

## Book Review

### *Mental Health and Offending: Care, Coercion and Control*

Julie D. Trebilcock and Samantha K. Weston

Routledge

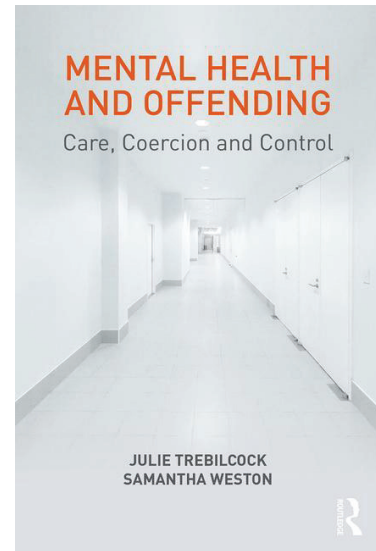
2019, 296 pages

ISBN 9781138697935

Reviewed by Piero Moraro

A person is as likely to be killed by a stranger with schizophrenia as she is to be killed by a lightning: and yet, as Julie Trebilcock and Samantha Weston note in the opening chapter, Western societies (specifically the UK, which is the focus of their book) are deeply worried by the dangerousness of people with mental health problems. This striking disproportionality between the threat posed by mentally disordered people, on the one hand, and the response to it by the UK Government, on the other, constitutes one of the major themes underlying this book. The authors illustrate how UK mental health legislation seemingly treats offenders with a mental health disorder on a par with terrorists: “the power to constrain, without trial, those posing a putative future risk is only found in mental health services and in statutes to pre-empt terrorism” (4).

This is even more troubling since people suffering from poor mental health are among the most vulnerable members of society, and governments should abide by requirements of proportionality and necessity when legislating on mental health. As the book’s title reveals, the challenge for any democratic society, with reference to mental health, involves balancing three seemingly conflicting goals: care, coercion and control.



The imperative of ‘care’ should be given priority, since people suffering from mental health disorders are significantly more *at risk from* the community than they are *a risk to* the community: they are disproportionately more likely to be victims themselves rather than offenders. Yet, as the authors explain in chapter 3, politicians have a tendency to pay more attention to community’s volatile feelings than to the advice of experts; hence, they are more likely to (appear to) manage a perceived risk than to heed the pleas of service user activists.

The “anti-psychiatry” movement in the second half of the 20<sup>th</sup> century played a major role in promoting the *deinstitutionalisation* of mentally disordered people. In the 1960s, Michel Foucault, Erving Goffman and Thomas Szasz highlighted the coercive, abusive and stigmatising nature of the mental asylum which, far from playing a ‘humanitarian’ role, was a site for the exercise of *power*. Similarly, David Rosenhan’s famous experiment (in which he feigned a mental disorder and, once admitted to hospital, returned to acting ‘normally’, yet was not released for another 6 weeks) sought to highlight the unreliability of psychiatric diagnoses. Others have stressed the risk of stigmatisation and prejudices against patients, whose subjective experience is often ignored by the medical account of their condition.

Thus, the shift from mental asylums to community care was a welcome development of this debate in the 1980 (though significantly sped up by financial considerations, as community-based facilities were much cheaper than large asylums). Yet, as the authors explain, this shift led to what Stan Cohen labelled the “dispersal of control”, whereby mentally disordered people fell under the “disciplinary gaze of the state”. The process of deinstitutionalisation turned into one of *trans-institutionalisation*, whereby the criminal justice system became the *de facto* mental health care provider.

It is an unfortunate coincidence that, together with the closure of mental asylums, the 1990s also witnessed the emergence of a “new penology”, focused on risk-management rather than on justice. The ensuing mass incarceration in the 1990s and 2000s (the UK prison population almost doubled from 1993 to 2012) meant that a larger number of offenders with mental health issues were sent to prison rather than to community care

institutions. The authors contend this resulted in the “arranged marriage” of two very different ideologies, that of the NHS, based on healing and wellbeing, and that of the prison system, based on security and deprivation of liberty – with security playing a dominating role over healing (197).

The authors further highlight the chronic underfunding of the mental health sector over the past 10 years. The latter has not only hampered attempts to help mentally disordered individuals but has also placed the police force “between a rock and a hard place”. The UK police force is the only body which is available 24/7 to manage mental health-related emergencies; as the authors reveal, there have been situations where police officers have even had to act as first responders, due to lack of ambulances. Similarly, despite legislative reform in 2017 stressing the need to detain mentally disordered individuals in HBPOS (Health-Based Places of Safety) rather than in prison cells, the latter have turned out to be the only option available to house those individuals, due to lack of available HBPOS. In this sense, this book offers yet another reminder of austerity’s toxic effects not only on the health of the most vulnerable citizens, but also on the institutions designed to serve and protect the community.

#### ABOUT THE REVIEWER

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