# What happened to social psychiatry? A conversation with Professor Matthew Smith

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**Transcribed for the Noncompliant Podcast by Julie-Ann Lee**

[Intro music: Jazzy synth pop music]

**Anne:** Welcome to Noncompliant: A Neurodiversity Podcast. I'm your host Anne Borden King. Today I'm talking with health historian Matthew Smith from the University of Strathclyde. Matthew was one of the first guests on the show back in 2019, talking about his work on the socio-historic contexts of the ADHD diagnosis, notably his 2012 book *Hyperactive: The Controversial History of ADHD*.

Today we'll be talking about his new book, *The First Resort,* which is a history of Social Psychiatry movement. It's a fascinating read, and so well written. We're going to talk today about Social Psychiatry and the strange history of the DSM, about neurodiversity, the promise of Universal Basic Income and more.

Matthew is a professor of Heath History at Strathclyde's Centre for Social History of Health and Health Care, and as mentioned, he has written about ADHD in historical context, as well as food allergies in his 2015 book, *Another Person's Poison: A History of Food Allergy.* All of his books are great and I'm so glad to welcome him back to the show.

Matthew, welcome!

**Matthew:** Thanks very much, Anne! It's great to be back.

**Anne:** You described Social Psychiatry as "being rooted in the idea of a preventative psychiatry – an interdisciplinary approach to understanding mental health and illness that combine the insights of the social sciences with those of psychiatry." I wonder if we can go back to the beginning or the early years and give more of a definition of social psychiatry and how and when the movement really got started.

**Matthew:** Sure. Social Psychiatry really emerged out of a few different developments that were happening in the first half of the 20th century. First of all, one of the real drivers of it from an academic perspective was the emergence of Sociology and Anthropology as really important social science disciplines in the United States, especially in places like the University of Chicago. The very first monograph – a book – published by the Chicago school in the 1920s was a study

of hobos, of all things… And it's interesting that mental health even emerges in there a little bit, and then subsequent studies from the University of Chicago mental health starts to emerge as something that they want to explore and understand. There's this new interest in mental health as something that social scientists can study. On the flip side, psychiatrists are becoming more interested in what today we call the Social Determinants of Mental Health, and a lot of that comes out of the mental hygiene and child guidance movements of the first half of the 20th century.

Now these were not necessarily academically motivated. They were more focussed on practice, so this is where we get the start of the social or Psychiatric Social Work and that sort of approach to dealing with mental health problems. And what mental hygiene and child guidance really focussed on was the socio-economic background of people who were dealing with mental health problems and trying to address those factors as best they could.

Really the final thing that really drove interest in Social Psychiatry was the Second World War. During the First World War, there were really high rates of Shell Shock, what we might label today as Post Traumatic Stress Disorder. Leading up into the Second World War, many countries--especially the United States--wanted to avoid having all those psychiatric casualties and so they embarked upon a program of screening, and they rejected approximately a million recruits on psychiatric grounds alone. We're not talking flat feet, or cross-eyed, or all the other things that they would reject people on. This is just psychiatric grounds. Now despite that, there were approximately a million hospital admissions during the Second World War on psychiatric grounds.

All of this created an idea in the minds of both psychiatrists and politicians that mental illness was really rampant and the only way to deal with it was to tackle it through prevention. Those are some of the factors that gives rise to Social Psychiatry. I think just to emphasize again, the real focus in terms of the research was interdisciplinary. It was getting the social scientists and the psychiatrists to work together to try to figure out why people struggle with mental health problems.

**Anne:** Yeah, you talk in the book about how they looked at the social circumstances… obviously being in a war is a social circumstance that's going to lead to trauma. But they also focussed on things like the impact of living in a city. I found the research on that so interesting.

Can you tell us about the 'rat city' experiments?

**Matthew:** (Laughing) Yeah. Yeah, that' the work of John Calhoun…and my very good friend **Ed Ramsden** at the Queen Mary University of London is the real rat expert, so I'll just have to do

my best to emulate Ed just now….So the National Institute of Mental Health, NIMH, one of the things that they funded was research on mental health, and research on psychiatric epidemiology. And some researchers, including John Calhoun, decided to use animal models and if you're wondering about that *NIMH* word, (laughing)….

**Anne:**Mm-hmm (laughing).

**Matthew:** If it reminds you of anything, … *Mrs. Frisby and the Rats of Nimh,* so that's where it comes from.

**Anne:** Wow.

**Matthew:** I re-read that to my kids recently, and it's just brilliant. It's such a great book. Anyways what happened to those rats are very different than what happened to Calhoun's rats.

