

Book Reviews

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Trinity's Psychiatrists – From Serenity of the Soul to Neuroscience.
Edited by Marcus Webb (141 pp.; ISBN: 97818771408614).
Trinity College Dublin: Dublin, 2011.

This book by Professor Marcus Webb was published by Trinity College Dublin (TCD) as part of their celebration of the tercentenary of their medical school.

It is a well researched and easy to access account of those psychiatrists associated with TCD either through medical qualification, psychiatric training or appointment.

The author has, for the reader's convenience, parcelled the psychiatrists into chapters, initially according to chronological narrative and latterly according to role. In all, there are in the order of 30 psychiatrists substantially chronicled with many more mentioned briefly.

By necessity, the author has also included an excellent essay on Swift and St Patrick's Hospital (Chapter 2). It is a striking account of Swift's illnesses and personality that references Maurice Craig, Lord Brain, William Wilde and others. With similar adroitness, Chapters 3 and 4 are concerned with the Quaker-led reform of asylum care and asylum development in Ireland in the early 19th century. I was particularly happy to see John Cheyne's contributions to phenomenology being acknowledged over a number of pages.

As would be expected, the text draws heavily on obituaries in the medical press and each doctor's own published work. Some familiar names such as Moore and Norman are of course covered and covered well. Non-TCD graduates may be less familiar with such names as Leeper and Drury, but these were well-known figures in the Ireland of their time. National University of Ireland graduates (John Dunne and Anthony Clare) also appear when they have taken appointments in TCD. In these and later chapters Professor Webb's respect and admiration for deceased or retired colleagues is clear.

In any project such as this, there will always be potential for dispute over who should and shouldn't be included. The author has tried to include all those who have made contributions and acknowledges in his preface that omissions may have occurred. He also notes that he has spared those whose careers were still in progress as of 2011. The major omission that struck me was Noël Browne, a 1942 TCD graduate who was appointed as Minister for Health in the 1948–1951 inter-party government. Browne subsequently became

a career psychiatrist and managed to combine an appointment as an EHB consultant with a lengthy Dáil career.

The references are excellent and occur as numbered notes at the end of each chapter. This allows the author to occasionally expand on a point or to provide a brief pen-picture on an author. Readability has been improved by avoiding use of the contraction 'Dr' before each person's name. The book is well edited and certainly not error-strewn. Indexing is first rate. I spotted one error where, in the piece about Dan Rambaut, the score for Ireland's first rugby win over England (1887) is given as 6–0 when in fact it was 2–0. At the time, tries did not count (except in drawn matches) and merely provide an opportunity to kick at goal. A successful kick counted as one.

Professor Webb's book will be a valuable addition to anyone interested in the development of the discipline of psychiatry in Ireland and rests easily amongst the growing library of works on the history of psychiatry here.

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The Social Determinants of Mental Health. Edited by Michael T. Compton and Ruth S. Shim (270 pp.; ISBN: 978-1-58562-477-5). American Psychiatric Publishing, Washington, DC and London, England, 2015.

Despite growing knowledge about the biological underpinnings of many mental disorders, it remains all too apparent that social, economic and political factors have considerable relevance to clinical features, treatment and outcomes in many cases. Poor people have at earlier ages presentation and longer durations of untreated illness. The mentally ill are over-represented in homeless and prison populations, not least because they are more likely to be taken into custody following an offence, compared with those without mental disorder.

This is a vicious cycle: mental disorder increases likelihood of arrest; imprisonment increases disability and stigma, further impeding recovery. The adverse effects of these social, economic and societal factors, along with the stigma of mental disorder, impair access to social and psychiatric services, and amplify the effects of mental disorder in the lives of sufferers. As a

result, the mentally ill are systematically excluded from full participation in civic and social life, often constrained to live lives often shaped by stigma, isolation, homelessness and denial of rights.

Against this background, this new edited collection, *The Social Determinants of Mental Health*, is very welcome indeed. This is a strongly US-oriented volume, albeit with a suitably stirring foreword by Sir Michael Marmot, Director of the Institute of Health Equity and Professor at the Department of Epidemiology and Public Health in University College London.

The individual chapters in the book, from a range of contributors, cover topics including discrimination, adverse early-life experiences, education, unemployment, job insecurity, poverty, inequality and housing instability. There is an especially disturbing chapter about food insecurity, which is a huge problem in the United States and elsewhere, and has substantial impact on both physical and mental health, as well as social well-being. There are also contributions dealing with the effects of the built environment and access to health care, among other matters.

The book concludes with a very clear 'call to action', written by David Satcher and Ruth S. Shim (one of the editors). Satcher and Shim start by quoting Leonardo da Vinci (1452–1519): 'I have been impressed with the urgency of doing. Knowing is not enough; we must apply. Being willing is not enough; we must do'. But do what, exactly? How can we fix this?

Satcher and Shim are clear that public health approaches are critical if mental health outcomes are to be improved, as is considering the impact of other, ostensibly non-mental health policies on mental health (e.g. housing policy). More specifically, they recommend certain preschool interventions, 'social prescribing' or 'community referral' to non-medical

interventions to address social determinants of mental health at individual level; 'medico-legal partnerships' in relation to, for example, housing, and various other measures, such as screening for food insecurity.

These are all important tasks, not just in the United States but around the globe. The WHO reports that most people affected by mental, neurological and substance-use disorders, including up to 75% of those in many low-income countries, do not have access to *any* treatment, let alone treatment that ensures their mental and social well-being. For the majority, then, the key human rights issue is not protection from violations of liberty, but access to care and social support.

The ultimate solutions lie in a range of measures, including (a) introduction of rational mental health policies, focusing on *real* needs and free from the rigid ideological crusades that have too often defined mental health policy in the past; (b) enhanced emphasis on human rights, balancing rights to *both* liberty *and* treatment, with the 'dignity and worth of the human person' as the over-arching right (as outlined in the United Nations' 'Universal Declaration of Human Rights'), mindful that untreated mental disorder is antithetical to both dignity and liberty; and (c) joined-up mental health and social services, recognising the intimate relationship between chronic mental disorder and social decline, and working to address the stigma that prevents the mentally ill and others from responding effectively to these challenges.

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