
MENTAL
HEALTH
HISTORY
PACK

In autumn 2017 we set up the **Seacroft Women's Health Group** who started meeting once a month at Chapel FM in Seacroft. With a cup of tea and a biscuit, we have talked about all aspects of physical, mental and emotional health and wellbeing. During these conversations we have collected really valuable stories which tell us about women's health in the past and the present. As a group we have also got a huge amount out of the discussions: we've had the opportunity to share our stories and listen to others; we have felt comfortable enough to open up about health experiences which we hadn't talked about before; and we now know that we aren't going through things alone. There's been a lot of laughter too.

The project has had such a positive impact on the group that we wanted to help other people set up their own groups. To do this, we are going to create a **Mental Health History Pack.**

Other groups will be able to use the pack learn about the history of mental health and support conversations about mental health in the present. The material you can look through today is our first attempt at putting this pack together.

We want to know from you whether this material seems appropriate: should we add anything, change anything, or take things away?

The material should be interesting and help to get a discussion started. But it also needs to help groups feel comfortable and supported while discussing some emotional and challenging topics.

The project is a collaboration between the Seacroft Women's Health Group, Dr Jessica Hammett (a history researcher at the University of Bristol), the Mental Health Museum, Wakefield, and the Leeds Older People's Forum. We will also be working with the School of Applied Mental Heath and Wingfinger Design.

To contact us or let us know what you think of the history pack, please email jessica.hammett@bristol.ac.uk

CAN YOU HELP?

Today we are testing out material that we plan to include in the mental health discussion pack, and we'd like feedback from you.

Have a look through, think about the questions we've asked, and please leave us some feedback at the end.


TESTIMONIALS

I think because we talk about mental health well-being and other health issues within the group it makes things a lot easier to cope with things as I feel you're never on your own someone has always experienced something similar if not the same.

A group such as ours is supportive with both listening skills and understanding. The members demonstrate empathy and ensure confidentiality in a “safe” space.

Being part of the group has opened up my world. It has given me time to reflect on my past worries and fears. My wellbeing wasn’t good at the time I joined the group. My mental health was at an all time low. It’s only through talking to the other members that I was able to reach out and talk about my feelings. I had papered over the cracks, denying my depression and anxiety. I found great comfort in talking to the other members of the group. They are a source of strength and I now count them as friends. It’s a nice feeling of belonging.

Being in a group and discussing life and problems in general does make you think and opens up thoughts that you probably had forgotten or maybe even put to the back of your mind. I do think talking in general to other people definitely helps and makes you feel better in some way. I have enjoyed being in the group and the social aspects of it.
I don’t know if the group has changed the way we cope with mental health and wellbeing, but it does make me think more about the past and present and I’m sure that does help.

The group has helped me to cope with painful memories of growing up. The good thing is I am able to talk with ease and I have gained strength and confidence through being with them. A door has been opened to me and finding the ability to speak to others is a boost to my morale. I appreciate our friendship and I have gained confidence, being around them has released a lot of my anxiety. I am happy to be around them and enjoy being in their company listening to them relate stories from their lives.

I have enjoyed attending the meetings and listening to what others have had to say and knowing that others have had similar experiences to me, but I tend to be self-sufficient and have always relied on myself.


DISCUSSION

Before you get started you should talk about ground rules as a group. It is important to have ground rules so that everyone feels safe and comfortable. You will be talking about sensitive and difficult topics and we all need to be careful that these conversations feel supportive and non-judgemental.

You should talk in your groups about what ground rules feel appropriate for you, and we suggest the following as a starting point.

I will **support the group** by:

- Setting dedicated time aside for the group
- Remembering our common ground and goals and how we can all learn from any differences

I will **grow trust** by:

- Ensuring sessions are not overheard by others outside of the group or recorded
- Not discussing personal details or issues shared within discussions outside of the group, unless I am seriously concerned for your safety or I have your permission
- Only inviting new members to the group with the full agreement of all existing members

I will create a **safe space** by:

- Sharing only what I am comfortable to share and understanding that others will do the same
- Approaching each session as an opportunity to both seek and give support
- Being open minded and non-judgemental
- Offering any alternative viewpoints in a supportive way, challenging the situation not the person
- Treating all members as equal, along with their contributions
- Be kind and assume the best from each other

