



Contents

<i>Foreword</i>	ix
<i>Richard Bentall</i>	
<i>Preface</i>	xii
<i>Acknowledgements</i>	xiii
<i>Notes on Contributors</i>	xiv
Introduction	1
<i>Robert Tummey and Tim Turner</i>	
Chapter 1 Psychiatric Diagnosis	5
<i>Lucy Johnstone</i>	
Chapter 2 Socioeconomic Disadvantage	23
<i>David Pilgrim and Anne Rogers</i>	
Chapter 3 Institutional Racism and Cultural Diversity	41
<i>Suman Fernando</i>	
Chapter 4 Spirituality	58
<i>Phil Barker and Poppy Buchanan-Barker</i>	
Chapter 5 Sexuality	72
<i>Robert Tummey and David T. Evans</i>	
Chapter 6 Gender	91
<i>Vicki Coppock</i>	

PROOF

viii CONTENTS

Chapter 7	The Lifespan	108
	<i>David Pilgrim, Anne Rogers and Robert Tummey</i>	
Chapter 8	Iatrogenic Abuse	126
	<i>Robert Tummey and Francesca Tummey</i>	
Chapter 9	Psychological Trauma	142
	<i>Derek P. Farrell</i>	
Chapter 10	Risk	161
	<i>Tim Turner and Anthony Colombo</i>	
Chapter 11	Crime	176
	<i>Anthony Colombo and Tim Turner</i>	
Chapter 12	Media: Reframing the Debates	195
	<i>Lesley Henderson</i>	
Conclusion		213
	<i>Tim Turner and Robert Tummey</i>	
	<i>Index</i>	215



Introduction

Robert Tummey and Tim Turner

This book has come together gradually over a couple of years. The original idea arose as a result of an informal discussion decrying the absence of a good critical mental health text to inform a pre-registration nursing module called *Current Challenges in Mental Health*. Hopefully, this text addresses that absence by exploring key issues that are often either taken for granted or simply overlooked. The critical nature of the book is undoubtedly enhanced by the quality, reputation and imagination of the chapter authors, who represent some of the fiercest critics in the field.

The diverse, multifaceted nature of mental health care is reflected throughout the chapters, with a range of disciplinary perspectives and experiences represented. There is no dominant agenda or professional discourse. The pages that follow are written with a common theme: to question, critique and develop current mental health practice. This book is not intended as an inflammatory exposé; nevertheless important questions are raised that warrant discussion and reflection. The authors concerned have cast a critical eye over practice that is often blind, complacent and abusive. The central message of the text is a simple one: practitioners must critically reflect on their own practice in the wider context of a system that affords them considerable power in their work with vulnerable people.

While there is a wealth of critique here, this is not a negative text. Each of the chapters strives to move practice forward in a way that empowers service users and promotes recovery.

The book opens with a chapter that addresses an issue at the epicentre of mental health critique: psychiatric diagnosis. A critical appraisal of the medical model ensues with particular emphasis on the damaging impact on both service users and clinicians alike. While diagnosis provides a medical framework that can bring relief and understanding, it can also be construed as a negative label that consumes identity and dehumanizes the individual. Alternatives are explored through the concept of formulation, a psychological identification of influence that attempts to consider the individual in their own world and how they perceive that world. A balanced critical debate is provided that sets the tone for the proceeding chapters.

Chapters 3 and 8 specifically explore the impact of the service on the user. Chapter 3 takes a look at institutional racism in mental health care, by determining how race and culture impact on treatment provision. Attitudes and misrepresentations can be ingrained from generation to generation. Ignorance of culture and racial context paves the way for a recipe of uncertainty and fear in the shape of xenophobia. This phobia is a real fear experienced by society and mental health practitioners who live in that society. People of a different race, culture and religion endure prejudice and persistent discrimination. Sometimes the process is extremely vivid and overt; at other times it is subtle and covert. The innate undercurrent of racism that can occur in the institution is uncovered. It may cause concern to accept that such experiences still occur, but this chapter reveals the reality of what can and what does take place.

Like institutional racism, iatrogenic abuse is also embedded within service provision, through attitude, delivery and service-user experience. Chapter 8 is an attempt to provide the reader with an understanding of the daily risk of abuse that service users can experience. Many people who provide mental health care do not intend to abuse. However, circumstances can develop to 'overpower' the person, minimize their options, create barriers to their progress and use the platform of the medical model to medicate and incarcerate. On a micro-level, such practice may not be construed as abusive, but the use of force, gangs of staff, restraint, seclusion, medicating and so on can all too often spill into something non-therapeutic. Mental health care provision should be open to scrutiny and justification.

Such scrutiny is of course now commonplace within the media, which forms the focus of chapter 12. The mass media's role in exacerbating stigma through stereotypical images of mental illness is thoroughly explored. Various forms of media are placed under critical scrutiny to determine where poor portrayals have occurred. Positive media influences on public perception are also considered.

