

file: psychiatric nursing.

Department of Sociology,
Bedford College,

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ISSUES IN MENTAL HEALTH

Introduction

Within the space of a century, psychiatry has emerged from nothing to become an established and powerful profession. It is often assumed that this profession has developed an objective and exact science on which to base its theories. In the last two decades, this assumption has increasingly been questioned from within as well as from outside the profession.

In this ten week course, a social analysis will be the main approach to problems relating to mental health and the mental health services. Some past theories and treatments in psychiatry will be explored, and we will examine and question some of the recent ideas about the development of psychiatry and its therapeutic potential. We will then take up some major social issues relating to mental health currently. Lastly, bearing in mind our discussions on the strengths and weaknesses of the psychiatric profession and of the mental health services as they affect patients and population at large, we will then examine the role of nurses and in particular, psychiatric nurses.

Recommended general reading

BRIAN ABEL-SMITH A History of the Nursing Profession. Heinemann 1977. (£4.95)
 CELIA DAVIES (ed) Re-writing Nursing History. Croom Helm 1980. (£5.95)
 MONICA BALY Nursing and Social Change. Heinemann Medical 2nd edit. 1980. (£12)
 DAVID INGLEBY (ed) Critical Psychiatry: the politics of mental health. Penguin 1981. (£2.95)
 AGNES MILES The Mentally Ill in Contemporary Society. Martin Robertson 1981.

For each session there will be a handout, giving the framework, theme and major points to be discussed. Any specific reading for preparatory work will be given in advance.

WEEK 1

Introduction; the basic approach to the course.

WEEK 2 HISTORY OF THE CARE OF THE MENTALLY ILL

Society's attitudes to, and care of, the mentally ill have changed over time, and are still changing. We will trace the origins of the mental hospital and the move from a custodial to a medical orientation. Psychiatry is not a science in a vacuum; it can also be seen as a social institution which incorporates the ideology of the surrounding culture. We can see this more clearly in retrospect. For example, Victorian theories and therapies can be viewed in the light of ideas about normality, morality, health and disease predominant at that time.

Useful reading: R. HUNTER & I. MACALPINE. 300 Years of Psychiatry. Oxford University Press, 1963.
MICHAEL BENDER. Community Psychology. (Chapter 1 The Development in the Treatment of the Mentally Ill and Handicapped 1945 - 1965.)
MICK CARPENTER. Asylum Nursing Before 1914. (Chapter 6 in CELIA DAVIES (ed) Re-Writing Nursing History. Croom Helm.
ANDREW SCULL Madhouses, Mad Doctors and Madmen - the social history of psychiatry in the Victorian era.

WEEK 3 DIFFERING APPROACHES TO PSYCHIATRY

There was an upsurge of interest in psychiatry after World War II and increasing criticisms of the positivist framework in which it operated emerged during the 1960s. R.D. Laing, with his phenomenological approach, publicised the idea of the schizophrenic family. Laing, however, gave little attention to the analysis of social situations. American psychiatrist, Thomas Szasz suggested that nature had replaced God, the state had replaced the church, mental illness had replaced witchcraft, institutional psychiatrists had replaced grand inquisitors, and treatment is given for health rather than salvation! Some argued that psychiatry was a form of social control, others argued that it should explore interpersonal theories and move away from intra-psychic theories.

Useful reading: R.D. LAING. The Divided Self. Penguin 1966.
BOYERS & ORRALL (eds) Laing & Anti-Psychiatry. Penguin 1972.
KEN KESEY. One Flew Over the Cuckoo's Nest. Picador 1972.
THOMAS SZASZ. The Manufacture of Madness. RKP 1971.
E. GOFFMAN. Presentation of Self in Everyday Life.
ANTHONY CLARE. Psychiatry in Dissent.
PETER SEDGWICK. Psycho-politics. Pluto Press.

WEEK 4 THE SOCIOLOGICAL CONTRIBUTION

Goffman claimed that it was not enough for sociologists to assert the social nature of the self and then abandon the task of describing to the psychologist how such a development takes place. Can sociologists successfully contribute to the understanding of mental illness and its appropriate treatment? Is it helpful to link the phenomena of individual experience to the broader social and economic structure?

