

Mental Disorders

This social policy timeline of responses to mental health will examine the historical Acts, policies, and laws in chronological order. It will analyse the changes, impacts influences and outcomes of current support and provisions in place. It will give reference to the ICD-10 classification and diagnosis of mental disorders from the World Health Organisation.

According to Killaspy (2006), psychiatric services in England date back to 1247, when a monastic priory was founded in London. The priory offered shelter for the sick and from the 1330's was referred to as the Bethlehem Hospital. Carron and Saad (2012) identify that in 1403, early evidence by the Royal Commissioners Report showed that men were treated at the Bethlehem Hospital from insanity as well as physical illness. In 1976 the city of London commissioned that a new Bethlehem Hospital was to be built in Moorlands which became the first hospital for the insane in the UK. The National Health Service (2014) recognises that mental health records show that private and pauper madhouses existed as far back as 1670, conditions which are recognised today were seen as a sign of madness and people were locked away from society and lived in inhumane conditions. Alldridge (2018) identifies that people were classed as possessed by evil spirits and committed into the madhouses where they were forced to take part in exorcisms, others were imprisoned, chained up, and executed. The 18th century saw changes in science, and this was regarded as superstition. Doctors and scientists started to study the working of the brain and nervous system which slowly began the process of mental health. The Science Museum (2012) identifies that care for mental health patients have changed dramatically over the decades, families would look after them and when they could not cope, they would be admitted to prisons and workhouses. Attitudes began to change from 1700 and rather than confinement, care and treatment was recognised as a solution.

According to Kibria and Metcalfe (2016) William Tuke was recognised for his work in mental health in 1793 by pioneering the use of moral and humane treatments in mental asylums. Tuke was the founder and chief psychiatrist of the private mental hospital called the York

Retreat. This was the first establishment in the United Kingdom to treat their patients with a mental disorder like human beings with the development of moral treatment a 'non-restraint' policy and a humane therapeutic environment for them.

According to Unsworth (1993) The County Asylum Act 1808 was introduced to encourage justices of the peace to build county lunacy asylums to house the poor lunatics in the counties. Counties could levy a rate to pay for the building of the asylums. The Act intended to remove the insane from workhouses and provide a dedicated care service. Due to flaws in the Act only 20 asylums were built until become compulsory under the 1845 act.

According to County Asylums (2021) The County Asylum/Lunacy Act 1845 introduced a legal obligation for counties to provide asylums for their lunatics. These were built on the outskirts to produce rural retreat for patients and asylum wards were locked with high security and some violent or suicidal patients were locked within padded cells. Symonds (1995) recognises that the Act's most important provision was based on the work of John Conolly and Lord Shaftsbury status where lunatics were to be seen as patients not prisoners and the work of moral treatments pioneered by William Tuke were also introduced and the care of the lunatics were funded by the individual County. Freeman (2010) recognised that asylums were run by asylum attendants which were transformed into qualified mental health nurses and a mental health textbook was published by Royal Medico-Psychological Association (RMPA) in 1885 which was followed by a national training scheme with certification. The Act gave the power to detain people who were not of sound mind, this required two medical certificates signed by qualified medical doctors for admission to the asylums. Asylums soon became overcrowded and by 1890 over 60 asylums were built. County Lunacy asylums became compulsory, and the Lunacy Commission was set up to regulate and be responsible for the conditions and in the asylum and the treatment of the patients.

Takabayashi (2017) identifies that the Lunacy Act 1890 replaced the County Asylum/Lunacy Act 1845 and introduced legal control over psychiatric admission of private patients, whereas

the Lunacy Act 1845 required 2 medical certificates, an additional reception order referred to as a legal certification was now required to certify a patient as insane to prevent wrongful confinement. The 1890 Act remained the same for pauper lunatics.

