

Module:
Mental Health in the Community

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



Dr Frank Holloway

Topic 1:
**Conceptualisations of
mental disorder**

Topic list

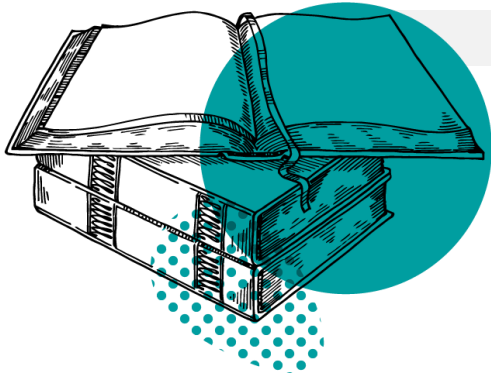


This week, we will be looking at the following topics:

- ***Topic 1: Conceptualisation of mental disorder***
- Topic 2: Mental illness and its critics
- Topic 3: Diagnosis in psychiatry

Click **Next** to continue

Conceptualisations of mental disorder



Synonyms for conceptualisation:

approach
 conception
 image
 perception
 brainchild
 conceit
 conceptualisation
 consideration
 thought
 view
 apprehension
 impression
 intellection
 brain wave

notion
 hypothesis
 big idea
 theory
 abstraction
 slant
 supposition
 wrinkle
 fool notion

The word 'madness'

Historians use the word 'madness' in a provocative way

Are there better alternatives?

'Survivors' use wordplay to make a point: **"We're not mad, we're angry!"**



Naming the phenomenon of interest



The words we use are inevitably 'value-laden'

Mental disorder → **a legal and administrative construct?**

Mental illness → **a medical construct?**

Mental health problem/Mental distress → **acceptable alternatives?**

Mental health → **WHO and popular conceptions**

Mental disorder as a legal construct



1983 Mental Health Act:

Mental disorder is 'any disorder or disability of the mind'



The Crown Prosecution Service:

'Mentally-disordered offender' is a person who has a disability or disorder of the mind and has committed or is suspected of committing a criminal offence

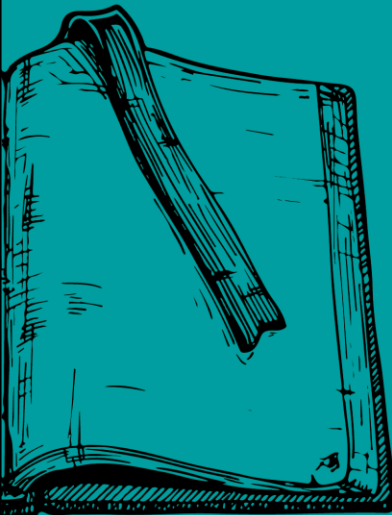


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Mental Health Act: Code of Practice



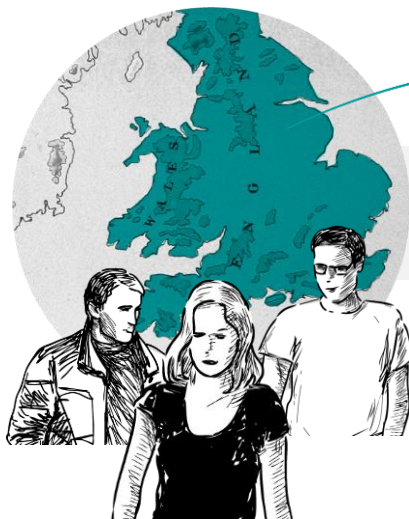
- affective disorders: depression and bipolar disorder
- schizophrenia and delusional disorders
- neurotic disorders
- organic mental disorders such as dementia and delirium
- personality and behavioural changes caused by brain injury
- personality disorders
- mental and behavioural disorders caused by psychoactive substances
- eating disorders
- learning disabilities
- autistic spectrum disorders
- behavioural and emotional disorders of children and young people

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Identifying mental disorders



England & Wales

If **3 professionals** agree that a mental disorder is present (and other criteria are met)

then someone can be detained in hospital and treated against their will...