Useful reading: STANTON & SCHWARTZ. The Mental Hospital. Basic Books. 1954.
A.F. WESSEN. The Psychiatric Hospital as a Social System. C.C. Thomas. 1964.

WEEK 4 (cont.) GEORGE BROWN & TERRIL HARRIS. Social Origins of Depression: a study of psychiatric disorder in women. Tavistock 1978.

WEEK 5 & 6 EPIDEMIOLOGY

Epidemiology is a branch of medicine that looks at the distribution of disease and death among the population by surveys. Epidemiological research has shown that most ill-health conditions are more prevalent among lower socio-economic groups in society. Epidemiology can help to highlight the social causes of ill-health.

Mental health statistics will be discussed in week 5. For example, mental disorder accounts for 45% of the total numbers being treated as in-patients in our hospitals. Only 13% of the NHS budget is spent on mental illness patients. Also there is an uneven distribution of services throughout the country. In week 6 we will discuss societal divisions relating to mental illness, e.g. class, race and gender.

Useful reading: DOUGLAS BLACK ET AL. Inequalities in Health. DHSS 1980.
The Royal Commission on the NHS (MERRISON) HMSO.
DHSS Consultative Document. Care in the Community. DHSS.
M. HARVEY BRENNER. Mental Illness and the Economy. Harvard UP. 1974
LEN FAGIN. Psychology of Unemployment. Medicine in Society Vol.4.
Medicine in Society Vol. 7 No. 4. (No. 7.
whole issue on Race & Health.

WEEK 7 & 8 MENTAL HEALTH AND GENDER

Twice as many women as men consult their GP with emotional or psychiatric problems. One in six women and one in nine men enter hospital for mental illness at least once in their life time. Women particularly, are often isolated, lonely and depressed, especially on new estates without extended family support.

The study of women and mental health is an interesting, and by now, well documented illustration of ideological bias in psychiatry. In week 7 we will examine common assumptions about women as they relate to psychiatric treatment. In week 8, social changes which affect women will be explored in more depth.

Useful reading: KAY F. SCHAFFER. Sex Role Issues in Mental Health. Addison-Wesley 1980.
DOROTHY SMITH & SARA DAVID (eds) Women Look at Psychiatry. Press Gang Publishers 1975.
SUSIE ORBACH. Fat is a Feminist Issue.
BOBBIE JACOBSON. The Ladykillers. Pluto Press 1981.
LUISIE EICHENBAUM & SUSIE ORBACH. Outside In, Inside Out. Penguin '82
ANGELA PHILLIPS & JILL RAKUSEN (eds. British edition) Our Bodies Ourselves. Penguin.

WEEK 9 WHICH WAY FOR PSYCHIATRIC NURSING ?

Psychiatric nurses often claim fundamental differences between themselves and general nurses, saying that the latter are task-orientated and that they need to be person-orientated. This is why psychiatric nurses were largely opposed to the Briggs recommendations to generic training. There are also real differences between nursing in the hospital and in the community. Community Psychiatric Nurses claim more autonomy and job satisfaction. The old mental hospitals are being phased out and community is the buzz word. What are the implications of all this for psychiatric nurses, their training and education ?

Useful reading: COMMUNITY PSYCHIATRIC NURSES' ASSOCIATION. Evidence submitted to the Royal Commission on the NHS.

WEEK 9 cont.

SUSAN SLADDEN. Psychiatric Nursing in the Community. Churchill Livingstone 1979.

DESMOND CORMACK. Psychiatric Nursing Observed. 1976.

DAVID TOWELL. Understanding Psychiatric Nursing.

WEEK 10

CURRENT ISSUES RELEVANT TO THE NURSING PROFESSION

Is nursing a profession at all? The nursing process seems theoretically able to advance professionalisation, but how does it operate at ward level?

Nursing has not made the impact on planning, for example, which its enhanced management status since 1974 would warrant. The 'cinderella' services, including mental illness services, remain neglected and uncharted areas as far as innovation is concerned. Nurses are the major caring profession, and it is precisely the services which require care rather than cure that are neglected. Nurses could really bridge the gap here, so what are the barriers?

JANET MUFF (ed) Socialization, sexism and stereotyping: Women's Issues in Nursing. Mosby 1982. (£10.75)

Marion Prince.
October, 1982.