Mental disorders have historically been characterized within the personal domain, to be individually diagnosed and treated. This focus has lead to the rapid and widespread development and provision of pharmacologic and psychosocial treatments that, despite their efficacy in treating mental illness in individuals, have had limited impact on the global burden of mental illness. Public health and population-level approaches have progressively contributed to our understanding of the etiology of mental illness, which is increasingly being translated into preventive efforts. Public Mental Health (1), which was edited by W. W. Eaton and includes chapters authored by faculty from the Bloomberg School of Public Health at Johns Hopkins University, provides a comprehensive introduction to this topic through a thorough review of current public health findings in the mental health domain that is accompanied by a thoughtful discussion of current interventions and the potential for the future effectiveness of preventive efforts.

Public Mental Health is one of relatively few edited collections of readings in psychiatric public health that is specifically oriented toward presenting the diverse and essential body of empirical knowledge within the field. The editor claims in the introduction that, as opposed to the more methods-oriented collection Psychiatric Epidemiology (2) and the policy-oriented Population Mental Health: Evidence, Policy and Public Mental Health Practice (3), Public Mental Health “covers the breadth of the emerging field of public mental health more systematically” (1, p. xv). This stands in unique contrast to the text edited by Susser et al. (2), in which the authors openly state that they aim to provide a methodological framework for future studies rather than a summary of the current and past findings of psychiatric epidemiology.

Public Mental Health is divided into sections that focus extensively on the descriptive epidemiology of psychiatric conditions, the commonly studied mechanisms of risk, and the mental health services and health care system of the United States. There are also notable chapters on methodology, cultural considerations, prevention, the legal system, and future aims of studying mental health within the public health field.

Chapter 1 begins by analyzing the disease burden of mental disorders through review of 12-month prevalence and associated disability reported in third-generation psychiatric epidemiology studies. In addition to reviewing the previously reported burden of common mental disorders, this chapter provides one of the only reviews of epidemiologic findings with eating disorders and disorders of childhood onset, and it makes itself approachable to the nonclinical reader by providing Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) diagnostic criteria for several example diagnoses. Chapter 2 then discusses the shortcomings of these DSM-IV diagnoses when used as a public health tool, highlighting that the “field guide” of symptom profiles does not consider the nature, cause, or mechanisms of risk underlying psychiatric conditions. Clinical diagnoses facilitate consistency across epidemiologic studies but are not the most efficient way to study causes and mechanisms, as has previously been noted (4, 5). The authors claim that considering the causal mechanisms that underlie disorders will help to bridge the gap separating public health and psychiatry, as the approach has done with general medicine, and therefore recommend a shift from the DSM-IV model toward on that differentiates disorders by their causal mechanisms. Finally, the first section concludes with the poignant Chapter 3, in which the authors detail cultural considerations on how risk and resiliency factors may vary by culture and how some disorders are more biologic and therefore universal whereas others are more culture bound. They then present a discussion of symptoms that are mediated by culture, including the content of delusions and hallucinations in schizophrenia and the existence of culture-bound syndromes that are not assessed using DSM-IV criteria.

The second section, which comprises 2 chapters, concisely considers public health methods, perhaps reflecting the aims of the text in focusing on the content rather than the methods of the field. Chapter 4 covers the assessment of psychological distress and mental disorder in the population through an overview of the reliability and validity of methods used in third-generation studies, with an interesting discussion on the problematic measurement of need for care and demand for services. Chapter 5 provides a brief overview of randomized controlled trials, nonexperimental causal inference, latent variables, sampling, and imputation of missing data. Although the specific section on methods is understated, methodological issues continue to be discussed throughout the chapters as appropriate.

The third section, Descriptive Epidemiology, has 2 chapters in which the authors examine the life-course population dynamics of mental disorders, as well as their associations with sociodemographic factors. The authors of Chapter 6 acknowledge the methodological difficulty of establishing life-course trajectories of mental health conditions given...
the scarcity of prospective population studies, especially considering that disorders do not always have clear onset and may vary in their chronicity and that comorbidities are the rule rather than the exception. Chapter 7 uses widely recognized data sets to examine associations between socioeconomic status and psychiatric conditions. Although this is presented in a somewhat list-like form, it provides a reference section that enables the reader to quickly look up the associations between particular socioeconomic indicators and risk for various disorders.

The fourth section’s 3 chapters extensively document mechanisms of risk for psychiatric disorders. This section focuses on genetic risk, risk due to dysfunctional executive neural networks across the lifespan, the stress paradigm, and adaptation to acute crisis. Chapter 8 offers an easy-to-follow introduction to genetics, including methods and types of studies, and a focus on the relative importance of studying genetic factors given that direct associations between single high-risk genes and particular disorders are virtually unknown. The strength of chapters 9 and 10 is that they each are able to follow the variable effects of a single mechanism of risk (executive dysfunction in Chapter 9, hypothalamic–pituitary–adrenal axis in Chapter 10) at various life stages. Finally, chapter 11 approaches acute stress from a somewhat less-studied perspective, that of community rather than individual-level traumas, with a focus on prevention.

The fifth section on the behavioral health care service system veers from the book’s earlier focus on risk factors and etiological mechanisms. Chapters 12, 13, and 14 provide an introduction to the legal system as it pertains to mental health services, an overview of who is receiving services, and a history of community treatment in the United States. Highlights include an excellent discussion of the clubhouse model, including both its strengths as a humanistic approach to mental illness and its limitations in that it may impede reentry into the broader community through competitive employment. Chapter 13 also acknowledges the reality of the US health care system, in which people with disorders aren’t much more likely to be in treatment than are those without diagnosable disorders, which is reexamined in a comparative global context in Chapter 15. This global emphasis, which was notably absent from the initial chapters in this section, is reintroduced in Chapter 16’s concluding focus on international mental health services.

The final section of the book, which comprises 2 chapters, focuses on the ultimate goal of public mental health: the prevention of mental disorders. The interestingly framed Chapter 17 examines prevention in terms of both the life-course and ecosystems perspectives, highlighting how the conjunction of these models can be used to develop preventive interventions designed to maximize effectiveness for particular life stages and societal levels of influence. Chapter 18 is essentially the future directions conclusions of the entire text, discussing how we may now use the reviewed knowledge to improve the impact of public mental health.

The strengths of this text are extensive. The book never loses sight of prevention as the ultimate goal in public health and as the ideal future for the field. The cultural aspects that are so often neglected in the literature are comprehensively discussed in an opening chapter and referenced throughout. The epidemiologic models that frame each chapter are at the forefront of current research, particularly the use of the life-course approach. Finally, the sections and chapters are well coordinated, with little overlap or redundancy.

Although the focus on epidemiologic findings may reduce its shelf-life when compared to a more methodologically focused textbook, Public Mental Health provides a comprehensive overview of psychiatric epidemiologic research. A student in the field could not rely solely on this book to conduct an epidemiologic study, as may be possible with Psychiatric Epidemiology (2), which focuses predominantly on methodology. One benefit for the reader is that the 2 texts complement each other, together offering a comprehensive introduction to the field for new students and a valuable reference for seasoned researchers.

ACKNOWLEDGMENTS
Conflict of interest: none declared.

REFERENCES


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DOI: 10.1093/aje/kws555; Advance Access publication: January 15, 2013