Mind, State and Society

Social History of Psychiatry and Mental Health in Britain 1960–2010

Edited by

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Foreword

Since the 1930s, the adjective ‘social’ has become a popular qualifier of historical writings. Familiarity has banalized the adjective and a title like a ‘Social History of X’ draws little attention. What once was an interesting and controversial term seems now to have lost its qualifying force and become a mere rhetorical adjunct. During the last few decades, the social sciences have undergone a ‘cultural turn’, and this has threatened to engulf social history into the new ‘cultural history’. Therefore, it is important to rescue the adjective ‘social’ by reaffirming what it adds (or should add) to a historical writing.

The Social

Since the seventeenth century, the meaning of ‘social’ has mirrored successive definitions of ‘society’. More interestingly, it has also broadened its remit: in addition to naming an abstract property (sociality), it has for some time also named a noun (the social). This multivocality caused confusion when, during the first half of the twentieth century, ‘social’ started to be used to qualify a new type of historical writing (‘social history’). The resulting ambiguity remains unresolved.

Social History

According to country and political tradition, this historiographical approach has been interpreted differently. A well-known definition states that it is a ‘Historical writing that concentrates on the study of social groups, their interrelationships, and their roles in economic and cultural structures and processes; often characterized by the use of social science theory and quantitative methods.’ That is, it is less interested in traditional state and political history and does not organise itself around the contributions of ‘great men’.

Since the 1920s, social history in Great Britain has been seen as resulting from an abiding interest in the contribution to history of the ‘common people’ as expressed in the work of historians such as R. H. Tawney and E. P. Thompson, who, for a time, worked outside the university system. However, more important than its physical location was social history’s intellectual and methodological raison d’être. Although obviously shaped by time, institutions, and national intellectual traditions, the professional practice of social history has been dominated by two historical sociologists, Karl Marx and Max Weber. The Marxist influence became clear later in the writings on social history of the British historian Eric Hobsbawm.

P. N. Stearns, an American social historian and founder of the Journal of Social History, wrote:

one of the central and enduring impulses of the new social history involves the insistence on the active agency for the groups under examination; the past is no longer a pattern of leadership (benign or exploitative) shaping a passive population mass. On virtually any topic, from formal politics to the working of insane asylums or slave plantations, interaction becomes the key, as the presumably powerless play a definite historical role.
The French view is closely associated with the *Annales* School, by common agreement considered as the main intellectual source of social history. In 1929, in Strasbourg, Lucien Febvre and Marc Bloch started a Journal entitled *Annales d’histoire économique et sociale* which was ‘founded on a sharing of problems and a borrowing of concepts, methods, and data’ where ‘more often than not history found itself in the position of having to ask the social sciences for what it wanted. At bottom the idea was that a common fund of ideas and techniques existed among the social disciplines, from which each one was free to help itself.’

These multinational definitions carry disparate ideologies, aims and methodologies. Can commonalities be found so that the style of ‘social history’ that has inspired the name of this book can be identified? The obstacle is to be found in the instability of the subaltern definitions, on how the ‘social’, ‘economic’, ‘quantitative’, ‘qualitative’ and so on are conceived of and, most importantly, how they are applied to the objects of psychiatry (hospitals, institutions, professional associations, parliamentary acts, diseases, biological treatments, political trends, patient groups, etc.).

Not only are subaltern concepts defined differently, but they are also prioritised and knitted differently into the warp and weft of history. For example, although the *Annales* School emphasises the economic structures, in the end most variables are included in their analysis, thereby giving rise to a form of ‘total history’. As mentioned, in Great Britain, Hobsbawm and followers offered a Marxist interpretation of the relationship between economic and social measurement and insisted on a ‘bottom-up’ approach. In Germany, Jürgen Kocka claims that, in contrast to traditional history, ‘social history stressed the importance of social and economic factors, while simultaneously striving to connect the social, political, and cultural spheres. In contrast to traditional history, social history also emphasised the importance of collective factors in history and downplayed the role of the individual.’

**This Book**

How should these professional perspectives bear upon a book of ‘social history’ intent on exploring the last fifty years of psychiatry? Ideally, they should provide a methodology and compass by means of which the reader can evaluate the historiographical intentions of both editors and contributors. The first two part titles (‘Social and Institutional Contexts’ and ‘The Cogwheels of Change’) suggest that the guiding idea has been one of contextualised ‘social causation’, that is, making use of a new way of explicating the changes (Part III: ‘Implications in Practice’) putatively undergone by British psychiatry.

