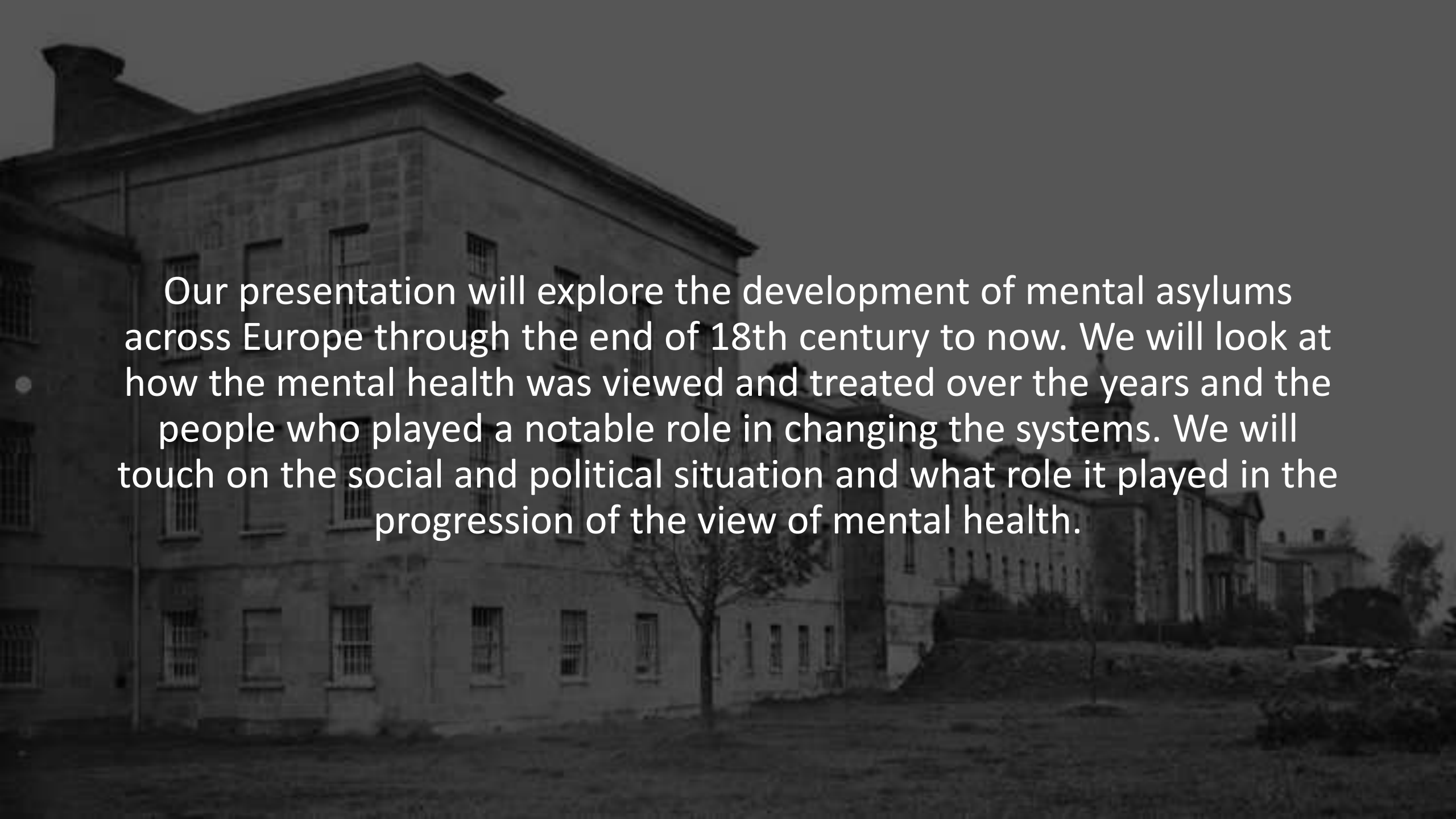




The development of Asylums in western Europe



Our presentation will explore the development of mental asylums across Europe through the end of 18th century to now. We will look at how the mental health was viewed and treated over the years and the people who played a notable role in changing the systems. We will touch on the social and political situation and what role it played in the progression of the view of mental health.



