

PSYCHIATRY IN SOUTH AFRICA

A SHORT HISTORY AND REVIEW

B. CROWHURST ARCHER, M.D., *Department of Psychiatry and Mental Health, University of Natal, and Senior Visiting Neuropsychiatrist, Addington Hospital, Durban*

Medicine began in South Africa with the arrival of Jan van Riebeeck. On 5 April 1652 he sailed into Table Bay at the head of a small fleet to establish a refreshment centre for the ships of the Dutch East India Company trading with the Far East.

In 1656 van Riebeeck, who was himself a surgeon, built a 'fine hospital with stone walls' outside the Old Fort; this hospital had to serve the Cape for nearly 40 years. In 1697 the Cape Hospital was opened, and it is recorded that in 1711 an apartment was set aside for the mentally diseased and that dangerous lunatics were confined there. At this time, in certain circumstances, relatives were permitted to keep insane patients at home, and if the affliction were mild and harmless, the patient was allowed his freedom. One is reminded of Quarido's modern successful psychiatric experiment in domiciliary treatment in Amsterdam.¹

The early history of psychiatric treatment in South Africa is centred round the Infirmary attached to the old convict station on Robben Island, and until 1875 it was the only asylum in the Cape Colony; the gaols being the customary places for temporary detention of intractable patients pending their removal to the island. The need was felt in that year for a second institution, particularly in the Eastern Province, and Grahamstown Mental Hospital was established in the old barracks at Fort England, and a third institution, known today as Town Hill Hospital, was opened in 1880 in Pietermaritzburg in the Province of Natal. The Valkenberg Mental Hospital was completed in 1899 at a cost of £40,000, but it was not until 1917 that the evacuation of mental patients from the Infirmary on Robben Island to Valkenberg Hospital on the mainland began, and it was as late as 1920 before the old Island Infirmary, which had accommodated the chronic sick and the insane of the Cape Colony for over 75 years, was finally closed down.

It is interesting to note from the administrative point of view, that until the Lunacy Law Amendment Act was introduced in 1879, mental patients were restrained by Common Law and by previous Ordinances dating back to 1833. Moreover, each Province had its own lunacy laws until 1914, when legislation was introduced making certificates, detention orders and other documents, issued in any one Province, valid in all the others. Finally, in 1916, the Mental Disorders Act established legal uniformity in all the Provinces and the Mental Hospital Service came into being as we know it today.

Mental Hospital Service

In South Africa the Minister of Health, through the Commissioner for Mental Health, is responsible for the organization of the Mental Hospital Service. Eleven large mental hospitals and four institutions for mental defectives are strategically sited in the Republic.

The extramural work of the Mental Hospital Service is rapidly increasing. Senior physicians of the mental hospitals regularly attend the outpatient 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 for Mental Health 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 have also increased. These include the undergraduate and postgraduate training in psychiatry of university medical students and psychiatric lectures to university students in psychology, the social sciences and therapeutic occupation.

General Hospital

The Provincial Administrations have made provision for psychiatric outpatient 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. Inpatient units have been established at the teaching hospitals of Cape Town and Pretoria.

Tara Neuropsychiatric Hospital serves the General Hospital in Johannesburg and offers both undergraduate and post-graduate teaching in psychiatry.

Provision has also been made in the plans of the new Addington Hospital in Durban and the new hospital for the University of Stellenbosch Medical Faculty in Cape Town, for both inpatient and outpatient psychiatric units.

Private Practice

The number of registered medical practitioners in the Republic of South Africa on 1 January 1963 was just over 8,000, and the number of registered specialists in psychiatry was 79. These specialists have consulting rooms in the cities and larger towns of the Republic, and carry out inpatient treatment in specially equipped and staffed nursing homes. Most private psychiatrists also have part-time visiting appointments at the general hospitals in their districts. Patients may visit psychiatrists at their consulting rooms by appointment, but domiciliary visiting is, however, unethical, except at the request of the family physician.

Voluntary Organizations

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 42 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 the mental health societies in Bloemfontein, Cape Town, Durban, East London, Johannesburg, Kimberley, Pietermaritzburg, Port Elizabeth, Potchefstroom and Pretoria. All these societies maintain outpatient diagnostic and treatment clinics and their regular sessions are attended by senior psychiatrists from the neighbouring mental hospitals. The National Council and the societies receive an annual grant from the Government and financial support from the general public.

