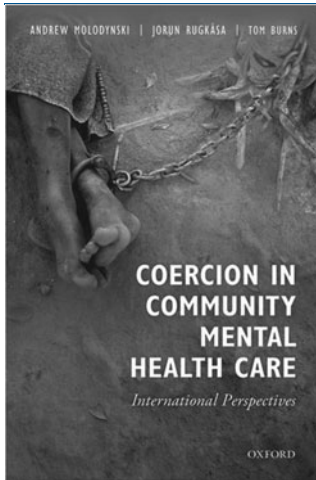


Book reviews

Edited by Allan Beveridge and Femi Oyeboode



Coercion in Community Mental Health Care: International Perspectives

Edited by Andrew Molodynski, Jorun Rugkåsa and Tom Burns.
Oxford University Press. 2016.
£39.99 (pb). 368 pp.
ISBN 9780198788065

Frequent readers of this journal might recall the image of Pinel removing the chains of lunatics in 1793 Paris that marks the beginning of the asylum era. By the 1950s, asylums were notorious for abuses leading to campaigns to shut them down. Community mental healthcare was deemed to be the appropriate solution, but was it really?

This book provides the necessary theoretical and empirical exposition of existing formal and informal coercive practices in community mental healthcare. It incorporates international perspectives within a multidisciplinary overview with the perspectives of history, law, sociology, anthropology and medicine, ensuring there is something new for every reader. Its five sections are: origins and extent, evidence, experience, context and international perspectives. The last section, being the namesake of the book, might benefit from a greater word count.

As alluded to on the book cover, in many low- and middle-income countries, pre-Pinel shackling of those who are mentally ill is still in practice, along with a host of other cruel practices that Arthur Kleinman considered a failure of humanity. Representing 40% of the world's population, three of the world's largest low- and middle-income countries have recently renewed their mental health legislations to focus on a human-rights-based approach: China (2012), India (2013) and Indonesia (2014). The question remains whether the new legislations had any impact on eliminating coercive practices within these three countries.

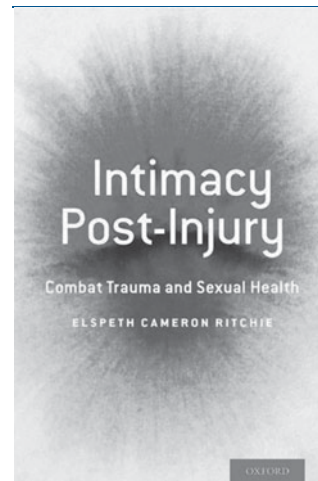
Although the variety of international accounts is valuable, the book referenced Indonesia's 1993 health law rather than the 2014 mental health law, leading to questions on whether the information presented is up to date. Readers may also be surprised that Taiwan, China and Japan were classified as part of Southeast Asia. I was nonetheless fascinated by China's 686 Model, mentioned in the book, an example of successful partnership between the public service and international academics, leading to the development and countrywide implementation of community mental healthcare in less than 15 years.

The book draws attention to the fact that coercion takes many shapes, and occurs also in high-income countries such as the UK and the USA. In daily practice, mental healthcare has multiple stakeholders with their own competing interests. Coercive actions are

almost always intended to be utilitarian: for the greater good of the society. Although the greater good is important, other moral principles, such as virtues and human rights, must never be forgotten.

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Intimacy Post-Injury: Combat Trauma and Sexual Health

By Elspeth Cameron Ritchie.
Oxford University Press. 2017.
£44.99 (pb). 248 pp.
ISBN 9780190461508

One of my most disturbing memories in a long military career was bearing witness to soldiers, critically injured by blast wounds, regaining consciousness in the UK field hospital at Camp Bastion, Afghanistan, to discover that world-class medical evacuation from the battlefield and the latest techniques in resuscitation had saved them from what, until recently would have been, unsurvivable injuries. The moment of insight when a previously fit and healthy young adult realised their life, dreams and aspirations had violently been dashed and rebooted to begin the painful task of coming to terms with a life of disability, handicap and, in many cases, intractable pain was distressing indeed. What was also evident is that when the mutilation included genital injury, the impact was manifestly worse... resus staff became targets of ingratitude and verbal abuse; '...why the f...k have you saved me to live like this'. That scene, for staff and patients alike, was one of the most traumatic memories of the conflict and prompted profound ethical and moral discussions about the medical imperative of saving life at whatever cost.

More than 1500 young UK ex-service personnel now lead lives of profound disability and, after receiving the very best rehabilitation there is within the military (inadvertently raising expectations of an unsustainable level of support and service provision), are, at some point, cut adrift and left to an increasingly beleaguered National Health Service. Mental illness often lurks in the shadow of physical disability; frequently overlooked as attention is directed to visible wounds. All the more therefore when the wound is an injury to sexual health still surrounded by embarrassment and taboo.

Psychiatrists are increasingly under pressure to conduct assessments that are ever more perfunctory and, outside specialist services, often fail to take even a rudimentary psychosexual history. Against this background, this book is a timely reminder that, the often undisclosed private lives of our patients can have a profound

effect on mental well-being and play a major contributory role, albeit often invisible, in their suffering.

The book is directed at a US audience and its facts and figures very much speak to that. The author (actually the editor) has assembled 17 chapter authors who cover the common causes of combat injury and their effects and impact on sexual health. This is probably the first book of its kind and despite criticisms of style and flow (there is repetition between chapters and some of the content would be obvious to any lay person) is nevertheless an important contribution. There are particular chapters of special relevance to psychiatrists such as the impact of post-traumatic stress disorder (PTSD) on sexual health and although chapters on penile reconstruction may not seem immediately relevant...what is clear is the extent to which sexual health is a pivotal part of the core identity of the 'warrior culture' and the dire consequences when it fails.

What is also clear is the extent to which the physical dimension to a relationship is a foundation in the lives of these people, without which the relationship itself can quickly crumble. The book will

equally appeal to urologists, trauma specialists and psychologists. Psychiatrists will find chapters on PTSD and sexual intimacy, failed relationships as a suicide risk factor and more basic biological issues such as the role of the sympathetic nervous system in the genesis of PTSD of particular interest.

Service veterans will permeate into mental health services by many routes, referred in different guises, *Intimacy Post-Injury* serves as a reminder that the presenting complaint is not always what it seems, poor sexual health is a powerful potentiating factor underlying many mental health problems (not just PTSD), and, if you do not ask and take a thorough history you may never know what is actually going on.

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