What Calhoun did is he tried to replicate really crowded slum conditions. And basically he let his rats reproduce as much as they wanted and they ended up living in these really cramped, crowded, rat cities and lo-and-behold they start engaging in really anti-social behaviour of various kinds, ranging from violence to homosexuality (which at the time was seen as very negative). And coming out of this research, the idea was that well, crowding was bad. 'We've really got to look at maybe moving people up to the suburbs' and that sort of thing.

Now, the interesting issue about that was that, actually, the social science research on urban settings is much more complex and nuanced and mixed on that particular issue. If you go back to some of the first researchers who looked at the problem of the city, they recognized that cities are going to be good for some people and not so good for other people. And the social psychiatrists that took up this issue of whether cities are good or bad for mental health, they had pretty balanced views about this overall. And they didn't always agree but generally what they said was that in cities it really depends on what's specifically going on. Are the communities in the cities disintegrated or are there lots of civic organizations and community spirit that kind of knit people together? What were the socioeconomic circumstances in these cities? Were there really entrenched social class structures or was it a bit more egalitarian? And these factors were much more important overall than just the place of a city or the space of a city, I should say.

**Anne:** Right.

**Matthew:** So *place* mattered more than *space*, if that makes sense. And I guess what's interesting about some of the city research as well in terms of social psychiatry is that three of the four projects that I look at look at cities--and three very different cities: Chicago; Newhaven, Connecticut; and New York City. And the fourth one looks at a completely different environment – rural Nova Scotia. All those studies came up with similar things when it comes to the socio-economic factors that result in mental health problems. so it didn't really matter what kind of city it was, or even if it *was* a city. Factors such as poverty, inequality, isolation, and disintegrating communities resulted in poor mental health.

[10:00]

**Anne:** Yeah, let's talk about the idea and the concept of a disintegrating community because that brings us to the issue of bias in the social psychiatry research. It seems like a lot of people doing that work were somewhat blinkered by their own biases. I'm thinking of like the Stirling County Study and the New Haven Study that you mentioned. Could you talk a little bit about how they seem to be documenting systemic issues like poverty and class inequities but they can't quite seem to make the leap beyond their own biases around that?

**Matthew:** Yeah, so this is a really interesting and important aspect of this research and I think it highlights the need to really look at these studies in depth to really grasp what they're all about and the strengths and weaknesses that they have.

The Stirling County Study and the New Haven Study employed large numbers of anthropologists and sociologists to do ethnographic work, [going] into the communities, interviewing people, finding out about their background, looking at where they lived… all that kind of stuff. And these researchers, anthropologists, PhDs, they tended to come from fairly well-off backgrounds, middle class, upper-middle class, they were educated obviously, and they were typically white and mainly male, but some women as well. When we read their descriptions of [how] people living in impoverished, communities lived, they are quite judgemental. They tend to focus on things like how clean the place is, is it kept up, do they watch tv at loud volumes, were the walls really thin.

And, I guess it struck me that their blinkers, as you put it, when it comes to that really taps into an ongoing issue when it comes to poverty, and a very, very long-standing issue. And that's the difference between seeing people as 'deserving poor' and 'undeserving poor'. These are terms that date back into the 19th century. 'Deserving poor' would have been people who were poor and there was nothing they could do about it, circumstance just led them into a situation where they were going to be impoverished, maybe through illness or through tragedy or what have you.

The '**undeserving poor,'** these are your 'wasters'. These are the people that 'if they only just worked hard, they wouldn't be poor, they'd get a job, and get on their feet and be fine.'

Having these two different [categories] of the poor, we still deal with that today. We either categorize people as unfortunate; or people who are kind of scrounging the system--or taking advantage of the system. This is really important in the context of when this social psychiatry work is being published in the late 1950s and early 1960s, because this is the era of the War on Poverty. When Linden Johnson becomes President, he declares war on poverty. But, really, is it a war on poverty or is it a war on the poor? My reading of it is the latter. It's not so much giving the poor more resources to lift them out of poverty, because the idea is that they're undeserving poor. They'll just, pardon my French….'They'll just piss it away,' basically, right? So the idea in the war on poverty was more to what 'we've got to educate these people to be more self reliant, we've got to train them to be better members of the community.'

