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GEESTESGESONDHEID

'n Heel spesiale gebeurtenis in Suid-Afrika is die feit dat die eerste Suid-Afrikaanse Nasionale Konferensie oor Geestesgesondheid gedurende die week 17 - 19 Oktober in Kaapstad gehou sal word. Die tema van hierdie Konferensie is ‚Beplanning vir optrede op die gebied van geestesgesondheid'. Twee simposiums is vir die geleentheid gereël, een oor die koördinasie van geestesgesondheidsdienste en die ander oor die opleiding en werwing van geestesgesondheidspersoneel. Daar sal ook ander onderwerpe bespreek word, soos byvoorbeeld onlangse ontwikkelings van geestesgesondheidsdienste in oorsese lande, geestesgesondheid en openbare gesondheid, geestesgesondheid en opvoeding, en geestesgesondheid vir kinders.

Die algemene gevoel van almal wat betrokke is by geestesgesondheidsdienste in Suid-Afrika is dat die tyd nou aangebreek het dat die hele probleem in heroorweging geneem moet word, veral met die oog op bepaalde en doelgerigte optrede in die toekoms. Die agterstand wat in ons land op hierdie gebied bestaan ten opsigte van die ontwikkelings in ander lande word nie uitgewis nie, trouens dit word van jaar tot jaar groter. Daar is baie redes vir hierdie toestand van sake. In die eerste instansie kan ons die feit noem dat die beeld wat ons van die psigiatrie in hierdie land opgebou het in die verlede nie 'n gunstige beeld is nie. Dit is so omdat die grootste deel van die psigiatriese praktyk in ons land in die verlede plaasgevind het onder omstandighede waar dit in 'n groot mate afgesluit was van die algemene hospitale en die breë stroom van mediese denke in die algemeen.

Dit ly geen twyfel dat goeie werk deur toegewyde psigiaters op hul eie gedoen is nie, maar dit is hoofsaaklik die faktor van professionele isolasie wat die beperkende faktor is. In die meeste oorsese lande, in Europa en ook in Amerika, is daar die beweging vandag om hierdie isolasie af te breek en om alle psigiatriese inrigtings te beskou en te administreer as deel van die algemene hospitale. Daar is ook in ons land in die afgelope tyd pogings aangewend deur die Kommisaris van Geesteshigiëne om die integrasie van praktyk en opleiding te probeer bewerkstellig. Hierdie ontwikkeling moet egter net baie sterker ondersteun word en behoort vinniger te ontwikkel. Slegs wanneer die psigiatriese praktyk weer aanvaar word as 'n noodsaaklike en integrale deel van die algemene medisyne kan ons hoop om die beeld van die psigiatrie te verbeter.

'n Ander beperkende faktor in die verlede is die feit dat die opleiding in die psigiatrie aan die meeste van ons universiteite tot dusver onbevredigend en onvoldoende was. Die gevolg is dat mediese studente, wat die toekomstige geneeshere is, die beeld vorm van die psigiatrie as 'n minderwaardige vak of in elk geval 'n vak waaraan 'n minimum van aandag bestee behoort te word. Die gevolg hiervan is dat die beeld van die psigiatrie nie net ongunstig is wat die algemene publiek betref nie, maar ook wat die lede van die mediese professie self betref.

Om hierdie toestand van sake te verbeter, behoort die probleem by sy wortels aangepak te word. In die eerste instansie moet die regte akademiese atmosfeer geskep word deur die instelling van professorate in die psigiatrie aan al ons universiteite. Die leerstoel in die psigiatrie kan dan die sentrum vorm waarom 'n akademiese tradisie ontwikkel. Ook moet dit die sentrum word van beplanning, opleiding, bespreking en alle verwante probleme wat in en rondom die universiteite plaasvind. Inrigtings vir die behandeling van geestesiekes moet dan as uitlopers van die algemene hospitale beskou word — trouens hulle moet self algemene hospitale word. Ook moet daar 'n vrye verkeer en wisseling plaasvind van personeel tussen algemene hospitale en hospitale vir geestesiekes. Studiebeurse moet ingestel word om voornemende jong nagraadse studente in staat te stel om in die psigiatrie te spesialiseer. Dit sal selfs goed wees om te probeer om 'n status-simbool aan studiebeurse van hierdie aard verbonde te kry. Die beurse moet, byvoorbeeld, die goedkeuring en ondersteuning wegdra van bekende en uitstaande persone en organisasies in die land.