How was Mental Health viewed in the 18th Century

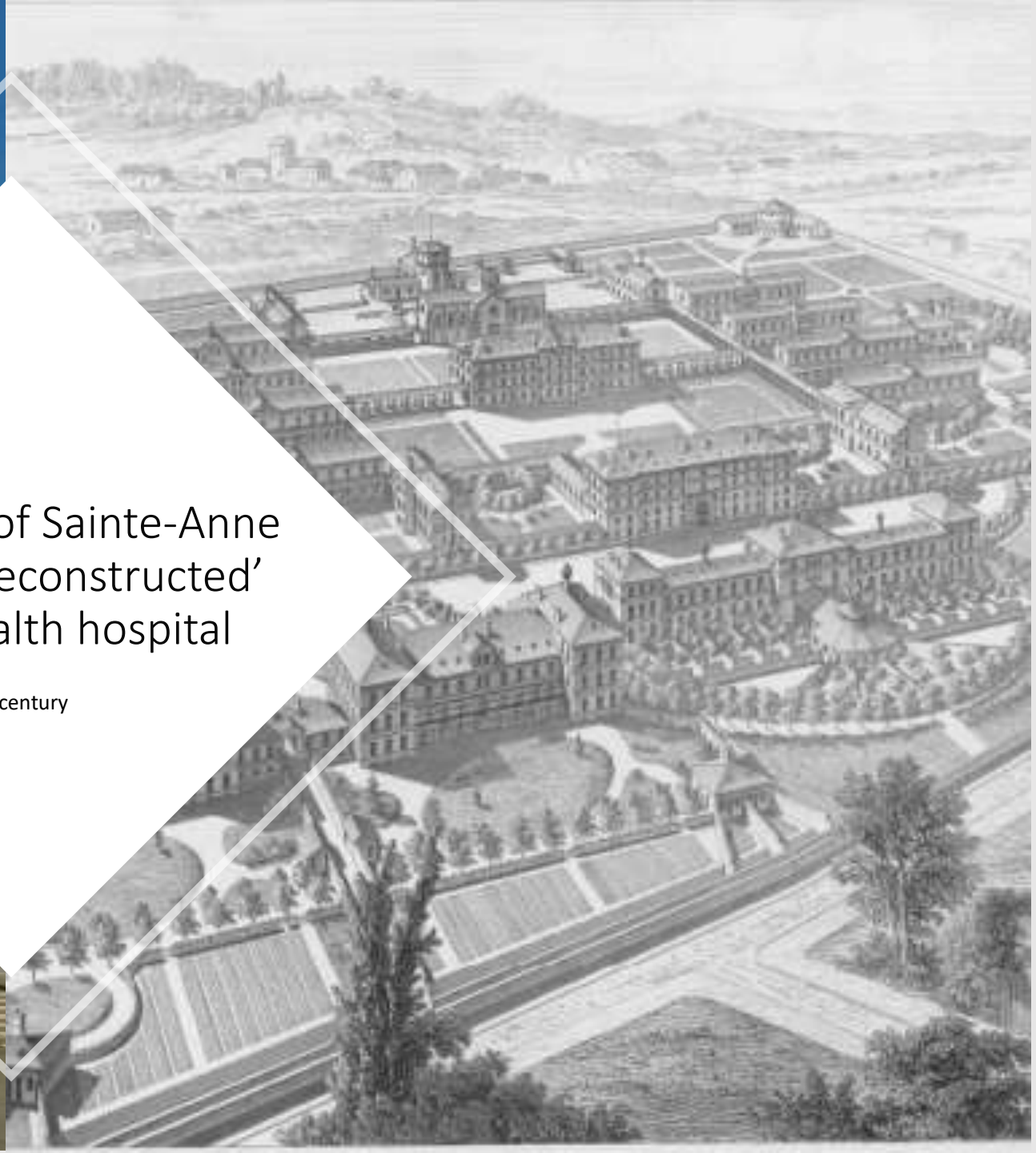
The views of mental health in this era were typically undeveloped, it was seen as a taboo topic that people never really spoke about, more or less a massive stigma ("History of Asylums in the 1800s"). These people with mental health were absolute madness and lunacy. People who were to be seen in these places were thought to be psychotic, crazy, and lunatics that were then held inside asylums that usually got the nickname 'mad house'(Ishak). Within the 1800s it were the first time that anything of this such were first to be regulated(NHS). The term Lunacy is seen as extreme doubts of foolishness, this was often seen as madness.

