines. Drs. Stoddard, Pandya, and Katz have made a major contribution to the clinical textbooks of care in their well-developed and clinically focused *Disaster Psychiatry.*

The book is structured in three major parts. The first is focused on readiness, the second on evaluation, and the third on intervention. The volume also includes special topics and a valuable appendix of additional readings and resources. The structure highlights the importance of offering a range of care, to serve the individual as well as the community. The volume has multiple outstanding contributors; each chapter serves as a standalone clinical guide to preparedness, assessment, treatment, and population-level interventions. Much of the clinical wisdom will seem familiar to clinicians engaged in the care of patients exposed to trauma and disaster. The compilation of this knowledge with public health intervention strategies and information about public health structures and roles is a unique contribution.

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The volume opens with a description of the incident command structure, which is very important to those who respond to disasters yet is not well known by most physicians. It is the operating structure for delivering care and responding in most emergency settings. Similarly, how to communicate about risk during disasters is a population intervention important to keeping communities informed about available resources, decreasing inappropriate health care seeking, and educating about appropriate needs for care. Each of the chapters is followed by review questions, which form an excellent resource for evaluating one's own knowledge or developing an evaluation program for a residency track or fellowship track that includes disaster and trauma care. *Disaster Psychiatry* wisely includes a chapter on self-care in disaster response. Those who work with trauma victims know the cost of sustaining work in an emergency setting for days, weeks, and months while working with people who are injured, physically as well as mentally, and supporting the entire medical care team. The symptoms of compassion fatigue are an important focus for caring for oneself as well as for intervention with one's medical colleagues during times of disaster.

The first task of disaster mental health care is a needs assessment to determine resource allocation for the delivery of care. The volume thoroughly describes this task and explains its key importance to forming the disaster mental health care team. Usually mental health care is not what is needed in the first 24–48 hours, during which life-sustaining operations are most urgent. However, assessing during this time the needs that will soon be required and collaborating with the medical care team in order to be able to support their work and develop modes of communication are critical processes.

An often forgotten component of disaster response is care for those with serious mental illness. A full chapter is devoted to this topic and covers it well. In times of disaster, persons with chronic illnesses of all kinds lose access to care, lose their caring community (physicians, nurses, and health care providers), and lose their medications and other treatment interventions. Whether those are antipsychotic medications, antianxiety medications, oxygen, or renal dialysis, the impact of loss of care is an important focus for ensuring health and well-being in disaster-stricken populations. Similarly, the book highlights issues of substance abuse, including data documenting that substance use increases after exposure to trauma and disaster, although the data on the new development of substance abuse after such events are less compelling. Increased substance use is a risk not only to the individual but also in workplaces and on the highway, where vehicular accidents can be a major outcome of psychiatric distress. The management of medical complaints and the role of triage are also discussed.

After the impact phase of the disaster, as recovery from the disaster becomes the focus, the management of grief and resilience are primary. Our science of understanding the grief response, effective interventions for pathological grief, and the role of community and culture in recovery from grief are emerging. The chapter on this topic provides vital information for both individual and community recovery.

Psychological first-aid concepts have emerged from an expert consensus panel and are the organizing principles of early intervention in disaster communities (2). The principles of safety, calming, connectedness, self-efficacy, and hope organize the interventions for psychological first aid. Now conceptualized in several forms, the core concepts remain the same (3). These principles are informed by evidence, but further research is

needed. The psychotherapies and psychopharmacology for posttraumatic stress disorder (4), anxiety disorders, depression, and substance abuse are well described and summarized. Alternative interventions also receive attention, including meditation and yoga, which are often found to be helpful and calming after disaster exposure. In addition, the volume addresses the special needs of the elder population. Because older persons frequently have chronic medical illnesses and decreased mobility, community interventions for preparation as well as early response need special consideration.

In disaster care, psychiatrists have unique roles in providing not only individual care but also population health care and in making resource decisions. Consultations to community leaders—from pastors, ministers, and rabbis to mayors, teachers, and other key community figures—can provide much needed information to inform decisions on individual community care. When psychiatry enters the disaster community, collaboration with primary care usually provides the best approach to mental health services and long-term recovery needs. Drs. Stoddard, Pandya, and Katz have made a substantial contribution to the dissemination of knowledge for disaster psychiatry. The volume will inform clinicians and provide essential training in residency programs and fellowships and in continuing medical education.

The reviewer reports no competing interests. ♦

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Oxford Textbook of Community Mental Health

edited by Graham Thornicroft, George Szmukler, Kim T. Mueser, and Robert E. Drake; New York, Oxford University Press, 2011, 520 pages, $165.00

Jeffrey L. Geller, M.D., M.P.H.

Trying to create a textbook of community psychiatry with international contributors but without a cross-cultural focus is a herculean task. Thornicroft and Szmukler (United Kingdom) and Mueser and Drake (United States) made a valiant effort, with mixed results. The *Oxford Textbook of Community Mental Health* is generally a patchwork quilt of English chapters and American chapters, with a thread or two from continental Europe, Australia, and New Zealand. And there is little that ties these chapters together.

