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## BOOK REVIEWS

*Community mental health: A practical guide.* (2nd ed.).

Mosher, L., & Burti L (1994).

New York:: W.W. Norton & Company.

*Community Mental Health: A Practical Guide* offers a palatable philosophical stance for the person-centered faculty member seeking a text for coursework in community mental health/community agencies counseling. Written at a reading level suitable for most master's degree students, the text emphasizes counseling of persons-within-the-community rather than individualized, clinical treatment. The authors describe their approach as "*interpersonal phenomenologic*" (p. 6), and state that an "overarching principle guiding our work is that it is, insofar as possible, client/user/patient-centered" (p. 7). The authors favor a model of mental health counseling that recognizes and respects the uniqueness of individuals and communities; and although not anti-psychiatric nor anti-psychotropic, they describe the medicalization of community mental health as an unfortunate, misguided attempt to manage communities' mental health needs. People, they say, should be involved in the medication decision-making process, and hence well informed of the uses, limits and side effects of the drugs prescribed to them. They provide research evidence for the largely negative effects of psychiatric medications, and the absence of (or limited at best) research supporting their widespread use.

Mosher and Burti summarize those historical components of the community mental health movement that are essential to any text in the field. Besides covering mental health legislation, they identify and define the role of various constituencies - including grass-roots patient and family groups - in effecting and/or responding to the legislation. Chapters 1-5 address historical and medication issues.

In Chapter 6, "Interviewing: Making all the Right Moves," there is some hair-raising reference to "optimal" counselor behaviors. For instance, Figure 6.1 entitled "Interviewing: Optimal Seating Arrangement" depicts two individuals seated at a slant, an arced arrow between them defined as an angle of 90 degrees. Nevertheless, the attitudes of person-centeredness are supported. The authors speak to the importance of respecting the individual, accepting where the individual is at the moment, being genuinely caring and non-judgmental, and "paying absolute attention to what clients say and do without being intrusive" (p. 62). Not inconsistent with a PCA is a review of mistakes made by counselors, including stereotyping, fantasizing about rescuing or irreparably damaging the client, offering up interpretations and insights, and decontextualizing. In Chapter 7, "Ongoing Involvement," Mosher and Burti emphasize "*least activist techniques*" designed to assist the individual, even the one in crisis, to recontextualize any changes in affect, cognition or behavior.

Chapter 8 presents ways to organize a community mental health services delivery system, the focus ranging from overarching values to appropriate size of the catchment area. Necessary and important considerations include: funding, size of teams, multipurpose centers, non-institution-

alization outcomes-based bonus system, and citizen/consumer participation. One of the lengthier discussions here concerns "three umbrella processes that must always be kept in mind by community mental health programs: (1) contextualization; (2) preservation and enhancement of personal power and control; and (3) normalization" (p. 110),

In Chapter 9, "A community services smorgasbord," Mosher and Burti discuss a variety of mental health program structures, including inpatient, outpatient, mobile crisis intervention, halfway houses, transitional and non-transitional programs and others. Here they again advocate for tailoring treatment to meet the needs of the individual in the least restrictive, dependency inducing, and institutionalizing ways as possible. For instance, concluding their section on mobile crisis intervention, they state that "The principle to be kept in mind is that the *intervention should be tailored to the client's and family's needs - not to the needs of the mental health system*" (p. 116). As with previous chapters, empirical data is provided to support the efficacy of a client-centered position. In this chapter, data from Mosher's (et al.) study of the Soteria/Crossing Place alternative to hospitalization, as well as results from other investigations, support the use of residential alternatives to hospitalization.

Chapter 10: "Power- to the people: Staffing" is consistent with PCA assumptions. They support hiring staff members who are flexible (v. rigid), generalists (v. specialists), and competent (v. necessarily being degreed). One strikingly consistent (with the PCA) statement made regarding staffing is that "We believe that self-selection, based on a complete and accurate job description, is probably the most important single factor in obtaining the right kind of staff for a particular program" (p. 169). A list of desirable staff member personality characteristics listed in Table 10.1 includes, "1) Strong sense of self, comfort with uncertainty; 2) Open minded, accepting, nonjudgmental, 3) Patient and non-intrusive; 4) Practical, problem-solving-orientation; 5) Flexible; 6) Empathic; 7) Optimistic and supportive; 8) Gentle firmness; 9) Humorous; 10) Humble; 11) Thinks contextually" (p 169).

Chapters 11 and 12 detail two community mental health systems. In Chapter 11, "The Italian Experience" receives attention from historical, political legislation, economic, and sociocultural perspectives, assisting the student in comprehending the multifarious influences upon mental health services. Furthermore, a focus on Italy creates an opening for class discussion on cross-cultural understanding and comparison. Chapter 12 addresses mental health services at Morrisania Mental Health Services in the South Bronx, NY. Here, a more microscopic view of how individual components of a system can be coordinated to address community needs is provided.

In their final chapters, Mosher and Burti restate the essential elements of their approach, and augment them with some recommendations for success. Included in their list of recommendations are: a) consistency of leadership over time, b) the presence of support groups for what is still viewed as a second-class treatment modality, c) coordination of efforts by client and family support groups to enhance their political power, d) stable and predictable financial support, and e) a clear understanding by public mental health workers of the inconsistency between the demands made (which are themselves inconsistent and distorted, e.g., economic rather than mental health issues per se are being assigned for services) and resources given.

In summary the text is an excellent client - and community-centered primary, resource for a course in agency counseling. Supplemental readings chosen to highlight the professor's reasoned area of emphasis will be necessary. Some areas for consideration might include, counselor advocacy and professional development, counseling with special needs groups (e.g., homeless, previously institutionalized), and community-based evaluation and research design.

*Reviewed by:*

*Jo Cohen*