18th Century reform

One person who helped reform the system of asylums was called Philippe Pinel, he was known to be an activist, persisted in new construction of asylums and started a movement on 'moral treatment' in the Sainte-Anne Mental Asylum in Paris(Questel). He based his movement on mental illness being curable as long as there were some sort of consciousness still present. This model he believed in quickly moved across Europe. It inspired the United Kingdom in 1845, and Belgium in 1850, those of which quickly followed suit. In Germany, there came 279 establishments in 1899 for the mentally ill and 104 establishments in France in 1878. Psychiatry and mental illness within this era until now are still viewed in a negative light(Pittock). Scandals of abuse and arbitrary confinement are what gave the societal criticism of the institution itself. Belgian and English laws were soon passed for better control in 1873 and 1889.



DAY-ROOM FOR MALE PATIENTS.



Comparison of Sainte-Anne Asylum to 'reconstructed' mental health hospital

21st century

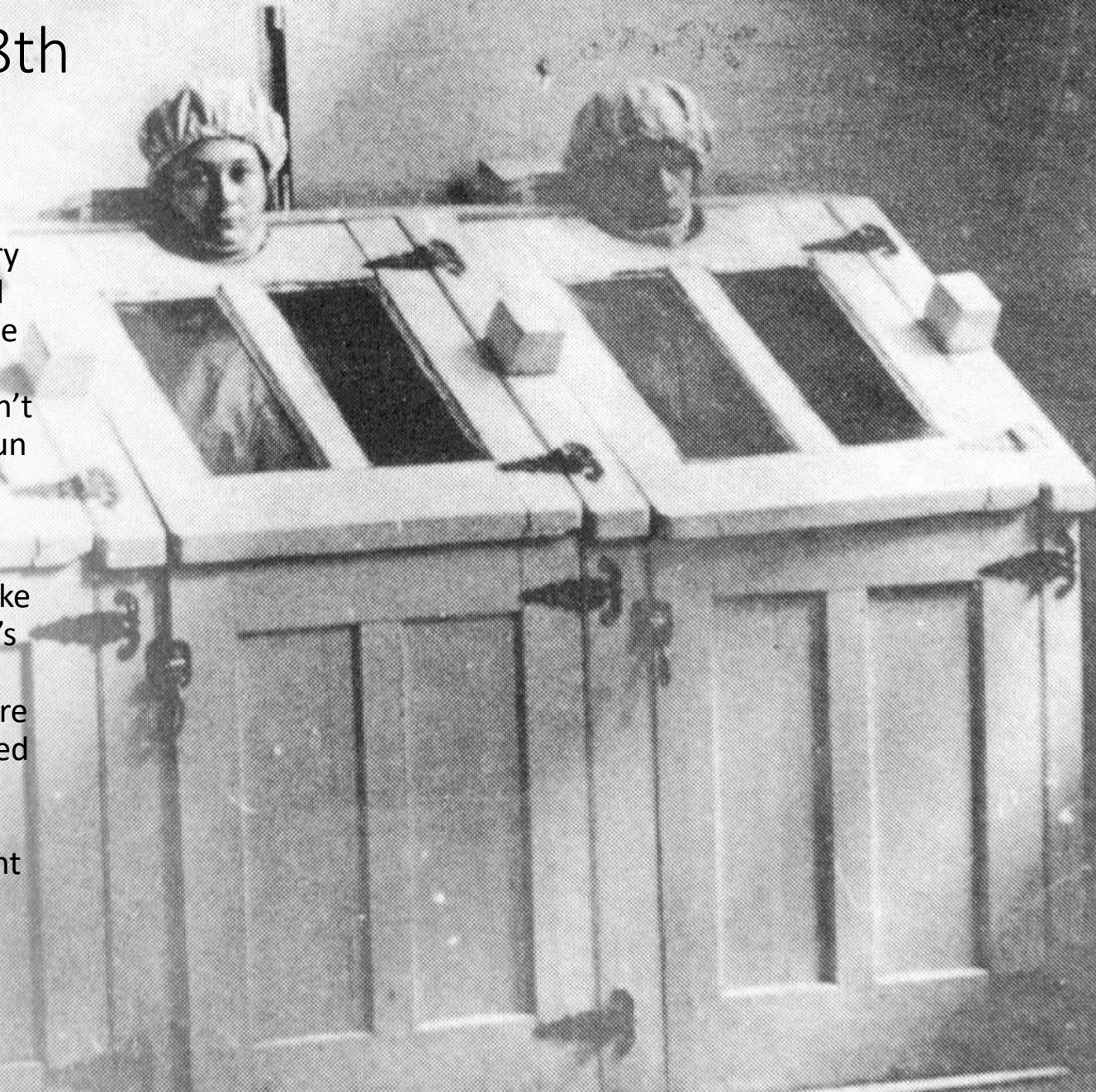


How did they treat mental health conditions in the 18th Century

Patients being kept in restraints for more than half a day were one form of treatment to reduce anti-social behaviour. The extent of restraints used varied across Europe but restraining was a common practice. Unknown critics said, “such restraints demoralised and brutalised attendants as well as patients”. Patients who were deemed to be portraying anti-social behaviour were sometimes left in strait jackets strapped to their bed (“History of Asylums in the 1800s”). One case to support this is the William Scrivinger incident. An individual at Lincoln Asylum in England, who were left strapped to his bed overnight in a straitjacket, was found dead from strangulation in 1829. (Science Museum, “A Victorian Mental Asylum | Science Museum”). Other brutal forms of treatment included ice baths, electrical shocks.

What were the conditions of the 18th Century European asylum?

A lot of the asylums in Europe were severely overcrowded with very little to no heating system ("What Was Life like in a Victorian Mental Asylum?"). There were usually up to 30-50 individuals housed in one dorm leaving little space. The average number of patients to be housed in these asylums would consist of 115 patients if they weren't already overcrowded (Historic