Isabel M. Perera. ***The Welfare Workforce: Why Mental Health Care Varies Across Affluent Democracies***. Cambridge University Press, 2025. 258pp. $110 cloth, $35.99 paperback.

Comparative analyses of how health systems are organized and financed often provoke suspicion among social scientists due to their lack of rigor. The case against such comparisons is typically made on two grounds. First, comparisons of health systems often extoll or berate a health system drawing on highly selective use of evidence. Second, every country is unique so it can be misleading to search for "lessons" from abroad. Policy analysts and scholars who are skeptical about the benefits of cross-national comparisons emphasize "American exceptionalism," "path dependency," cultural traditions and the specific circumstances of historical context (Rodwin 1987). Their arguments converge around the difficulties of comparing like with like and the dangers of what Marmor and Okma (2013) call "naïve transplantation" in learning from abroad. Isabel Perera's book avoids both sources of suspicion.

In her comparative analysis of how mental health care – for individuals diagnosed with severe mental illness (SMI) – varies across the U.S., France, Sweden and Norway, Perera neither extols nor berates the systems she compares. Nor does she express interest in deriving "lessons from abroad." Instead, Perera reflects two of the strongest arguments in favor of comparing health systems – the opportunity to gain a sense of perspective about one's own health care system and the use of natural experiments based on which one can pursue a quasi-experimental research design. The former argument is a response to Rudyard Kipling's (1891) quip: "What do they know of England who only England know?" It is important for Americans to understand deinstitutionalization of psychiatric hospitals, American-style, in a new light, so to speak. In documenting that France and Norway have found other responses to the problems faced by the population with SMI of having "nowhere to go," Perera overcomes the tendency of policy

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analysts to explain health care issues of one's country in terms of its own institutions and circumstances – "ethnocentric overexplanation" (Klein, 1991).

The latter argument for comparative analysis, based on natural experiments, provides the foundation for Perera's book, which goes beyond documenting the variation in how the U.S., France, Sweden and Norway have followed divergent paths in implementing their convergent policies to deinstitutionalize psychiatric hospitals. What really drives Perera's analysis is her search for an explanation of why France and Norway succeeded in providing ample public sector inpatient, as well as community care, whereas in the U.S. and Sweden there was more aggressive reduction of hospital beds and far lower levels of community care. Perera's hypothesis is that the "welfare workforce" – an alliance between public sector employees (psychiatrists, managers, psychologists, nurses, and facility support staff) – protected these jobs and ultimately the resources and resulting services for their client populations with SMI.

The Welfare Workforce is an impressive study that begins by measuring variation among psychiatric beds and community care facilities across 16 wealthy democracies, based on available comparative data from 2011 (see her Appendix). Perera then delves deeply into the variations among the four cases by including an historical and political science perspective based on careful review of relevant theory, archival research and interviews with key informants. In her comparison of the U.S. and France, she demonstrates how, in France, the public sector trade unions of hospital workers and psychiatric hospital physicians (*Syndicat des médecins des hôpitaux psychiatriques*) succeeded in securing higher wages, more employment, and generous protections, all of which resulted in a more integrated territorial "sectorization" of public services for their client populations. In contrast, psychiatrists in the U.S. joined the private sector American Psychiatric Association and the American Medical Association and were more

separated from the rank and file workers in public mental health hospitals, which resulted in lower wages, fewer jobs, layoffs and fewer services for their clients.

Likewise, in Sweden and Norway, two Scandinavian nations with notable similarities – statist welfare provision, ethnic homogeneity, a commitment to social solidarity and strong trade unions – where conventional views of the welfare state would lead one to expect high levels of psychiatric beds and community care in both countries, Perera points out a paradox. Both psychiatric beds and community services are significantly lower in Sweden (similar to levels in the U.S.) compared to Norway. This provides her interpretation of a natural experiment or what she calls an "analytic check." Sure enough, in Sweden the divide between county-level and municipal employers and social care workers weakened their organizational capacity to strengthen services for their clients. In Norway, however, managers of both county and municipal level governments organized together, and with the help of the Council for Mental Health, advocated for expansion of new mental health resources.

Needless to say, Perera's arguments are more subtle and refined than this crude summary can convey. Those well-versed in the conceptual precincts of political science will appreciate the extent to which Perera's analysis of positive and negative "supply-side policy feedback loops" support her hypotheses and illuminate her case studies. In addition, her examination of cofounders and alternative explanations are persuasive in supporting her overall argument on the importance of strong alliances among psychiatrists, public sector managers and mental health workers, in defending their clients' interests. Finally, Perera's view of mental health care as a "window into the political economy of social service provision to disenfranchised and destitute populations" (p.12) contributes to understanding the evolution of the welfare state, specifically

the relationship among social policy and public employment in the service of vulnerable populations.

At the end of the day, although Perera's book sheds much light on the convergent and divergent characteristics of mental health care services in four countries, like all good research her study raises many more questions. Two immediately come to mind. I wonder to what extent her hypothesis could explain why nations such as Germany and the Netherlands have high levels of public psychiatric beds and even higher levels of public community care services for individuals diagnosed with SMI, than France and Norway (Fig. 1.1)? Also, given the importance of neuropsychiatric conditions and the growth of the welfare workforce to manage them (30 percent of the global burden of disease and one of the most important areas of health care expenditure and economic costs for society) it would be useful to know whether the more resource-rich mental health systems deliver more effective care?

Perera notes that France provides more than twice as much care as in the U.S. and Sweden (P.5) and is well-known, since World War II, for its integration of hospital and community-based services within specific geographic boundaries where responsibility in caring for the population with SMI is clearly assigned. Likewise, the assignment of responsibility seems clear in Norway and Sweden but Norway has committed to annual spending over "tenfold more per capita" than in Sweden (p.182). Should one assume that with respect to the diagnosis and treatment of SMI, more personnel, more services, and higher expenditure is more effective in addressing SMI, and that from a population-based perspective France and Norway do better than the U.S. and Sweden? Perhaps. But what would be the most important indicators to support such an hypothesis?

Based on one seemingly important indicator for which data were available only for Sweden and Norway – excess mortality for persons with bipolar disorder or schizophrenia – Sweden has far lower rates than Norway for both conditions (OECD 2021) despite devoting fewer resources to the population with SMI. Indeed, a cursory examination of the state of mental health for those with SMI as well as those on the less severe side of the diagnostic continuum, suggests that all four nations examined in this book are in the midst of a mental health crisis today. As Perera notes early in her study, there have been few comparative studies on mental health service provision due to the lack of indicators across national contexts, which are "often collected and defined in very different ways (p.22)." I hope, therefore, that Perera's important research provides some incentive for health policy analysts to begin thinking about how to assess the performance of divergent mental health systems. A recent review of data and studies on this theme suggests that the state of the art in answering this question is threadbare (Ribanszki, 2022).

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