**Social Causality**

‘Causality’ in the social sciences and in social history is a field where angels fear to tread. In earlier years, it was assumed that the causality models used in mechanics and the natural sciences (considered then as a sign of mature scientificity) should also be used in the social sciences and in social history. In the period between the two world wars, and in both the natural and social sciences, these hopes were abandoned and replaced by a form of probabilistic causation. Since then, philosophers of history have worried as to whether even probabilistic causality itself may be too strong a mechanism to aspire to in social history. The debate continues.”
A Prequel

The historiographical approach that has inspired this book differs from the one that guided *150 Years of British Psychiatry: 1841–1991* (fifty-seven chapters in two volumes), a book published in 1991 by the Royal College of Psychiatrists to celebrate an institutional anniversary of British psychiatry. At the time, there had been no comprehensive historical study of biographies, clinical themes, biological treatments, institutions and so on, relating to British psychiatry since it had been institutionalised during the nineteenth century.

The driving force behind the production of those two volumes was the original incarnation of the Royal College of Psychiatrists (RCPsych) Interest Group for the History of Psychiatry, and the intellectual stimulus came from the late Hugh Freeman (then also editor of the *British Journal of Psychiatry*), Thomas Bewley and Henry Rollin, whose knowledge of things past acted as the bridge between the College and the Medico-Psychological Association.

Different times require different books. Interestingly, although thirty years apart, these works have both relied upon the help of professional historians and clinicians with historical interest. Equally interesting (and worth of celebration) is the fact that the names of some of the contributors to the 1991 volumes also appear in this present book. All national psychiatries require periodic auditing and recording and the book in hand should well satisfy this need during the early twenty-first century.

A Sequel?

‘British psychiatry’, since its construction during the nineteenth century, has been rather different from the psychiatry developed in other European countries (Germany, France, Italy, Spain, etc.). Its main originality and contribution are to be found in the institutional and legislative fields rather than in nosology or psychopathology. Likewise, and perhaps due to its *sui generis* organisation, British psychiatry was less affected (as was Germany psychiatry) by rivalries between academic and institutional factions. Yet another difference can be found in its susceptibility to abstract ideas: for example, it was far less permeable to the influence of Jacksonian ideas, which were important to French psychiatry and psychology, and to psychoanalysis.

Although no longer extant, these international differences still need historical explanation. It would be too easy to accept the ongoing globalisation of psychiatry (including the gradual convergence of the ICD and DSM listings) as the only cause for the disappearance of international differences. In the same way, globalisation itself should not simply be seen as the result of the triumph of value-neutral neuroscience. This is a good bone for social history to get its teeth into.

Because not enough is yet known about what makes people mad, the absolute predominance of one point of view is not epistemologically healthy; indeed, psychiatric creativity can be negatively affected by effectively curtailing other explanatory options. Once again, it is a job of the social history of psychiatry to examine the mechanisms and pressures underlying these decisions.

The size of the field in which psychiatry claims expertise has expanded dramatically since the nineteenth century when alienists only dealt with madness (renamed psychosis after the 1860s), epilepsy and some organic disorders. As is well known, it was other medical specialists that looked after anxieties, panics, hypochondriasis, obsessions, compulsions,
hysteria, secondary depressions and so on (sufferings that, after the 1890s, were grouped under the new ‘neuroses’). 29

From the early twentieth century on, alienists started claiming exclusive expertise in the management of these new ‘neuroses’ and also of a variety of new behavioural deviancies (soon called ‘personality disorders’). 30 Enlightened alienists soon perceived that the language of description and brain-related explanations used for madness did not work well for these new ‘clinical’ additions. 31 Many remained reluctant to use psychological explanations; 32 others, particularly those with large private practices, searched around for alternative narratives and happened upon psychoanalysis. 33 This knowledge gap encouraged Henry Maudsley to bequeath £30,000 to the London County Council to help with the treatment of ‘acute’ mental disorders and ‘neurosis’. 34

The list of mental disorders is still growing. The official position is that these additions are ‘evidence-based’. However, there has been little research into the decision (particularly covert) mechanisms involved. The claim that the human brain is the same the world over, and hence the results of neuroscientific research must be valid in all possible worlds, has had various consequences. A negative one has been that countries bereft of economic wherewithal have become passive recipients of the nosological views and expensive treatments developed in leading countries. In a world fully governed by scientific and ethical integrity, this disparity may be acceptable. However, in the complex realities of today, client countries cannot be blamed for worrying about their subaltern status.