And, of course, that's overlooking all the systemic factors like inequality, like racism, like entrenched poverty that create those problems in the first place.

I think when we look at those researchers and how they're interpreting the poor people in their studies, it's sort of a window into how poverty was viewed at this time, but also how many people still view poverty today. And that is, 'maybe if they just worked a bit harder, they'd get out of it.' Well….it's not that simple, is it?

**Anne:** Definitely not. And the research bias is really translated into policy and then they trickle down into public perceptions like you said. I wanted to talk a bit about the Moynihan Report, because we're talking about the 'deserving and the undeserving poor'. The Moynihan Report… let's back it up first and define or describe to people what the Moynihan Report was.

**Matthew:** Right, so the Moynihan Report focused in particular on "The Negro family" and "The Negro problem", which was partly the idea that many of these families are broken in the sense that the mother and the father of the children are not living in the same family group anymore. There's either been divorce or maybe not even a marriage to begin with, and the idea was that these kind of 'matriarchal' systems were no good especially for the male African-American members of the family. [The report argued they] didn't have role models to look up to and it just led to all these social problems. And again the idea coming out of that was that you had to fix this problem if you were going to deal with poverty. This was seen as one of the underlying reasons for poverty.

Now, of course, the other thing going along with that was the real, almost a condescension when it came to doing African-American culture and the way families are structured and the way learning happens in African-American families, and all the rest of it. And the idea that these

poor, Black children were growing up in 'culturally deprived' families which effectively was a racist view of looking at it.

The Moynihan Report definitely fuelled this idea that you can't just give the poor resources, you have to *change* them in some way so that they become deserving poor. **Mical Raz**'s book *What's wrong with the poor*…her book is really the most important text when it comes to this because it touches not just on issues like poverty and education but also mental health and psychiatry and how this kind of thinking really infiltrates all sorts of ways of trying to solve social problems in the 1960s and 70s.

**Anne:** Yeah, right, because the Moynihan Report came out in 1965; it was the government report by the US Department of Labor, so it very much echoed into policy. And I think the ideology that you're describing, even echoes today. It kind of drove policy in the wrong direction wouldn't you say, because they were focussing on the Black family as the source of social dissolution and it seems to really completely ignore all the structural and institutional racism and class inequities that were really driving so much of the suffering of the poor people in America. You write that the Moynihan Report "reinforced the long standing American idea that education, not income redistribution was the key to solving social problems."

**Matthew:** Right… I mean one interesting example of this actually comes from the Stirling County study, or one of the one of the cases that's connected to the Stirling County study. one of the co-principal investigators of the Stirling County study, Alexander Leighton, writes his article for *Scientific American*, talking about this community that's nicknamed 'the Road,' and the Road is a really impoverished community. It's described in very unflattering terms, and the key people that live nearby the Road are [described as] mentally deficient and drunk and disorderly and all the rest of it. And what happens is that Leighton first encounters the Road in approximately 1950, and then he goes back and examines what happens to it about ten years later, and lo-and-behold, things are a lot better. So he tries to analyze why this has happened.

[19:57]

**Matthew:** Now, what has happened in the meantime is that there've been economic opportunities. There's a new employer around, and a lot of these people who used to have to eek out a living doing subsistence farming or odd jobs or these sorts of things have got steady employment. They've had economic opportunities and that's making their lives a lot easier.

Now, what's really interesting though is that he doesn't focus on that in the article. He kind of pushes that to the side and focuses much more on the educational changes that have happened. And what basically happened was that they integrated some of the schools. Rather than having separate schools for the poor community and the wealthier community, they bring

these schools together. And there's a few other things that happened within the community in that sense that Leighton focuses on and it's a really good example of where, rather than focussing on what appears to be the obvious thing, which is now these people have jobs….

**Anne:** Right.

**Matthew:** … and they have an income, and life is a lot more stable, he focusses on the education aspects that have happened, and I think a similar thing happens in the United States, especially in communities that are victim to a lot of the 'white flight' that occurs during the post war period. This is when mainly people of white background flee [a neighbourhood]… well, *flee* might be a bit strong but it is called 'white flight', so maybe not.

**Anne:** Yeah.

**Matthew:** What they do is they leave the city center or the downtown areas for the suburbs that are being built in massive numbers. And they leave, often People of Colour, and ethnic minorities in these urban centres. And what happens is because the economic base of these urban centres just deteriorates and there's no investment in these places… I mean, I'm thinking of places like the South Bronx for example, which was notoriously one of the poorest parts of the United States by the 1970s.