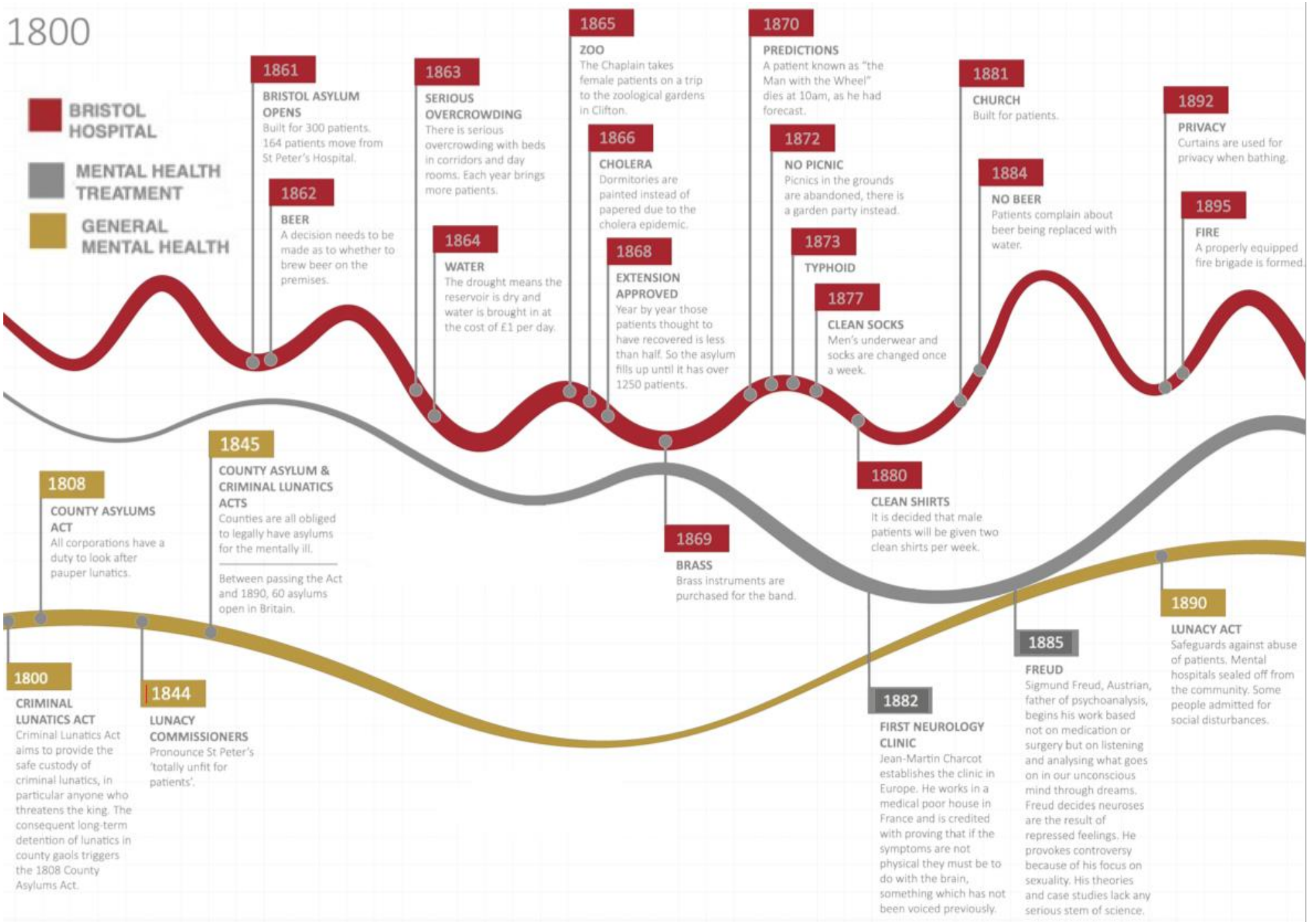
You should also have a conversation about mental health and wellbeing in the present: how would you define mental health and what does good and bad mental health mean to you? Bear in mind that other group members might have personal experiences of mental health issues that you don't know about, so make sure you are thoughtful and sensitive. We want to make sure that no one feels excluded from the discussion or like their experience has been dismissed.

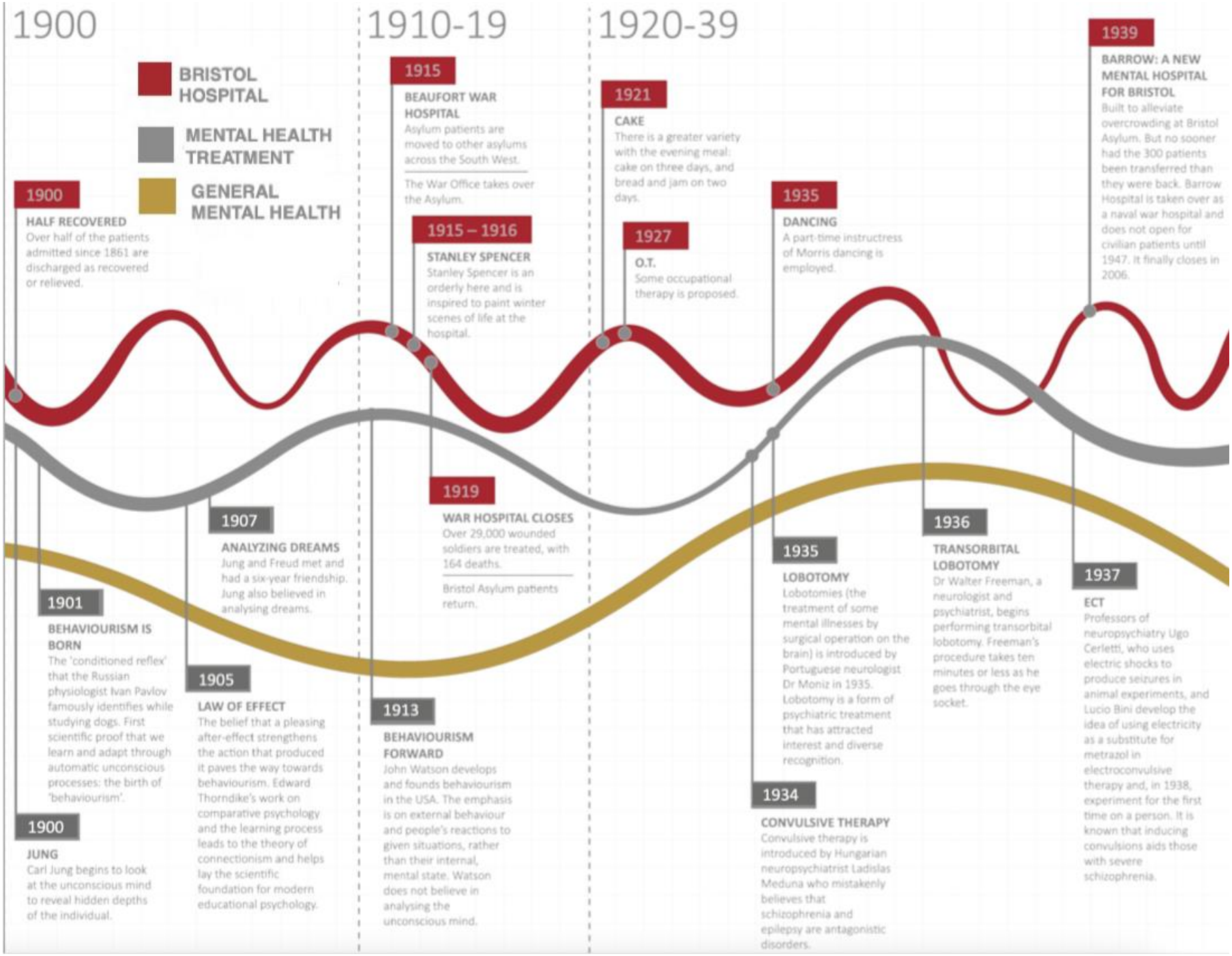
WHAT
GROUND RULES
WOULD HELP YOU
TO FEEL
COMFORTABLE?

