Deinstitutionalisation or Transinstitutionalisation?
Mental illness and its changing relationship with the British criminal justice system, 1960 -1999

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Introduction

- In 1939, English psychiatrist Lionel Penrose suggested that a reduction of mental hospital beds leads to increased prison populations.[1]
- From this point, a greater enthusiasm for researching this relationship of 'transinstitutionalisation' has emerged.
- The field is currently dominated by US studies, but my research interrogates the British context, 1960-1999.
- **There were two interrelated aspects to transinstitutionalisation in Britain:**
1) Insufficient mental health resources after asylum closures led to increased numbers of former-patients being held in prisons
2) When faced with 'psychotic' individuals in the community, society was boosted by press and government to impose institutional mechanisms such as stigma and surveillance

Aspect One: Lack of proper care → increased incarceration

Deinstitutionalisation in Britain

WHAT? The closure of psychiatric inpatient services and increased outpatient care services, which provided mental health and social support in the community. Whilst more than 140,000 people were in 1960 mental hospitals, this figure decreased to roughly 79,000 by 1970.[2] Between 1963-1970, the population of day-care centres rose from 708,800 to 1,813,500.[3]

Key policies
- Start: Enoch Powell's 1961 'Water Tower' Speech outlined ambitions to reduce hospital beds and deconstruct asylum buildings.[4]
- Subsequent policies included 1962 Care Plan, 1975 'Better Services for the Mentally Ill' White Paper, and 1983 Mental Health Care Act.[5]
- Policy themes: Bringing psychiatric services under local authorities, integration of acute wards with NHS, more people being treated in the community

WHO? Mostly impacted individuals with 'psychotic' conditions and 'personality disorders' who had traditionally been institutionalised for long periods of time

WHY?
- Safer antipsychotic drugs
- Criticisms of the psychiatric institutions
- Hospital scandals
- Cost of institutional care (especially after Thatcher's 1979 election).[6]

The result of community care: Lack of resources

Community care did not meet everyone's specific needs
- Acute patients were most likely to be offered care in remaining NHS institutional facilities. The violent and severely mentally ill were less favourable candidates for this care so were often left to the responsibility of prisons, whilst low-level illnesses were "treated" in the community.[7]
- MIND (1977): the supply of residential care and day care places did not meet recommended levels outlined in 1975 White Paper. Barnsley and Wakefield provided 0% of the recommended number of residential care places and, despite having the highest provision, North Yorkshire was still only at 65%.[8]
- 1990: 90% of funding being spent on hospitals which only held 10% of people with mental illnesses.[9]

Increased Incarceration

- 1983 Mental Health Care Act: with its focus on detaining and compulsorily treating individuals, aligned with criminal agencies and aimed to cover cases of crisis and emergency.[10]
- 1986: Whilst 30 asylums closed, there were proposals for the building of 14 more prisons.[11]
- 1989: 1/3 of the 47,774 English prisoners had contact with a psychiatrist.[12]

Aspect two: 'Institutionalisation' in the community

Using primary sources to map stigmatisation of mental illness

Case studies: The Times and Daily Mail Historical Archives
- Using the time scale of 1970-1995, I mapped how attitudes towards 'serious mental illnesses' (SMIs) and deinstitutionalisation changed
- I limited my scope through key word searches like 'Community care', 'schizophrenia', 'mentally ill in community', and 'mental illness and crime'

1970s	1980s	1990s
Warning tone 'The Risks of Keeping Mental Patients as Part of the Community' (July 1973).[12] - Warns against the lack of proper care that patients are receiving in the community - Responsibility lies with governing authorities if violent crimes are committed	Increasingly cynical about rate of deinstitutionalisation and concern about lack of public backing 'When the Community Could not Care Less' (July 1984).[13] - Society is not completely comfortable with having mentally ill people in the community - People think deinstitutionalisation has 'gone too far'	Blatant rejection and fear towards deinstitutionalisation - Sensationalist headlines including phrases like ''Axe-Wielding Maniacs'.[14] - Stories used to justify concerns that people had during the previous two decades