Through the context of exploring expression, chapter 4 on spirituality and chapter 5 on sexuality detail an interesting exploration of two areas that are frequently overlooked. Both stir up strong personal opinion in people and tend to be the subject of avoidance or ridicule. Spirituality is beautifully examined through a well-crafted amble of discovery and understanding, asking the question of its reality and context for individuals and clinicians by developing a philosophical stance, whereas sexuality highlights the variations of

sexual orientation, the constraints on expression, the damage by institutions and general lack of mature, responsible debate within mental health care. The chapter unfolds to challenge the status quo and consider possible ways to move forward.

Two chapters that explore the reality of life experiences for people with mental illness are chapter 6 on gender and chapter 7 on the lifespan. The first identifies the disparity between care and treatment across gender. This subject considers whether being male or female delivers a different course of action and involvement and, ultimately, how this impacts on the perception of those responsible for treatment. This leads into chapter 7, which explores the evidence and perception of how mental illness affects people throughout the lifespan. It takes a look at how age influences the treatment offered and a person's susceptibility to differing forms of illness and diagnoses across the mental health spectrum. This interesting chapter maps the journey undertaken from the cradle to the grave. It is a fascinating elaboration of the stages and phases that mark a passage of time compatible with varying mental health issues.

Chapter 2 continues the exploration of life experiences by detailing the influence of socioeconomic disadvantage for mental health populations. The text provides an insight into the very real experience of those who exist on the margins of society who have limited empowerment and who can experience a genuine sense of injustice. The chapter unfolds as a critically informed narrative and is written from a position of academic authority.

The three chapters that remain focus attention on issues that preoccupy many contemporary practitioners and which are likely to dominate the future mental health landscape. The issue of risk is addressed in chapter 10, with a sociological context used to contextualize the current risk preoccupation within mental health care. The chapter invites practitioners to reflect on their role as risk assessors. This leads to the penultimate chapter 11, with an analysis of the complex relationship between mental health and crime. The chapter draws upon rich case examples of law to bring crime and mental illness to life. The distinct positions of both crime and risk in mental health care do not necessarily go hand in hand but both reflect the preoccupation with the unpredictable nature of mental illness.

The final chapter yet to be discussed is chapter 9, which provides an examination of psychological trauma. This takes a critical look at the historical context of trauma, its origins, its development and its presentation within a cynical world of litigation and blame. These may be unavoidable in the aftermath of a trauma, but can prolong distress and dictate the progress of the individual. Of course, litigation can be a relief for many, but not even an option for others.

Because of the nature of this book, each chapter is critical and contentious. Some of the issues covered are taboo and many of the questions raised may provoke practitioners to critically reflect on their role in terms of what they do, whom they do it for and what the implications are for those on the receiving end of treatment. We are aware that using terms such as abuse and racism in the context of care is controversial but we stand by their use, and at the very least

hope that their inclusion stimulates debate. Throughout the book, the terms 'patient', 'client' and 'service user' are used interchangeably. This is due to the diversity of contribution, specific reference and the fact that no one term, as yet, is a 'catch-all' title that applies to all situations. Where possible, the term 'person' has been used.



Index

- 9/11 attacks, 143, 144, 145
- abortion, 74, 182
- abuse
 gender, 96, 97, 98, 102
 lifespan, 111, 112, 113, 115, 120, 121
 psychiatric diagnosis, 17, 18
 psychological trauma, 145, 149, 150,
 151, 156
 socioeconomic disadvantage, 29
see also iatrogenic abuse
- accommodation, 150, 153
- acting out, 29, 112
- actuarial risk assessment, 164, 165, 166–7,
 168, 169
- actuarial risk assessment instruments
 (ARAI), 166, 167, 168, 169
- ADHD *see* Attention Deficit Hyperactivity
 Disorder
- adolescence, 113–15
- adulthood, 75–6, 115–17
- AIDS (acquired immune deficiency
 syndrome), 85, 196
- alcohol dependence, 97, 191
- Alcoholics Anonymous, 67
- Aldridge, M., 201
- Al-Issa, I., 114
- Allport, G., 51, 52
- American Iatrogenic Association, 126
- American Psychiatric Association, 79, 144
- amygdala, 152
- anorexia nervosa, 94, 113
- antenatal life, 109–10
- antidepressants, ix, 28, 100, 120
- anti-psychiatry, 35, 36, 37, 214
- antipsychotic medication, ix, 84–5, 130, 132
- Anti Social Behaviour Orders (ASBOs), 166
- antisocial personality disorder, 97, 99,
 113, 186
- anxiety
 gender, 94, 97, 98, 99
 infancy and childhood, 111, 112
 sexuality, 80
 socioeconomic disadvantage, 32
- ARAIs *see* actuarial risk assessment
 instruments
- assimilation, 150, 153
- Asylum*, 92
- asylums, 27, 48, 50, 52, 129
- attachment, 111, 112, 127
- Attention Deficit Hyperactivity Disorder
 (ADHD), 185, 186, 188
- Ayurvedic theories, 46, 53
- Balint, M., 110
- Barham, P., 12, 14
- Barrett, J., 77, 78
- Bartley, M., 29
- BCS *see* Birth Cohort Study
- Bebbington, P.E., 49
- Beck, A.T., 154
- Beck, Charlotte Joko, 61, 62, 66
- Beck, U., 163
- Beijing Platform for Action, 92
- Bentall, R.P., 36
- benzodiazepines, 100, 131