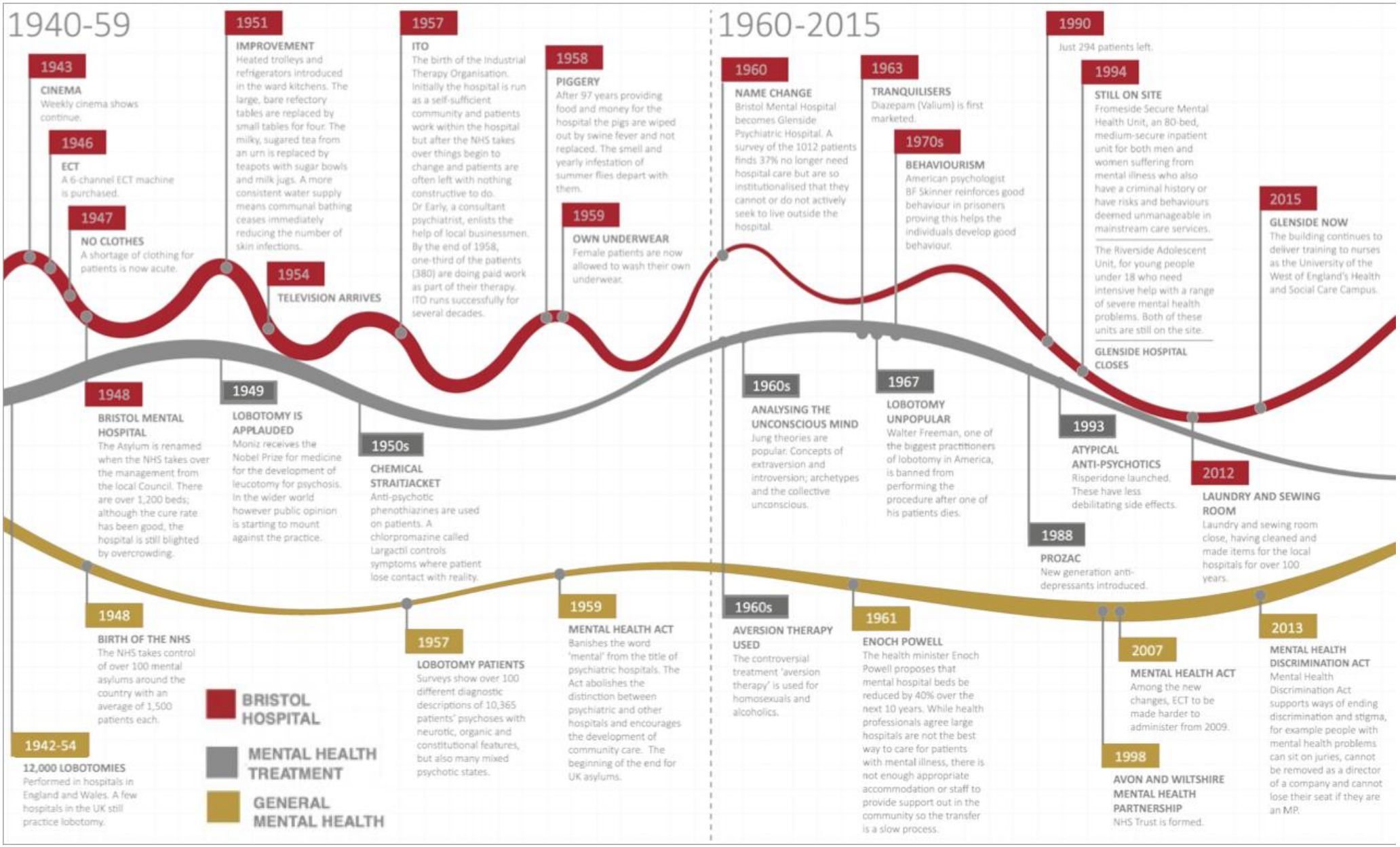

TIMELINE

CONTENT WARNING

This section contains information about the history of mental health. This is a difficult history, and some of the information may be upsetting or emotionally challenging. If you are affected by any of the information you read you can tell us, take a break or walk away. You might need to sit down, get some fresh air, have a cup of tea, or have a chat.


