



Contemporary Mental Health

Lecture 2: Key Concepts & History

What is Mental Health?

Without anxiety and illness I should have been like a ship without a rudder.
Edvard Munch



What is Mental Health?

- What does mental health mean?
- What is distinctive about this module?
- From disorder to experience
- Beyond the individual
- The problem with notions of normality
- All in the brain? - (<https://aeon.co/essays/your-brain-does-not-process-information-and-it-is-not-a-computer>)
- Language is important!

What is Mental Health?

“Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.



What is Mental Health?

- How is well-being achieved – what is our role?
- What causes distress?
- What is the lived experience of distress?
- How do mental disorders affect our well-being?

What is mental health? – Assumptive framework

Ecological systems theory
Urie Brofrenbrenner

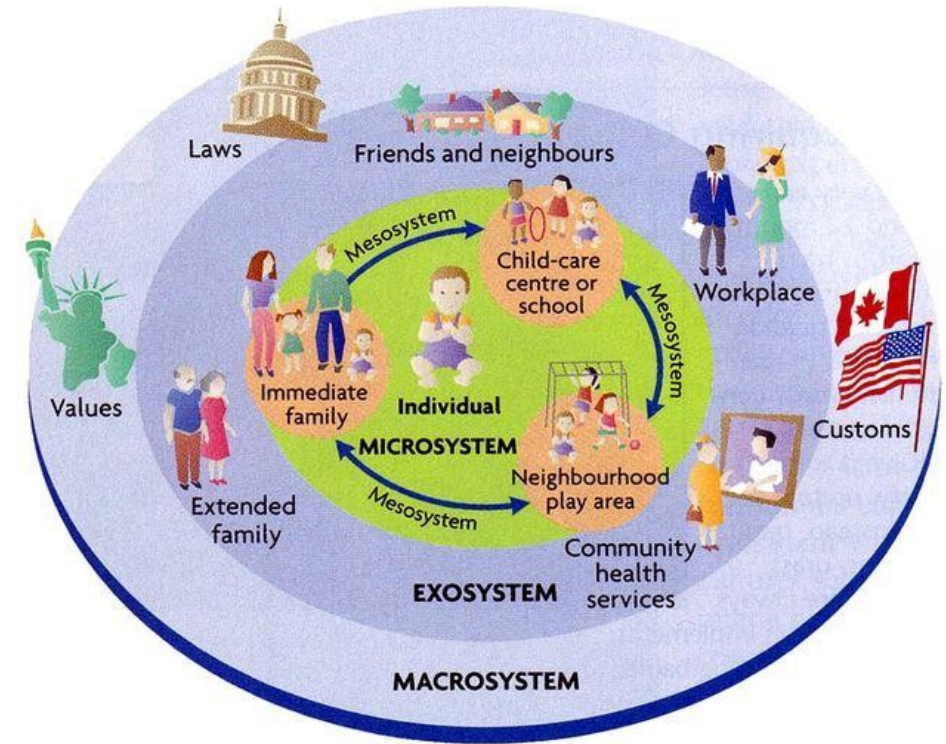


Figure 1. Bronfenbrenner's ecological systems theory
(in Berk & Roberts, 2009, p.28)

What is Mental Health? – Terminology

- Diagnostic and Statistical Manual of the American Psychiatric Association (DSM)
- International Classification of Diseases (ICD)
- Mental illness/disorders
- Patient-client/service user
- Model vs theory

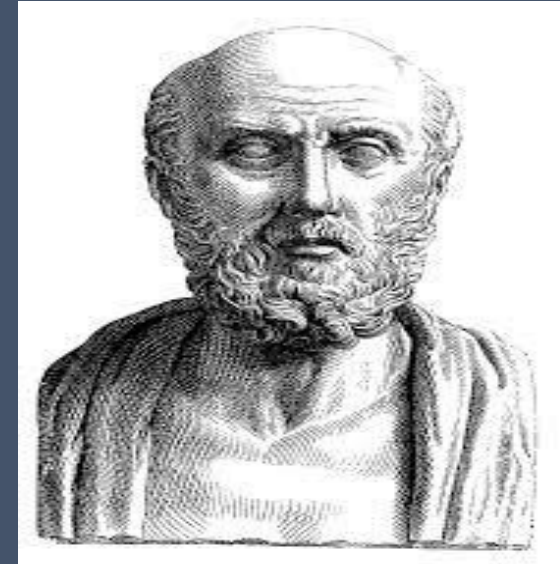
Historical View

- Evidence of trepanning in Prehistoric times
- Ancient Egyptians prescribed recreational activities for treatment of mental illness.
- 1500 BC Ebers Papyrus (Egyptians): Described depression and schizophrenia.



