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# A Historical Outlook on Mental Illness

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# June 3, 2013

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Mental illness is something that millions of people suffer with on a daily basis. According to Fermin (2010) 57.7 million people suffer from a diagnosable mental disorder in the United States alone, yet millions remain undiagnosed. Many factors affect the treatment of the mentally ill, not just in the United States but around the world. From the Stone Age to the present day the problem of mental illness has existed, it’s the way it was treated that has changed. Throughout history there have been many influences on the stigma, treatment and available assistance associated with mental illness as well as the formation of social policies and services to address these issues around the world.

**Mental Illness**

The definition of mental illness has changed and evolved over time, yet there is still no universal definition. As stated by Comer (2008) most definitions contain “the four D’s: deviance, distress, dysfunction, and danger” (p. 2). What is considered deviant, dysfunctional and dangerous and what causes distress? The perception of these factors has also changed throughout history as well, making the definition of mental illness disputable. Individuals who suffer from mental illness have psychological abnormalities which influence their behaviors and make them deviate sharply from the society’s norms. As well as deviance, the mentally ill also experience distress, they find their behavior or thoughts disturbing and this causes stress and anxiety for the individual. Dysfunction occurs when the individual’s behavior and thoughts interfere with their everyday functioning (Comer, 2008). Often psychological dysfunction causes the individual to become dangerous to themselves or others which Comer (2008) considers the “ultimate defining factor of mental illness” (p. 4).

Who suffers from mental illness? There are many different populations that mental illness affects in various ways. Class, race, gender and demographic location all play distinct roles in mental illness. “Most researchers agree that social class is related to mental illness” (Fermin, 2010). This statement proves that socioeconomic status is a factor in mental illness. Research shows that people who come from lower class families struggle from mental illness but they are unsure which came first. Did the mental illness cause the individual to be held back and unable to attain a higher status or did the fact that the individual was from the lower class influence their psychological being? According to research compiled by Fermin (2008) analysts use the social stress framework where the situation influences mental health and the social drift framework where the mental health influences the situation when looking at this question. Race is also another factor that affects mental illness. There hasn’t been any direct correlation between race and mental illness but there are determining characteristics that are more prevalent in certain races. For example, African American’s are more likely than white American to be below the poverty line and we’ve already discussed that people with low socioeconomic status are at greater risk for mental illness. Also African American’s and other historically oppressed groups have a dark history filled with racial hostility that can lead to psychological conflict. I also found that many African American’s are wrongfully diagnosed with much more severe mental illnesses than their white counterparts as well as inadequate treatment; less one-on-one therapy and more group therapy which causes embarrassment (Karen K. Kirst-Ashman, 2010). On the opposite end of racial prejudice I found it interesting that, “white American’s also pay a high psychic cost for the prevalence of racism because it contradicts deeply held beliefs about the American dream and equality under the law” (Fermin, 2010). The cognitive dissonance experienced by white Americans causes them such conflict that it often results in psychological diagnosis, “about 15 percent of white have such high levels of racial prejudice that they tend to exhibit symptoms of serious mental illness” (Fermin, 2010). Gender is another determining factor in mental illness. “Researchers have consistently found that the rate of diagnosable depression is about twice as high for women as for men, that this gender difference typically emerges in puberty, and that the incident rate rises as women and men enter adulthood and live out their unequal statuses” (Fermin, 2010). Women tend to suffer from the different types of psychological disorders than men. Women suffer from depression, anxiety and other disorders that cause distress, men tend to suffer from personality or addictive disorders, such as schizophrenia or alcoholism. This difference between types of disorders in men and women often has to do with their gender-role socialization. As noted by Fermin (2008) “gender-role socialization instills aggressiveness in men and learned helplessness in women” (p. 378). This learned helplessness among women makes them feel inferior and at a loss of control over their own destiny.