1800
BRISTOL HOSPITAL
MENTAL HEALTH TREATMENT
GENERAL MENTAL HEALTH
1800
CRIMINAL LUNATICS ACT
Criminal Lunatics Act aims to provide the safe custody of criminal lunatics, in particular anyone who threatens the king. The consequent long-term detention of lunatics in county gaols triggers the 1808 County Asylums Act.
1808
COUNTY ASYLUMS ACT
All corporations have a duty to look after pauper lunatics.
1844
LUNACY COMMISSIONERS
Pronounce St Peter's 'totally unfit for patients'.
1845
COUNTY ASYLUM & CRIMINAL LUNATICS ACTS
Counties are all obliged to legally have asylums for the mentally ill.
Between passing the Act and 1890, 60 asylums open in Britain.
1861
BRISTOL ASYLUM OPENS
Built for 300 patients. 164 patients move from St Peter's Hospital.
1862
BEER
A decision needs to be made as to whether to brew beer on the premises.
1863
SERIOUS OVERCROWDING
There is serious overcrowding with beds in corridors and day rooms. Each year brings more patients.
1864
WATER
The drought means the reservoir is dry and water is brought in at the cost of £1 per day.
1865
ZOO
The Chaplain takes female patients on a trip to the zoological gardens in Clifton.
1866
CHOLERA
Dormitories are painted instead of papered due to the cholera epidemic.
1868
EXTENSION APPROVED
Year by year those patients thought to have recovered is less than half. So the asylum fills up until it has over 1250 patients.
1869
BRASS
Brass instruments are purchased for the band.
1870
PREDICTIONS
A patient known as "the Man with the Wheel" dies at 10am, as he had forecast.
1872
NO PICNIC
Picnics in the grounds are abandoned, there is a garden party instead.
1873
TYPHOID
1877
CLEAN SOCKS
Men's underwear and socks are changed once a week.
1880
CLEAN SHIRTS
It is decided that male patients will be given two clean shirts per week.
1881
CHURCH
Built for patients.
1882
FIRST NEUROLOGY CLINIC
Jean-Martin Charcot establishes the clinic in Europe. He works in a medical poor house in France and is credited with proving that if the symptoms are not physical they must be to do with the brain, something which has not been voiced previously.
1884
NO BEER
Patients complain about beer being replaced with water.
1885
FREUD
Sigmund Freud, Austrian, father of psychoanalysis, begins his work based not on medication or surgery but on listening and analysing what goes on in our unconscious mind through dreams. Freud decides neuroses are the result of repressed feelings. He provokes controversy because of his focus on sexuality. His theories and case studies lack any serious stem of science.
1890
LUNACY ACT
Safeguards against abuse of patients. Mental hospitals sealed off from the community. Some people admitted for social disturbances.
1892
PRIVACY
Curtains are used for privacy when bathing.
1895
FIRE
A properly equipped fire brigade is formed.


1900
1910-19
1920-39
BRISTOL HOSPITAL
MENTAL HEALTH TREATMENT
GENERAL MENTAL HEALTH
1900
HALF RECOVERED
Over half of the patients admitted since 1861 are discharged as recovered or relieved.
1901
BEHAVIOURISM IS BORN
The 'conditioned reflex' that the Russian physiologist Ivan Pavlov famously identifies while studying dogs. First scientific proof that we learn and adapt through automatic unconscious processes: the birth of 'behaviourism'.
1900
JUNG
Carl Jung begins to look at the unconscious mind to reveal hidden depths of the individual.
1907
ANALYZING DREAMS
Jung and Freud met and had a six-year friendship. Jung also believed in analysing dreams.
1905
LAW OF EFFECT
The belief that a pleasing after-effect strengthens the action that produced it paves the way towards behaviourism. Edward Thorndike's work on comparative psychology and the learning process leads to the theory of connectionism and helps lay the scientific foundation for modern educational psychology.
1915
BEAUFORT WAR HOSPITAL
Asylum patients are moved to other asylums across the South West.
The War Office takes over the Asylum.
1915 – 1916
STANLEY SPENCER
Stanley Spencer is an orderly here and is inspired to paint winter scenes of life at the hospital.
1919
WAR HOSPITAL CLOSES
Over 29,000 wounded soldiers are treated, with 164 deaths.
Bristol Asylum patients return.
1913
BEHAVIOURISM FORWARD
John Watson develops and founds behaviourism in the USA. The emphasis is on external behaviour and people's reactions to given situations, rather than their internal, mental state. Watson does not believe in analysing the unconscious mind.
1921
CAKE
There is a greater variety with the evening meal: cake on three days, and bread and jam on two days.
1927
O.T.
Some occupational therapy is proposed.
1935
DANCING
A part-time instructress of Morris dancing is employed.
1935
LOBOTOMY
Lobotomies (the treatment of some mental illnesses by surgical operation on the brain) is introduced by Portuguese neurologist Dr Moniz in 1935. Lobotomy is a form of psychiatric treatment that has attracted interest and diverse recognition.
1934
CONVULSIVE THERAPY
Convulsive therapy is introduced by Hungarian neuropsychiatrist Ladislas Meduna who mistakenly believes that schizophrenia and epilepsy are antagonistic disorders.
1936
TRANSORBITAL LOBOTOMY
Dr Walter Freeman, a neurologist and psychiatrist, begins performing transorbital lobotomy. Freeman's procedure takes ten minutes or less as he goes through the eye socket.
1939
BARROW: A NEW MENTAL HOSPITAL FOR BRISTOL
Built to alleviate overcrowding at Bristol Asylum. But no sooner had the 300 patients been transferred than they were back. Barrow Hospital is taken over as a naval war hospital and does not open for civilian patients until 1947. It finally closes in 2006.
1937
ECT
Professors of neuropsychiatry Ugo Cerletti, who uses electric shocks to produce seizures in animal experiments, and Lucio Bini develop the idea of using electricity as a substitute for metrazol in electroconvulsive therapy and, in 1938, experiment for the first time on a person. It is known that inducing convulsions aids those with severe schizophrenia.