- Bera, W.H., 147
 Berne, E., 127
 betrayal funnel, 132
Big Brother, 205
 biomedical model *see* medical model
 bipolar disorder, 7, 16, 97, 109
 Birchwood, Max, 131
 Birth Cohort Study (BCS), 29
 birth trauma, 111
 bisexuality, 80, 82
 black culture, 44, 46, 47, 51
 Blaxter, M., 119
 Bleuler, Eugen, 7, 17
 borderline personality disorder, 10, 16, 113
 Bottomley, Virginia, 199
 Bourdieu, P., 31, 33
 Bowlby, J., 111, 112
 Boyd, G.H., 152
 Boyd Report, 199
 Boyle, M., 8
 Bradford Home Treatment team, 18
 brain, 6, 11, 151, 152, 156, 181
 Brandes, Bernd Jürgen, 183
 Breggin, P., 7
 Brindle, David, 201
British Medical Journal, 77, 206, 207
Brookside, 206, 207
 Broverman, I.K., 94
 Brown, George, 35
 Brown, G.W., 119
 Brown, P., 6
 Bruner, J.S., 153
 Bruno, Frank, 201
 Bryant, B., 151
 Buchanan, A., 168
 Buckley, P.F., 81, 83
 Buddhism, 46, 53, 65, 67, 69
- cannabis, 191
 cannibalism, 183
 capital, 30–1
 care homes, 77, 82, 118, 119
 care in the community, 197, 203
 Care Programme Approach (CPA),
 169, 170
 carers, 97, 116, 118, 120
 Carmichael, Stokely, 50
 Cartwright, S.A., 46
Casualty, 207
 CBT *see* cognitive behaviour therapy
 CCTV (closed-circuit television), 129
 Chamberlain, J., 129
 ‘Changing minds: Every family in the
 land’, 16
 Chesler, P., 93
 Chicago School, 32, 33
- childhood
 child abuse, 96, 98, 150
 iatrogenic abuse, 127
 lifespan, 110–13, 120, 121
 sexuality, 74–5
 Childline, 74
 Chinese traditional medicine (TCM), 53
Choose Life, 99
 Choudhary, Shahbaz, 205
 Christianity, 46, 69
 cinema, 206, 207, 208, 209
 civil rights movement, 50, 162
 Clarke, D.M., 149
 class, 24, 28, 29–30, 96, 119, 162
 Clay, Sally, 64, 65
 Clunis, Christopher, 169, 170, 198, 199
 cognitive behaviour therapy (CBT), 28, 69
 Cohen, S., 163, 172
 Coid, J., 171
 Coleman, R., 14
 colonialism, 46
 community supervision orders (CSOs), 202
 competence, 116
 complaints procedure, 137, 138
 concentration camps, 147
 conduct disorders, 10, 98
 Connell, R.W., 98
 consciousness, 66
 consent, 116, 117, 183
 contraception, 74, 75, 85
 Cooke, D.J., 168
 Corner, John, 205
Coronation Street, 206–7, 209
 Cort, E.M., 83
 Coulter, J., 114
 counselling, 28, 49
 counter-transference, 127
 Courtenay, W.H., 95
 CPA *see* Care Programme Approach
 Crepez-Keay, David, 199, 200, 201, 202
 crime, 176–94
 media, 196, 198, 200, 201
 medicalization of criminal behaviour,
 184–90
 mentally disordered offenders, 178–84,
 190–2
 overview, 3, 176–8, 192
 risk, 163, 165
 socioeconomic disadvantage, 32
 criminal justice system, 29, 30, 165, 176, 177
 Criminal Law Amendment Act (1885), 80
 Criminal Procedure (Insanity and Unfitness
 to Plead) Act (1991), 177
 Crossley, N., 30
 Cross, Stephen, 202, 203
 cultural capability training, 52

