Module:
Mental Health in the Community

Week 1
A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.1
A brief history of 'madness' – Part 2 of 2

Dr Frank Holloway
Emeritus Consultant Psychiatrist SLaMNHSFT

Lecture transcript

Slide 5

Now we have early nosologies. Nosology is the study of the classification of disease, and very early on, it was recognised that there were disorders of adult onset, such as mania, melancholia, and paranoia; and you could get better from those. But also, some people were born with lack of normal function-- amentia-- in which normal function would never occur.

Slide 6

The earliest nosologies were reflected in law. So Sir William Blackstone-- his commentaries on the laws of England, published in 1753-- quotes laws of Edward II from the early 14th century.

'An idiot, or natural fool, is one that hath had no understanding from his nativity, and therefore is by law presumed never likely to attain any... This fiscal prerogative of the King is declared in Parliament... A man is not an idiot if he hath any glimmering of reason, so that he can tell his parents, his age, or the like common matters.'

In contrast, 'a lunatic, or non-compos mentis, is one who hath had understanding, but by disease, grief, or other accident hath lost the use of his reason. A lunatic is indeed properly one that has lucid intervals, sometimes enjoying his senses, and sometimes not.'

The law always imagines that these accidental misfortunes may be removed. Blackstone goes on to say that 'the King shall provide for the custody and sustentation of lunatics, and preserve their lands and the profits of them for their use when they come to their right mind.'

Slide 7

By the time of Edward II, there was a clear distinction between the idiot and the lunatic, and you'll note also that Blackstone describes lunacy as caused 'by disease, grief, or other accident'. He also states the law applies to 'persons under frenzies, or who lose their intellect by disease, those that grow deaf, dumb, and blind'.

You'll note here the law is interested in the management of property, so it's actually about people who are wealthy and how their wealth will be managed for them and for their heirs.

Transcripts by 3Playmedia

Slide 8

Let's move on to the Renaissance. There's a paradox about the Renaissance, because we link it with the rise of natural science and new learning. But it's also linked with the persecution of witches as being possessed by demons, which wasn't something you saw in mediaeval times.

Slide 9

Early modern thoughts-- there's a window on it in The Anatomy of Melancholy, a very long book by Robert Burton, which describes the learning that he accumulated from the Aristotelian, Hippocratic, Galenic, and other traditions about melancholy. And he says, 'I write of melancholy by being busy to avoid melancholy.'

Now, he obviously knew melancholy in all its forms really very well. So in his Preface, there's a poem, which I'll paraphrase: 'When I lie, sit, or walk alone, I sigh, I grieve, making great moan. None so sour as melancholy'. And then 'Methinks I hear, methinks I see sweet music, wondrous melody. None so sweet as melancholy'. And finally, 'Methinks I hear, methinks I see, ghosts, goblins, fiends, my fantasy. None so damned as melancholy'.

Now, if we step out of history and look from the perspective of the present, what are we getting an insight into? Well, Burton appears to know, perhaps from the inside, the experience of major depression. He seems to know about manic upswings, and know too about what we now call psychotic depression.

Slide 10

I'm going to move on to the idea of the mad doctor. Medical men in the 17th and 18th centuries specialising in treating the mentally disordered were known as 'mad doctors'. It wasn't a pejorative term, and some of them did very well. Actually, if you look at portraits of physicians in the Royal College of Physicians, a number of them are well-known mad doctors. So they did well for themselves, partly by running private madhouses and participating in what became known as the 'trade in lunacy'. Before then, we'd have the Bethlem, which was for some 100 years England's first and only asylum.

We have interesting case studies. So William Cowpers, a poet and hymnist, suffered from recurrent madness. He was institutionalised when he was very suicidal. He also had periods of home care. Foucault writes about something he describes as the great confinement, a continental phenomenon of large-scale institutions used to confine the deviant from the 17th century onwards.

Now in England, the asylum was subject to repeated scandal, increased regulation, further scandal, further regulation throughout the 18th and 19th century.

Slide 11

So the Bethlem was founded in 1247 as a priory. As I said, it became the first institution in England specifically for the care of the mentally ill and remained so for at least 200 years. It's extremely extensively documented, and is now the site of a very well-thought of museum of the mind, located within the contemporary hospital in Beckenham.

