BEHAVIOUR PROBLEMS IN CHILDREN

THEIR RELATION TO MENTAL HYGIENE AND PUBLIC HEALTH

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The prevalence of the psychoses and the percentage of hospital beds that are utilized for the treatment of psychotics has often been emphasized recently. These estimates are fairly accurate.

The psychotic, by the very nature of his illness, sooner or later comes under medical supervision. The problem of coping with the vast number of these patients is being handled by providing more beds and by the immense progress made in the psychiatrical treatment of the psychoses.

What of the neuroses? No survey of the general population has ever been undertaken to estimate the incidence of neurosis. Some indication is given by various authorities but the samples used are not representative of the general population.

Rowntree[1] reported that in United States Army registrants (1945) 15·2 per thousand were rejected because of psychoneurotic disorders.

In a representative group of 74 18-year-old youths studied on the eve of call-up for National Service, Logan and Goldberg[2] reported that 43 were stable and well adjusted, 19 were maladjusted in some respect, and 12 were clearly disturbed emotionally—so disturbed that psychiatric help would have been advisable.

Various other estimates have been advanced. Scrivener[3] estimates that 1/3rd of the consultations by general practitioners in England are for purely psychosomatic illnesses and 1/3rd for organic disease *plus* psychosomatic illness. In America, reliable observers believe that 50-75% of all patients seeking medical aid at present are suffering from some psychoneurotic ailment.[4] In South Africa, according to Alice Cox,[5] it has been conservatively estimated that neuroses represent some 30% of medical practice.

With the strains and stresses of modern life the incidence of neuroses is probably on the increase. Many people with major and minor neuroses suffer untold mental torture and unhappiness during their lives.

Apart from the social implications of the disease the economic factors must be considered. Pollock[6] estimated that in 1931 the economic loss due to mental disease in the United States was 742,000,000 dollars.

Russell Fraser[7] studied over 3,000 male and female workers in 13 light and medium engineering factories and showed that during the course of 6 months 10% (9·1% of the men and 13% of the women) had suffered from definite and disabling neurotic illnesses and a further 20% (19·2% of the men and 23% of the women) from minor neuroses. Neurotic illness caused between 1/4th and 1/3rd of all absence from work due to illness. Neurosis was responsible for the loss of 1·09% of the men's possible working days and 2·4% of the women's. This loss is equivalent to an annual absence of 3 working days for every man studied and 6 days for every woman. These losses were at least equal to those due to any of the 5 other subdivisions into which causes of absence were grouped, and amounted to between 1/5th and 1/4th of all absence from work from whatever cause. Russell Fraser also quotes other research workers' figures of neurosis in other occupations.

It is fairly obvious then that a large section of the community is suffering from this disease. As in any other disease, surely prevention is the best; and for neurosis it is the only cure.

Prevention of mental ill-health is mental hygiene. At this point a more explicit definition of the terms of mental health and hygiene is called for. The following definitions are arrived at by the World Health Organization Expert Committee on Mental Health.[8]

Definition of Mental Health

'The capacity of an individual to form harmonious relations with others and to participate in or contribute constructively to changes in his social and physical environment. It is also his capacity to achieve a harmonious and balanced satisfaction of his own potentially conflicting emotional drives—harmonious in that it reaches an integrated synthesis rather than the denial of satisfaction to certain instinctive tendencies as a means of thwarting others.' How many people have this capacity—even in part?

Definition of Mental Hygiene

'This term is often used as a euphemism for early psychiatric treatment, presumably in order to avoid the stigma which is still often attached to established psychotic disorders.

'The term should be used in its strict and literal sense, analogous to the way in which the general term "hygiene" is used in public-health practice.

'Therefore mental hygiene consists of the activities and techniques which promote and maintain mental health. Its practice demands that groups and individuals should examine and re-evaluate patterns of interpersonal relationships in the light of their influence on personality development and mental health. To accomplish this, education in theory alone is insufficient. It must be accompanied by practical methods of learning through actual person and group experiences, which foster emotional insight and modify behaviour in the direction of healthier personal relationships and healthier personality development.'

MENTAL HYGIENE AND PUBLIC HEALTH

Mental ill-health in an individual has always been dealt with by a psychiatrist, by the medical staff of a hospital, or by a general practitioner.

Public health on the other hand came into being because any group of people eventually has health problems thrust upon it. Thus public health became concerned with epidemics rather than with individual illness. The main problems resolved into those of housing, feeding, contagious disease, and industrial hazards to health. Great advances have been made in solving these problems and the span of life

has been greatly prolonged by the application of the knowledge acquired. The eventual solution is chiefly along economic lines.