- cultural capital, 30, 31
cultural diversity, 41–57
 categorization and terms of reference, 42–3
 culture, ‘race’ and ethnicity, 43–5
 global imposition of psychiatry, 47–50
 institutional racism in the West, 50–1
 mental health services and disorder across cultures, 45–6
 overview, 41–2
 racial stereotyping, 51–2
 racism in psychiatry, 46–7
 towards a multicultural psychiatry, 52–4
cultural invariance, 45
cultural relativity, 45
culture, 42, 43–6, 47, 52
Culture and Imperialism (Said), 43
- dangerous and severe personality disorder (DSPD), 165, 166, 168
- Deegan, P.E., 81
- degradation ritual, 132
- dementia, 82, 117, 118, 120
- Department of Health, 99, 101, 103
- depression
 antenatal life, 109, 110
 cultural diversity, 47, 49
 gender, 94–6, 97, 98, 99, 100
 infancy and childhood, 112
 old age, 117, 118, 119, 120
 sexuality, 80
 socioeconomic disadvantage, 24, 31, 32, 34
 spirituality, 62
- Desjardins, G., 82
- diagnosis *see* psychiatric diagnosis
- Diagnostic and Statistical Manual of Mental Disorders* (DSM)
 crime, 181, 186, 191
 psychiatric diagnosis, 8, 9, 10, 11, 15
 psychological trauma, 144, 149, 153, 155
 sexuality, 79
- disabled people, 96
- discrimination
 gender, 91, 92, 93
 iatrogenic abuse, 130, 134
 institutional racism, 50
 psychiatric diagnosis, 12
 risk, 172
- Disguises*, 202, 203
- documentary television, 202–6
- dopamine, 11
- Down, John Langdon, 46
- drama, 206–8
- drapetomania, 46
- drug misuse *see* substance misuse
- drug therapy, 48, 49
- DSM *see* *Diagnostic and Statistical Manual of Mental Disorders*
- DSPD *see* dangerous and severe personality disorder
- dual diagnosis, 33
- Dunham, H.W., 32
- Durkheim, Émile, 190, 191
- Duthie, R., 151
- dysphoria, 119
- EastEnders*, 207, 208
- Eastman, M., 120
- eating disorders, 97, 113
- ecological fallacy, 31, 32
- Ehlers, A., 149
- elder abuse, 120
- elderly people *see* older people
- electroconvulsive therapy (ECT), 100, 132
- emotional abuse, 128
- employment
 gender, 97, 98, 99
 iatrogenic abuse, 130
 lifespan, 116, 117
 socioeconomic disadvantage, 25–6
- Engels, F., 30
- Equality Act, 101
- ER*, 206
- erotomania, 206
- Essed, P., 51
- ethnicity, 42, 43–5
- Ettinger, Leo, 147
- eugenics, 109
- European Court of Human Rights, 143
- euthanasia, 182
- expert patients, 136
- expressed emotion, 116
- Fairbairn, W.R.D., 110, 111
- Fanon, Frantz, 46
- Faris, R.E., 32
- Fatal Attraction*, 206–7, 209
- Faulkner, A., 117
- Faulkner, D., 186
- feminism, 93, 95, 98, 162
- Fernando, S., 15
- ‘fight, flight or fright’ response, 152
- films, 206, 207, 208, 209
- financial capital, 30
- forensic services, 186
- formulation-based approach, 17, 18, 19
- Foucault, M., 78, 186
- Freeman, A., 154
- Freud, S., 110
- Gacy, John Wayne, Jr., 181
- Garland, D., 164

- Gazan, M., 149
- gender, 91–107
- changing roles in the twenty-first century, 98–9
 - future vision, 103
 - gender bias in mental health research, 95–6
 - gendered patterns of mental distress, 96–8
 - lifespan, 115, 121
 - mainstreaming gender in policy, 101–3
 - overview, 3, 91–2, 104
 - patriarchal processes, 93
 - risk, 162
 - sexuality, 74, 77, 79
 - social construction or social causation, 93–5
 - socioeconomic disadvantage, 29
 - women's experiences of mental health system, 99–101
- Gender Public Sector Duty, 101
- genetics
- antenatal life, 109, 110
 - infancy and childhood, 112
 - psychiatric diagnosis, 6, 9
 - socioeconomic disadvantage, 24
- Giddens, A., 163
- Gide, André, 171
- Gilroy, Paul, 47
- Glasgow Media Group, 197, 206, 208–10
- globalization, 43, 53, 162
- glossolalia, 114
- Goffman, E., 132
- Goldberg, R.W., 133
- Goldstein, Andrew, 200
- Gove, Walter, 35
- GPs (General Practitioners), 136
- Granovetter, M., 31
- grief, 119
- Grow, 67
- Grubb, A., 116
- Guntrip, H., 110
- habitus, 31, 33
- Hallam, A., 198, 199
- Hall, Stanley, 47
- Hall, Stuart, 44
- Hamilton, Charles, 50
- Harlow, H.F., 111
- Harrington, G., 147
- Harris, T.O., 119
- Hart, S.D., 168
- Hawking, Stephen, 60
- Hayes, B., 99
- Hayward, R., 12, 14
- health, 45, 46
- Healy, D., 9
- Hearing Voices Network, 18–19, 36, 67
- heredity, 109, 110
- Herman, J.L., 154
- Higgins, A., 85
- Hillsborough football disaster, 149
- Hinckley Jr., John, 200
- Hinduism, 53
- hippocampus, 151, 152
- Hippocrates, 49
- HIV (human immunodeficiency virus), 85, 196
- Holocaust, 154
- homicide
- iatrogenic abuse, 134
 - media, 199, 200, 203
 - mentally disordered offenders, 182–4
 - risk, 164, 170, 171, 172
- homophobia, 79–80, 95
- homosexuality
- crime, 182
 - gender bias, 96
 - iatrogenic abuse, 128
 - sexuality, 75, 79, 80, 82
- Honos-Webb, L., 12, 13
- hope, 61, 62
- Horowitz, M.J., 144, 152
- hospitals
- crime, 177
 - gender, 98, 100
 - iatrogenic abuse, 129
 - institutional racism and cultural diversity, 48
 - sexuality, 81, 82
 - socioeconomic disadvantage, 27, 33
- housing, 33, 34, 130
- Hughes, J.H., 43
- human rights, 137, 143
- Huntington's Disease, 110, 178
- Hyde, J.L., 83
- hypothalamus, 152
- hysteria, 94
- iatrogenic abuse, 126–41
- discussion and future vision, 136–8
 - iatrogenic influences, 128–9
 - individual clinicians, 134–6
 - within mental health services, 129–31
 - mental health treatment, 131–4
 - overview, 2, 126–8, 138–9
- ICD *see International Classification of Diseases*
- identity
- adolescence, 114
 - cultural diversity, 43
 - psychiatric diagnosis, 18
 - sexuality, 77, 82
 - socioeconomic disadvantage, 25–6, 31

