

For the psychologically minded, a comprehensive chapter on affective–cognitive processes leaves unanswered the question of causation, as most work on cognition in child and adolescent anxiety is characterised by lack of consistency in methods and theory. This shortcoming highlights the need for further observational and experimental studies that can go beyond the self-report questionnaire, to inform on affective–cognitive mechanisms.

For the neurobiologically inclined, the detailed chapter on neuropsychiatry is interesting, although the range of studies and quality of evidence provide no clear message regarding neuropsychiatric underpinnings. The developmental view, although largely based on animal models, is nevertheless refreshing, particularly the significance of early maternal deprivation, which can promote changes in the hypothalamo-pituitary axis that persist into childhood, and can influence stress reactivity and affect regulation in later life. Such evidence might lead to the fruitful integration of psychodynamic ideas, developmental psychopathology and neurobiological perspectives.

From a treatment perspective, psychosocial approaches are reviewed. Most evidence relates to cognitive–behavioural therapies (CBT), and the intriguing finding that educational support is as efficacious as elements of CBT raises the unanswered question of what it is about psychosocial treatments that is effective. Pharmacological approaches are also assessed; here I was concerned at the detailed discussion of the prescription of medications such as benzodiazepines for children, despite the absence of controlled trials supporting their use.

Clinicians will be satisfied with the review chapters on a developmental approach to assessment. Issues for future research are raised, again stressing the need for greater attention to the assessment of ‘cognition’ in anxiety and calling for more experimental studies to inform on affective–cognitive processes such as attention and memory biases in anxiety disorders.

Yule’s fluent chapter on post-traumatic stress disorder (PTSD) provides a fascinating update and is complemented by a chapter on preventive approaches to anxiety disorders that focuses on PTSD as an example of prevention.

The most important message arising from this book is that anxiety disorders are common, start early in life and are more persistent than previously recognised.

Although there are few follow-up studies, it is concluded that “child and adolescent anxiety disorders, with or without depression, raise the risk of adjustment problems and anxiety disorders later in life”. Its comprehensive coverage of both theoretical and clinical issues make this recent volume in the Cambridge Child and Adolescent Psychiatry series a valuable addition to departmental libraries and to the personal reference shelves of both clinicians and researchers.

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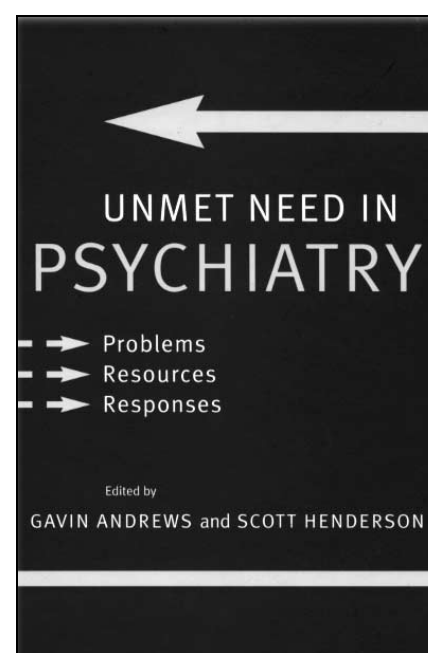
Unmet Need in Psychiatry: Problems, Resources, Responses

Edited by Gavin Andrews & Scott Henderson. Cambridge: Cambridge University Press. 2000. 440 pp. £55.00 (hb). ISBN 0 521 66229 X

This valuable book arose from a conference held in Sydney in 1997 under the auspices of the World Psychiatric Association’s Section of Epidemiology and Public Health. Its underlying theme is the applicability of the findings of psychiatric epidemiology in shaping a policy response to meeting the needs of people with a ‘mental disorder’ (those disorders listed in DSM–IV and Chapter V of ICD–10). The scale of the problem is enormous. The World Bank Global Burden of Disease project has reported that mental disorders account for about 10% of the burden of disease worldwide – and over 20% in the otherwise much healthier West. Compare this with the negligible spending on mental health by developing nations and the 5–10% of health budgets typically devoted to mental health services in advanced industrial countries. A series of careful epidemiological studies using refined methodologies carried out over the past 20 years in the USA, Canada, UK and, most recently, Australia have identified a 1-year-period prevalence of mental disorder in between 20% and 30% of the adult population. (The UK is scolded for adopting a non-standard methodology in its national psychiatric morbidity survey

but its findings are broadly similar.) Anxiety, depression, substance misuse and personality disorder are overwhelmingly more prevalent than psychosis (which tends to be underreported in community surveys). Roughly a quarter of cases will be continually ill throughout the year, with onset cases and remitted cases balancing out.

The epidemiology maps poorly onto real life, with only a small proportion of identified cases receiving treatment and a significant proportion of those receiving treatment failing to meet diagnostic criteria for mental disorder. Treatment resources are overwhelmingly devoted to in-patient care, which in turn is predominantly for people with psychosis (and in some countries substance misuse). Part of the gap between epidemiology and real life is explained by a discordance between diagnosis and disability: many people who meet diagnostic criteria for mental disorder function well (and not a few who do not meet the criteria function badly). Symptoms do not equate to need. Just as important in explaining the gap between epidemiology and service use are the choices of the individual to label their experience a mental disorder and to seek help. Many health care systems actively discourage help-seeking in an effort to contain costs or (what is in effect the same thing) deal with overwhelming demand. There is a further discordance, rather shocking for those who espouse evidence-based medicine, between the public and professionals about what constitutes



an appropriate response to a perceived mental disorder. For example, medication comes low down the public list as an effective treatment for schizophrenia. In contrast, there is enormous enthusiasm, in both developed and developing countries, for 'alternative' therapies, which are rarely provided by mainstream mental health services. This reflects a chasm between the conceptual frameworks currently adopted

by professionals and the public, a chasm that cannot be bridged by recourse to epidemiology alone.

So, what to do? This book vindicates the broad UK strategy for mental health, which combines an emphasis on health promotion with an acknowledgement of the crucial role of primary care in the management of common mental disorders and a requirement of secondary services to

deploy evidence-based treatments that can deliver demonstrable health gain. A fuller dialogue between researchers, practitioners, service users and carers might help untangle some of the knots revealed in this book.

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