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K243_1

Mental health in society



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Contents

Introduction 3
Learning outcomes 5
1 Language 6
1.1 Definitions in mental health discussions 8
1.2 Perspectives on mental health 11
1.3 Approaches and models of mental health 13
2 The past: from asylum to community care? 18
3 Self-management and study skills 23
Conclusion 25
References 26
Further resources 27
Acknowledgements 28

Introduction



This course will explore the different perspectives of mental health and the way in which they are understood.

As well as traditionally being related to biology, neurology and psychology, experiences of mental health are also linked to social factors such as housing, employment, poverty or isolation. In addition, other aspects of people's lives, including their relationships and social networks, their ability to maintain a home and broader living circumstances, as well as their need to access and use welfare and support services, will all affect mental health. Finally, understanding aspects of mental health through a spiritual, global, technological and sustainability lens is now central and the importance of the impact of these aspects increasingly recognised.

This course will help you explore all of these features of mental health as it is understood in society today.

The course is divided into three main sections. In Section 1 you will begin to explore some of the many perspectives of mental health. You will consider the significance of the language used around mental health and mental ill-health and start to investigate the different approaches and models. In Section 2 you will have an opportunity to briefly examine a historical overview of the treatment of those will mental ill-health in England and Wales. The course finishes in Section 3 with suggestions to help you reflect on strategies and to practise skills that will be of help when studying.

Before you start …

Write a letter to yourself briefly describing your initial thoughts about the subject of mental health in society, your own value base including any prejudices you might have, and what you hope to learn.

Seal your letter in an envelope. You will be reminded to open it again at the end of the course to see what might have changed.

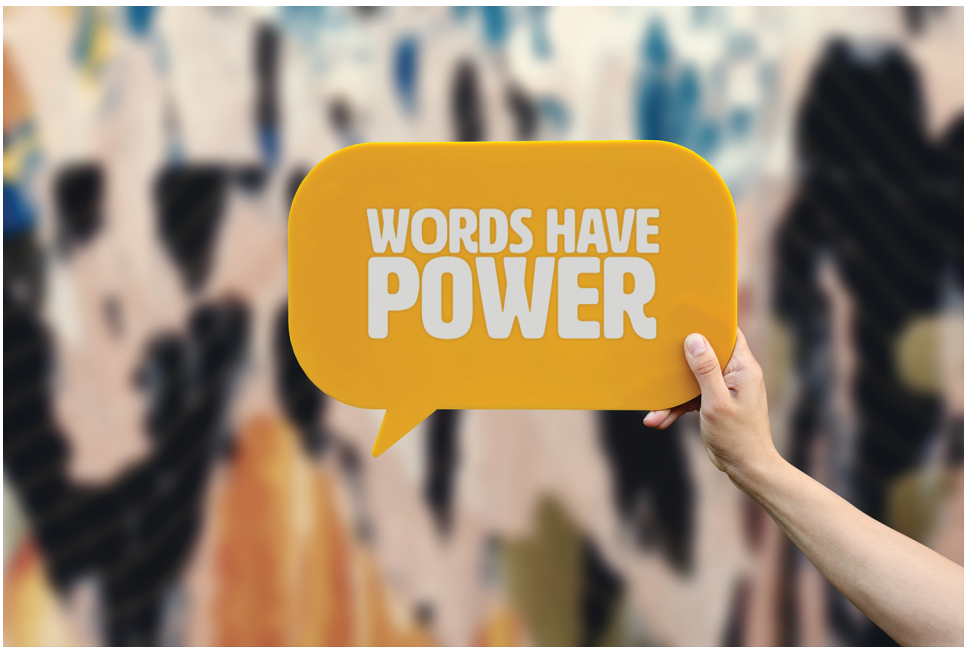
This OpenLearn course is an adapted extract from the Open University course *K243 Critical perspectives on mental health in society*.

Learning outcomes

After studying this course, you should be able to:

- begin to explore the different perspectives about mental health, including how the use of language reflects these perspectives
- briefly consider the historical context of mental health in England and Wales
- develop online note-taking skills.

1 Language



There is an important debate about the use of language around mental health and how this impacts on and reflects our understanding of it. In this section of the course you will begin by examining the use of language in mental health and the assumptions that are associated with it.

You will now undertake an activity which is designed to introduce you to the impact of language use when discussing mental health and mental ill-health. During this activity you will be familiarised for the first time with a conversation between four different mental health professionals, all of whom have worked in, written about and discussed their experiences.

Activity 1 Words and their meaning

Allow about 30 minutes

To begin, read the discussion in Reading A, written by OU academics. While you are doing so you may wish to take some notes about why the use of language is important in mental health and what its use might suggest to those who have mental ill-health and how it is perceived and treated.