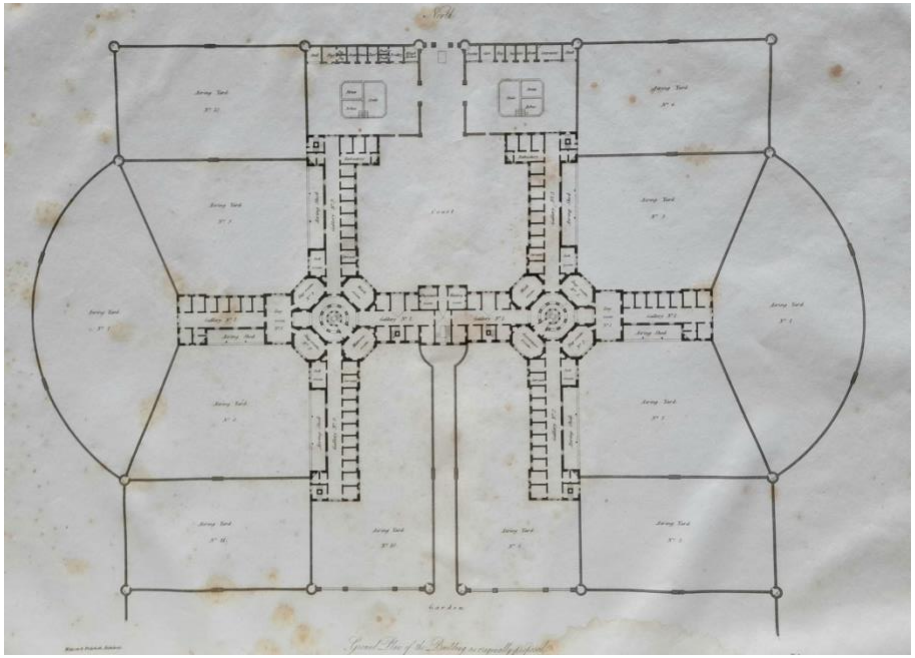

1940-59
1943
CINEMA
Weekly cinema shows continue.
1946
ECT
A 6-channel ECT machine is purchased.
1947
NO CLOTHES
A shortage of clothing for patients is now acute.
1948
BRISTOL MENTAL HOSPITAL
The Asylum is renamed when the NHS takes over the management from the local Council. There are over 1,200 beds; although the cure rate has been good, the hospital is still blighted by overcrowding.
1949
LOBOTOMY IS APPLAUDED
Moniz receives the Nobel Prize for medicine for the development of leucotomy for psychosis. In the wider world however public opinion is starting to mount against the practice.
1951
IMPROVEMENT
Heated trolleys and refrigerators introduced in the ward kitchens. The large, bare refectory tables are replaced by small tables for four. The milky, sugared tea from an urn is replaced by teapots with sugar bowls and milk jugs. A more consistent water supply means communal bathing ceases immediately reducing the number of skin infections.
1954
TELEVISION ARRIVES
1950s
CHEMICAL STRAITJACKET
Anti-psychotic phenothiazines are used on patients. A chlorpromazine called Largactil controls symptoms where patient lose contact with reality.
1957
ITO
The birth of the Industrial Therapy Organisation. Initially the hospital is run as a self-sufficient community and patients work within the hospital but after the NHS takes over things begin to change and patients are often left with nothing constructive to do.
Dr Early, a consultant psychiatrist, enlists the help of local businessmen. By the end of 1958, one-third of the patients (380) are doing paid work as part of their therapy. ITO runs successfully for several decades.
1958
PIGGERY
After 97 years providing food and money for the hospital the pigs are wiped out by swine fever and not replaced. The smell and yearly infestation of summer flies depart with them.
1959
OWN UNDERWEAR
Female patients are now allowed to wash their own underwear.
1942-54
12,000 LOBOTOMIES
Performed in hospitals in England and Wales. A few hospitals in the UK still practice lobotomy.
1948
BIRTH OF THE NHS
The NHS takes control of over 100 mental asylums around the country with an average of 1,500 patients each.
1957
LOBOTOMY PATIENTS
Surveys show over 100 different diagnostic descriptions of 10,365 patients' psychoses with neurotic, organic and constitutional features, but also many mixed psychotic states.
1959
MENTAL HEALTH ACT
Banishes the word 'mental' from the title of psychiatric hospitals. The Act abolishes the distinction between psychiatric and other hospitals and encourages the development of community care. The beginning of the end for UK asylums.
BRISTOL HOSPITAL
MENTAL HEALTH TREATMENT
GENERAL MENTAL HEALTH
1960-2015
1960
NAME CHANGE
Bristol Mental Hospital becomes Glenside Psychiatric Hospital. A survey of the 1012 patients finds 37% no longer need hospital care but are so institutionalised that they cannot or do not actively seek to live outside the hospital.
1960s
ANALYSING THE UNCONSCIOUS MIND
Jung theories are popular. Concepts of extraversion and introversion; archetypes and the collective unconscious.
1960s
AVERSION THERAPY USED
The controversial treatment 'aversion therapy' is used for homosexuals and alcoholics.
1961
ENOCH POWELL
The health minister Enoch Powell proposes that mental hospital beds be reduced by 40% over the next 10 years. While health professionals agree large hospitals are not the best way to care for patients with mental illness, there is not enough appropriate accommodation or staff to provide support out in the community so the transfer is a slow process.
1963
TRANQUILISERS
Diazepam (Valium) is first marketed.
1970s
BEHAVIOURISM
American psychologist BF Skinner reinforces good behaviour in prisoners proving this helps the individuals develop good behaviour.
1967
LOBOTOMY UNPOPULAR
Walter Freeman, one of the biggest practitioners of lobotomy in America, is banned from performing the procedure after one of his patients dies.
1988
PROZAC
New generation anti-depressants introduced.
1990
Just 294 patients left.
1994
STILL ON SITE
Fromeside Secure Mental Health Unit, an 80-bed, medium-secure inpatient unit for both men and women suffering from mental illness who also have a criminal history or have risks and behaviours deemed unmanageable in mainstream care services.
The Riverside Adolescent Unit, for young people under 18 who need intensive help with a range of severe mental health problems. Both of these units are still on the site.
GLENSIDE HOSPITAL CLOSES
1993
ATYPICAL ANTI-PSYCHOTICS
Risperidone launched. These have less debilitating side effects.
2012
LAUNDRY AND SEWING ROOM
Laundry and sewing room close, having cleaned and made items for the local hospitals for over 100 years.
2015
GLENSIDE NOW
The building continues to deliver training to nurses as the University of the West of England's Health and Social Care Campus.
2007
MENTAL HEALTH ACT
Among the new changes, ECT to be made harder to administer from 2009.
1998
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP
NHS Trust is formed.
2013
MENTAL HEALTH DISCRIMINATION ACT
Mental Health Discrimination Act supports ways of ending discrimination and stigma, for example people with mental health problems can sit on juries, cannot be removed as a director of a company and cannot lose their seat if they are an MP.

