

A HANDBOOK FOR THE STUDY OF MENTAL HEALTH

Social Contexts, Theories, and Systems

Third Edition

With chapters written by leading scholars and researchers, the third edition of *A Handbook for the Study of Mental Health* provides an updated, comprehensive review of the sociology of mental health. The volume presents an overview of the historical, social, and institutional frameworks for understanding mental health and illness. Part I examines the social factors that shape psychiatric diagnosis and the measurement of mental health and illness, the theories that explain the definition and treatment of mental disorders, and cultural variability in mental health. The section addresses DSM-5 and its potential influence on diagnosis and research on mental health outcomes. Part II investigates the effects of social context on mental health and illness. Part III focuses on the organization, delivery, and social context of mental health treatment. The chapters in Part III address the likely impact of the Affordable Care Act on mental health care. This volume is a key resource for students, researchers, advocates, and policy makers seeking to understand mental health and mental health delivery systems.

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Social Contexts, Theories, and Systems

Third Edition

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Dedication

We dedicate this volume to James R. Greenley, who devoted his personal and professional life to the improvement of mental health services.

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Preface

We are pleased to offer the third edition of *A Handbook for the Study of Mental Health*. While the second edition is only seven years old, recent changes to psychiatric classification systems (DSM-5), mental health services, and policy called for a new edition. Eric Wright took over as co-editor given his expertise in mental health systems and policy, and we undertook a substantial revision of the contents of the volume. Several new chapters in Part I address DSM-5 and psychiatric nosology, and raise important questions for future researchers. Part III includes a new chapter on community mental health organizations, another on adolescent suicide and public health interventions, as well as a new chapter on mental health policy. The Epilogue is also a new addition; it is addressed to researchers and provides guidelines for integrating disparate areas of scholarship in the sociology of mental health and illness. These new additions make the *Handbook* an essential resource for scholars, and we thank our new authors for their contributions and insights. Returning authors worked hard to substantially revise their chapters, and we thank them for their tireless commitment to the *Handbook*. We also completely rewrote the introductions to each part to provide a framework for the ensuing chapters. As with the previous two editions, proceeds from this volume benefit the American Sociological Association Section on Mental Health.

Foreword

The National Institute of Mental Health (NIMH), established at the end of World War II, had an important influence on the growth of medical sociology and especially on social research in mental health. Its first director, Robert Felix, sought to include the social sciences as basic sciences for the study of mental health issues and problems. He strongly supported PhD training and extramural research and contributed to the growth of sociology, anthropology, and psychology as disciplinary areas. The fact that initially public support for sociology largely came through NIMH rather than other disease-oriented institutes explains the dominance of mental health concerns within the development of medical sociology. With increasing numbers of sociologists trained in NIMH programs, medical sociology became one of the largest and most active sections of the American Sociological Association (ASA). Felix was committed to bringing a public health perspective to the study and treatment of persons with mental illness, a viewpoint that began to erode during the Reagan administration when politics forced NIMH into a more insular disease perspective. The public health view has now again gained traction on the nation's health agenda, with a renewed interest in social determinants of health and socioeconomic and ethnic/racial disparities.

In earlier decades, training programs encompassed broad areas of social psychology, social organization, and social methodology; this breadth encouraged the wide range of substantive interests and theoretical and methodological approaches exhibited in this *Handbook*. NIMH predoctoral and postdoctoral awards supported my training in the 1950s, and probably many, if not most, of the contributors to this *Handbook* had similar support during their disciplinary training. I have been involved for more than fifty years in running such training programs at the University of Wisconsin and Rutgers University; in the earlier decades these programs had a strong focus on promoting and expanding knowledge and methods in the basic areas of the discipline. Many of those who participated in these and related programs have contributed importantly not only to mental health but also to their disciplines. Programs funded today are much more focused on problem areas and interdisciplinary efforts,

but it remains essential for researchers to be strongly involved with the conceptual, theoretical, and methodological advances in their disciplines if they are to be effective partners in interdisciplinary collaborations.

This *Handbook* nicely informs readers on conceptual, substantive, and policy aspects of mental health. A core issue that engages every aspect of mental health research and practice is the conceptualization of mental health itself: Is it seen most usefully in terms of discrete disorders or in terms of continua of affect and function? There is some resurgence of interest in conceptualizing positive mental health as well, although determining the role of culture and values in framing what is seen as positive remains a difficult challenge. The American Psychiatric Association has recently introduced version 5 of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). Whatever one might think of DSM, it will continue to have an important role in reimbursement arrangements, disability determinations, legal contests, and the promotion and marketing of drugs and other therapies. We clearly need a reliable classificatory basis for research, for treatment assessment, and for communication, but absence of a theoretical basis for DSM entities and disagreements about its inclusiveness leave much room for controversy and debate. It remains uncertain whether social understanding is enhanced more by a focus on discrete disorders as defined by DSM or whether we might benefit more by attention to dimensional conceptualizations and inquiries linked to underlying biological processes. Both are important and respond to different purposes and needs, but it is clear that the balance among approaches requires further study and reexamination.

The excesses of pharmaceutical marketing, its role in expanding concepts of disorder, and its influence on drug research and professional education have done a great deal to undermine trust in psychiatric research results and psychiatric expertise. Selective publication of drug trials in research funded and controlled by pharmaceutical companies has cast suspicion on the validity of psychiatric knowledge and effectiveness claims. There is now a considerable backlash against many of the marketing and funding practices of these large companies and much greater skepticism among educators, editors of major journals, and the media. Social research has been an important antidote to this negative pattern and has contributed importantly to revealing and understanding these patterns of professional and commercial self-interest and how they have helped shape trends in the mental health sector.

The substance of mental health inquiry is very much focused on the study of developmental processes across the life course and the influence on those processes of social stratification and important social institutions such as the family, the labor market, and work. Social and epidemiological surveys have become the core tools for many of these studies that seek to understand human development and social behavior across age cohorts and historical periods while being sensitive to the crucial way in which biological predispositions interact with social context and the environment. Surveys have become larger, technically more sophisticated and longitudinal

in scope, and the ability to link varying sources of data makes it increasingly possible to examine causal ideas with more credibility. Randomized studies remain the “gold standard” because social selection is so powerful and pervasive and difficult to discount, but increasingly, natural experiments, longitudinal databases, and the use of instrumental variables and sophisticated multivariate approaches make causal interpretations more convincing in the typical instance in which randomization is not feasible or ethical.

We value knowledge and understanding for their own sake, but most of us study mental health issues and are supported by research agencies because of the expectation that enhanced knowledge will improve people’s lives. The American health system, even more its mental health system, is dysfunctional and in shambles. Dealing effectively with serious mental illness involves many sectors from general medicine to the criminal justice system, but there is little effective coordination or integration. The Affordable Care Act, passed in 2010, seeks to address some of these persistent challenges. Some of what we already know has been implemented in a constructive way, but far too much of what we have learned remains to be applied. Whether we are concerned with broad social determinants such as extreme poverty, child abuse and neglect, inferior schooling, and stigmatization on the one hand or the lack of access to mental health services and a lack of appropriate balance in treatment among medication, supportive care, and rehabilitative services on the other, there remains a great gap between what we know and what gets done. Some positive changes have occurred, such as the growing acceptance of mental health as an important aspect of health, the move to greater health insurance parity, more coverage for serious mental illness in public programs such as Medicaid, and more accessibility to treatment and trained mental health professionals. But as this *Handbook* makes clear, the social determinants of mental health problems and their management will continue to remain challenging for scientists, professionals, and policy makers.

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