- illness, 45–6, 118, 119, 185
 inadequate employment, 25
 Indeterminate Public Protection (IPP)
 sentences, 164–5, 167
 Indian medicine, 46
 infancy, 110–13
 infanticide, 179, 182
 information processing, 152–4
 informed consent, 117
 insanity, 45, 46, 177
 insight, 133–4
 institutional racism
 institutional racism in the West, 50–1
 overview, 2, 41–2
 racial stereotyping, 52
 racism in psychiatry, 46, 47
 integration disorder, 18
International Classification of Diseases (ICD 10), 11, 181
 invalidity benefit, 25
 inverse care law, 27
 IPP *see* Indeterminate Public Protection
 sentences
 IQ (intelligence quotient), 47
 Iraq conflict, 143, 144
- Janet, Pierre, 151, 153
 Jaspers, Karl, 7, 17
 Jehu, D., 149
 John of the Cross, St, 64
 Jung, Carl, 47
- Karasu, T.B., 67
 Kardiner, A., 147
 Keane, T., 149
 Keen, T., 134
 Kendra's Law, 200
 Kennedy, I., 116
 Kennerley, H., 149
 King, Martin Luther, 143
 Klassen, C., 149
 Kovel, J., 7
 Kraepelin, Emil, 7, 13, 17, 46–7, 52
 Krystal, J., 152
- Labouchère Amendment, 80
 labour market, 24, 25–6
 Laing, R.D., 16
 Langer, L.L., 154
 Langford, W., 78, 79
 language, 44
 Laurance, J., 129
 Lawrence, Stephen, 50
 Layzell, S., 117
 Lebanon, 144
 Leese, M., 168
- Leff, J., 47
 Leibrich, Julie, 68
 Leighton, A.H., 43
 Leitner, L.M., 12, 13
 lesbianism, 80, 82, 96
 lifespan, 108–25
 adolescence, 113–15
 antenatal life, 109–10
 infancy and childhood, 110–13
 middle adulthood, 115–17
 old age, 117–20
 overview, 3, 108–9, 120–1
 Lindh, Anna, 200
 Lipsedge, M., 15
 litigation, 154–5
 Littlewood, R., 15
 locality effects, 31–4
The Location of Culture (Bhabha), 43
 lone mothers, 97
 longevity, 24
 Loughrey, G.C., 150
 lovesickness, 78–9
 Lowenthal, M., 119
 lumpenproletariat, 30
- MadNation*, 92
 madness
 adolescence, 113, 114
 cultural diversity, 46
 gender, 93
 socioeconomic disadvantage, 34, 36
 spirituality, 61–5, 67–9
Mad Pride, 36
 Magnan, M.A., 83
 magnetic resonance imaging (MRI), 181
 Mandela, Nelson, 182
 manic depression *see* bipolar disorder
 Marsella, A.J., 49
 Marx, Karl, 30
 Maslow's hierarchy of needs, 83
 masturbation, 81
 Mayou, R., 151
 McCulloch, Dr Andrew, 205
 media, 195–212
 documentary and reality television,
 202–6
 media impact on audiences, 208–10
 overview, 2, 195–7, 211
 risk, 165, 170
 sexuality, 76
 television drama, 206–8
 towards more balanced
 representations, 210
 TV news and press coverage, 197–202
 medicalization of criminal behaviour,
 184–90

