

HISTORICAL VIEW OF MENTAL HEALTH

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Abstract

The historical perspective on mental fitness highlights the enhancement of intellectual health and the contributions of psychologists who have documented findings positively correlated with the development of intellectual fitness. The World Health Organization (WHO) defines intellectual fitness as a state of well-being in which individuals recognize their own capabilities, effectively manage the everyday stresses of life, work productively, and contribute meaningfully to their communities. The WHO underscores that mental health is not merely the absence of mental disorders; its charter states that “health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

In 1958, Marie Jahoda identified six key categories for classifying mentally healthy individuals. Dorothea Dix (1802–1887) was a pivotal figure in the development of the mental hygiene movement. The WHO was established in 1948, coinciding with the first international congress on mental health held in London. During the 11th session of the WHO’s expert committee on mental health (September 11–16, 1950), the foundations of the mental hygiene movement were recognized, stemming from the work of Clifford Beers in the United States. In 1908, Beers published “A Mind That Found Itself,” a book based on his personal experiences in three mental hospitals.

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definition of inner health. Mental fitness is distinct from mental disorders, which are conditions that affect an individual's mood and cognition.

From the perspective of positive psychology, inner health encompasses the ability to enjoy life. Various factors influence mental well-being, some enhancing it while others pose risks that may hinder an individual's ability to function in society. Thus, promoting inner health involves not only avoiding risks but also pursuing conditions that foster and enhance emotional and mental well-being. The World Health Organization (WHO) defines mental health as a state of well-being in which an individual recognizes their own abilities, can cope with the normal stresses of life, works productively, and contributes to their community. The WHO emphasizes that mental health is not merely the absence of mental illness, stating that "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Definitions of inner health encompass a broad range of attributes drawn from various academic disciplines, including personal well-being, self-efficacy, autonomy, capability, intergenerational dependence, and the realization of one's mental and emotional potential. In 1958, Marie Jahoda identified six fundamental characteristics that can be used to classify mentally healthy individuals, known as the characteristics of optimal mental health. These include self-perception, self-esteem, control of behavior, perception of the environment, interpersonal relationships, and productivity. The recognition and understanding of mental health issues have evolved over time and across cultures, with variations in definitions, assessments, and categorizations. In American history, individuals with mental illnesses were often subjected to religious persecution. This response continued through the 1700s, accompanied by inhumane confinement and stigma. In the mid-19th century, William Sweetser was the first to use the term "mental hygiene," which can be viewed as a precursor to modern approaches aimed at promoting positive mental health. Isaac Ray, the fourth president of the American Psychiatric Association and one of its founders, further defined mental hygiene as "the art of protecting

the mind against all incidents and influences calculated to impair its faculties, vitiate its powers, or derange its functions.”

Dorothea Dix (1802–1887) played a significant role in the development of the mental hygiene movement. Before this movement, individuals suffering from mental illness were often neglected and left in deplorable conditions without adequate care. Dix, an educator, sought to improve the treatment of individuals with mental illnesses and expose the substandard conditions they faced. Between 1840 and 1880, she gained governmental support to establish over 30 state psychiatric hospitals, although these facilities were often understaffed, under-resourced, and accused of violating human rights.

In 1896, Emil Kraepelin developed a taxonomy of mental illnesses that dominated the field for nearly 80 years. At the dawn of the 20th century, Clifford Beers founded the “Mental Health America—National Committee for Mental Hygiene” following the publication of his account of experiences in various mental hospitals. His advocacy led to significant changes in the treatment of the mentally ill and the establishment of the first inpatient mental health hospital in the United States.

Following World War II, references to mental hygiene gradually transitioned to the term “mental health,” as reflected in the founding of the National Institute of Mental Health in the United States in 1949. The WHO was established in 1948, coinciding with the first international congress on mental health in London. During the WHO’s 1950 session, “mental hygiene” and “mental health” were defined interchangeably, highlighting the need for interventions that promote mental well-being.

