

Mental Illness

Contents: Reading, questions and discussion on the nature and treatment of mental illness and people's attitudes to it.

Time: 1 to 2 periods depending on the amount of discussion.

Intended use: GCSE Biology, Human Biology and Science courses. Links with work on the brain and mental health.

Aims:

- To complement course work about the brain and mental disorders
- To give students an awareness of the two main types of mental health problem
- To bring into the open for discussion some of the prejudice which may exist in the minds of the students
- To give students some awareness of the ways in which mental illness can be treated
- To develop awareness of some of the social problems involved in the care of the mentally ill
- To provide an opportunity for discussion of a topic which requires emotional feelings to be balanced against medical and economic issues.

Requirements: Students' worksheets No.1005.

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This unit is about mental illness **not** mental handicap. Many people confuse the two. The distinction is not explained in the introduction to the unit because experience suggests that to put the two together in print can add to the confusion. However, teachers may choose to discuss the difference with their students, along the following lines.

Mental illness can be compared to other illnesses. We all get ill at one time or another. Some illnesses affect our minds. We generally get better either naturally or because we have been given medical treatment. Some medical treatments are intended to cure; others just make the symptoms more bearable. Some illnesses are incurable.

Mental handicap is brain damage. A person is either born with a mental handicap, or becomes handicapped as a result of a serious accident or illness. Someone who is mentally handicapped can be educated within the limits of the handicap but they can never get better.

Some children may have direct experience of mental illness or mental handicap in their families and so the discussion and questions need sensitive handling.

A suggested approach

Trials have shown that a good way to start this unit is to have a 'brainstorm' session based on the words: 'mental illness' and 'normal' (see the SATIS *General Guide for Teachers*, page 61). This can be followed by reading and discussion. The discussion of the questions is better tackled in small groups.

Most mental illness is an extreme form of what we have all experienced. Most of us know what it is like to feel so depressed that we look for a refuge from noise and responsibilities where we can recover our peace of mind. It is valuable to remember that the meaning of 'asylum' is just that — a refuge for the distressed (see discussion question 8).

Unfortunately many people have a grotesque idea of what a mental hospital or asylum is like, which may be due to having seen old prints of half naked lunatics in strait-jackets. Most modern hospitals have psychiatric wards which are quite pleasant places, where patients wear their normal clothes and move around, go to group or occupational therapy sessions, and watch television.

Older students may find themselves asked by a doctor if they are willing to visit a close friend or relative in such a ward since such visits help the patients to recover. Discussion of the ideas in this unit may help them to approach such a visit with less prejudice and more understanding.

Another common misconception is that a mild loss of memory for recent events in the old is senile dementia or Alzheimer's disease. It is neither. All of us have experienced moments when we cannot recall a name or word, and as we get older this may get worse. Ask students to compare the accurate and often vivid memories the old have of the events in their youth and they will see that it is the process by which new information is committed to memory — rather than memory recall — which has been slowed down by ageing.

ECT (electro-convulsive therapy commonly called 'shock treatment') is not mentioned in the text. It is rarely used now, and then only for severe psychotic illness which has not responded to drug treatment.

The policy of the NHS in recent years has been to close down the large mental hospitals and to have patients live in special houses in the community. This is a controversial policy among psychiatrists as well as among members of the public. It may make a good subject for discussion.

Further resources

The SATIS unit No. 806, *Stress*, provides an alternative and simpler approach to some of the problems discussed in this unit.

Leaflets and booklets from MIND, the National Association for Mental Health, 22 Harley Street, London W1N 2ED

Acknowledgements Text: extracts are reproduced by permission from John Payne, *All in the Mind* (Oxford University Press in association with Chameleon/Ikon) (Extract 1a); MIND Factsheet 7, *Depression* (MIND) (Extract 1b, c); David Brandon, *Voices of Experience* (MIND) (Extract 2). Illustrations: Figure 1 based on a photograph by Tony Othen; Figure 2 supplied by the Mansell Collection.

MENTAL ILLNESS

What is mental illness?

It is easy to misunderstand what is meant by mental illness because many of us know very little about it. Anything which is different from our own idea of what is *normal* is likely to cause fear and worry. But what do we mean by *normal*?

Is it normal to be frightened of spiders?

Is it normal to talk to yourself?

Is it normal to be sad when things go wrong?

Is it normal to want to be by yourself when you feel upset?

Imagine the ups and downs of everyday life — passing exams and failing them, falling in love and being sneered at, getting a job and losing it, the death of a dearly loved friend or relative. It is natural to feel upset when something bad happens. It often spoils our concentration so that we cannot think of anything else until we 'get over it'.

Some people need help to get over their troubles. Do you ever feel nervous before an important test or exam? If so, you have some idea of what mild stress is like. People may need help when stress gets painfully acute.

Now discuss questions 1 to 3.

Who is affected?