**Mental Illness throughout History**

In the past the view and treatment of mental illness changed from decade to decade. During the Stone Age, mental illness was considered to be caused by the possession of evil spirits (Comer, 2008) which continued to be a trend throughout history. The treatment was to perform an exorcism in order to “force the demons from the victim’s body” (Comer, 2008). During the Green and Roman time period Hippocrates viewed mental illness as a natural occurrence, the result of a physical illness and an “imbalance of humors” (Comer, 2008), chemicals within the body that were influenced by psychological and physical function. According to Comer (2008) Hippocrates looked at the body’s bile, blood and phlegm content levels in order to diagnose a psychological abnormality, “an excess of black bile was the source of unshakable sadness” (Comer, 2008).

By the middle Ages the main influence on society was religion. During this time and as early as the Stone Age more women suffered from mental illness which is attributed to the stressors of the time such as plague and war. The church ruled that mental illness was caused by Satan (Comer, 2008) and exorcisms were used once again as a form of treatment. During this time there were other forms of treatment as well such as “starving, whipping, scalding and stretching the individual” (Comer, 2008). Society viewed mental illness as a possession by an evil spirit and shunned the mentally ill during this time with fear that they might spread the demon. With the failure of many of these techniques along with mass casualties, by the 1400’s government began to take over and treat the mentally in hospitals.

The Renaissance proved to be a time of growth for the understanding and treatment of psychological disorders as well as the growing acceptance by society. Community mental health programs were introduced and asylums became home to many mentally ill individuals. These asylums and programs were initially introduced to aid in recovery of the mentally ill, although Comer (2008) notes that “as asylums started to overflow they became virtual prisons where patients were held in filthy conditions and treated with unspeakable cruelty” (p. 9).

During the nineteenth century moral treatment began to take precedence once again. Moral treatment introduced by Benjamin Rush, “emphasized moral guidance and humane and respectful techniques that were taught throughout Europe and the United States” (Comer, 2008). Patients were admitted to hospitals that were in good condition and surrounded by positive environments and interactions. The moral treatment towards the patients served to be a therapeutic treatment of its own. The patients were seen as fully functioning parts of society that had just succumbed to environmental stress. Once patients were treated with dignity and respect the recovery rates began to rise and patients were able to be released. With such success rates for the hospitalization of the mentally ill, hospitals began to be overcrowded without enough staff which in turn caused a decline in moral treatment once again. Societal influences also affected the mentally ill and their perception by society. As stated by Comer (2008), “the emergence of a new wave of prejudice against people with mental disorders influenced the decline in moral treatment”, “people were less open-handed when it came to making donations or allocating government funds” (p. 11) Along with the decline of moral treatment came the deinstitutionalization of many who were in no way ready to be back in society (Fermin, 2010). This led to many homeless, jobless individuals who were still suffering from mental illness but were now left to deal with it on their own in a much unstructured environment. Those who remained voluntarily or involuntarily were forced into total institution. As noted by Fermin (2010) total institution is “a place where people are isolated from the rest of society for a period of time and come under the complete control of the officials who run the institution (p. 375). By the beginning of the twentieth century long term hospitalizations with inadequate care were the only option for the mentally ill. Although during this time research was being done and theories were being established in order to better understand mental illness. This improvement in technology and understanding led to recovery for many patients. The psychogenic approach and psychoanalysis was introduced by Freud and once established it served as therapy in hospitals as well as an outpatient service. These theories and treatments still influence the mental health field today.

Today we define mental illness as “impaired psychosocial or cognitive functioning due to disturbances in any one or more of the following processes: biological, chemical, physiological, genetic, psychological, or social” (Barker, 1996). The treatment of the mentally ill today varies greatly from the Stone age and the Middle age. There is much more technology and resources available to individuals who suffer from mental illness which has allowed many to live normal lives. The introduction of psychotropic medication as described by Comer (2008) has helped control imbalances in the brain that lead to “confused and distorted thinking, depression and anxiety” (p. 14). With the introduction of these medications many patients showed signs of improvement which initially led to mass deinstitutionalization and the surge of outpatient care. According to Comer (2008), “in 1955, 600,000 people lived in public mental institutions across the United States. Today the daily patient population in the same kinds of hospitals is around 60,000” (p. 14). Today many individuals who suffer from mental illness are able to maintain stability in society with the aid of medication and outpatient therapy. We still have hospitals for the mentally ill but instead of acting as a total institution these hospitals act as a short term facility with the purpose of providing stability and evaluation for these patients. These short term facilities’ goal is to provide the patient with adequate care and effective planning in order to ensure their active function in society.