Now that the physical ailments of the individual have been attended to, his mental needs come under review.

A physician treats a disease but cannot control the factors that bring about that disease, nor can he control an epidemic. A psychiatrist treats mental disease but cannot control all the factors that bring about mental disease.

The physician has to rely on the public-health authorities, why not the psychiatrist?

Another reason why public-health authorities should undertake mental hygiene is that they have the necessary organization available. In some cases it is only a skeleton organization, but even these can be used as a basis for mental hygiene.

The WHO Expert Committee on Mental Health[9] considers 'that the most important single long-term principle for the future work of WHO in the fostering of mental health is encouragement of the incorporation into public health work of the responsibility for promoting the mental as well as the physical health of the community'.

There are various methods of promoting mental health in a community. These methods are intended to assist people of all ages, but for a mental-hygiene programme to have the maximum effect it should be applied to children.

BEHAVIOUR PROBLEMS IN CHILDREN

It is the view of many authorities that behaviour defects in children are the forerunners of neuroses.

Oeser[10] says, 'Psychiatrists, especially those of a psycho-analytic background, have demonstrated that the roots of all neuroses lie in infancy and childhood, and in faulty ways of establishing equilibrium between needs and roles'.

Cottrell[11] states, 'Mental hygiene is vitally concerned with prevention—prevention used in the broad sense—in establishing conditions to further normal emotional life and the treatment of minor behaviour disorders, so that serious illnesses may be avoided'.

In describing a counselling service for parents of young children Lichtenberg and Wolfe[12] say: 'The service uses preventive techniques in the field of mental health to resolve minor difficulties and thus avoid the development of major problems. Psychiatric work with the parents of very young children who present minor behaviour difficulties can be most effective. In the majority of cases such difficulties arise out of some strain or tension in the relationships within the family group and not from any innate weakness.'

Maxcy[13] maintains that the most fundamental factor in the early conditioning of the personality is the parent-child relationship, and that the life-periods marked by most rapid development—infancy, childhood and adolescence—exert the greatest influence in determining the individual personality pattern.

Weisner[14] also stresses the importance of the early years, 'Behaviour problems do not appear abruptly; they have deep-seated origins of long standing. The specific episode, which usually leads to referral to a psychiatrist, is a relatively insignificant detail of the total picture. Many personality problems of children can be traced back to the impact of environmental conditions and parental attitudes during the first 2 years of life'.

Many more references can be given on this point, but having quoted to such a degree in order to correlate public health, mental hygiene and behaviour problems in children, I pass on to a brief mention of a recent survey (1953) of the incidence of behaviour problems amongst European children in Johannesburg.

Johannesburg Survey of Behaviour Problems in European Children

The sample consisted of 60 families belonging to the upper, middle and lower classes of the community. The percentage of children with previous or present abnormal behaviour was 44·7. Even if this figure were an over-statement due to various errors which might arise, a vigorous mental-hygiene programme to alleviate the position would still be indicated.

Advice was sought by the parents in respect of 50% of the children with behaviour problems. In about 80% of these the person consulted was a general practitioner; in the remainder a paediatrician was consulted directly.

The mothers of the other 50% of children with behaviour problems were asked whom they would have consulted, if they had sought advice. Again the majority said they would have consulted a general practitioner.

This indicates that a thorough grounding in mental hygiene (and particularly in the understanding and treatment of behaviour problems) should be given to every medical student. This is not being done at present, although visits to the Child Guidance Clinic have recently been included in the curriculum at the Witwatersrand Medical School. Because of the inadequate training much incorrect and perhaps damaging advice has probably been given to mothers in the past.

From the fact that in families with one or more children displaying abnormal behaviour only 50% of the mothers sought advice, it is obvious that some scheme is indicated whereby these families are investigated instead of waiting for them to take action. Stogdill,[15] in discussing the role of the public-health nurse, says: 'How are you going to reach parents who need this information (parent education) most? They are the very ones who are not interested. We did not stop immunization campaigns because it was hard to get cooperation from certain groups.'

Out of this arises the task of discovering a trainable person who has sufficient routine and intimate contact with the family at the time when children are born. The general practitioner has not this contact; he is only called in when there is physical illness. Even if he has a certain amount of pre-natal and post-natal contact he certainly has not the time for parent education and the seeking out of problems.

