EDITORIAL

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On the different connotations of social psychiatry

The term social psychiatry is well established and has a long tradition. Almost exactly 100 years after Reil (1803) introduced the word psychiatry into the literature, Ilberg (1904) wrote a paper which – to our knowledge – was the first one carrying the term social psychiatry in the title. Approximately another 100 years later the term is still with us. There are societies, congresses, chairs and journals for social psychiatry, and the term – or its translations respectively – is widely used in various countries.

In the last century the connotation of the term inevitably varied. In this short editorial it is impossible to summarise its history or the numerous essays that have been written on it (e. g. see Bebbington 1991; Finzen & Hoffmann-Richter 1995).

Whilst nowadays the term has predominantly positive connotations, this has not always been the case. Between the two World Wars the changing political climate in Germany led to negative associations with the term. This era began with, among others, Fischer (1919) who described a programme of social psychiatry that, despite a very different terminology, substantially overlaps with what modern textbooks say on the subject. He emphasised the importance of investigating social causes of mental illness and posited public health interventions as prophylactic measures. In the 1920s, reforms aimed at community based mental health care – the 'open care' – were stimulated by such ideas and became associated with social psychiatry (Schmiedebach et al. 2000). However, at the same time, the term was increasingly used by other psychiatrists, who advocated racial hygiene and argued for compulsory sterilisation of mentally ill patients, thus brandishing 'social psychiatry' with dark implications (e. g. Rüdin 1931). Since World War II, social psychiatry has not been associated with such ideas.

What does 'social psychiatry' mean today? Any definition is plagued by the ambiguity of the word social. 'Social' may be used in the sense of communal or public and relate to interpersonal relationships, such as in 'social' sciences. On the other hand, 'social' may indicate a friendly and humane intention, often of a political nature, and stand for a commitment to equality, such as in 'social' political parties. With respect to the latter connotation Von Hayek (1983) stated that "the adjective social is probably the most confusing and misleading term of our whole political vocabulary, . . . a 'weasel word'. As a weasel is alleged to be able to empty an egg without leaving a visible sign, so can . . . (social) deprive any term to which . . . (it is) prefixed of content, while seemingly leaving them untouched". To us, though, social psychiatry is not meaningless. It rather has different and distinguishable connotations.

Redlich (1966) called social psychiatry a "point of view". Such a view focuses on the social dimension of mental health, mental illness and mental health care. If it is applied to the wide field of psychiatry, three distinct connotations of social psychiatry result: firstly, an area of theoretical and empirical science; secondly, a political movement; and, thirdly, a way to practise mental health care.

Firstly, as a scientific specialty, social psychiatry uses concepts and methods of social sciences, including psychology, to investigate social factors influencing and relevant to occurrence, expression, course and care of mental disorders and may also deal with mental health promotion and other issues of public mental health. Sometimes it is used in combination with other terms. The title of this journal and an identically named section of the Association of European Psychiatrists suggest that social psychiatry does not cover the distinct specialty of psychiatric epidemiology. Some research units and chairs carry the name 'social and community psychiatry', again suggesting a distinction between the two

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terms. That distinction, however, may not be too helpful for understanding social psychiatry, since community psychiatry is arguably even less clear a term than social psychiatry. Originally, community psychiatry comprised of mental health care outside asylums. Since asylums have largely gone, more or less every service and care practice may be seen as community psychiatry. In addition, as a research area community psychiatry may encompass all mental health service research, in which case it would substantially overlap with social psychiatry and all other fields in psychiatry that are relevant to practical care. Thus, due to the universal applicability of the label community care, it appears of little use. Unlike community care, social psychiatry might be seen as one of the major scientific specialties in psychiatric research, alongside biological psychiatry and possibly a 'psychological' or psychotherapeutic psychiatry.