Reading A The impact of language on mental health perspectives

One aspect of the debate that surrounds mental health is how to refer to people who experience mental ill health. The use of language is a contested area that generates a lot of discussion and disagreement. Whether most people realise it or not, it is closely related to the perspective that is taken on mental health, what causes mental ill health and what approach should be used to treat them.

One of the ways that perspectives can influence approaches to mental health is through the language that is used. For example, some people who use

mental health services identify themselves as ‘service users’ or ‘patients’, while others argue that they are ‘survivors’ of an oppressive psychiatric system, and there is a range of positions between these two points of view. There is increasing recognition that other people can be a useful resource when an individual is affected by mental ill health; this resource, made up of personal contacts, is sometimes referred to as ‘social capital’ (Webber *et al.*, 2014).

Similarly, practice can vary between different types of practitioners. Some psychiatrists who have medical training might take more account of social factors than others. Some community psychiatric nurses focus on monitoring medication and others on more psychological approaches such as specific forms of talking or behavioural therapy. However, while some nurses who work in the community may lean towards one approach in their own practice, they are likely to work in a community mental health team made up of workers from different professions and who take different approaches.

For example, the term ‘patient’ tends to be used by psychiatrists, mental health professionals and members of the public who subscribe to a biomedical view of mental ill health as mental illness. This perspective tends to view mental ill health as having a biological basis. In other words, because ‘faulty brains’ are causing the symptoms, there is a need for medication to provide a remedy. This idea of ‘being treated’ through medical intervention implies a passive role for the ‘patient’ in relation to the professional ‘expert’.

Such passivity may be rejected by many who emphasise that ‘patients’ can (or should) be seen as both experts in their own right and active participants in their recovery. They also argue that expertise arises out of the experience of living with mental ill health, which in itself provides a deep knowledge of the nature of their own condition. Also, it is argued that people receiving mental health services need not play a passive role but should be active in making choices that determine how their condition will be managed. Indeed, in recent years, the term ‘expert by experience’ has been proposed as a term that captures this different perspective.

Some have chosen to adopt terms such as ‘service user’ or ‘client’ to describe the way in which managing mental ill health involves a range of different kinds of support (not just the medical care you would associate with the word ‘patient’). A further implication is that service users or clients exercise choice over which services to use – in the same way one might engage a lawyer or an accountant to meet a particular need. Indeed, it is because such terms are in general use that they seem more neutral and carry less social stigma than the idea of illness associated with the term ‘patient’.

In contrast, the term ‘survivor’ is not neutral at all. It has sometimes been used by people who view themselves as survivors of the mental health system, or alternatively, surviving the experience of having mental ill health (Campbell, 2009). The first of these usages represents a view that the coercive aspects of the system can be quite damaging and are a challenge to ‘survive’.

Provide your answer...

Discussion

In this short discussion are ideas which you will look more closely at in this course. Some of the terms that are used in Reading A reflect the fact that those experiencing mental ill-health have different preferences about how they should be referred to within the world of mental health. These preferences often stem from the desire to express, or have recognised, a more nuanced, more social and less medicalised view of what mental ill-health involves, and how an individual experiences them. They also imply a particular role for the practitioner. Someone who may be medically oriented might use the term ‘patient’, while someone who adopts a more social perspective would be more likely to use the term ‘service user’. Different terms carry with them assumptions about the practitioner – for example, harm is implied by the term ‘survivor’, while professionalism is implied by the term ‘client’. Likewise different countries use language differently. So, even within the United Kingdom, in Wales, the preferred term used in the social care sector is ‘individual’ or ‘citizen’.

Core teaching point

The language that is used in mental health is important as it underpins the different perspectives on mental health and mental health care.

In the activity you were encouraged to think about the words used to describe and define mental health. There are many different perspectives on what causes mental ill-health, including those with lived experience – sometimes referred to as a ‘service user perspective’ – lay (personal or ‘common sense’ rather than professional), psychiatric (or biomedical), psychological, and social interpretations of mental health. Similarly, the definitions may have already challenged some of the assumptions you previously held and the impact this has on how you think about mental health. Additionally, the language used to talk about mental health changes over time, and terms that were considered appropriate to use previously, may not be considered appropriate now. You may encounter some of these terms as you engage with this course and the history of mental health approaches.

In the next section you will undertake another activity which will give you further opportunity to consider meaning in mental health and to develop your note-taking skills.

