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WORLD MENTAL HEALTH YEAR 1960

During the past decade the climate of opinion has been changing rapidly in regard to the need for the promotion of positive mental health, as well as for the reduction of human suffering and material loss which can be brought about by the better care and treatment of those who are mentally ill. The time seems to have come for a reconsideration of values, for fact-finding, and the development of better informed public and professional interest.

To help accomplish this aim and in order to focus attention on needs in this field, the World Federation for Mental Health, of which the South African National Council for Mental Health is a foundation member, has designated the year 1960 as World Mental Health Year (WMHY). The World Federation for Mental Health is an international organization for the promotion of mental health, and represents professional societies in forty-three countries and their dependent territories.

The purpose of WMHY is to promote and plan a long-range programme and to focus attention on a number of continuing activities. Some of these have already started, others will be launched during the rest of 1960, and it is possible that some may have achieved positive results by the time the proposed International Congress on Mental Health assembles in Paris in September 1961. Like the International Geophysical Year, the WMHY will be elastic in its duration. The various projects embraced by it will continue to be implemented long after the year's span is technically completed, and may well cover a decade of research and development.

It would be useful to set out very briefly the present position of the planning: Five projects have been selected by the World Federation for Mental Health as suitable for particular study during WMHY. Each project will be carried out under the general direction of a coordinator or chief investigator with a number of professional helpers who may be located in various parts of the world and who will make their contribution in survey, research or action under the guidance of the coordinator.

The five projects are: (1) The world-wide study of childhood mental health, (2) cross-cultural surveys of attitudes to mental disorders, (3) mental health teaching in professional education, (4) mental health and developing industrialization, and (5) psychological problems of migration, whether voluntary or (as in the case of refugees) involuntary. (In this context it is of interest that World Mental Health Year will run concurrently with the recently announced World Refugee Year which will be devoted to the task of moving refugees from their existing camps and re-settling them in normal surroundings. Such rehabilitation will, however, bring its psychological problems, and the World Federation for Mental Health is convinced that the subject calls for extended research.)

The responsibility for direction and advice on these five projects will rest with Dr. Kenneth Soddy, Scientific Director of the World Federation. Working with him will be the Scientific Committee of the Federation composed of Prof. H. C. Rümke (Netherlands), Chairman; Prof. Otto Klineberg (USA); Prof. D. Lagache (France); Dr. D. Levy (USA); Prof. the Rev. E. F. O'Doherty (Ireland); and Dr. Paul Sivadon (France).

South Africa's main contribution to World Mental Health Year will be an elaborate mental health report—the 'Blue print for mental health services in South Africa'. The planning and research work in connection with this report was carried out by the coordinating Blue-print Committee and its fifteen sub-committees under the auspices of the National Council for Mental Health. The function of this Blue-print Committee was to establish: (1) In what areas mental health services and resources were inadequate to meet the needs of the community, (2) in what areas facilities appeared to be adequate to meet present needs, and (3) the most urgent mental health services requiring development, and steps that should be taken to make such services available. The various sub-committees dealt with such problems as mental health and ill-health in relation to conditions peculiar to this country, mentally handicapped children, children exhibiting behaviour problems, the promotion of mental health and the prevention of ill-health in children, after-care and rehabilitation services, epilepsy, accommodation in nursing homes and hospitals, alcoholism, aging, anti-social behaviour, family problems, and industrial health. It is hoped that this 'Blue-print' report will be published during the first half of this year, and that it will be the forerunner of a revised Mental Health Act for South Africa.

Apart from the 'Blue print for mental health services in South Africa', the following programme has also been prepared by the Executive Committee of the South African National Council for Mental Health:

1. An approach to the Government for financial assistance to enable local authorities to integrate mental health with public health.

2. The use of pressure at every level—local authorities, city councillors, public health personnel, doctors, nurses and midwives—to develop an awareness of the importance of mental health in public health.

3. An attempt to improve the training courses for all health personnel at the level of psychology applied to human relations.

4. An approach to the Government for funds to pay a worker to compile the final report of the Blue-print Committee and to print it.

