Mental Health & Safeguarding in Childhood (1880-1920)

Dr Wendy Sims-Schouten, University of Portsmouth, UK

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MH and Mental Illness as Contested Terms

- Have been used to represent a **range of concepts** from psychological states to dimensions of health and cognitive ability.
- Stigma plays a significant role and subject to definitions of organisations/institutions.
- **Contemporary interpretations** are Informed by two major epistemological positions about psychological distress, namely medical naturalism and social constructionism.

Mental Health in Childhood

At present there are still numerous unresolved issues around mental health in childhood; for example, my recent research with young care-leavers suggests that there are gaps in understanding/engagement with the needs of those young people (Sims-Schouten & Hayden, 2017).This is supported by other research showing that 'mental wellbeing of young people in England has worsened' (Children's Society).

MH, Children & History

- First addressed in the early stages of the 20th century, by psychiatrists, psychologists and social workers.
- History of child psychiatry in the UK: First wave from 1920 with a focus on early intervention and collaboration with schools/health services (see also the work of Anna Freud).
- The forgotten children: children admitted to a county asylum between 1854 and 1900 (see Gingell, 2001): *"A sub-speciality of child psychiatry did not evolve within this context."*

Early Philanthropy

- 19th century philanthropy had strong connections with middle-class notions of superiority of class, education and race;
- Distinction between ‘deserving‘ and ‘undeserving’ poor.
- Example: *Waifs and Strays Society (Children’s Society), established by Edward Rudolph in 1881.*

Current Study

- 105 case files; **67 girls and 38 boys age range 4-17** (but also correspondence into adulthood).
- Key words: *'mental' ('mental condition'; 'mental deficiency' 'mental health'; 'mental illness); 'wellbeing'; 'insanity'.*
- Correspondence from*: Children's Home – Foster parents – Church – Mr Rudolph – Medical Officers- Child and his/her Family.*
- Also application to waifs and strays and reports.

Contemporary data: 3 datasets (qualitative data)

- Dataset 1: *mental health and wellbeing of vulnerable mothers, N=10*;
- Dataset 2: *young care leavers and care workers, and mental health and wellbeing, N=24;*
- Dataset 3: *secondary school children with a focus on depression, anxiety and bullying, N=48.*

Research aim and question

- Aim: *To draw comparisons between current and past practices and conceptualisations in relation to mental health in childhood*.
- Question: *What mechanisms are at play in problematizing mental health in childhood, and why are there still so many unresolved issues?*

Methodology

Content analysis drawing on the critical realist approach (Archer, Bhaskar), with a focus on generative mechanisms that operate at a number of levels and at a range of timescales.

- Specifically:

1. Analyse language/narratives around MH in the case files;
2. Compare this with current developments and my own data from roughly 82 interviews with parents, practitioners and young people, that were undertaken as part of previous research projects.
3. Contextualise this within the historiography, societal mechanisms and social policy of the time;

Findings

- Language around mental health in relation to child: 43 girls – 20 boys.
- Language around ‘behaviour’: 49 girls – 30 boys.
- Language around MH (asylum) in relation to parents: 50; alcoholism 20.
- Suicide attempts: 10 girls – 6 boys (1 girl committed suicide; 4 boys).

Similarities – Past & Present

- Reasons for taken into care: relation between child and family (MH, alcoholism);
- Focus on behaviour;
- Lack of joined up working;
- Stronger focus on practical abilities and learning. (e.g. NEET first before MH);
- Limited voice of the child;
- Acknowledgement of early experiences and behaviour – yet not always acceptance.

Behaviour

Archives: *'She is behaving badly and is of a low moral type herself and acquainted with evil in many ways (1888; 14 years old; Application)'*

'I regret to say that he has not given satisfaction at St Michael's orphanage (note mother in asylum; not orphan), and it is thought that a change of discipline will perhaps do him good (1896; 6 years old)'

Current: *'I used to be quite aggressive and quite horrible, and stuff like that (girl; care leaver)'*

Lack of Joined up Working: Patchwork of Practice

Archive: *'grieved as we are at her sad death, we do not acknowledge that we are responsible; the poor girl was curiously reserved and did not give her confidence as all the other girls do to the Matron (born 1897; taken into care 1910; suicide at age 21 after being assaulted for a number of years when working as a maid).'*

Current: *'mental health is tricky, because there's so many different agencies' (care worker)*

Also evident in interviews with school children and being unsure as to who to approach ('professional' – 'expert' – teacher' – 'social media').

Focus on 'practical' abilities and 'learning' takes priority

Archives: *'In consequence of the above young fellow's mental condition he is unfit to remain in the Home, and under the circumstances am afraid the Union is the only alternative (1913; boy aged 9). 'there is not the faintest hope of his ever being put out to service'*

Current: *In work with care leavers 'NEET' takes priority and in schools the focus on learning outweighs a focus on MH and wellbeing* (e.g. see my research around bullying).

MH Talk

Archives: ‘the case is a mental one’; ‘depressed’; ‘suicidal’; ‘hopelessly insane’; ‘the poor child’s insanity is inherited’; ‘mental derangement’; ‘hysterical’; ‘mental condition’; ‘melancholia’ ‘acute mania’ ‘mentally ill’; ‘peculiar’; ‘mentally deficient’; ‘feeble minded’; ‘imbecile’; ‘brain disturbance’; *but also links with ‘happiness’ ‘conduct’ and concern about wellbeing and the role of early experiences, and identifying proper support.*

MH talk then and now

- Then: link between ‘mental ability’ and ‘mental state’ – e.g. imbecile versus melancholia. Yet, not necessarily ‘cognitive deficiency’, but more a result of prevailing ideas, about children being born without reason (so cant lose reason, unlike adults).
- Now: still ambiguity of understandings of concepts such as ‘mental health’ and ‘wellbeing’. Yet, ‘mental ability’ as separate.

Voice (lack of) & Grateful for support received

Current (care leaver): *'Sometimes I don't have nobody to talk to as well, so I was getting so much stress and, my hair is falling out, its so hard to handle, and for me to have like somebody like, and that I can talk to, even if she comes once every two weeks to see me. So, I can talk to her, it makes me feel better.'*

Archive, girl 1920 (aged 16, in asylum): *'I feel quite well, and was delighted to have a visitor. I want to come out of the asylum and start afresh as I am still young and, fine weather is coming'*

Archive, boy 1899 (aged 19): *'I want to thank you for the many kindness you have done for me'*

The previous accounts which construct the young people as being grateful and appreciative of the (albeit limited) availability of care and support could be understood on the basis of a material context, which places them on the margins of society with no privileges at all. The participants social position could, therefore, be understood as providing the 'scaffolding' for their positive construction of the input of the care worker, as it reflects their (real and perceived) lack of entitlement.

Generative mechanisms

- *Focus on and stigma related to 'problem families' and 'immoral girls' - have influenced the responses of child welfare and protection professionals then and now, as recent scandals in Oxford and Rotherham show.*
- *Practice is fragmented and lack of funding – e.g. influence of psychology (e.g. Freud) started to take off in 1900s, but number of clinics and workers is low.*

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