This is another field where social history can contribute, particularly because, since the time of the Annales School, one of its strengths has been the serious analysis of economic variables. Social history possesses methodologies apt for the exploration both of the world of concepts and values and of the dark forest of economic interests. It would be of great help to psychiatry to know how these factors affect neuroscientific research.

This book may be pointing to another useful way of doing history of psychiatry. Its findings should add to the periodic documentation required by British psychiatry. I am grateful to the editors for giving me the opportunity to make these points.

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Notes


22. Before 1991, there had, of course, been many studies of private madhouses, eighteenth-century psychiatry, specific institutions, diseases, hospitals and so on, but no comprehensive approach to a historical object called ‘British Psychiatry’ had been attempted.


Acknowledgements

The present work emerged from more than a decade of conversations, co-organising events and co-authoring articles. Much of this has taken place through the Royal Society of Medicine (RSM) Psychiatry Section activities, especially at its programme on Psychiatry in Dialogue with Neuroscience Medicine and Society. The Section has been fortunate to enjoy the support of the Lambert Endowment Fund, which has enabled the invitation of distinguished overseas speakers to its events, and now has funded fully the open electronic access to this publication. We are grateful to Mr Simon Lambert FRCS for his generosity and support.

The Royal College of Psychiatrists (RCPsych) has also played a crucial part and not only through its decisive impact on our professional formation. In recent years, we have continued our collaboration through the History of Psychiatry Special Interest Group (HoPSIG). RCPsych is investing increasingly in the history of psychiatry and we are grateful to Dr Adrian James, formerly Registrar and now President, Professor Peter Tyrer, former Editor-in-Chief, and Dr Claire Hilton, co-founding Chair of HoPSIG and now Historian in Residence at RCPsych for their initiatives and support.

Advice from our psychiatrist colleagues Baroness Elaine Murphy, Professor George Szmukler and Dr Nori Graham has served to improve both the formulation and the execution of our project, as similarly have reviews of our original proposal by the RCPsych Publications Committee referees. The chapter authors have been a pleasure to collaborate with. Professors Tom Burns, Allen Frances and Behrooz Morvaridi, Dr Paul St John Smith and Mr David Gilbert have helped with our editing. At Cambridge University Press, we have enjoyed ready availability and support. To all we extend our thanks. The result is our responsibility.
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Tom K. J. Craig is Emeritus Professor of Social Psychiatry at the Institute of Psychiatry, Psychology and Neuroscience, King’s College, London, and past president of the World Association of Social Psychiatry. He qualified in medicine at the University of the West Indies and trained in psychiatry in Nottingham, UK. He was appointed as Professor of Community Psychiatry in 1990, based in the South London and Maudsley NHS Trust and was the psychiatric lead for the closure of Tooting Bec Hospital. His research includes services for first episode psychosis and current studies of the AVATAR therapy for auditory hallucinations.

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Paul Farmer has been Chief Executive of Mind, the leading mental health charity working in England and Wales since May 2006. He is Chair of the NHS England Independent Oversight and Advisory Group, which brings together health and care leaders and experts to oversee the current mental health long-term plan for the NHS in England. He co-authored Thriving at Work (2017) for the government, setting out how to transform mental health in workplaces. Paul is a commissioner at Historic England. He has an honorary Doctor of Science from the University of East London, an honorary fellow of St Peter’s College, Oxford, and the Royal College of Psychiatrists and was awarded a CBE in the New Year’s Honours 2016.

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London, Maudsley Hospital graduate and foundation member, one-time Chairman of the Faculty of Forensic Psychiatry, Honorary Fellow 2010 and currently elected trustee of the Royal College of Psychiatrists. As consultant forensic psychiatrist at the Maudsley, 1972–2002, he developed a large postgraduate teaching scheme for forensic psychiatry. His research has included epidemiological studies of prisoners, the workings of Grendon Prison and violence studies. He is Founder of the Elftra Trust for ex-prisoner patients and Co-founder of the Ghent Group for European Psychiatrists. He was also a member of the Parole Board from 2006 to 2015, the co-editor of the textbook *Forensic Psychiatry: Clinical, Legal and Ethical Issues* (2014) and Founder of Crime in Mind, a research charity.