There's no effort to rebuild these communities in most cases, and they focus on educational programs like Head Start, which, there's a lot of positives to come with that, but you cannot engage in education if you're malnourished and you don't have enough food, for breakfast. you can't engage in education if there are huge social problems in your community that are making you scared and if you're being abused. It's an example of not seeing the forest for the trees. I guess it is sort of an American thing, but it's also a British thing to a certain extent in that the last thing that policymakers seemingly want to do is to redistribute income.

**Anne:** Yeah.

**Matthew:** They'd much rather try to bring people up by their bootstraps, re-educate them and that sort of stuff. But unfortunately as we see during the 1970s and moving on into today, that simply doesn't happen and you start to get--not just in Black communities… we also see this now happening in Rust Belt communities in places like Kentucky, West Virginia, the heartland of the opioid crisis. You can see a similar sort of pattern where in these cases there's de-industrialization, there's a lack of infrastructure to replace what's deteriorating, and social problems fuelled by the pharmaceutical industry create this huge epidemic.

There's this unwillingness to really recognize that poverty is caused by not having enough

income, not having enough resources. It's not caused by some moral failing that you have that needs to be taught out of you or educated out of you.

**Anne:** It's just amazing when you look at all the factors that come together, you're talking about the Rust Belt cities which I think is really interesting. I lived in Buffalo in the late 1990s. I went to grad school there. And, it was an unbelievable thing to see what happened to that city. It's one of the first Rust Belt cities in that sense, but it wasn't just manufacturing moving out of the city that caused all of the problems in the city. It was a lot of factors. For example they just *built a giant highway right though the middle of the city*. And that completely split up the sense of community and really built almost a colour line right down the middle of the city in terms of the resources.

There was of course a lot of racism in how money was distributed. You could literally drive across Main Street and there's potholes on one side of the street, and there's not potholes on the other side of the street. And it had a lot to do with just so many, many factors in terms of what happened, and even car culture. That move to the suburbs, and the car culture, and white flight. But I would back it up for a second to when we were speaking about the Moynihan Report and the fact that there were these research biases and to talk a little bit about what brought down the concept of Social Psychiatry and why we don't talk about it more.

**Matthew:** Sure. Social Psychiatry is presented as a preventive psychiatry which really means that it's a psychiatry that is meant to justify social change in some way, shape or form. But a lot of social psychiatrists are not necessarily politically active. Some had been politically active, for example in the 1930s. Or during the Second World War, a couple of them are politically active when they're stationed to work at Japanese Internment Camps and stand up for the rights of the Japanese Internees. But when they get started it's the era of Joe McCarthy and Communist witch hunts and so any academic who is perceived to be a lefty really struggles to find work. I think we have to think about that context to start with.

And a lot of them are also [just] essentially researchers. They want to keep working at this problem and they feel that they need to keep doing lots more research to really come up with enough evidence to justify any kind of recommendation.

The stats (if you want to call it that) that I love to mention is that in "Mental Health in the Metropolis," that mid-town Manhattan study, they spent 50 pages talking about the study's methodology and about 50 *words* talking about what should be done about what they find, which is that poverty and inequality are bad for mental health. They are just not really willing to engage with that all that much. And again, to be fair a lot of these teams that originally formed

to tackle these problems, they end up falling apart for various reasons. So the critical mass to tackle these issues sort of dissipates.

But in terms of broader things going on, I think there's a whole host of different factors. Some are external to psychiatry, some are within psychiatry. In terms of external factors, we enter the 1970s where there's stagflation, there's not a lot of funds to be spent on social programs, or at least the thought that they can't be spending money on social programs. We've had the two Democrat presidents in Kennedy and Johnson who are really maybe not as progressive as we'd want them to be, but at least trying to move in the right direction, and then we get Richard Nixon coming in who has his progressive moments but is not a fan of psychiatry anymore.

So there's things happening outside of psychiatry that make a difference, but then Social Psychiatry also gets squeezed in a way on either side. On the one hand, you get the emergence of Biological Psychiatry and Psychopharmacology, so rather than dealing with the causes of mental illness, there's just a focus on diagnosis and drug treatments. And then, on the other hand you do get a lot of radical people  in the form of [the anti-psychiatry movement], some people who question the notion of mental illness; or radical psychiatrists who are coming up with really radical solutions like using LSD or Scream Therapy or all these sorts of things to deal with mental health problems.

