

Co-Producing Madness: International perspectives on public histories of mental illness

Introduction

This article situates mental health histories inside a ‘civic university’ and public history framework for both Australian and British higher education settings. It argues that histories of mental ill-health that are researched, presented and curated for public audiences occupy an important place in the communication of complex historical thinking to a wide audience. Alongside their social and community purpose, these histories also provide a useful case study of what has become an increasing critical driver of relevance for research and education in the higher education sector. We suggest that there is an added benefit of thinking about ‘co-produced’ histories of mental ill-health, with their intrinsic value and relevance, from these different angles. In addition, we draw attention to the difficulty of writing histories for wider consumption in the context of public dissent about mental ill-health and critiques of psychiatric care and changing institutional memories over time.

The landscape of mental health care in Australia and Britain has become highly fragmented, disrupted by decades of deinstitutionalisation and attempts at community mental health in the shadow of government policy change and funding crises in mental health care.¹ Themes emerging from our review and discussion here about the role of educators in mental health history tends to reinforce the tensions inherent in collaboration and partnership playing out in both academic and health settings. Bringing together Australian and British perspectives on this topic allows us to highlight the rich historical connections between places, historiographies, and institutional care and policy. It also shows that this international field of inquiry – including European, North American and Australian and New Zealand

¹ Catharine Coleborne, *Why Talk About Madness? Bringing History into the Conversation* (Cham: Palgrave, 2020), 31.

studies – is ripe for further analysis. This article is not a comprehensive survey of these sites, but it draws evidence from a range of places to show the importance of a larger examination of the research questions we raise here.

Anglo-Australian histories of mental ill-health share much common content. Psychiatric institutions established in the nineteenth century in both places persisted until at least the 1980s, although Britain had a longer history of institutional reform, and a more complex welfare history landscape. In Australia and New Zealand, as in Britain, the institutions entered a period of hopeful reinvention in the latter part of the nineteenth century, only to be stymied by economic depression followed by war. Between the wars, mental hospitals continued to admit patients seeking both voluntary and involuntary stays for recovery and recuperation. By the 1950s and 1960s, new possibilities for variegated community and extra-institutional care, allied with new drug therapies, meant that patients could move between wards and other forms of care including home and halfway houses. The ferment of social change in the 1960s hastened a critique of institutional confinement, which eventually led to deinstitutionalisation. Different patterns of community care evolved but with a shared inheritance and an emerging social movement around mental health service-user voices, advocacy and politics. This signalled different forms of historical thinking about the role and experience of mental hospitals as spaces for care and confinement, and for making history itself.

The role of newer modes of storytelling about madness signals a different turn in historical thinking, one that allows historians to explore translational research in active encounters with audiences.² Taking one tiny example, the ‘Voices of Madness’ conference held at the University of Huddersfield in 2016 included a dramatic performance by student actors about mental breakdown and its impact on individuals and carers. Such interventions

² See Coleborne, *Why Talk About Madness?*

demonstrate the slow impact of a ‘new language’ that arrived with the mental health service user movement, one that needs teasing out for its ‘complexities of illness, resistance, dependence, self-belief, stigma, finance and all the other layers of human activity’ that shape the experience of being a service user.³ With an audience of academic historians and other scholars, these young actors powerfully portrayed the lived experience of mental illness in a way that vividly captured the role of storytelling about breakdown, anxiety or trauma in public. Historians have been addressing this theme over the past decade using oral accounts of hospitalisation, and by investigating museums, material culture, and collections of psychiatric objects, as well as their exhibition and display. In particular, histories of remembering psychiatry have been enormously important in recent times as museum exhibitions, along with heritage adaptations for former psychiatric institutions as spaces, have come to represent a different form of engagement across medical and social history ‘divides’.⁴ Museums have been at the vanguard of co-production through their approach to the creation of exhibitions with community partners, particularly evident in shifting museum practices and audience engagement. The possibility, then, of historians, museums and community partners as collaborators is much stronger than ever.⁵

We find these changes enormously exciting as historians of mental ill-health: they signal a new way to forge stronger and more powerful historical narratives which help to educate and destigmatise mental illness. At the same time, these changes have become meaningful in other ways to the understanding of history as a discipline in the modern

³ Robert Ellis, Sarah Kendal, Steven J. Taylor, “Voices in the History of Madness: An Introduction to Personal and Professional Perspectives” in *Voices in the History of Madness. Personal and Professional Perspectives on Mental Health and Illness*, ed by Robert Ellis, Sarah Kendal and Steven J. Taylor, 1-22. (Basingstoke: Palgrave Macmillan, 2021), 13.

⁴ See Catharine Coleborne and Dolly MacKinnon, eds, *Exhibiting Madness in Museums: Remembering Psychiatry through Collections and Display* (London and New York: Routledge, 2011); Amy Jane Barnes, “Forum: Museums and Mental Health”, *Museum Worlds: Advances in Research* 2, no.1 (2014): 133-35.

⁵ Catharine Coleborne, ‘Mental Health and the Museum’, *Institutional Spaces for Memories and Interaction* 2 (2014) 162 – 66. Invited Forum contribution, *Museum Worlds: ‘Museums and Mental Health’*

university and in relation to expectations of universities at large. All of this work has taken on additional significance over the past decade with the rising tide of expectations around demonstrating research engagement and impact for university researchers.⁶ The Research Excellence Framework in the United Kingdom, known as the REF, and the Australian Research Council's Excellence in Research Australia (ERA) and the Engagement and Impact assessment (E & I) have come to shape academic work in different ways as we go on to demonstrate. Partnerships between museums and universities are not new. What has changed is a shift in focus from the individual or one-off projects with perceived intrinsic value for education or research, to whether a project can lead to longer-term strategic partnerships and demonstrate impact.⁷

Therefore, some university-museum collaborations have gained in status and relevance as a result of these changing imperatives. As other commentators have noted, there are examples of historians of medicine who have been involved in innovative projects long before these formal expectations were introduced. Many historians of all fields are 'truly interested in interdisciplinary collaboration', as noted in a recent study of the communication of the histories of health and medicine.⁸ Our article seeks to position the longer-term story of these partnerships and their outcomes, but also their meanings for the history of mental ill-health.⁹ It is useful to note that despite the way that both impact and education funding agendas are now pushing

⁶ In the United Kingdom, the UPP Civic University Commission was launched in 2018. See "UPP Foundation launches the 'Civic University Commission'," last modified March, 20 2018 <https://www.upp-ltd.com/upp-foundation-launches-the-civic-university-commission/>. In Australia, a broad engagement with the concept of the 'civic university' has been evident in national sector debates about the role of the university in the regions. Understanding the role of the university as leading change and community regeneration through education and research has been adopted by discourses of leadership and management in the higher education sector.