**Jamie Hacker Hughes** is a clinical psychologist and neuropsychologist. After a commission in the Army and five years in sales and marketing, Jamie studied at University College London (UCL), Cambridge and Surrey universities. After five years in the NHS, he returned to the Ministry of Defence (MoD), becoming a defence consultant advisor and head of clinical psychology before establishing the Veterans and Families Institute at Anglia Ruskin University. Jamie has been both British Psychological Society (BPS) President and Minister Provincial for Europe of the Third Order Franciscans. He is a committed campaigner against mental health stigma and is very open about his own twenty-year experience of bipolar disorder.

**John Hall** is Visiting Professor of Mental Health and Senior Research Associate at the Centre for Medical Humanities, Oxford Brookes University. He was formerly Head of NHS Clinical Psychology Services for Oxfordshire and Senior Clinical Lecturer in Clinical Psychology at Oxford University. He was Consultant Adviser in Clinical Psychology to the Department of Health for six years and received a Lifetime Achievement Award from the British Psychological Society (BPS) Professional Practice Board in 2011. He was the lead editor for *Clinical Psychology in Britain: Historical Perspectives*, published by the BPS in 2015, and is currently writing on the histories of the mental health professions.

**Ahmed Hankir** is Academic Clinical Fellow in General Adult Psychiatry at King’s College London and Senior Research Fellow at the Centre for Mental Health Research in association with Cambridge University. His research interests include global and Muslim mental health and pioneering and evaluating innovative programmes that challenge mental health–related stigma. He is passionate about public engagement and education and empowering and dignifying people with lived/living experience of mental health difficulties. He is the recipient of the Royal College of Psychiatrists Foundation Doctor and Core Psychiatric Trainee of the Year awards.

**David Healy** is a professor in the Department of Family Medicine, McMaster University, Canada, having previously been a professor of Psychiatry at Cardiff and Bangor universities. His historical work has centred on the discovery of physical treatments in mental health, the problems these treatments can cause and methods to evaluate treatments, leading to publications such as *The Antidepressant Era* (1999) and *The Creation of Psychopharmacology* (2004).

**Louise Hide** is a social historian of psychiatry and its institutions. She is a Wellcome Trust Fellow in Medical Humanities (Grant Reference: 205417/Z/
16/Z) and based in the Department of History, Classics and Archaeology at Birkbeck, University of London. Her research project is titled ‘Cultures of Harm in Residential Institutions for Long-term Adult Care, Britain 1945–1980s’. She co-edited a special issue of the Social History of Medicine (2018) and has published on the histories of pain, delusions and institutional cultures. Her first monograph, Gender and Class in English Asylums, 1890–1914, was published in 2014.

Claire Hilton trained in psychiatry in Manchester and was a consultant old age psychiatrist in North West London from 1998 to 2017. Her MD was on psychiatric complications of sickle cell disease, with the data collected in Jamaica. Her PhD was on the history of old age psychiatry in England, c.1940–89. Her published work includes three history monographs as well as academic papers on history, policy, old age psychiatry and transcultural psychiatry. She is currently Historian in Residence at the Royal College of Psychiatrists.

Peter Hughes is an NHS consultant psychiatrist at Springfield University Hospital, London. He is Chair of the London Division of the Royal College of Psychiatrists. He founded the Volunteering and International Psychiatry Special Interest Group of the Royal College of Psychiatrists. He has worked as a mental health specialist for the past fifteen years globally, including in humanitarian emergencies and refugee settings. He has worked with the World Health Organization (WHO), other UN organisations and non-governmental organisations (NGOs).

George Ikkos is Honorary Fellow and Chair of the History of Psychiatry Special Interest Group (HoPSIG) of the Royal College of Psychiatrists. He was the first president of the Pain Medicine Section at the Royal Society of Medicine (RSM) and President of the Psychiatry Section as well as Honorary Visiting Research Professor at London South Bank University. Working with Barnet Voice for Mental Health from 1999 to 2006, he pioneered consistent co-production of interview and communication skills in UK postgraduate psychiatric training through a weekly seminar and clinical simulation workshop. This also had a profound impact on his own practice. The year 2021 marks forty years of work for the NHS, where he continues to practise as a consultant liaison psychiatrist at the Royal National Orthopaedic Hospital. He has been the clinical lead in the development of the Stanmore Nursing Assessment of Psychological Status (SNAPS); medical advisor to the Scotsman Fringe First award-winning play The Shape of the Pain, which was directed by an expert by experience; and delivered invited plenary lectures at meetings of the British Pain Society and the International Association for the Study of Pain.

