



BOOK REVIEW

Understanding Mental Distress: Knowledge, Practice and Neoliberal Reform in Community Mental Health Services. Rich Moth. Bristol: Policy Press; 2022. pp. 263 ISBN 978-1-4473-4987-7

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Rich Moth has written an important book that makes illuminating connections among theory, practice, and activism in the context of mental health services. This is grounded in a meticulous, long-term ethnographic project which has closely examined the operation of community mental health care in the UK. The content of this book is, however, internationally relevant beyond the borders of the UK case study.

Moth offers a lens of politicized professionalism, allied to the demands of people who use services, to advance a persuasive argument against the hugely negative and pervasive impact of the neoliberal political economy on mental health care systems. This is a must read for mental health nurses and other practitioners who feel immense consequential strain in their everyday work but can struggle to make meaningful sense of their predicament and, hence, identify what to do for the best. Moth asserts the value of practitioners becoming part of a politically aware resistance, forging alliances with other stakeholders including service users to challenge the inequities and inadequacies of care so constrained by neoliberal forces. To accomplish this, he articulates a comprehensive theoretical reading of policy, practices, context, and events that interweaves analyses of social structure, culture, and agency. In doing so, Moth is particularly interested in the forms of political agency that could underpin action in defence of ideals of care and the associated political imagination to conceive of alternatives to the neoliberal order.

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For mental health nurses, the major fault lines within contemporary care resulting from neoliberal policies are evidenced in the detriment to relational practices and the stifling of any innovation, such as, say, recovery as an organizing principle. Nursing under neoliberalism shifts from a rhetorical valorization of the relational to an informational imperative: for example, to meet targets linked to revenue streams in NHS quasi-markets, front-line nurses and other professionals increasingly become gatherers and recorders of information as opposed to relationally invested allies of service users. Thus, ideals of therapeutic and supportive relationships are subordinated to the bald economics imposed by marketization and regressively substituted by 'informational practices'. Similarly, the overpowering individualism of neoliberalism is consolidated in a range of powerful expectations imposed upon practitioners' roles that render individuals increasingly responsible but arguably with diminished authority. Intersecting with an expanding preoccupation with risk, increasing levels of accountability and blame are cascaded down to the individual practitioner. Unfortunately, for people who would use services, these tendencies go hand in hand with expanding restrictive practices and the use of medication as defensive technologies of risk management, reinforcing a singular biomedical conceptual framing of mental distress.

For Moth, these and other agonies visited upon mental health care are to be understood in terms of predominant 'situational logics' which, guided by neoliberalism, underpin new 'strategic directional tendencies' that in turn operate to restrict practitioners' capacity and capability to act contrary to the prevailing logic. In this way, the opportunities and spaces for enacting socially inclusive and socially oriented forms of support are curtailed and social-relational practices

are further marginalized. The wicked wheeze of neoliberalism is that this takes shape in spite of a promised commitment to social-relational ends in a range of mental health-oriented policies. That such relational goals are also strongly represented in professional discourse and the expressed ideals and aspirations of many practitioners and service users is one more twist of the neoliberal knife.

Moth gives substantial room in his text to the presentation of findings from his exhaustive ethnography. This is accomplished with deft sensitivity, and the author's respect for the research participants, his valuing of their voice, and his compassion for their ongoing struggles in both the delivery and receipt of care within denuded systems shine through. But importantly, he does not rest there. These ethnographic observations are wielded to support his insightful development of critical theory with the potential to support activism for progressive change.

I urge people to read this book and critically engage with the theoretical insights it provides and the political argument that flows from this. Emboldened by Moth's analysis, critical mental health nurses could elect to be in the vanguard of such change and collectively apply themselves to 'the necessity and urgency of sociopoliti-

cal transformations to transcend the toxic psychosocial environment generated by neoliberal capitalism' (p216). We are living through turbulent times and arguably, if the UK experience is anything to go by, the very survival of universal systems of mental health care and support is threatened. For some radical critics, this would be no bad outcome. Yet, for Moth, drawing on the late, great Peter Sedgwick (1982), a radical psycho politics need not be about the complete dissolution of mental health care. Instead, there is a powerful case for more and better care. If this can be delivered within a more just political and economic system, democratizing and relational ideals can win out to the benefit of service users, practitioners, and wider society. I like to think that mental health nurses can see the sense of this and will become energized towards the sort of broadly based social action by which it can be achieved. Rich Moth offers robust intellectual tools for this endeavour.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.