Dr. Geller, who is the book review editor, is professor of psychiatry and director of public-sector psychiatry at the University of Massachusetts Medical School, Worcester.

The last chapter, "Looking to the Future," written by the four editors, is excellent and probably should have been the first chapter. Opening with this chapter would have provided the textbook's contributors a focal point and the reader some unifying themes.

Two warnings: First, don't expect this textbook to be a how-to for community psychiatry—it's not. It's more an explanation of what community psychiatry is about. Second, don't try to read this book cover to cover—the cultural shifts are jarring.

One suggestion: Read a chapter on a topic of interest to you. Despite the disjointedness, there is much to be gleaned from these pages.

Community psychiatry is covered quite broadly, leaving significant gaps within sections and chapters. The section on policies and funding has a sweeping international perspective and provides little insight into the situation in the United States. The section on ethical and legal aspects is excellent but includes no discussion of coercion or compulsion through involuntary outpatient treatment—a controversial subject in all the countries represented by the authors in this textbook. Section 9, on methods for ensuring effective care, covers an issue for virtually every community psychiatrist worldwide, but this section disappoints, doing little more than discuss guidelines. It discusses some impediments in low- and middle-income countries, but what about high-income countries? Problems abound in the United States, United Kingdom, and elsewhere.

As is always the case with books that have multiple contributors, the book is uneven. The section on stigma and discrimination seems to address the lay public, a readership different from that addressed by the rest of the book. It was baffling that the editors reprinted an article from *Lancet*, listing 29 authors, rather than having one or two of those authors adapt the article for a textbook chapter.

Some chapters, such as the one on psychopharmacology, cover material with no apparent specificity to community psychiatry. Other chapters hit their mark, such as the well-executed chapters on crisis and emergency services, early intervention, case management and assertive community treatment, day and partial-day treatment programs, and residential care. Chapters that provide up-to-date discussions on topics of particularly contemporary interest—employment, medical comorbidity, and illness self-management—are a fine starting point for anyone wanting to garner an understanding of these topics. The chapter on inpatient psychiatry is very strong, although the interface between hospital and community psychiatry receives too little attention and a discussion of integrated treatment plans would have been welcome.

I highly recommend to American readers the chapters on issues of great

importance in global psychiatry, about which too many in the United States and Canada know too little: global burden of mental disorders, mental health challenges of immigration, and ethnicity and cultural diversity.

What's missing? Although the book is roughly 500 standard-size 8½×11-inch (A4) pages, the editors still had to pick and choose what to cover, and chapters on treatment planning and on disability would have been useful additions.

What's the bottom line? I salute the four editors for trying to bridge the gap of the Atlantic to provide a textbook for cross-cultural consumption. Although their success is somewhat mixed, they have provided a reference book from which any reader can learn about how community mental health is done in one's own country and how it's done someplace else. We all would benefit from knowing more about both.

The reviewer reports no competing interests. ♦

How to House the Homeless

edited by Ingrid Gould Ellen and Brendan O'Flaherty; New York, Russell Sage Foundation, 2010, 190 pages, $37.50

H. Richard Lamb, M.D.

This book grew out of a 2008 conference of leading researchers, with backgrounds ranging from psychiatry to economics and policy. The participants were asked to consider how housing policies influence homelessness. The book presents two prevailing viewpoints. One view holds that people are homeless because of personal problems, such as mental illness or addictions. Those with this point of view stress the need to address these problems with programs such as case management, supported housing, payeeship, behavioral money management, and supported employment. An excellent chapter by Sam Tsemberis describes the evidence-based housing-first program, which provides housing and support services but does not require psychiatric treatment or sobriety as a condition for obtaining housing. Participants have to accept only a weekly staff visit to their apartment as well as the terms and conditions of a standard lease with full tenant rights and payment of 30% of their income toward the rent.

The other point of view, which takes up the second part of the book, focuses not on treatment and rehabilitation but on housing policy. The reader will find excellent chapters on reducing homelessness by the use of rental subsidies; on fundamental housing policy reforms to end homelessness, such as replacing the current system of low-income housing programs with an entitlement program of tenant-based assistance; on housing market regulation and homelessness; and on shelters, including their advantages and disadvantages.

How to House the Homeless explores a middle ground between the two opposing views by examining how housing markets affect homelessness. As such, it makes a major contribution to understanding homelessness and its many complex issues.

This book lacks a section on emergency psychiatric intervention on the streets, especially a discussion of Project HELP (the Homeless Emergency Liaison Project). Its inclusion would have been easy, given that Tsemberis was one of the leaders of this program. Project HELP functioned as an outreach team that provided crisis, medical, and psychiatric services to impaired homeless persons in New York City. If homeless persons required psychiatric hospitalization, the project was empowered to bring them voluntarily or involuntarily to Bellevue Hospital for treatment, and when their condition stabilized, the project placed them in housing. Project HELP was responsible for getting many homeless persons off the streets and into stable housing.

The reviewer reports no competing interests. ♦

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Treating Personality Disorder: Creating Robust Services for People With Complex Mental Health Needs

edited by Naomi Murphy and Des McVey; New York, Routledge, 2010, 320 pages, $55.95

Brian A. Palmer, M.D., M.P.H.

