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David Mechanic has become a classic text in this field since its first introduction in 1969. The most recent release, its sixth edition, has solidified its currency and usefulness, reflecting the addition of two distinguished co-authors, Donna D. McAlpine and David A. Rochefort, and includes several new chapters and rewrites of others. Whereas its opening chapter now succinctly discusses the social context of mental health, the new concluding chapter on policy analysis reviews five approaches to the analysis of mental health policies, including the use of report cards and similar benchmarks. Most chapters have been substantially updated since the 2009 fifth edition, and the book includes coverage of the struggle to develop community support systems in chapter 10. It updates its former focus on managed care, discussing both changes anticipated through the Affordable Care Act, including the current push to integrate behavioral and medical care through such devices as health homes and accountable care organizations. The authors very appropriately raise questions about the implications of such integration for the seriously mentally ill.

There is no shortage of strengths that can be cited for this text. The least that can be said is that it is well-written, engaging, and to the point. But it will not be an easy text for many students, partly because of the wealth of information that is packed in, but mainly because of one of the most important features of this book. Mechanic and his colleagues are careful to integrate and cite empirical research pertinent to the various problems and policies discussed, consistent with the push for evidence-based practices. An early and particularly important chapter in the book contains a review of research from psychiatric epidemiology, a critical but often neglected foundation for the development of coherent mental health policies.

The book is not ideological and presents a fairly balanced view on most topics covered, for example, the debates on psychiatric outpatient commitment. It succeeds in avoiding the rhetoric of political correctness. It manages to do this even while confronting such contentious issues as the changes in the
latest edition of the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*, and the continuing expansion in the use of psychotropic medications.

Given the extensive history and breadth of the mental health field, any single text will inevitably have limitations, depending on the needs and interests of particular readers. A key limitation involves the minimal inclusion of an international comparative perspective, both in respect to the material on psychiatric epidemiology and mental health policies and services. In addition, more in-depth coverage is needed for debates on cultural competency and the needed adaptations of mental health policies and services for a wider range of cultural and ethnic groups.

The book could also benefit from improved coverage in three other areas. One is historical, and involves the role of the tightening of psychiatric commitment criteria to include dangerousness, as well as procedural changes; there is considerable evidence that both have been key driving forces behind the deinstitutionalization of mental health inpatient facilities over the past sixty years. Unfortunately, deinstitutionalization and changes in mental health law are covered in two separate chapters, and as such, the connections are not explored as much as might be desired. The second area involves the continuing struggle to develop coherent community systems of care, a dream that has been pursued through a variety of initiatives since the 1960s but has typically floundered. Given the many truncated experiments with systemic changes, it should come as no surprise that the interest of many has shifted to the very important movement involving the implementation of evidence-based practices, with increasing skepticism about the role of systemic change as a precondition for successful use of such practice-level changes. Chapter 10 introduces some of these initiatives, but might be better integrated into both the history of deinstitutionalization, as well as the discussion of innovations in mental health care. Finally, the book would also benefit from a more in-depth discussion of the role of the recovery movement.

Despite the noted limitations, this book is highly recommended, not only for students in the various human services preparing for careers in mental health, but for all mental health professionals, and particularly for mental health advocates. It
reviews a wealth of research on the many problems in contemporary mental health systems, as well as a wide variety of promising innovations.

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In *Family Policy and the American Safety Net*, Janet Zollinger Giele brings a sociologist’s perspective to understanding family policy. While most introductory books are written by and for family practitioners, Giele’s book provides a sociological analysis of family policy. What makes Giele’s book unique is that, as a sociologist, she applies a structural functionalist perspective to understand the social contexts within which family policies emerge. Giele views family policy as an adaptive societal response to social change in the family and society. The application of a structural functionalist perspective is both a strength and weakness of Giele’s work.

Giele argues that to understand family policy, one must understand the functions of the family, which she identifies as care-giving, economic provision, residence, and the transmission of cultural identity and citizenship. Giele finds that changes in the roles of women and the structure of the economy have made it difficult for families to meet these functions, thus family policy is a necessary societal response. The book begins with chapters on the emergence of family policy and changes in family structure and gender roles. She then organizes chapters around each of the four functions by explaining the challenges of contemporary families and corresponding policies. In the last chapter, Giele provides a discussion of the process through which family policies emerge. A great strength of Giele’s work is that she expands family policy beyond the usual discussions of care-giving and income support to include housing and laws related to immigration and citizenship. Giele’s use of functionalist theory is quite effective as a rhetorical strategy for arguing for a stronger role for family policy in the United States.