# Book Reviews

**Racism and Mental Health: Prejudice and Suffering**
*Bhui, K. (ed) (2002) Jessica Kingsley Publishers, £18.95 paperback, 256pp., ISBN 1-84310-076-2*

This book encourages professionals to explore their own behaviour and to look at the results of racism on the lives of people with mental health problems. I would have liked the book to have a greater focus on ideas for affirmative action, although there are several chapters which touch on this. Chapter 6, in particular, compares good and bad practice from a user's perspective.

I was interested in finding answers to these questions:

- what can be done to counteract the effects of racial prejudice and racism on the person who is exposed to racism?
- can people from black and ethnic minorities get the political, social and economic power they need to get better access to mental health services, and more appropriate mental health care?
- how do and we promote better research into race and mental health issues, which is less prone to racial bias?

Bhui uses the book to attack the views of various politicians who have expressed racist views about doctors, and he examines racism in general. Sometimes I felt mental health was a side issue, and that he was more interested in exploring the impact racism has had on his own life, and his relationship with patients.

As a whole the book tends not to focus on positive examples where communities have developed together and some degree of racial integration has been achieved. There are ethnically diverse communities in London where polls of residents have shown that the most valued aspect of the area is its cultural diversity. Thus I think ethnic diversity could have a positive effect on mental health for some people.

Among the chapters I found chapter 6 most useful. This explores social exclusion and mental health from a black user's perspective. It outlines practical steps which mental health professionals could take to support mental health users from black and minority ethnic groups. Premila Trivedi describes how racism and responses to discrimination influence mental health, and how people adapt to being treated as inferior to other people in society. She describes how some aspects of cultural identity are seen as acceptable (to white society) whilst others (free expression of emotion, religion, some family structures) are not.

Ethnicity influences the diagnosis, treatment, and labelling of mental health service users. Premila Trivedi relates her experience of psychoanalysis, and her subsequent desire to explore issues of internalised racism with a black therapist. Her consultant psychiatrist reacted to this by accusing her of wanting to be white. Others to whom she turned proved to be more understanding, so it is possible to find more supportive professionals if you seek them out. Trivedi also provides a useful check list of things which help or hinder mental health users, in general, and with specific reference to race and culture (pages 80 to 81).

The needs of London's ethnic minorities are the focus of Chapter 11. This is extremely interesting for anyone working in London, with a useful summary of a study of utilisation of mental health services in London by people from ethnic minorities. There is much detail on the differences in admission and readmission rates, diagnoses, with those in greatest need not necessarily getting the greatest degree of support. The chapter also highlights the lack of research into the needs of minority ethnic groups, for example the Chinese and Vietnamese communities which have received far less funding than other communities. The chapter also looks at training and education for professionals in the health sector and studies which show that only 9% of house officers reported that health and culture in relation to the local population were included in their induction in the mid 1990s.

At the end of the book Bhui looks at contemporary dilemmas in research. In his view many of the institutions and research foundations embody institutional racism, and therefore the challenge is to overcome the oppression, whilst dealing with accusations of having 'a chip on your shoulder'.

The final chapter looks forward to the future of

mental health care – how to change health and social care practice, overcome some of the operational constraints, and improve individual responses. The editor suggests we have to talk about race and culture and what it means to us, and think about it. If we do not do so, we cannot continue the journey towards a fairer society, one in which our differences are enjoyed and celebrated, and one in which all people from all ethnic communities receive the support they need.

**Joyce Phillips**

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**Primary Care in the UK**
*Peckham, S. and Exworthy, M. (2003) Basingstoke: Palgrave Macmillan, £17.99, paperback, 290 pp.*

The role of primary care in providing and managing local health service has increased in importance since the early 1990s, particularly with the replacement of Health Authorities by Primary Care Trusts in 2002. Peckham and Exworthy's book about the development of primary care and the policy issues that flow from this is therefore important. The book traces back the origins of primary care from the turn of the last century and its increasing significance in policy terms in the last 20 years or so.

The book is divided into three sections, one dealing with the with the policy perspective, the second with primary care in action and finally there is a short section looking at different ways in which primary care may develop in the future. These topics are covered in 12 chapters. The book starts with a glossary of terms (very useful in an NHS addicted to acronyms) and each chapter has a clearly laid out introduction followed by topics and a conclusion. All of this makes the book easy to follow.

The first chapter sets the scene of the increase in primary care and the gradual shift in emphasis to it away from secondary care. It also notes that, although use of primary care has not increased greatly, the services patients can access within it have done so. The second chapter defines some of the policy perspectives in primary care discussed in the book as the main concern here is with

institutional arrangements, as opposed to health *per se*. In Chapter Three, the authors note that policy in primary care is not very well defined but increasingly looks wider than care provided by GPs. The fourth chapter traces the development of policy in primary care from the National Health Insurance Act of 1911 onwards. Chapter Five describes primary care as it is now and concludes that boundaries between the professional and managerial functions and other agencies are much more fluid than they were.

The next section of the book looks at managing primary care in more detail and states that the concept of the management of health service is a relatively recent phenomenon, dating from the 1980s onwards. Until that time the health service was 'administered', a more passive concept implying control over the use of resources. Primary Care Trusts have the remit for managing primary care, but even here the Executive Committees give GPs some independence. Chapter Seven deals with primary care commissioning, its relation to market theories and purchasing of services. Chapter Eight looks at interprofessional working, including the growth of new professions such as osteopathy and working relationships between GPs and other members of the primary health care team. Relationships with pharmacists and social workers who are on the margins of primary health care teams are also discussed. The theme of relationships with social services is developed further in the next chapter which covers the increasing links between the two sectors, especially post 1997. The next chapter of the section looks at relationships with patients and the public. The authors note the increasing emphasis on involving patients and the public over the last 20 years, though this has been resisted in some quarters. The final chapter in this section looks at the relationship between primary care and public health. The authors see increasingly important connections being made here as partnerships are developed, including those which involve primary care in tackling health inequalities.