1.1 Definitions in mental health discussions

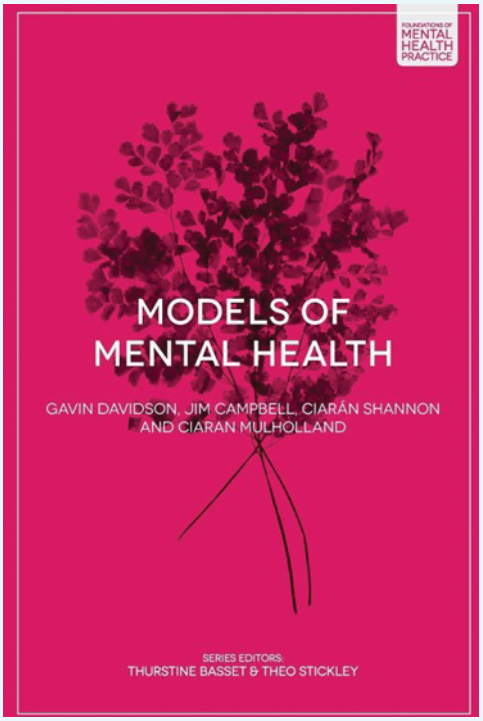
You will now be introduced to four key professionals discussing mental health.Also, as a way of developing study skills, you will be asked to undertake note-taking exercises to help you think about the course content as a whole.

Activity 2 Introducing *Models of Mental Health*

Allow 1 hour

Task A Meet the authors

In this activity you will listen to an audio in which four people, authors of the book *Models of Mental Health*, introduce themselves and their professional roles and backgrounds. The first two people you will hear are Gavin Davidson and Jim Campbell, both social workers and professors of social care. Next there are two people with similar first names, the first Ciarán Shannon, a consultant and clinical psychologist, and the second is Ciaran Mulholland, who is a psychiatrist.



In the audio you will hear the authors describe the different professional roles in mental health services which they represent. The discussion then revolves around how understanding is still evolving and that the way in which language is used reflects this development. In the audio there is reference to ‘the module’, which refers to the OU course this OpenLearn course comes from.

Before you start, you might find it helpful to refresh your note-taking skills using the following guidance:Academic-skills: effective note taking.

Audio content is not available in this format.

Audio 1

As you are listening, make notes on what the authors say about the different perspectives they bring to mental health and their own interest in it. You may also want to make notes about concepts that are introduced here such as stigma. Listen carefully to the discussion about language – this will help you with the next activity.

Provide your answer...

Discussion

Each of the authors in the audio speak briefly about their professional role and how they became interested in mental health. Gavin Davidson for example referred to his own personal experiences. Personal experiences of mental health are an important aspect of this course.

Each of these professionals talk about different perspectives from their own viewpoint including social, medical and psychological approaches. As you were listening you may have made notes on what they are saying about the associated concepts. For example, Ciaran Mulholland talks about diagnosis and how fundamental this is to the medical perspective. Last the discussion turns to the use of language and how in this instance the various ways to which a person who may need help because of mental ill-health may have been referred over time.

Task B Online dictionaries

In the second part of this activity you are going to consider language in more detail and also learn how to use online dictionaries.

There are a number of free online dictionaries available to you. Often, your digital devices have a dictionary app, too. It's down to personal preference what you want to use for this activity. You might want to do a quick search on the internet for online dictionaries and try some out and then select the one (or more) that you get on with best.

Here are some suggestions. You're likely to come across the Cambridge Dictionary, Collins Dictionary, the Free Dictionary and the Merriam-Webster dictionary. They have different interfaces but essentially work in similar ways.

Make sure you're in the dictionary section or tab. Then type your search term into the search box and look at the results. You often get several definitions in your results list.

Now select an online dictionary to search for the term 'mental health'. Make a note of the dictionary you've used and of the definitions it provides. Then repeat this process with another online dictionary. Compare and contrast the findings of the two dictionaries.

Provide your answer...

In this activity you started to explore the use of language associated with our understandings about mental health. There are a number of different ways of defining both mental health and its absence – which may be called 'diagnosed mental illness', 'mental distress' or 'mental ill-health'.

You were encouraged to think about the medical connotations that are raised by the words that are used to describe mental health and emotional distress. This may have already challenged some of the assumptions you may have previously held about the ways in which mental health is discussed and the impact this has on how mental health is considered.

However, the world of mental health is typically made up of services and practitioners who come from the ‘psy’ disciplines, such as psychologists and psychiatrists, and you were introduced to two of these disciplines in the interview. Their ideas about the world fundamentally shape mental health practice and our responses to mental health problems. It is important therefore to understand some of the dominant or traditional models that are used in the ‘psy’ worlds of mental health, such as the medical and psychological models.

In the audio you were also introduced to the social model, an approach which is equally important to consider. You will return to an audio of these four professionals discussing the different types of models later in this course.

In the next section of the course you will explore some of these perspectives in more depth.

1.2 Perspectives on mental health

One of the challenges in navigating the complex world of mental health relates to the different positions or viewpoints that are held. In this section you are going to consider what a perspective is and how this can change and in some instances cause disagreement.

