

sub-specialise' had Leese arguing for the affirmative having come from the UK where the concept of the generalist is most developed, and the GP acts as gatekeepers for specialist services. Starfield argued for the negative having come from the USA where the concept of the generalist is least developed and there is a huge negative impact of sub-specialisation in primary care.

Some of the debates reminded me about themes I had been taking for granted. For example, Svab and van Weels' negative position on 'Family Medicine should refine its essential attributes' reminded me that family medicine is an emancipated field of medicine and no longer needed to debate this position (been there, done that). Furthermore, family medicine should get

on with improving its image and be rid of 'the harmful benefits of extreme complexity, uniqueness, exclusivity, and threat'.

Other debates taught me a lot. For example, Bohan and Donohoe argued for and against the theme: 'Family Medicine should encourage the development of Luxury Practices'. Their debate revealed how much luxury Practices have flourished in the USA in the last few years and how malignant such a growth was for patient care and provider greed.

A few of the debates annoyed me. For example Upshur and Tracey's negative position that 'Family Medicine should use more Evidence Based Medicine than at present'. They argued that EBM cannot meet its own standards, is no

superior to other modes of obtaining evidence, and lacks legitimacy. Their solution was for family medicine 'to be descriptive, careful in observation, and explicitly recognise and integrate the interpretive grammar of medicine'. A solution I find is easily accepted by an arcane social scientist of family medicine, rather than a pragmatic GP whose patient wants evidence from outside the consultation to answer a health question. The virtue of this book is that it does generate feelings such as annoyance, disagreement, and surprise. It stimulates the reader and for that reason alone I recommend buying this book.

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## Integrating mental health into primary care: A global perspective

**T**his report on integrating mental health into primary care, developed jointly by the World Health Organization (WHO) and the World Organization of Family Doctors (Wonca), presents the justification and advantages of providing mental health services in primary care. It provides advice on how to implement and scale-up primary care for mental health, and describes how a range of health systems have successfully undertaken this transformation.

### Key messages

1. Mental disorders affect hundreds of millions of people and, if left untreated, create an enormous toll of suffering, disability and economic loss.
2. Despite the potential to successfully treat mental disorders, only a small minority of those in need receive even the most basic treatment.
3. Integrating mental health services into primary care is the most viable

way of closing the treatment gap and ensuring that people get the mental health care they need.

4. Primary care for mental health is affordable, and investments can bring important benefits.
5. Certain skills and competencies are required to effectively assess, diagnose, treat, support and refer people with mental disorders; it is essential that primary care workers are adequately prepared and supported in their mental health work.
6. There is no single best practice model that can be followed by all countries. Rather, successes have been achieved through sensible local application of broad principles.
7. Integration is most successful when mental health is incorporated into health policy and legislative frameworks and supported by senior leadership, adequate resources, and ongoing governance.

8. To be fully effective and efficient, primary care for mental health must be coordinated with a network of services at different levels of care and complemented by broader health system development.
9. Numerous low- and middle-income countries have successfully made the transition to integrated primary care for mental health.
10. Mental health is central to the values and principles of the Alma Ata Declaration; holistic care will never be achieved until mental health is integrated into primary care.

The full report can be accessed at <http://www.globalfamilydoctor.com/index.asp?PageID=9063>

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