The media inflated the threat that having 'psychotic' people and those with 'personality disorders' in the community posed to public safety:
- Only **34 out of the 75,000** people who were released over the period of 1991-94 committed homicide.[15] However, newspapers in the 1990s did not interpret homicides as a rare and isolated occurrence, instead portraying them as an accumulation caused by a lacklustre effort of care.
- David Williams' 'Freed to Kill in the Community' is a good example of this:

Source: D. Williams, 'Freed to Kill in the Community', *Daily Mail Historical Archives*, 2 July 1993.

Risk and Surveillance

As stigma towards people with mental illnesses evolved, so did the emphasis on protecting the community from these seemingly out of control individuals.
- To combat this insecurity in the community, 'institutional' methods of risk management and surveillance evolved
- Security taking priority over care
- **Case Registers** were an important form of surveillance. Rather than collecting information on everyone in contact with psychiatric services, they focused on those identified to be 'at risk' by monitoring their adherence to appointments with professionals and their care plan progress. It was a document that combined the principles of risk and surveillance to stop people from "slipping through the net".[16]

Conclusion of research
➤ Deinstitutionalisation is a significant chapter in the British criminalisation of mental illness.
➤ Transinstitutionalisation was best demonstrated in how prisons became holding grounds for the untreatable.
➤ Where transinstitutionalisation into prisons did not occur, individuals faced institutional mechanisms in the community instead.

References:
1 Schildbach, S., and C. Schildbach, 'Criminalisation Through Transinstitutionalisation: A Critical Review of the Penrose Hypothesis in the Context of Compensation Imprisonment', Frontiers in Psychiatry, 9.534 (2018), p.1.
2 Scull, A., 'UK Deinstitutionalisation: Neoliberal Values and Mental Health', in G. Ikkos and N. Bouras (eds), Mind, State, and Society: Social History of Psychiatry and Mental Health in Britain 1960-2010 (Cambridge, 2021), p.307.
3 D. Bennett and I. Morris, 'Deinstitutionalisation in the United Kingdom', International Journal of Mental Health, 11.4 (1982), p.8.
4 Enoch Powell's Water Tower Speech (1961) http://studymore.org.uk/xpowell .htm
5 'Policy Navigator: Explore by Theme', The Health Foundation (2023), https://navigator.health.org.uk/theme?page=19 [accessed 14 June 2023].
6 Taylor, B. 'The Demise of the Asylum in Late Twentieth-Century Britian: A Personal History', Transactions of the Royal Historical Society, 21 (2011), pp.197-209.

7 Smith, R. 'The State of the Prisons: The Mental Health of Prisoners: II- The Fate of the Mentally Abnormal in Prison', British Medical Journal 288 (1984), pp.386-388.
8 MIND, Community Mental Health Provision in Yorkshire, Humberside and the East Midlands (London, 1977), p.4.
9 MIND, MIND's Response to the Department of Health's Draft Guidance on Community Care Reforms 1990 (London, 1990), p.3.
10 'Mental Health Act 1983' MIND (June 2022), https://www.mind.org.uk/information-support/legal-rights/mental-health-act-1983/about-the-mha-1983/ [accessed 13 July 2023].
11 Sayce, L, MIND, Waiting for Community Care: Implications of Government Policy for 1991 (London, 1990), p.11.
12 Weller, M. P.I. 'Does the Community Care?' Public Health, 100 (1986), p.78.
13 Times Medical Correspondent 'The Risks in Keeping Mental Patients as Part of the Community', The Times Digital Archives, 21 July 1973.
14 Cohen, D. 'When the Community Could Not Care Less', The Times Digital Archives, 16 July 1984.
15 Laurance, J. 'Majority See Mentally Ill as Axe-Wielding Maniacs', The Times Digital Archives, 18 April 1995.
16 Sayce, L, MIND, At Risk Registers in Mental Health- A Risk to Civil Liberties? (London), pp.1-13.