

The progression of mental health treatment and institutions from the 19th century to modern day:

Mental health and mental illness are regularly discussed issues in modern society, with a variety of perspectives and treatments, but how did we get to where we are today in psychiatric treatment and diagnosis?

This essay will discuss the conditions, reputation, and influence of asylums over the course of 200 years. It will explore the long-term impacts and repercussions of various laws such as the Mental Deficiency Act of 1913. It will also review the impact of the research and methods carried out in the Maudsley Child Psychiatry Clinic and other institutions.

Victorian asylums and how they altered psychiatry practices:



Asylums can be traced back as far as the 13th century, but the most significant alterations in mental health treatments began in the 19th century, during the reign of Queen Victoria. Although Victorian asylums invaluablely changed psychiatric practices and deserve to be credited for their contributions, it is important to recognize their numerous faults.

Asylums at this time were broadly recognised as places of misery and solitude. Asylums quickly became confinement for unwanted members of society- (like the homeless and poor) rather than accommodation for the mentally ill. Asylums were poorly maintained and were, for most patients, cruel and isolating places. For many, this only worsened their conditions, leaving traumatised victims and a broken mental healthcare system.

People labelled ‘mentally deficient’ were often considered less than human and degraded to the point of being treated like animals, leading to merciless punishment at the hands of the heartless asylum workers responsible for their safety. People entered- often unwillingly- with an expectation of care and treatment and left stripped of every human right and the heartbreaking knowledge of how England’s most vulnerable were being abused.

Overcrowding was another major problem for asylums. The average asylum in 1900 housed over 1,000 patients, compared to around 115 in 1806. This was most likely caused by the lack of proper oversight and care due to overworked, mistreated staff and a prejudiced government.

There was also blatant sexism in Victorian asylums; women were often admitted to asylums on little to no evidence and at noticeably faster rates than men. Women not conforming to societal expectations of modesty and submission were quickly sent to the inhumane

conditions of an asylum, often under diagnoses of hysteria if they were perceived as angry or argumentative.

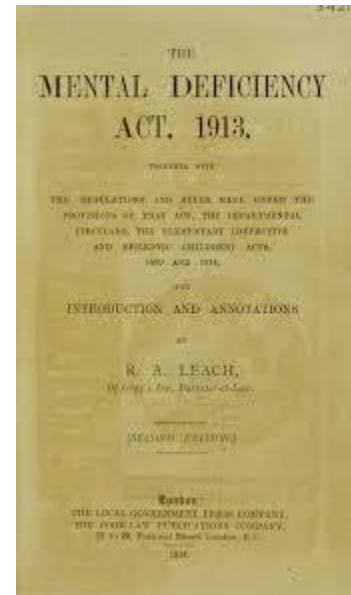
However, increased attention towards mental health also led to positive impacts; local authorities were given legal responsibility for setting up mental institutions. Attitudes towards mental healthcare began to change due to reformers like Harriet Martineau, who is often credited for being the first female sociologist and is recognized to this day for her campaigns for social reform.

The Idiots Act in 1886 contained educational provisions for those in need of additional help and outlined the differences between people with learning disabilities and those with mental health problems. The act also made education much more accessible for children with learning disabilities, providing care for minors and training facilities for caregivers.

The Mental Deficiency Act 1913:

The Mental Deficiency Act of 1913 was another pivotal turning point in the mental health movement. This act, while derogatory and degrading towards those who were ‘feeble-minded,’ provided guidelines for the care and treatment of people with mental illnesses, or those classed as ‘mentally defective’ and repealed the Idiots Act of 1886.

Under this act, the terms ‘idiots,’ ‘imbeciles,’ ‘feeble-minded persons’ and ‘moral imbeciles’ were defined by law, characterizing the different levels of vulnerability, and differentiating between severe and mild illness. An ‘idiot’ was defined as someone so ‘deeply defective’ that they were unable to guard themselves against common dangers. An imbecile was anyone incapable of managing themselves to an acceptable level or, in the case of children, being taught how to. A feeble-minded person was someone who required care and supervision to ensure the protection of themselves and others, and a moral imbecile was a person displaying moral weakness whom punishment had little to no effect on.



With these new definitions came more awareness of the different types of care and provisions needed for people of different mental capacities. For example, a ‘moral imbecile’ would probably have received less additional help than someone considered an ‘idiot.’

While the differentiation between different stages of mental illness proved more helpful than previous systems, the impacts of this act were significantly more negative than positive. For example, The Mental Deficiency Act permitted confinement without a diagnosis or evidence

of a crime. This shows the determination in society's top ranks to hide anyone who did not perfectly conform to their expectations; anyone who was unwanted could be hidden away in an asylum without disturbing the public. This sentiment is further echoed by the disproportionate use of this act against ethnic minorities. Ethnic minorities were yet another group that people wanted safely out of the way where they could not cause 'harm' in society. Many other marginalised groups were discriminated against under this act, such as people with disabilities.

