This essay is provided, with the permission of the student who submitted it for marking, to give you an example of an essay that scored Satisfactory for overall competence. I have annotated the text to emphasise some of the deficiencies and areas where it could be improved, and have attached a mark sheet that indicates how I would grade this essay.

Julian Burton
Phase 1a Director and Moderator of this SSC.
Please assess the student on the following criteria which are defined in more detail in the School’s Outcome Objectives (see attached). Professional Behaviours should be considered separately from the generic and specific skills assessments. Please give written feedback to ALL students, and not just those with a Borderline or Unsatisfactory grade.

### PLEASE CIRCLE THE APPROPRIATE JUDGEMENT

<table>
<thead>
<tr>
<th>Generic Graduate Skills</th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
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**Generic Graduate Skills**

*Includes skills in written communication, information gathering, organisation and self-management and IT literacy producing a word processed report, formatted appropriately – double-justified, double line spaced, appropriate font and font size, use of special characters.*

Please provide FEEDBACK for all grades awarded

Word count OK. You had room to expand your essay had you wished. An appropriate selection of references from a variety of sources has been selected. You have shown good integration but there is no critical analysis of these.

(Continue overleaf if necessary)

<table>
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<tr>
<th>Attachment Specific Skills</th>
<th>Excellent</th>
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**Attachment Specific Skills**

**History of Medicine Specific Skills**

*Includes understanding of the subject, able to write in the style of a scientific paper.*

Please provide FEEDBACK for all grades awarded

An interesting essay written in a mature academic style. You demonstrate understanding of the subject. However, you have failed to discuss several important aspects of this subject. I would have liked to read about the rise of the asylum at Bedlam, and of the mistreatment that took place in early asylums. Text is correctly double-justified and double-line spaced at first but then correct formatting is lost. Page numbers and special characters are not included. You need to proof read your work carefully before submission – this would also help detect the typographic errors present.

(Continue overleaf if necessary)

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<tr>
<th>Overall Competence</th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
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**Overall Competence**

*Includes evaluation of overall performance on generic and specific skills for stage of training.*

Please provide FEEDBACK for all grades awarded

No evidence of plagiarism detected

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<th>Professional Behaviours</th>
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<th>Good</th>
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**Professional Behaviours**

*Includes submission (hard copy) of work on time & submission of Probity form, ensuring an ethical approach, avoiding plagiarism, & completion as requested.*

Please provide FEEDBACK for all grades awarded

No evidence of plagiarism detected

(Continue overleaf if necessary)
The rise and fall of the asylum

Student ID: XXXXXXXXXX

Word count: 1584
Introduction

The 19th and 20th centuries saw a dramatic rise and subsequent fall in the institutionalisation of British civilians, deemed mentally deviant by society. In the past, lunatics were “lumped together with other vagrant groups…” as stated by Andrew Scull1. This opinion and both the rise and fall of the asylum during this time were affected by many changes in areas such as public opinion2, shifting professional opinions and economic influences.

Pre Asylum

Before the rise of the asylum, the care of social deviants and the mentally ill or lunatics was largely a domestic responsibility. This care fell to the family and the local community and was often inadequate3. Those deemed dangerous, or those for whom a community was unable or unwilling to provide care, were cast out, left to fend for themselves4. However at this time (as early as the 1600’s) there were forms of support for families attempting to provide care. Charitable organisations existed, many run by the Christian churches, which provided care for the pauper lunatics5. There was also household relief, a payment made from the local parish4. These funds were not only given to those confined to the home, but also, as stated by Colin Barnes, “provided to those willing to take on the responsibility for others unable to care for themselves”6.

There were also forms of formal institutionalization which pre dated the noted rise of the asylum in the mid 19th century. During the 1600’s and 1700’s there was prominent industrialization in Britain, which created a feeling of nationalism. This effectively destroyed the isolation of local communities and prompted the need for nationwide measures to care for social deviants7. Thus, workhouses, prisons and private asylums
were used to fulfill this role. The greater scrutiny of this broad group of social deviants allowed by these changes, led to the recognition of the insane as a separate group and could have been one of many changes which led to the rise of the asylum¹.