⁷ Beth Maloney and Matt D. Hill, "Museums and Universities: Partnerships with Lasting Impact", *Journal of Museum Education* 41, no.4, (2016): 247-249. Leonie Hannan, Rosalind Duhs and Helen Chatterjee, "Object-based Learning: A Powerful Pedagogy for Higher Education." In *Museums and Higher Education Working Together*, edited by Anne Boddington, Jos Boys and Catherine Speight, 159-69. London: Routledge, 2016.

⁸ Solveig Jülich and Sven Widmalm, "Introduction: audiences and stakeholders in the history of medicine." In *Communicating the History of Medicine. Perspectives on Audience and Impact*, edited by Solveig Jülich and Sven Widmalm, 1-17, Manchester: Manchester University Press, 2020. 2.

⁹ Jülich and Widmalm, "Introduction," 4. See also Sally Sheard, "History Matters: The Critical Contribution of Historical Analysis to Contemporary Health Policy and Health Care. *Health Care Analysis* 26, no.2 (2018): 140-154.

museums and universities towards greater collaboration, it is not always easy to find points of shared interest with our GLAM colleagues.¹⁰ Museum collections do not necessarily reflect the research interests of university staff. Museum agendas do not necessarily fit with the demands of teaching and research. These constraints mean that we want to assess both the potential and also the practical considerations for historians of mental ill-health in making the most of opportunities to engage more productively with museums and other partners.

In this article, we first survey the theme of public engagement and museums, particularly by looking at museum representations of mental health history. We assess the changing opportunities for academics and GLAM colleagues to work in partnership and place initiatives in Australia and New Zealand, as well as the United Kingdom at the heart of our analysis. . We then go on to discuss the way university-public partnerships enable a rich set of research outcomes, also discussing challenges and problems for researchers, students and audiences We highlight the added value that arises from sharing knowledge, skills and experiences with a wider consortium of co-producers and touch on the role of ethics, power and the place and voice of mental-health service users or those with lived experience in the creation of historical exhibitions Finally, we explore the deeper meanings of ‘co-production’ in this context, and highlight the potential for more active forms of engagement

Historians of psychiatry: a longer-term landscape of knowledge exchange

Knowledge exchange was not invented by ‘impact and engagement’ policy agendas that now shape university research partnerships. In this section, we examine the historical development of wide research dissemination, moving from a limited academic, professional sphere, into mental health museums, and then museums more generally.

¹⁰ Galleries, Libraries, Archive and Museums.

In 1990, Trevor Turner, Consultant Psychiatrist and part-time historian reflected on the place of history within his profession, and more generally. The history of psychiatry had been ‘largely dropped from the Royal College of Psychiatrists [RCP]’ examination curriculum and was neglected by a younger generation of practising psychiatrists. The recording of psychiatry’s past had previously been the ‘preserve of elderly psychiatrists’, including those in the southern hemisphere, and a renewed interest in the topic rested with social historians with a much more critical eye.¹¹ Turner felt sure that, despite some of the tensions between the two, the discipline of psychiatry could not fail to be enhanced by their input.¹² Indeed, with examples of how historical understanding directly affected contemporary psychiatric research, his brief overview provided early evidence of what might, today, be called impact and engagement.¹³

The publication of Turner’s co-edited collection of annual lectures, presented at the Institute of Psychiatry, was part of new landscape of knowledge exchange between historians and the psychiatric profession.¹⁴ This included the publication of a three-volume *Anatomy of Madness* series in the mid-1980s, a first European Congress on the History of Psychiatry in Holland in 1990, and the founding of the *History of Psychiatry* journal in 1991, which was co-edited by Roy Porter (historian) and German Berrios (psychiatrist).¹⁵ At the time, Allan Beveridge, a Consultant Psychiatrist in Scotland, described the ‘explosion of activity’ in the

¹¹ For an Australian example, see J.P. Parkinson, “The Castle Hill lunatic asylum (1811-1826) and the origins of eclectic pragmatism in Australian psychiatry,” *Australian and New Zealand Journal of Psychiatry* 15, no.4 (1981): 319-22.

¹² Trevor Turner, “Introduction.” In *Lectures on the History of Psychiatry. The Squibb Series*, edited by R.M. Murray and T.H. Turner, viii-xi. London: Gaskell, 1990.

¹³ Ash, G., Hilton, C., Freudenthal, R., Stephenson, T., & Ikkos, G. “History of psychiatry in the curriculum? History is part of life and life is part of history: Why psychiatrists need to understand it better.” *The British Journal of Psychiatry* 217, no.4 (2020) 535-536. doi:10.1192/bjp.2020.64.

¹⁴ Murray and Turner. *Lectures on the History of Psychiatry, passim*.

¹⁵ Allan Beveridge, “The history of psychiatry: personal reflections,” *Journal of the Royal College of Physicians of Edinburgh* 44, no.1 (2014):77-84.

field, and looked forward to more interdisciplinary co-operation between historians and psychiatrists, rather than ‘antagonism’.¹⁶

Like Turner, Beveridge welcomed both the academic rigour and critical insight that new social histories brought to the contemporary understanding of psychiatry, but not everyone was quite so positive.¹⁷ In reviewing the *Anatomy of Madness* in 1989, Henry Rollin, another psychiatrist, had described the literary ‘punch-ups’ between the contributors of the first two volumes, and there can be little doubt that some continued to believe their profession and its past was being sullied by individuals who were unable or unwilling to understand the realities of mental illness.¹⁸

What this ‘explosion’ represented then, was a further opening up of the field to new and disparate voices and interpretations from historians, philosophers, sociologists and archivists, albeit in a somewhat narrow, academic way.¹⁹ In 1983, Bill Luckin had written of his hope that an understanding of the social histories of the people on the sharp end of the processes of institutionalisation would ‘be profitably applied to those stigmatized and institutionalized in the modern period’.²⁰ Here, Luckin saw a place for historians in the political and social processes of deinstitutionalisation but, as Turner later pointed out, it was a ‘limited ability to communicate to the public a non-stigmatising and rational view of mental illness’, that bedevilled psychiatric progress.²¹

¹⁶ Allan Beveridge, “Lectures on the History of Psychiatry: The Squibb Series,” *British Journal of Psychiatry* 157, no.4 (1990): 631.

