MENTAL HEALTH AND PUBLIC HEALTH*

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Mental illness in its many forms and with all its attendant human suffering and economic loss, is the scourge of the present age. Never in the history of mankind has the physician been called upon to treat so many patients with mental disorder. This is not due to the biological deterioration of our species, as some would have us believe, but it is the result of the radical economic, social and cultural changes that have followed the industrial revolution of the last century. These changes have been accelerated by two World Wars, the disintegration of many European states and the general decline in a belief of the old value-systems. True, modern civilization is rapidly eradicating the slur of the slums and the ravages of disease, but at the same time it has given rise to 'stress-reactions' of a psychological nature for which no physical cause can be found—a veritable pandemic of neurotic and psycho-somatic disorders.

Chisholm[1] has said that there is an acute need for psychological medicine to extend its goals far beyond the mere helping of individuals. Practitioners of psychological medicine must now advance much further into the preventive field and concern themselves with positive mental and social health, which means that their chief interest should now become the prevention of mental and social disability rather than treatment alone.

Here is a stimulating challenge; but, as every experienced

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psychiatrist knows, there are certain dangers in this concept of so wide an application of psychiatric principles; for as Sargent and Slater[2] have reminded us there is a tendency today to expand its field unduly, and for the psychiatrist to regard himself as a universal expert. Psychiatry is a young science and in many fields where it is being introduced it has more to learn than to teach. The suggestion, however, that the public health services exist to prevent and modify illness and should assume responsibility for the total welfare of their patients, is in keeping with the advance of contemporary science towards a more holistic approach. To this end the words integral medicine, comprehensive medicine and holistic medicine are already in use, but it is hoped that these qualifying terms will not be necessary for long and that the word 'medicine' alone will express the broad meaning. It is hoped also that the term 'public health' will include what today is still referred to separately as 'mental health'.

Now is the time to review briefly some recent world trends in the field of mental health, and then go on to consider the present mental-health facilities and future needs of this country. This is a matter of some urgency at present, for it is important that we should have time to prepare the evidence we may wish to give before the commission of enquiry which it is anticipated will be appointed in the near future to make recommendations for a mental health service for South Africa.

WORLD TRENDS

Institutional psychiatry has developed as an isolated speciality and is somewhat cut off from general medicine. The diagnosis and treatment of neurosis has developed as an offshoot of general medicine and neurology. 'Child guidance' began as an independent movement, insufficiently linked with general medicine—paediatrics —and little related to institutional psychiatry. Testing procedures and vocational guidance have been partly derived from non-medical psychology. These various approaches to the problem of mental ill-health need to be integrated with general medicine and combined into a comprehensive mental health service.

Under the National Health Service in Britain it has been recommended that part-time appointments of all grades should be made to the mental hospitals. It is considered that this will attract doctors to the mental hospital service with keen clinical and research interests and establish close associations with the general hospitals. Thus strengthened it is anticipated that the mental hospital service will undertake diverse extramural activities which will include comprehensive out-patient services, child psychiatry and forensic, criminal and industrial psychiatry. Blacker,[3] when planning the psychiatric services in Britain, distinguished between child guidance centres and child psychiatric clinics, the former with non-medical staffs or with a visiting psychiatrist only, the latter under psychiatric direction. There is, however, in this scheme no provision for mental defectives, nor does he make allowances for children under the age of 3 years.

The Social Rehabilitation Unit established by Maxwell Jones[4] at Belmont in Sussex, England, is of particular interest. The patients consist of the misfits in industry and are admitted from the employment exchanges, but others are referred by psychiatrists and by the Courts. Their stay in hospital is up to a period of 12 months. It is claimed that in this atmosphere of group endeavour the psychopath develops concern about the disturbance his anti-social behaviour has caused in the community, and as his feelings of guilt increase he begins to identify himself with the aims of the Unit.