- medical model
 crime, 178, 179
 gender, 93, 95
 iatrogenic abuse, 131
 institutional racism and cultural diversity, 47, 48, 53, 54
 psychiatric diagnosis, 7, 8
 medical naturalism, 34
 Megan's Law, 165
 Meikeljohn, C., 129
 Meiwes, Armin, 183, 184
 memory, 151, 152–4
 men, 29, 95, 97–9, 103, 109, 115
 Mental Capacity Act, 117
 mental disorder/illness
 gender, 93, 94, 96–8
 institutional racism and cultural diversity, 45, 46, 48
 sexuality, 81
 socioeconomic disadvantage, 36
 spirituality, 60
 mental health
 cultural diversity, 45, 46
 sexuality, 76, 80
 spirituality, 63, 68
 Mental Health Acts, 27, 135, 172
Mental Health at the Crossroads (Mezzina), 48
 Mental Health Foundation, 60, 205
 Mental Health Media Awards, 196
 mental health services
 crime, 177
 gender, 99–103
 iatrogenic abuse, 129–34
 lifespan, 117, 120–1
 overview, 213–14
 sexuality, 81–5
 social exclusion, 26–9
 spirituality, 68, 69
 mental hospitals *see* hospitals
 mentally disordered offenders, 178–84, 190–2
 Mental Treatment Act (1930), 27
 Merton, Thomas, 66
 metaphor, 60
 Mezzina, R., 48
 Michie, C., 168
 Miller, P., 28
 MIND, 207
 minority ethnic groups, 10, 15, 42, 51
 see also ethnicity
 Misuse of Drugs Act (1971), 191
 Moore, Thomas, 59
 Morrison, Van, 64, 65
 Mossman, D., 83
 MRI (magnetic resonance imaging), 181
 murder *see* homicide
 Murphy, E., 119
 National Child Development Study (NCDS), 29
 National Health Service (NHS), 51
 National Institute for Mental Health in England (NIMHE), 60, 68
 National Schizophrenia Fellowship, 207, 208
National Suicide Prevention Strategy, 99
 natural disasters, 143, 145, 150, 151
 'need-adapted' model, 18
 neglect
 iatrogenic abuse, 127, 128, 135
 lifespan, 111, 112, 120, 121
 socioeconomic disadvantage, 29
 neighbourhoods, 31–4
 neurasthenia, 94
 neuroimaging, 151, 181
 neuroleptic malignant syndrome, 132
 neuroplasticity, 156
 neurotransmitters, 152, 178
 news/newspapers, 197–202, 209, 210
 New Zealand Confidential Forum, 134
 NICE (National Institute for Health and Clinical Excellence), 132, 150
 night-time observation, 129
 NSPCC (National Society for the Prevention of Cruelty to Children), 74
 nurses, 83
 nursing homes, 77, 82
 Nutt, D., 151

 Obeyesekere, Gananath, 49
 object-relations theorists, 110, 111
 O'Brien, M., 151
 observation, 129
 obsession, 207, 208
 obsessive-compulsive problems, 112
 O'Donohue, John, 68
 Oedipus complex, 110
 Ofcom, 205
 offenders, 165, 166, 177, 178–84
 older people
 gender, 96, 97
 lifespan, 117–20
 sexuality, 77–8, 82, 85
OpenMind, 92
 opportunity structures, 32–3
 othering, 134

 Page, M., 129
 Pakistan earthquake, 150
Panorama, 202
 Patel, V., 25
 paternalism, 26, 27, 34
 patriarchy, 92, 93, 94, 95, 98, 115
 Payne, Sarah, 165
 Pelosi, Anthony, 130
 Pepys, Samuel, 147

- personality disorders, 9–10, 11, 79, 112–13
 personal meaning, 17, 19
 personal, social and health education (PSHE), 75
 PET (positron emission tomography), 151, 181
 pharmaceutical companies, 48, 131
 philosophy, 53
 phobias, 98
 physical abuse, 128
 Piaget, J., 154
 Pick, Daniel, 46
 Pieterse, J.N., 52
 Pilgrim, D., 30, 100, 131, 132
 Platz, Gary, 65
 porphyria, 110
 positron emission tomography (PET), 151, 181
 Postmand, L., 153
 postmodernism, 43
 post-partum depression syndrome, 179
 post-psychiatry, 36, 37, 214
 post-traumatic stress disorder (PTSD)
 gender, 97, 98
 institutional racism and cultural diversity, 50
 psychological trauma: future directions, 155, 156; history and discourse of trauma, 147, 149–51; information processing and traumatic memory, 153; litigation and PTSD, 154–5; overview, 144
 poverty
 crime, 188
 gender, 95, 96, 97
 socioeconomic disadvantage: capital, 30; how coherent is professional knowledge, 35; labour market, 25, 26; mental health services and social exclusion, 28; overview, 23, 24; people and neighbourhoods, 32, 33, 34
 pre-frontal cortex, 152
 pregnancy, 96
 prejudice
 iatrogenic abuse, 134
 institutional racism and cultural diversity, 42, 45, 50
 media, 196, 206, 208
 press, 197–202, 209, 210
 primary care, 28, 136
 Prior, P., 99
 prison, 177
 privation, 112
 probation, 163, 164
 proletariat, 30
 prostitution, 77
 Prozac, 9, 100
 psychiatric diagnosis, 5–22
 consequences for psychiatry, 11
 consequences for the service user, 11–14
 diagnosis in context, 7–10
 future vision, 16–19
 international perspectives, 15–16
 overview, 2, 5–6, 19
 purposes of diagnosis, 6–7
 socioeconomic disadvantage, 34
 psychiatric hospitals *see* hospitals
 psychiatric positivism, 34, 35
 psychiatry
 antenatal life, 109
 iatrogenic abuse, 131
 institutional racism and cultural diversity:
 global imposition of psychiatry, 47–50;
 institutional racism in the West, 51;
 overview, 41, 42; racial stereotyping, 52; racism in psychiatry, 46–7; towards a multicultural psychiatry, 52–4
 overview, 214
 psychiatric diagnosis, 7, 8, 10, 11, 15
 risk, 163, 164
 socioeconomic disadvantage, 35, 36, 37
 spirituality, 60, 62, 68
 psychoanalysis, 110, 111
 psychodynamic theory, 127
 psychological trauma, 142–60
 future directions, 155–6
 history and discourse of trauma, 146–52
 information processing, 152–4
 litigation and PTSD, 154–5
 overview, 3, 142–6
 psychology, 42, 46, 51, 62, 110
 psychosis
 lifespan, 112, 113
 psychiatric diagnosis, 8, 9, 16
 sexuality, 81
 socioeconomic disadvantage, 24, 31, 33
 spirituality, 65
 psychotherapy, 28, 49, 67, 130
 psychotropic medication, 84–5, 100, 131
 PTSD *see* post-traumatic stress disorder
Pure Madness (Laurance), 129
 ‘race’, 42, 43–5, 52
 racism
 gender, 95, 96
 institutional racism and cultural diversity, 41–57: categorization and terms of reference, 42–3; culture, ‘race’ and ethnicity, 43–5; global imposition of psychiatry, 49; institutional racism in the West, 50–1; mental health services and disorder across cultures, 45–6; overview, 2, 41, 42; racial stereotyping, 51–2; racism in psychiatry, 46–7; towards a multicultural psychiatry, 53
 psychiatric diagnosis, 15
 risk, 162

