

## **Mental Disorders Throughout the Years**

The World Health Organisation (WHO, 2022) defines a mental disorder as when an individual's critical areas of function such as behaviour, regulation, cognitive and emotion is different to others due to disturbance or distress. In this assignment discussed will be a breakdown of the history, laws and policies surrounding mental disorders, a in depth look at what a mental disorder is with the different disorders broken down including a the details surrounding one specific disorder along with the cause of the disorder, treatment, care and recommendations for the specific disorder and in general recommendations to provide better care for those with a mental disorder.

Between the 1600s an early to middle 1900s mental disorders were one of the biggest stigmas around. Lack of education, experience, acceptance and understanding when it came to mental disorders meant they were not given the needed treatment like they receive now in modern days. The stigma of having a mental disorder especially back then ensured you were treated like a crazy person rather than an individual with an illness who needs help managing it. Labels of being insane, place into categories of being unstable, locked away, chained up like an animal and even killed were some of the challenges individuals with mental disorders had to face before society became accepting. (Rossler, 2016, p.1251).

When mental disorders started to be finally acknowledged one solution to help was to open places of treatment, more commonly known as asylums However these asylums that were opened history has thought that these are some of the worst places ever created when it came to treating individuals like mental disorders. Despite understanding their reasoning for being created the stigma of having a mental disorder followed along within the walls of these asylums which meant that the treatment outside of the walls was not much better than what was going on inside of them. Treatment methods in asylums included inhumane treatment meaning patients were starved to death, locked up in cells and cages, locked away for extended period weeks or sometimes even years. Other methods of treatment included those did not improve such as unknown medication, shock therapy, being beaten and being dosed in freezing icy water for hours on end (Hilton, 2021).

Demonstrated by Killaspy (2007, p.247) an example of this treatment is when one of the first Asylums in the United Kingdom (UK) opened which was Bethlem Hospital, instead of being a place that these ill individuals could get help with their disorders and start the healing process they became the laughingstock for miles around. The asylum allowed the patients to be watched and laughed at from allowing the public inside their walls to witness individuals they did not understand. Another example, of the poor treatment asylums provided was that once releasing a patient no further care was ever given from lack of forms of communication, treatment plans and records of patient's information, again confirming that the treatments asylums provided had no place in society from failing to meet or any sort of close level of the care given today to mentally ill patients.

The UK's dark history with treating individuals with mental disorders brought about the realisation that thigs had to change, the change included the government intro introducing different laws, policies, acts, and legislations to ensure better care is given to those with mental disorders. Despite the act dating back to early 1774 which was the madhouses act, confirms acts have been created to fit better today and to ensure the highest quality of care. A brief timeline of important acts ad policies:

- 1959 The mental health act was first introduced
- 1961 Enoch Powell's policy of closing big asylums

- 1971 Substantial changes were made within the National Health Service (NHS) to better intergrade mental health services with general services and hospital services
- 1983 The mental health act was revised for the 1<sup>st</sup> time to better for improvement
- 1991-1996 introduced NHS trusts including mental health trusts
- 1998 The human rights act was introduced
- 2005 The mental capacity act was introduced
- 2007 The mental health act got revised for a 2<sup>nd</sup> time for more improvement
- 2010 The equality act was introduced
- 2014 The care act was introduced

Concept of understanding mental health has changed and enlarged and will continue to do so which has been proven throughout the years with the introduction of these acts and the constant revise of them (Turner, 2015, p.603).

Out of the acts, legislations, and policies one of the most important ones is the mental health act was first introduced in 1959, when the difference in equality of care needed to improve for an individual receiving treatment for a mental disorder than getting generalised treatment. The act ensured that the barriers would be broken down to ensure mental disorder services were as the same quality of care as general care which includes allowing them access to other care services and social services like patients not being treated for mental illnesses were (The Health Foundation, 2023).