[30:02]

**Matthew:** And then you also get the so-called psychiatric survivors' movement or the service user movement, people *with* mental health problems who are articulating their say on the matter as well. Social Psychiatry in a way just gets squeezed in on either side by these other forces going on, and they're not radical enough, or the radicals and the anti-psychiatrists and the psychiatric survivor or Mad Peoples' Movement, but on the other hand they're seen as not being very scientific by the Biological Psychiatrists as well. And basically by the 1980s and Ronald Reagan there are not even many resources going into Community Mental Health either.

And when I go to the United States and give talks about Social Psychiatry, I always ask, 'do you know what Social Psychiatry is?' or 'hands up if you know what Social Psychiatry is' and they never do. Yet, even like 40, 50 years before their time Social Psychiatry was arguably the most influential approach to mental health in the United States. That's one of the things I'm trying to do with this work, fix that amnesia so that people remember that this was quite an influential or important approach to mental health that we've forgotten. Unfortunately, a lot of things happened that undermined Social Psychiatry, and really by the 1980s and 1990s not many people were focussing on it anymore.

**Anne:** Yeah. Like I would say one of the most chilling sentences I read in your book was from the 1977 US President's Commission on Mental Health and it concluded that basically in US society and mental health professionals seem to be 'crisis oriented rather than future oriented'. That statement was made in 1977 but it still resonates today, doesn't it?

**Matthew:** Yeah, absolutely. One of the things I haven't talked about much is the Community Mental Health Movement which really is an offshoot of Social Psychiatry and it also develops from the Mental Hygiene Movement and Child Guidance Movements as well.

Community Mental Health Centres are meant to replace the asylum. In the early 1950s 600,000 of American- 600,000 of Americans were in asylums and by 1990 it was down to about 115,000, a huge switch from the asylum to so-called 'care in the community'. And these Community Mental Health Centres are meant to be preventive. They're meant to be places that coordinate preventive action – whatever that's supposed to look like. And there are some interesting, really fascinating examples of that, but even so, the Community Mental Health Act gets passed in 1963 and then a 1965 amendment kind of provides more funding to staff these places, but even by the 1970s there's not much going on that's really preventive.

And part of that is because you have all these people leaving institutions and they have to now be cared for in the community, so I think in a way that starts this sort of crisis mode which has never abated, and we never get to the point where, 'okay, let's back up a bit here and really address the root causes of mental illness'. It's always about trying to deal with the rising tide of it. And I think certainly in the last few years of Covid, that's just gotten worse.

**Anne:** Yeah, is it just too threatening to people or is it difficult for policy makers and researchers to have that sense of imagination? To look at things structurally and come up with a solution, because in your conclusion you argue that (like you just said earlier), we don't really need more research into *proving* the relationship between social factors and mental health. What we *do* need is research into what solutions exist and then how well they can work. And I'm wondering why there isn't more work being done into that?

**Matthew:** I think part of it is because people involved in mental health--both professionals and people working in charities--tend to be crisis-oriented, they're always focussed on putting out fires, dealing with people's acute situations, as in when they occur. They might not even have the time or headspace to really think about what could be done to prevent these things. I think intuitively they know. You know, I've given lots of talks for various mental health audiences and after the talk it's always 'oh yeah, yeah, this is all really good. Yeah, I know that financial insecurity is a really big factor but then really, what's a psychiatrist supposed to do? What's someone working for a mental health charity supposed to do?'

I think what's happening now is that on the one hand, people in mental health are starting to get more politically motivated. Even here in Scotland, that's starting to happen with our Mental Health Foundation Scotland, currently they've got a cost of living campaign raising awareness of how the cost of living crisis is affecting people's mental health. There's increasing numbers of mental health professionals – at least over here – not so sure about North America, who are at least recognizing that things aren't going to change unless we start focussing on the big picture, and that means considering things like Universal Basic Income or other approaches to providing people with the basic necessities that they need so they're not always under this big mountain of stress all the time.

If you're dealing with mental health problems, maybe they can't be traced to socio-economic problems, maybe they're traced to some horrible trauma that you experienced when you were a young person. But if you're dealing with that *and* you're having to really stress about how you're going to stay in your home, [whether] you can feed your family, it just creates a really desperate circumstance. What we really need to really start doing is articulating that, that narrative that if we want to really prevent mental illness, it's not about educating people better. It's not about … goodness knows you know a lot about this in terms of autism…it's not about changing people. It's about creating a better society in which they can live, and in which they can survive and thrive.