¹⁷ Beveridge, “The history of psychiatry,”: 77-84

¹⁸ Henry R. Rollin, “The Anatomy of Madness. Essays in the History of Psychiatry. Vol III. The Asylum and its Psychiatry,” *The British Journal of Psychiatry* 155, no.1 (1989): 144 – 145. For details of ongoing ‘punch-ups’, see, for example, John Crammer, “English Asylums and English doctors, where Scull is wrong,” *History of Psychiatry* 5, no.17 (1994): 103-15. H. Mersky, “Somatic Treatments, Ignorance and the Historiography of Psychiatry,” *History of Psychiatry* 5, n.19 (1994): 387-91. Andrew Scull, “Psychiatrists and Historical “Facts.” Part One: The Historiography of Somatic Treatments,” *History of Psychiatry* 6, no.22 (1995): 225-241. Andrew Scull, “Psychiatrists and Historical “Facts.” Part Two: Re-writing the History of Asylums,” *History of Psychiatry* 6, no.23 (1995): 387-94.

¹⁹ The second volume of *The Anatomy of Madness* included a chapter from Patricia Allderidge

²⁰ Bill Luckin, “Towards a Social History of Institutionalisation”, *Social History* 8, no.1 (1983): 87-94.

²¹ Trevor, “Introduction,”. viii-xi.

This can partly be explained by the often inaccessible nature of academic debates, and partly by pervasive cultural representations which reiterated hackneyed tropes and stereotypes. As Sander Gilman noted, culture plays a part in both reflecting and sharpening our understandings of mental illness.²² A survey of studies into television output in Australia, New Zealand and the UK dating back to the mid-1990s, for example, revealed that the ‘outstandingly negative’ portrayal of characters with mental illness only emphasised their roles as ‘objects of amusement, derision or fear’.²³

Within this framework, and as the processes of deinstitutionalisation ramped up, museums became increasingly important sites of memory on the one hand, and places in which the contentious nature of psychiatry and its history could be explored, or indeed, ignored, on the other. Given the context of the time, it is perhaps unsurprising that psychiatric ‘progress’ became an important theme and in Australia, the display of the Brothers Collection at the Museum of Victoria, and the origins of the Mental Health Museum [MHM], in England, both offer examples whereby the curators took conscious decisions to avoid some of the darker sides of past treatment regimes.²⁴ These can be contrasted with Porirua Hospital Museum in New Zealand, which included objects and stories relating to Insulin Coma Therapies in the 1930s and ECT in the 1940s;²⁵ and the unfulfilled plans for a museum at the Friern Hospital, previously known as the Middlesex County Asylum at Colney Hatch near London, which was to include details of the ‘follies of the age’, and of invasive and discredited practices, such as

²² Sander L. Gilman. *Disease and Representation: Images of Illness from Madness to Aids* (Ithaca NY: Cornell University Press, 1998). Sander L. Gilman, *Seeing the Insane*. (New York: Wiley, 1996)

²³ Patricia A Stout, Jorge Villegas, Nancy A Jennings, “Images of Mental Illness in the Media: Identifying Gaps in the Research,” *Schizophrenia Bulletin* 30 no.3 (2004): 543–561.

²⁴ Catharine Coleborne, “Collecting Psychiatry’s Past. Collectors and Collections of Psychiatric Objects in Western Histories,” in *Exhibiting Madness in Museums: Remembering Psychiatry through Collections and Display*, eds, Catherine Coleborne and Dolly MacKinnon (London: Routledge, 2011). Rob Ellis, “‘Without decontextualisation’: the Stanley Royd Museum and the progressive history of mental health care,” *History of Psychiatry* 26, no.3 (2015): 332-347.

²⁵ Coleborne, “Collecting Psychiatry’s Past,”.

Insulin Coma Therapy and Leucotomies.²⁶ Central to these discussions was the Bethlem and Maudsley Hospital's archivist, Patricia Allderidge and, as such, we can begin to see an inkling of the moves away from the 'narrow focus on the work of professional historians' in a bid to connect with a wider public.²⁷

We also begin to see a longer-term story of engagement and knowledge exchange activity and Australian and New Zealand historians have played an important part in demonstrating a wider conception of how that can work in practice in the twenty-first century. In the new millennium, a significant study of the Kew Asylum in Melbourne, Victoria, which focussed on its cottages designed for 'the care and training of feeble-minded children', for example, included a museum exhibition and a web site, as well as a series of academic publications.²⁸ As Mark Finnane pointed out in 2009, history research is too important to be left in academic books, and the growth in opportunities to present it in different formats (exhibitions, broadcasting, web) is something that historians have welcomed.²⁹ Finnane described his own desire to 'connect an interested [Australian] public' with the depth of academic research, and the complexity of asylum histories that it uncovered.³⁰ These examples pre-date the formalisation of impact and engagement agendas and demonstrate, very clearly, the willingness of historians to work in partnership over the longer-term and the utility of their contribution.

²⁶ London Metropolitan Archives. H12/CH/A/31/1/25/2, "Museum Display: The evolving history of Friern Hospital, 1849-1984 and beyond". (No date, c.1985) See also Richard Hunter and Ida MacAlpine, (1974) *Psychiatry for the Poor: Colney Hatch Asylum—Friern Hospital 1851–1973*, (London: Wm. Dawson, 1974). For a longer-term story of Colney Hatch see Robert Ellis, *London and its Asylums: Politics and Madness*, (London: Palgrave Macmillan, 2020).

²⁷ Hilda Keane, "Public History as a Social Form of Knowledge." In *The Oxford Handbook of Public History*, edited by Paula Hamilton and James B. Gardner, DOI: 10.1093/oxfordhb/9780199766024.013.22, 2017.

²⁸ Corinne Manning, *Bye-Bye Charlie: Stories from the Vanishing World of Kew Cottages* (Sydney: USNW Press, 2008).

²⁹ Mark Finnane "Australian Asylums and Their Histories: Introduction," *Health and History* 11, no.1 (2009): 6-8.

³⁰ Finnane, "Australian Asylums and Their Histories," 6-8.

The Goodna exhibition was consciously presented as an exhibition about ‘us’; that is, the Queensland community, rather than just ‘them’, the people with mental illness.³¹ Moving away from the relatively narrow academic focus on academics and psychiatrists brought with it a new level of complexity in presenting the past and a very discerning audience. The popular *Bedlam: The asylum and beyond* exhibition, hosted by the Wellcome Collection in London in 2016-17, was both celebrated for its adventurous representation of mental illness and its history, and also critiqued. If the exhibition was a play, wrote Simon Wessely, psychiatrist, epidemiologist and historian of, *inter alia*, shell shock and PTSD, ‘it would receive a standing ovation – it [was] a *tour de force*.³² Critics, by contrast, suggested that the exhibition lacked focus and failed to make sense of such a ‘vast theme’.³³ Another reviewer felt that some of the exhibits needed more context and, in a related point, wondered if important legislation and changing asylum architecture might also have been included.³⁴ While not necessarily representative, reviews such as these demonstrate that the dissemination of historical research beyond the academy brings with it its own challenges.