In 1983 the mental health act was reformed for the first time, this time the reform made sure to include that patients who were being treated whether it was informally or there due to being sectioned knew their rights to the quality of treatment. This meant that patients are informed about what their care entitles and are spoken through it, educated on their disorder, and equipped with the best information available on it and behaviours that the health professionals treating them should exhibit as the period the treatment takes place the individuals are at their most vulnerable (Mind, 2022).

In 2007 the mental health act was reformed again, the reform brought about the opportunity for more inclusion, this meant that what the act defines a mental disorder as changed. The change meant that disorders were now disorder or disability of the mind. Other opportunities it now included was changing practitioners saw as treatability in a patient, instead of the act applying to the standard individual it also applies to individuals who may lead a lifestyle that includes addictions and crime. The non-standard behaviour these individuals may exhibit will no longer be an acceptable excuse for refusal or exclusion of treatment (The Kings Fund, 2008).

Undoubtedly for an individual to have a mental disorder is a hardship, everything they once knew has changed. To suffer from a mental disorder this can bring changes to their cognitive, emotional, intellectual, and psychological thoughts affecting their well-being, along with changes physical changes which may also occur as a knock-on effect (Abd- Alrazaq, et al, 2022, p.1).

According to Mental Health America (2023) there are currently more than 200 categories of different mental health disorders some more common than others. Broken down by WebMD (2021) most of the more common mental disorders include anxiety disorders including panic disorders and phobias. The individual may have reactions of fear and panic in different situations with symptoms including rapid heartbeat and over sweating. A second common disorder is mood disorders including depression and bipolar this is where the individual has unknown periods of sadness or over

happiness which could change in an instant. A third well known mental disorder is psychotic disorder such as schizophrenia where the individual is controlled by distorted thoughts and peculiar behaviour. The individual suffering from a psychotic disorder may struggle with symptoms of hallucinations and delusions.

According to American Psychiatric Association (2015, page 5) despite being in an era where most individuals are aware of mental disorders, acknowledgment of symptoms and signs shown is still a rarity from not wanting to admit there is a problem, lack of acknowledgment to the signs and symptoms of a mental disorder with those signs have occurred in a child, teenager, adult or older adult should not be ignored however there is also a understanding that if the education is not there on what to look out for they are accidentally ignored.

Every mental disorder will have its own set of characteristics including signs and symptoms however there are many signs and symptoms that mental disorders have in common. These can include a change of function which can mean having difficulty in completing everyday tasks such as at work, in school or in social activities. Another change in function can including changes in sleep routines as the individual finds themselves struggling with broke sleep throughout the night, needing more sleep or sleeping less than they once did. Physical appearance is also included in these signs and symptoms such as from a change in relationship with food the individual may struggle with weight gain or weight loss. Noted by many that the biggest warning that a mental disorder is occurring is by change in behaviour, which includes the individual making choices or stating opinions that are very out of character for them and changes in physical behaviours such as from going from a shy and relaxed individual to aggressive or fearful. When the signs and symptoms are shown it is in important, they are taken seriously as noted that at least 50% of mental disorders begin by age 14 (American Psychiatric Association, 2022).

Diagnosing a mental disorder can be one of the hardest things to do, for the individual to come forward and be open about their problems but also for the service or medical practitioner to do the right by the patient in proving the correct prognosis and treatment. To get to the stage of a prognosis the individual will have had to go through trial and error through questionnaires, physical, cognitive, and emotional treats but also be open and honest what it is they are experiencing symptoms wise (Wolman, 2012, p.1). Mind (2012) informs that then needed a prognosis if there is concern in symptoms of a possible mental disorder going to your local doctor for example in the United Kingdom would be going to the individuals local General Practitioner (GP) as they will have the tools to diagnose the condition after a certain amount of appointments however if the disorder is too complex then that gp will need to make a referral to a specialist such as a psychiatrist .

Treating mental disorders can be complex and something that may work for someone may not for another that is why there is a wide range of treatments, these can include psychotherapy which explores the reasons for the cause of disorder getting right down to the root of the problem. Medication, despite knowing treating an individual with medication can never fully heal them it can help them manage the symptoms that come along with mental disorders. Support groups, where individuals can learn from each other through talking about their experiences with a disorder, they are coping mechanisms or just be a safe space to talk about how they are struggling with their illness, and they are not alone. Other treatments can include alternative therapies. Hospitalisation and self-help plans (Mental Health America, 2023).