5. An approach to the Government to expedite the training of African mental nurses and to provide bursaries for the training of African psychiatrists and psychologists.

6. An approach to the Government to set up a commission to plan a mental health programme for the country—such planning to be concerned primarily with the factors which will assist in the preservation of mental health and which will reduce mental hospital costs by the development of adequate psychiatric community services.

7. By means of Government financial assistance to prepare a mental health film for South Africa.

8. To assist, by whatever means present themselves, in making mental nursing attractive and to make three months' experience in psychiatric work ultimately compulsory for general nurses.

9. To raise funds to enable research workers to assist in a variety of studies; e.g. psychological problems in general hospitals, reactions and attitudes of families towards their physically and mentally handicapped children, and the mental health of students in South Africa.

10. To increase the number of bodies affiliated with WFMH.

11. To prepare an active campaign to increase the number of South African Associate members of WFMH.

12. To prepare a handbook on psychology applied to human relations for use by student members of the health team, doctors, nurses, social workers, occupational therapists, and physiotherapists.

13. The production of a mental health newsletter.

14. A survey of what audio-visual facilities, e.g. plays and films (both local and overseas) dealing with mental health work, would be available for propaganda purposes during 1960.

15. The investigation of the gaps in the existing mental health services.

16. To approach such professional groups as the South African Medical and Dental Council with the request that they should invite prominent lecturers in the psychiatric and mental health field to South Africa during 1960.

A great deal of interest in the problems of mental health has already been aroused throughout the world by the concept of the World Mental Health Year. It is sincerely hoped that all the members and associated members of the World Federation for Mental Health will continue their cooperation in observing World Mental Health Year not only as an occasion for enlightening their peoples on health matters, but also as an affirmation of the unity of our efforts for a healthier and happier world.

DIE SAMELEWING SE ROL TEN OPSIGTE VAN GEESTESGESONDHEID

Aangesien die jaar 1960, op aandrang van die Wêreld Federasie vir Geestesgesondheid, as Wêreldgeestesgesondheidsjaar bekend sal staan, sal dit goed wees om ondersoek in te stel na die verpligtinge in hierdie verband, nie net van die mediese professie nie, maar ook van die samelewing in die geheel.

In 'n onlangse brief aan lederegerings het die Direkteur-generaal van die W.G.O. onder andere gesê: ‚Geestesiekte en die behoud van geestesgesondheid, stel ons voor 'n probleem wat verskil in belangrikheid en graad in verskillende dele van die wêreld. Daar is egter baie min lande, wat hul stadium van ontwikkeling ook al mag wees, wat nie rede het om ernstig begaan te wees oor die veelvuldige aspekte van hierdie probleem nie.

In Suid-Afrika het ons ook sonder twyfel rede vir bekommernis aangesien die dienste wat op hierdie gebied gelewer word, soos ons al herhaaldelike kere aangetoon het, [1,2] nie voldoende en bevredigend is nie. Dit is nie moontlik om in die bestek van 'n kort artikel al die aspekte van hierdie uitgebreide probleem te behandel nie. Wat ons egter wel wil doen is om die saak te benader in terme van die volgende drie vrae: (1) Wat is die grootste enkele probleem op die gebied van die geestesgesondheidsdienste?; (2) wat behoort daaraan gedoen te word?; en (3) hoe moet te werk gegaan word om iets positiefs tot stand te bring?

1. Dit sou geen oordrywing wees nie om te sê dat die grootste nood lê op die gebied van die gebrekkige fasiliteite wat daar bestaan (of nie bestaan nie) vir die voorkomende sorg en behandeling van daardie groot aantal persone wat aan die een of ander vorm van ligte geestesversteuring ly—die neurotiese, gespanne, ongelukkige, wanaangepaste en emosioneel onvolwasse persone wat wel nog bruikbare lede van die samelewing is, maar wat so maklik deur verwaarlosing tot onproduktiewe en selfs geestesversteurde persone kan verval.