Numerous other 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 a number of other private welfare agencies, some of which have branches throughout the country, which touch on mental health and employ social welfare officers.

Training Facilities

Teaching and training facilities in psychiatry, psychology, the social sciences, therapeutic occupation and speech therapy are provided by the Universities of Cape Town, Stellenbosch, Natal, Pretoria and the Witwatersrand and their respective medical schools. The College of Physicians, Surgeons and Gynaecologists offers the Fellowship of the Faculty of Psychiatry [F.F. Psych. (S.A.)]. A full-time professor of psychiatry was appointed to the University of the Witwatersrand in 1959 and similar chairs will be established in the other universities in the near future.

Societies

The Faculty of Neurology and Psychiatry of the College of Physicians, Surgeons, and Gynaecologists is concerned with postgraduate teaching, training, higher examinations and research in psychiatry. The college offers, every second year, an Overseas Travelling Fellowship in Psychiatry to selected South African candidates, valued at R2,000 (£1,000) and scholarships and bursaries for intending specialists in psychiatry.

The National Group of Neurologists, Psychiatrists and Neurosurgeons was founded in 1946 within the Medical Association of South Africa. This society of specialists holds a conference and scientific meeting each year in one of the larger centres of the Republic. The papers presented at these proceedings are published in the *South African Medical Journal*, the official organ of the Medical Association of South Africa.

FUTURE DEVELOPMENTS

With the rapid advances overseas in psychiatric medicine and a study of their application to the needs of the community, it is now possible to discern the direction in which our own mental health services are likely to develop.

It is generally agreed that the problem of mental illness can only be satisfactorily resolved by integrating psychiatry into the 'general medicine' curriculum and combining it into a multi-disciplined mental health service. It is true that the provision of a satisfactory mental health service for the Republic of South Africa presents certain difficulties on account of the size of the country and the uneven distribution of its multiracial population. But with the introduction of the successful methods of physical treatment, and the recently proved economic and therapeutic advantages of 'early-treatment centres', the problem is not so great as would appear at first.

It is anticipated that the mental hospitals of the future in South Africa will be defined by function rather than structure. Their curative sections, consisting of short- and medium-stay early-treatment units will be in or near the general hospitals, where most of the outpatient work will be done. The early-treatment centres will be run on similar lines to the Antwerp and Worthing experiments.² These centres provide a small number of beds, a day-patient system (which is a compromise between an inpatient and outpatient service), and full facilities for treatment at home.

It is of particular interest and a source of great satisfaction that a pilot scheme of this kind has been established at Durban in Natal and the first annual report is most encouraging.

Regional Grouping

It is expected that the mental health service in South Africa will be organized in regional groupings round the universities which are concerned with the various aspects of medical teaching and training. The psychiatric department of every university medical school will be under the direction of a full-time

professor of psychiatry, who will have at his disposal, for teaching purposes, an adequate number of beds, an outpatient clinic and auxiliary services—psychiatric social workers, non-medical psychologists and occupational therapists. A child psychiatric clinic will be attached to the children's hospital or department and will be an integral part of the psychiatric teaching unit.

Consideration is also being given to the establishment of institutes of psychiatry in Johannesburg, Cape Town and Durban. These institutes will be part of the mental hospital service and, with the assistance of the universities and the College, they will provide the necessary postgraduate training for doctors, nurses, and auxiliary workers, including public health nurses and probation officers. They will also direct and coordinate the research work of the region.

Psychopathic Hospital

The psychopathic hospital, which I have discussed elsewhere,³ has been approved in principle and will be established as soon as the necessary funds are available. This will do much to resolve the social problem created by the criminal psychopath and provide an opportunity for research into the problem of offenders who do not respond to the ordinary methods of correction.

CONCLUSION

With the increased psychiatric outpatient facilities and early-treatment units which are being provided in or near our general hospitals for all racial groups, patients are being encouraged to obtain expert advice about their emotional and mental disturbances at the earliest possible moment, as in any other illness. These facilities are doing much to rid the public mind of the age-old 'stigma and shame' that have for so long been associated with disturbances of the higher functions of the nervous system, and they will ensure early diagnosis, less protracted treatment and a greater chance of cure.

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