

This essay will involve a timeline of mental health treatment in the UK from the Middle Ages right up to the present day focussing on an analysis of how the perception of mental health and its treatment has changed over time. There will also be an evaluation of government policies and attitudes with a particular focus upon more recent legislation. The treatment of people with mental health problems in the Middle Ages was based on superstition and religious beliefs as well as so called medical knowledge going back to the ancient Greeks.

Things did improve in the following centuries as understanding of medicine and science developed but treatment was still not very good, there were further changes in the 19th century with the introduction of asylums, but it wasn't until later in the 20th century that legislation fully tried to improve things.

Mental illness was understood and treated at a very rudimentary level during the Middle Ages. Individuals suffering from mental illnesses were often expelled from society and forced to fend for themselves as some people at the time believed that those suffering from mental illness were showing signs of demonic possession or that they were witches (Baton Hospital, 2022). During this period, it was also believed that witchcraft could cause insanity and other mental health issues in others. During this period, there was little or no meaningful support available, and those who were affected were left to cope with their mental health difficulties on their own.

Essentially, there is no resemblance between mediaeval mental health descriptions and modern ideas of mental health in terms of terminology. Furthermore, in the Middle Ages, the vocabulary of mental disease was not always the same between countries. Lunacy and stupidity might be defined in England, whereas in Italy pazzia (medical craziness) and folia (non-medical madness) were both referred to as folie in France, implying that there was no distinction between the medically ill and those who played the fool (Hurlock, 2019).

Furthermore, throughout this period, it was believed that mental illness was caused by physiological or environmental factors (Psychology, 2022). Most likely, the ancient Greek physician Hippocrates' concept of the four humours was the first medical account of mental

illness, and belief in this was still prevalent in the Middle Ages as Hippocrates' theory was subsequently developed by ancient and Islamic physicians in the centuries following his death. It was long believed that people suffering from mental illness had an imbalance or abnormality in one of the four "humours" that were thought to be vital in the development of individuality: blood, mucus (phlegm), yellow bile (choler), and black bile (melancholy). Phrenitis, melancholy, and epilepsy were previously attributed to abnormal black bile, hot yellow bile, and phlegm or abnormal bile obstructing the brain's passages, respectively, according to traditional beliefs.

A variety of symptoms may be caused by several humoral abnormalities, as well as by the abnormality manifesting itself in various locations throughout the body. The sentiments of loneliness and worry about the future that accompany sadness are characterised by Constantinus Africanus in his book on depression as a result of the patient's heart being filled with black bile. Therefore, it should come as no surprise that the symptoms of melancholy he describes are so diverse; they may just as easily be associated with contemporary schizophrenia or endogenous depression (Psychology 2022).

By the 16th and 17th centuries, there had been some improvement in how those with mental illness were treated as there had been some development in understanding science. However, superstition and religion still played a part. Some understanding of peoples' beliefs at the time can be seen in how Shakespeare presented mental illness in some of his plays (Owens, 2018), as they show that he at least was conscious of the fact that extended periods of excessive stress can be detrimental to a person's mental health. In addition to these advances, however, natural and supernatural events, such as sickness or an event caused by devils or astronomical events, could be observed in patients suffering from mental illness,

However, despite the superstition and lack of understanding, patients' care indicates that mental health difficulties were handled in a more enlightened manner than previously thought (Hall, 1992). Despite the prevalent belief that people with mental health issues were possessed by demons or devils that needed to be cast out or removed from society as a threat to its well-being, some modern mental health historians have suggested that many were viewed kindly. People's struggle to overcome the temptations of evil and to do good was depicted in their illness, which was not blamed on them, but rather on their frailty (Fink, 1992). For them to be impacted in this way was considered their tragic fate, and they should be treated with compassion rather than violence (Owens, 2018).

