SOCIETY, THE LEGISLATOR, MENTAL HEALTH AND OURSELVES

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'There are many pieces in this one fabrik of man . . .'
Sir Thomas Browne in *The Religio Medici.*

'Two health problems—because they are of such critical size and tragic impact—are deserving of a whole new National approach. These twin problems are mental illness and mental retardation.'
John F. Kennedy (5 February 1963)

Over the centuries the complexities of man would appear to have worn the 'fabrik' a little thin, for in 1733 Dr. George Cheyne in *The English Malady* writes: 'Nervous disorders are computed to make almost one-third of the complaints of people of conditions in England'. A carefully controlled study 200 years later tended to confirm Dr. Cheyne's statistics, yet if present-day psychosomatic illness is accepted in its true relation to the psyche, the incidence curve reveals a sharp and marked increase in illnesses which are primarily 'nervous' in origin.

Man, particularly under the spell of specialized medicine and theology, was long regarded as a separately packaged triad—the mind, the soul and the body, 3 entities in 1—in which fusion could take place, like the atom; or each nucleus could be dealt with separately, peacefully or otherwise. Furthermore, mental illness was regarded as a disorder of only 1 aspect of the mind—the intellect—and was therefore synonymous with mental disorder. This concept gradually changed, and returned to a more holistic or Gestalt approach, accepting man as a total person. Latterly, however, man is being regarded, not only as a total being,

but one structured within a biological, spiritual, psychological and cultural framework, who is dependent essentially upon the whole society.

Man, Society and Change

Society is inevitably undergoing change, and man, in the main, is capable of adaptation to change, even when relatively rapid, and is able to tolerate the attendant anxiety and stress. This adaptation is his defence against anxiety, provided he possesses some degree of emotional maturity and security. This ability to adapt is illustrated by the complacency with which man has accepted space travel. During his lifespan, infinitesimal in time, in terms of the world's existence, the speed of mechanized travel has increased from a mere 30 m.p.h. to 30,000 m.p.h. or more, yet he has apparently adjusted to the concomitant stress situation which has arisen.

Can he, however, tolerate the attendant stresses of further scientific development and the multiplicity of factors pertaining to the modern stress situation with its increased *rapidity* of change?

In this respect, Tsung-yi Lin has concisely described the effects of the rapidity and change, in technology, industrialization, population increase and in intensified communication. These effects have resulted in a major transition in the family life, which, in our civilization, forms the basis of the development of mature emotional security. He draws attention to the substitution of impersonal human relationships for personal ones in an age of ever-increasing mechanization and automation. No longer does the average man see the end result of his effort, or feel personal pride in the completed object he makes. He is merely one cog in an endless wheel.

This, in turn, affects man's attitudes within the society, for man is dependent, not upon the society in which he lives but upon the whole national structure. This is reciprocal, and the stress or change applied to the individual applies culturally to the whole nation. Not only is the rapidity of change, and its implications, creating new anxieties, but it is extending to all facets of society and the implications are increasing in *magnitude*. It is therefore not surprising that, faced with the constant, ever-increasing anxiety of 'atomic extinction', attention is being directed towards the alleviation of tensions arising from the threat of nuclear war.

The rapidity of scientific advance is providing a constant state of anxiety, and few can tolerate unresolved, interminable anxiety. It would appear, therefore, that the stress situation arising from rapidity, extension and magnitude of modern change is directed not only against individual man's physical and emotional existence, but also at the fundamental core of family life which provides the emotional security to enable him to adapt to or withstand the stresses imposed upon him.

It is not, however, upon the rapidity of change alone that the aetiology of the increase in mental illness devolves. Cultural patterns and behaviour have departed radically from traditionally sound and fundamental concepts, *pari passu* with the deposition of previously acknowledged spiritual, emotional and intellectual securities, by purely material security; the modern neurotic need for haste in the acquisition of more and more material gain only serves to enhance the underlying emotional insecurity.

Cultural patterns have therefore altered, and the individual, attempting to identify himself with a rapidly changing culture, suffers emotionally. Leighton has shown that the loss of identity with one culture and an attempt to adapt to another, particularly when rapid and extensive, has a damaging effect on mental health, and results in an increase of mental illness. Raman described the village of Triolet where the population has trebled during the past 15 years, and a rapid social evolution has occurred with diminished respect for, and control by, the community elders—group-following lessened and traditions and customs diminished. The evolution of individualistic attitudes resulted in drastic changes in cultural patterns, and the decultured persons, unable to obtain the satisfaction of emotional needs, found it difficult to identify with one particular group. This resulted in an alarming increase in behaviour disorder, delinquency and psychoneurosis. By impairing the foundation of the group as a whole, the individual could not find satisfaction in the ceremonies of his group and resorted to groupings of an antisocial nature. Thus pathological grouping as in the gandia-smoking and alcohol-drinking groups provided a pattern for acculturization and an alternative emotional satisfaction; this thirst for grouping is so great that even intelligent people may be led astray.

