BOOK REVIEW COMMENTS

To the Editor:

We are writing to comment on your review (C.M.H.J., 1970, 6, (4), 327) of our book, "Handbook of Community Mental Health Practice" (Jossey-Bass, 1969). It raises some crucial issues in community mental health which we feel need to be further discussed. We could not agree more with many of the reviewer's observations—the importance of maximum community participation in program planning, of focusing not just on identified patients but on the needs of all citizens within one's jurisdiction, and so on.

But we feel the main point of the book was missed—an attempt at an honest exposition of the practical problems of putting community mental health theory into practice. Time and time again our staff has read in the literature impressive theoretical discussions of what community mental health should be as well as descriptions of programs which seem to solve major CMH problems. Upon visiting these centers, both in the U.S. and abroad, or talking with staff from these centers, we have all too often learned that this particular theory turned out not to be practical, or that particular program was beset with problems. Not infrequently we have been told that a program that had impressed us when we read about it in the literature was now "temporarily discontinued." There have been, of course, some notable exceptions of centers which have freely described their problems and failures as well as their successes—Fort Logan in Denver is one. But, in general, we feel there is a gap in the literature between the theory and the reality of CMH practice. Filling this void was our purpose in writing this book.

For the book we chose those essential services well enough established in 1968 for us to know (all too well) the pitfalls and blind alleys into which a CMH program can stumble as it attempts implementation. Since then our continued efforts to serve persons in our community other than identified patients, to involve the community, the consumers of our services, in program planning, to utilize nonprofessionals, and to develop effective services for youthful drug abusers have only reinforced our earlier conclusion that developing a sound theory is only the beginning. Putting the theories into practice is an art in itself; our experiences since 1968 would fill another book.

Most importantly, the reviewer's reference to a "first-generation community mental health center" implies that one can observe functional examples of what we might term "second-generation community mental health centers", which "... make comprehensive high-quality clinical services available promptly to everyone," a center which has actually begun "... to concern itself with and improve the quality of the lives of all people in its jurisdiction."
We are uncommonly conversant with a large number of CMH programs located in many states and communities in this country and abroad. To date, we have to conclude the achievement of the two goals cited above is a figment of the literature produced by those who write about theoretical models or pursue isolated (and non-comprehensive) endeavors.

What person truly committed to CMH does not want to improve the quality of the lives of all people in its jurisdiction? But to continue to mistake stimulating but untested concepts for the harsh practicality of community service is to continue to perform a distinct disservice—one that is especially damaging in the case of the student who is thereby led to expect that our fond dreams of accomplishment are tantamount to actual achievement.

This point, of course, is one that our book has attempted to convey: There is far too much glib enthusiasm, and there are far too many grandiose promises being made. It is time we required the producers of elegant CMH plans and objectives to impose upon themselves the scientific and intellectual discipline of simple accuracy, precision, and perhaps embarrassing honesty.

H. Richard Lamb
Don Heath

To the Editor:

This will confirm my support of Dr. Lamb's and Don Heath's objections to Dr. Bloom's review of Handbook for Community Mental Health Practice. I do agree with Dr. Bloom's opinion that the title is misleading, and I objected to it when I heard the publishers had changed the editors' original working title, under which we contributors to the volume had conceived our chapters. On the other hand, Dr. Bloom's objection that "The authors seem to have ultimately equated preventive services with indirect services (essentially consultation)" is meaningless; the authors conceived of both direct, clinical and indirect services as public mental health services at different levels of prevention. Their claim with respect to mental health consultation or education was not its effectiveness in preventing mental disorders; although some of the San Mateo staff are involved in such difficult evaluation, they have not yet published their findings. Rather, their point about consultation services to a host of non-psychiatric agencies and professions was to emphasize the usefulness of this method in reaching large numbers of people not identified as psychiatric patients, but at risk of mental breakdown, which might be avoided altogether or mitigated by non-psychiatric kinds of crisis-intervention, by changes within the consultee-systems, or by collaboration between psychiatric and non-psychiatric systems and institutions in meeting "the mental health related needs of the entire community" (Dr. Bloom's words.) Community organization for purposes of planning and implementing mental health services to an entire population is practically synonymous with mental health education, the commonest form of mental health consultation. In reviewing the book, Dr. Bloom may have missed this point.

Portia Bell Hume

In response:

I am happy to add a few comments to the issues raised by Drs. Lamb and Heath in their letter of September 15, 1970. I very much agree that the issues raised by their