Furthermore, melancholia, mania, delirium, amentia, and phrenitis were all considered to be five distinct types of mental illness in the early Tudor period, according to early medical opinion, as was epilepsy. This was also known as lycanthropy, and it was characterised by an obsession with graveyards and wild animals. By this time, there was still belief in Hippocrates humours as black bile was blamed for all of these ailments, according to folklore. As a result of the bile, the brain was inundated with harmful 'humours,' resulting in mental disorder. Melancholy was the most prevalent of these ailments. Women were much more likely than men to be affected by it (Bennett, 1992).

As a result of the inability of mentally ill people to make rational decisions, the Court of Wards delegated that authority to another party. In 1603-1625, the court of King James I was advised to "freely entrust lunatics to their finest and nearest friends, that can earn no gain from their death." Therefore, mentally ill patients appear to have been treated fairly, according to this study (Historic England, 2022).

Before the introduction of asylums for people of all classes in the 19th century, most people with mental illnesses or learning disabilities were cared for by their families. Those who could not be kept at home became homeless and in need of food and shelter. Private facilities had been available to wealthier families throughout the 1700's, however. As a result of poverty, the poor were compelled to rely on their parishes, which sometimes provided asylums sponsored by philanthropic donations.

Therapy and care rather than incarceration became the preferred treatment for mental illness as attitudes towards mental illness shifted in the 1800s and a variety of services were provided by large and small mental health facilities constructed during this time with the institutions being built by municipalities on the fringes of cities. (Science Museum, 2022).

With the introduction of asylums, treatment of people with mental illness did not always improve. Activist Harriet Martineau summarised the state of public asylums and stated: "in a straw-filled cell, three or four half-naked persons yell and fight, or gibber and mope in solitude" (Science Museum, 2022), highlighting how poorly many of the mentally ill were treated at the time. When family members were unable or unwilling to care for mentally ill people in pre-industrial Britain, the system failed. And that is how many mentally ill people ended up in care.

The work of reformers such as Harriet Martineau, mentioned above, and Samuel Tuke in the early 1800s had provided the framework for a new approach to mental health care. The need for asylums arose as the practise of incarcerating mentally ill persons in workhouses and prisons became too common, but it was a massive undertaking to create asylums based on the most up-to-date medical and scientific understanding of mental illness. (Science Museum, 2018). The Asylums Act of 1845 required every county to have one asylum and inspiring institutions of this type were often large rural estates with formal gardens and parkland. It was because of a more humanistic approach to mental healthcare that the first huge asylums were created in the 1800s. For example, the Hanwell Lunatic Asylum served as a model for Victorian-era mental health care and was one of the first state asylums to open. (Science museum 2018).

Following on from this development, in the early 1900s according to Drake, Keeton, and Ginsburg (2020), the scientific study of psychology was considered essential to understanding human functioning and behaviour. Throughout the history of mental illness research, professionals have divided it into separate categories of biology, psychodynamics, behavioural, cognitive, and humanistic aspects. Classical and operant conditioning were found to be effective in changing human behaviour by early 1900s behavioural therapy pioneers Ivan Pavlov, John B. Watson, B. F. Skinner, John Dollard, Neil Miller, and Joseph Wolpe among others. (Kuriakose and Armand, 2021).

In the first half of the twentieth century, international conflict, particularly in the trenches in Europe led to a more widespread understanding of some mental health problems associated with war. To treat troops with neuroses caused by battle stress and trauma, psychiatrists were called upon after the First World War. Psychiatry changed during this time as doctors soon began trying novel drugs that presumed physical explanations for some of the most debilitating and hitherto untreatable illnesses some of which were referred to at the time as "shellshock". It was also referred to as "war neurosis", and the symptoms included tics, convulsions, muscle spasms, paralyses, shaking, and problems with memory among the most prevalent.

Treatment of mental illness brought on by wartime experiences was also developing in Germany where military hospitals treated more than 600,000 service members for "nervous" disorders. In the UK, between 1914 and 1918, 80,000 cases of battle neurosis were identified, and around 200,000 veterans were awarded post-war disability compensation for war-related neurological diseases (Lerner, 2003).