The Attitude to Change

The man in the street, however, fails to accept these concepts consciously, or represses the significance of the insidious effects of rapidity of change, of deculturization and the threats to his emotional wellbeing. He may even deny that the attendant changes are undermining his traditional way of life, potentiating existing mental illness and impairing his emotional wellbeing and efficiency.

There is however substantiated evidence that the rate of neurosis rises parallel with the extent and tempo of industrialization and modernization. The problem of psychosomatic disease deserves special mention, for tension disorders such as hypertension and coronary thrombosis occur most frequently in a rapidly growing suburban community. Lin has also shown that social stress plays an important role in the aetiology of not only neurosis but also certain types of mental disorder, including the manic-depressive psychoses.

Thus, with increasing social stress, mental health becomes increasingly significant, as emphasized by the reported conclusions of the World Health Organization, that *mental health is the second most urgent problem in health in the world today.*

Although this statement is *not* fully accepted by traditional medicine in many countries, including our own, commerce has recognized that its requirements today are efficiency, productivity and self-reliance: mental illness, therefore, represents a threat to efficiency and is an economic drain. Far-sighted legislators have suddenly become aware of the fundamental significance of mental health, not only in terms of the conservation of manpower but also in terms of the deployment and utilization of specialized professional personnel to the maximum advantage, in the statement 'Conservation of essential manpower, particularly at the technical level, and the avoidance of wasted man-hours with especial reference to the more highly qualified personnel is of paramount importance'. Thus the larger powers realize that the efficiency of the nation is, to a large extent, dependent upon its total mental health. This attitude would appear to have a medico/political connotation for as President Kennedy has written 'The manner in which our nation cares for its citizens and conserves its manpower is the key to its future. Both wisdom and humanity dictate a deep interest in the mentally ill and mentally retarded . . .'. The medical connotation has been amplified by the United States Congress statement that mental health is their number one health problem, and it is significant that this was fully endorsed

by the American Medical Association.

Smaller nations have also seen fit to expand their mental health programmes at a national level: Brazil, with its city of São Paulo which is the fastest growing city in the world, has recognized the imperative need for an adequate mental health programme, in the knowledge that disturbance to emotional and mental equilibrium is caused by rapid social and cultural change. Even in other small, developing countries and in the emerging African states, structured mental health is becoming recognized, and with the help of WHO advisers, a progressive programme is being planned. Not only is mental health being implemented in the majority of countries, but Mental Health Institutes, Associations and Societies are becoming recognized as a vital contribution to the interests of health as a whole and are directly attached or related to Departments or Ministries of Health; these have the full support and recognition by their Central Governments, and, as Querido says, these national institutes for mental health are, as a rule, allied to institutes of higher learning. They serve to carry out or coordinate research, but their vital role is to advise the Government on national problems on mental health; by so doing they serve an important unifying and coordinating function.

The problem has also been recognized at international and supranational levels with the formation of the WFMH in 1948 and the constitution of the Expert Committee of the World Health Organization in 1949 to study the problem in its entirety, to propagate existing knowledge and to stimulate research. These organizations now regard mental ill-health as only one aspect of general health, not a separate entity; the concepts applicable to general medicine, namely preventive, curative, therapeutic, educative and research aspects, apply equally to mental health.

Furthermore WHO have concluded that *psychiatry, previously regarded as one of the most pessimistic, is now one of the most hopeful branches of medicine.*

What is Mental Health?

The Expert Committee has defined mental health as the capacity of the individual to form harmonious relationships with others and to participate in, or contribute constructively to, changes in his social and physical environment. Lunbye has placed the emphasis upon personal maturity and living responsibility, in fellowship with others; Menninger defines it as the adjustment of human beings to the world and to each other with the maximum of effectiveness and happiness.

The multiplicity of definitions, however, lends emphasis to the vastness and complexity of the situation and the realization that adequate mental health, or in other words, 'emotional wellbeing' is a group challenge.