It is estimated that at any one time 250 out of every 1000 people are experiencing some sort of mental distress. Most of these people will go and see their doctor and out of the 250 perhaps six will be admitted to hospital. This may not seem a large number but over the whole population this adds up to about 200 000 hospital admissions each year.

Read the extract about James, Jackie and John. Discuss question 4.

Extract 1

(a) James was a student in his last year at university. He was twenty-one years old. He was intelligent, but not brilliant. So he had to work hard to keep up with his Modern Languages course. He was not bad looking, quiet, enjoyed playing football, and was also interested in politics and films. Three months before his final exams, his girl-friend dropped him. His revision suffered immediately. A week later he heard that his father had to go into hospital for an operation to find out whether or not a growth was cancer.

His work stopped completely for a week. He went home, but his parents encouraged him to go back to University to get ready for his exams. He tried but was unable to concentrate. He got some pills from the medical centre but by now he was well into a state of anxiety and depression. He was beginning to think about suicide.

(b) Jackie says:

'When I walk down the street with my friend I feel there's a glass wall

Questions for discussion

- 1 The number of people attending psychiatric clinics is much greater today than it was fifty years ago. Why is this? Is it because people are less ashamed of admitting to mental health problems? Is it because we are now able to help more people than before? Is it because it is easier to reach a psychiatric clinic? Is it because there are more hardships and problems in modern living?
- 2 What are you afraid of? What upsets you? What makes you tense? Discuss this in your group and draw up a list of fears and causes of stress.
- 3 The word 'acute' is used in this unit. What is the medical meaning of the word?

Question for discussion

- 4 Have you ever felt a bit like the students James, Jackie and John? What is it about the cases of these students which most convinces you that they are mentally ill and need help?

between us. I feel I'm alone. I want to scream and shout out. I try to break the glass but it's like plastic. It bends but it does not break.'

(c) John says:

'When I am depressed I feel I'm in a dark place. I'm trying to stay in a corner, because the floor slopes away and it gets darker and darker. I'm there on my own, and at the same time it's as if I'm cut off from myself and I'm watching myself. It's a horrible feeling.'

What are the main types of mental illness?

There are two main types of mental health problems — **neurosis** and **psychosis**.

Neurosis

This is the mildest sort of mental illness. Neurotic people have similar feelings to the rest of us, so they are not hard to understand. Their feelings are exaggerated and so central to their lives that they cannot think about much else. They do not lose touch with reality and so they often feel useless and even guilty about their illness. This type of illness is sometimes called a 'nervous breakdown' but the term has no special meaning.

There are four main types of neurosis:

Depression

This usually comes on slowly and makes patients physically inactive. They are often anxious at the same time. (Very severe depression is classed as psychosis.)

Anxiety

This is the result of intense stress or suppressed anger. It may produce feelings of panic and shaking, among other symptoms.

Obsession

Sufferers feel compelled to carry out regular patterns of behaviour. A person with an obsession about not walking on the lines between paving stones may have feelings of panic if they make a mistake. *Anorexia nervosa* is an illness in which the patient does not eat enough. Sometimes a boy or girl starts dieting to slim and then cannot stop. They may become dangerously weak unless helped.

Hysteria

Extreme stress can cause loss of memory or even temporary paralysis. An example is the 'shell shock' which may affect soldiers in wartime. The symptoms of hysteria are often indirect appeals for help.

Psychosis

When someone is suffering from a psychotic illness they lose touch with reality and live in their own fantasy world. Even when someone has a neurotic illness they withdraw a little from their friends and family, but in a psychosis the withdrawal is much more complete.



Figure 1

The two main types of psychosis are:

Schizophrenia

Patients have hallucinations, hear 'voices', giggle, or talk to an invisible presence. You may have seen a schizophrenic shouting in the street. Although they sound violent and frightening, they rarely harm anyone. The illness is not well understood but it can be treated with drugs. Some patients recover completely. Others may need to take drugs continuously to keep their hallucinations under control.

Manic-depression

This produces very severe changes of mood. Sometimes patients feel deeply unhappy, guilty and unable to think clearly. At other times they may be violent, irresponsible, noisy, and apparently cheerful. Such extremes of mood can often be successfully controlled and cured by new drugs. Some creative people have been manic-depressives including Schumann, Goethe and Sylvia Plath.

What causes mental illness?

We still cannot answer that question, even though big advances in the treatment of mental illness have been made in the last twenty years.

Mental illness certainly is not catching! It seems that a tendency to develop manic-depression or schizophrenia can sometimes be inherited. It is also true that circumstances such as bereavement, divorce, unemployment and poverty can affect the mental health of members of a family.

We also know that mothers sometimes suffer mental illness after the birth of a baby. This may be due to sudden changes in the body hormones. The condition is called *post-natal depression*.