However, even though World War I is usually regarded as the birthplace of shellshock (and, by extension, PTSD) and its clinical acknowledgment, the history of the phenomenon goes back several decades earlier (Gagen, 2022).

Later in the 20th century, during the early stages of the Second World War, with threats of invasion and bombing, the Committee of Imperial Défense had concerns about the impact of the war on the mental health of the general population and identified stoicism as "the primary defence against the stress of aerial bombardment." Despite this, the government anticipated that the populace would adopt a so-called "shelter mentality," which would cause employees to become so concerned that national output would be undermined by their dread of being bombed. Most of these suspicions were unfounded, however, as according to Simon Wessley, former president of the Royal College of Psychiatrists, and director of the King's Centre for Military Health Research, psychiatric hospital admissions were lower in 1940 than in 1939 (Science Museum, 2018).

Other data however suggests that the war had a long-term psychological impact on its victims. Many people, especially those who had to flee their homes, were more likely to suffer from melancholy and severe anxiety than others, according to a 2009 study that examined 870 adults ages 62 to 72 years old (Topping, 2020).

The treatment of members of the armed forces who experienced mental ill health during the war also changed and there was a greater level of empathy for soldiers during the Second World War than there was during the First, with the phrase "every guy has his breaking point" employed. The stigma associated with combat fatigue lessened, and troops who had been traumatised were more readily welcomed upon their return to civilian life. (Science Museum, 2019).

It was Sir James Marchant, who edited a volume in 1945 titled *Rebuilding Family Life in the Post-War World*, who outlined for contributors the specific issues facing British society, including psychological and spiritual well-being. Healthcare was restructured by the National Health Service Act of 1946, in the years after the Second World War, which guaranteed that all medical treatment would be provided free of charge to anybody who needed it, and this included mental health diagnosis and treatment. (Sir J. Marchant (ed.), 1945)

In the years after the war, following the passage of both the Mental Health Act of 1959 and the Hospital Plan of 1962, psychiatric care was to be integrated into the general hospital system. The NHS and municipal government underwent a series of reorganisations during this period which affected mental health provision. Mental health services in the community were acknowledged, but not addressed, by both Labour and Conservative governments in the 1970s, although evidence of poor care in psychiatric and mental handicap facilities continued to grow. As a result of the new Conservative government taking power in 1979, the NHS underwent its first major restructuring in 1984, when a new system of health authorities was established to impose overall control.

As well as changes to provision, research into mental health treatments had also developed after the Second World War, and in the 1950s, Dr. Albert Ellis adopted rational emotive behaviour therapy as a psychological technique for the treatment of psychosocial illnesses. Cognitive behavioural studies were met with widespread disapproval in their early years because of their preconception that cognition could not be observed or quantified empirically. Until the late 1970s, Dr. Aron Beck, recognised as the pioneer of cognitive therapy, was sceptical of the idea that depression was caused by a lack of self-awareness and a lack of self-control. (Kuriakose and Armand, 2021). Developments in ideas such as these showed that attitudes towards the diagnosis and treatment of those with mental health problems were changing. (Turner et al., 2015).

In the years that followed, further changes took place. Psychological wards in the United Kingdom were obliged to close and discharge patients into the community as a result of 1990's Community Care Act and it has been estimated that less than one percent of all mental institutes were still in use by 2019 (Gagen, 2019).

As knowledge and understanding of mental health disorders developed in the 21st century, the World Health Organisation sought to create an internationally agreed list of mental illnesses.

The WHO revised Chapter V (F) of the ICD-10 (International Classification of Diseases) to more accurately classify mental and behavioural disorders. The inclusion of mental and behavioural disorders alongside all other diagnostic entities in healthcare provided by the ICD is crucial because it establishes a firm basis for the parity of psychopathology with the rest of the medical system for clinical, administrative, and financial purposes. (World Health Organization, 1992)

More recently, there has been a focus on attempting to improve provision for mental health patients. For example, wide-ranging revisions have been proposed in a new white paper titled "Reforming the Mental Health Act," which draws on Sir Simon Wessely's Independent Review of the Mental Health Act in 2018. These proposed reforms aim to give patients greater choice and control over their treatment, to ensure that the act's powers are used in the least restrictive manner, that patients receive the care they need to help them recover, and that all patients are viewed and treated as unique individuals.