A qualified group analytic psychotherapist, he has published on psychosomatic, psychodynamic, interpersonal and social aspects of psychiatry.

Edgar Jones is Professor of the History of Medicine and Psychiatry at the Institute of Psychiatry, Psychology and Neuroscience, King’s College London. He originally studied history, completing a doctorate at Nuffield College, Oxford, but subsequently trained in clinical psychopathology at Guy’s Hospital and as a psychodynamic psychotherapist. He has written on shell shock, somatic symptoms associated with post-traumatic stress disorder (PTSD), the cultural representation of psychiatric casualties and moral injury experienced by veterans. He is the course director of King’s MSc in War and Psychiatry.
**Doreen Joseph** is a BAME survivor. She has been a campaigner, advocate, trainer, lecturer and writer on race, mental health and faith. She worked for Rethink, Mental Health Foundation, Mind, Sainsbury’s Centre for Mental Health, Mellow Campaign and Social Action for Health. She co-founded and ran her own advocacy service (charity) Black & Ethnic Minorities Advocacy & Counselling Service. She was a BAME representative on London Clinical Network for Mental Health and a member of NHS England Black Voices Network. She was a Race Equality Cultural Competence trainer in East London. She has published widely and is passionate about improving mental experiences for BAME people.

**Cornelius Katona** is Medical Director of the Helen Bamber Foundation – a human rights charity that works with asylum seekers and refugees – and is Honorary Professor in the Division of Psychiatry at University College London (UCL). He is the Royal College of Psychiatrists’ lead on Refugee and Asylum Mental Health. He was a member of the committee that recently updated NICE guidelines on post-traumatic stress disorder (PTSD). He has published more than 250 peer-reviewed papers and written or edited sixteen books. In 2019, he was awarded the Royal College of Psychiatrists’ Honorary Fellowship, the College’s highest honour, for his ‘outstanding service to psychiatry’.

**Stephen Lawrie** hails from St Andrews, studied medicine in Aberdeen and, after a sojourn in Glasgow, has worked in Edinburgh for more than thirty years. He completed basic psychiatry training at the Royal Edinburgh Hospital. Following six months as a Wellcome Research Fellow, he was Lecturer and then Senior Clinical Research Fellow/Reader in the Department of Psychiatry in Edinburgh. As an honorary consultant psychiatrist with NHS Lothian, he works as a general adult psychiatrist in south-west Edinburgh. As an academic, his research is primarily focused on understanding and treating schizophrenia. Stephen is also enthusiastic about public engagement, training, clinical and evidence-based psychiatry.

**Paul McCrone** is a health economist at the University of Greenwich. He was previously at the Institute of Psychiatry, Psychology and Neuroscience at King’s College London), where he worked for twenty-seven years after having previously worked at the University of Kent. He has worked on many economic studies in health and social care. He also teaches health economics to Master’s-level students, supervises PhD students and has published widely in peer-reviewed journals. He is involved in policy discussions around health funding and is part of the Mental Health Policy Research Unit funded by the National Institute for Health Research (NIHR).

**Elaine, Baroness Murphy** has been a crossbench life peer since May 2004, taking an interest in mental health and social care legislation in the House of Lords. From 1983 to 1997, she was Foundation Professor of Psychiatry of Old Age at Guy’s (now part of King’s College London). She was also, for a time, a district general manager in the London NHS and later chaired NHS trusts and health authorities in London. She was Vice Chairman of the Mental Health Act Commission from 1987 to 1994, Chief Medical Officer’s personal advisor in her field and a UK advisor to the World Health Organization (WHO). In retirement, she researches local history in East Anglia.

**David Nutt** is a psychiatrist and the Edmond J. Safra Professor of Neuropsychopharmacology in the Division of Psychoactive Drug Dependence Research at Imperial College London. He has conducted research on the mechanisms of drug action and the therapeutic potential of psychoactive substances. He was a member of the Committee on the Medical Aspects of Drug Dependence, a scientific expert committee of the UK's Advisory Council on the Misuse of Drugs, and of the National Institutes of Health's Drug Abuse Research Advisory Board.
David Pilgrim is Honorary Professor of Health and Social Policy at the University of Liverpool and Visiting Professor of Clinical Psychology at the University of Southampton. His recent publications include *Understanding Mental Health: A Critical Realist Exploration* (2015); *Key Concepts in Mental Health* (5th ed., 2019); *Child Sexual Abuse: Moral Panic or State of Denial?* (2018); and *Critical Realism for Psychologists* (2020).

