

Summarise and discuss the presentations of mental health in the two newspapers gi...



Summarise and discuss the presentations of mental health in the two newspaper articles given in Appendix 1. In this essay, I will summarise how both newspaper articles in Appendix 1 present mental health. I will also compare and contrast the articles with each other, as well as compare them to what I know about mental health and the history behind it including psychopharmaceuticals and psychotherapies. The first article, titled ' six in ten of us have faced mental issues such as stress or depression', focuses on the amount of people currently struggling with mental health issues in Briton today.

The article states that according to a recent survey, 60% of people have struggled mentally with stress, anxiety or depression at least once in their lives. In Briton, a staggering 70% suffered with stress, 59% anxiety and 55% depression according to the charity Mental Wellbeing. Of those people who admitted difficulties, 69% of people had admitted to isolating themselves rather than facing up to problems. Matthew Hyndman, a University student who was supported by the Together charity, admitted being bullied at University leading into a downward spiral of isolation, spending most days watching television alone.

Hyndman stated " I now realise this is the worst thing you can do, because the more isolated you become, the more unimaginable it seems that you will ever have the courage to enter ' normal life' again". The Care Services Minister, Phil Hope, stated that there is still a taboo surrounding mental health issues. From this article above, focusing on how many people are struggling with mental health issues today, it is interesting to look at the history of mental health in comparison and how it has evolved with time.

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In the early nineteenth century, when diagnoses first emerged and psychiatry was young, peoples perspectives were very different than today. An interesting point to note is that the same diagnoses were named differently depending on social standings, class and wealth. Depression was diagnosed as ' melancholia' for wealthier patients, and ' mopishness' for the ' pauper lunatics' (Pilgrim, D. 2010, p. 24). In 1883, a German Psychopathologist by the name of Emil Kraepelin established some axioms which became popularly understood.

These were as follows. 1. Mental disorders are genetically determined diseased of the nervous system. 2. Mental disorders are separate, naturally occurring, categories. 3. Mental disorders are fixed and deteriorating conditions (Pilgrim, D. 2010, p. 24). These classifications were mainly assumptions. This reflected and fed the Eugenic ethos of the Victorian times, referring to the betterment of human society. It was assumed that physical and mental strengths and weakness were always inherited.

This was supported by the Eugenics by the high birth rate amongst the very poor. Madness, idiocy, epilepsy, prostitution and criminality were more prevalent in these groups, so the eugenics encouraged control by gender segregation in institutions. Poor people were seen to have a ' tainted gene pool' (Pilgrim, D. 2010, p. 24). During the First World War, many soldiers were brought into institutions suffering from ' shell shock', throwing eugenic-genetic theories into crisis.

The soldier's being brought in were seen as the ' finest blood', not poor blood or tainted gene pools, thus causing another shift on psychiatric diagnosis

(Pilgrim, D. 2010, p. 25). The second article is titled ' Antidepressant use rises as recession feeds wave of worry', and this article focuses on how prescriptions for antidepressants have doubled in a decade, and the reasoning for this is believed to be due to a shortage of counsellors. The article goes on to talk about how prescriptions have risen since the recession hit.

One of the interesting and most shocking figures the article provides is that since 2009, there has been a 95% increase in prescriptions written for depression. What is interesting to note in this article, is that it states the increase is thought to be due to, in part, a reduced stigma on mental ill-health. This contrasts the first article's statement by Phil Hope that there is still very much a taboo surrounding mental health issues. Other reasons it states the increase to be down to, is improved diagnoses and rising worries surrounding jobs and finances due to the recession.

Professor Steve Field, chairman of the Royal College of General Practitioners stated concern that too many people are getting anti depression medication and not being given counselling and Cognitive Behaviour Therapy due to lack of access. This shadows other Doctors views in the article whereby they believed a number of people with milder depression don't need to be put on drugs, they need access to ' talking therapies' but unfortunately there is a lack of these.

