Book Reviews

The Malawi Quick Guide to Mental Health

By The Scotland-Malawi Mental Health Education Project SMMHEP. 2020. eBook. 90 pp.

Malawi, a south-eastern African country of approximately 20 million people, has only three consultant psychiatrists. As grim as this ratio is, it is not unique to Malawi; rather, it is a tendency within Africa that begs interventions.

The Malawi Quick Guide to Mental Health, by the Scotland-Malawi Mental Health Education project, is one such intervention. With Donncha S. Mullin and Robert C. Stewart as lead editors, this is a seven-part practical resource material adapted mostly from World Health Organization's *mhGAP Intervention Guide Version 2.0* (2016) and the Royal College of Psychiatrists' Where There is No Psychiatrist (2018).

The target reader is 'the busy primary care provider working at first- and second-level healthcare facilities in Malawi' and the 90-page guide is adapted to the practical realities of working in mental health, paying attention to the country's official national language (Chichewa), social mores, current mental health legislation and local support institutions.

Written in accessible language and formatted in bulletpoint presentation style, the first three parts provide guidance about mental health and the ongoing COVID-19 pandemic, mental health emergencies and the principles of assessment and management of mental illnesses. The other sections offer guidance about specific psychiatric disorders, including epilepsy, which is identified within the neurologist's remit but may present to mental health services.

A chapter is dedicated to special populations (pregnant women, older adults, children and adolescents) and a final part contains information leaflets on specific mental disorders written in English and Chichewa, adapted from existing leaflets of the Royal College of Psychiatrists, Mind and National Centre for Mental Health.

This guide fulfils its aim in providing support for the non-specialist mental health worker in landlocked Malawi and neighbouring Anglophone countries, by virtue of its being written in English. Always signposting to other resource materials for additional information, this guide is a primer for the curious non-specialist health worker.

The curious specialist reader will be furnished with aspects of the Malawian world-view about mental illness and the country's mental health legislation, the Malawi Mental Health Treatment Act 1948, a functional colonial relic, which is also not unique to Malawi. *The Malawi Quick Guide to Mental Health* is a pragmatic intervention addressing the dearth of mental health specialists in Malawi but this resource material will also serve other Anglophone low- and middle-income countries in similar predicaments.

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A Partly Anglicised Kiwi: A Psychiatrist Remembers

By Brian Barraclough (edited by Jennifer Barraclough) Independently Published. 2020. £8.00 (pb). 236 pp. ISBN 9798623114792

A Partly Anglicised Kiwi

A psychiatrist remembers



Brian Barraclough Edited by Jennifer Barraclough

Psychiatrists are now interesting to the general public. It was not always so. After years of meeting them only as cardboard

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cut-out figures in crime novels there is now curiosity about who they are and what they do. I have just finished reading Joanna Cannon's book *Breaking and Mending*, about the effect of psychiatry on the person. Written by someone exquisitely sensitive to every nuance in professional life, Joanna's book was an eye-opener for me with my more hardened exterior. Brian Barraclough's autobiography is very different. It satisfies the voyeur in the reader – what are the people psychiatrists treat really like and what do they get up to?

And there is much for the voyeur here. But this independently published book has a misleading title. Brian Barraclough does not come over as 'partly Anglicised'; he is a Kiwi through and through, and although his assiduous English wife Jennifer, also a well-known psychiatrist, has done some, possibly a great deal of, editing she cannot hide its craggy authenticity. Despite spending 38 years of his life in the soft underbelly of Sussex and Hampshire, Dr Barraclough has not acquired the veneer of many English sophisticates, who might write more smoothly. He has always lived in the marvellous upside down map of the world where New Zealand is securely on the top.

Here we read about the recent history of psychiatry. It is so odd that it is hard to believe it is recent and not ancient history. Barraclough fosters the old by giving an oral testimony, almost mediaeval in its bluntness, unapologetic and unadorned, thinking primarily not of the reader but of the need for accurate report. So, we are taken back to characters and experiences that some younger psychiatrists might find unbelievable. Dr Barraclough's mentor, Harold Bourne, bluntly tells a female medical student 'your vivid red lipstick represents a penis', and also, while maintaining he is primarily a psychoanalyst, practises long-term 'ECT maintenance' (i.e. giving courses of electroconvulsive therapy at intervals of a few weeks 'to avoid relapse'). We read about a woman who broke her teeth after unmodified ECT (she had osteogenesis imperfecta), another woman, a devout member of the Church of England who had severe obsessional disorder, who, after much deliberation, was recommended for a leucotomy. Afterwards she is observed by Barraclough to squat and defecate on the floor. She looks up and says, 'That is my shit, clean it up'. He also describes working for a psychiatrist who carried out 'behaviour change treatment' for homosexual men in a closed ward for 9 days, topped up with aversion therapy for others; there is no discussion of outcome.

You might think that these experiences might all come from New Zealand. No, half come from the Mecca of psychiatry in the 1960s, the Maudsley Hospital in London. This was the 'only decent place to study', according to Harold Bourne, where once trained, the inspired joined the diaspora to spread enlightenment to the hungry elsewhere. But this was a time when opinion, not evidence, guided clinical practice, even at the Maudsley. After all these experiences, it is not surprising that Dr Barraclough turned his attention to the dead, to the subject of suicide, where his contribution is widely praised and may be described more fully in a forthcoming volume.

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