Historical View

- 450 BC Hippocrates: Moved a way from supernatural to rational explanation of causation – brain is the centre of madness
- 280 BC Theophrastus: 28 types of personalities or temperaments
- 270 BC First Psychiatric Hospital (Bagdad)

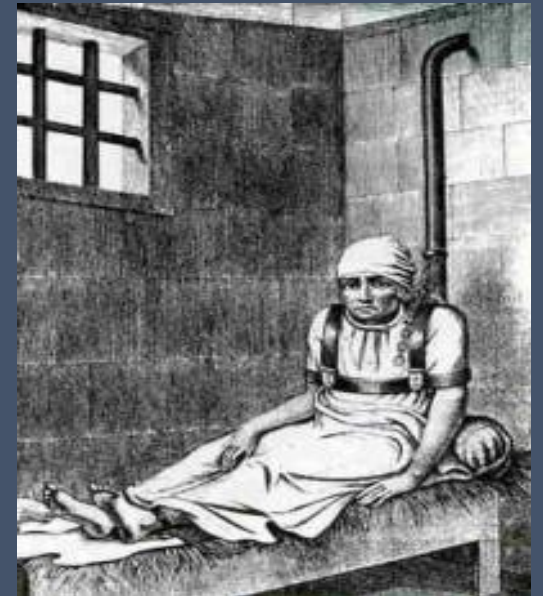
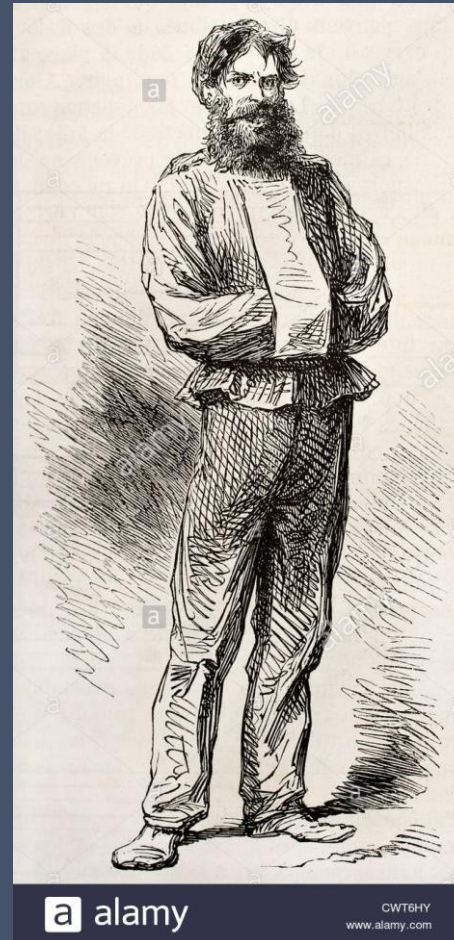


Historical View

- 5th — 16th centuries AD: Religious explanations of madness were popular
- 1637 Descartes “Discourse de la Methode”: body is something different from the mind – madness as a problem of rationality
- 1650—1950:The Asylum Era



St Mary of Bethlehem (1247-1676)



Historical View (1700-1900)

- 1792 Philippe Pinel (improve asylums and classifications)
- 1796 York Retreat: Moral management and psychogenic model of madness
- 1845 Lunacy Act in the Asylum Era, replacing private madhouse.
- 1852 Morel (France) makes reference to Dementia Praecox.
- 1863 Kahlbaum described hebephrenia
- 1869 Beard described Neurasthenia
- 1895 Freud and Breuer published *Studies on Hysteria*
- 1899 Emil Kraepelin established nosology which dominate XIX century

Historical View (1900-1940)

- Rise of diagnostic classification
- Birth of psychological therapies
- Tavistock Clinic was founded in 1920 (London) to practice psychoanalysis
- J. B. Watson and Behaviourism (1920)
- 1935 Alcoholics Anonymous founded in the USA
- Prefrontal leucotomy (1936)
- Electro-convulsive therapy (1938)