Roger[5] has remarked on the increased attention which is being given to recreation and occupational activities in hospitals and pointed out that at Banstead Mental Hospital in England a Medical Research Council team has been supervising an experiment to create a factory within the hospital providing paid employment for patients—according to first reports, with encouraging results. Carse, Panton and Watt[6] recently described a district mental hospital service which provides out-patient and domiciliary treatment for the coast town of Worthing, England. The effect of this pilot experimental service has, after only 10 months, so reduced the number of admissions to the neighbouring mental hospital that the writers believe that the present problem of 'overcrowding' would be completely resolved if similar services were provided in the rest of the mental-hospital 'catchment area'. Some enthusiasts for this new approach to rehabilitation want no more hospital accommodation to be provided until the effect of these measures has been worked out. Perhaps this is why Quarido's experiments[7] in the domiciliary care of psychiatric patients in Amsterdam is being followed with such interest.

Another experiment at present being carried out at the Institute of Criminal Psychopaths at Herstedvester in Denmark is also showing encouraging results. Under Section 17 of the Danish criminal law patients suffering from mental disorders other than insanity or mental defect may be sent to this institute on an indeterminate sentence, where their discharge can only be sanctioned by the Court which convicted them. Stürup[8] has pointed out that difficulties might arise in such an organization because the doctor-patient relationship would be overshadowed by the physician's responsibility to society. But if, as I have suggested elsewhere, it is the background of the establishment rather than the individual doctor alone that is responsible for the success of the experiment, then this criticism is not nearly as important as it would first appear.

Vermooten's succinct and objective report[10] on his visit last year to some of the more important psychiatric clinics and mental hospitals in Britain, Holland and Switzerland confirms that in Europe the therapeutic aim from the outset, when a patient is admitted to a mental hospital, is both medical and social. The socializing measures which are found most effective are centred on a graduated system of remunerative work in company with others. It is stressed that the staff should always work with the patients and that adequate incentives should be provided. The Commissioner drew particular attention to the Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency[11] concerning the admission, detention and discharge of mental hospital patients in England and Wales. He said that it was abundantly clear that a complete revision of our Act[12] was essential, and that information would be obtained from other countries regarding their laws on mental disorder and mental defect.

The Report on the Mental Health Needs and Resources of Arkansas, USA,[13] and what is commonly known as the Stoller Report—the Report on the Mental Health Facilities and Needs of Australia[14]—provide us with useful examples of the type of enquiry that is long overdue in this country.

SOUTH AFRICA

Mental Hospital Service

In South Africa the Minister of Health through the Commissioner for Mental Hygiene is responsible for the organization of the Mental Hospital Service. Ten large mental hospitals and 3 institutions for mental defectives are strategically sited in the Union. At present, as elsewhere in the world, the mental hospitals are overcrowded and are below establishment in their medical and nursing staffs. The introduction of the newer methods of physical treatment has greatly reduced the patients' average length of stay in hospital, but this advantage has been outweighed by restricted building during the war, increase in the population, and the greater use of temporary and voluntary certificates by a more enlightened public. The lack of mental-hospital beds therefore still remains an acute problem under the present system.

The extramural work of the Mental Hospital Service is, however, rapidly increasing. Senior physicians of the mental hospitals regularly attend the out-patient diagnostic and treatment clinics of their neighbouring mental health associations. They also provide the consulting psychiatric services for the military hospitals, work colonies and gaols. It is recorded in the 1956 Annual Report of the Commissioner of Mental Hygiene[15] that 388 persons were referred to mental hospitals by the Courts for observation and report, and that evidence was led in Court where necessary. The teaching activities of the Mental Hospital Service has also increased It includes the undergraduate and postgraduate training in psychiatry of University medical students and psychiatric lectures to University students in psychology, social studies and occupational therapy.