As you will be able to read later in this course, different perspectives on mental health have not only emerged and evolved throughout history, but they have also co-existed and compete with each other at the same time. These perspectives tend to be held by various groups of people and can lead to different ways of responding when people experience mental distress. They are sometimes competing and sometimes complementary.

Activity 3 Perspectives

Allow 45 minutes

Task A Duck, rabbit or both?

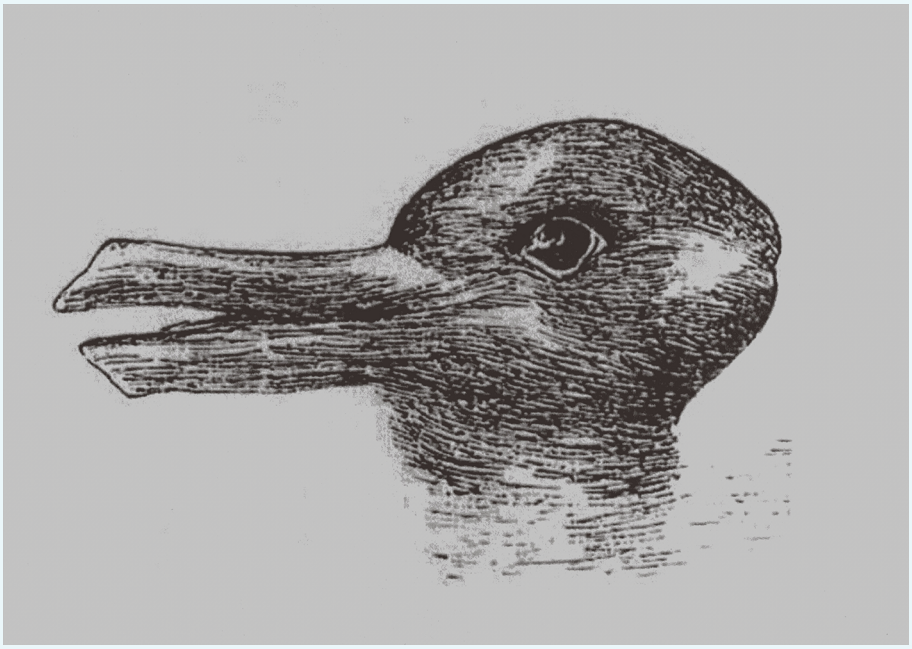


Figure 1 Duck, rabbit or both?

Look at the image in Figure 1.

Ask yourself the question, can I see a duck or a rabbit – or can I see both?

What does the fact that you may be able to see just one or both make you think about perspective? Again, take the opportunity to develop your study skills and make some notes.

Provide your answer...

Discussion

We may sometimes struggle to agree on what we see because of our different perspectives influenced by our personal worldviews. Indeed, our perspective might change as one moment we may see a duck; one moment a rabbit. Finding a position where we can consider multiple perspectives will provide a more complete picture of a person's mental health. *Both* perspectives bring something important to the overall picture.

It is important to clarify that adopting or using a particular perspective is not the same as saying that you have discovered 'the truth' about mental health or that other perspectives are necessarily wrong. At the same time, the existence of different perspectives – and the continuing debates in the world of mental health about definitions, possible causes and suitable responses indicate that this remains

a strongly contested area. Indeed some people may only see one image and disagree that it can be viewed in any other way.

Task B Common perspectives

You are now going to explore three common mental health perspectives.

There are three common perspectives on mental health that are often quoted. These all take a position or stance on what causal factors are implicated in the development of mental ill-health.

Match the perspective with the description you think is the best fit.

Focuses on adverse experiences, negative life events and childhood adversity, such as exposure to violent behaviour, poverty, abuse, bereavement, parental divorce or separation, parental illnesses and/or non-supportive school or family environments

Emphasises the influence of thought and emotional processes and individual cognitive development on how a person will interpret their negative life events and how this may possibly affect their behaviour

Looks at brain structure and function, and is likely to see mental ill-health in relation to how the brain works and is influenced by hormones and an individual's genes, with other factors merely operating as triggers

Match each of the items above to an item below.

A social perspective

A psychological perspective

A medical perspective

In practice, how do we know when a person is experiencing mental ill-health? This is a sensitive and complex question that could generate a number of different responses depending on who is answering.

In the next section of the course you will start to consider the different models that exist.

1.3 Approaches and models of mental health

In addition to language and perspectives, approaches and models each help provide an understanding of mental health.

Earlier you considered what a perspective is, and you will now go on to explore approaches and models. An approach is best understood as a way of dealing with a topic, while a model is a particular way of understanding an approach and which can be compared and contrasted.

Activity 4 Approaches to identifying mental ill health

Allow 30 minutes

Read the following descriptions of subjective and objective experience written by OU academics. As you are doing so split your thoughts into the two main approaches of subjective and objective and identify main concepts within each.