The active choice and enthusiasm to work in partnership does not mean that the choices about content or its delivery are straightforward. Luckin and Turner struggled to reach an audience beyond the familiar academic and medical one and the success of the Kew and Goodna projects depended on much more than academic research alone. Finding the meeting points with our GLAM colleagues pushes us to think more deeply about our audiences and help us to recognise the limitations of that rather catchall phrase, ‘the public’, and what that

³¹ Joanna Besley and Carol Low, “Hurting and Healing. Reflections on representing experiences of mental illness in Museums,” in *Re-Presenting Disability. Activism and Agency in the Museum*, edited by Richard Sandell, Jocelyn Dodd and Rosemarie Garland-Thomson, 130-142. London: Routledge, 2010.

³² Wessely, Simon. "Inside Bedlam, England's first mental institution." *Times*, 14 Sept. 2016,.

³³ Jonathan Jones, “Bedlam: The Asylum and Beyond review – missed opportunity to truly explore mental health,” *Guardian*, Sept 19, 2016. See also Catharine Coleborne, “An end to Bedlam? The enduring subject of madness in social and cultural history”, *Social History* 42, no.3 (2017): 420 – 29.

³⁴ John O’Donoghue, “Wellcome Collection: Bedlam: The Asylum and Beyond, Disability Arts Online,” last modified Sept 22, 2016 <https://disabilityarts.online/magazine/opinion/bedlam-asylum-beyond/>.

might mean in reality. In the section that follows, we explore the changing landscape of public history and museums to think more deeply about the challenges and opportunities afforded by such collaborative projects.

Public history, museums and mental ill-health

In this section, we examine different ways in which we might better articulate the value of our partnerships and collaborative approaches to histories of mental illness.

In recent times, the scholarship of what might have simply been described as the history of psychiatry or the history of madness in the past, has become more ‘vast’ and more complex, as it has expanded into new geographical, spatial, chronological and methodological areas of analysis.³⁵ New areas have opened up new ways of thinking about mental health histories and it seems obvious that by working creatively, historians and curators can ensure that public knowledge about the past is presented in new and innovative ways.

Indeed, by using material culture approaches to historical narration, historians can find new ways of representing the experience of mental illness. They can use material objects and take projects beyond the confines of the written word, also contextualising experiences of the everyday lived worlds of the mad. Historians can move away from the highly mediated texts of historical archives, and also counter silences in the record by looking at objects with a view to imagining their uses and tangible access to the past. Material culture has in fact, for a long time, featured in the histories of mental ill health. Erving Goffman notably wrote of the importance to patients of contraband such as, cigarettes, and clothing and books.³⁶ More recently historians writing about material culture have examined the lives of patients, their recreation and clothing.³⁷

³⁵ The ever-expanding list of titles for the Mental Health in Historical Perspective series published by Palgrave is a good example of the growth in this field.

New knowledge such as this, appears to offer so much but we need to be clear that the place of historians in the use of these resources and their interpretation is dependent on two important factors, beyond our own understanding of the contribution we can make. The first of these is the evident willingness by our GLAM colleagues to engage with that history, and recognise its potential beyond simply telling a historical story, as in the case of the Goodna or Kew projects. The second is an understanding of how our historical research dovetails with potential partners' own priorities, and how we might develop a better sense of reciprocity.

For academics, part of that process demands an understanding of the drivers for museums as site of research, exhibition and public engagement. In the latest assessment of the Engagement and Impact exercise (2018), the Australian Research Council considered 'how well researchers are engaging with end-users of research, and ... how universities are translating their research into economic, social, environmental, cultural and other impacts'.³⁸ This echoes the civic university's place in terms of both cultural well-being and the economy.³⁹ So far, so good and for historians, museums appear to fit these imperatives and are an obvious place to disseminate research; museums and their exhibitions can have an impact on both university research, but also more widely in society. The term 'end-users' in this context is problematic, however, because it suggests that museum professionals are simply waiting for new academic research to inform their exhibition and engagement programmes but this is far from the case. GLAM professionals bring with them their own skills in the interpretation and exhibition of material culture and the availability of materials online, including the increasingly (copyright) free materials that have been digitised by

³⁸ "Engagement and Impact Assessment," Australian Research Council, last modified, June 16, 2021. <https://www.arc.gov.au/engagement-and-impact-assessment>.

³⁹ "Truly Civic: Strengthening the connection between universities and their places," UPP Foundation, last modified 2019, <https://upp-foundation.org/wp-content/uploads/2019/02/Civic-University-Commission-Final-Report.pdf>.

important repositories such as Trove, Australian Newspapers, the Wellcome Collection, the British Library and the Library of Congress mean that access to primary source materials has become more democratic in recent times. At the same time, the development of multi-media platforms, means that there are plenty of public histories already available, including those online, that are created without any reference to the wider set of academic studies or scholarly interpretation and understandings.

Conventional historians may be circumspect about research content such as this.⁴⁰ Yet the central message here is that GLAM colleagues do not ‘need’ academic input in quite the ways that impact and engagement agendas seem to suggest. We need to be clear on what we can offer to our GLAM colleagues and be confident that the potential impact from working in concert can be huge. *Remembering Goodna*, which focussed on the large Queensland asylum, and was co-curated by Finnane and Joanna Besley, ‘received more visitor comments in its first month, than any other social history exhibition hosted by the Museum of Brisbane’.⁴¹ This was and is a history that is relevant because it touches the lives of so many people beyond those simple dichotomies of ‘them’ and ‘us’. While we have charted the longer-term appetite of academic historians to be involved in similar project, the potential in the twenty-first century to reach those wider publics can be huge. Even in a ‘challenging economic climate’, the English museum sector, for example, is a vibrant one with £2.6bn of income and over 38,000 employees working in over 2,600 organisations.⁴²

⁴⁰ Hilda Keane, “Public History as a Social Form of Knowledge,” in *The Oxford Handbook of Public History*, edited by Paula Hamilton and James B. Gardner, DOI: 10.1093/oxfordhb/9780199766024.013.22, 2017.

⁴¹ Georgina Robinson, “Remembering Goodna,” *Brisbane Times*, January 12, 2008.

⁴² Fiona Tuck and Scott Dickinson, “*The Economic Impact of Museums in England, For Arts Council England*”, last modified, 2 March 2015, https://www.artscouncil.org.uk/sites/default/files/download-file/Economic_Impact_of_Museums_in_England_report.pdf.