THE PUBLIC HEALTH NURSE (HEALTH VISITOR*)

Contact with the Home

In Johannesburg, the municipal health visitors make routine post-natal home visits in the case of every European child born in Johannesburg, whether the mother has attended the municipal ante-natal clinic or not. Where a mother has attended the ante-natal clinic serving the district in which

* In America the name 'Public Health Nurse' is given to the nurses who in South Africa, as in England, are called 'Health Visitors'.

she lives, she is in contact with the same nurse ante- and post-natally.

In the survey, out of the 60 homes investigated, 53 mothers had been visited after the birth or adoption of each child. In the other 7 cases, 5 of the families had been living outside Johannesburg when the children were born. In one of the 2 remaining cases the mother stated that the nurse had not called, and in the other the mother said that the nurse may have called but she could not be sure.

This demonstrates the efficiency of this section of the Public Health Department of the City of Johannesburg. The average number of visits to each home was 2·8. Usually there was one visit after the birth of each child. Only if a child was ill was more than one visit made after any particular birth.

Contact at Ante-natal and Post-natal Clinics

Of the 60 mothers in the survey, 35 (58%) attended either ante- or post-natal clinics or both. Of the remaining 25 mothers, 2 did not attend because the children were adopted and one because her children were born outside the area. The proportion of mothers attending these clinics in Johannesburg is increasing, and future surveys may show higher attendances.

Despite the fact that mothers of the middle and upper classes tend to rely on general practitioners rather than on clinics, the attendance in this survey amongst the different classes in Johannesburg is as follows: upper 30%, middle 71%, lower 68%. According to the chief health visitor in Johannesburg there has been an increase of attendances by the upper classes in recent years.

Training of Public Health Nurses

Public-health nurses in South Africa receive little or no training in mental hygiene. When questioned, many of those in the Johannesburg municipal health department stated they frequently encountered behaviour problems in their work, but were reluctant to give advice because of their lack of knowledge. Adequately trained nurses would go further and try to uncover these problems.

The social workers in Johannesburg professed the same avoidance of abnormal behaviour also—in spite of psychological training—because of the lack of practical knowledge of the subject.

In their third report the WHO Expert Committee on Mental Health[16] reports that 'public-health nurses, by virtue of their work, develop close and intimate relationships with people in their own homes and especially with people undergoing emotional stress'. Again in an earlier report[17] this Committee emphasizes 'the great importance it attaches to the revision of the education of all public-health nurses to enable them to play as effective a role in influencing the pattern of living of the community in a way which is favourable to mental health as they already do in physical matters'. In towns with a developed public-health department no other person has such a constant and intimate contact with the home.

Levy[18] states: 'Public-health nurses can be trained in mental-hygiene work, especially in pure hygiene and, apart from ante-natal contacts, she should visit the home of a newly born child 2 or 3 times in the first month of life. Thereafter the number of visits should be once a month in the first year of life and once every 3 months in the next 3 years.'

A SUGGESTED SYSTEM OF MENTAL HYGIENE

With adequate training of the public-health nurse in mental hygiene, a system is proposed in which the whole personnel of the child welfare section of the municipal health department —from the doctors to the office workers—should be trained in mental hygiene according to their capabilities and opportunity.

The department would control child-guidance clinics serving the various districts in the municipality. These clinics should have on their staff psychiatrists and psychologists and an adequate number of psychiatric social workers. This staff would have periodic and frequent discussions, and would cooperate with the other medical officers and public-health nurses of the child welfare section and advise with the more difficult psychiatric and behaviour problems. Cooperation with general practitioners, schools and nursery schools is also necessary.

To complete the picture it would be desirable to have mental hygienists employed by the Government to establish liaison with the local authority. At present, although the Government has a department of Mental Hygiene within the Public Health Department, no preventive work is undertaken.

There is a diversity of control of the various workers and institutions in a city and some difficulty will arise in coordinating them under the control of the municipal public health authority.

In smaller towns modified schemes are necessary and it will be many years before this can be accomplished in this country. However, plans should be made as soon as possible to meet what is a very real need.

SUMMARY

The prevalence of psychoneuroses is indicated and the responsibility of public health authorities and the possibility of their shouldering the burden caused by mental ill-health are discussed. Assuming that parent education and the treatment of behaviour problems in children is the easiest and most logical method of promoting mental hygiene, some relevant figures gathered in a recent survey of the incidence of abnormal behaviour amongst the children of Johannesburg are presented and discussed in relation to the public-health nurse as the chief instrument in mental hygiene programmes.

A system is suggested whereby all parents could have the opportunity of obtaining expert guidance relating to problems of behaviour arising in their children.

The inadequate facilities at present available to the general population is also mentioned.

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