WHAT OTHER INFORMATION WOULD YOU LIKE TO SEE ON OUR TIMELINE?


OBJECTS

CONTENT WARNING

This section contains images of objects from the Stanley Royd Hospital, originally named the West Riding Pauper Lunatic Asylum. The history of mental health treatment is difficult, and some of the images may be upsetting or emotionally challenging. If you are affected by any of the images or the information you read you can tell us, take a break or walk away. You might need to sit down, get some fresh air, have a cup of tea, or have a chat.



Ground Plan of the Original Building, 1819

The Asylum was designed by Watson and Pritchett of York and opened in 1818. Its location was influenced by ideas around the importance of green space and clean air. Its design was kept simple and ensured separate spaces for men and women. Its H shape with central crossing spaces was designed to maximise surveillance both of patients and staff.

Female corridor c. 1900

This early photograph reflects other views of female communal areas in the asylum. These spaces clearly endeavoured to represent some comfort, domestication and also provide a space where examples of the crafting activities undertaken could be displayed or put to practical use. This corridor shows examples of macrame work.

Asylum Keys and fob

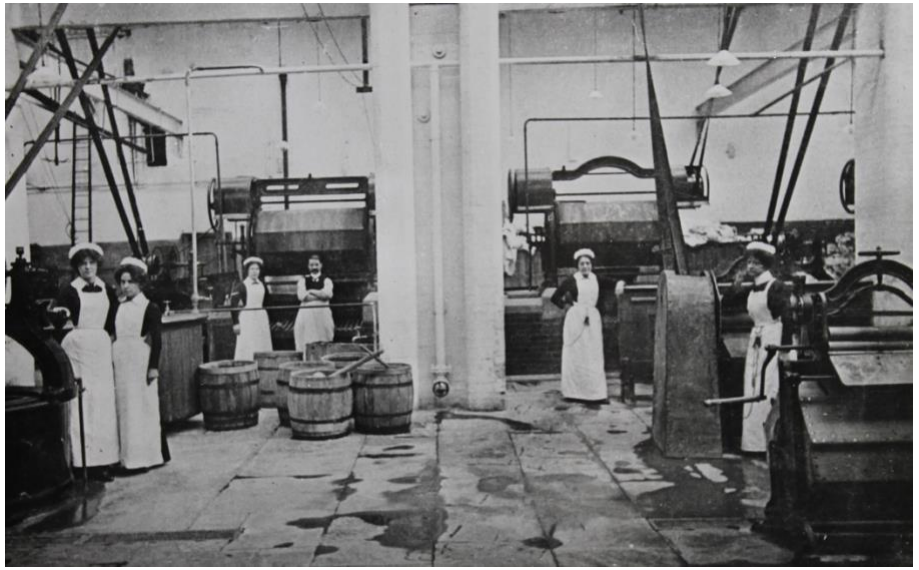
There are many keys in the museum collection, including the master key for the iron gates of the original 1818 building. They represent something of how the space was controlled. Staff are easily identifiable in early photographs from the heavy key chains around their waists. Controlling entry and exit from spaces is discussed in the museum.

Nurse uniforms

From the mid 1800s to the early 1900s nursing staff were always female. Male attendants looked after male patients. Until the mid 1900s many nursing and attendant roles required no experience. Individuals were often employed on the basis of a talent, such as the ability to play a musical instrument. Many who joined the staff came from the local community.