In Australia, the Federal Government's own data on the 'Impact of our National Cultural Institutions' shows the enormous range of engagement, education, investment initiatives and priorities for the galleries and museums across the national sphere, let alone state and territory institutions.⁴³ The Australian Academy of the Humanities made a submission to the national inquiry into Australia's cultural and creative industries and institutions in 2020, citing figures suggesting the creative economy was worth \$112 billion to the national GDP.⁴⁴ The Australian Council for the Arts similarly cites 'arts facts', while the Australian Bureau of Statistics is a useful source of 'culture at a glance' data.⁴⁵ While the focus of these headline figures is often on large, well-known organisations, there are broader claims to be made about the roles of museums, and how partnership working might contribute to the breadth of impacts described above. This might include the place of museums in tourism activities, regeneration initiatives, local economic development strategies, place-making, local and civic pride, and on wider (mental) health and wellbeing.⁴⁶

Coupled with a growing interest in the histories of marginalised communities and groups, there can be little doubt that the opportunities to co-produce public histories of madness are much greater now than they were in the 1980s and 90s.

Indeed, museums in Australia and the UK, like those in other parts of the world, have produced policies that both reflect on cultural diversity and emphasise the ways in which they can shape attitudes, but also challenge some of the misconceptions that were shown in the previous section. As Lola Young has pointed out, there are ethical, legal and intellectual reasons for doing so, that go along with the opportunities to maximise income through sector-

⁴³ See "Impact of our National Cultural Institutions," Australian Government, last modified, no date, <https://www.arts.gov.au/what-we-do/museums-libraries-and-galleries/impact-our-national-cultural-institutions>.

⁴⁴ See "Inquiry into Australia's Cultural and Creative Industries and Institutions, last modified October 2020 https://www.humanities.org.au/wp-content/uploads/2020/11/201028-AAH-Policy-Creative-Cultural-Industries_final.pdf.

⁴⁵ See <https://www.arts.gov.au/what-we-do/museums-libraries-and-galleries/statistics> [Accessed 14 June 2021]

⁴⁶ Fiona Tuck and Scott Dickinson, "The Economic Impact of Museums." See also Lois Silverman, "The therapeutic potential of museums as pathways to inclusion," in *Museums, Society and Equality*, ed. Richard Sandel (London: Routledge, 2002), 69-83.

specific grant income or audience development.⁴⁷ In its latest Strategic Funding Framework, the UK's National Heritage Lottery Fund [NHLF] has identified 'community heritage' as one of its two priorities, along with 'landscapes and nature'.⁴⁸ Central to this is a commitment to inclusion, which includes involving a wider and more diverse range of people in projects, as well as providing some of the resources to reflect on their own histories, however that might be defined.

Certainly, there are a range of mutually beneficial reasons why historians of madness and museum professionals might work together, but this brief overview belies the processes in which so-called 'end-users' become aware of academic research or recognise its potential. Finnane, for example, approached Besley in her role as Curator at the Museum of Brisbane with the idea for the Goodna exhibition.⁴⁹ Rob Ellis, by contrast, was approached by staff at Leeds City Museums to help them co-curate a history of mental health care in the city in 2010, and again a few years later by staff at what was then known as the South West Yorkshire Mental Health Trust, who were hoping to refresh the content at the MHM and make it relevant in the twenty-first century. In both cases, they were only aware of his research because, like Finnane, he had previously approached the Thackray Medical Museum, also in Leeds, with an idea for a co-curated project and his details had been shared at various network meetings.

The key in these partnerships was finding the meeting points of shared values in the shifting landscapes of Museum delivery, as well as the developments in historiography and new research. Originally conceived in the face of maturing programme of deinstitutionalisation and initially named after Stephen G. Beaumont, the Chairman of the local area health authority who approved the funds for the project, the MHM reflected an insider account of a shared

⁴⁷ Lola Young, cited in Elizabeth Crooke, *Museums and Community, ideas issues and challenges*, (Abingdon: Routledge, 2007): 86.

⁴⁸ "Inspiring, leading and resourcing the UK's Heritage," National Lottery Heritage Fund, last modified, no date, <https://www.heritagefund.org.uk/sites/default/files/media/attachments/Heritage%20Fund%20-%20Strategic%20Funding%20Framework%202019-2024.pdf>.

⁴⁹ Robinson, "Remembering Goodna".

professional history and of medical endeavour in the face of trying circumstances.⁵⁰ The history the Museum presented spanned the hospital's origins as the West Riding Pauper Lunatic Asylum and its narratives drew on the expertise of famous names in the History of Psychiatry, including German Berrios and Alexander Walk. Operating as a retirement project for a former hospital administrator, Laurence Ashworth, who conducted his own meticulous research, the Museum was dependent on volunteers both before and after his death. As its website now explains, it wants to use its collections and their histories to prompt discussions and debates about mental ill-health in the here and now. The Museum is a place 'to break down barriers to wellbeing, combat mental health stigma, and be active in social justice'.⁵¹

The MHM had only ever served to tell a narrative and progressive story of mental health care to a niche and dwindling audience. Yet its presence and its future continue to be framed by the Museum's physical situation on a working mental hospital site, and on the funding it receives from the UK's National Health Service.⁵² As part of its re-development it became, instead, a place where Trust service users and staff could reflect on care and treatment regimes in the past *and* the present. The Museum had always sought to attract visitors from beyond the hospital, but with limited success.⁵³ Managed by the Mental Health Trust, an important step in its re-development was to demonstrate a demand for its services which emphasised its place within the Trust's core operations. Ellis helped to design a suite of educational and outreach activities aimed at students on a range of pathways in schools and colleges. The activities explored the complexities of the past, but were complemented and interwoven with others including those with staff from the hospital's Forensic Psychiatry Team, and an overview and

⁵⁰ Ellis 'Without decontextualisation'.

⁵¹ "About Us", Mental Health Museum, last modified July 19, 2021.

<https://www.southwestyorkshire.nhs.uk/mental-health-museum/about-us/why-change/>

⁵² <https://www.southwestyorkshire.nhs.uk/mental-health-museum/about-us/why-change/>

⁵³ Ellis R. (2015) "Without decontextualisation," 332-347.

tour of its modern-day ECT suite. These were not the only activities that were going on at this time but they provide an example of how historical research and contemporary practice can be integrated to reach new audiences.

Understanding and working within frameworks such as these, adds another layer of complexity for historians to negotiate. While there has been much historical analysis to challenge any assumptions that might be made about the prevalence of stigma,⁵⁴ for example, it remains an oft-cited priority for many organisations and individuals.⁵⁵ Again, this emphasises that, in cases such as these, ‘end-users’ are not necessarily interested in historical research for its own sake but, rather in how it helps them meet their own priorities.