As Stengel has said, mental health can no longer be defined in terms of the functioning of the individual as one independent unit; this unit has a social context with an identity of its own, and individuals, as well as nations, depend for full identity upon the whole group. Thus an analysis of developments in mental health must include a study of the individual as a biological, psychological and spiritual entity, but viewed in its sociological setting which is controlled by legislators, professional and semi-professional men of all types and community leaders, who are also individuals dependent upon society. Thus it is becoming recognized increasingly that mental health is applicable to society as a whole and to *every* member of the community.

In addition, a radical change in the implementation of its concepts has occurred: Mental health is no longer merely the domain of the psychiatrist working in remote isolation within the walls of the custodial institution, or cloistered intimately within the confines of the couched consulting room, for social psychiatry has erupted overseas and the community mental health services are gaining momentum, encompassing every member of the community, giving a feeling of acceptance, understanding and sustenance in renewed mental and emotional wellbeing.

At last the arbitrary barriers imposed upon the psychiatrist and mental health are being broken down. The psychiatrist, in many countries, is being encouraged to visit the patient in his home and to assess the problem where it rightly belongs. Mental health is being taken to the patient and not only the patient to the mental hospital and, significantly, mental illness in *all* its widest connotations is slowly being accepted by the majority of countries not as a separate entity, but as one of the many medical illnesses which exist today. Isolation, stigma and rejection is being replaced by understanding and acceptance; psychoneurotics, who form a far larger group than psychotics, no longer hesitate to visit the psychiatrist for fear of immediate institutionalization and its known sequelae, and today are receiving appropriate treatment. This is of major importance for it is now well established that 2% of the population suffer from a functional psychosis whereas 10 - 15% suffer from psychoneurosis, and at least 50 - 60% of patients visiting the general practitioner's rooms suffer from an illness that has its roots in psychological disturbance.

Aware of the need for a radical change in attitude, Great Britain has proclaimed a new Mental Health Act resulting in dramatic changes both in terminology and the law itself. It is even more significant that the title of the Act is the 'Mental Health Act' and not the 'Mental Disorders Act'! In the new attitude directed towards the promotion of mental health, rather than providing legislation for insanity, a new terminology is substituted for outmoded nomenclature; e.g. the terms 'mental illness' instead of 'insanity', 'subnormality' instead of 'feeblemindedness' with an improved definition of the psychopath as suffering from a 'disturbance of mind' rather than a 'disturbance of personality'.

This more enlightened concept is emphasized by the provision for the admission of voluntary boarders rather than certified patients.

Thus legal implications are giving way to medical and humanitarian attitudes. In the USA, however, where 277 hospitals admit a million people a year, only 20% of the hospitals have introduced innovations designed to make them therapeutic instead of merely custodial institutions, and only 25% of patients are admitted as voluntary boarders.

To encourage this progress and to implement this and many other aspects vital to mental health in the United States, Congress has demonstrated a new willingness to accept leadership and responsibility in active efforts to help citizens threatened by mental illness. The monumental report *Action for Mental Health*, prepared by Congress Joint Commission, has been tabled, indicating sweeping reforms in the whole sphere of mental health, directed towards the recovery of those afflicted with all types of mental ill-health, and practically every development in mental health is covered in this intensive and informative report. Canada has appointed a Royal Commission to study all aspects of medicine and the Committee on Mental Health Services made recommendations following its 5-year study in their *High Road to Mental Health* advocating sweeping changes and reforms.

In 1948 Masserman, writing on the neglect of the basic needs of the community, said: 'So near the stroke of doom some of our Statesmen have belatedly realized that starving peoples must be fed, the homeless sheltered. What can we, as scientists, physicians and men of goodwill do? Let us leave our crumbling ivory towers and use every influence we have to secure a voice on governing bodies. Let us remember that these bodies are also composed of human beings whose motivations, fears and patterns of behaviour we are trained to understand, and

possibly to change, by methods which we, as experienced psychotherapists of anxiety-ridden men have developed into an art and a science . . . and thus offer whatever enlightenment and concerted guidance we can, in this, the penultimate crisis of humanity.'

Fifteen years later we read: 'The emphasis should be upon timely and intensive diagnosis, treatment, training and rehabilitation so that the mentally afflicted can be cured or their functions restored to the greatest extent possible. Services to both must be community-based and provide a range of service to meet community needs . . . I am proposing a new approach . . . reliance on the cold mercy of custodial, isolated hospitals will be supplanted by the open warmth of community concern and capability . . . I propose a National mental health programme to assist in the inauguration of a wholly new emphasis and approach to care for the mentally ill.'

The above statements would appear to emanate from a professional authority in mental health, for they reflect the trends in current development of mental health services throughout the world except for the more underprivileged, sub-economic and under-developed countries. Yet these words were spoken by John F. Kennedy, the leader of one of the greatest powers in his address to the United States Congress in February 1963.