We pause for a moment to think about the Bethlem. There's a lot of literature and iconography surrounding the Bethlem. So we have the character of Tom of Bedlam, a licenced beggar released from the Bethlem and allowed to roam the country in Elizabethan times. The Bethlem has moved sites over the years from various places, but including an imposing building at Moorfields, and then a building in Kennington, which is now, in fact, the Imperial War Museum. Currently it's in suburban Beckenham, in the outskirts of London. And we hear about the Bethlem, for example, in The Tale of a Tub, written in 1710, which was illustrated with pictures about life on the wards in Bethlem.

There's an interesting illustration of a man found at the Bethlem in 1815, James Norris, who was the subject of a significant scandal that prompted further reform in the asylum. He was an American sailor who was chained up for 12 years in a cell. Good news is that after the scandal, he was released from his chains. The bad news is he died shortly thereafter.

Slide 12

It's had a number of very famous inmates. I'll take one to start with-- James Tilly Mathews. He was arrested after disrupting Parliament in 1797 and subsequently detained at the Bethlem. He had a very complex delusional system, which he actually illustrated, about an influencing machine operated by what he described as the 'Air Loom Gang,' which operated from a site very near Warfields. That case was written up by James Haslam, apothecary to the Bethlem at 1810, and becomes an important record of somebody with significant psychosis from that time. Haslam was later discredited over the treatment of James Norris, incidentally.

We had other famous Bethlem inmates. So Richard Dadd was a case in point. He was a talented painter who murdered his father whilst psychotic in 1843, and he was admitted to the Bethlem's criminal lunatic wing, which had been opened, in fact, in 1815. He was then transferred to the Broadmoor clinical lunatic asylum when it opened. Now, whilst both at the Bethlem and in Broadmoor, he was encouraged to continue painting, and painted his masterpiece there, 'The Fairy Feller's Master-Stroke,' which is available to see at the Tate.

Slide 13

Now, what theories underlay approaches to madness in the 18th and 19th century? Well, on the one hand, we have the writings of John Locke, philosopher and associationistic psychology. Locke, writing in the 17th century, had described people who were mad with a mental illness as 'drawing reasonable conclusions from false premises'. So that was one approach.

Another approach lay with physical causes-- so diseases of the brain, hereditary degeneracy, and later on, infective processes.

Slide 16

Now, a seminal moment in the history of psychiatry was the founding of moral treatment, and it's dated back to the work of Enlightenment Reformers was on the continent, so Chiarugi in Florence, Daquin at Chambery, and, more famously, Pinel, first at the Bicetre and then at the Salpetriere, which were two large Parisian asylums, the subjects of Foucault's interest in The Great Confinement.

Moral treatments actually also came over to this country, and we see that in the founding of the York Retreat. The York Retreat was founded in 1796 by William Tuke, a Quaker tea merchant, and the founding followed of the death of Hannah Mills in the nearby York asylum, a fellow member of the Quakers. The founding and early years of the York Retreat are written up by William Tuke's grandson, Samuel Tuke, in a fascinating book that's publicly available, The Description of the Retreat, which was published in 1813.

Slide 17

William Tuke's ideas were significant at a select committee on madhouses that sat and published a report in 1815, as was the notorious case of William Norris. Subsequently, we had the movement for non-restraint across asylums all over England. The pioneers were Robert Gardiner Hill and John Conolly. The importance of activity was emphasised in the asylums, and there was a high degree of therapeutic optimism. Asylums were, first of all, encouraged and then by statute, mandated, for all local authority areas across England.

The early English and American asylums reported high discharge rates. So that for example, the

Worcester State Hospital in Massachusetts, between 1833 and 1852, discharged 71% of all patients admitted that had been ill for less than a year. Although actually, if you look back in 1799-- that's to say just at the time that James Norris was being chained up-- the Bethlem admitted 201 patients, but it cured and discharged 179 patients, and, sadly, buried 20. So those are, again, quite high rates of discharge.