Reading B

Box 1 Subjective experience

There are two main approaches to identifying mental ill health. The first is to focus on a person's subjective experience. That is, what does the person feel about, and how do they explain, their own mental and emotional state? This kind of subjective monitoring and reporting of our thoughts and emotions is an ongoing, everyday occurrence for most people, and is part of the way we construct and communicate a personal narrative about who we are and how we feel. As such, a person may be aware of the ups and downs they experience emotionally, and of the thoughts and feelings they find upsetting, uncomfortable or distressing. A person may also be aware that some of their behaviour choices – to drink alcohol to excess, use nonprescribed drugs, to work, or eat or sleep excessively, for example – may also be a way in which they express their underlying mental health problems. As such, it is necessary to find ways of facilitating and listening to a person's own subjective account of their mental health and wellbeing in determining whether or not a mental health problem exists. This might mean an approach in which the practitioner gives someone time to talk, uses sensitive questioning or listens in an accepting, non-judgemental manner so that the individual can express themselves on their own terms.

Box 2 Objective evidence

The second approach to mental health problems is to seek more objective evidence of mental, emotional or psychological disturbance and abnormality. This kind of evidence tends to be sought by professional mental health workers following standardised medical or psychological procedures or using structured tests (Gelder *et al*., 2005).

Objective measures of mental health problems might include:

- scans to assess brain structure and functioning
- blood tests to rule out physical conditions, such as anaemia, that might share some characteristics with, for instance, depression
- neuropsychological tests that test memory or problem-solving skills
- other structured behavioural observations that focus on a person's pattern of behaviour.

Objective evidence is often produced in the form of numerical and scientifically grounded results. As such, it does not directly take into account how a person feels or what they believe about their mental health and wellbeing. Given that a person's own subjective understanding is relevant to whether what they are experiencing is a mental health problem, diagnosis of mental health problems tends to occur when both the subjective and objective evidence fit together to confirm a particular set or pattern of symptoms

Provide your answer...

Discussion

The world of mental health is filled with a wide range of perspectives and approaches. These can also have an impact on the way in which those experiencing mental ill-health may seek help.

An individual's partner, friends, colleagues and family members play an important part in promoting and supporting their mental health and wellbeing. These are often also the people an individual will turn to when they first disclose or seek help for their mental health problems. The informal support provided by partners, relatives or friends within a person's family and social network may be enough to help them.

Where this is not the case, a person may require assessment, treatment and support from one or more mental health services and the professionals who work within them.

Having explored perspectives and approaches in mental health, you will now go on to consider models.

Activity 5 Models of mental health

Allow 45 minutes

Listen to the audio of our four professionals introducing a range of perspectives starting with social, moving on to medical and psychological.

Make some notes on the different perspectives as you listen.

Audio content is not available in this format.



Audio 2

Provide your answer...

Discussion

Social perspective

There are three concepts discussed concerning the social perspective and model. You will have heard that social ideas of mental health are very important in understanding the lived experience and it is recognised that social contexts and factors have an impact on mental health and wellbeing. Although it is possible to understand how social events can lead to mental ill-health (a famous 1978 study by Brown and Harris about women is mentioned), causality is a difficult thing to decide.

The second aspect to consider is the notion of social responses or social theory – the concept that giving people labels because of mental ill-health can cause difficulty for them.

Last, there is the concept of social construction – the idea that behaviour and thought is socially constructed but changes in time. Ideas of mental ill-health are viewed differently in different societies. Social or critical realism and how we describe mental health focuses on the way in which language is used and understanding difficult realities are mediated by how professionals describe these experiences.

Medical/biomedical model

This perspective is discussed in terms of making a diagnosis using a collection of signs and symptoms. However, there are no tests of particular relevance and an example of a depressive illness is discussed. Having a diagnosis can have many benefits – for example, it might tell us something about causation, but this is also non-specific. Diagnosis does not exclude that there may be social causes; again, an example is provided – in this instance it may be that women living alone are more likely to become depressed, but there are also biological and genetic factors to take into account.

Diagnosis can also suggest an outcome and risks involved if not treated. It can provide some clarity and reassurance. However, diagnosis can also be problematic, as the process is generalised. There is also a risk that treatment may not work, which could be disappointing to the individual.

Psychological perspective

In this explanation it is suggested that psychologists are not particularly focused on what is 'wrong' or the causes of mental ill-health, they are concerned with processes that are internal to the individual and underlying distress in its various forms. Psychologists use various theories, such as attachment and cognition, to try to describe the distress, and there are lots of therapies available. The disadvantage of this approach is that it locates the problem within the individual and ignores societal and other adversities, which also need to be acknowledged. However, it can give the individual strength in being able to try to respond to their situation.

Spirituality is also mentioned, and an interesting discussion takes place about mental health services being secular. Religious and spiritual perspectives are hugely important and can promote healthy behaviours and provide support and meaning, although the opposite can also be the case, as issues such as the internalisation of shame can be unhelpful.