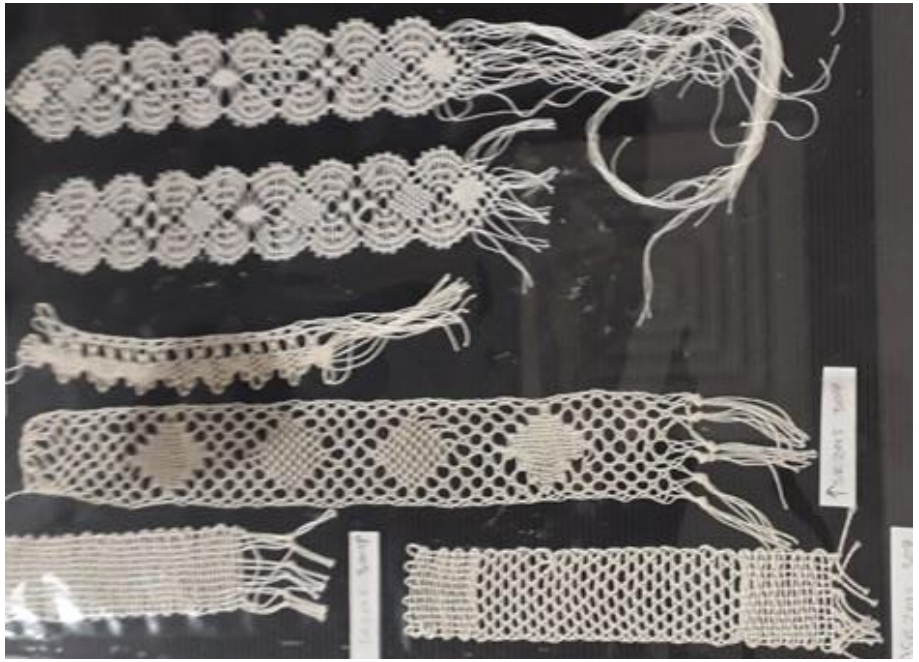
Magnetic Electric Therapy Machine, 1880

The museum collection has many examples of medical equipment from the early days of the asylum to the present day that chart the changing approaches to treating mental health problems. When this electric therapy machine was used, patients would either hold the brass cylinder handles or have them placed on other parts of their body such as the forehead while the doctor would turn the handle causing static friction between the metal and the velvet fabric.



Washroom of the Laundry, c. 1900

William Ellis, the first Medical Director of the West Riding Asylum on its opening in 1818, believed that bringing purpose and structure to the day would help deliver relief from symptoms. Many patients worked in the asylum buildings, including on the farm, in craft workshops, in the kitchen and as pictured here in the laundry. The staff are identifiable here by their key chains.



Lace samples and cut-out

Whilst many women undertook domestic duties in the laundry and kitchen, the asylum also encouraged the pursuit of activities such as needlework and lacemaking. These pursuits conformed to understandings of an ideal femininity. There are a range of lace samples at the museum dating from the Victorian period to the 1930s. Craftwork also included delicate paper cut artworks.

Locked boot, 1930s

Several items in the museum’s collection allow visitors to explore different ideas around how movement and activity was restricted and controlled, but the expressed intention of Asylum staff was also to ensure safety – and in some cases facilitate some freedom. The locked boots are an interesting example of this debate. These were made by cobblers at the asylum. The boot was locked and the key kept by attendants, so patients could not remove or lose shoes. Each boot was weighted by around 2kg of lead to prevent individuals running away; it was argued that they provided some freedom in allowing for unsupervised walks outside.

Padded Room, c. 1930

This padded room is one of the remaining intact padded rooms in the country. This room was at Stanley Royd Hospital until the 1990s but records suggest that padded rooms were last used in 1959 at the hospital. The Pocock Bros padded rooms were designed to be ‘flat pack’. Individual panels were designed to be installed on site to fit the room specifications. These spaces have now been replaced by de-escalation rooms.

Cuffs, 1820

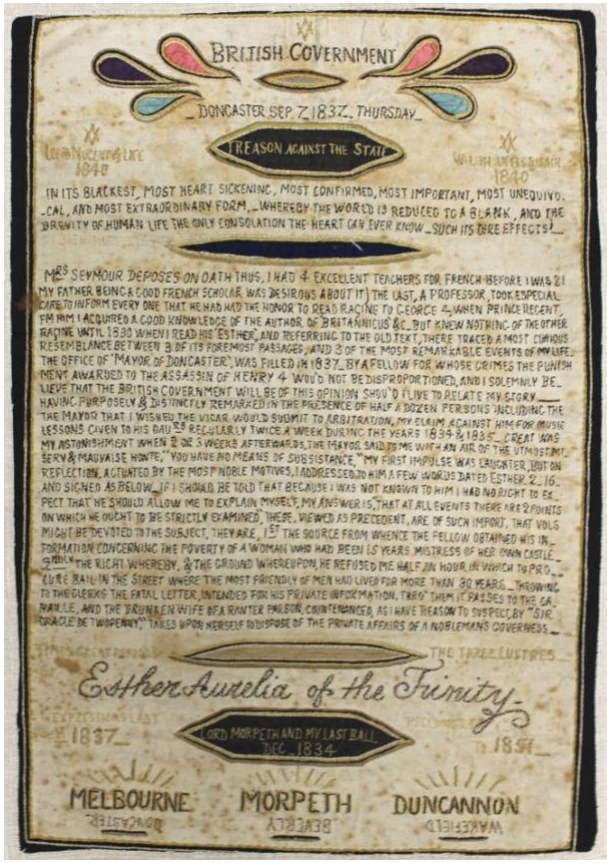
In the early decades of the Asylum’s history, strong leather and iron restraints were used to control and restrain patients who were considered to be a danger to themselves or others. Patients’ wrists could either be locked into the cuffs in front of them or behind their back. In the 1840s the non-restraint movement gathered support, with protests against inhumane treatment resulting in many restraint items being removed from asylums. A Register of Mechanical Restraint became necessary from 1890.

Cutlery, c. 1900

In the asylum many everyday items were ‘branded’ including cutlery, crockery and clothing. The Yorkshire Rose is an emblem found on lots of plates, dishes, and cups. Items like this cutlery were engraved WRA for West Riding Asylum. Is this a reminder of a community or the power of an institution and the stripping away of identity?