**Social Services and Policies**

There are many social services available to the mentally ill but many stipulations on who can have access to these services. Along with services there are many social policies instilled in order to protect and conserve the rights of the mentally ill. As stated by Day (2010) “The first law for the treatment of the mentally ill was passed in Massachusetts in 1676” (p. 180). This law delegated people to care for the mentally ill and to “protect the community from them” (Day, 2009). The “first free medical clinic was established in America during the 1800’s” (Day, 2009) which provided assistance to those who were in need and to maintain society. During this time with the lack of humane control within certain institutions Dorothea Dix made it her mission to work for the humane treatment of the mentally ill. She fought to help pass many laws in the 1800’s such as the Ten-Million-Acre Bill but was vetoed by the government as explained by Day (2009, p. 182). In the 1900’s the support and services available to the mentally ill continued to rise. “In 1905, the first social services department in a hospital was organized in Massachusetts General Hospital in Boston” (Day, 2009) which served as an inpatient and outpatient facility, meeting the needs of the patients. Soon after, the National Committee for Mental Hygiene and the Mental Health Association were formed, which focused on concerns of the mentally ill and the services and facilities available to them. Today there are many services available to the mentally ill. Medicare and Medicaid serve as great supports for the mentally ill. This assistance allows individuals who suffer from mental illness to receive the services they need even though they may not have the means to pay for it. As stated earlier, many who suffer from mental illness are people from low-income families or the homeless, people who usually do not have private insurance. Medicaid allows patients a certain amount of inpatient visits and outpatient visits per year and helps with some prescription coverage, which is crucial in their recovery. Insurance companies are also now more accepting of mental health diagnoses and will provide greater coverage than in the past. The Mental Health Parity Act of 1996 provides provisions for how much coverage will be provided over a patient’s lifetime or year. This allows patients who are inpatient to remain inpatient as long as the psychiatrist and physicians deem fit. (National Alliance on Mental Illness, 1996-2011) When in the past many were forced to discharge patients before they were ready due to the limit of their insurance coverage. The Medicare Modernization Act of 2003 has also provided more coverage by Medicare for the mentally ill (National Alliance on Mental Illness, 1996-2011). Community mental health centers are also available to provide psychological services to individuals with or without insurance. These centers are federally funded and provide a place for patients to receive inpatient and outpatient care. There are also many other organizations that provide assistance, such as Catholic Charities that have been in the United States since 1910. Catholic Charities raise funds and provide shelter and services for the mentally ill or anyone in the community who needs it. Along with Catholic Charities, ACT, Assertive Community Treatment, is available through many community mental health centers. ACT is a service that provides the “comprehensiveness of a psychiatric unit in the patient’s own home” (National Alliance on Mental Illness, 1996-2011). This provides around the clock care for patients who need it that have used all their inpatient days and insurance will no longer cover hospitalization although this service is only available in extreme cases.

With all of these services available there are still many who do not receive treatment or put off receiving treatment until they are forced to. This is due to the stigma associate with mental illness. Throughout history the stigma of mental illness has staggered. The mentally ill were once thought to be demons or possessed by Satan. Throughout time society came to an understanding that it was not a matter of possession but a matter of self-control. Society thought that these individuals were doing this to themselves and that they were the product of their own doing. It was not until the nineteenth and twentieth century that through research and evidence people were able to recognize that this wasn’t something that was easily controlled by the mentally ill. It was made known by society that it was in fact an illness. Once this idea spread, organizations and policies that were once shunned by society gained more support and the stigma surrounding mental health lessened. Although today, the stigma still exists it is much easier to deal with and mental illness is much more accepted. Yet people still refrain from getting help because they are ashamed and don’t want to be labeled.