Mental disorder as an 'administrative' construct



Identifying mental disorder



Counting mental disorder



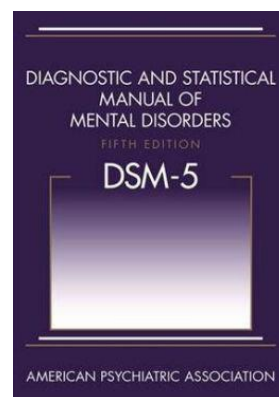
Calculating the burden of mental disorder



Accessing specific services and benefits



Diagnostic function



American Psychiatric Association (2013)

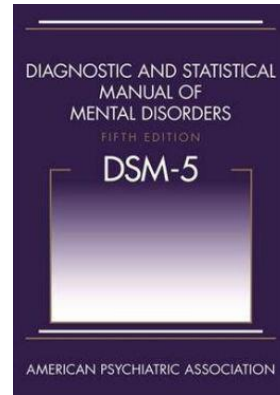
Classification criticised

DSM-5 is much criticised

Critics include those who

reject the 'mental illness' language implicit in DSM-5 outright

feel that the DSM approach is an intellectual blind alley



American Psychiatric Association (2013)

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The 'image' of disorders

Can you think of an example of each of the following:

*Think about this before you **click on an option** below*

Click one of the options below to learn more about or click **Next** to continue

An uncontroversial disorder

A 'fashionable' disorder

A contested disorder

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DEPRESSION

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BIPOLAR DISORDER

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SCHIZOPHRENIA

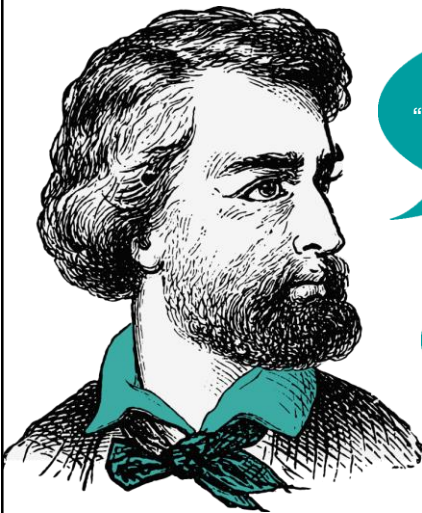
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Adjectives



"Oh dear my OCD is coming on again"

"You look so anorexic"

"Psycho"

"Schizo"

"Paedo"

Inaccurate, demeaning, stigmatising

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Terminology: Mental health problem



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'Mental health problem'

What information does the term 'mental health problem' convey?



Careful about use of language

There is a spectrum of difficulties



Avoids 'illness' language

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Mental health (1)



World Health Organization, WHO | Mental health: a state of well-being. (n.d.). Retrieved 15 August 2016

“Mental health is defined as a *state of well-being* in which every individual *realizes* his or her *own potential*, *can cope with the normal stresses of life*, *can work productively and fruitfully*, and *is able to make a contribution to his or her community*”

World Health Organisation (2014)

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WHO 10 key facts about mental health

around
20%

of the world's children and adolescents have mental disorders or problems



Mental disorders are important risk factors for other diseases, as well as unintentional and intentional injury



Click **Next** when you're ready to go to the next section



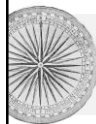
War and disasters have a large impact on mental health and psychosocial wellbeing

About **800,000** people commit suicide every year

Mental and substance use disorders are the leading cause of disability worldwide



Globally, there is huge inequity in the distribution of skilled human resources for mental health



Financial resources to increase services are relatively modest

There are 5 key barriers to increasing mental health services availability:

- the absence of mental health from the public health agenda and the implications for funding
- the current organisation of mental health services
- lack of integration within primary care
- inadequate human resources for mental health
- and lack of public mental health leadership.

Human rights violations of people with mental and psychosocial disability are routinely reported in most countries

Stigma and discrimination against patients and families prevent people from seeking mental health care



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Mental health (2)

WHO has a very inclusive definition of mental health

WHO policy focuses on increasing services for people with mental health problems



Positive mental health



2



Be active

1

Connect



3



Keep learning

4

Give to others



5

Be mindful

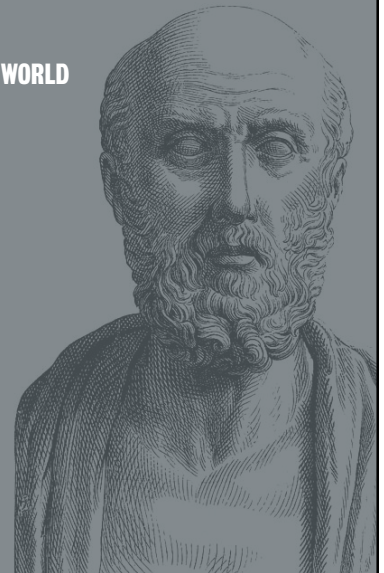


Understanding mental disorder (1)

THREE EXPLANATIONS FOR MADNESS IN THE ANCIENT WORLD

1. A disorder of the brain
2. A reaction to circumstances/moral weakness or failing
3. Spiritual or demonic possession

...what's new?