Have you wished you could learn the condensed, practical wisdom of the most seasoned psychiatric nurse in your institution regarding the treatment of patients with personality disorders? Now you can.

In *Treating Personality Disorder,* forensic psychologist Murphy and psychiatric nurse McVey bring considerable clinical experience and expertise to bear in this eminently readable and pragmatic volume. They draw from settings—prisons and hospitals—where "containment or management" has been the accepted strategy, and they challenge mental health professionals to do better. Plus they show us the path for doing so.

Beginning with a description of character pathology that is hopeful but not sugarcoated, they outline how a number of systems issues collude to result in routinely poor patient care. They observe that training is inadequate and that nurses often resort to a medical model, even when faced with evidence of its ineffectiveness. Huge investments in brief cognitive-behavioral treatments are unlikely to be effective,

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yet they are emerging as the standard of psychotherapy. Because physician and nursing staff alike often lack a psychological understanding of personality, patients' bids to get needs met are sometimes interpreted with hostility.

The authors take a sober look at the personal qualities required to be successful with this population, suggesting that many staff are likely ill suited for the work. Effective staff members bring a desire to work with patients with personality disorders, as well as good emotion-regulation skills, a capacity for self-reflection, robust self-esteem, the ability to set and hold limits, and the ability to perceive vulnerability of the patient, among other qualities.

Chapter 4 meanders through questions of etiology, including trauma, and at one point suggests prioritization of an etiological focus, but by chapter 5, the book is fully back on track, presenting a number of very solid treatment strategies that could be useful for any mental health provider working with patients with personality disorders. Specifically, they advocate a primary relationship focus with appropriate emotional intimacy, built carefully by focusing on affect and identification of behavioral obstacles to tolerating emotions.

A patient with a history of polysubstance dependence, eating-disordered behavior, self-injury, and angry outbursts once asked me, "Do all people have feelings?" These authors would answer yes to that question, and they advocate a stance of ongoing interest in the affective experience of the patient through systemically identifying and challenging barriers to emotional experiencing. One such barrier is the gap between the logical worlds of patient and clinician; for example, providers might assume that the kinds of relationships and ways of relating that make themselves feel safe and comfortable work as effectively with their patients.

After two chapters on interdisciplinary work, the remainder of the book considers the roles of nursing, occupational therapy, prison officers, psychiatrists, and psychologists in working with patients with personality disorders. These chapters are worthwhile, although they contain less authentic wisdom than the chapters primarily written by Murphy and McVey.

Despite its Britain-specific examples and occasional meandering, this volume is a welcome addition to the psychiatric services literature. It would be especially useful to treatment teams that provide care for patients with personality disorders.

The reviewer reports no competing interests. ♦

The Madness of Women: Myth and Experience

by Jane Ussher; New York, Routledge, 2011, 328 pages, $80 hardcover, $34.95 softcover

Maxine Harris, Ph.D.

Jane Ussher has written a highly complex and academic book about real experiences of women and the social and psychological labels that have been applied to their distress. She begins her book with a very real issue—how we understand the historical and current labeling of women as mad. Medical practitioners tell us that women suffer from very real "brain diseases." Some feminists argue that such labels are purely a social construction and that women are labeled as mad when their behavior is outside societal norms or expectations.

Ussher begins with a discussion of how the term "mad" came to be applied disproportionately to women. She eschews explanations that point to women's biological or hormonal frailty, instead focusing on the social and cultural stresses that women face. She maintains that behaviors that come to be labeled as symptoms and that lead to a psychiatric diagnosis are constructed by the culture and the times in which a woman lives. With a special focus on depression, Ussher puts forward the premise that many behaviors labeled as symptoms may in fact be responses or adaptations to stressful life events, a position that, although compelling, is not new to the field. For example, a woman struggling with the need to be a "super mom" may feel overwhelmed and defeated when she fails to live up to those unrealistic and socially imposed expectations.

Ussher applies this same basic formulation to our understanding of posttraumatic stress disorder, borderline personality disorder, and premenstrual dysphoric disorder. Using *DSM-IV* criteria for these disorders, Ussher illustrates with case examples that a response is to be expected given the abuse or neglect that the woman had encountered. For example, she sees the intense, inappropriate anger for borderline personality disorder as a very reasonable response to years of abuse and betrayal. Ussher's writing is most engaging when she uses the words of actual women, as she does here.

In her final chapter on resistance and survival, Ussher offers actions that women can take to combat the construct of madness as a women's problem. In contrast to the complexity of her theoretical formulations, her solutions seem rather limited. She advocates "saying no" to ideal images and expectations of how a woman should behave and employing more self-care strategies, such as resting, taking a bath, or finding time to read a book. Such a lapse may be understandable because Ussher is not a clinician but a researcher and sociocultural thinker.

Ussher has written a complex and intriguing book. Her philosophical constructions, however, are extremely complex and perhaps not well suited to the practicing clinician. Anyone interested in a feminist and cultural perspective on how women come to be labeled as mad will find this book an interesting but valuable challenge.

The reviewer reports no competing interests. ♦

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