

The day has passed when the mental health of the nation can be left in the hands of individual specialists working in isolation. This is the age of teamwork, and the next great advance will come, not in the form of further discoveries in the treatment of specific diseases, but, as Thomson<sup>1</sup> said, from a study of the precise relation of medical practice to society.

It has been shown that a third of all patients attending the outpatient departments of general hospitals suffer from psychiatric and another third from psychosomatic illness. It is also known that half the patients who consult private practitioners complain of neurotic symptoms. It is generally agreed that the problem 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 South Africa presents certain difficulties on account of the size of the country and the uneven distribution of its multi-racial 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 as great as it would at first appear.

#### THE MENTAL HOSPITALS

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 physicians of all grades should be appointed to them. This would not only relieve the present shortage of medical staff and establish closer relations between the general hospitals and the mental hospitals, but it would also promote teaching and research. Arrangements should be made, too, for the interchange between members of the nursing staffs of general hospitals and mental hospitals, since it is essential that all sisters, in teaching hospitals at least, should have some psychiatric experience.

The third Report of the World Health Organization Expert Committee on Mental Health<sup>2</sup> requires of the mental hospital that it should not exceed 400 beds and should be within the community it is to serve, and a small early-treatment block should be attached to the general hospital. Apart from the advantages to patients and their relatives, Marwick<sup>3</sup> pointed out that this might solve the acute mental-nursing shortage. Large hospitals of 1,000-2,000 beds, isolated from the social and cultural amenities of a town, are not likely to attract or retain the services of young people.

Other requirements include the development of a therapeutic atmosphere, which is dependent on the removal of unnecessary locks and bars; the development of a therapeutic team; patient activity and participation in remunerative work; group therapy; the preservation of the personality, initiative, and sense of responsibility of the patient; active rehabilitation; and extramural community care.

#### EARLY-TREATMENT CENTRES

The present overcrowding in mental hospitals could be relieved by the gradual establishment throughout the Republic of early-treatment centres in the 'catchment areas' of the mental hospitals. These centres should be run on similar lines to the Antwerp<sup>4</sup> and Worthing<sup>5</sup> experiments which provide a small number of beds, a day-patient system (which is a compromise between an inpatient and outpatient service), and full facilities for domiciliary treatment. It has been shown that this district mental-hospital system has so reduced the number of admissions of the neighbouring mental hospitals that some writers contend that no further mental hospitals should be built until these experiments have been worked out. As I have pointed out elsewhere,<sup>6</sup> a pilot scheme of this kind should be started immediately in Durban. This city is over 50 miles away from the amenities of the nearest mental hospital and would have to rely on its own resources; it is large enough to do so.

I have also recommended<sup>7</sup> that a pilot scheme for the control and socialization, if possible, of persons suffering from psychopathic personality, should be established on similar lines to the psychopathic hospital at Herstedvester in Denmark.

#### GENERAL HOSPITALS

The importance of the specialized mental hospitals and their district mental-hospital system in no way excuses the general hospitals from providing facilities for treating mental illness. The psychiatric department of every university medical school should be under the direction of a full-time professor of psychiatry, who should 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. The range of activities of the teaching psychiatric unit should provide an all-round training in psychiatry in the outpatient department and the wards of the unit — for general practitioners, intending specialists and psychiatric auxiliaries, including probation officers, health visitors, and similar workers. The unit should also establish, for teaching purposes, a close working liaison with institutions and services outside the unit so as to provide supplementary instruction and teaching material. A children's psychiatric clinic should be an integral part of the teaching psychiatric unit, and this clinic should act in a consultative capacity to the child-guidance clinics in the area. The teaching psychiatric unit should be the centre and coordinating focus of psychiatric research for the region.

#### THE NURSING PROBLEM

A solution to the acute shortage of nurses may be found in the enrolment of auxiliary nurses, both in the early-treatment centres and the psychiatric units of general hospitals, provided the necessary teaching and training facilities are made available. During the last war I had charge of two Royal Navy psychiatric hospitals which were partly staffed with specially selected Red Cross VAD nurses. They not only made a definite contribution to the morale and discipline of these establishments, so essential to any form of rehabilitation, but after 3-6 months of training, they became useful members of the psychiatric team. It is interesting to record that some of these nurses, as a result of the teaching and training they had received, went on after the war to qualify as psychiatric social workers. These auxiliary nurses will again become necessary in total warfare, national emergencies, and other disasters that make it imperative that psychiatric nursing should be an essential part of their civilian training.

#### SOUTH AFRICA

These are the broad lines along which the mental health services are at present evolving overseas. But attempts to impose this pattern rigidly on other countries with different traditions and cultures and at different stages of social development might well lead to disappointment and failure. Before attempting to plan a mental health service for the Republic of South Africa, one should consider the

general state of medical care throughout the country, the nature of the work of the general practitioner in both urban and rural areas, the mental-health resources at present available in the community, whether the majority of mental disorders in any particular culture are secondary to physical disease or caused by socio-economic stresses, and whether the emphasis in treatment should be sociological, psychotherapeutic or psychopharmacological. The first essential of a mental health service is that it should be realistic. Three groups have to be convinced that it is workable and that it will benefit them personally: The medical and nursing staffs of the present psychiatric service, the government administrators, and the general public. The initial appeal must be made to the doctors, because without their support the scheme can never get started. As the doctors and their staffs are usually overworked under the present system, they must be convinced that their work will be made easier and more rewarding by the adoption of the plan. Administrators are more likely to approve a plan that is already in operation or can be started without involving them in any great financial outlay or political responsibility. Finally, the plan should be self-advertising and flexible, and should be so framed that once the first step has been taken, a public demand is created for the next.

#### THE HOSPITAL OF THE FUTURE

The mental hospital of the future in South Africa should be defined by function more than structure. Its curative sections, consisting of short and medium-stay early treatment units, should be in or near general hospitals, where most of the outpatient work will be done in the future.

The community services for prevention, screening, and after-care will depend for their success on the cooperation of the various authorities concerned. It is suggested that regional medical officers of mental health should be appointed under the Commissioner for Mental Hygiene. These psychiatrists should work outside the mental hospitals and coordinate the numerous services concerned directly or indirectly with mental health; especially with the Departments of Education, Social Welfare, Labour, the Juvenile Courts, the Provincial and Local Authorities, and the various voluntary social organizations.

#### CONCLUSION

Now is the time to investigate the whole question of a mental health service for this country in a scientific and constitutional manner and at the highest level. This is a matter of some urgency because there is a danger that the outmoded recommendations of the last commission of enquiry, which was published as long ago as 1937, may be implemented. This would mean that the old uneconomic and therapeutically sterile policy of custodial care and 'bigger and better hospitals' would be further entrenched.

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