Rob Poole is Professor of Social Psychiatry at Bangor University, where he co-directs the Centre for Mental Health and Society. He trained at St George’s Hospital, London, and in Oxford before working as an NHS community psychiatrist in Liverpool and in North Wales for twenty-one years. His clinical and research interests centre on the social determinants of mental health. He has written extensively, including scientific papers, book chapters and several books. In 2009, the Critical Psychiatry blog described him as ‘an old-fashioned radical’. He received the Royal College of Psychiatrists’ Lifetime Achievement Award in 2017.

Gianetta Rands achieved six A levels and a degree in Experimental Psychology at Oxford University before embarking on medical training at the Royal Free Hospital Medical School. She trained as a general practitioner and as a psychiatrist. She worked in the NHS for thirty-four years and held many roles as consultant psychiatrist, tutor and training programme director and actively contributed to Royal College of Psychiatrists committees. She now has an independent practice specialising in complex assessments of dementias, brain injuries and mental capacity judgements. She is concerned about the effects on the brain of current in-flight cabin environments and the persistence of so many inequalities affecting women’s lives.

Miles Rinaldi is Head of Strategic Development at South West London and St George’s Mental Health NHS Trust. He pioneered the implementation of the Individual Placement and Support approach in the UK within community mental health services, first episode psychosis teams and primary care mental health services. He implemented a recovery-focused approach across his organisation, including establishing the first Recovery College in the UK. He also developed mental health policy at the Office of the Deputy Prime Minister, Department of Health, Cabinet Office and Department for Work and Pensions. He is the author of more than thirty peer-reviewed publications.

Catherine Robinson is Professor of Social Care Research. She is Co-director of the Institute for Health Policy and Organisation and leads the Social Care and Society research group at the University of Manchester. Catherine is also an associate director of the National Institute for Health Research (NIHR) School for Social Care Research. Her research interests include global mental health, adult social care and the prevention of suicide and self-harm.
Anne Rogers is Professor of Medical Sociology and Health Systems Implementation at the University of Southampton. Her current interests include research and knowledge translation in the sociological aspects of mental health and illness, users’ experiences of health care, health need and demand for care and how patients adapt to and incorporate new technologies into their everyday lives. Currently she is focused on addressing how personal and social networks and relationships in domestic and community settings act as a conduit for accessing resources and support for managing health and illness.

Wendy Rose OBE has a background in social work practice and social services management and was a senior civil servant in England advising on children’s policy. As a senior research fellow at the Open University and later an honorary research fellow at Cardiff University, she was an advisor to the Scottish Government on developing its children’s policy and subsequently to the Welsh Government on safeguarding reforms. She has worked extensively on national and international projects. Major themes of her work are improving child and family well-being, developing and implementing change and evaluating outcomes for children.

Graham Scambler is Emeritus Professor of Sociology at University College London (UCL) and Visiting Professor of Sociology at Surrey University. He has written extensively on social theory, health, health inequality and stigma. His latest books are Sociology, Health and the Fractured Society: A Critical Realist Account (2018); A Sociology of Shame and Blame: Insiders Versus Outsiders (2020); and, with Aksel Tjora, Communal Forms: A Sociological Exploration of the Concept of Community (2020). He was a founding editor of the international journal Social Theory and Health and is a fellow of the Academy of Social Sciences, UK.

Andrew Scull is Distinguished Research Professor at the University of California, San Diego. He was educated at Balliol College, Oxford University, and Princeton University and completed a postdoctoral fellowship in the history of medicine at University College London (UCL). He is past president of the Society for the Social History of Medicine and the author of more than a dozen books on this history of psychiatry, including Decarceration (1977, 1984); Museums of Madness (1979); Social Order/Mental Disorder (1989); The Most Solitary of Afflictions (1993); Madhouse (2005); Hysteria (2010); Madness in Civilization (2015); and Psychiatry and Its Discontents (2019).