By the late 1940's, around 50,000 people were still detained under this act and 30% of them had already been locked up for 10-20 years.

The long-term impact of this Act was the discovery of people detained under this act into the 1990s, even 30 years after the act had been repealed in 1959.

Other important historical contributors to the treatment of mental health:

In 1904, the Royal Commission on the Care and Control of the Feeble-Minded was established to deal with 'defective persons' who were not certified under lunacy laws. This commission returned a lengthy report that declared 149,628 British people mentally defective. However, this statistic cannot be viewed as correct from a modern perspective as it was alarmingly easy to fall into this category, especially for women. Any developmental disability such as autism or downs syndrome would most likely be considered insanity. Refusal to pray or a hatred of your spouse was also observed as insanity or mental defectivity.

In 1911, Winston Churchill, former British Prime Minister, spoke about compulsory labour camps for the mentally ill, further demonstrating the hatred that came from the highest ranks of society towards those with mental health issues. In 1912, the Feeble-Minded Control Bill was passed, which legalised segregation between those considered mentally insane and those who were not. However, this bill also rejected sterilisation, which was often a process encouraged in mental institutions.

Conditions and treatment in mental asylums:

Many of the common methods used in mental institutions were inhumane and degrading, such as electroconvulsive therapy or ECT (inducing seizures to treat mental illness). ECT was first adopted in the 1930s and was used to treat severe depression until the 1960s. Side effects included confusion, memory impairments and attention impairments. It was also used as a 'treatment' for homosexuality, which was considered an illness at the time. In its early stages of use, ECT was applied without anesthesia or muscle relaxants, which made it an extremely painful process. Eventually, the procedure could lead to other mental health issues and physical injury.

Straightjackets were another common feature of mental asylums that involved a patient being physically restrained and unable to move. Wrist and leg restraints further prevented the patient from moving freely. These methods of restraint show hesitation to let mental patients have freedom of any kind, as they were believed to be unworthy of this luxury.

Maudsley child psychiatric clinic:

The Maudsley child psychiatric clinic was named after its investor Henry Maudsley. Henry Maudsley believed that mental disorders should be treated in their earliest stages to prevent the need to send people to county asylums with harmful conditions. He also believed scientific research was essential for developing treatments for mental illness; he invested in the clinic on the terms that this would be common practice.

Maudsley's main reason for funding the psychiatric clinic was due to his dislike of the current mental healthcare system. He wanted a stigma-free institution for patients so that mental disorders could be treated earlier and without the systematic abuse that occurred in countless other mental hospitals.

One of the most notable features of the Maudsley clinic was its introduction of an outpatient department, which was a revolutionary idea at the time. This department was in high demand and soon became a part of many other psychiatric institutions.

The clinic also introduced voluntary in-patient and out-patient care, demonstrating its effectiveness and humanity. Up until this point, most patients had been forcefully admitted to an asylum, but the introduction of a voluntary care system changed this expectation.

The Maudsley Clinic introduced a multidisciplinary approach (combining knowledge and skills from different areas to achieve a common goal), which is still in use today and seen as an effective and important method that encourages development and teamwork.

Some of the initial treatment methods used in the Maudsley clinic were restraint, sedation, and malariotherapy (a medical procedure where patients are infected with malaria to treat diseases by raising their body temperature). While these methods are now considered controversial and even dangerous, this clinic was one of the most humane of its time and changed the way we understand mental illness and how to treat it.

How the history of asylums has changed our modern mental healthcare system:

Modern society is a lot more accepting and understanding of mental illness than in the 19th and 20th centuries, but our progress would not have been possible without the valuable research and experiences of asylums.

Firstly, asylums caused a huge shift in attitudes towards mental disorders. This includes both how we perceive and understand mental illness and those affected by it and our

attitudes towards the care and treatment of patients. Asylums have served as an example of what to implement in modern-day institutions and what not to.

Secondly, asylums have provided a basis for research into methods of treating and understanding mental illness. Over many years, psychiatrists have been able to discover and apply different ways of dealing with those living with mental illnesses. For example, modern mental health may include crisis services and outpatient services, something introduced in the Maudsley Child Psychiatric Clinic.

Finally, the closure of many inhumane asylums has caused a switch to more community-based care with a more positive impact on patients. The protests and scientific evidence discouraging the previously used asylum system have led to more research-based institutions and methods of care.

In conclusion, the care that patients received until the end of the 19th century was unnecessarily harsh and unfair, especially towards typically marginalized groups, but without these conditions, modern society would not be where it is now, where most people are more understanding of mental health issues and increasingly sympathetic towards those struggling with them. The knowledge that we have been able to gain from the historical use of asylums has encouraged invaluable information and life-changing research that will benefit countless generations. It has allowed the mental healthcare system to become what it is today, helping as many people as possible, with the decency and humanity that they deserve.

Research sources:

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