

The past and present of mental health care

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Erika Dyck, a U of S history professor and medical historian. Credit: University of Saskatchewan

Stories about the issues surrounding mental health care are seeing a greater prominence in the media as policy-makers, politicians and activists raise questions about the quality of care and treatment being delivered in the province and across the country.

At the same time, campaigns such as Bell Let's Talk—an initiative to promote mental [health](#) education, research and awareness—are attempting to normalize what it means to struggle with mental illness.

However, Dyck, a University of Saskatchewan history professor and medical historian, said all too often there is a disconnect between the actual conversations and the overall stigma of mental health.

"So often [mental health issues](#) get into the news because of some disaster—some horrific violence. So, there is a focus on fearing mental illness, and there is a long history of the notion that mental illness somehow makes people unpredictable and violent," said Dyck. "With how we talk about these issues, we often say that we need to be tolerant and accepting, yet we are still nervous about what it means when someone has a serious mental illness and how to deal with the potential for a crisis."

A Canada Research Chair and expert in the early days of LSD testing, much Dyck's research focuses on how Saskatchewan's history of psychiatry and mental health has changed, particularly since the 1950s. At that time, Saskatchewan was the epicenter of research into psychedelic drug testing, which was used to treat addictions such as alcoholism, she said. And while she points out that views in today's society may have changed enough to consider retesting LSD as a potential therapy—particularly in light of increasingly lax laws towards marijuana—there are a number of different sets of mental health issues.

Public perception of drug therapies isn't the only thing that has changed, she continued.

"The technologies have changed, the access and reliance on pharmaceuticals has changed since Medicare was introduced, and I don't think we've engaged with the idea of Medicare to allow it to evolve,"

said Dyck. "Looking at it historically allows us to appreciate just how much nuance went into the creation and where it ended up stopping instead of continuing that conversation."

The stigmas have also seen a drastic evolution—a subject she explores in her book *Managing Madness: Weyburn Mental Hospital and the Transformation of Psychiatric Care in Canada*, which traces the history of the Saskatchewan institution from a large Victorian-styled asylum to its focus on care in the community.

Written with U of S alumnus Alex Deighton, by examining the past the book aims to promote that it is the collective's responsibility to challenge present discrimination when it comes to [mental illness](#).

"We looked at the different ways in which people articulated their experiences and where they found ways to dig in and challenge the system," said Dyck. "And by giving voices to those individuals and organizations, we are able to put a face on some of that discrimination, so it's not just discussing policies in an abstract way. We look at how difficult it is for someone to get housing if they carry those stigmas or if they are being discriminated against for how they may or may not behave."

And as to how the current conversations have changed, Dyck points to the growing number of advocates discussing issues such as income insecurity.

"There's been a lot of talk about raising the minimum wage in Saskatchewan recently, so talking about having some basic income structures in place. Of course, this isn't exactly a mental health issue, but it also is a mental health issue.

"I'm encouraged by what I am seeing in the media," she continued,

"which is drawing further attention for the need to link things like anti-poverty campaigns and [mental health](#) care."

Provided by University of Saskatchewan

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