1840 – US Census lists one category for mental illness: idiocy/insanity

1880 – US Census lists 7 categories of mental illness: mania, melancholia, monomania, paresis, dementia, dipsomania and epilepsy

1895 – Sigmund Freud and Josef Breuer publish theories of the unconscious mind in Studies of Hysteria

1899 – Emil Kraepelin, a German psychiatrist, distinguishes between schizophrenia and manic-depressive psychosis; he defines mental decline at a young age as dementia praecox, eventually known as schizophrenia.

1900 – Freud publishes The Interpretation of Dreams; he begins to develop “talking cures”, a form of therapy where the patient talks in detail about his/her childhood, relationships and experiences. Psychotherapy becomes the main treatment for mental illness and retains its importance for several decades.

1906 – Alois Alzheimer identifies Alzheimer's Disease

1914-1919 – Soldiers during WWI are treated with talk therapy for newly defined “shell shock”, later known as Post-Traumatic Stress Disorder (PTSD)

1930s – Intractable mental illnesses treated with electroconvulsive therapy (begins in 1938) and frontal lobotomies

1920s to 1940s – Asylums come to be known as mental hospitals but are still crowded and understaffed.

1949 – John Cade, an Australian psychiatrist, becomes the first to treat psychosis with lithium, still the mainstay for treating mania

1950 – Psychotropic drug therapy begins

1952 – American Psychiatric Association publishes its first Diagnostic and Statistical Manual of Mental Disorders; Chlorpromazine first used to treat schizophrenia.

1970s – Neuroimaging of the brain becomes possible with non-invasive techniques.
1970s – Mentally ill taken out of institutions, but lack of community health care means that there is a subsequent increase in homelessness and incarceration for the mentally ill

1990s – New generation of antipsychotic and antidepressant drugs hit the market

1993 – Neuroimaging identifies 3 brain regions involved in schizophrenia

2000 – Researchers find a link between a gene and an increased risk of schizophrenia

2003 – Researchers discover that a mutation in a particular gene is present in 10% of people with bipolar disorder

2005 – Another gene that is linked to schizophrenia is discovered

2006 – Researchers discover the first “risk” gene specifically for bipolar disorder

Despite the progress of the last 160 years, there is still no completely definitive cause or certain cure for mental illness. Stigma remains a major barrier to treatment and to general understanding of mental illness.

The source of most of the information above is Thompson, M. (2007) Mental Illness, Greenwood Press, USA.

More about genes and Manic-Depression (now called Bipolar Disorder)

One of the breakthroughs in the study of this disorder was gained through studying the Amish people of Pennsylvania. Since they have a small population that frequently intermarries, it was possible for researchers to trace particular genes and their effects on people within specific families. It was found that all of the suicides over 100 years (26 suicides) were limited to just four families. Eventually it was concluded that the disorder was influenced by the possession of a dominant gene with incomplete penetrance. This means that a person with the gene has a chance of about 33% to 50% of escaping the disorder. Other research has suggested that other genes may be involved. This is quite likely because the disorder is relatively common. The gene probably has the effects it has through its influence on neurotransmitters in the brain.

In the absence of adequate community resources for people who are mentally ill, there is a worrying tendency for mentally ill people to end up in gaols... We’ve become slightly more enlightened in our treatment of the mentally ill, but there’s a long way to go.