**Global Perspective**

Mental illness is not just a problem in the United States but across the globe. There are many similarities and differences in policy in the United States in comparison to other countries. I looked at the definition, treatment and policy of the mentally ill in Canada, United Kingdom where universal health-care exists and Mexico.

The following is the definition of mental illness in Canada, “Mental illness affects thinking, mood or behavior and can be associated with distress and/or impairment of functioning, with symptoms that vary from mild to severe” (Centre of Addiction and Mental Health, 2011). According to the Centre for Addiction and Mental Health of Canada, “1 in 5 Canadians will experience a mental illness in their lifetime and the remaining 4 will have a friend, family member or colleague who will” (Centre of Addiction and Mental Health, 2011). Similar to the United States, women are most likely to suffer from mental illness than men. Among those who experience mental illness only one third will receive treatment (Centre of Addiction and Mental Health, 2011). This is clear evidence that the stigma associated with mental illness prevents people for getting assistance and that the availability of assistance and coverage is minimal. The stigma in Canada surrounding mental illness is similar to the United States in that “46% of Canadians think people use the term mental illness as an excuse for bad behavior; and 27% are fearful of being around people who suffer from serious mental illness” (Centre of Addiction and Mental Health, 2011). People view mental illness as a deviant behavioral issue and are in some ways fearful of those who suffer from a mental illness. Due to this stigma, the coverage available for mental health services is minimal; “While mental illnesses constitute more than 15% of the burden of disease in Canada, these illnesses receive only 5.5% of health care dollars” (Centre of Addiction and Mental Health, 2011). Due to this lack of availability and funding those who go without services find themselves out of work and seeking disability. A shocking statistic made available by the Centre of Addiction and Mental Health is “on any given week, at least 500,000 employed Canadians are unable to work due to mental illness, including approximately 355,000 disability cases due to mental and/or behavioral disorders, plus approximately 175,000 full-time workers absent from work due to mental health issues” (2011). This shows that even with a universal health care system, the mentally ill still fall short.

The United Kingdom defines mental illness as “any disorder or disability of the mind” (Frontier Psychiatrist, 2009). This definition that is within the U.K.’s Mental Health Act of 2007 is very vague in comparison with the definition in the United States and Canada. Although in the U.K. 1 in 4 individual will deal with mental illness in a year (Mental Health Foundation, 2012). Following along the lines of the United States and Canada, women are most likely to suffer from mental illness, specifically anxiety and depression disorders as stated by the Mental Health Foundation (2012). As with the United States, the United Kingdom has community mental health centers for individuals who need assistance as well as an emotional support system called the Samaritans that provide 24 hour emotional support (Mental Health Foundation, 2012). The stigma regarding mental health in the U.K. is also similar to the United States and Canada in that many are afraid to seek help because mental illness is seen as a weakness. The costs of services alone in the U.K. are rising and their services are becoming limited in order to keep the universal health care system functional.

Mexico defines mental illness as,” abnormal behavior or disturbing feelings, thoughts, or actions that interfere with everyday functioning” (World Health Organization, 2008). Statistics found by Arana (2012) indicate that “9 per cent of the adult population in Mexico between 18 and 65 years old suffer mental problems”. Mexico does offer public health care, Instituto Mexicano de Seguro Socia; IMSS (Forbes, 2012) which is much cheaper than what we see in the United States but it is also very limited. You can only see set doctors for certain issues a few times a year. Along with the limited availability Mexico is often criticized for its inhumane treatment to those with mental illness. According to Arana (2012) new laws have been passed to ensure the safety of mental health patients and put an end to patient brutality and kidnapping. Researchers have “found practices such as abandonment, lobotomies, poorly trained staff, and other abuses” (Arana, 2011) in Mexican facilities. This shows the lack of attention the country puts on fair treatment of individuals in society and the stigma related to mental illness. Overall stigma exists in every country, regardless of socioeconomic status, people unfairly judge the mentally ill, “manifested by stereotyping, fear, embarrassment, anger and rejection or avoidance” (World Health Organization, 2008). New laws are educating people on mental illness and raising awareness. According to one study, “the budget for mental health has increased to about 2.2 per cent of all health spending, from 1.5 per cent in 2006” (Arana, 2011) which shows an improvement in funding for mental health services in Mexico.