I've talked about how Universal Basic Income is part of that, or could be part of that, but there's lots of other things we could be doing as well. We need to re-orient ourselves to thinking about initiatives and innovations in how we organize society that makes it easier for people, rather than harder. Unfortunately (at least over here) over the past 10, 12 years it has been made harder for people who come from disadvantaged backgrounds, partly because of the economic situation but probably even more importantly because more barriers have been put in place between them *and* getting a basic income through welfare.

It's difficult but I think that we're getting to the point where I don't see many other options, and I think people are finally starting to recognize that. And a bit of dissatisfaction with biological approaches and a *re*-realization that the socioeconomic circumstances are really important.

**Anne:** I think so, too. I mean I like to see what's happening in psychiatry where psychiatrists are getting more tuned in and vocal about social factors, and it's really great to see. You see it in the Street Health movement and other movements like that. I think it must be hard, like you mentioned, because if someone shows up to their office and they're having a lot of problems and some of them really stem from social circumstances and economic circumstances but the quickest and easiest thing they can do is to put a Band-Aid on it by prescribing something…

[40:02]

**Anne:** …and just to clarify, I'm not saying that all psychiatric medication is a Band-Aid, but what I am saying is that that's *the only thing* that gets applied a lot of times because they've got like a 15 minute visit that's covered by OHIP, our provincial insurer, and they know that they can prescribe something and maybe make things a little bit better, so the intention can be there to try to help but in the end…

I think about a study that's been ongoing in Toronto for a while. It's the oxytocin study and they…they got the mice out, like they always do, and they gave the mice oxytocin which is the hormone that your body releases when you breastfeed.

Well, first of all they do these crazy things where they think they are making mice 'autistic' and stuff, and they said 'okay the autistic mice (laughing)…- they did well with the oxytocin and they had less anxiety'. And then they had a study here in Toronto where they paid people to come in to the clinic and take the oxytocin. Okay, so first of all, the people that are going in and doing the oxytocin study, most of them aren't there because they want to take the oxytocin so much as they're there because they need the money, and that's why they're enrolling themselves in a paid medical study. That's the first problem, but the second problem is you can have all the oxytocin in the world, it doesn't solve the primary problem that I see happening in my community among autistic adults, which is that without a universal basic income, and a guaranteed income working is really unworkable for many, many people.

If you have to work six days a week earning minimum wage and you can't get ahead and you have to have four roommates and you're overwhelmed and you're stressed, and then you lose your job and then you move on to another job and this is just the pattern over and over again, just not quite being able to get by…this is because we live in a post industrial, de-industrialized society where a lot of people are ending up in the service economy. Then sometimes certain stresses in your life, whether it's being a parent, whether it's being autistic, having a disability of some sort makes it unable for you to thrive in that kind of economy.

And what we always advocate for is to get systems in place where people could work *some* of the time, but not as much, right? Because what happens now is if people on social assistance here do start working, then the social assistance service will claw it back, because they're 'undeserving poor'. They got $500 'too much', right? But that $500 can go towards a lot. And it seems to me that if we had a system like a Universal Basic Income, it would just solve the problem that's not going to go away. It's not going to go away. These are gigantic economic factors that are impacting people.

**Matthew:** The reason I think Universal Basic Income could make a difference in preventing mental illness is that four of the main things that a UBI would bring map on to the four factors that were associated with poor mental health by the Social Psychiatrists, and that's poverty, inequality and racism, and then social isolation or social disintegration. In terms of how Universal Basic Income could affect those things, I think in terms of poverty it's fairly obvious, bringing people well above the poverty line. But I think we have so many that—and I used to do this job--you have so many people in welfare systems working as gatekeepers, so people whose job is it is basically to determine 'well, you're making $500 too much, we're going to take that off you,' or determining whether you deserve this amount or that amount. But those people didn't get into social work to be gatekeepers. They got into social work because they wanted to help people… but they're not *allowed* to help people because again, it's like being in crisis mode. They're always focussed on the income side of things. So get rid of that and then you can get these people to actually help people who are struggling with life, and help them do better.