Tim Kendall, director of National Collaborating Centre for Mental Health stated that " Anti Depressants are too frequently offered due to the waiting lists for alternatives being too long. Doctor's need to think twice as side

effects and they can be hard to get off". It is also stated that the recession is considered to have been 'the last straw' for some people. Both the first and second article seems to highlight that more and more people are struggling with mental health issues.

The second article stressed that socio-economic changes and trends such as the recession can have a huge impact on people's mental well-being.

Depression figures are continually rising in the UK and around the world in fact. It reflects The Great Depression of 1929, during which the American stock market crashed, unemployment skyrocketed, half the commercial banks failed, crop prices fell by over 50%, people went hungry, produce wasn't selling etc. Homeless, poverty and despair characterised the nation.

It was Herbert Hoover, the current President of the United States that declared the downturn a depression rather than a panic and the name stuck (<http://us.history.wisc.edu>). During the time of the Great Depression, Psychiatric care was very limited. Depression and Schizophrenia had no particular treatment, so were given sedatives to dull the nervous system, hydrotherapy involving hot or cold baths for hours at a time, and shock therapy including electroconvulsive therapy (ECT). Later in the decade, after an experiment carried out by two neurologists at Yale University, the lobotomy was born.

This was a procedure where the frontal lobes of the brain were removed, thus changing the violent/depressive/mental instability area of the personality. Once this work was recognised, the procedure was carried out on a live patient resulting in successful results, the patient was calm and no

longer anxious (<http://www.psychosurgery.org>). This resulted in a mixed reception, a huge number of psychiatrists were very upset at the idea that surgery involving removing healthy brain tissue could cure mental illnesses.

After 20 years of the reign of lobotomies, in the 1950's, drugs replaced these. Psychosurgery has now been replaced by drugs and therapies; however, some Doctors are interested in reviving the surgery (<http://www.health.howstuffworks.com>). The above is interesting as a stark contrast to what is happening today. The 'great recession' as we're experiencing now, is not at all as severe as 'The Great Depression' (<http://www.money.cnn.com>), but the amount of people suffering from mental illness appears to be greater.

This is most likely due to diagnosis types around the time of the great depression. Mental illness was much more unheard of and the treatments and diagnoses were not as available as they are today. Cures were more brutal with the introduction of lobotomies, shock therapies and such. People now, as stated in the second article, have access to more medications. Other therapies such as 'the talking therapies' are available but have a long waiting list and its seen as simply easier for Doctors to prescribe anti-depressants.

The above examples illustrate how changes in society, political and economic climates can impact severely on mental health and wellbeing. The losses and gains of diagnoses are also a point of concern, there are stigma's attached to being "mentally unwell", mixed feelings, labels can cause consequences not only for the patient but in the workplace and through

family etc. In the second article, it described how prescriptions for anti depressants are going up; however, there are issues and arguments in using these drugs, which adds to the controversy of them being so easily accessible.

Whilst the drugs are there to treat mental distress, there are other factors that need to be addressed. The first being that if any other medication is being taken, then the mental health drugs may cause an interaction between the drugs which needs to be considered before administering the patient with a prescription. Drugs seek to change the patients mind by corresponding change within regions of the brain, but this can affect other regions in the brain, causing side effects such as drowsiness, nausea etc.

Another issue is the problem of dependence and if the patient can be taken off drugs without withdrawal effects (Toates, F. 2010, p. 50). In conclusion, I would like to state that the relationship between the use of drugs and psychological techniques such as CBT and the talking therapies is always going to be competitive. How the Doctor perceives the patient, and which therapy the patient is more enthusiastic to try is key in deciding which to administer, however, this is unfortunately not as straightforward due to lack of counsellors as stated in the above article.

The main point is that more people are suffering from mental health issues, and therefore more medical professionals need to be trained and appointed accordingly. Word Count ??? 1, 535 References Goldman, D. (n. d.) Great Depression vs. Great Recession, http://money.cnn.com/news/storiesupplement/economy/recession_depression/ [Accessed 16

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