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Understanding mental disorder (2)

Psychological constructs

Associationism

Psychodynamics

Cognitive-behavioural approaches



*"... they err as men do that argue
right from wrong principles"*

LOCKE

(John Locke 1659)



*"... at the heart of
persecutory delusions are
unfounded threat beliefs"*

REEMAN

(Daniel Freeman 2016)

Freeman et al. (2016); Locke (1975)

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Understanding mental disorder (3)

Psychological approaches: What's missing?



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Understanding mental disorder (4)

Mental disorders as a brain disease

Degeneration theories – dominated the late 19th Century and led to sterilisation and euthanasia as public policies

GPI (infection) and **Alzheimer's disease** (clear neuropathology)

The psychopharmacological revolution – 1950s onwards

Genetics and epigenetics: currently a focus for research with potential therapeutic implications

Imaging and functional imaging: largely a research tool except for investigation of dementias

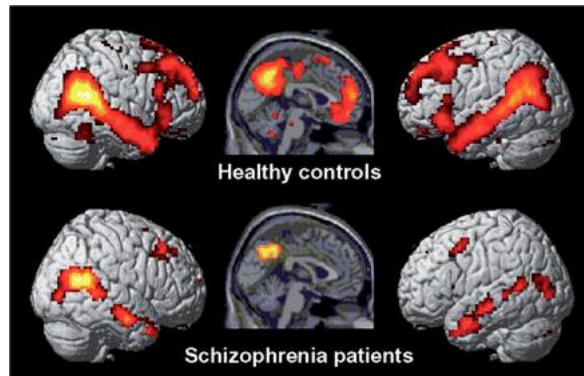


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Understanding mental disorder (5)



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Understanding mental disorder (6)

What's new is the idea of **Mental disorder and society** – sociological approaches

Durkheim

suicide and "anomie"



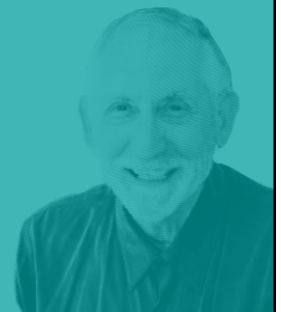
Goffman

"the total institution"



Scheff

"labelling theory"



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Understanding mental disorder (7)

Mental disorder and society: Empirical approaches

- | | |
|--|--|
| 1. Psychosocial stressors act as precipitants of illness | 4. Family environment |
| 2. Childhood adversity/abuse | 5. Stigma and outcome of mental disorder |
| 3. Immigration experience | 6. Gene/environment interactions – Epigenetics |



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Models for mental disorder

The disease model

The cognitive-behavioural model

Models for Mental Disorder

Peter Tyrer with illustrations by Derek Steinberg



WILEY Blackwell

The psychodynamic model

The social model

Synthesise these models in practice

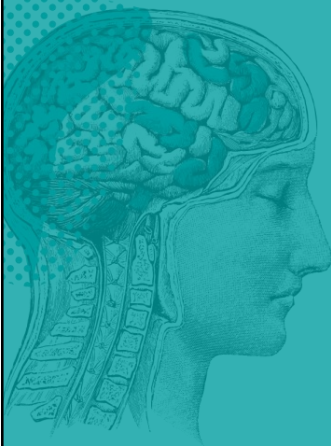
Tyrer & Steinberg (2006)

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Making sense of mental disorder: A personal view



We are dealing with **complex phenomena**

Simplistic explanations about causation are likely **wrong**

Diagnosis and formulation are helpful in **making sense** of problems and **planning interventions**

No single 'model' is satisfactory

This implies a **Biopsychosocial approach** to psychiatry



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References

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Freeman, D., Bradley, J., Antle, A., Bourke, E., DeWeever, N., Evans, N., Černis, E., Sheaves, B., Waite, F., Dunn, G., Slater, M., Clark, D.M. (2016). Virtual reality in the treatment of persecutory delusions: randomised controlled experimental study testing how to reduce delusional conviction. *The British Journal of Psychiatry*, 209(1), 62-67.

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End of topic