Critics of this approach may see this less as an opportunity and, instead, shudder at the potential limitations of successful partnerships, and the expectations that are imposed on historians as a result. As David Lowenthal pointed out in a somewhat sweeping statement, ‘heritage exaggerates and omits’, whereas ‘historians ignore at professional peril the whole palimpsest of past precepts that heritage casually bypasses’.⁵⁶ As we argued in the previous section, there are examples of the omission of psychiatry’s multiple narratives in histories designed for a broad public, as well as an exaggeration of heroic medicine in both academic circles and also public history settings. If anything, these examples only strengthen the rationale for partnership working as we bring to bear new research that can contribute to new developments in the public histories of mental ill-health.. The expansion of the field in the 1980s and 1990s, still meant a focus on psychiatry and psychiatrists which reflected the

⁵⁴ Vicky Long *Destigmatising mental illness?: Professional politics and public education in Britain, 1870–1970* (Manchester: Manchester University Press, 2014). R. Ellis, “‘A constant irritation to the townspeople’? Local, Regional and National Politics and London’s County Asylums at Epsom,” *Social History of Medicine* 26, no.4 (2013): 653–671.

⁵⁵ Wulf. Rössler, “The stigma of mental disorders. A millennia-long history of social exclusion and prejudices,” *Science & Society* 17(9): 1250–1253. (2016)

⁵⁶ David Lowenthal *The Heritage Crusade and the Spoils of History*, Cambridge: Cambridge University Press: 1998, 120-1. See also, for example, David Lowenthal, *The Past is a Foreign Country - Revisited*, Cambridge: Cambridge University Press, 2015.

availability of material culture that illuminated those stories. Nevertheless, Lowenthal's work is another important reminder that our work is not immune from the challenges of 'presentism' and part of that means confronting the complexity of dissent from service user and patient groups in more recent and current practice. In 2020, and in light of a review of the UK's General Medical Council's post-graduate curriculum, representatives of the executive committee of the RCP's History of Psychiatry Group have called for critical thinking about the past to feature, once again, in the training of psychiatrists. 'Our practices', they point out, 'will be judged in the history books of tomorrow'.⁵⁷ This warning is also applicable to historians.

Historians are not neutral storytellers: their own historical contingency means that they produce narratives shaped by the context of their times and the dominant systems of mental health care. The closure of large-scale institutions in Australia, New Zealand and other parts of the western world appears to mark a neat or convenient turning point for historians to reflect on the utility of historical knowledge about mental health.⁵⁸ In reality, the number of in-patient admissions remains significantly high in some cases, albeit with shorter average lengths of stay. Since the 1990s there has been an increase in the number of compulsory detentions and a developing understanding that trans-institutionalisation has seen a shift to other forms in-patient treatment adds important nuance⁵⁹ At the same time, concerns are regularly expressed about a lack of in-patient provision for those deemed to need it, which are allied to more general calls about the underfunding of present-day mental health services.⁶⁰

⁵⁷ G. Ash, C. Hilton, R. Freudenthal, T. Stephenson, T. and G. Ikkos, G. "History of psychiatry in the curriculum? History is part of life and life is part of history: Why psychiatrists need to understand it better," *The British Journal of Psychiatry* 217, no.4 (2020): 535-536.

⁵⁸ Rob Ellis. 2017. "Heritage and Stigma. Co-producing and Communicating the Histories of Mental Health and Learning Disability," *Medical Humanities* 43 (2017): 92-98. Niklas Altermark, *Citizenship, Inclusion and Intellectual Disability*, London & New York: Routledge, 2018.

⁵⁹ J. Turner, *et al.* "The History of Mental Health Services in Modern England: Practitioner Memories and the Direction of Future Research," *Medical History* 59, no. 4 (2015) 599-624, 604-5. James Rafferty, 'The decline of asylum or the poverty of the concept', in Dylan Tomlinson and John Carrier (eds), *Asylum in the Community*, (Routledge, 1996), 18-30, 26.

⁶⁰ "Lack of beds leaves patients with serious mental illness without treatment during the pandemic," Royal College of Psychiatrists, last modified January 29, 2021, <https://www.rcpsych.ac.uk/news-and-features/latest->

Understanding that the treatment - or indeed the life chances of those described as mentally ill - have not materially improved in the period since deinstitutionalisation helps us to move beyond institutional histories, enhances our own understanding and, crucially, helps us demonstrate the relevance of our discipline to current debates about treatment and care.

Co-production and modes of storytelling

In their overview of the Goodna exhibition, Besley and Low explain that working in partnership on a project as complex as mental health took their experiences of professional practice and community engagement into new territory.⁶¹ For many historians, partnership working is a similarly new experience. In this section we consider how by working with other disciplines and other professionals can enhance our own understanding of the past, as well as impact and engagement strategies, and make the processes of knowledge exchange meaningful.

For mental health and other historians, a first step on this journey is understanding the difference between impact and engagement. While the latter might include a public of local history ‘talk’, the development of impact activities is a more complicated process. The UK’s Economic and Social Research Council defines research impact as “the demonstrable contribution that excellent research makes to society and the economy”.⁶² Moreover, economic and societal impact is described as ‘the demonstrable contribution that excellent social and economic research makes to society and the economy, and its benefits to individuals, organisations and/or nations.’⁶³ These broad definitions, highlight very clearly, that our audiences may very well be the museums and other organisations we work with, as

[news/detail/2021/01/29/lack-of-beds-leaves-patients-with-serious-mental-illness-without-treatment-during-the-pandemic.](https://www.bbc.com/news/health-56844444)

⁶¹ Besley and Low, “Hurting and Healing”

⁶² “Defining Impact”, ESRC, last modified: Sept 23, 2021. <https://esrc.ukri.org/research/impact-toolkit/what-is-impact/>

⁶³ “Defining Impact”, ESRC.

well as the publics, broadly defined, that they serve. In this case, this is likely to include people with lived experience and those on the sharp end of treatment regimes.

To be clear, historians of mental ill-health have long been interested in the voices of patients.⁶⁴ They see themselves as advocates for those vulnerable and marginalised groups in the past and their longer-term, complex histories of lived experiences, treatments and dissent help to frame the understanding of the past, as they did with the Kew and Goodna projects.