In terms of inequality, basic income would allow people to attain social mobility, go back to school, start their own business, get more involved in artistic endeavours or volunteer. In effect, doing what they want to do…

**Anne:** Yeah.

**Matthew:** … rather than doing what they *must* do. I think that's a really important aspect. We think of this term 'diseases of despair', [such as] addiction, suicide, depression, anxiety… all these sorts of problems that are caused by social factors…when people feel hopeless and when they have a sense of disgust about themselves, universal basic income lifts a lot of that sense of low self worth because then you can start to do the sort of things that you want to do, that you're good at rather than just cycling around the Deliveroo deliveries for people or whatever. (Actually, that's the sort of job I wouldn't mind doing because I like to bike, but that's beside the point!)

And then the final thing, in terms of community disintegration and social isolation, when people are stuck in a kind of a welfare cycle, they [can] become insular. They're not engaging with their communities in ways that make their community better. I think basic income could really help allow people to do that. There's so many people that give up their time voluntarily to do things that they want to do for their community, but that's a privilege if you can do that. People with money can do that; people that don't have money can't always afford to do that. I think basic income could provide a way for people to engage with their communities much more so than now, and try to tackle some of problems that are facing many of our communities in different ways.

I guess the other thing that I see basic income being is more of a foundation on which other positive progressive social programs could be built. If we didn't have to worry about the massive red tape and the huge apparatus that makes up our welfare systems, we could think more about things like, you know, *food*. Dealing with nutrition and malnutrition and allowing better access to good local food. We could think a lot more about sorting out our transportation systems. You mentioned car culture earlier, that's something else that I think could really be addressed. I mean one of the best parts of my day is cycling back and forth to work. but again, I have the *privilege* to do that, I can build that into my day and it's fine. If I'm juggling three jobs, I'm probably going to have to be rushing around in a car if I can afford a car, or trying to get by on public transportation. There are all sorts of other things that we can do to improve society if at least we have this foundation of basic income.

I think the final thing is that idea that everyone deserves it. No matter who you are, what you've been through in life, what you've done, you deserve a basic income. And if society invests that in every individual, then I think those individuals are going to be more willing to try to do something for society. I know a lot of this sounds sometimes a bit idealistic, utopian, and all the rest of it, but I think we need something different. If I hear some other alternative to basic income that is just as good, I'm happy to jump on that bandwagon, but I haven't yet. That's why I think we need to think about basic income a lot more seriously.

And of course during the pandemic, we had a lot of furlough schemes and income schemes that were effectively a kind of basic income and it did allow people not only to survive the pandemic but for a lot of people it got them to rethink what they were doing for their work, and whether they should maybe do something else. I think we all need that little bit of head space to figure out--I'm speaking as a former Careers Advisor, right?--I think we all need that little bit of headspace to figure out our place in the world, what we should be doing, how we can make a contribution, and how when we're old and grey we can look back and say 'I made something of myself.'

[50:05]

**Matthew:** I think basic income could be a way of allowing people to do that and I think that would help people's mental health along the way.

**Anne:** Yeah. I'm so glad that you're talking about that concept. And, while you were talking I was thinking about the speeches that Jesse Jackson used to make and his refrain was '*I am somebody*', and it really brings people *up* to have that kind of conversation. It also sends a message to the broader society, 'Hey, *I am* somebody', right? 'I as an individual, I'm deserving of a basic income.' And not only is that a powerful message to the person receiving the basic income and powerful for their mental health, it's also a powerful social message to people that don't need to be receiving it, about having compassion and treating others with dignity.

That's one of the benefits that you don't always think of, it's like yes people can pay the rent, people can get food, people can pay their bills, people can get ahead, get educated, do the things that they love to do. But the other benefit of UBI of course is engendering this sort of broader compassion within society, so that people see one another as *people,* which kind of relates to what really stymied the early social psychiatrists, because they weren't quite able to get over that hump and see the people they were studying as people just like them.

I think that your book was so interesting and there's so may ways that people in social work can take something from social psychiatry in a historic context that you put it in, but also in terms of especially the ending of your book where you talk about the proactive measures.

**Matthew:** Well, thanks so much, Anne. I really appreciate it, and I'm glad that's all coming through.

**Anne:** Most definitely. It was great speaking with you Matt. Thanks again.

[Outro music: Jazzy synth pop music]

**Anne:** You're listening to Noncompliant: A Neurodiversity Podcast. I'm your host Anne Borden King. Noncompliant is recorded at MCS Studios and transcribed by Julie-Ann Lee. This episode was engineered by Lucien Lozon. Thanks to our team and thanks for listening.