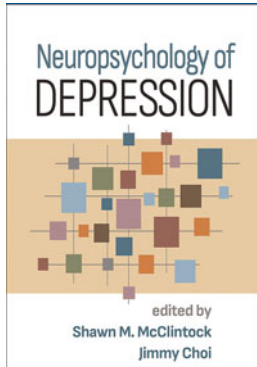


## Book reviews

Edited by Allan Beveridge and Femi Oyeboode



### Neuropsychology of Depression

Edited by Shawn M. McClintock and Jimmy Choi Guilford Press. 2022.  
£62.99 (hb). 464 pp. ISBN  
9781462549276

This book provides an erudite overview of the many dimensions of research and clinical practice in the characterisation, detection, assessment and management of depressive symptoms. Particularly important, in my view, is the inclusion of the historical perspective, i.e. early views on the symptoms and causes of depression. Too often we are short-sighted, believing that all valid knowledge commenced with contemporary scientific work. Yet as overviewed in Chapter 1, many insights from earlier thinkers have led us to where we are today. This includes Freud's theorising that depression had a psychogenic root in a sense of loss, and Meyer, who in 1922 laid the foundations for understanding depression as having both biological and social aspects. This book embraces the view that there are many biological, psychological and social realms that contribute to our understanding of depression and it takes a systematic and scholarly approach to elucidating these.

The book highlights the immense challenge clinicians and researchers face in developing a universal model of the neural, cognitive and functional attributes of depression across ages, gender and culture. Care is taken to consider how sociocultural discrimination and adversity may influence depression rates as well as recognition that different racial and cultural groups may hold different traditions, cultural norms and linguistic characteristics that alter depressive symptomatology. Of course, this means that the development of a consistent neural blueprint of depression is especially challenging. For example, in the field of emotion perception there is evidence that responses to emotional faces are learned, and that cultural difference in emotion knowledge predicts patterns of brain activation. This challenges assumptions of the universality of emotion processing in the brain and has broader implications for understanding neural differences associated with depression.

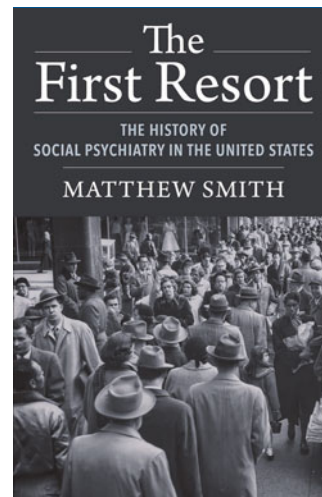
As this book so eloquently discusses, there is no simple cognitive phenotype associated with depression. Impairments in attention and working memory, executive function and emotion regulation, learning and retrieval are frequently observed, but vary between individuals and studies. The question concerning the directional or possibly bi-directional relationship between cognitive function and depressive symptomatology is well considered. As emphasised in Chapter 6, the lack of longitudinal studies of cognitive function (and neuroimaging) and depressive symptoms hinders understanding of how vulnerabilities may lead to depressive states and what cognitive changes are consequential versus predictive.

The final two sections of the book provide a welcome practical overview of how to approach the assessment and management of the person with depression. Specific tasks, questionnaires and tests are reviewed for their suitability and the clinical acumen of

the authors is evident in their practical suggestions and summations of the literature. The book concludes by overviewing a range of traditional through to cutting-edge treatment approaches. Overall, I consider this a comprehensive, evidenced-based essential on my bookshelf.

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### The First Resort: The History of Social Psychiatry in the United States

By Matthew Smith  
Columbia University Press. 2023.  
£25 (pb), 424 pp.  
ISBN 9780231203937

There is now a sprawling set of important accounts of modern interventions in mental illness. Many historians have focused on experiments in pharmacology, or case studies in treatment. A new book about 20th-century approaches to mental health and innovation provides a welcome challenge to our thinking about solutions to mental health in our present.

The relatively obscured history of social medicine – coming out of the political left and the radical medicine of the USA in the post-Second World War era – offers different ways to think about mental illness. This is the starting point for Matthew Smith's *The First Resort*. He focuses on specific episodes in applied social psychiatry in mid-20th-century America, interpreting studies of urban populations, class and mental illness in the 1950s and 1960s. In 1939 sociologists Robert Faris and Warren Dunham led the way in establishing 'the link between deprivation and mental illness' using data from the Chicago area (p. 13). The immigrants and mobile peoples of the 19th century formed the core demography of a growing urban population with all the problems of poverty and psychosocial inheritance of the deprived.

Smith promotes debate about the concept of a universal basic income (UBI) as a way to combat the growing tide of mental illness. This vision lies at the heart of his impressive book. Smith shows the origins of social psychiatry as depicted through social surveys, observation and analysis of mental health patient epidemiology, and historical causes of the poor health of populations in large US cities and in one rural case study of Nova Scotia. The main case studies in this book focus on the possibilities of the commitment to better mental health through prevention in the early 1960s. As in Britain and other places, the mental hospitals in the USA were overflowing, placing a financial burden on the public system; prevention through attention to community support for people with mental struggles was pronounced as a solution by John F. Kennedy's Democrat-led government in 1963.