Historical View (1950-1970)

- 1951 Carl Rogers publishes Client-Centered Therapy
- 1952 American Psychiatric Association publishes DSM
- 1953 B F Skinner publishes *Science and Human Behaviour*
- 1956 Gregory Bateson describes the double-bind theory
- 1959 Mental Health Act enacted in England and Wales
- 1961 key publications by R D Laing, Thomas Szasz, Michel Foucault, and Erving Goffman
- 1962 Albert Ellis publishes *Reason and Emotion in Psychotherapy*

Historical View (1970-2007)

- 1972 Mental Patients Union founded in London
- 1975 Aaron Beck publishes *Cognitive Therapy and the Emotion Disorders*
- 1977 Clinical psychology services are no longer dependent on psychiatrists for referrals of patients – The Trethwan Report
- 1983 New Mental Health Act is enacted
- 1987 Roy Porter publishes *A Social History of Madness: Stories of the Insane*
- 1988 Hearing Voices Network established in the UK
- 1990 the “decade of the brain”
- 2007 A new Mental Health Act in England and Wales

Mental Health Act

1959: *Mental Health Act* – implementing the *Report of the Royal Commission on the law relating to mental illness and mental deficiency* (the Percy Report, 1957) – finally repeals the 1890 Act, and abolishes the Board of Control.

1961: Enoch Powell's '*Water tower speech*' signals a policy of closing the large asylums.

1968: *Report of the Committee on Local Authority and Allied Personal Social Services* Cmnd 3703 (The Seebohm Report) leads to the creation of an integrated social work profession.

1971: Creation of the *Royal College of Psychiatrists* from the former Royal Medico-Psychological Association.

1974: NHS re-organisation integrates mental health services with general medical and hospital services into a unified NHS organised in districts coterminous with Local Authorities.

1975: *Report of the Committee on Mentally Abnormal Offenders* Cmnd 6244 (The Butler Report).

1975: *Better Services for the Mentally Ill*, Cmnd 6233.

1983: *Mental Health Act*, strengthening protection for the civil rights of mentally ill patients.

1988: *Community care: agenda for action* (the Griffiths Report), which led to the 1990 NHS and Community Care Act.

1991-1996: Introduction of NHS Trusts, including separate Mental Health Trusts.

Mental Health Act

1992: *Review of health and social services for mentally disordered offenders and others requiring similar services* Cm 288 (The Reed Report).

1992: *Health of the Nation*, Cm 1986, includes specific mental illness targets.

1998: *Modernising Mental Health Services* White Paper.

1999: *National Service Framework* (NSF) for adult mental health.

2003-2009: *New Ways of Working* initiative for mental health professions.

2004: *National Service Framework for children, young people and maternity services* (incorporating guidance on child and adolescent psychiatric services).

2006: *Everybody's business: integrated mental health services for older adults* (the first integrated policy statement on mental health services for older adults).