Despite what impact and engagement agendas suggest, however, this knowledge exchange is not a one-way process. Any concerns about intellectual rigour or academic benchmarks have to be set against the contributions that people make when they are talking about their own lives.⁶⁵ This can mean personal histories are illuminated but it can also shine a light on the broader meanings of material culture.⁶⁶ On the Goodna project, a former patient explained that the way in which a straightjacket was exhibited did not reflect her experience of restraint or of confinement.⁶⁷ Similarly, when Ellis worked on a project with a mental health charity in the north of England, he remembers one of the support workers saying to the service-user group that, not so very long ago, they might have been in-patients in the local Storthes Hall Mental Hospital, and to think about the contrast between that and their support in the community. To be sure, this was a friendly and supportive group but one of the team interrupted the speaker to say, 'I was in Storthes Hall and I loved it'. This was not necessarily a critique of care he was receiving 'now' but it was a straightforward and, for some, a surprising challenge to some of the folk memories around the supposedly gothic nature of institutionalisation. The complexity of this longer-term story can be seen in the histories of Friern Barnet, which include

⁶⁴ Ellis *et al*, "Voices in the History of Madness: An Introduction", *passim*.

⁶⁵ Paula Hamilton, Paul Ashton and Tanya Evans, "Making Histories, Making Memories in Difficult Times," in *Making Histories*, edited by Paul Ashton, Tanya Evans and Paula Hamilton, 1-7. Berlin: De Gruyter Oldenbourg, 2020.

⁶⁶ Keane, "Public History as a Social Form of Knowledge,"

⁶⁷ Besley and Low, 'Hurting and Healing'

a recognition of its place as a site of refuge or respite, despite its appalling reputation.⁶⁸ This sense of loss, borne out by hospital closures, was something that was foreseen by those planning the Friern/Colney Hatch Museum in the 1980s⁶⁹ and it is something that has been covered more recently by academic and former Friern in-patient, Barbara Taylor.⁷⁰

As the temporal distance from closure programmes increases, the meanings of the loss of what Taylor has called ‘stone mothers’ are being explored more fully by academics and activists anxious to demonstrate some of the failings of the community care/care in the community settings that replaced them.⁷¹ None of this is to deny the distressing and depressing stories of ill-treatment and abuse that litter the history of in-patient care but this too is a longer-term and ongoing issue. The closure of places like Goodna in Queensland or Kew in Victoria has not seen an end to the abuse of vulnerable individuals in other settings or concerns raised in some quarters about the power of psychiatry and psychiatrists. In recent years, historians have taken steps to carefully compare and contrast the pejorative and sometimes eugenicist language used in the past. The involvement of people with lived experience allows them to tell their stories in their own words and our understanding of the past starts to ‘fray’.⁷² In the project established after the planned closure of Kew in 2008, the experiences of residents were important to the overall framing of the historical narrative. This is not, as Lowenthal would have us believe, a re-imagining of a nostalgic past but one that adds a new layer of complexity to an already complex and emotive history.

⁶⁸ Barbara Brookes, “Pictures of People, Pictures of Places. Photography and the Asylum,” in Catharine Coleborne and Dolly MacKinnon, *Exhibiting Madness in Museums: Remembering Psychiatry through Collections and Display*, London: Routledge, 2011.

⁶⁹ London Metropolitan Archives. (No date, c.1985) H12/CH/A/31/1/25/2 ‘Museum Display: The evolving history of Friern Hospital, 1849-1984 and beyond. For a longer-term story of Colney Hatch see Ellis, Robert (2020) *London and its Asylums: Politics and Madness*, London: Palgrave Macmillan.

⁷⁰ Barbara Taylor, *The Last Asylum. A Memoir of Madness in Our Times*, University of Chicago Press, 2015.

⁷¹ Verusca Calabria, *et al.* “More than bricks and mortar: meaningful care practices in the old state mental hospitals,” in *Voices in the History of Madness: Personal and Professional Perspectives on Mental Health and Illness*, eds. Rob Ellis, Sarah Kendal and Steven J. Taylor. Palgrave Macmillan

⁷² Anna Clark, ‘Private Lives, Public History: Navigating Historical Consciousness in Australia’, *History Compass* 14, no.1 (2016): 1-8.

In other cases, campaigning and critical mad activist and survivor groups, offer both support networks and opportunities to lobby for change on wider issues. While some of these issues of dissent and contemporary treatment paradigms may seem far removed from our own historical research, it is important that historians continually reflect on their responsibility to speak to silences in medical and other records and in their engagement activities. Including the voices of service users can be challenging, however, and history reminds us that however we might seek to include patients and service users, giving them a voice does not necessarily mean that people are prepared to listen, or welcome their insight.⁷³

By working creatively, there are opportunities to put these voices at the heart of what we do. There is a lot of creative potential in the employment of art or, as the Voices conference showed, theatre.⁷⁴ Working with New Vic Borderlines, a theatre company based in the UK has allowed for the recreation of historical stories in dramatic form. The more creative and active forms of presentation can bring colour to the past but also help to emphasise the power of those narratives. In these cases, creative practitioners are not ciphers and they can bring new meanings to the histories of madness and, significantly, give voice to those who may have been denied the opportunity in the past by accessing newer and more disparate groups. A collaboration based on mental health histories enabled the New Vic to reach out to new groups, which also meant a further dissemination and discussion of key themes in the past and the

⁷³ Faulkner, Alison (2021) *Knowing Our Own Minds: Transforming the Knowledge Base of Madness and Distress* In *Voices in the History of Madness: Personal and Professional Perspectives on Mental Health and Illness*, eds. Rob Ellis, Sarah Kendal and Steven J. Taylor. Palgrave Macmillan. Alikhanizadeh, Megan et al. (2021). Often, When I Am Using My Voice... It Does Not Go Well: Perspectives on the Service User Experience. In *Voices in the History of Madness: Personal and Professional Perspectives on Mental Health and Illness*, eds. Rob Ellis, Sarah Kendal and Steven J. Taylor. Palgrave Macmillan.

⁷⁴ McGeachan, C. (2021) Tracking traces of the art extraordinary collection. In: Ellis, R., Kendal, S. and Taylor, S. J. (eds.) *Voices in the History of Madness: Personal and Professional Perspectives on Mental Health and Illness*. Series: Mental health in historical perspective. London: Palgrave Macmillan.

present. Using the New Vic's innovative cultural animation techniques,⁷⁵ opened the door to even more discussion and debate with audiences in the UK, Japan and the USA.