General Hospitals

Since the Second World War the provincial administrations have made some provision for psychiatric out-patient treatment at the general hospitals in the larger centres. These clinics are for the most part under the direction of part-time visiting psychiatrists, who are ordinarily engaged in private consulting practice. A few hospitals are visited by senior physicians of the Mental Hospital Service. In-patient units have been established at the teaching hospitals of the Universities of Cape Town and Pretoria. Tara Hospital in Johannesburg offers both undergraduate and post-

graduate teaching. Provision has also been made in the plans for the new Addington Hospital, Durban, for an out-patient and in-patient psychiatric unit as recommended in the Report of the Commission of Enquiry on Hospital Services in Natal.[16] In the proposed new hospital for Stellenbosch University medical faculty provision has been made for both in-patient and out-patient services. The in-patient section will consist of 31 beds, 15 for Europeans and 16 for non-Europeans. The number of single rooms will be proportionally higher than in the ward units of other departments and will include offices for the medical staff. The EEG room will be designed so that Europeans and non-Europeans can be examined separately. The out-patient department will include a special treatment room, a recovery room and a rest room. To facilitate the instruction of students in psychotherapy, special rooms will be provided with 'uni-directional' glass partitions which enable patients to be seen by the students without embarrassment to either party. Through communication will be by means of a specially designed public address system.

The establishment of Tara Hospital in Johannesburg with its special out-patient facilities is a most interesting development. Moross[17] has described Tara as a special neurosis hospital which fills the gap between the general hospital and the mental hospital for patients suffering from psychoneurosis who are in need of intensive treatment and rehabilitation. Patients, however, who are conspicuous in their behaviour or who are likely to be a disturbing influence are not admitted. This hospital provides an excellent 'day-patient' system which is a compromise between an in-patient and an out-patient service. Provision is made for each patient's individual needs. Some receive ECT or narco-analysis in addition to individual and group psychotherapy. Another important feature of this hospital is the child psychiatric out-patient service. This work is carried out by a team of specialists consisting of a psychiatrist, psychologist, paediatrician, speech therapist, social worker, visiting teachers, and visiting welfare representatives. There is also a close liaison with other medical and surgical specialist services.

Voluntary Associations

The central coordinating voluntary body for the promotion of mental health in this country is the South African National Council for Mental Health. The Council was established in 1920 and for the past 38 years has been actively engaged in an endeavour to familiarize the public with the principles of mental health and concerns itself with the welfare and treatment of those who suffer from mental illness. Both European and non-European sections of the community have been assisted. Affiliated with this organization are mental health societies in Bloemfontein, Cape Town, Durban, East London, Johannesburg, Kimberley, Pietermaritzburg and Port Elizabeth. All these societies maintain out-patient clinics. The national association and the societies receive an annual subsidy from the Government and financial support from the general public.

Numerous organizations are also engaged in mental-health work in particular spheres, viz. those of alcoholism, epilepsy, cerebral palsy, speech defect, marriage guidance and child guidance. There are also numerous other private welfare agencies, some of which have branches throughout the Union, who touch on mental health and employ social welfare officers.

A MENTAL HEALTH SERVICE

Leading South Africans are becoming increasingly aware of their responsibility in regard to mental health and we must therefore be careful not to overstate our case. It may be that psychiatry and psychotherapy have been oversold and we as a profession can never overtake, unaided, the enormous task that confronts us. Roger[18] has said that one effect of the National Health Service in Britain has been to extend the patient's concept of the doctor's responsibility. On the whole, doctors welcome this manifestation of a closer emotional relationship between doctor and patient, so different from what had been expected, in some quarters, from the National Health Service. But now, faced with apparently unlimited medical responsibility, they are asking what the community can do to share the burden which the doctor at present carries by himself.

The problem of mental ill-health may be conveniently divided into prevention, treatment and rehabilitation. The preventive and rehabilitative aspects of the problem should be the responsibility of the public health service, and regional medical officers of mental health should be appointed by the Commissioner for Mental Hygiene. The function of these psychiatrists should be to coordinate and cooperate in all matters of mental health, and especially with the Departments of Education, Social Welfare and Labour, the local authorities, and the various voluntary organizations. The treatment of overt mental illness will always remain the responsibility of the medical profession, although they will need the help of such auxiliary services as psychiatric social workers, non-medical psychologists, and occupational therapists, as part of their team.

