



The History of Treating Mental Illness

The Pacific Project 2020

First things first...



Community Norms:

- What is said in the room stays in the room
- Assume positive intent
- Speak from the “I” perspective
- It's okay not to know something, and don't judge others for what they don't know-- we're all here to learn!

Trigger Warnings:

There aren't very many specific trigger warnings for today, but we will be talking about some of the more inhumane methods used to treat mental illness.

Early History

Trephination

- 7,000 years ago
- Removed a small part of the skull
- Drilling a hole into the skull
- Relieved headaches, mental illness, and demonic possession
- Not much is known due to lack of evidence

Bloodletting and Purging

- Rooted in ancient Greek medicine
- Bleeding, purging, and vomiting were thought to cure mental illness
 - This idea was perpetrated by Thomas Willis
- Bloodletting using leeches
- Venesection
 - Still used today (drawing blood) but not to treat mental illness

Medieval Times: Isolation and Asylums

- Isolation was the preferred treatment for mental illness during this era
- Asylums were created as a way to remove the mentally ill from society and shield others from them
 - This is a very early foundation of the current stigma surrounding mental illness
- Issues of overcrowding and sanitation
- Treatment in the asylums was uncommon, but inhumane when done
 - Physical treatments like ice water baths and restraint (straitjacket)



Psychiatric Asylums in the 19th and 20th Centuries

- Emergence of state and private asylums in the late 19th Century based on the Kirkbride Plan of “moral treatment” of mentally ill or incapacitated people
- By the 1900s, criticisms of the treatment of committed patients led to reform; new treatments were tested
- Growing availability of medical treatments (eg: chlorpromazine) led to decline in committed populations

Insulin Coma Therapy and Metrazol Therapy

Insulin Coma Therapy

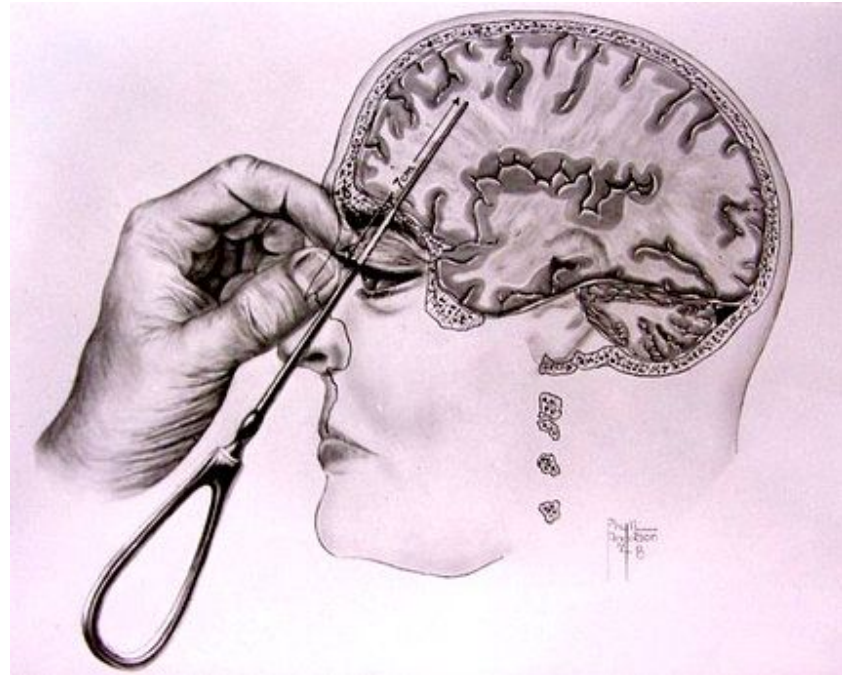
- Given insulin injection → state of unconsciousness
- Risks included prolonged coma and a mortality rate of up to 10%
- Used up until the 1960s
- Replaced by electroconvulsive therapy because it was "safer"

Metrazol Therapy

- Induced seizures via a stimulant
- Resulted in fractured bones, torn muscles, etc.
- Several times a week
- Metrazol banned by the FDA in 1982
- Precursor to electroconvulsive therapy

Lobotomy

- Surgical separation of prefrontal cortex and frontal lobe (split-brain)
- Designed to disrupt brain circuitry
- Could be completed in 5 minutes
- Used in “severe” cases
- Largely discontinued after the



1950s

Therapy vs. Psychology vs. Psychiatry



Therapists:

- Training: often Masters in therapy; licensing varies by state
- Broader, provide a variety of treatments (eg: marriage counseling)
- 5 categories of therapy: psychotherapy, behavioral, cognitive, humanistic, integrative

Psychiatrists:

- Training: Medical school
- See patients with psychological, social, medical needs
- Medical doctors that are able to prescribe medicinal treatments, including meds or ECT

Psychologists:

- Training: often Masters or Doctorate in psychology
- Treat conditions helped by psychological treatments
- Social scientists working in research or clinical settings
- Often work with psychiatrist to diagnose and design treatment plan

Psychiatric Wards

- Historically, how did they contribute to the stigma?
- To what extent does that stigma still exist today?
- Are there misconceptions around what goes on in a psychiatric inpatient ward?
- What “really” happens in a psych ward?