Seven months later, on 11 September, UPI reported: The House voted to set in motion historic changes in the care and prevention of the nation's mentally ill. In place of the traditional—and often depressing and inadequate—State institutions, there would be small mental-health centres in local communities. Planners believe the result will be shorter periods of hospitalization, a greater percentage of persons cured and a big increase in outpatient care that will prevent many mental breakdowns. To accomplish the first stage of the long-range project, the House voted to authorize 238 million dollars over a three-year period. The Senate called for 847 million over 8 years! This in a country where already in 1962, 1,800,000 people suffering from all forms of mental illness were being cared for in individual state mental hospitals or psychiatric wards in general hospitals and tens of thousands in the offices of private psychiatrists.

Surely, this represents at least part of Masserman's wish fulfilled?

THE POSITION IN SOUTH AFRICA

The Republic finds itself in a unique position in that the practical application of any programme of this nature must be sufficiently fluid to adjust to the demands of the different race groups. No one basic formula exists to meet the unique situation, and therefore a greater responsibility rests upon those organizations concerned with the mental health of the country.

Hospitals and Personnel

It must be accepted that the ranks of trained professional and semi-professional personnel are thin indeed. There are only about 66 practising, registered White psychiatrists, not one non-White; and only 3 psychiatric social workers; a dearth of White and Indian mental hospital nurses exists. Since the establishment of Robben Island as a sanctuary for the insane in the last century, however, much has been achieved for our 16,000,000 populace; there are 11 State institutions, each with a patient load varying from 1,000 to 2,500, mainly for the psychotic; on the other hand only 2 psychiatric wards in general hospitals exist for the psychoneurotic, in addition to Tara; a minimum of treatment is carried out in some medical wards in a few general hospitals; and there are only 5 psychiatric outpatient clinics in general hospitals. There are, however, 4 large institutions for retarded children and small occupational-therapy centres in various parts of the country. Modern therapeutic measures are being applied by staff, trained locally and overseas; but, with the exception of our progressive seat of modern learning and therapy at Tara Hospital, linked to the Johannesburg General Hospital, and to a lesser extent Groote Schuur Hospital Psychiatric Department, the major emphasis, to date, has been upon the State Mental Hospitals which deal primarily with mental disorder. The physical methods of treatment and chemotherapy would compare favourably with any in the world, but the other accepted psychotherapeutic methods are severely curtailed as a result of the chronic shortage of trained personnel. Unfortunately, despite the devotion and hard work of the 13 neuro-clinics in this country, the after-care of patients discharged from mental hospitals is woefully lacking. Consequently the readmission rate is high and the cost proportionally magnified.

The rate of growth of the population and the need for greater productivity of the individual precludes the luxury of indifferent and naïve attitudes towards mental health. Furthermore, if one considers that psychoneurosis occurs in at least 10 - 15% of the population, only a very small proportion could receive therapy with the limited resources at our disposal. If the United States, already endowed with a wealth of trained personnel, including approximately 12,000 psychiatrists in 1960, must increase their personnel sevenfold, how much more so must we?

Surely the time has come for an intensive plan not only to train an *adequate* number of psychiatric and allied personnel of all cultures, particularly psychiatric nurses, but to improve their status, enhance their working conditions, and provide incentives of increased remuneration, in the interests of our country's health, and the conservation of manpower and efficiency. Surely the initial financial outlay would, in time, pay a handsome dividend?

Over the last decade there has been some reorientation of policy to meet these requirements in the policy adopted towards postgraduate training of psychiatric and allied personnel and the training of clinical psychologists and psychiatric nurses and social workers. This training in some respects is effective, in others not quite comprehensive enough, but the number of candidates is so few that it is alarmingly apparent that the inducements are totally inadequate. This applies particularly to the training of White psychiatric nurses, which is handicapped by a dearth of recruits, although fortunately this does not apply to the Africans.

Commerce and Industry

In industry and commerce the interested worker is efficient and loyal; the emotionally disturbed is incapable of full productivity. 25% of absenteeism, at least, arises through psychoneurosis, and many employees are unsuitable in their posts. The Departments of Labour, Education, Arts and Science and Social Welfare are aware of this and have kept abreast of current developments, but regrettably our Chambers of Commerce and Industry, in the main, have not accepted the role mental health plays in the economy of the country and they, like certain Service Organizations, have given little support to the movement as a whole.