Long-sleeved ‘soft’ shirt restraint, c. 1860

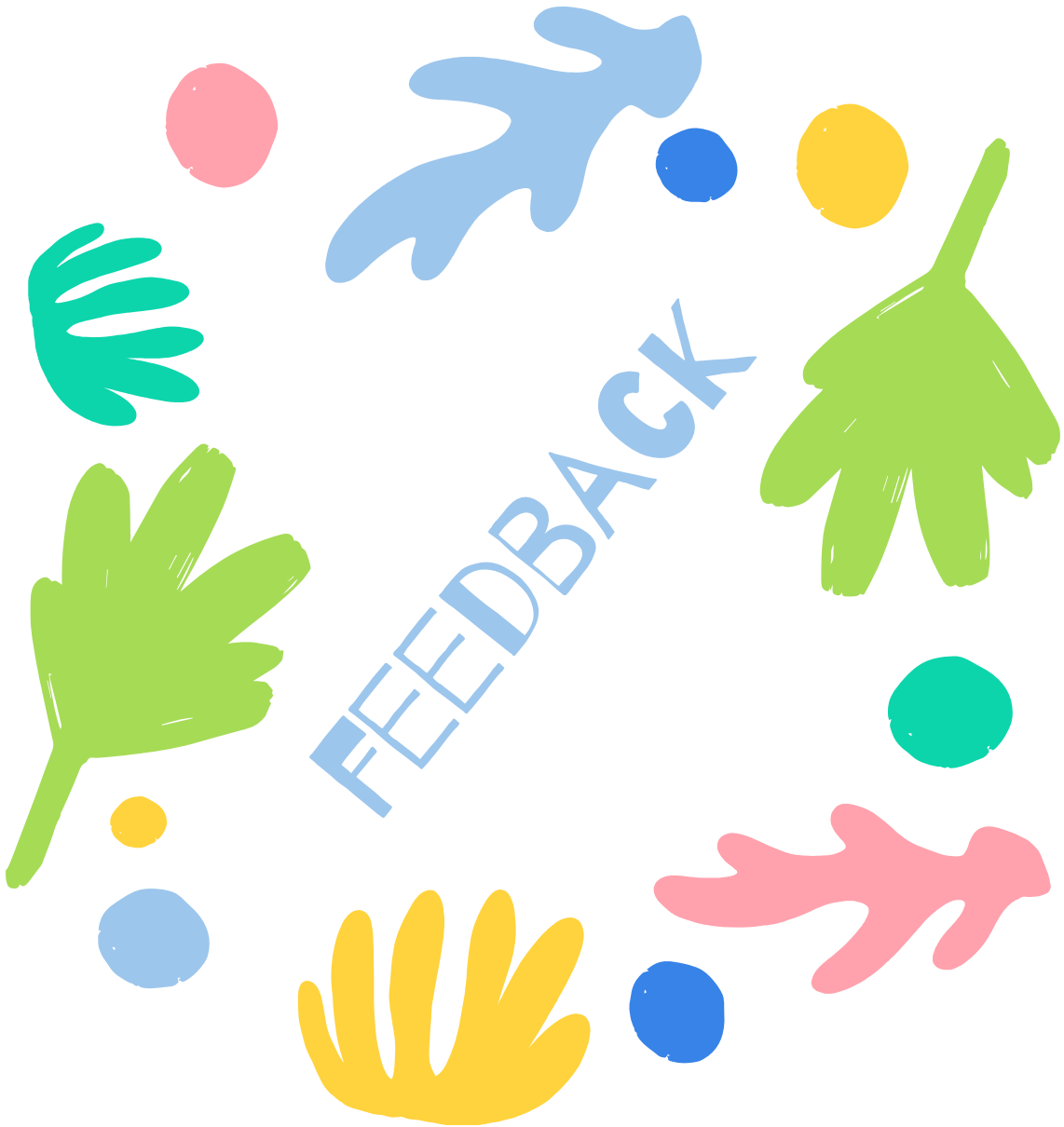
If patients were considered a danger to themselves or others, this type of shirt might be worn for a period. It is made of strong linen with extra-long sleeves that are sewn at the ends to stop the hands being exposed. The button is stamped West Riding Asylum. This would have been made on-site in the tailors’ department.



Mary Frances Heaton sampler, 1800s

Mary Frances Heaton was a patient at the West Riding Asylum in the mid 1800s. Mary conveyed her frustration with the asylum system, in many cases with the men she felt held her ‘destiny’ in their hands, by sewing intricate and beautifully composed samplers. These samplers are an invaluable piece of social history, they represent the voice and experience of a Victorian woman who was creative, articulate and outspoken. The survival of Mary’s samplers are a rare example of a patient voice. In her stitches she fights to establish her version of her history and identity through her words. Here Mary conveys her frustration with her committal to the asylum and being told she has ‘no means of subsistence’. Mary argues that in her role as music teacher she was actually owed money and as a professional woman had been ‘15 years mistress of her own castle’.

ARE THESE IMAGES INTERESTING? ARE ANY OF THE IMAGES TOO EMOTIONALLY CHALLENGING?



PLEASE TELL US
WHAT YOU THINK!

Self-care for bad days

MindWell

Be kind to yourself. Try talking to yourself as you would a friend.

Notice when you feel thirsty and drink a glass of water.

Breathe in (through your nose) for two seconds, hold for two seconds, then release it through your nose taking four seconds. Pause slightly and breathe in again.

Speak to someone who supports you.

Call a helpline - find numbers on MindWell: www.mindwell-leeds.org.uk/i-need-help-now

Make sure you take any medication at your regular times. Try using your phone to set reminders.

Write or draw in a journal or notebook.

Put on a favourite or comfortable item of clothing.

Clean your teeth and enjoy having a fresh mouth.

Eat something tasty, healthy and simple - maybe nuts, a piece of fruit or a yogurt.

Take a break from social media for an hour or longer.

Brush your hair thoroughly or massage your scalp - stroke your head gently.

Read a book or magazine or watch your favourite TV programme.

Get some fresh air - open your window or sit outside for a while.

Try to eat regularly - you could use your alarm or mobile to set reminders for morning, lunchtime and evening.

Stretch your arms and legs or give your body a gentle shake.