

The First Resort: A History of Social Psychiatry in the United States by **Matthew Smith**. New York: Columbia University Press, 2023. £25, 396 pages, ISBN 9780231203937.

In contemporary debates on public health in industrialised countries, there is a tendency to apply qualitatively distinct assessments of impact to those applied in low-middle income countries. Whereas in the latter, material development and increases in income are accepted as fundamental means of improving population health, in the former, there is often methodologically complex debate about the direction of causality between income and health. Some four decades after the release of the Black Report (Working Group on Inequalities in Health 1980) that established the notion of social determinants of health and presented clear socioeconomic means of promoting population health, public health research seems trapped in inward-focused technical queries that speak to trees, not forests.

Matthew Smith's *The First Resort* serves as a timely reminder that research examining the social determinants of mental health goes back almost a century. Linking poverty, inequality, community disintegration and social isolation with mental illness is not a new concept. In that regard, The Black Report merely articulated a long-standing research tradition. Like today, Smith demonstrates that many who conducted research in the US were reluctant to articulate and advance the implications of their findings. The social psychiatrists, who were simultaneously psychiatrists and social scientists, saw themselves primarily as academics, not activists, even though some had been activists earlier in their careers. With clear implications for current debate, Smith notes that this circumscribed the way in which scholars presented their work. In *Mental Health in the Metropolis* (Srole 1962), for example, 50 pages are spent outlining methods, but only 50 words on the implications, with no space devoted to advancing specific policy. The key implication is that researchers today need to do better, not just than their forebears, but than they currently do. We need to be bolder, more political and more insistent about how our findings form the foundations for evidence-based progressive reform. We need to do this not just to produce a 4* REF Impact Case Study, but because there is a compelling social need for such work. When we do that well, the instrumental impact in academia follows naturally.

Smith's second contribution, made at a time in which the UK Government is committed to Prevention in public health, is to remind us that governments have legislated for preventative mental health policies in the past. The US Community Mental Health Center Act of 1963 was intended, not just to transfer care from asylum to community, but to prevent mental illness itself. In this regard, Smith highlights a related problem for governments who do recognise social determinants: ideology. The obstacle to effective implementation in the US in the 1960s may be the same obstacle for effective deployment of Prevention today: a misplaced belief in deserving and undeserving poverty, in which causality in the relationship between, say, income and health is presented as the latter to the former. Here, Smith highlights the way in which an admirable policy agenda could actually exacerbate harm: the war on poverty was really a war on the poor. Rather than empowering the poor by mitigating social determinants, the solution was seen to be educating the poor to bring themselves up by their bootstraps, transforming themselves from undeserving to deserving poor in the process. This did not work and never has worked at population level. Community mental health quickly lost its preventive ethos and function and the state increasingly relied upon the criminal justice system to deal with people with mental health conditions. By 1980, DSM-III, the emergence of psychopharmacology and Reagan's election, preventative mental health was forgotten. As Smith shows, the cost for society as a whole has been incalculable. Preventative mental health requires

robust and enduring political will and academics engaged in research have a key role to play in sustaining that will.

This leads to a broader conclusion: as Wilkinson and Pickett (2010) and others have consistently demonstrated mental health is a key indicator of the functioning of society. The evidence for the social bases of mental health accumulated by the social psychiatrists in Smith's book point in clear policy directions. Policies like Universal Basic Income would mitigate key determinants (Johnson et al. 2022) identified by social psychiatrists, such as poverty, inequality, social isolation and community disintegration. It would also enable reallocation of resources from assessment of eligibility for support for provision of support itself. Indeed, a guaranteed income was recommended in one of the last arguments in favour of preventive mental health in the US: *Crisis in Child Mental Health: Challenge for the 1970s* (1969). This call went unheeded, despite President Nixon's interest in supporting income guarantees. Smith shows that the consequences of the failure to convert evidence into policy for US society have been profound.

With a pandemic of anxiety and depression being exacerbated by the cost-of-living crisis, there is an urgent need for academics to heed the lessons of *The First Resort*, see the bigger policy picture and take prevention seriously.

References

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