- rape, 101, 145
 Read, J., 16
 reality television, 202–6
 Recovery Movement, 14
 Reed Report, 178
 reliability, 11, 16, 17
 religion, 44, 46, 53, 65, 143
 rescue game, 13
 research, 6, 34, 95–6
 residential care, 118, 119
 restraint, 133
 Rethink, 85
 Revely, Dr Adrienne, 207–8
 Reynolds, K.E., 83
 rights, 137, 143
 risk, 161–75
 actuarialism, 166–7
 crime, 186
 gender, 99
 iatrogenic abuse, 128
 overview, 3, 161–2, 171–2, 173
 politics of exclusion, 164–6
 racial stereotyping, 52
 risk and the illusion of science, 167–9
 sociological context, 162–4
 towards positive therapeutic risk-taking, 169–71
 Riverview Hospital, British Columbia, 84, 86–7
 road traffic accidents, 143, 144, 146, 151
 Rogers, A., 30, 100, 131, 132
 Rose, N., 28
 Rowe, D., 12
 Royal College of Psychiatrists, 16, 60
 rural life, 32
R. v. Dudley and Stevens, 184
- Sacker, A., 29
 Samaritans, 205
 SANE, 198, 205
 Sarah's Law, 165
 Sayce, L., 116
 schemas, 150, 153
 schizophrenia
 crime, 178
 gender, 97
 iatrogenic abuse, 130, 132, 133, 134
 institutional racism, 51
 lifespan, 109, 113, 114, 115
 media, 196–9, 202, 203, 207–10
 psychiatric diagnosis, 7, 8, 10–12, 14–18
 sexuality, 83
 socioeconomic disadvantage, 24, 32, 33, 34, 35
 Schneider, Kurt, 8, 17
 School, I., 29
- Scull, A.T., 33, 34
 seclusion rooms, 133
 sectioning, 100, 204
 sedation, 131
 Seles, Monica, 198
 self-defence, 182
 self-harm, 80, 198, 205
 self-help groups, 67, 136
 separation crisis, 18
 serotonin, 9
 sex (definition), 92
 sexism, 92, 93, 94
 sex offenders, 165, 166, 182
 sexual abuse
 gender, 96, 97, 98, 100
 iatrogenic abuse, 128
 lifespan, 112, 113
 psychological trauma, 149, 150, 151, 156
 sexual dysfunction, 84–5
 sexual expression, 78, 81
 sexual health education, 74, 83, 84, 85
 sexuality, 72–90
 experience and expression, 78–81
 gender bias, 96
 moving forward, 85–6
 overview, 2–3, 72–4, 86
 sexuality as central to human life, 74–8
 sexuality influenced by interaction, 81–5
- Shapiro, F., 152
 shell-shock, 16
 Showalter, E., 94
 sick role, 13, 185, 189, 190
 side effects, 26, 85, 132
 Silcock, Ben, 198, 199
 Singer, K., 49
 single parenthood, 97
 Sladyk, K., 85
 slavery, 46, 52
 Smucker, M.R., 150
 soap opera, 206–7, 208
 social capital, 30, 31
 social causation model, 94
 social class *see* class
 social constructionism, 36–7, 94, 182, 184, 191, 192
 social drift, 24
 social exclusion, 26–9, 30, 116, 164–6, 203
 social phobia, 112
 social psychiatry, 35
 socioeconomic disadvantage, 23–40
 capital, 30–1
 crime, 188
 how coherent is professional knowledge, 34–6
 iatrogenic abuse, 130