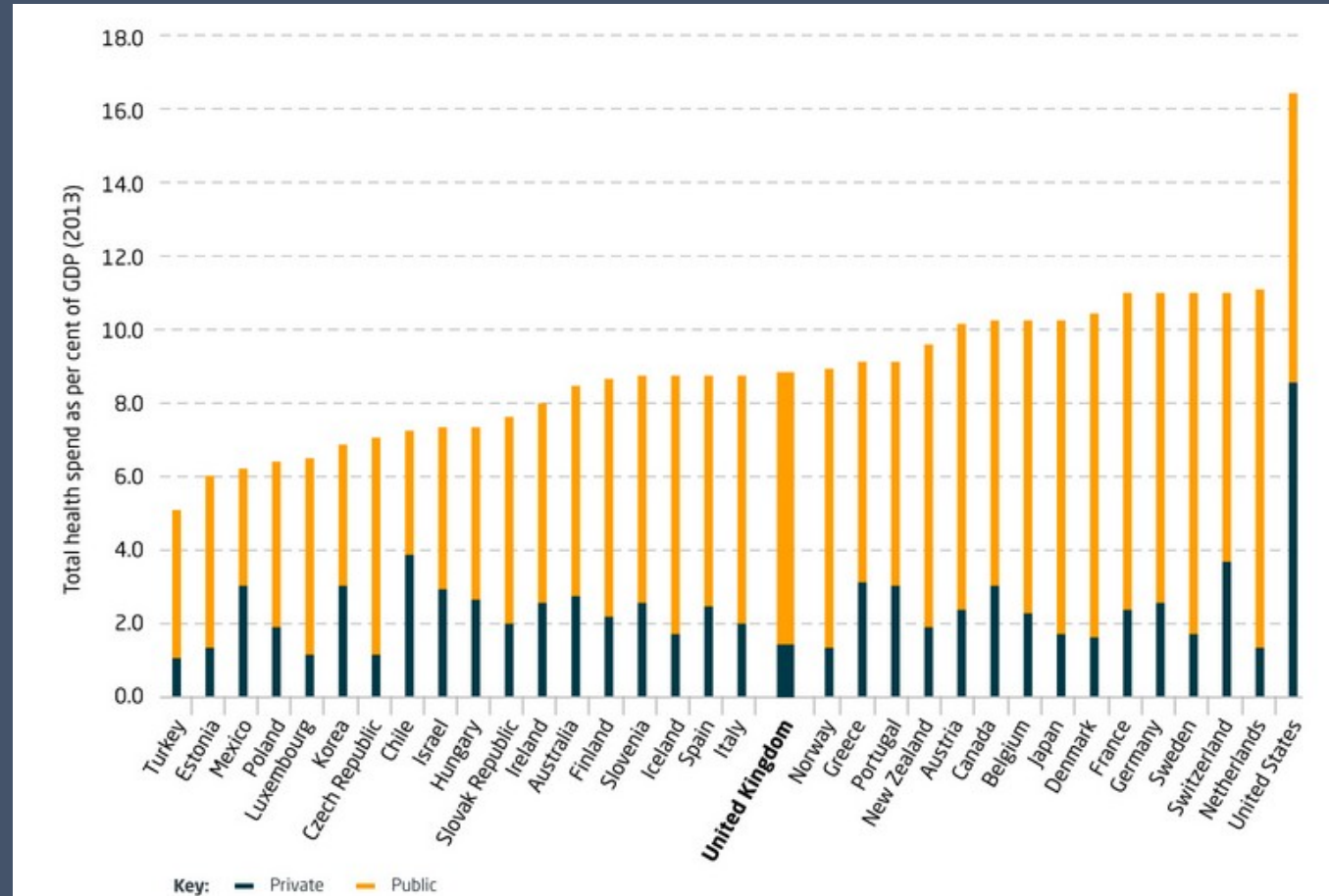
2007: *Mental Health Act*, following a long-fought battle between the government and the *Mental Health Alliance*.

Positive Psychology & Well-Being

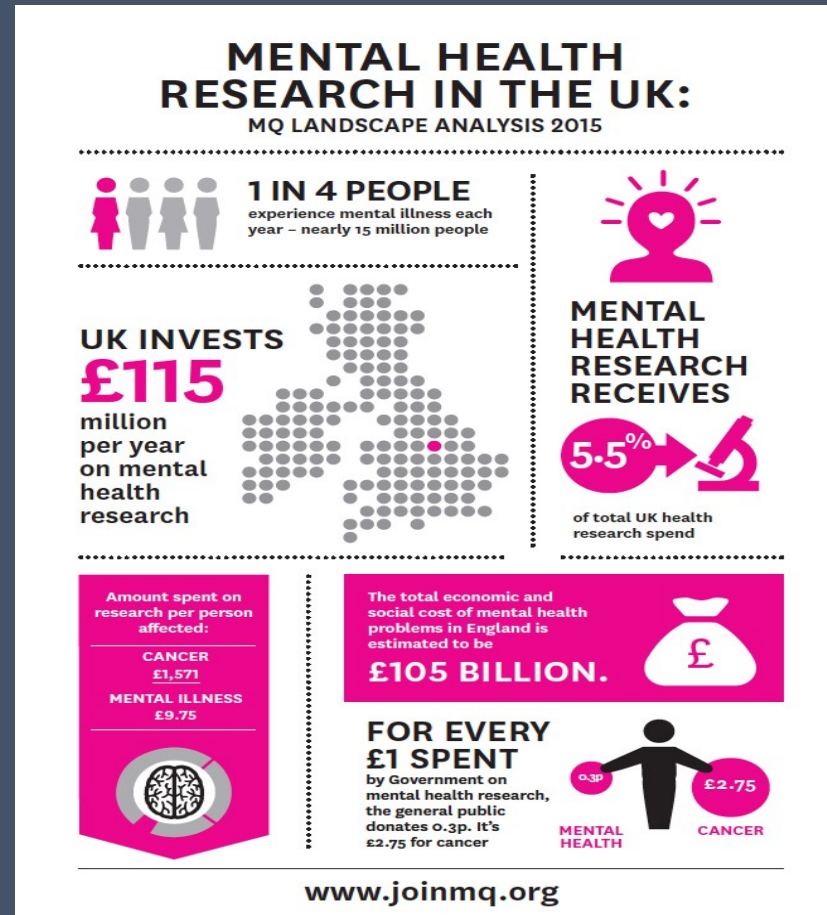
- William James (1842-1910) – focused on subjective experience
- Abraham Maslow (1908-1970) – coined the term “positive psychology”
- Albert Bandura (1925 -) – developed the concept of self-efficacy
- Mihaly Csikszentmihalyi (1934 -) – studied “flow state”
- Martin Seligman (1942 -) – founder of Positive Psychology