Edward Shorter is a Harvard-trained social historian who has held the Hannah Professorship in the History of Medicine at the University of Toronto since 1991. In 1996, he was cross-appointed as Professor of Psychiatry in recognition of his contributions to the history of the discipline. He is the author of numerous books on aspects of psychiatric history, including A History of Psychiatry (1997); Before Prozac (2009); and What Psychiatry Left Out of the DSM-5 (2015). His latest book is The Madness of Fear: A History of Catatonia (2018), co-written with Dr Max Fink, Professor Emeritus of Psychiatry and Neurology at SUNY-Stony Brook.

Thomas Stephenson is a trainee psychiatrist working in South London and Maudsley NHS Trust with a clinical and research interest in mental health among people in prison. Thomas is an active member of the Royal College of Psychiatrists’ History of Psychiatry Special Interest Group (HoPSIG) executive committee.

George Szmukler is Emeritus Professor of Psychiatry and Society at the Institute of
Psychiatry, Psychology and Neuroscience.

King’s College London. He was previously Consultant Psychiatrist at the South London and Maudsley NHS Foundation Trust; Medical Director of the Bethlem and Maudsley NHS Trust; Dean of the Institute of Psychiatry, King’s College London; Visiting Professor at the Department of Sociology, London School of Economics; and Associate Director of the National Institute for Health Research (NIHR) – Mental Health Research Network. He is currently Chair of the Special Committee on Human Rights of the Royal College of Psychiatrists.

Pamela Taylor was trained in general adult and forensic psychiatry in the UK and United States. Roles include the Special Hospitals’ Service Authority’s Head of Medical Services (1990–5); Inner London Probation Service Executive Board member (1992–2002); special hospital personality disorder unit lead (1995–2004); Chair RCPsych Forensic Psychiatry Faculty (2017–20); editor-in-chief of Criminal Behaviour and Mental Health; and trustee of the Howard League for Penal Reform, Crime in Mind. Taylor’s publications include more than 200 peer-reviewed papers and edited books: Forensic Psychiatry: Clinical, Legal and Ethical Issues (1993, 2014); Violence in Society (1993); Couples in Care and Custody (1999); and Personality Disorder and Serious Offending: Hospital Treatment Models (2006).

Jerry Tew is Professor of Mental Health and Social Work School of Social Policy at the University of Birmingham. Following his graduation from Cambridge University, Jerry worked as a specialist mental health social worker before moving into an academic role where he has written and researched on social approaches in mental health, mental health policy, recovery and ‘whole family’ approaches. He is currently a co-investigator in an NIHR-funded trial of the Open Dialogue approach and is a senior fellow of the NIHR School for Social Care Research, for whom he is currently leading a research project on the implementation of asset-based and capacity-building approaches in social care and mental health.

Philip Timms trained in medicine and, subsequently, in psychiatry at Guy’s Hospital, London. In the late 1980s, he helped to set up and run the Psychiatric Team for Single Homeless People, the first mental health outreach team for homeless people in the UK. He subsequently led the START team for homeless people, which engaged patients on the streets and across other homeless milieu. He edited the RCPsych brochures for the public for twenty years. He is currently a consultant psychiatrist at the National Psychosis Unit. He has published on homelessness, information for patients and the use of jargon in mental health.

Trevor Turner attained his MBBS in 1976 at Barts Hospital in London, trained in psychiatry at the Maudsley Hospital and obtained his MRCPsych in 1981 and his MD at London University in 1990. He was a general adult consultant based at Barts, Hackney and then Homerton Hospital between 1987 and 2013, working as a medical director and a clinical director. He chaired the North Thames and then one of the London Divisions of the Royal College of Psychiatrists and was Vice-President in 2004–6. He has written more than ninety papers and five books, including Community Mental Health Care: A Practical Guide to Outdoor Psychiatry. He remains an honorary consultant at the East London Foundation Trust.

Peter Tyrer is Emeritus Professor of Community Psychiatry in the Division of Psychiatry in Imperial College, having previously been a head of department and
a professor at Imperial College since 1991. He received the Lifetime Achievement Award of the Royal College of Psychiatrists in 2015; has chaired NICE guideline groups for borderline personality disorder (2009), substance misuse and psychosis (2012) and management of imminent aggression (2015); and has written 41 books and more than 650 original articles. He was the editor of the *British Journal of Psychiatry* between 2003 and 2013, and between 2001 and 2006 headed a research group to evaluate components of the DSPD programme.