One treatment reported by Baker (2021) that has found success in treating individuals with mental disorders is IAPT or commonly known as talking therapies. Aimed more towards disorders such as

depression or anxiety in 2020 NHS England had success rates of 55% or more in areas in England where this treatment was carried out on those individuals.

NHS (2022) describes this treatment to include guided self-help where the patient is guided by a therapist to complete self-help activities. Cognitive behavioural therapy is also included a therapy where the patient is encouraged to talk about their thoughts and feelings towards the disorder and the effects it has had on their life. The third talking therapy is counselling where one on one sessions are between the patient and care practitioner and the sessions are filled with talking about everything relating to the patient's disorder and life.

Reported by The Guardian (2023) there are currently 1.2 million individuals in the UK who are waiting for community-based help with their mental health. This figure alone shows that the improvement of mental health services is more important than ever. Throughout history it has been shown that individuals who come from less privileged backgrounds which including living in poverty, lack of education, have troubles past or come from broken homes are the ones who struggle the most with mental disorders, this was even reported on back in 2002 (Olson, 2006, p.30). A recommendation on how to change or improve this could be by health services based in communities with a better rate of mental health can be reassessed which could result in better founding or services in those communities who do need the help such as poorer communities. The example of understanding that services in better based communities change over to communities who need it more can show encouragement of the individuals who will finally receive the care they need to manage their mental health how important their health is and that health services are working to provide better and fairer care for everyone (Royal College of Psychiatrists, 2019).

In the journey of an individual fighting a mental disorder any sort of treatment is vital however in cases where treatment has been given does not mean a lot if after treatment and the individuals path back to society is not supported or well equipped. This can occur when individuals caring for the patient after treatment wither it is a carer, parent, family member or friend is not able to manage it correctly (Mind, 2021). There are a few reasons why this may happen such as a lot of the time the patients support system outside of treatment is not aware of the scope of their illness, not communicated with about the treatment they are receiving and not educated enough on the specific disorder that person has. A recommendation to stop this happening and improve the care of a patient with a disorder is that the caring individual is included, provided help throughout the patient's treatment, and offered a helping hand in the transition period of the patient coming out of treatment. This also encourages that what the patient has done through within treatment is not for nothing, services are not wasted, and the patient can trust that the individual caring for them after is being the best advocate in their healing journey or discovery on how to cope with a mental disorder (Javed, Herman, 2017, p.2)

Despite a mental disorder developing at any given age, the cause of them or the discovery of them usually occurs in a period that is traumatic, hard, lonely, disorganised, and chaotic. A point in life they may feel unstable and out of control (Kessler, 2007, p.3). Therefore, a third recommendation to be made on the improvement of care is to encourage that when care is given, including treatments, the early ages of a diagnosis or life after treatment is filled with order for the patient. This includes open communication channels on what is happening in the patients care journey, all information is given and educated about the disorder, their treatment journey is organisation and stable without many changes that the patient is always feeling empowered to ensure they feel in control of the

changes that need to occur in order for them to be able to deal with their disorder (National Guidance Alliance, 2016, p.1 ).

Considering everything this assignment has discussed such as exploring the history of mental disorders, different disorders, diagnosing disorders, treatments, and recommendations. The information as stated shows that the dark history this country has with treating mental illness it is important that the quality of it always remains high, which includes reassessing treatments, remaining up to date and modern with legislations and policies and every day is a step closer to closing the bridge between the inequalities individuals face when needed healthcare to manage their mental disorders. Important work has been done to amend the mistake made within the early years when the realisation happened that individuals with mental disorders deserve the same quality of care like those seeking out treatments in generalised care such as in hospitals or doctors' surgeries and it is important that work continues as the challenges everyday life offers means life will just keep getting harder and harder meaning the increase of mental disorders may be a possibility.

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