When people get very old their bodily health is likely to suffer as may their memory. This is probably due to the loss of active brain cells. Talking to elderly people you will find that it is their memory for recent events which suffers most. They can often remember events from their youth very clearly. This makes them interesting to talk to, and talking about the past is good for them too. They are not mentally ill.

Sometimes the elderly become so forgetful that they cannot look after themselves. We say that they have *senile dementia*. They may then have to go into the geriatric ward of a hospital because they need continual nursing care.

Alzheimer's disease is one form of senile dementia. It is caused by a special kind of deterioration in the structure of the brain. It may occur at an earlier age.

In or out of hospital?

People with mental illness may be treated by their family doctor at home, or may attend the out-patients department of a local hospital. They may discuss their problems with a psychiatrist — singly or in groups.

Some ill people are scared of going into a mental hospital in case it is like a 'lunatic asylum'. They fear that they may be thought mad and locked away. It is offensive to use words like 'mad' — it suggests that the patient will not recover. Remember that half of those who go into mental hospital come out cured within a month.

Quotations from hospital patients

'When I entered the ward on my first day I was faced with people in a similar position to my own. They call it "nervous breakdown", "schizophrenia", "mental disorder", and a label which I had never heard before "anorexia nervosa". We recognised one another. You are frightened... I am frightened...'

'I went in very overweight, depressed, suicidal, lost, distraught, embarrassed at where I had ended up. But, after two days I already felt better for being surrounded by people in far worse positions than myself. For the first time in two years I could talk to both staff and patients who understood me.'

'The worst part of being in hospital was the boredom. The days were routine and you lost interest in life and the outside world. Long empty days, the best feature of which was visiting time. The reassurance that people outside were still interested in you.'

'I have improved a lot since I've been here. For the first time I managed to see what kind of person I was to my wife and others. I was really frightened when I first came here because I thought I was a lunatic... mad... you know what I mean? And that I was going to be kept in here for months. But it is not like that. By talking to people and patients here I have sorted out a lot of my problems.'

'I think that the richness of my pre-injection days, even with brief outbursts of madness, is preferable to the numbed cabbage I have become.'

'One of the worst periods in hospital is when you're well and you can't convince anyone you're well. Somehow you have got to sell your sanity to the nurses and the doctor and it is very easy to fluff it.'

'Another danger which exists with hospitalisation, especially if it is prolonged, is that one becomes increasingly reluctant to tear oneself away from the security of the hospital...'

'Of course the great thing about hospital is getting out of it again.'

Extract 2



Figure 2 Wonford House, Exeter, a 'retreat for the insane' opened in 1869

The Victorians built huge mental asylums in the country far away from the patients' homes. Patients suffered because they got too little personal care and very few visits from their friends and relations. This made it less likely that they would recover. A few of these Victorian hospitals are still in use and they are a problem.

The question is what to do for those who are ill for a long time. Many of them can be given drugs or injections which control their condition so that they are not a danger to themselves or to others. It does not do them any good if they are kept in a large hospital far away from where they are known.

Mental hospitals are expensive to run, but some must remain to care for those who are acutely, or dangerously ill. In recent years many hospitals have been closed and long-stay patients have been moved out into *group homes*. Small numbers of people share houses in the local community.

This has caused much argument.

Those for group homes argue that the patients get 'in a rut' from hospital routine. In a group home they can learn to care for themselves with the help of regular visits from a nurse. This is good for them. Running group homes is cheaper for the NHS than maintaining large mental hospitals. The community should learn to help the mentally ill and not shut them up and forget about them.

Those against group homes do not like to see the mentally ill around their neighbourhood. The patients may look odd because they are ill. They may be under drugs, or have brain damage. The patients may need more care than they get in a small home so that they look shabby, untidy and unhappy. A group home may bring down the price of houses near it.

What do the patients think?

This is more difficult. They may feel frightened if they are used to life in hospital and their new neighbours are hostile, at least to begin with. In the long run the new situation and responsibilities may help them to enjoy more normal living.

What do you think?

Discuss question 5 and then go on to some of the questions 6 to 9 if you have time.

Questions for discussion

- 5 (a) *Is there a group home near you? Could you, would you, help the people living in a group home?*
(b) *What would you and your family say if there was a plan to open a new group home near to where you live?*
- 6 *Some people with mental problems talk to themselves much of the time. Should they be allowed to go to places where others like to be quiet such as places of worship or libraries?*
- 7 *Many people are ashamed of mental illness. They are embarrassed and find it very hard to come to terms with the idea of mental health problems. Suggest as many reasons as you can for this. Can these prejudices be overcome?*
- 8 *What does the word 'asylum' mean? Do you think that people who are mentally ill need 'asylum'? Why do you think that the word asylum has become unfashionable for those who have mental health problems while it is still used for political refugees?*
- 9 *What can young people do for those who have mental health problems? How do volunteers in your local community help in hospitals, residential homes and day centres?*