These reforms are also aimed at addressing the inequities in mental health services between people of colour, persons with learning impairments, and people with autism, as well as making sure that people with significant mental illness receive adequate care inside the criminal justice system.

Furthermore, after the white paper on reforming the Mental Health Act of 1983 was released in August 2021, the government announced its intentions to implement the changes outlined.

As a result, interested or affected organisations can be consulted and final adjustments can be made before a Bill is presented to Parliament. The new Mental Health Act is expected to be passed into law in 2023, but this has not been verified. (Landmark reform of Mental Health Laws 2021).

According to the White Paper, mental health legislation is to be modernised and care and treatment must be of the highest quality in order to facilitate recovery and the proposals also include reducing the use of community treatment orders, strengthening some statutory safeguards, providing more frequent access to a tribunal to review detention, and increasing support from family members and independent advocates. Patients will also be able to make advanced decisions about their future mental health care. It has also been suggested that the Mental Health Act be used less frequently by people with learning disabilities and autistics, and that BAME people's perspectives will be better represented. Criminal justice reform will be extended to those with severe mental illness who meet the criminal justice system. (Landmark reform of Mental Health Laws 2021).

In conclusion it can be clearly seen that over the centuries the attitudes towards those with mental ill-health has changed, along with diagnosis and treatment. In the medieval period

people with mental illness had to fend for themselves and nurture their own mental health or rely on charity. There were periods of change with some improvement during the following centuries and by the 19th century, the large Victorian asylums had become a well-known feature of mental health treatment. During the years after both world wars in the century which followed, changes took place often due to the experiences of those who had worked with members of the armed forces who had their mental health impacted by their war time experiences.

It was, however, in the decades after the second world war, with the creation of the Welfare State that arguably the greatest improvements in the diagnosis and treatment of mental health patients took place. Various mental health acts have attempted to give better care, and the most recent, building on the Mental Health Act of 2013 will, it's creators hope, bring the treatment of mental health patients firmly into the 21st century. Moving forward, priorities could focus upon the long-term impact on both adults and children of the recent covid pandemic and the consequences of isolation and heightened anxiety about contracting a serious and unknown illness. With more recent research and data now available on this crisis, there will be the opportunity for mental health practitioners to work towards minimising the impact of the current pandemic.

REFERENCES.

Bennett, S. (1992) *Stigma and mental illness: Annual meeting: Selected papers*. Washington, DC: American Psychiatric Press. Pg 41-44. Available at: https://www.google.co.uk/books/edition/Stigma_and_Mental_Illness/ [Accessed 17 March 2022].

Drake, K., Keeton, C. and Ginsburg, G., (2020). *Cognitive Behavioural Therapy (CBT) Johns Hopkins Psychiatry Guide*. Hopkinsguides.com. https://www.hopkinsguides.com/hopkins/view/Johns_Hopkins_Psychiatry_Guide/787145/all/Cognitive-Behavioral-Therapy-CBT [Accessed 31 March 2022].

Gagen, E. (2022) *What life was like in mental hospitals in the early 20th century, The Conversation*. Senior Lecturer in Human Geography. Available at: <https://theconversation.com/what-life-was-like-in-mental-hospitals-in-the-early-20th-century-119949> (Accessed: March 13, 2023).

Gov.uk (2021). *Landmark reform of mental health laws*. London: Gov.uk.

Graham, T. (2020) *Mental Health in Middle Age*. 1st ed. [ebook] London: Routledge, p.1. Available at: <https://books.google.co.uk/books?> [Accessed 17 March 2022].

Hanson, M. (2015) *Tudor England Mental Illness Types & Facts*. English History. Available at: <https://englishhistory.net/tudor/mental-illness-facts/> [Accessed 1 April 2022].