England). Facilities were often overrun with squalor (extreme dirt). This left for little sanitation or hygiene within the systems, facilities were often left ripped or torn such as sofas, wallpapers and whatever bedding they were given if they weren't neglected of any and weren't necessarily cared for. Much like the patients that remained inside these demonic walls. The patient's basic needs were practically abandoned, and all individuals had to remain segregated. Private patients usually had fewer beds and more privacy, and 'paupers' had little to no privacy and their dorms housed as many as possible. Males and females were usually in separate buildings or wings within the system (BBC Mental A History of the Madhouse FULL DOCUMENTARY). Although the asylums were meant to treat patients, they often resembled prisons and were often run like them, individuals were often kept in confined spaces and even cages when overrun. Usually being left in horrendous conditions.





Moral Movement

Once the “moral treatment” movement were put into practice in another asylum called Broadmoor, other forms of moral treatment in this asylum included; religious instruction, practice of a new trade, reading, painting, writing and playing games. – all promoted to help heal and divert patients minds and to stop the patient from dwelling on their condition (“Psychiatric Institutions in Europe, Nineteenth and Twentieth Century”). The moral movements idea was that the living environment around the patients had an impact on their wellbeing too (“History of Asylums in the 1800s”)u, they used such things as art that we’re pleasing to the eye as they believed it would calm the ‘lunatics’ rather than antagonize them. Restraints such as physical chains were switched out for surveillance, suggested by Michel Foucault(Science Museum, the Moral Treatment movement encouraged traits of self-control and rationalism in patients. However, this still wasn't the case.

The movement into the 19th Century.

Moral movement ended up failing in the late 1800s due to limited resources and the residences being uncontrollable. Asylums ended up taking steps back in the care for patients, and Insanity and lunacy were, once again believed to be incurable. Seclusion and restrains were introduced once again, lacking care and compassion(Shepherd). The emphasis on drugs and psychotherapy became the new pathway for treatment of patients.