- socioeconomic disadvantage – *continued*
 intergenerational/intragenerational effects,
 29–30
 labour market position, 25–6
 mental health services and social exclusion,
 26–9
 old age, 119
 overview, 3, 23–4, 37
 people and neighbourhoods, 31–4
 sociology, 35, 36
 Socrates, 67, 182
 Spiegel, H., 147
 Spiers, T., 147
 spirituality, 58–71
 afterthought, 58–60
 coming home, 67–9
 helping one another toward wholeness, 67
 institutional racism and cultural diversity,
 46, 53
 meanings and metaphors, 60
 my madness, my sanity, my life, 60–3
 the name is not the thing, 63
 overview, 2, 70
 testimonies, 64–6
 stalkers, 198, 207
 Static-99, 168
 stereotyping
 gender, 94, 95, 100
 institutional racism and cultural diversity,
 43, 51–2
 media, 195, 196, 206
 stigma
 iatrogenic abuse, 130
 media, 196, 206, 208, 210
 psychiatric diagnosis, 12, 13, 16, 19
 risk, 165, 166, 172
 socioeconomic disadvantage, 24, 26, 28, 35
 Stone, Michael, 164, 165
 ‘stranger danger’, 199
 Strauss, J.S., 132
 stress, 24, 25, 115
 substance misuse
 crime, 186, 191
 gender, 97, 98, 99
 infancy and childhood, 112
 socioeconomic disadvantage, 32, 33
 suicide
 crime, 182
 gender, 95, 98, 99
 iatrogenic abuse, 129, 130, 134
 lifespan, 112, 118
 media, 199
 risk, 170
 sexuality, 80
 socioeconomic disadvantage, 25, 29, 35
 spirituality, 66
 support groups, 67, 136, 138
 Supporting People Programme, 130
 survivor organizations, 202
 Survivor’s Poetry, 67
 symptoms, 8, 9, 15
 Szasz, Thomas, 16, 131
 television
 documentary and reality television,
 202–6
 drama, 206–8
 news and press coverage, 197–202
 terrorism, 145, 148, 150, 151
 Thatcher, Margaret, 42
 Tibetan culture, 46
 Tort law, 116
 trauma, 142–60
 future directions, 155–6
 history and discourse of trauma, 146–52
 information processing, 152–4
 institutional racism and cultural diversity,
 49, 50
 litigation and PTSD, 154–5
 overview, 3, 142–6
 treatment barrier, 13
 Trudel, G., 82
 underclass, 30
 unemployment, 25, 26, 28, 99, 116, 130
 United Nations, 143
 universality, 45
 urban life, 32
 user movements, 136
 Ussher, J.M., 100
 validity, 11, 16, 17, 34, 167
 van der Hart, O., 153
 van der Kolk, B.A., 151, 152, 153
Video Diaries, 202, 203
 Vietnam War, 144, 162
 Vinkenbrink, Heather, 185
 violence
 gender, 96, 97, 98, 100, 102
 iatrogenic abuse, 127
 lifespan, 112, 113, 115, 120
 media: documentary and reality television,
 203; media impact on audiences, 209,
 210; overview, 196; television drama,
 206, 207, 208; towards more balanced
 representations, 210; TV news and
 press coverage, 197, 198, 199, 200,
 201
 psychological trauma, 145
 risk, 165, 170, 171
 Violence Risk Appraisal Guide (VRAG), 168
Visions of Social Control (Cohen), 163

- Wallace, Marjorie, 198, 199
Wallcraft, Jan, 129
war, 143, 144, 145, 147, 151, 182
Warner, J., 80, 83
Warren, L.W., 95
Waterhouse, Sue, 103
wealth, 30–1
Webdale, Kendra, 200
Weil, Simone, 69
White, Dan, 179
White, R., 95
Whiting, Roy, 165
Whitman, Charles, 180
Wilkin, Peter, 66
Wilson, Brian, 64, 65
Wilson, J.P., 149
Winnicott, D.W., 110, 111, 113
WITNESS, 135
Wittgenstein, L., 36
Wolfenden Report (1957), 80
women
 gender: changing roles in the twenty-first century, 98, 99; gendered patterns of mental distress, 97, 98;
 mainstreaming gender in mental health policy, 101, 102, 103; overview, 92; social construction or social causation, 93, 94, 95; women's experiences of mental health system, 99–101
 lifespan, 109, 115, 119, 121
 sexuality, 77, 78
Women and Madness (Chesler), 93
Women's Mental Health Strategy, 101
work *see* employment
World Health Organization
 gender, 96, 97, 98
 iatrogenic abuse, 128
 psychological trauma, 143, 144
 sexuality, 73
World Mental Health Day, 196

Young, J., 162, 166
Young, J.Z., 153
Youth and Road Safety, 144

Zeebrugge ferry disaster, 150
Zito, Jonathan, 169, 170, 198, 199