Historicengland.org.uk. (2022) *Mental illness in the 16th and 17th centuries | Historic England*. Available at: <https://historicengland.org.uk/research/inclusive-heritage/disability-history/1485-1660/mental-illness-in-the-16th-and-17th-centuries/> [Accessed 19 March 2022].

Hospital, B. (2022) *The Surprising History of Mental Illness Treatment - Baton Rouge Behavioral Hospital*. Baton Rouge Behavioural Hospital. Available at: <https://batonrougebehavioral.com/the-surprising-history-of-mental-illness-treatment/> [Accessed 17 March 2022].

Hurlock, K. (2019) *Mental Health in the Middle Ages*. Bloomsbury Encyclopaedia of the Global Middle Ages, p.4.

International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders. "A conceptual framework for the revision of the ICD-10 classification of mental and behavioural disorders." *World psychiatry: official journal of the World Psychiatric Association (WPA)* vol. 10,2 (2011): 86-92. doi:10.1002/j.2051-5545. 2011.tb00022.x

Kuriakose, S. and Armand, Y. (2021) *Cognitive Behavior Therapy Patient-Centred, Timely, and Effective Paradigm*. 1st ed. [e-book] New York: Elsevier, p.371. Available at: <https://books.google.co.uk/books?Cognitive+Behavioral+Therapy,+Humanistic+and+Freud+Psychodynamic,+journal+articles> [Accessed 31 March 2022].

Lerner, P. F. (2003) *Hysterical men: war, psychiatry, and the politics of trauma in Germany, 1890-1930*. Cornell University Press. New York.

Landmark reform of Mental Health Laws (2021) GOV.UK. Department of Health and Social Care. Available at: <https://www.gov.uk/government/news/landmark-reform-of-mental-health-laws> (Accessed: March 20, 2023).

Mercer, J. (2013) Deliverance, demonic possession, and mental illness: some considerations for mental health professionals. *Mental Health, Religion & Culture*, 16(6), pp.595-611.

Owens, R. (2018) *Shakespeare and medicine: mental health in Tudor times*. [online] Shakespeare Birthplace Trust. Available at: <https://www.shakespeare.org.uk/explore-shakespeare/blogs/shakespeare-and-medicine-mental-health-tudor-times/> [Accessed 19 March 2022].

Patient-Centered, T. (2021) Cognitive Behavior Therapy. *Behavioral Health, An Is Physician Assistant Clinics, E-Book*, 6(3), p.371.

Psychology. (2022) *Mental Illness in the Middle Ages - History of Psychology*. Available at: <http://psychology.iresearchnet.com/history-of-psychology/middle-ages/mental-illness-in-the-middle-ages/> [Accessed 17 March 2022].

Reforming the Mental Health Act white paper 2021. London: Political Groups.

Sir J. Marchant (ed.), *Rebuilding Family Life in the Post-War World: An Enquiry with Recommendations* (London: Odhams Press, 1945).

Science Museum. (2018) *A Victorian Mental Asylum | Science Museum*. Available at: <https://www.sciencemuseum.org.uk/objects-and-stories/medicine/victorian-mental-asylum> [Accessed 1 April 2022].

Science Museum. (2022) *A Victorian Mental Asylum | Science Museum*. Available at: <https://www.sciencemuseum.org.uk/objects-and-stories/medicine/victorian-mental-asylum> [Accessed 7 April 2022].

Topping, A. (2020) “What mental health impact of second world war tells us about post-Covid life,” *The Guardian*, 27 December. Available at: <https://www.theguardian.com/society/2020/what-mental-health-impact-of-second-world-war-tells-us-about-post-covid-life>. (Accessed: March 13, 2023).

Turner, J. Hayward, R. Angel, K. Fulford, B. Hall, J. Millard, C. and Thomson, M. (2015) the History of Mental Health Services in Modern England: Practitioner Memories and the Direction of Future Research. *Medical History*, 59(4), pp.599-624.

World Health Organization, (1992) *The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines*. Geneva: World Health Organization.