Core teaching point

Core perspectives underpin this course. These include three traditional models:

- social
- medical
- psychological

Other models, which are not discussed in this course, include the psychotherapeutic, religious, spiritual and biopsychosocial models.

Having considered how different perspectives impact on our understanding of mental health and in turn the language and models that exist, you are now going to take the opportunity to look back at how these perspectives may have developed over time in England and Wales.

2 The past: from asylum to community care?



Figure 2 The Hospital of Bethlem (Bedlam) in Moorfields, London (1747)

The history of mental health services in the United Kingdom is significant not only in terms of those who were identified as having a mental health problem and what treatment they received, but also where that treatment was delivered. The location of such services is perhaps particularly symbolic in mental health as it raises a fundamental question about the place of people in society who are seen as having serious mental health problems.

In this next activity, you will read about mental health in terms of place; looking at asylums and community care.

Activity 6 A brief history

Allow around 1 hour

Task A

Read the first part of this short article written by Rajvinder Samra, a Senior Lecturer at the OU. As you do make notes on the different phases of care.

Reading C

The provision of mental health care and treatment, particularly in the UK, can be divided into three historical phases – the pre-asylum era; the asylum era; and the post-asylum or community care era.

The pre-asylum era

Before the eighteenth century, there was very little specific provision for people who experienced mental health problems. People who experienced mental distress lived in the community without any care or support, other than in workhouses or other places designed for paupers. The Vagrancy Act 1774 distinguished between lunatics and paupers for the first time. This led to the

development of some private madhouses for people who could afford to pay or were supported by their parish. Conditions and standards of care in these institutions were very poor (Jones, 1972). During the same period, hospitals for people experiencing mental health problems began to develop, partly in response to public concerns about the welfare of people who were thought to be in need of such care.

The asylum era

By the end of the eighteenth century, the asylum era had begun. The County Asylums Act 1808, and subsequently the Lunacy Act 1845 and the Lunacy (Scotland) Act 1857, required each county to build an asylum. The rationale for this was that this would provide better care for people with mental health problems than the ad hoc and unregulated provision of madhouses and workhouses. The asylum era (in which care was provided in large mental hospitals, often located in rural areas with their own water supplies, farms, laundries and factories) lasted until the end of the twentieth century. This effectively isolated asylum inmates from their local community and psychiatrists from colleagues in other medical specialties (Killaspy, 2006).

Grounds for admission to the asylums, which was nearly always compulsory, clearly indicated the connection between diagnosis of mental health problems and the social context in which they took place. People were admitted to large asylums during the nineteenth century for either physical or moral causes, such as intemperance (such as excessive consumption of alcohol) or prostitution or bad conduct and domestic troubles (e.g. Devon County Mental Hospital, 2015). Making a distinction between physical and moral causes had the effect of attributing a degree of personal responsibility to a person's mental health problems as well as contributing to the stigma attached to mental disorders. However, patients were not expected or even allowed to take responsibility for their treatment, with compulsory admission to asylums the accepted norm.

The gates of these institutions – and of all others like them – marked the boundary between the outside world of the 'sane' and the inside world of the 'mad' (Gittens, 1998). Although the institution could be a haven, a place of safety and security for some people – literally an asylum – for many others the gates of the local mental hospital were best avoided. This point is made by Gittens: 'In Western culture over the past two hundred years one of the most feared gates, along with that of the workhouse, has been that of the asylum, the loony bin, the nuthouse' (p. 29). Two early institutions are nearly always cited as important landmarks in the unfolding history of mental health services. They are Bethlem Hospital in London and The Retreat in York. Bethlem came first. In its earliest manifestation, it was in use as a hospital for lunatics (from around 1377 until into the seventeenth century).

Bethlem (or Bedlam as it became known in the eighteenth century) was famous for its practice of allowing large numbers of casual visitors to view the lunatics as a spectacle of popular entertainment. Conditions improved slightly when the hospital was moved to a new site in 1815, but nevertheless remained harsh – essentially providing containment rather than care. The Retreat was founded in York by the Society of Friends in 1792. It was the brainchild of William Tuke, a Quaker tea merchant. This was, from the outset, a humanitarian setting – far away from the spirit of Bethlem that allowed naked and manacled people to be viewed by the public as part of an entertaining day

out. The Retreat strove for an atmosphere of benevolence, comfort and sympathy, appointing staff who shared this approach. However, we do not know much about how lunatics in the eighteenth century who were kept in custody were actually treated such as how they were diagnosed and treated by the staff (Eccles, 2013).

