Mental Health History and the WHO: From Bedlam to Brock Chisholm

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“The solution is not to virtually imprison affected people in costly and largely ineffective psychiatric hospitals, where human rights abuses are often rampant. Evidence tells us that service delivery in a primary care setting is far more cost-effective, equitable, efficient, and humane.”

Dr Margaret Chan
Director-General of the World Health Organization

Address at the launch of the WHO mental health gap Action programme

Geneva, Switzerland, 9 October 2008
‘Bedlam’, by Hogarth (in *Rake’s Progress*), c. 1760
• Four Principles of Lunacy Reform, c. 1790s to 1860s

non-restraint
moral treatment
madness as a mental disease
immediate institutional treatment
The Unchaining of the Lunatics, Paris, c. 1792
....legislation in Europe permitting or obliging local authorities to establish public asylums for their insane

Devon County Lunatic Asylum, England, 1845
.....states in United States, provinces in Canada, and colonial jurisdictions (NZ, Aus, SA, India, gradually follow suit)
Most significant social expenditure of most states at the dawn of the twentieth century, dwarfing all other public health initiatives

Seacliff Lunatic Asylum, near Dunedin, New Zealand, c. 1880
l’Asile de Bel-Air, (Genève)

Public lunatic asylums became the largest quasi-medical institutions in the western world
Total Number of Mental Hospitals in the United States, by decade, 1840-1940
Insane Persons per 1,000 Population in England and Wales, Ireland, Canada (Atlantic Provinces), and the United States, 1807–1961.

Source: Torrey and Miller, *The Invisible Plague*
• Mental health as public health, c1870-1945
• National legislation

• restricting the immigration of mentally ill and mentally disabled individuals

• Eugenic birth control, sterilization and euthanasia
Resident Population in State and County Mental Hospitals
in the U.S.A., 1950-1974
• Psychiatric Units of ‘general’ hospitals

  – psychiatry dep’ts with same status as other specialties
  – avoid the stigmatization of ghetto-ized care
Canadian psychiatrist

Platoon commander during WWI

Deputy Minister of Health during WWII

Canadian representative to the Interim Commission (1945-7)

First Director-General of the World Health Organization (1948-53)
"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."
Internationalist

Interest in pressing global health issues

Preoccupation with global overpopulation and the importance of sterilization in the ‘Third World’

Ian Dowbiggin, “‘Prescription for Survival’: Brock Chisholm, Sterilization, and Mental Health in the Cold War Era”, in Moran and Wright (eds.) Mental Health and Canadian Society (Montreal: 2006), 176-192
• Why did mental health feature so little in the first generation of WHO initiatives?

• public health = communicable diseases
  – tuberculosis, measles, malaria, syphilis
• demographic issues in the West
• Chisholm an out-patient psychiatrist
• focus on mortality, rather than morbidity or disability
• era of psychopharmacology began in 1953
• **Insulin Coma Therapy & Schiz.**

  – became the first treatment option for schizophrenics in the late 1930s
  – appeared in US in 1936/37
  – by 1960s there were specialist units in more than 100 US mental hospitals
  – but: mortality rate of 1/100

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Administration of Insulin Coma Therapy, c. 1955
Electroconvulsive Therapy, c. 1950-5

- **Electroconvulsive Therapy (ECT)**
  - Ugo Cerletti, 1930s
    - professor of psychiatry in Rome
    - studied epilepsy and schizophrenia and effect of convulsions on psychotic symptoms
    - First human experiment = 1938
• Psychosurgery, 1945-65
  – Walter Freeman (U.S. neurologist) and James Watts (U.S. neurosurgeon), 1940s

  – Freeman-Watts ‘Transorbital’ lobotomy

  • trans-orbital incision through the orbital cavity
• **Major WHO initiatives**

• **Mental health Gap Action Programme (mhGAP):** *Scaling up care for mental, neurological and substance use disorders*
  – includes epilepsy, depression, schizophrenia, suicide

• **Global Burdens of Disease indicators**
  – 14% ‘neuropsychiatric’ disorders
  – ‘no health without mental health’ campaign
  – ‘disability adjusted life years’
Acknowledgements

• Canadian Institutes for Health Research (CIHR)
• Social Sciences and Humanities Research Council of Canada (SSHRC)
• Associated Medical Services (Hannah Institute for the History of Medicine), Toronto, Inc.
• McMaster University, Arts Research Board grant