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EDITORIAL : VAN DIE REDAKSIE

PSYCHIATRIC SERVICES IN SOUTH AFRICA

The present state of our psychiatric services was discussed in these columns some months ago.[1] Since then there has been much indication of the serious view which both the public and the medical profession are taking of the alarming and critical defects in the psychiatric services of this country. The National Group of Neurologists, Psychiatrists and Neurosurgeons (M.A.S.A.) discussed this problem at their annual general meeting in Durban some days ago. (Elsewhere in this issue of the *Journal* we publish a paper read by the President of the Group on *Mental Health and Public Health.*) A new mental health campaign is being organized currently at the Tara and Sterkfontein Hospitals in Johannesburg. The defects in facilities for treating mental illness have been reported by various branches of the Mental Health Society. Finally, the matter has been discussed by members of parliament in the House of Assembly. The time is now opportune to state clearly the needs of this country in the field of psychiatric services.

The mental hospitals. The 10 mental hospitals in the Union of South Africa are crippled by grave defects. They have been overcrowded for years. Inevitably, treatable patients remain neglected in the community until such time as they can be admitted—and then it is often too late for treatment to be successful. Increased mental hospital accommodation is an urgent need. But vast mental hospitals, costing millions of pounds, are not needed. The asylums of the past were overcrowded, prisonlike buildings where patients were forcibly detained in an unreal, sequestered world with little hope of cure. With modern psychiatric treatment, the emphasis has shifted to rapid and intensive treatment, followed by supervized rehabilitation of the patient in the community outside the hospital. The psychiatric hospital should be the headquarters of the community's local mental health organization, a training and research centre needing a relatively small residential unit for special investigation and treatment.[2]

In addition to mental hospital facilities, beds must be provided outside mental hospitals (i.e. in general hospitals) for early and remedial psychiatric cases. Blacker[3] has calculated that 100 such beds are needed per million of population, i.e. 2-3% of the beds necessary for patients in mental hospitals. These beds should be provided as psychiatric units in general hospitals.

The split in medical and psychiatric services in South Africa. To improve the quality of psychiatry practiced, the mental services must be integrated with general medicine. It is not to be expected as long as the present rift exists between general medicine under Provincial administration on the one hand, and psychiatric services separately administered under the Union Department of Health on the other, that such integration can occur. In the mental health service there is a serious relative shortage of doctors with the necessary psychiatric training. Promotion depends on seniority, academic training being of less account; numerous transfers all over the Union disrupt any chance of the psychiatrists getting to know and understand the communities in which they work. Outstanding clinicians are usually people attached in a long-term way to one hospital.

The general medicine practised in this country is on a level with that of any country in the world; but psychiatric practice is utterly inadequate. Mental hospitals must be linked closely with general hospitals if the psychiatric needs of a community are to be served.

Facilities for treating mild mental disorder. There is a glaring lack of provision for treatment of patients with psychoneurotic conditions and the milder forms of mental disorder, which respond particularly well to therapy. For these patients there is only one provincial hospital in the country, the Tara Hospital in Johannesburg. Most of the patients with mild illness are therapeutically destitute; numbering many thousands, they depend on the out-patient departments of a few big hospitals and on private psychiatrists. Treatment in private is often protracted and its cost prohibitive.

Auxilliary psychiatric services. Facilities for the care and treatment of feeble-minded patients of all races are alarmingly deficient. Facilities for the treatment of children with behaviour disorders are inadequate. There is great need of a special hospital where mentally deranged patients with criminal tendencies can be accommodated and treated. Facilities for training and employing psychiatric social workers is woefully lacking: not a single social worker is employed in any one of our mental hospitals.

Training of psychiatrists. Undergraduate and postgraduate training in psychiatry is an urgent need to which our universities must give concentrated attention.

Plea for a commission of enquiry. The duty falls on the medical profession, with its great responsibility to the people it serves, to call immediately for a commission of enquiry, to investigate the state of psychiatric services at the present time on a truly national basis, and to have included in the terms of reference of such a commission not only repair of our failing present facilities, but also planning for more adequate services in the future.

1. Van die Redaksie (1958): S. Afr. Med. J., 32, 652.
2. WHO Chronicle (1958): Chron. Wld. Hlth. Org., 12, 189.
3. Blacker, C. P. (1946): *Neurosis and the Mental Health Services.* London: Oxford University Press.