2. Daar is verskillende moontlike benaderinge wat ten opsigte van hierdie probleem gevolg behoort te word. In die eerste plaas is daar die saak van genoegsame personeel. In hierdie land is daar verreweg nie genoeg opgeleide psigiaters om selfs die noodsaaklikste werk te behartig nie. Algemene praktisyns het dikwels òf nie genoegsame opleiding in die psigiatrie gehad nie, òf hulle beskik nie oor genoegsame tyd om aan probleme op hierdie gebied te bestee nie. Daar behoort dus 'n sistematiese veldtog uit te gaan van die kant van die samelewing, van die kant van die mediese opleidingsinrigtings en van die kant van die mediese professie as sodanig om aspirant-psigiaters te werf en hulle aan te moedig om met hulle studies voort te gaan. Ook moet daar doelbewuste pogings aangewend word om kliniese sielkundiges, psigiatriese verpleegsters, maatskaplike werksters, beroepsterapeute, en alle soorte gesondheidswerkers te betrek in die kring van noodsaaklike psigiatriese dienste.

Omdat die probleem so 'n groot omvang het, sal daar nooit genoeg spesiale hospitale bestaan vir die behandeling van ligte geestesversteurings nie. Om hierdie rede is dit dus noodsaaklik dat ons ons aansluit by tendense dwarsoor die wêreld om meer geriewe beskikbaar te stel vir psigiatriese behandeling in algemene hospitale. Die Amerikaanse Komitee van Standaarde het byvoorbeeld bereken dat ongeveer 5 tot 15 persent van alle beddens in opleidingshospitale beskikbaar gestel behoort te word vir psigiatriese behandeling en die opleiding van studente.

Ook het die opkoms van dag- en nagsentrums vir die behandeling van pasiënte, op 'n manier wat dit vir hulle moontlik maak om tog nog tuis te bly of selfs voort te gaan met hulle werk, tot groot vooruitgang gelei. In die lig van die groot koste van voltydse hospitalisasie moet die moontlikheid van die oprigting van dag- en nagsentrums op geskikte plekke in die land baie sterk in gedagte gehou word.

Laastens is daar nog die rol wat vrywillige gemeenskapsdienste speel wat genoem moet word. Ons dink hier byvoorbeeld aan die groot dienste wat gelewer word deur die Nasionale Raad vir Geestesgesondheid in hierdie land en deur verskillende geaffilieerde inrigtings met hulle klinieke in ons belangrikste stede en dorpe waar noodsaaklike werk van groot omvang gedoen word.

3. Hoe moet daar te werk gegaan word om positiewe resultate te bereik? Die praktiese stappe in hierdie verband sou kortliks soos volg opgesom kon word: In die eerste plaas moet die mediese professie as professie homself reoriënteer ten opsigte van die noodsaaklikheid van psigiatriese dienste. Dit sou beteken dat psigiatriese dienste as integrale deel van algemene mediese dienste beskou moet word en as sodanig in die hospitaalpraktyk en in die privaatpraktyk beoefen moet word. In die tweede plek moet die gemeenskap self sy eie bronne reorganiseer deur 'n volgehoue veldtog om die verkryging van beter dienste op hierdie gebied vol te hou. Ten laaste is daar die oorweging dat beplanning vir die toekoms slegs kan berus op 'n deeglike stelling van al die feite. Om hierdie rede is dit dus nodig om die regering te versoek, soos ons reeds al tevore gedoen het, om hierdie hele saak deeglik deur 'n bevoegde kommissie van ondersoek te laat ontleed.

As ons die soort samelewing wil skep waarin mense nie net bestaan nie, maar ook gelukkig en skeppend kan lewe, moet ons baie meer as wat vandag die geval is aandag gee aan die probleem van die gees en aan die faktore wat geestesversteurdheid in die hand werk. Want in so 'n groot mate is dit tog per slot van rekening die gees van die mens wat sy uiteindelike wel en wee bepaal.

1. Van die Redaksie (1958): S. Afr. T. Geneesk., **32**, 652.
2. *Idem* (1958): *Ibid.*, **33**, 269.