

# Approach to childhood mental health based on Victorian values

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Credit: University of Portsmouth

The approaches to protecting children with mental health issues are much the same today as in Victorian and Edwardian times, new research shows.

The case files of [children](#) from the 1800s reveal that the approach taken by those responsible for their welfare has changed remarkably little in over 100 years. The research shows that Victorian and Edwardian authorities faced similar issues to the agencies involved in children's well-being today and that different organisations struggled with a joined up approach then, just as they do now.

Dr Wendy Sims-Schouten, an expert in childhood studies, has been examining case files from the Children's Society of children with [mental health issues](#) in the period 1880-1910. The records contain information around the children's family background, their health, education and parenting and highlight the perception of custodians, doctors and professionals who judged their subjects, and who played an active role in decisions regarding each child.

Dr Sims-Schouten found that some of today's problems associated with troubled childhoods were the same as those in the late 1800s, such as family problems, poverty, deprivation and parental absence or alcoholism. She says that even the language used by the Victorian and Edwardian authorities to describe and explain their approach to childhood mental health is very similar to that used by today's agencies and reveals a caring side to the Victorians/Edwardians that she did not anticipate.

"The records demonstrate that the Victorian authorities were very concerned about the children in their care. They talk about 'putting the child first' and 'examining what can be done for this child.' An extract from a children's case file in 1897 highlights that 'his mental condition gave rise to great anxiety, whilst a case file from 1901 shows concern about the child's home situation: 'I fear that the girls home is very undesirable'

"These children were often in homes, and their welfare was the concern of doctors, schools the church whose case files highlight the perception of these custodians who judged their subjects and played an active role in what happened to them. What is also clear is that back then children didn't have a voice and this is still the case."

Dr Sims-Schouten, who specialises in childhood research, says that today's [approach](#) to children's mental health is grounded in strategies

developed over a hundred years ago.

My initial search of the Children's Society's online catalogue shows 76 results for 'mental health' and 46 for 'mind'. My own interviews with young care-leavers between 2014-2016 contain extracts such as 'my mental health is extremely complicated', and from a careworker: 'mental health is tricky, because there are so many different agencies involved.' These are issues today that are no different to those faced by the Victorians and Edwardians."

Thankfully some of the terminology has changed and today's records are unlikely to feature words such as 'lunatic' and 'insane,' stigmas which were often used to describe a child's sanity and intellect, alongside 'mental capacity,' 'mental deficiency' and mental derangement.' However, Dr Sims-Schouten says that despite some progress, many of the stigmas around mental health still exist today.

"There are still so many unresolved issues and stigma plays a significant role in successful approaches to the welfare of children with mental health issues. What does having a mental health issue even mean? Childhood research has been my focus for many years and mental [health](#) is a recurrent theme. Yet there are huge variations in approaches by different parties involved. More needs to be done to improve [mental health](#) care and reduce stigma and I hope some of this research can be used to challenge today's interpretation and treatment and get the best for our children."

Provided by University of Portsmouth

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