In the nineteenth century, people with mental problems may have been sent to workhouses or asylums if they could not be cared for in the community such as by family members. The Vagrancy Act of 1824 meant that people could be classified as a vagrant varied widely based on the interpretation of on-the-ground constables. The Vagrancy Act 1824 defined a vagrant as “someone who deceived the public to solicit alms [e.g. money, food or charity], deserted accepted societal norms and did not conform to contemporary labour practices (they were workshy)” (Yates, 2021, p. 303). For example, there was a tendency to consider women who were wandering (for example, unemployed or with no fixed abode) to be prostitutes or abandoned wives. In any case, women choosing to leave their family sphere were considered “dangerous in their own right” (Yates, 2021, p. 206) and could be deemed a vagrant on these grounds and sent to workhouses or asylums. This highlights ways in which social factors, such as societal norms and or an individual’s discriminatory attitudes, could play into whether someone was considered mad or dangerous regardless of an individual’s biology or psychopathology.

Provide your answer...

Discussion

You have read a brief history of mental health services and how they were provided in phases of care primarily based around the institution of the asylum. It is interesting to note how attitudes change over time to reflect societal norms. This is an important point to remember when studying this course, as society does change as do people’s attitudes with it.

Task B Moving to community-based care

Now read the second part of the article and make notes.

Reading C (continued)

The community care era

The growth in the asylum population (peaking at over 150,000 in 1954) that resulted from a largely one-way, compulsory admission process led to a renewed focus on community-based care for people with mental health problems deemed ‘curable’. In particular, the Mental Treatment Act 1930 made it possible for people to be admitted to asylums on a voluntary basis and encouraged the growth of outpatient departments. The subsequent development of a National Health Service in 1948, the introduction of new anti-psychotic drugs and a changing social and political climate during the 1950s also led to a move away from asylum-based mental health care.

An open-door movement developed with the aim of unlocking the doors and literally opening up the institutions. It was partly triggered by the Second World War experiences of dealing with traumatised refugees and armed forces

personnel. The closure of the large psychiatric hospitals was an unusual example of sustained political pressure effecting major change in mental health care. Enoch Powell's famous 'water towers' speech when he was Minister for Health in 1961 started the process, although the closure programme took the best part of 30 years. Powell summed up challenges involved in closing down these institutions, not only in taking down these massive buildings but changing our minds about how vulnerable people should be housed and looked after. Interestingly, Enoch Powell did not even envision using the old asylum buildings, declaring that they should serve no future use for health and social care the majority of these old asylums:

'First there is the actual physical solidity of the buildings themselves: the very idea of these monuments derelict or demolished arouses an instinctive resistance in the mind. At least, we find ourselves thinking, "Can't we use them for something else if they cannot be retained for the mentally ill ?" "Why not at least put the subnormals into them? "Wouldn't this one make a splendid geriatric unit, or that one a convalescent home." "What a pity to waste all this accommodation!" Well, let me here declare that if we err, it is our duty to err on the side of ruthlessness. For the great majority of these establishments there is no appropriate future use, and I for my own part will resist any attempt to foist another use upon them unless it can be proved to me in each case that, such, or almost such, a budding would have had to be erected in that, or some similar, place to serve the other purpose, if the mental hospital had never existed' (Powell, 1961).

Care outside hospitals was to be the main direction of government mental health policy from the 1950s onwards and it was also recommended that patients must not be retained in hospital when they had reached a stage at which they could go home. The Mental Health Act 1959 emphasised the need for care outside hospital by making it a requirement for local authorities to provide facilities for after care. In addition to these political and policy factors, academic research by Goffman (1961) and Wing and Brown (1970) on the institutionalisation of psychiatric patients, poor standards of care and the poor quality of life inside asylums added to pressures to close the large institutions of the asylum era. However, the decisive shift to care in the community and the closure of the large mental hospitals did not gather momentum until the 1980s.

For people with mental health problems, the community may not actually provide the care that was needed. For the others in the community, initial concerns for the welfare of people who had spent many years living in the asylums began to change to anxieties about them and the risks they might pose. This was triggered by a number of high profile cases in the early 1990s where community patients committed violent acts, sometimes including murders, after losing contact with mental health services. The subsequent development of the Care Programme Approach (CPA), where an identified professional coordinates a person's community care package, together with the use of early intervention, crisis resolution and assertive outreach teams, sought to address the challenges of monitoring people with mental health care needs living in the community and ensuring continuity of care. The development of specialised housing for people with enduring mental ill health, provided by voluntary organisations, housing associations and local authorities, has also been a significant part of community care provision. The promotion of independence through supported living enables a large proportion of people with mental health problems to stay out of hospital.

Provide your answer...

Discussion

The information that has been provided in this activity has described mental health services in England and Wales according to place, namely that which happened prior to, during and after the asylum era. This process has been replicated in many other countries, see for example Italy and the United States whereby mental health care has reflected societal norms.

