A Brief History of Psychiatry

One of the most fascinating (and sometimes shocking) things about mental health care is its history.

Until a century ago, people with mental illness were locked away in large segregated asylums, away from the eyes of society, in the most degrading and inhumane conditions, with little (if any) of the treatment and care that is available today.

These so called asylums, employed attendants, who were mostly men who had to be well built, who were brave enough to work in horrendous environments and who required no knowledge or training of psychiatry or nursing.

In 1908, the Medico-Psychological association published the first "Handbook for Attendants on the Insane", which to this day makes up for a fascinating read. This was the first attempt at providing so much needed human care to people who suffered from mental illness, and although it describes certain antiquated and nowadays extinct procedures (the "cold bath" and the "whirling chair" being the most mind boggling), it introduced the notion of nursing inside these asylums and attempted to medicalise most interventions carried out by doctors, nuns and attendants working there.

However, it was in the second half of the 19th century that real progress and awareness in psychiatry started to appear. Europe was the birth place for the most influential heads in psychiatry. Emil Kraeplin was an asylum doctor in Dorpat (now Estonia). He distinguished dementia precox (which later became known as schizophrenia) from manic depressive disorder. One could say he started the classification of mental disorders (eventually developed into the famous DSM IV and ICD-10).

Eugen Bleuler was a Swiss psychiatrist who first used the term schizophrenia in 1911. His sister actually suffered from the illness and he worked in the same hospital where she resided. He used to spend hours talking to patients with the illness, and established that patients suffering from schizophrenia could still have a good effect regardless of the severity of the illness.

During the same time founder of psychoanalysis Sigmund Freud believed that talking and listening to his disturbed patients helped in calming and reassuring them. Although Freud's work happened in his own practice and away from the large psychiatric asylums, his work offered lots of insight into neurotic illnesses. Due to scarcity of effective treatment at the time, all that was left for doctors to do after diagnosing patients was observing and talking to them, more as a way of studying the diseases rather than curing them. Not surprisingly, the very act of talking also helped in calming and reassuring most patients. And it was this effect that Freud mostly focused on.

By the 1930's and 1940's, countries like the U.S. and the U.K. started noticing the effects of the First and Second World Wars on their soldiers and there was the urgent need to treat shell-shocked soldiers, or as it is currently known, PTSD. This boosted a vested interest in the care for the mentally ill and instigated governments to invest resources in improving the care provided.

However it wasn't before the 1950's that the first drug which showed effectiveness in the treatment of mental illness was discovered. Chlorpromazine was found by a French anaesthetist who noticed how it

calmed patients post-operatively. Its effect on psychiatry was huge. The treatment of mental illness was consequently not only about restraint and control, but about reduction of symptoms and less agitation, which allowed for more human conversations and alleviation of suffering. Mental illness became more manageable and discharge from hospital was then a reality. Psychiatric hospitals became less daunting and the atmosphere on wards less chaotic.

In the meantime in the United States, Hildegard Peplau was working with leading figures in psychiatry, to reshape the mental health system in America. Influenced by the works of Freud and Harry Sullivan, she was interested in the role of the nurse in caring for patients with mental illness. She was the first person to acknowledge the power of the therapeutic relationship between nurse and patient in psychiatry. She eventually published the "Theory of Interpersonal Relations", which was a ground breaking theory in the psychiatric nursing profession, and to this day remains the foundation of nursing practice.

Although the 1950's saw an improvement in the conditions of mental hospitals, by the 1960's another difficulty started to be noticed in patients suffering from mental illness and who had spent a considerable time being treated inside the hospital. Institutional neurosis was noted by Russell Burton who emphasised that long stay hospitalization was the cause of most of the symptoms present in patients with mental illness. Burton insisted that patients in institutions were stripped away from their independence and due to having the hospital taking care of the most basic needs; patients lost their ability to function independently and psychologically outside of the hospital.

De-institutionalization instigated the focus of mental health care in the community. The 1970's and the 1980's saw a boost in the development of community mental health care in Europe, and psychiatric nurses followed the patients at mental health clinics and even at their own homes.

The U.S. and the U.K. made the mistake of suddenly closing down large psychiatric hospitals, without offering an alternative and much required community services, which resulted in an excessive number of people becoming homeless, and dying to the elements, illness and suicide. This also led to extensive reform in mental health law, with human rights, compulsory care and stigma being at the forefront of much debate and controversy.

Nowadays, hospitals and community services work hand in hand in providing the required care patients entail. Nurses also work more closely with other mental health professionals like social workers, doctors and therapists as mental illness involves a broad range of psychological, medical and social problems which not one profession can attend to alone. The therapeutic relationship remains a fundamental component of the psychiatric nurse's work and new developments in mental health nursing led to new specialized roles of nurse therapists and crisis intervention teams.

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