Health Care Spending



Mental Health Research



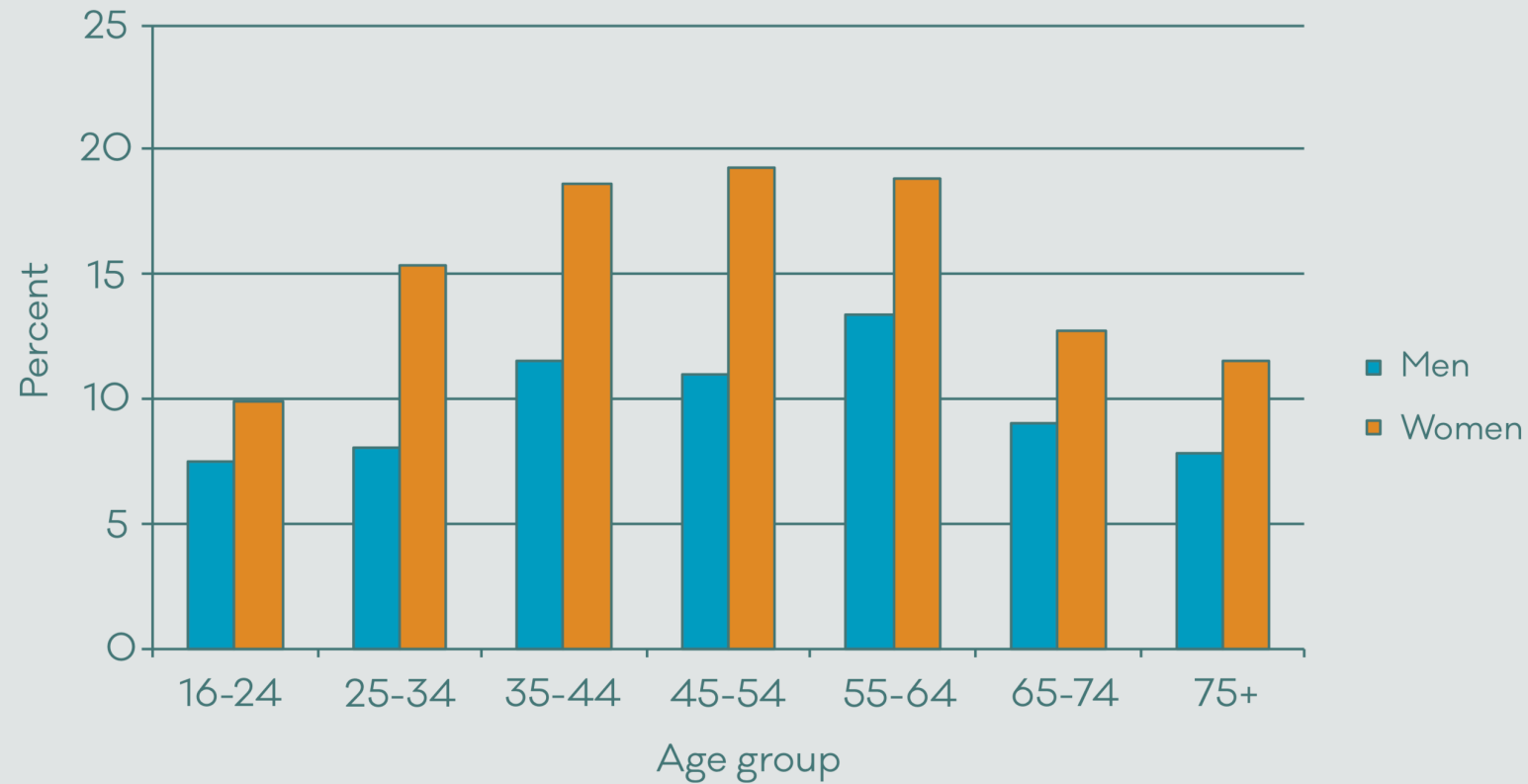


Figure 1: Percentage who reported being treated for any mental health condition, by age and sex

Welsh Government (2016). The Welsh Health Survey 2016 edition, Retrieved from <http://gov.wales/docs/statistics/2016/16O622-welsh-health-survey-2015-health-status-illnesses-other-conditions-en.pdf>

Trends in Mental Illness – Key Findings

- One adult in six had a common mental disorder (CMD): about one woman in five and one man in eight.
- Reported rates of self-harming increased in men and women and across age groups since 2007.
- Young women have emerged as a high-risk group, with high rates of CMD, self-harm, and positive screens for posttraumatic stress disorder (PTSD) and bipolar disorder. The gap between young women and young men increased.
- Most mental disorders were more common in people living alone, in poor physical health, and not employed.

Trends in Mental Illness – Key Findings

- One person in three with CMD reported current use of mental health treatment in 2014.
- People in the Black ethnic group had particularly low treatment rates.