Having started this course by considering language use, you were then asked to think about how this impacts on how mental health is understood. You have also been introduced to one historical perspective on mental health care provision. However, mental health means more than simple perspectives and approaches.

The next section will therefore enable you to think about what these perspectives and approaches might. But first, you will think about strategies for dealing with emotive content. The next section ends with an opportunity for you to think about study where you may have other responsibilities.

3 Self-management and study skills

In this section of the course, you will work through some activities that will help to develop your study skills.

As K243 (the Open University course which this course is taken from) focuses on the study of mental health and mental ill-health it is likely that some of the content may be emotionally challenging. The next activity will offer some resources and strategies to support you.

Activity 7 Skills: dealing with emotive content

Allow 30 minutes

Read the Guide for students studying emotionally challenging content, which provides practical advice and guidance for students who may come across such content.

Make some notes in the text box on the support that is available to you.

Provide your answer...

Discussion

Having read the guidance you will find that there is a description of what emotive content may be and that not all students react in the same way. It is therefore important that you spend time thinking about what strategies might be of help to you. There are several noted in the guide and include applying your existing skills, planning ahead, being flexible, using your support systems, being reflective, caring for yourself physically and emotionally including engaging with things that bring you joy.

Activity 8 Skills: making notes

Allow around 1 hour

In this activity it is a good idea to break up the time you spend on it to practice your skill of making notes.

Now listen to Audio 3 and make some notes. In the audio, the speakers explore the critical and the integrated perspective.

Audio content is not available in this format.



Audio 3

Once you have made notes, listen at least one more time to the audio and double check the notes you have made. This will include noting anything you may have not heard the first time around.

Provide your answer...

Discussion

Critical perspective

It is important to acknowledge that many of the critical ideas came from the thinking of the time, which was largely from a biomedical perspective. Gavin Davidson mentions leading thinkers challenging those ideas, such as Laing, who wrote *The Divided Self* (1960) and suggested that some behaviours were a sane response to an insane world, and Szasz, who argued that mental health problems did not justify intervention under mental health law (Szasz, 1961). Critical psychiatry suggests that big issues need to be addressed, including the power dynamics within mental health care and the need for a person's perspective to be at the centre. Another thinker, Goffman, in his book *Asylums* (2017), looks at the role of services and how they are organised, which can at times add to the difficulties experienced by those who use them.

The authors of *Models of Mental Health* acknowledge that psychiatry has had a difficult history and in the past it offered treatments such as insulin coma therapy and malaria treatment that we now consider odd, but there were no other treatments available at the time. Some of these treatments would be considered barbaric by today's standards; for example, the widespread use of brain surgery in the 1930s–50s.

While this was a long time ago, it is important to maintain a critical perspective in the present day. Awareness is one thing, but we have to find a way to use the process of co-production with the people who come to us for help, to achieve better outcomes.

Integrated perspective

Also known as the biopsychosocial model, the integrated perspective essentially brings together a range of perspectives to try to understand the person in their totality. Also, it helps to move away from binary processes – where the medical model is dominant and other ideas such as the social model are marginalised – towards a more integrated approach that brings together psychological, social and medical perspectives in a unified way. It helps not to think about clinical expression as such, but about a person's wider integration within society and how we can understand and build resilience for individuals' support networks and society. It is suggested that the voice of the lived experience needs to be more integrated.

To conclude, there are multiple perspectives on psychological distress, but they cannot be viewed in isolation. For most, there must be some form of valuing other perspectives.

Conclusion

In this course you have been introduced to the perspectives, models and approaches that are encountered in mental health.

To begin, you considered the use of language and its importance in understanding mental health. You read about these perspectives and approaches, and listened to different professionals and academics discussing what these perspectives and models mean for them. You also examined some of the historical developments in mental health provision in England and Wales.

You have considered skills that will help you with your studies including note taking.

Activity 9 Your letter

Allow around 30 minutes

At the start of the course you were asked to write a short note to yourself about your expectations. Revisit what you wrote: if you produced a letter and sealed it in an envelope, open and read the letter. Reflect on how your attitudes have or have not changed. Your note might remind you of the interests and passions behind your decision to study this course – have these changed at all?

Now write a reply to the letter/note, reflecting on whether your expectations were met. Has anything come from studying the course that you hadn't anticipated? In your reply, outline what you have enjoyed most, as this might help you to think about future study

Provide your answer...

This OpenLearn course is an adapted extract from the Open University course K243 *Critical perspectives on mental health in society*.

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Further resources

There are a number of resources on the following website which you may find of interest:

- We are Rethink Mental Illness

You may also want to read the book that was written by the four authors in the audio:

- Davidson, G., Campbell, J., Shannon, C. and Mullholland, C. (2016) *Models of Mental Health*, Palgrave Macmillan England.

Acknowledgements

This free course was written by Sarah Vicary.

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