

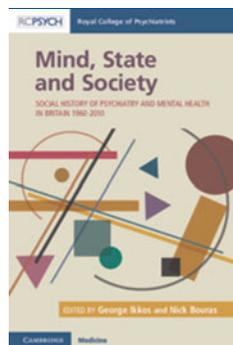
consulting any doctors. The state and pharmaceutical companies attempted to cultivate a culture of self-medication, and Japanese individuals were becoming rational consumers, productive workers and obedient state subjects.

This civilising and humanistic plan of therapeutic commodities was deeply affected by opium, however. Yang has found a lot of clear evidence that suggests the dependence of the Japanese Empire on opium. Using the raw materials of opium, cinchona and coca, Japan prohibited the use of opium-based products by the Japanese people, but its colonies of Taiwan and Korea and the puppet state of Manchukuo were places of manufacturing and trading of opium. The distinction between Japan and its colonies was very rigid. In 1925, however, the police revealed Hoshi Pharmaceuticals' illicit activities used to trade opium through links between Japan, Taiwan, China and Russia, at Vladivostok. Hoshi Pharmaceuticals thereafter quickly declined. After the defeat of Japan in the Second World War, during the Allied Occupation of Japan, Hoshi's continuation of business relating to cinchona and morphine was discovered. This ended the company.

Missions of civilisation and humanity and the production of drugs have coexisted with the abuses of the global market of addictive opium. Yang's book illustrates the widespread addiction to opium in East Asia. The comparison of Japan with the present-day situation in the USA, the UK and many other countries is fascinating.

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**Mind, State and Society:
Social History of
Psychiatry and Mental
Health in Britain 1960–2010**

Edited by George Ikkos and Nick Bouras.
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£59.99 (hbk). 406 pp.
ISBN 978-1-911-62371-7

This book reviews progress in the provision of care for people with mental illness during the 50 years between 1960 and 2010, and the context in which it has taken place. As I qualified in medicine in 1959 the period under consideration coincides closely with my professional lifetime. I knew many of the major figures in the field whose names are recalled. The editors have drawn contributions from a wide range of disciplines some of them commentators and others practitioners in the field of mental health. The style of the contributions varies widely; some are academic reviews of particular areas, others present an historical analysis of the factors that determined events, some are distinctly political in character and others more in the nature of personal memoirs, but none the worse for that. There is some repetition of detail but this serves to illuminate alternative views of developments. Many events that I experienced, but did not then fully understand, are clarified by contributions in this volume.

An early event in the period was the announcement in 1961 by the then Minister of State for Health, Mr Enoch Powell, of his plans for the mental health services; a part of The Hospital Plan

of 1962. This plan involved the closure of all mental hospitals and their replacement by services based in the community. Implementing these changes has occupied the greater part of the past 50 years and is as yet incomplete. The plans were based on a number of factors: an awareness that the care given in mental hospitals had many deficiencies, that long-term residence in a mental hospital may have damaging effects on the individual, that new methods of treating mental illness were becoming available, but in the background was a suspicion that the government wished to reduce the mental health budget and realise the capital value of the mental health estate. These issues are strenuously argued in the book. The process of re-providing for patients in the community is discussed in several chapters. This seems to have moved from crisis to crisis, aggravated by changes of government, repeated re-organisations of the National Health Service, the introduction of new concepts of hospital management, differing views on what was needed and the work constantly threatened by economic factors.

At much the same time as the new plans for the service were announced there were important changes to legislation concerning mental illness. The 1959 Mental Health Act, in England and Wales, made alternative services possible. The thinking behind these changes is discussed. An enormous expansion of out-patient work followed, reaching patients with milder forms of mental distress who would not have been the concern of the services delivered from the mental hospitals. Day centres and day hospitals were established as a part of this change although there was considerable local variation in the provisions. The topic of 'abnormal personality' is considered in some detail. The mental health professions were under pressure from successive governments to participate in the preventive detention of some individuals regarded as dangerous to the public. The issues that this raised are of legal, diagnostic, practical and ethical interest and caused major disagreements between succeeding governments, which were themselves under pressure from the public to act, and the relevant professions.

Changes in the provision of services led to enormous changes in the workforce. This was seen most strikingly in the discipline of nursing. Hospital attendants gave way to a new profession of mental health nurses. There were major developments in community nursing, greater responsibility and autonomy for nurses and a role in diagnosis and prescribing. Most importantly schemes of training were developed to provide this new workforce. The discipline of clinical psychology scarcely existed at the beginning of the period and underwent an enormous expansion in numbers. Part of this expansion allowed clinical psychologists to contribute to the work in medical care beyond the confines of mental illness services. There is surprisingly little on social work or occupational therapy in spite of both disciplines having major roles in the community. This is all the more surprising considering the impact of the Seebohm Report of 1968. The profession of psychiatry expanded greatly during this period in part due to the development of the specialties of psychiatry. This expansion was facilitated by the establishment of the Royal College of Psychiatrists in 1971. The College has been very successful in developing training in psychiatry partly driven by pressure from trainees in its early years. Whatever one's views on the curriculum, supervision and examinations, arrangements are immeasurably better than before. The book reflects a rather gloomy view of future prospects for the mental health services but I believe that the development of training in the full range of disciplines will protect standards of care.

The editors are to be congratulated on bringing together such a distinguished group of contributors to discuss these and other issues. Their diversity is an asset. This book deserves to be widely

read but is essential reading for those concerned in the planning or administration of services for people with mental illness, no matter from which discipline they come. Trainees and their teachers will find the book indispensable.

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