Die aanbevelings wat ons tot dusver genoem het, is maar aanbevelings van 'n algemene aard. Die hele probleem sal meer volledig bespreek word by die geleentheid van die aanstaande Kongres in Kaapstad. Om hierdie rede wil ons dus graag, namens die Mediese Vereniging van Suid-Afrika, ons volle steun toesê aan die organiseerders van die Kongres en ook aan die Nasionale Raad vir Geestesgesondheid, van wie die idee om 'n Kongres van hierdie aard te hou in die eerste instansie uitgegaan het. Ons het in Suid-Afrika in die verlede reeds al die ervaring gehad dat 'n belangrike probleem, soos byvoorbeeld die armblanke probleem, ingesien en daadwerklik aangepak word. So het die Volkskongres wat in 1934 in Kimberley gehou is, byvoorbeeld, gelei tot die oplossing van hierdie groot nasionale probleem. Ons hoop dat hierdie Kongres oor Geestesgesondheid, waarvan die tema ‚Beplanning vir optrede op die gebied van geestesgesondheid' is, in die toekoms ook onthou sal kan word as die Kongres wat 'n daadwerklike verskil gemaak het aan ons optrede in hierdie verband.

PLANNING FOR ACTION IN MENTAL HEALTH

The First South African National Conference on Mental Health will take place in Cape Town on 17 - 19 October 1963. Two symposia have been arranged — one on 'Co-ordination of mental health services' and the other on 'Training and recruitment of mental health personnel'. Other subjects to be discussed during the Conference include: 'Recent developments in mental health services overseas', 'Mental health and public health', 'Mental health

and education', and 'Mental health services for children'.

The theme of the Conference is 'Planning for action in mental health', since the time seems to have come for a reconsideration of values, for fact-finding, for positive measures in this neglected field, and for the development of better-informed public and professional interest. A similar undertaking in America, some years ago, led not only to the publication of the 'blueprint', *Action for Mental Health*,[1] but also to considerable advances in the training of students and the practice of psychiatry.

During the past decade the climate of opinion has been changing rapidly all over the world 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. In our own country, however, desperately little has been achieved. We still only have one chair in psychological medicine at one of our five medical schools, and in most instances students receive completely inadequate training in psychiatry.

We have as yet not succeeded in building up the image of psychiatry as an important subject in the medical curriculum. There are too few psychiatrists being trained and the specialty is not attractive enough as a career. This stems from the fact that the attitude which prevails in medical schools and teaching hospitals is often such that little is done to encourage the development and popularity of psychiatry. This is, to a great extent, due to the attitude of university administrators and senior physicians in other branches, who, even in this day and age, give psychiatry but grudging approbation.

The pernicious result of this is that psychiatry comes to be looked upon by medical students — who are the future members of the medical profession — as one of the relatively minor subjects—of secondary status in the curriculum.

The second reason why psychiatry is still being considered of relatively minor importance by professional men as well as by the laity, is the fact that the image of psychiatry which we have built up in the popular and professional mind, is that of a discipline which has been for too long completely divorced from the main stream of medical thought and development.

This state of affairs can no longer be tolerated. It is essential that the pattern of development should be followed which is unfolding itself in Europe and in most of the American universities — the complete integration of psychiatry in all branches of medicine, since psychiatry is so patently and inextricably enmeshed in the whole of medicine and since it cuts across the boundaries of all specialties in one form or another.

American teaching of psychiatry is based upon the recognition that psychiatry has progressed beyond interest in the abnormal human only and is now interested also in the average man and how he relates to his total environment. One fairly acceptable definition states that psychiatry is the study of interpersonal relationships. This is a broad approach which recognizes the value of the study of ordinary people so that we may understand their everyday difficulties and anxieties. However, it should be made clear that modern psychiatry, with its roots in the discovery of unconscious dynamics, does not compete with other approaches such as those of sociology or anthropology, but rather is complementary to them.

Such is the approach to psychiatric teaching now spreading throughout the United States of America as well as throughout European medical schools — it amounts to nothing less than complete integration of psychiatric teaching into all the facets of medical teaching.

South African medical schools can learn a great deal from this approach, especially since there is in this country at present a strong movement in the direction of breaking down interdepartmental barriers and of adopting a correlated teaching approach. This has not yet been realized to a satisfactory degree, but it is a problem which should enjoy high priority in view of the need for training doctors in general to be able to feel competent to make psychiatric diagnoses with confidence and to manage patients with psychoneurotic and psychosomatic problems in a satisfactory way.

It is sincerely hoped that the forthcoming National Conference on Mental Health will make a positive contribution in this field by arriving at a national programme that would approach adequacy in meeting the many and varied needs of the mentally ill people of South Africa, and by developing a plan for action that would satisfy us that we are doing the best we can.

1. Joint Commission on Mental Health (1961): *Action for Mental Health*. New York: Basic Books, Inc.