What of the future? Following the trends in other countries we can anticipate an increase in psychoneurosis with the burden of additional problems peculiar to South Africa. Although it is in the interest of the country to encourage a progressive immigration policy, one must bear in mind that the stress of adjustment to a new country is not without its dangers; the need for continuity with the past is manifest in the creation of groups or clubs that retain their ties with their homelands and allay the anxiety of deculturization and acculturization for the first-generation immigrant. Socio-biological surveys have shown

a higher incidence of emotional disturbance in the second-generation immigrant than in the settled group. Adequate and proper handling at school is therefore a useful prevention of emotional disturbances in children torn between the culture of the home and the new culture of the adoptive land.

All these aspects together with rapidity and magnitude of change, mentioned earlier, apply particularly to South Africa with its increase in urbanization and advances in technology, communication and mechanization. Therefore the stability previously derived by the migrant worker of all cultures from contact with a familiar environment, must be replaced and a greater understanding must exist of his emotional problems before rejecting him as a dissentient being. Here diverse educational systems should be brought into alignment and allowances made for the need for a familiar culture.

It is essential, therefore, to develop more regional mental-health centres at a preventative and therapeutic level, geared to cope with the emotional problems that arise in increasing proportion.

It is even more essential to develop self-sufficient services for each racial group. The emotional problems of the different races can only be efficiently handled by members of their own group. In respect of the Indian and the African the solution to this problem lies not only in the training of an adequate number of professional and semi-professional personnel, but in the implementation of the envisaged United States plan for community mental hospitals and after-care services which should, at least, fulfil the hospital and mental health needs of each sub-group.

What of Ourselves?

Subsidized by the Department of Health, the mental-health societies and neuro-clinics treated a total of new and repeat cases of approximately 13,000 persons in 1962; these were mainly in the realm of mental disorders. At least 100,000 psychoneurotic patients were therefore in need of psychiatric care yet the facilities at Provincial hospitals in the country do not provide for this and an added responsibility is the fact that the psychoneurotic usually requires more intensive and prolonged psychotherapy, which at present is relatively minimal. In addition, the psychiatric services at the child and forensic level are virtually negligible.

Mental-health Societies

The aim of the mental-health societies is to disseminate knowledge and propagate mental-health ideals to the public, but the burden falls upon those few dedicated voluntary workers of all disciplines, usually unrelated to mental health, who, at great personal sacrifice, give of their time and leisure to this cause.

When I consider that approximately 29% of all the work in the National Health Scheme in Great Britain relates to mental health, that mental health is the number one health problem in the United States and the second most urgent health problem in the world, I ask the question: why is it that this essential problem is stigmatized, rejected, and unaccepted by the majority of the public in this country today? Surely we cannot be so different from other countries particularly when, as I have indicated earlier, the complexities of cultures with deculturization, rapidity of change, urbanization, etc. are so much more marked in South Africa?

Is it due to a lack of vital knowledge by the central government, of traditional medicine, or of the public generally?

Personally, I feel that all these three obtain, specifically the latter. In this respect one wonders: are we in the mental-health societies really taking full advantage of communication systems such as the radio, the press, the cinema, to disseminate vital, adequate and correct information? Are we not letting these organizations down by not providing them with knowledge, information, and above all the stimulus, to make the nation realize that mental health is so vital and so important that it concerns national welfare in its total health, economic and man-power structure.

I fear that although mental health has its loyal adherents, few people are really prepared to sacrifice even a few moments of their time to devote themselves to a cause which is greater than any other single cause concerning humanity in this country. As a country rich in intelligence, acumen and ability, are we fulfilling our moral obligations, and attempting to implement the lead given to us by WHO, WFMH, and the progressive countries? It would appear to me that far too many people of importance, leaders of State and of society are unaware of the fundamental significance of mental health.

Hope for the Future

What is my hope for the future? The provision of the maximum happiness and emotional wellbeing for every citizen of the Republic, and an increase in economic efficiency and man-power conservation through the applications of the basic principles of mental health at all preventive, curative, educative and research levels.

There is the need for the expansion of vital services. Suitable professional personnel—doctors, nurses and social workers must be attracted by greater inducement, and resources must be pooled. More professional and semi-professional personnel of all ethnic groups require training, and the services at present available should be integrated and used as widely as possible. The time has arrived for the creation of structured organization and for research into the many problems peculiar to mental health in South Africa. Included in this is the need for more adequate knowledge of mental health and the facilitation of communication between the Departments of Health, Justice, Social Welfare, Community Development, Labour, Immigration, and Education.

The time is ripe for us to consider an intensive investigation of the whole situation in South Africa, the means whereby we can utilize our present resources to the full, and the implementation of a constructive 10-year plan to provide our own bold new approach.

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