The rise of the asylum

The further industrialisation of Britain at the beginning of the 1800’s created a work ethic to which people of all social backgrounds were expected to adhere⁷. Andre Scull argues that this “bourgeoisie” ideal was a major reason for the loss of household relief on the grounds that the payments would “promote poverty rather than relieve it”⁷. The prisons and workhouses now had to accommodate a multitude of people cast out by families who could no longer care for them either due to the loss of public funds or by the increasing poverty created by the industrial power shift⁴. In the early 1800’s, several government reports verified the concern of the mistreatment of lunatics in these institutions and reinforced the idea that they required separate confinement⁷. The government also made two acts in 1808 and 1845, which promoted the building of public asylums for the pauper insane⁸. The later of these two acts, the Lunacy Act of 1845, made the building of asylums compulsory⁸, with the government funding their existence. Around the same time the idea that madness was curable became apparent⁹. The increased professional publicity of madness partly due to King George III’s mania and his cure in 1788-89⁹ promoted this ideal, further reinforcing the supposed positive factors of institutionalization and promoting the rise of the asylum. However the rise of the asylum in the mid 1800’s would not have been possible if there was not the large amount of public support for the movement as David Wright argues, “…control over confinement was predicated upon the desires of families to care for and control dependant and violent relatives”¹⁰. Apart from this demand for the new, free service, created by families willing to admit sick relatives, it was also
widely believed by the middle/upper classes that the construction of asylums was the most humane and cost effective way of dealing with what was perceived to be a national problem. The success of the private asylums existing in Britain pre-1800, both medically and financially, encouraged the governments to endorse the erection of public asylums and boosted their positive public image.

The fall of the asylum

Towards the end of the 1800’s the number of people in mental institutions increased rapidly as Eric T Carlson explains “This always seems to be the result of offering a service which represents a great need in the community: the supply is quickly overrun by the demand”\(^5\). This caused a disintegration of the original, idealistic, views for the public asylum as a “peaceful retreat”\(^5\), and the idea of a cure was lost, with the asylums becoming backlogged with incurables, the infirm and the elderly, further damaging the inmates diminishing quality of care\(^10\). This was exacerbated in the early 1900’s, as events like World War Two and the 1920’s depression increased unemployment and boosted asylum admissions\(^11\). This caused a further drop in the public asylum’s quality and popularity\(^12\).

From the early 1900’s there was a move towards “voluntary asylum admissions and […] provisions for early treatment and after care”\(^12\). This can be seen as a move towards community care, which became the popular alternative to institutionalisation at this time, advocated by the governments, possibly because of the increasing difference in the cost of the two forms of treatment\(^13\), and reformers, many of whom wrote to journals and newspapers on the matter, urging the phasing out of the asylum in Britain\(^12\).

In the late 1900’s the government passed the “1930 Mental Treatment Act” which renamed asylums as mental hospitals\(^12\). Despite this the asylum still prevailed under
its new guise, but this did nothing to improve its public and professional image. In 1948 there was a drive for the “administrative and financial consolidation of the mental health service and the NHS”\textsuperscript{12} and for greater therapeutic settings for treatment. Also, as stated by Roy Porter, the 1950’s and 60s gave rise to “…protest against traditional authority…”\textsuperscript{12} and increased media coverage, such as in movies and newspapers, changed public opinion of asylum like institutions, and led to general disapproval of their methods and open protest calling for their end\textsuperscript{12}.

Conclusion

In conclusion, the history of the asylum has essentially travelled full circle. From local or family care pre-1800, with few institutions, to the erection and use of massive public asylums in the 19\textsuperscript{th} century due to many factors ranging from changing public attitudes to economics. The increased pressure to provide a humanitarian service to accommodate the mentally ill which could potentially provide a cure, along with the new ability to provide that service, caused the numbers of people in asylums to rise greatly. Despite the original optimism placed in the system it soon became flooded and the resulting publicity of its failings led to a massive disintegration of the asylum’s public image. In the 20\textsuperscript{th} century there was a shift towards the community care model, with a call to disband the asylums, or to integrate them with the newly developed NHS. This model can be seen as similar to that of dealing with the mentally ill before the rise of the asylum, completing the cycle.

Despite this, remnants of the asylum still exist today. If a person is seen as a risk to themselves or others, healthcare professionals and other members of the society have the power to have them sectioned or detained against their will, in some cases perpetually, under the 1983 Mental Health Act\textsuperscript{14}. This shows that despite the
prevalence of community care, the asylum movement did not entirely fall during the 20th century, and that aspects of its ideals and methods still exist today.
References


14. [http://www.bbc.co.uk/health/conditions/mental_health/yourrights_index.shtml](http://www.bbc.co.uk/health/conditions/mental_health/yourrights_index.shtml)

Accessed 11.11.06