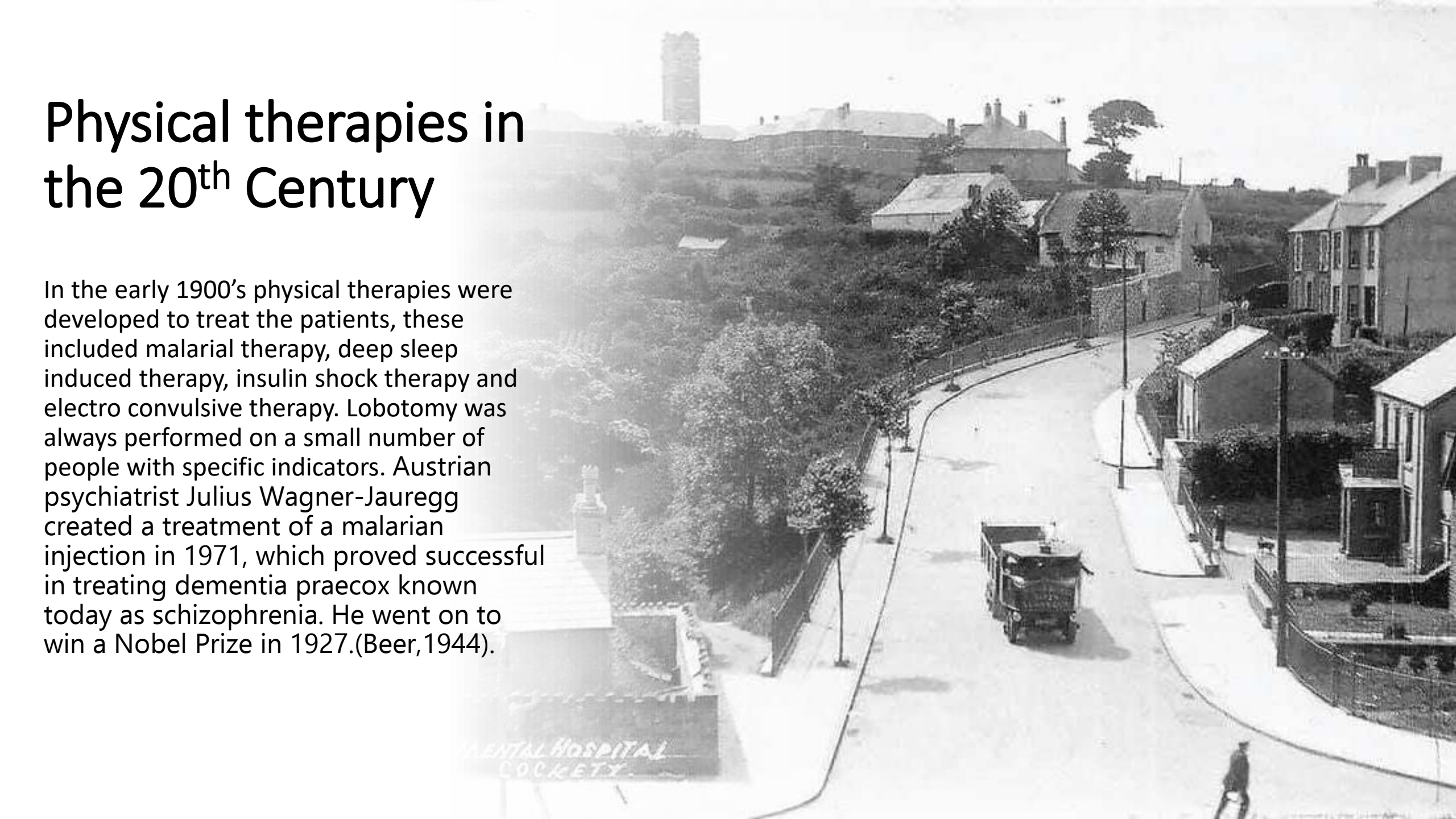
Decline of the moral treatment

By 19th century most countries had established a national system of regulated asylums. The number of asylums in Britain and France had drastically risen. Germany had more than 400 public and private sector asylums. These asylums provided places for practice and were crucial to the evolution of psychiatry. Overcrowding put immense pressure on the asylums and that in turn had an effect on the treatment of the patients (Shorter, 1997)



Physical therapies in the 20th Century

In the early 1900's physical therapies were developed to treat the patients, these included malarial therapy, deep sleep induced therapy, insulin shock therapy and electro convulsive therapy. Lobotomy was always performed on a small number of people with specific indicators. Austrian psychiatrist Julius Wagner-Jauregg created a treatment of a malarian injection in 1917, which proved successful in treating dementia praecox known today as schizophrenia. He went on to win a Nobel Prize in 1927.(Beer,1944).



MENTAL HOSPITAL
COCKETT

Deinstitutionalisation of the mental asylums.

Community care act 1990 introduced the requirement for local authorities to help vulnerable adults to stay in the community and help prevent or delay the need for institutional care. In Enoch Powell's water tower speech in 1961 he suggested that the institutions should be closed and used for other purposes and the patients care should be more community based. The problems arising from the closure of the mental institutions following the Government paper on 'Hospital Services for the

Mentally Ill' alongside other Government policies resulted in some patients becoming homeless. This gave the impression that community care had failed (Bradley, 1971). However, longer term studies showed that majority of the patients who were once housed in the asylums had managed to improve their quality of life and gained valuable skills to be part of the society. (Coid, 1994)