- Socioeconomic inequalities in treatment use were less evident, although people living in lower income households were more likely to have requested but not received a particular mental health treatment.
- Since 2007, people with CMD had become more likely to use community services and more likely to discuss their mental health with a GP.

Mental Health in Wales

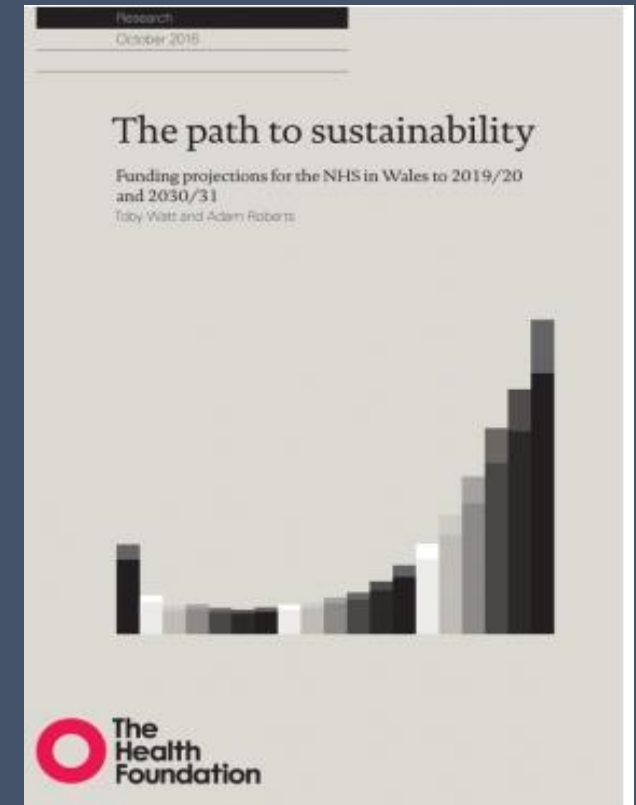
- 1 in 4 people have a mental health problem - Office for National Statistics, Psychiatric Morbidity (2007)
- 53% of Welsh women suffer from low level mental health problems. (Women Like Me, Supporting Wellbeing in Girls and Women, Platform 51,2011)
- Self-harm a significant problem in Wales, as a result there are 6,000 emergency admissions to hospital per year. (Talk to Me, Suicide and Self Harm reduction strategy for Wales,WAG,2008)

Mental Health in Wales

- 300 people die by suicide each year in Wales, 150,000 have thoughts of suicide. (Talk to Me, Suicide and Self Harm reduction strategy for Wales, WAG, 2008)
- The rate of suicide for men in Wales is higher than UK average. (Talk to Me, Suicide and Self Harm reduction strategy for Wales, WAG, 2008)

