



Vicky Long. *Destigmatising Mental Illness*. Disability History Series. Manchester: Manchester University Press, 2014. 288 pp. \$100.00, cloth, ISBN 978-0-7190-8581-9.

Reviewed by Verusca Calabria

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Commissioned by Iain C. Hutchison (University of Glasgow)

This is a fascinating book by Vicky Long, historian of modern British history and health history. It is a historical study of the role of mental healthcare workers in destigmatizing mental illness in Britain in the period between 1870 and 1970, in which the changing location of treatment from containment in the asylum to care in the community affected the changing notions of mental ill health. The move from institutional inpatient care to care in the community has failed to change attitudes toward people with severe and long-term mental health problems. The author makes a compelling argument for locating this failure within the ways in which mental healthcare has evolved through time. She explores the context in which mental healthcare workers' efforts to challenge mental health stigma emerged. The representation of mental illness by mental health professionals was a by-product of professional aspirations, socioeconomic motivations, and the political context at the time. Together, these factors helped to generate discourses that perpetuated the stigma of mental ill health.

The main aim of the book is the examination of how healthcare workers played a part in constructing an image of the public's ignorance that lay at the center of mental health anti-stigma campaigns; it proposes a critique of the often restrictive message of anti-stigma campaigners that dis-

crimination against mental health service users is produced solely by public opinion. Long's main argument rests on deconstructing the image of the public that has historically been represented by healthcare workers as the main source of stigma for its supposed ignorance and for being the main source of prejudice, thus locating stigma as solely produced within interpersonal interactions. This model ignores the broader structural factors that generate discrimination, which goes beyond interpersonal interactions.

The author shifts the focus away from public opinion, instead examining the actual agents in the field of mental health; she interrogates how patients' and psychiatrists' narratives were intended to change public opinion of mental ill health but actually hindered their common goal. The author considers the contrasting objectives between patients and psychiatrists when producing narratives for public consumption with the aim of destigmatizing mental illness. Long examines how the role of power and professional status in the main professional groups, namely psychiatric nurses and psychiatric social workers, was bound up with their efforts to destigmatize mental illness. She outlines the reasons these efforts reinforced, rather than reduced, the stigmatized image of chronic patients in the mental hospital. The postwar two-tier mental health system

was linked to the adoption of the new therapeutic approaches that were mostly aimed at patients deemed to be capable of professional status. This in turn had the effect of neglecting the needs of long-stay, chronic patients, which reinforced the stigma against individuals with long-term and complex needs for whom self-reliance is no option. The author further contests the generally held belief that the image of mental ill health was gendered as female, providing evidence that the gender classification within psychiatric nursing fueled stigmatizing images of patients; the collective image constructed and perpetuated by the professions throughout the twentieth century was that of the mental patient as predominantly male and dangerous. Long asserts that the efforts of voluntary organizations to educate the public were informed by the interplay between the state, voluntary groups, and mental healthcare professionals. The campaigners' focus on promoting mental health recovery has contributed to perpetuating the stigmatized images of individuals with serious long-term mental health issues; it has further contributed to the reduction of resources to support the needs of people with more complex mental health needs, accentuating their neglect.

Long makes excellent use of a wide range of sources, including archival records generated by mental health workers, asylum journals and asylum patients' newsletters, published memoirs and newspapers, archival records, and blog posts generated by service users. This book provides valuable interdisciplinary research for scholars in the humanities and social sciences. It will be of interest to historians, geographers, and sociologists of mental health, as well as mental health policymakers and campaigners. The research successfully unravels the issues with regard to the continuous failure of healthcare workers in doing away with mental health stigma, which rests on a model that does not take into account the structural inequalities that have brought about, and continue to sustain, discrimination against people with mental health problems that are independent of

the stigma that individuals with mental health problems encounter in everyday life.

The research is situated within the post-revisionist historical debate with regard to the history of psychiatry. It brings to light the sociopolitical context in which the different interest groups emerged within mental health, which both shaped and constrained how mental healthcare workers represented mental illness. The strength of the book is the presentation of the plurality of discourses generated by different groups, both from within and outside the field of mental healthcare. It provides some unique perspectives that, if embraced by mental health professionals and campaigners today, could significantly improve the chance of destigmatizing the image of individuals with severe and long-term mental ill health.

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