The mental hygiene movement, which originated with Beers’ experiences in mental hospitals, primarily focused on improving the care of individuals with mental illnesses. Beers himself stated that when the National Committee was organized in 1909, its main objective was to humanize the care of the mentally ill and eliminate the abuses they had historically faced. By 1937, the U.S. National Committee for Mental Hygiene aimed to achieve its goals through promoting early diagnosis and treatment, improving hospitalization standards, stimulating research, securing public awareness and support, educating

individuals and groups about mental hygiene, and collaborating with governmental and private organizations.

Initially, the mental hygiene movement had a para-psychiatric focus, emphasizing the enhancement of psychiatric care. However, the inclusion of preventive measures did not distinguish it from psychiatry. The movement sought to maximize established practices promoted by the leading psychiatrists of the time, many of whom were aligned with psychoanalytic approaches. It envisioned not just individual cases, but an entire community, recognizing that each person's mental and emotional state was influenced by specific causative factors, necessitating a preventive rather than purely curative approach.

The WHO has maintained a dedicated section for mental health from its inception, responding to requests from member states. The organization's reports have historically used "mental health" in English, while the French translations often referred to "hygiène mentale." Until the 1960s, "hygiène" was commonly used in WHO publications, reflecting the evolving terminology from mental hygiene to mental health.

The first international congress of mental health, organized by the British National Association for Mental Hygiene in 1948, began as a conference on mental hygiene but concluded with recommendations for mental health. During this congress, the terms "hygiene" and "health" were often used interchangeably without clear distinctions. By the end of the congress, the International Committee on Mental Hygiene was replaced by the World Federation for Mental Health.

In the 1950s, widespread ignorance about mental health contributed to stigma and fear surrounding the topic. Individuals with mental health issues were often labeled as "mad" and marginalized. In response, initiatives such as the Mental Health Research Fund (MHRF) emerged, fostering multidisciplinary collaboration and advancing the field. This marked a significant shift, as treatment moved from institutions to hospitals, and public awareness of mental health issues grew in a previously taboo-ridden society.

In the 1960s, the Mental Health Research Fund (MHRF) began to influence policy aimed at translating research into practice, thereby

enhancing the overall body of knowledge and proactively developing the field of mental health on a broader scale. The merger of the MHRF with the Mental Health Council in 1972 resulted in the establishment of the Mental Health Foundation. Throughout the 1970s, the organization focused on contemporary mental health research, emphasizing the lived experiences of individuals facing mental health challenges. This approach laid the groundwork for peer-support initiatives and self-management strategies that remain significant today.

In 1974, the foundation opened its Glasgow office, marking a pivotal moment in a country with some of the world's most advanced mental health policies. They have played a crucial role in shaping the Scottish government's innovative approach to mental health enhancement, consistently influencing Scottish policy and leading transformative initiatives. The foundation runs several programs across Scotland, targeting vulnerable populations, including refugees and young mothers.

During the 1980s, the foundation advanced mental health research into a viable academic discipline. By the end of the decade, there were 49 professorships in psychiatry at universities and medical schools, compared to just two at the start. The foundation allocated £1.5 million in research grants, facilitating groundbreaking discoveries on the connections between physical and mental health, the societal costs of mental health issues, and the interplay between mental health and brain chemistry.

The foundation was instrumental in developing support for community care and recovery programs during a time when newly established community services struggled to meet demand. A major milestone was achieved in 1989 with the launch of the Scottish Mental Health Arts Festival, the largest of its kind globally, which has inspired similar events internationally. This festival celebrates the cultural contributions of individuals with lived experience of mental health issues and explores the relationship between creativity and mental well-being.

As the foundation celebrated its 70th anniversary in 2019, it reflected on its significant accomplishments. It has witnessed a remarkable shift in public perception regarding mental health and the policies surrounding it, as well as in the treatment and care of

individuals with mental health issues. The foundation has focused on the social determinants of mental health, adopting multidisciplinary approaches and empowering individuals through co-production, peer support, and community-based recovery initiatives.

Their commitment to prevention remains steadfast, emphasizing the importance of understanding causative factors and addressing the development of mental ill health. This shift from a deficit-based model to a holistic one considers social conditions and inequalities within public mental health discourse. The foundation's history illustrates a continuous emphasis on public health and prevention across the decades.

In the 2010s, the foundation explicitly shifted its strategic focus to mental health prevention at three levels: primary (universal), secondary (targeted), and tertiary (specific to those with identified issues). They recognized the need for a global vision of mental health for all, achievable only through a fundamental reassessment of the power of prevention in supporting mental health.