Secondly, since the 1950s, all western industrialised nations have seen far-reaching reforms of mental health care with a closure or downsizing of former asylums and the establishment of services in the community. To a varying degree, the reforms were politically driven. They were frequently called social psychiatric and the advocates were regarded as social psychiatrists. The political and ideological momentum may have given way to a more pragmatic approach and economic considerations. However, it has not died out completely. The German Society for Social Psychiatry is still the strongest multi-disciplinary society in mental health care in that country with more than 2,200 members. Its political commitment appears undiminished, and its members have helped to initiate and support increasingly strong and independent organisations of both users and carers. In the last decade, the society has provided political support for a so-called 'trialogue' between mental health professionals, patients and relatives, and for 'psychosis-seminars' in which people from the three groups meet to discuss their views and experiences. In some countries, social psychiatry may still be perceived as a political intention. That intention is hailed as positive and progressive by some people, and criticised as naive and romantic by others.

The third connotation of social psychiatry relates to the practice of mental health care. The above-mentioned political reforms resulted in new services, many of which focus on patients with severe and chronic mental illnesses. These services and the clinical practice related to them have also been given the name social psychiatry. Long-term wards, at the time when they still existed, carried the label "social psychiatric wards" and every health authority in Germany has a "social psychiatric service" providing some kind of assertive outreach and arranging compulsory admissions. Social psychiatry in this sense also captures aspects of social work in mental health care, the provision of housing, occupation and contacts for long-term patients, and the involvement of patients' relatives in care. Moreover, the term is linked to efforts to provide a therapeutically active milieu and a respectful atmosphere, particularly in services for the most severely ill patients.

It has been argued that the two German terms 'Sozialpsychiatrie' and 'Soziale Psychiatrie' reflect some of the difference between the above connotations, and there is anecdotal evidence for that (Priebe & Schmiedebach 1997). At the founding assembly of the German Society for Social Psychiatry in 1970, the fully prepared and already typed constitution was changed in one place. After a long debate the word 'Sozialpsychiatrie' in the title was replaced by 'Soziale Psychiatrie', because the intention was not to become a scientific organisation, but to indicate the social commitment of the members. The underlying attitude was illustrated by the statement "psychiatry is social psychiatry or it is no psychiatry" (Dörner 1972, p. 8).

The use of the above connotations varies significantly between countries. In the UK, for instance, social psychiatry is used to name a field of science. There are six professors for social and/or community psychiatry at the different medical schools in London alone, but no political movement with the name social psychiatry. The Royal College of Psychiatrists has a section for 'Rehabilitation and Social Psychiatry' indicating a connotation of social psychiatry concerning a care practice and services for severely ill and potentially socially excluded patients which is related to, but different from, rehabilitation. There are specialised rehabilitation teams – and even rehabilitation wards – as well as consultants in rehabilitation psychiatry looking after patients with persistent mental illnesses. Yet hardly any form of mental health care or service is talked of as being social psychiatric. No consultants are formally specialised in social psychiatry and very few, if any, psychiatrists would call themselves social psychiatrists. In Germany, social psychiatry as a scientific specialty has almost disappeared from universities, and there is little research in the field, particularly if psychiatric epidemiology is seen as separate. Yet the term remains commonly used to describe political initiatives, training courses and forms of clinical practice. The slight difference between the connotation in different countries highlights a general problem of scientific collaboration in Europe. Even if English is seen as the lingua franca of science and universally used, this does not necessarily prevent semantic confusion. In order to grasp the often subtle but relevant differences in what terms precisely mean elsewhere, mere language skills are not sufficient. A very good understanding of the culture and the context in which the term is used is also essential.

The term social psychiatry does not carry a copyright. The three connotations as outlined above seem equally valid. However, we believe that it is useful to be aware of the differences between the connotations and to distinguish between them. Most importantly, it should be clarified what connotation is referred to when the term is used. Representatives of social psychiatry ought to identify which hat they are wearing in a given context. Social psychiatrists may pursue a political agenda and be excellent scientists, but the arenas are different and mixing them up could taint both scientific

reputation and political effectiveness. A precise language, which takes the different connotations into account, is required if the term is applied in international collaboration. On that basis, it may well be used for another 100 years.

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