In these examples, learning about the dissemination of the histories of mental ill-health becomes a more active process and with a little thought we can begin to explore new ways of collaborating. Exhibitions remain an important part of that process, however, and Ellis's work involves students of history, allowing for a profoundly engaging student experience of creating historical knowledge. One of the key aspirations of the Civic University agenda is to improve undergraduate student outcomes. Increasingly, questions are being asked of the purpose or 'value' of humanities degrees, despite long-term evidence that demonstrates that their graduates are actively welcomed by employers. The commitment to partnership working in local economies is, perhaps, an incentive to build on existing initiatives that look to the development of 'real world' skills in students.⁷⁶ This is not reinforcing a stereotypical notion of the humanities graduate finding employment in the heritage and museums sector; rather, we suggest that the array of problem solving, collaborative, communication and presentation skills that students acquire are far more transferable than previously acknowledged.⁷⁷

As the examples above show, just as our historical research and its methodologies have developed to more inclusive of subaltern voices, so too has the inclusive nature of museum programmes. Their intersection means that co-produced projects often involve service user or patients groups but, at the very least, we need to be clear that they are part of our broadly

⁷⁵ Kelemen, M., Surman, E., & Dikomitis, L. (2018). Cultural animation in health research: An innovative methodology for patient and public involvement and engagement. *Health expectations : an international journal of public participation in health care and health policy*, 21(4), 805–813. <https://doi.org/10.1111/hex.12677>

⁷⁶ Bill Roberts & Michael Myock (1991) The Experience of Introducing Work-Based Learning on an Arts Degree Course, *Journal of Further and Higher Education*, 15:3, 76-85, 76-77. See also Bill Roberts & Michael Myock (1995) Work-Based Learning on an Arts Degree Course, *Journal of Further and Higher Education*, 19:1, 62-72.

⁷⁷ Ruggieri, Amanda (2020) Why 'worthless' humanities degrees may set you up for life, BBC, available at <https://www.bbc.com/worklife/article/20190401-why-worthless-humanities-degrees-may-set-you-up-for-life> [Last accessed 23 Jun 2021].

defined audience either way. Besley and Low point out, museums offer a place where difficult issues can be presented and debated⁷⁸ but patient and service users are not just stakeholders, they might describe themselves as victims or survivors. If we did not know it already, nascent research on ‘sites of conscience’ encourages us to recall the difficult pasts and, indeed, the difficult presents of treatment paradigms and our own place, as historians, within them.⁷⁹

In many cases, the nature of exhibitions means that a visit to a museum can be an emotional one⁸⁰ but in these cases the responses to the content can be trauma inducing. The memories they prompt might be ‘painful, disturbing and emotionally challenging’ for all concerned, including those involved in uncovering the past and co-producing outputs.⁸¹ Just as museum professionals need to be ready for this eventuality, so too do historians.

As this section shows, we also need to recognise the strengths of the partners we work with and not just in enabling our work to be disseminated more widely. Key organisations are often gatekeepers to significant groups and numbers, but museum and other professionals bring key skills to the curation of knowledge, and expertise in making often niche and detailed historical research accessible to a wider constituency. This might include the language used or simply how the past is presented. Historians of madness have a good understanding of mental health and illness in the past but they are not necessarily trained or able to deal with the potentially upsetting nature of some of the issues raised; especially when some of those issues are disseminated more widely and are potential triggering for some audience members that might include those with lived experience or school children. The very nature of our research emphasises caution. We know already about the importance of anonymising personal data and the potentially voyeuristic nature of some the histories we uncover. Collaborative partners can

⁷⁸ Besley and Low, “‘Hurting and Healing”, 132-33.

⁷⁹ O’Reilly, G. (2020) Sustainable Development versus Human-made Atrocities – Never Again, in O’Reilly, G, *Places of Memory and Legacies in an Age of Insecurities and Globalization*. Cham: Springer, 129.

⁸⁰ Hilda Keane, “Public History as a Social Form of Knowledge.”

⁸¹ Besley and Low, “‘Hurting and Healing”, 137-40.

help us negotiate some of the ethical issues that arise from working with potentially vulnerable individuals in our present time.⁸² They can also help with some of the more prosaic demands of impact and engagement agendas.

Conclusions: challenges and opportunities in the histories of madness

We have been arguing for a shared authority in public communication around the histories of mental ill-health, including co-design and co-authorship of knowledge that is accessible in the public and for a range of audiences. This kind of work presents challenges for academic historians, but it is not an entirely new problem or concern. We have shown that over time, historians of health and illness have had a longer pattern of socially responsible approaches to this work.

However, we also indicate that a bigger and more transformational shift has taken place in the conceptualisation of mental ill-health in historical narratives. There are now many more opportunities to communicate the public histories of madness, most of which have stemmed from important changes both within and without academia. Grant funding for partnerships with cultural institutions and communities, the rise of the ‘civic university’, and developing interests in the histories of marginalised peoples and groups have been mirrored by the development of a field of historiographical study that has grown in terms of both historical inquiry and in methodological approaches.

By exploring these changes, we seek to emphasise our roles as historians in the light of new modes of writing and storytelling. As we have shown, we are not suggesting that this is necessarily straightforward or even an easy thing to do. Negotiating some of the challenges can demand institutional support in terms of additional finances, resources or mentoring to

⁸² Nurin Veis (2011) ‘The Ethics of Exhibiting Psychiatric Materials’, in Catharine Coleborne and Dolly MacKinnon, *Exhibiting Madness in Museums: Remembering Psychiatry through Collections and Display* London: Routledge.

ensure that contributions are worthwhile and meaningful. With this in place the challenges are surmountable and we have the capability to help influence policy making as well as shape historical imaginations in our cultural institutions. We recognise that projects will take place without us involved: we are excited to see historical research and new forms of understanding about our subject area circulating in the public world of ideas. There are times when it is not possible or appropriate for us to drive the work that takes place outside the university. What we suggest is that we can look to find common meeting points for collaboration and co-production in ways that speak to the imperative for engagement and impact, as well as the enhanced student experience of higher education learning and outcomes.

Our reflections prompt two further concluding thoughts. First, that we must maintain a careful scrutiny of the ‘heritage’ protection role for historians. The focus on preserving heritage is only one aspect of a much more complicated scene for the production of historical knowledge for the contemporary academic. The reification of heritage has not advanced historiographical thinking, unlike changes in the way we now imagine and write histories of mental illness. Second, we want to reinforce that our reflections also point to the uneven histories and complexity of deinstitutionalisation. There was not a single shift from one paradigm of institutions to another; it was an uneven and patchy, difficult process, a disruption and conflicted series of changes over time, and one that resulted in multiple stories and accounts of institutional change.

In 2020 and 2021, we have witnessed a new era for museums. One impact of COVID-19 lockdowns was the increase in online and virtual exhibitions, showing that we crave cultural experiences and stories, even when we cannot visit institutions. These have provided rich access to historical knowledge to multiple audiences worldwide in a digital format. These factors, alongside the need for greater shared authority among communities and academics as makers of history, mean that public histories of madness will continue to bubble

up and to exist, with or without historians. This latter point is all-important and not one that is confined to Australia. New technologies, offer new opportunities to present the past to global audiences. If academics want to be part of that new landscape of knowledge exchange they need to be active in finding meaningful partnerships and confident of the contributions they can make.