Before these studies in the 1990's an individual called Christopher Clunis suffering with schizophrenia proved an unprovoked attack on Johnathan Zito in Finsbury Park station London resulting in his death. It highlighted the lack of support patients had in the transitional period from the closure of asylums. (Ritchie et al., 1994)



The modern psychiatric hospital and prisons evolved from and eventually replaced the older lunatic asylum. However, whilst the understanding for Mental health grew, the conditions of some of the asylums remained. Over the past 50 years these notorious, well-known institutions have largely been closed in Europe (Rowe, 2011). A term which was commonly used for this had been 'Deinstitutionalisation', this can be defined as the replacement of long-stay psychiatric hospitals with smaller, less isolated community-based therapeutic care alternatives with better conditions and more care structure (Lamb et al., 2001). However, It is said that In England and Wales, more than 150,000 patients were to be found locked up in mental hospitals on any given day during the early 2000's. Arguably, before modern society becomes too complacent about this apparent sign of progress, it should question whether a replacement from an asylum to a prison is much different. Such as the use of restraints, damaging individuals physically and the worsening of mental health within a prison setting (Scull, 2020).



Mental Asylums to Psychiatric Hospital's

Broadmoor Psychiatric Prison
<https://www.getreading.co.uk/news/reading-berkshire-news/broadmoor-15-most-notorious-patients-17785453>

Cefn Coed

A notorious Welsh Mental Hospital was Cefn Coed, this should be considered as one of the most significant county asylums built in the 1900's. It was one of the last of its kind to be built and designed by the great George T Hine, George Thomas Hine was a trail blazer in Victorian asylum architecture and became such a specialist that designing these hospitals became almost a distinct profession (Lewis, 1947). It was believed that Hine financially benefitted from his work not for the morality of better conditions.

Many individuals from local hospitals had been transferred to Cefn Coed among a 'structural reform'. Locals believed every time the chapel bell was run, it signified that someone had escaped. During the second world war, the mental hospital was used as a casualty for the mentally wounded and it was significant in terms of therapeutic care, this had been at the time where the first ECT (electroconvulsive therapy) machine was installed (Davies, 1982)

Whilst the hospital remains partially closed, it is remaining open as a hospital admissions ward for the mentally ill and the 'reviews' remain bleak.





Conditions of Hospitals in the 21st century

From a firsthand experience, being in an asylum to a 'hospital' in the twenty first century – Janey's Story.

The building hasn't changed, think of it like a facelifted asylum. Smoking had been confined to just one room now and the nurses had a bigger staff room, nonetheless there was carpet in the corridor and there were more single rooms than before. Other than that, a same old basic cubical, wardrobe and a locker remained the same, even the patients from the asylum remained the same. The rules of the ward are now stricter, medication times take longer and there are more staff mission statements about 'integrity', 'morality' and 'confidentiality'. ECT (electroconvulsive therapy) is still done on a Tuesday and Friday and sadly people still managed to kill themselves, during the three weeks of moving in an inmate had killed himself. Things don't change (Davey, 2021).

Janey had a first-hand experience of the transformation of asylum, mad house to finally a psychiatric prison. In fact, it was the same building, the same people and the same conditions but with a different social view. This only continued to spark an industry, one which profits from this form of human misery, and is almost wholly unregulated by authorities.



Mental Health Care Today

<https://www.psycom.net/what-a-psychiatric-ward-is-really-like>

Today, only few number of the historic, private and public psychiatric settings still exist. There's many ways in the delivery of todays treatments and care such as crisis services, charities, short-term and hospitals, providing acute psychiatric care units. Outpatient services ranging from assisted living to twenty-four hour round the clock care, who offer not only in hospital treatment but community support such as psychotherapeutic treatments and a range of psycho-pharmological care, like those used in psychiatric facilities. The quality and availability of these out of hours services vary and some policy experts alongside historian's question if, asylum in a real sense of the word might still be needed for the most vulnerable (Zechmeister, 2006) Whilst in the twenty first century the lack of funding exists for mental health care, the transition from asylums being a funded, looked upon as financial gain for investors – today this simply doesn't exist and the community facilities are 'overcrowded' with mental health patients.

In the twenty first century there are no significance in asylums. General hospitals and prisons now home the most mentally ill, in some facilities conditions still remain at a all time low. Inmates are 7 times more likely to act on suicide rather than people in community mental settings and young people in prison are particularly vulnerable and are 18 times more likely to act on suicide rather than if they were facilitated in community mental units – this is due to the conditions of todays prisons (psychiatric prisons)



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