Mental Health in Wales

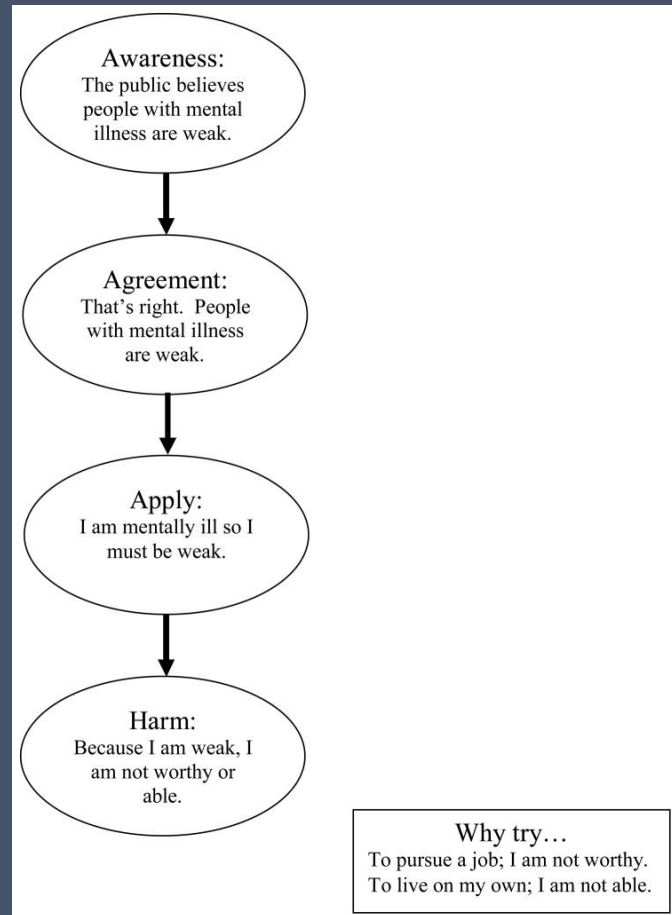
- There has been a big drive in Wales to promote integrated and effective care for mental health patients.
- From 2019/20 to 2030/31, future health care needs could be met if Welsh NHS funding rises by 2.2% above inflation each year, and there is continued efficiency growth.
- Spending on mental health treatment in hospital has fallen since 2010, which is far from a typical trend in health data



Mental Health and Stigma

- What is stigma?
- Negative impact on help-seeking and quality of life
- Public stigma (overt discrimination)
- Self-stigma (subjective feelings of stigma)
- The Equality Act 2010

Mental Health and Stigma



Social Avoidance:

Stay away from others so they do not have a chance to stigmatize me!

Secrecy:

Go out into the world – work and go to church – but tell no one about my illness.

Selective Disclosure:

Tell people about my illness who seem like they will understand.

Indiscriminant Disclosure:

Hide it from no one.

Broadcast:

Be proud. Let people know.

Corrigan, P. & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *Canadian Journal of Psychiatry*, 57 (8), 464-469.

Mental Health and Stigma

- The social psychology of stigma (discrimination & prejudice) – Erving Goffman
- Stigma does not reside in the person – it is relationship and context-specific (Major & O'Brien, 2005 – The Social Psychology of Stigma)
- Mechanism of stigmatization: negative treatment and discrimination, expectancy confirmation process, automatic stereotype and identity threat.

Mental Health and Stigma

“In all of these various instances of stigma, however, including those the Greeks had in mind, the same sociological features are found: an individual who might have been received easily in ordinary social intercourse possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us. He possesses a stigma, an undesired differentness from what we had anticipated. We and those who do not depart negatively from the particular expectations at issue I shall call the normals.” — Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity*

Mental Health and Stigma

- Time to Talk campaign (Scotland)
- Stigma interventions are effective in reducing personal stigma (people's personal beliefs about mental illness)
- Self-stigma and empowerment

Mental Health and Stigma

https://www.ted.com/talks/eleanor_longden_the_voices_in_my_head#t-11971

https://www.ted.com/talks/elyn_saks_seeing_mental_illness

https://www.ted.com/talks/ruby_wax_what_s_so_funny_about_mental_illness