Slide 18

I mentioned we don't often hear much about the user's voice, but actually it was alive and well in the 1840s, and we know that because of the founding of something called the Alleged Lunatic's Friend Society, and in its opening manifesto, there was a statement:

'At a meeting of several Gentleman feeling deeply interested in behalf of their fellow creatures, subjected to confinement as lunatic patients. It was unanimously resolved: That this Society is formed for the protection of the British subject from unjust confinement on the grounds of mental derangement, and for the redress of persons so-confined, also for the protection of all persons confined as lunatic patients from cruel and improper treatment.'

And it goes on to say 'that the Society will endeavour to procure reform in the laws and treatment effecting the arrest, detention, and release of persons treated as of unsound mind.' It will perhaps come as no surprise to you that the founders included well-off people who, much to the chagrin, had found themselves locked up in asylums but were able to leave.

Slide 19

Now, I described-- or tried to describe-- very briefly the early 19th-century asylum as a place of therapeutic optimism, where activity was encouraged, where there were expectations of cure and discharge. Throughout the 19th century, though, therapeutic optimism evaporated. Asylums grew, both in number and in size. Costs were contained using the labour of high-functioning patients, who were obviously not particularly encouraged to leave, and discharge rates fell. So by 1890, more people were dying in the asylum than were being discharged. There was increased influence of degeneration theories of mental illness, about which a lot more in a later talk.

However, we do get the glimmerings of things to come. So in 1879, the Mental Aftercare Association was founded 'to facilitate the re-admission of the poor friendless female convalescent from Lunatic Asylums into social life.' It was founded by the chaplains at Colney Hatch Asylum.

Slide 20

I mentioned this Long Sleep of the asylum-- the decay, if you like-- of the asylum movement in the late 19th century. Subsequently, we see the rise of psychodynamic thinking, which is culturally extremely important. In short terms, you might say Freud tells us that we're all a bit mad, basically.

Then we have the experience of World War I and shell shock, the psychiatric casualties of trench warfare.

Community care, by the way, is not a new phenomenon. It's been government policy in England since the 1930 Mental Treatment Act, which for the first time allowed for the informal admission of patients to public asylums-- that's the people who weren't paying for their care-- and the option to local authorities of developing community services.

World War II, psychiatrists actually had quite a high profile and were used to treat psychiatric casualties. We saw the beginnings of the therapeutic community during and shortly after the Second World War. Now, psychiatric bed numbers continued to grow in the US and the UK, reaching a peak in 1954.

Slide 21

Now, let's look at some late 19th-century ideas about madness. We have very important ideas that still resonate today. So we have the late 1890s-- Emil Kraepelin, famous German psychiatrist, makes a dichotomy between manic depression on the one hand, and what he called dementia praecox - later schizophrenia - on the other, as two distinct functional psychoses.

Alois Alzheimer describes Alzheimer's disease as a dementing disorder with specific neuropathology, paradigmatic organic psychosis. At the same time, in Vienna we had the birth of psychodynamic thinking, which underlay concepts, ideas, about the formation of neuroses and personality disorders.

Slightly later, we have the influence of descriptive psychopathology, which was founded by the philosopher psychiatrist Karl Jaspers, and we use the term 'phenomenology' as a special tool that psychiatrists have for investigating psychopathology-- the building blocks, if you like, of mental disorder.

Slide 23

So we then start 60 years of deinstitutionalisation, and during that period at the beginning, we see renewed therapeutic optimism, perhaps as a cultural phenomenon as new psychiatrists - newly trained - enter the profession after the Second World War. We have novel effective treatments for several mental disorders, starting with chlorpromazine used from 1952 to treat psychosis, iproniazid, and then Imipramine to treat depression.

We mustn't forget too the importance of the rise of the welfare state and the introduction of social security benefits, allowing systems that supported people who couldn't support themselves out of asylums. In the early years, we see the District General Hospital movement, which you might characterise as 'psychiatry in white coats' using the new effective treatments that I've already mentioned.

We can chart deinstitutionalisation in England and Wales very crudely looking at a steady decline in bed numbers from 1952, a decline that goes on, more or less, to the present day. So from a peak of well over 150,000 in 1954 to perhaps 23,000 beds in England in 2012, and a few more in the private sector, perhaps some 4,000 or so-- So a massive decline in beds.

The story is going to continue. Next time I'm going to talk about deinstitutionalisation and then, following that, about the rise of community care, processes that, in fact, went on in parallel.