The Royal College of Psychiatrists (2020) recognise that The Mental Treatment Act 1930 replaced the Lunacy Act 1890 and lunatics officially became patients and asylums were known as mental hospitals. Electroconvulsive Therapy (ECT) was used to reduce seizures and relieve symptoms of mental illnesses. Moncrieff (2018) recognises that the act permitted temporary and voluntary admissions which avoided the stigmatising process of certification into asylums and brought mental health in line with physical illness. Patients and doctors negotiated admissions and fulfilled early treatment to avoid deterioration. If a voluntary patient wanted to leave, they would need to give notice in writing 72 hours before. Outpatient clinics and inpatient treatments were funded by local authorities for the first time under this act, previously voluntary organisations funded after care of patients. By 1935 there were 162 psychiatric outpatient clinics in the UK.

Hall (2008) identifies that The Mental Deficiency Acts 1913-1938 were introduced to segregate people with mental handicap and was the first piece of legislation from the British Government in relation to people with learning disabilities. The 2 key principles of the act were separation from the community with care establishments introduced instead of asylums and the second control where new regulatory body was set up under the Board of Control.

Lister (2011) indicates that The National Health Service Act 1946 came into force 5th July 1948 to provide comprehensive health care that was free at the point of delivery and placed the duty of the minister of health to improve mental health services. Social and political climate were factors which led to the closure of large asylums, Fakhoury and Priebe (2007) recognise that in the 1950's the introduction of phenothiazine, chlorpromazine and other anti-psychotic drugs managed psychotic episodes and reduced the needs for patients to be confined and detained which made deinstitutionalisation possible. Care in the community services were introduced to provide care for mental health patients. Rapaport and

Manthorpe (2009) indicates that in 1954 the Percy Commission was set up by Winston Churchill's government to review the detention of people with a mental illness. It argued that people with mental health issues should be treated in the community rather than institutes and the barriers between the NHS and mental health should be removed. The Percy commissioner produced a report known as the Percy Report which had an enduring legacy in mental health, policy and practice in England and Wales. The report made recommendations which were mostly adopted and enacted in the Mental Health Act 1959.

Grounds (2018) identifies that The Mental Health Act 1959 was the first Mental health legislation to clarify why an individual could be admitted to hospital against their will and the difference between voluntarily and involuntary admissions. It removed the distinction between psychiatric hospitals and other hospitals and deinstitutionalise mental health patients and treat them in the community.

According to Branton and Brookes (2018) the Mental Health Act 1959 was brought in to give protection to all that was involved in mental health, this included staff and patients. It was the first legal move to treat mental health similarly to physical illness. It also defined mental disorder for the first time as "mental illness arrest or incomplete development of mind; psychopathic disorder; and any other disorder or disability of mind" introduced branches of community care and defined what mental disorder, it also set out the difference between mental health and learning difficulties. The act formalised voluntary treatment and made fresh provisions regarding the treatment and care of mental disorder individuals. There were many grey areas in the act causing confusion on whether a legal detaining order gave the hospital the power to treat them against their will. Taylor (2011) recognises that Enoch Powell speech dubbed as 'the water tower speech' suggested closing the mental hospitals and move care into the community, this was a slow process.

Turner et al (2015) suggest that in 1971 there was a dramatic change in the location of psychiatric services and a government paper on 'Hospital Services for the Mentally ill' proposed for all asylums to be abolished and services be delivered in general hospitals,

general practitioners, and social workers. Outpatient clinics became an integral part of psychiatric services. There was also a shift in community-based services such as supported housing, day services and community mental health nurses and social workers.

MIND (2018) recognise that amendments were made to the Mental Health Act 1959 in 1983 to tackle the legal issues and implement controls on treatments and assessments for mental disorders. It gave health professionals the power to detain and assess a person with mental disorders for their own safety and public safety and could be done without their consent.

Glasby et al (2021) identify that it has concentrated on patient's rights and made clearer what treatment a hospital could give a patient who was detained for a mental disorder or were at risk or harm to themselves or others setting out safeguards to protect them. It also introduced social workers who were trained in mental health and for local health services to provide after care when they were released from detention.