The first priority of any mental health service, besides providing good guidance, diagnosis and treatment, is to offer good teaching and training facilities for medical practitioners, nurses and auxiliary workers. The second priority is the needs of the children. Psychiatric treatment must be provided for children with behaviour disorders and for their parents, but the great need is to detect at the earliest possible age subnormality and abnormality which should be taken into account in the child's educational curriculum or home life.

The mental hospitals should retain their key position in any proposed mental health service, and wherever possible they should be raised to the status of teaching hospitals with University affiliation. Part-time visiting medical officers of various grades should be appointed to them, which would relieve the present staff problem and also establish close relations with the general hospital and promote teaching and research. Arrangements should also be made for an interchange between members of the nursing staffs of general hospitals and mental hospitals, because it is only reasonable to expect that all sister tutors and sisters, in teaching hospitals at least, should have some psychiatric experience.

The present overcrowding in mental hospitals could be reduced by the establishment of early-treatment centres, run on similar lines to the Antwerp and Worthing experiments. Centres should be gradually established throughout the Union in the 'catchment' areas of the mental hospitals and provide a small number of beds, a day-hospital out-patient service, and full facilities for domiciliary treatment. A pilot scheme of this kind should be started immediately in Durban. This city is far enough away from the amenities of the neighbouring mental hospitals to have to rely on its own resources and is large enough to do so.

The mental health service should be organized in regional groupings round the mental hospitals and the university medical schools. The importance of specialized mental hospitals should not excuse general hospitals from providing facilities for treating mental illness. Bowman[19] has said that a psychiatric section within the general hospital makes not only the public but also medical and nursing students, and even doctors, think of psychiatry simply as one of the various fields of medicine. Teaching in psychiatry should be on a par with teaching in other specialities and thus make for an all-round medical education. In terms of the Report of the Medical Curriculum Committee of the British Medical Association[20] this implies the spreading of the teaching over a longer period, and also the integration of psychiatry with general medicine and the closer association of the teacher of psychiatry with the teachers of the other several subjects.

The department and unit of psychiatry should provide an all-round training in the out-patient clinic and wards. It should also establish, for teaching purposes, a close working relationship with institutions and services outside the unit so as to provide supplementary instruction and teaching material, and should have close links with other university departments dealing with psychology and the social sciences. It is felt, moreover, that the present academic courses given by these university departments need to be supplemented by psychiatric instruction and clinical demonstrations by those engaged in active practice in this field of medicine.

The unit should provide postgraduate training for general practitioners, facilities for intending specialists in psychiatry, and refresher courses, especially in child psychiatry, for those working in the Mental Hospital Service. It should also contribute to the training of social workers, if a school for these were established at the neighbouring university, and of the auxiliary mental services. Its facilities should also be available for health visitors, probation officers, and similar workers.

A children's psychiatric clinic should be an integral part of the teaching psychiatric unit and act in a consultative capacity to the child guidance centres in the region, which it is anticipated will be under the direction of the Department of Education.

The teaching psychiatric unit, in conjunction with the neigh-

bouring mental hospitals, should be the centre and coordinating focus for psychiatric research in the 'region'.

CONCLUSION

From this brief outline of the magnitude and complexity of the problem of mental health it is clear that before any practical recommendations can be made for the establishment of a mental health service in this country the whole question must be investigated in a scientific and constitutional manner at the highest level.

I must sound a note of warning to those, who believe that objective psychiatry will ameliorate, if not eliminate, mental illness. We should beware of the danger of a false sense of well-being and security—or even superiority—in the use of such words as 'objective' and 'dynamic' and take care to look behind the words into the essence of the meaning of our accepted concepts. What we need today are more facts and fewer loose generalizations, more experimental pilot services and less indiscriminate propaganda; in fact, more research.

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