REHABILITASIE NA SIEKTE

Die opvatting dat behandeling nie ophou by herstel onmiddellik na 'n siektetoestand nie, maar dat dit heel dikwels dan eers begin, word al meer algemeen aanvaar in mediese kringe. Die kliniese benadering en spesifieke mediese behandeling van 'n geval bly belangrik en sal natuurlik altyd belangrik bly. Maar, ons besef vandag al meer dat ons nie

net die siekte as sodanig moet behandel nie, maar dat ons ook die *mens* wat siek is, in gedagte moet hou.

Dit is dus verblydend om te kan meld dat daar onlangs 'n uitstekende boek verskyn het oor *Rehabilitation after Illness and Accident*[1] wat deur elke dokter gelees behoort te word. Die skrywers, wat elkeen 'n bydrae gemaak het tot die opstel van dié werk, is of was op een of ander tyd verbonde aan die bekende St. Thomas-Hospitaal in Londen. En die onderwerpe waaroor hulle skryf sluit o.a. in emosionele faktore by siekte en rehabilitasie; terugkeer na die werk; rehabilitasie in die algemene medisyne, by borssiektes, by cerebrale toestande, by ortopediese toestande ens. ens.

Die probleme van rehabilitasie en herstel tot die gewone, normale lewenswyse is probleme wat, veral in die tyd waarin ons leef, van groot belang is, nie net vir medici nie, maar ook vir 'n groot aantal werkers op die breëre maatskaplike vlak. Maatskaplike werkers, byvoorbeeld, besef al meer dat rehabilitasiewerk eintlik voorbehoedende gesinswerk van 'n baie positiewe en konstruktiewe aard is. En nyweraars begin al meer die waarde insien van 'n breë, menslike benadering tot die probleme van hul werknemers. In die boek waarna ons verwys het, word gesaghebbende menings uit al die vertakkinge van hierdie belangrike onderwerp saamgebring en met goeie insig en wysheid bespreek.

Almal wat al oor 'n aantal jare in die mediese praktyk staan, is bekend met die uitstekende en omvangryke metodes van fisiese rehabilitasie wat op byna al die gebiede van die medisyne bestaan. Dit is egter belangstelling in die emosionele en persoonlikheidsfaktore wat ons hier veral wil benadruk. Hulp aan die kind met 'n verlamde poliobeen, byvoorbeeld, moet veel verder en dieper gaan as fisiese metodes van benadering. Die seun sal gelei moet word om op konstruktiewe wyse te kompenseer vir die gebrek wat sy manlikheid bedreig. En die dogter met 'n pelvis waarvan die normale verhoudinge versteur is, moet emosionele voorbereiding ontvang vir die vooruitsig van geboorte met disproporsie.

Ander voorbeelde van pasiënte wat dikwels groot skade ly aan hul gees en persoonlikheid as gevolg van gebrekkige rehabilitasiepogings, is die pasiënte met verlamming, maar veral afasie, na beroerte. Hierdie mense is uitgelewer aan die spanning en drukte van omstandighede waaroor hulle min beheer het en waaroor hulle alleen en op hul eie nie veel kan doen nie. Tog is daar byna geen einde aan wat werklik gedoen kan word om hulle te help nie—omdat die gees van die mens net soveel behoefte het aan onderskraging as wat sy liggaam behoefte het aan behandeling.

Dokters is oor die algemeen van die besigste mense in die samelewing en groot eise word gestel aan hul tyd en toewyding. Tog verbaas dit mens nog altyd om te sien hoe veel iemand, wat die bykomstige emosionele behoeftes van sy pasiënte in gedagte hou by die behandeling van hul liggaamlike toestande, vermag. Die wêreld sal 'n veel beter plek word om in te lewe, en dit sal 'n belangrike addisionele faset word in die bestendiging van menslike welstand en geluk, as elke dokter die verantwoordelikhede van omvattende rehabilitasie by siekte as normale deel van sy opdrag as geneesheer aanvaar as plig, maar ook as voorreg.

1. Ling, M. en O'Malley, C. J. S., samestellers (1958): *Rehabilitation after Illness and Accident*. Londen: Baillière, Tindall en Cox.