The British Institute of Human Rights (2020) identifies that the Human Rights Act 1988 is a law passed in the UK and came into force in October 2000. Worldwide countries came together, and governments agreed rules on how humans should be treated: Human Rights. It sets out the right to defend human rights and freedom that individuals are entitled too. It is enforced to ensure everyone is treated equally, fairly with dignity and respect and without discrimination. The Equality and Human Rights Commission (2018) recognises that the act can defend a person's rights if they have been breached in a court of law. Public bodies such as courts, police, hospitals, local authorities must respect and protect human rights. The Human Rights Act protects individuals that are treated with mental health problems, stating that they should be treated with humanity, dignity and respect by staff and service providers and have the right to the best mental health care.

Hollingsworth (1996) indicates that mental health services underwent considerable changes in the 1990's which derived from the Griffiths Report 1983. These changes were legislated in the National Health Service and Community Care Act 1990. Bowl (1996) identifies that the

Act gives the main responsibility to social services to undertake individual needs assessments and introduce care management for the mentally ill people in the community.

Steadman et al (1998) indicate that the idea of people with mental health issues being treated in the community sparked anxiety after a small number of incidents involving psychiatric patients were reported by the press.

The House of Lords (1995) identifies that the Mental Health (Patients in the Community) Act 1995 was introduced to ensure that patients receive after care under supervision after leaving hospital. Supervised discharge was the new power to ensure patients kept to their care arrangements to enable them to live safely in the community. Any breaches would be reviewed and could result in them being readmitted into hospital under the Mental Health Act 1983. The act also recognises the importance, safety, and protection of the public.

According to the Social Care Institute for Excellence (2020), The Mental Capacity Act 2005 is an act of parliament in the UK that applies to England and Wales which came into force in 2007. The main purpose of the act is to promote and safeguard decision making within a legal framework when a decision is made on behalf of another adult who does not have the mental capacity to make their decisions. It allows a person to plan should they lack capacity. Johnstone and Liddle (2007) identify that the MCA (Mental Capacity Act) is designed to empower people to make their own decisions and protects people who lack capacity and cannot make their own decisions. The Act lays down substitute decision making when an adult lacks capacity, another adult can act on their behalf but must have their best interests in mind and must consider the option that would interfere the least with the person's rights and freedoms. The Act also supports those with capacity and aged 18 and over who chooses to plan for their future.

The Kings fund (2008) identifies that the Mental Health Act was amended in 2007 to give health professionals the power to detain, assess and treat a person with a mental disorder in certain circumstances in the interest of their health and safety and the safety of the public. It

removes the definition of a mental disorder in the 1983 Mental Health Act and introduced a single definition of mental disorder meaning: 'any disorder or disability of the mind'. The Department of Health (2012) identifies the Mental Health Act 2007 abolished the treatability test and introduced a new appropriate medical treatment test which applies to person's detained for long-term. Patients cannot be compulsory detained or continue to be detained for treatment unless appropriate treatment is available. Supervised community treatment following a detention in hospital was introduced which allows a patient with a mental disorder to live in the community and continue with their treatment. Many patients do not continue with their treatment after being discharged leaving them being detained again. Thomas (2013) indicates that the policy shift from hospital-based treatment to care in the community has seen reliance on hospital care diminished over the last 2 decades and has been replaced with community care.

The National Institute for Health and Care Excellence (2021) identifies that in 2008 a policy of improving access to psychological therapy programme was introduced to provide psychological therapies for people with common mental health issues such as anxiety and depression using a range of treatments including face to face therapies and digital therapies and apps.

The Welsh Assembly (2017) identifies that The Mental Health (Wales) Measure 2010 is a new law in Wales which intends to ensure that the delivery of mental health services focus more appropriately on individual needs. The Measure is aimed to help people suffering with mental health issues by ensuring people receive more support services from their GP, these services could be counselling and management of anxiety which will either take place at the GP or nearby.

Some people need more specialised care and support which is overseen by a psychiatrist, psychologist, nurse, or social worker. These will be called Care Coordinators who will devise a treatment and care plan working towards goals that will need to be reviewed yearly.

