

# MENTAL ILLNESS IN THE UNION : DEBATE IN PARLIAMENT

BY OUR PARLIAMENTARY CORRESPONDENT

Nine members of the medical profession spoke in the two-day debate on the health portfolio in the House of Assembly on 9 and 10 September 1958. The debate covered a wide field. The chief concern was about three matters—the state of facilities for the treatment of patients suffering from mental illnesses; the need for coordination of health policy and services and the high cost of modern drugs and treatment. The Minister of Health (Mr. M. D. C. de Wet Nel) was in almost complete agreement with all the speakers had to say on these matters.

The main critics of the existing facilities for the treatment of mental patients were Dr. E. L. Fisher, M.P. for Rosettenville, and Dr. A. Radford, M. P. for Durban-Central. Dr. Fisher said the position in South Africa had followed the pattern throughout the world. Of all the diseases that beset the population the most widespread were those associated with mental illness—10 percent of the population were suffering from some or other mental ailment yet less was spent on the treatment and study of mental diseases than any other disease. Ten times as much was spent on tuberculosis and 50 times as much on cancer.

The time had come for a courageous Minister of Health to set a pattern for the rest of the world by setting aside large sums in South Africa for an investigation of the treatment, housing and nursing of mental patients.

## THE STAFF PROBLEM

First of all the right incentive would have to be provided to attract sufficient staff of the right sort to this type of work. The conditions of employment must be made more attractive, they must be given opportunities for study and research and they must be guaranteed employment after qualifying. It was unfortunate that medical officers often were transferred from one mental hospital to another on promotion. This disturbed not only their own home life but also the continuity of treatment of the patients. Medical officers working in mental hospitals would have to be assured of promotion without having to move to other hospitals.

Dr. Fisher produced a petition signed by 1,000 friends and relatives of patients in Valkenburg Hospital, Cape Town, complaining that the conditions of service for the staff there were not such as to attract the best people.

To alleviate the shortage of accommodation in mental hospitals and to obviate the necessity for many patients to be taken hundreds of miles from their families for treatment, Dr. Fisher suggested that the provincial hospitals be asked to make beds available (for the treatment of mental patients who were not dangerous) under the supervision of the Commissioner for Mental Hygiene.

Provision could also be made in the provincial hospitals for the accommodation of immediate acute cases pending their removal to a larger hospital and for the treatment of chronic patients in an out-patients department. These chronic patients could return to their homes every day to be cared for by their own families or visiting nursing aides. He felt sure that all psychiatrists in the districts concerned would be happy to cooperate in schemes of this nature.

Dr. Radford said the responsibility of the State towards mental

patients was a peculiar and a grave one because the inmates of mental hospitals were deprived of their liberty without their consent. It was the duty of the State to see that they were well cared for and where possible returned to the community. But conditions in this country were such that this was well-nigh impossible. A few gallant doctors were doing their best and returning some people but on the whole they were frustrated.

## ACCOMMODATION PROBLEM

The problem of accommodation had become so acute that last year there were 2,213 more patients than beds in mental institutions. Over-crowding had a deleterious effect on the mentality of patients. It made it impossible to separate the noisy from the tranquil; the dirty from the clean; the maniacal from the harmless. It placed a tremendous obstacle in the way of recovery—one which could not be overcome by any conceivable method of therapy.

Beds were only a few inches apart and in some cases were in the centre of the room as well leaving no open passage. It was not surprising in view of the excitable patients occupying these dormitories, that recently a patient had murdered a fellow-patient in the next bed before the attendants could intervene. Non-Europeans in some dormitories lay shoulder to shoulder and feet to shoulder as well, making a solid layer of humanity with scarcely room to put a foot between them.

Fort Napier Hospital was built as a barracks in 1861. It was a wood and iron building propped up in places by gum poles to stop it from blowing over. There was no heating and fires could not be lit there. Among the patients were aged European females. The place had been condemned in 1936 but was still being used as a mental hospital.

## THE MINISTER'S REPLY

The Minister admitted frankly that he was unhappy about the situation. His predecessor had also been concerned about it and had appointed a commission whose report had just been made available. He was studying that report and in the meantime a start had been made on the vast backlog that had to be overtaken. There was to be a big mental hospital at Stikland which would cost £2,500,000 and would provide for 1,800 patients. Provision would be made for the establishment of accommodation for a further 2,592 mental patients when that hospital was completed. There was an amount in the estimates for the rebuilding of Fort Napier where the conditions were truly shocking.

Dr. Fisher's suggestion about the treatment of less dangerous cases in provincial hospitals had already been advanced by some of the provinces themselves and discussions were being held with provincial authorities to see in how far the scheme was practicable.

Replying to points raised by other speakers Mr. de Wet Nel agreed that the National Health Council had become unwieldy and ineffective—in fact it had long ago ceased to function—and that there was need for a revision of health policy and services with a view to better coordination. He had been holding discussions for some time already in this connection. There was

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the eight-member coordinating council for hospitals and medical services which was doing excellent work but he was not satisfied. What he envisaged was a central health council composed of experts who could actively advise and assist the Government. He would do everything in his power to achieve this ideal.

The Minister said he was as disturbed as the doctors who spoke were about the high costs of drugs and medical treatment. He was strongly considering appointing a commission to go into the matter, especially the question of expensive medicines, to see what could be done to bring some measure of relief.