The final chapter and section of the book looks to the future, suggesting three directions in which primary care could go. These are dynamic conservatism, corporate organisation and specialisation. The authors conclude that there

have been three seismic shifts for primary care: integration, diversity and changing boundaries, each of which has changed it fundamentally. These themes have already come up and are present at several stages in the book.

Having worked in the health service for over 12 years, the book rang true as an account of the policy issues faced by primary care. I was also enlightened about some of the early developments. This is a well laid-out book which is easy to read, both considerable points in its favour. My only real criticism of it is that it did read rather oddly in places: it was as if the text had not been fully revised to take on board the changes that have occurred since 2001. Otherwise, this was a good read about an increasingly influential part of the NHS.

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**Managing Care in Context**
*Henderson, J. and Atkinson, D. (eds) (2003) Routledge, £17.99, paperback, 345pp., ISBN 0 415 29868 7.*

This is an Open University (OU) set book for the course *K303 Managing Care*. It sets out to describe the context of managing frontline care - as care workers say, care is different from business or manufacturing. For the authors, understanding and awareness of practice situations are central to the *frontline* management of care; both in terms of managers' own experiences as practitioners and in the way they need to respond to the experience of their workers. 'Care' has a broad generic meaning in this book and the approach does not exclude areas of overlap with health. The authors also emphasise that people learn from their experience, the *doing* of management.

The management of care therefore is/should be practice-led and reflect the values of that practice - promoting social inclusion and choice, improving the quality of life, safeguarding people and taking account of what service users say (by positively engaging in consultation). The book itself was developed from a series of workshops in 2000 and 2001 involving practitioners and service users across the Midlands, the North and Northern Ireland, working in the public and independent sectors. The contributors are made up of academics (mainly from the Open University and including members of the course team), two independent consultants/trainers, an educational psychologist, two managers and a Gestalt psychotherapist.

The book is organised into three sections, all emphasising complexities:

> Practice, Policy and the Law
> The Contexts of Care
> People in Social Care.

The first section explores the basis of care, and explores the differences between law and guidance, duty and power. Aldgate and Dimmock note how the public sector continues to be pushed towards a consumer-led approach, although for them, the public sector is not a service industry. They "raise the issues...recognise how difficult it is for managers to work in such circumstances...Carers, care staff and managers are left to cope with the ethical and practical implications of highly complex dilemmas," (p11). McDonald and Henderson recognise the balance/tension between service users, agencies, legislation, resources and rights/needs, which managers have to (re)solve, while still adhering to the law. Waine and Henderson describe *managerialism* - competition, performance management, quasi-markets, monitoring, consumers and 'value for money'. Their chapter starts with a cartoon where a manager is saying "Great team meeting folks, we'll have four more before lunch so that we can keep up with any policy changes!" They are sceptical about management techniques borrowed from business and industry. They argue that performance measurement is supportive and goes along with partnership. There are some benefits from this – it validates good practice. However, there are dangers in the development of markets or quasi-markets; competition might increase costs, bring diversity of providers but not of services. It can generate inequalities and bring no more control for the user.

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In Section Two, the chapters describe the different contexts of care. Seden explores the theme of organisations as a social environment and makes use of two useful explanatory devices: Handy's four organisational cultures and the three-stage model of the internal, near and far environments. Walker, Murray and Atkinson explore the different meanings of the term 'quality' in social policy and draw upon the work of James. Peace and Reynolds focus on the physical environment, understanding the use of space, territory and privacy.

Section Three attempts to understand people, theories of professions and managerial identity. Davies presents material about theorising identity, which is used to examine how professionals understand their practice and how managers need to understand professionals. The authors generally propose an ethical practice, which balances work pressures. Dawson and Butler write about the 'morally active manager' - promoting active citizenship, managing conflicting and moral demands. Pinnock and Dimmock stress the importance of managing outcomes for the benefit of service users. Rolph, Adams and Atkinson consider the importance of organisational history – and the general historical pattern of trying to manage institutions towards something that is non-institutional.

The book's presentation fits within the OU style and makes good use of the possibilities of a printed format. The book gives voice to practitioners and is constantly referenced to the real activity of individual managers from their workplace diaries. The reader will know what this book does not set out to do. Despite the definition of what management is – practice-led - the contribution of this book is about the context(s) of care and not about the action(s) of management which will presumably be covered by other course materials. One area that seemed to be under-played was the group and social nature of care and care work.

But there are many positives in the individual chapters and the overall collection. There are different points of view. Management is not presented as a technical practice. On the whole they are sceptical about what has become known as the new public sector management. They note that often the initiatives to "join up" services are not themselves joined up. The authors stress the complexity of care and the contradictory nature of much policy. When various chapters criticise the language of management, they have to struggle through using that same language. In a parallel way, Pinnock and Dimmock struggle with the contradictory nature of policy initiatives. *Quality Protects*, seen by some as the unwelcome intrusion of managerialism and performance measurement, is for them both a threat and an opportunity because it focuses on outcomes. All this is challenging, thought-provoking and a good read.

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