If a person has received specialised treatment and were discharged due to improvement of their condition but feel that their mental health issues become worse, they would be able to self-refer to the services that was treating them without having to go through their GP. This can be done up to three years of being discharged.

If a person is in hospital, then they can ask for an Independent Mental Health Advocate (IMHA), these are experts in mental health and help people understand their rights under the Mental Health Act. This was not available prior to the Measure.

NHS Wales (2014) identifies that Together for Mental Health Wales is a cross Government Strategy that sets out goals for improving mental health and their services in Wales. It is the first mental health Strategy that covers all ages and looks to promote mental wellbeing to all people in Wales. The Strategy builds on improving mental health services over the last 10 years and which includes putting the requirements of The Mental Health (Wales) Measure 2010 at the heart of it.

Stein et al (2014) identify that The International Classification of Diseases (ICD) is an international diagnostic classification for a variety of health conditions. The ICD-10 is the main reference guide used by mental health practitioners and is an NHS standard which has been used in the UK since 1992. Cooper (2018) recognises that it is a comprehensive manual and diagnostic tool published and managed by the World Health Organization to correctly diagnose patients' symptoms and provide the best treatment. It also shows what other conditions each mental health diagnosis is connected to. The ICD-10 provides clinical descriptions, diagnostic guidelines, and codes for all mental and behavioural disorders. All codes in the ICD start with a single letter followed by three or more numbers. The most common codes for mental health are clustered as F codes Chapter V of the ICD –10 focuses on mental and behavioural disorders.

Lamb et al (2019) recognise that in society today most people with mental issues are treated in the community and have access to a mental health crisis team 24 hours a day,

some are treated in hospitals or a mental health facility where they have agreed to be a voluntary patient. Some patients can be detained or sectioned under the Mental Health 1983 without their permission if they are thought to be at risk of harming themselves or others. Tham et al (2022) recognise that psychotherapy also known as talk therapy is a therapeutic therapy used to date which involves talking about conditions and relating to issues with a mental health professional. Psychotherapy explores thoughts, feelings, and behaviours to improve the well-being of individuals. Psychotherapy paired with medication is the most effective way to promote recovery. Haller et al (2019) suggest that art and creative therapies are also used through music, painting, dance, and drama for people to express and understand themselves in a therapeutic environment with a trained therapist. This can benefit people who do not like to talk about their feelings. Complementary and alternative therapies such as yoga, meditation, acupuncture, and herbal remedies are also used to manage stress, anxiety, and depression as well as other common symptoms of mental health. ECT is still being currently used in mental health in the UK by approximately 4000 patients.

Mental health in the UK can be dated back to 1247 and has been transformed over the decades, it was once believed that people with mental disorders were possessed by demons and forced to take part in exorcisms, were imprisoned or executed. Mental asylums were built on the outskirts of the town to house the mentally ill but received little treatment or humane treatments were used. Enoch Powell's water tower speech suggested closing the asylums and move the care into the community, but this movement was slow, and asylums did close but not until the 1970's. Acts, policies, and legislation have been in place and have led to positive changes including: lunatics being known as patients, closure of old asylums where patients were institutionalised led to patients receiving patient centred care in the community with outpatient clinics and outreach teams. The National Health Service was introduced in 1948 but it did not look at mental health the same way as physical health and so people were still institutionalised in Victorian asylums. The introduction of mental health

drugs in the 1960's saw less people being treated in hospital and were treated in the community. The Mental Health 1959 set out the first definition of mental illness and entry into a mental hospital was medical rather than legal judgement. The Act also gave protection to all involved in mental health including nurses and patients. The Mental Health Act 1983, updated in 2007, is the main piece of legislation that covers assessments, treatments, and the rights of people with a mental disorder. There is still a stigma regarding mental health but there has been a shift in the attitude of society today accepting and supporting people with mental health issues like anxiety and depression and are familiar with the therapies on offer to aid recovery.

As society changes and mental health is increasing the Mental Health Act should evolve with current mental health demands and should be updated to reflect this.

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