Their programs extend throughout England, Scotland, Wales, and Northern Ireland. In 2014, they established an office in Cardiff to advocate for mental health policy and operate various initiatives, including those targeting elderly individuals, schoolchildren, and single parents. The foundation conducts vital research and provides training to address mental distress, continuously striving to drive change in response to the growing public health challenge posed by mental health issues. Recent statistics indicate that mental health problems are among the leading causes of overall disability worldwide, with depression recognized as the primary contributor.

Historical Context of Mental Health in India

The World Health Organization (WHO) has established norms regarding mental health laws; however, human resources and expertise in this field in India remain significantly low relative to its population. The allocation of public healthcare funding for mental health is also inadequate, standing at a mere 0.16%. India's mental health policy was introduced in 2014.

Modern psychiatry in India can be traced back to the 17th century with the establishment of asylums by the East India Company. The first asylum was founded in Bombay in 1745, followed by another in Calcutta in 1784, both serving Europeans exclusively. Dr. L.P. Varma, the first assistant superintendent at the Indian Mental Clinic in Ranchi, remarked in 1953 that the history of psychiatry in India is closely tied to the establishment and operation of mental hospitals, often dictated by the demands of the times.

The Bhore Committee Report of 1946 highlighted the critical shortcomings of mental health services in India, indicating that facilities were severely under-staffed and managed by inadequately trained personnel. The public interest litigation (PIL) movements that emerged in the 1980s successfully brought attention to the dire conditions within mental health institutions, prompting court investigations into their operations.

The National Human Rights Commission (NHRC) has conducted evaluations of mental health facilities in India, initiating significant improvements. The first mental hospital in India was established in 1745, with subsequent developments leading to the establishment of the National Institute of Mental Health and Neurosciences (NIMHANS) in 1974, which remains a leading center for mental health training and research.

The National Mental Health Programme (NMHP), initiated in 1982, aimed to develop community-based mental health services. Operationalized as the District Mental Health Programme (DMHP) in 1996, it has expanded significantly since its inception. By 2015, DMHP was present in 27% of districts, with plans to cover all districts by 2025.

Despite historical challenges, including outdated legislation, mental health reform efforts gained momentum with the enactment of the Mental Health Act in 1987. However, the transition to a comprehensive care paradigm has been slow. The colonial asylum system still exists alongside a growing network of care provided by medical schools and voluntary organizations in urban areas.

Here is a timeline of key developments in mental health legislation and initiatives in India:

Timeline of Mental Health Legislation and Initiatives in India

- **1858:** Indian Lunatic Asylum Act – Established the legal framework for the treatment of individuals with mental illness in asylums.
- **1912:** Lunacy Act – Revised earlier laws, focusing on the care and treatment of individuals deemed mentally ill.
- **1938:** Mapother Report – Highlighted the need for reform in mental health services and management.
- **1946:** Moore-Taylor Survey and Bhole Committee Report – Identified significant deficiencies in mental health care and recommended improvements in facilities and staffing.
- **1961:** Mudaliar Committee Report – Further examined mental health services, advocating for community-based care and integration with general health services.
- **1982:** National Mental Health Programme (NMHP) – Launched to develop community-oriented mental health services across India.
- **1990:** Mental Health Guidelines – Issued to standardize care and improve mental health service delivery.
- **1960, 1986, 1988, 1990:** Clinical Superintendent Workshops – Held in Agra, Ranchi, Bangalore, and New Delhi to enhance training and standards in mental health care.
- **1996:** District Mental Health Programme (DMHP) – Implemented under NMHP to strengthen mental health services at the district level.
- **1997-1999:** NIMHANS/NHRC Evaluation – Conducted assessments of mental health facilities, leading to recommendations for improvement.
- **2001:** Erwadi Fire Incident – A tragic event that raised awareness about the conditions of mental health institutions, resulting in a report by the Director-General of Health Services (DGHS).
- **2008:** NIMHANS/NHRC Review – Further evaluations of mental health care systems, highlighting ongoing issues and areas for reform.
- **2013:** Mental Health Care Bill – Introduced to provide a comprehensive legal framework for mental health care and the rights of individuals with mental illness.