**Values and Ethics related to Mental Illness**

Many of my own values and beliefs surround the issue of mental illness as well as the values associate with the Social Work Code of Ethics. I believe that there is not just one simple cause of mental illness. There are many different degrees and types of mental illness that can stem from many things, such as traumatizing events and past experiences, oppression and inequality, substance abuse or chemical imbalances in the brain. All of these factors weigh heavily on mental illness. I think that the statistics today of people with mental illness are so high due in part to the lack of adequate assistance to these individuals and the hesitation to seek help due to the fear of labeling and stigma. Looking back on this issue historically it is clear that we are heading in the right direction for acceptance of mental illness but there are still some hurdles to jump over. If we could raise more funding to fund these organizations that are staples to the recovery and treatment of the mentally ill we could make treatment more efficient and long term. It seems that everything always comes down to finances and the lack of financial ability and assistance to these individuals seems to be what is holding them back. Each individual is responsible for seeking help for themselves when needed but it is the health and social welfare professionals’ responsibility to look after the progress of these individuals once they enter the system or hospital. I think that with raised awareness within society people would be more willing to donate their time or money to help fund these organizations that struggle to stay afloat. I also think that work at the macro level with the private and public insurance companies to reassess the coverage for mental health related visits would make a big difference. By allowing patients who are inpatient to remain inpatient until they reach their baseline and find stability will cut down on patients who are discharged too early due to lack of insured days only to be readmitted days later.

The key values of the social work field and the Code of Ethics are in place to protect the rights of clients. The values consist of service, social justice, dignity and worth of the person, importance of human relations, integrity and competence (Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2010). These values encompass the role and responsibilities of the social worker. Throughout history and even today we see violations of these values in the mental health field. Social workers and other medical professionals that are responsible for the well-being of psychiatric patients are supposed to help them address and come to terms with their dilemmas. Too often we see patients discharged before this process is complete. Dignity and worth of the person and integrity seemed to be the most violated when working with the mentally ill. Many times society and professionals do not strive to maintain the self-esteem and value of the patient or client especially throughout history. In the early nineteenth century many patients would be met with inhumane treatment that often physically endangered them as well as emotionally traumatized them. As stated by Day (2010), and discovered by Dorothea Dix, “mentally ill women were locked in unheated cell suffering gross neglect” (p. 181). The treatment has gotten better with time as moral treatment prevails. The value of importance of human relationships is positively seen throughout hospitals and outpatient facilities in the form of group therapy. Mental health professionals now understand the importance of relationships. Today, competence is mandatory, the professionals in the field are required to have the proper extensive education and training in order to provide adequate services to the patients. Historically, this value was not lived up to, as noted by Comer (2008), “before the American revolution, only 10 percent of the 3,500 doctors in the country had any formal training, fewer than 5 percent having medical degrees” (p. 9). This is a scary statistic and I am proud to be entering a field that does not allow this happen and holds the clients physical and emotional well-being above all else.

**Conclusion**

Throughout history and across the world we have seen various definitions, beliefs, treatment and policies regarding mental illness. Over time we have universally gained a better understanding of the factors that lead to mental illness. With that knowledge we have improved the treatment of the mentally ill through the growth of technology and research. We now know what environment is the most supportive, what therapy techniques work best with patients with certain diagnoses and the world of medication has expanded to encompass effective medicinal treatment for patients. With all of these advances there are still setbacks in affordable healthcare that prevent the mentally ill from seeking and gaining effective treatment. It is with the support and acceptance of society, the social work field, public organizations and the insurance companies that the mentally ill will someday be able to receive affordable fair treatment and a guaranteed recovery.

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