- **2014:** National Mental Health Policy – Adopted to guide the development and implementation of mental health services in India.
- **2016:** Rights of Persons with Disabilities Act – Included provisions for the rights of individuals with mental health issues.
- **2017:** Mental Healthcare Act – Enacted to further protect the rights of individuals with mental illness and improve access to mental health care.
- **2022:** Tele-MANAS – Launched as a tele-mental health assistance initiative, providing support and networking across states.

This timeline reflects the evolving landscape of mental health care in India, highlighting key legislative measures and initiatives aimed at improving services and protecting the rights of individuals with mental health challenges.

References

1. Mental health - New World Encyclopedia (www.newworldencyclopedia.org)Mental_healthMental health - New World Encyclopedia
2. Health and Well-Being - World Health Organization (WHO)
3. Constitution of the World Health Organization (<https://www.who.int/about/governance/constitution>)
4. Positive Mental Health—What Is It, How Is It Recognized ... <https://www.sciencedirect.com/science/article/pii/B978012804394300001>publichealth.jhu.edu › departments › mental-healthOrigins of Mental Health | Johns Hopkins | Bloomberg School ...
5. <https://publichealth.jhu.edu/departments/mental-health/about/origins-of-mental-health/>
6. wikipedia.org › wiki › Mental_healthMental health - Wikipedia https://en.wikipedia.org/wiki/Mental_health/
7. Mental health - Wikipedia https://en.wikipedia.org/wiki/Mental_health
8. <https://onlinelibrary.wiley.com/doi/10.1002/j.2051-5545.2008.tb00172.x>

9. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2408392/>
10. <https://www.thelovepost.global/from-passive-to-participant-unlocking-solutions-for-symptoms-unresponsive-to-psychiatric-drugs/> Mar 12, 2013 ·
11. <https://onlinelibrary.wiley.com/doi/full/10.1002/j.2051-5545.2008.tb00172.x/>
12. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10785984/>
Chapter Ten – – Down the Mental Health Rabbit Hole
13. Mental health - New World Encyclopedia https://www.newworldencyclopedia.org/entry/Mental_health
www.newworldencyclopedia.org
14. <https://onlinelibrary.wiley.com/doi/10.1002/j.2051-5545.2008.tb00172.x> The roots of the concept of mental health - PMC - NCBI <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2408392>
15. <https://www.thelovepost.global/from-passive-to-participant-unlocking-solutions-for-symptoms-unresponsive-to-psychiatric-drugs/>
16. [onlinelibrary.wiley.com › doi › full](https://onlinelibrary.wiley.com/doi/full/10.1002/j.2051-5545.2008.tb00172.x)The roots of the concept of mental health - Wiley Online Library Mar 12, 2013 · <https://onlinelibrary.wiley.com/doi/full/10.1002/j.2051-5545.2008.tb00172.x/>
17. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10785984/>
Chapter Ten – – Down the Mental Health Rabbit Hole
18. <https://mikemcclaughry.wordpress.com/the-reckoning-for-earth/the-reckoning-chapter-ten-down-the-mental-health-rabbit-hole/>
19. https://www.newworldencyclopedia.org/entry/Mental_health
www.newworldencyclopedia.org › entry ›
20. Health and Well-Being - World Health Organization (WHO)
[www.ncbi.nlm.nih.gov › pmc › articles](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2408392/)The roots of the concept of mental health - PMC
21. <https://onlinelibrary.wiley.com/doi/full/10.1002/j.2051-5545.2008.tb00172> Chronic Homelessness — Sanctuary Indy

- <https://www.sanctuaryindy.org/chronic-homeless>
22. The roots of the concept of mental health - Wiley Online Library <https://onlinelibrary.wiley.com/doi/10.1002/j.2051-5545.2008.tb00172.x> Jul 15, 2019 — <https://www.mentalhealth.org.uk/explore-mental-health/blogs>
www.mentalhealth.org.uk › explore-mental-health Our history and future: 70 years of the Mental Health Foundation
23. <https://www.coursehero.com/file/116761086/Historical-Lens-docx/> Time to talk about mental health. - Psychiatry-UK
24. Mental health in India - Wikipedia