

WHAT AN ADEQUATE MENTAL HYGIENE PROGRAM INVOLVES FOR THE STATE HOSPITAL SYSTEM.*

By GEORGE M. KLINE, M. D.,
Commissioner, Department of Mental Diseases, Boston.

It is quite apparent that the need for increased activity in relation to mental disease and defect is generally recognized, as is evident in new and improved legislation being passed and much larger appropriations made for the better and more scientific care of patients. The initiative for this change may quite properly be credited to a rather small group of persons and often their recommendations and requests meet with much opposition. It must be conceded that gross misconceptions regarding the fundamental facts of mental hygiene exist in the minds of the laity. "Peculiarities" which in many instances may indicate mental disorders have no apparent connection in the minds of many, including physicians, with mental disease. It is both interesting and significant to note in this connection that the more common causes of mental disease as given by the laity in connection with patients sent to our state hospitals remain quite unchanged. Such causes as "love affairs, family troubles, overwork, worry, religion," etc., are still commonly used.

Only those who have been long associated with mental patients and their problems appreciate the difficulties which they encounter in the community, before hospital residence, and after their return to the community. Because of this stigma, many otherwise intelligent persons avoid seeking early help for themselves or their relatives until more serious conditions develop. For this reason many deny facts of heredity that have a bearing on mental disease. In securing employment for discharged mental patients, the psychiatric social worker is often beseeched to conceal all facts pertaining to a mental breakdown because of the very grave difficulties which they must otherwise encounter. The lack of

* Read at the seventy-sixth annual meeting of the American Medico-Psychological Association, Cleveland, Ohio, June 1-4, 1920.

information relative to the terminology used in psychiatry is added evidence that mental disorders are meaningless to the general public. Even the more common terms such as "senile dementia," "feeble-mindedness," "softening of the brain" are strangely misunderstood. To a large majority of the people, including physicians, definite mental disorders are practically meaningless and appear to be confused with temperamental difficulties. A recent article by Donald A. Laird, entitled "Does there exist a need for a program of Education in Mental Hygiene?" indicates very clearly the status of society to mental hygiene knowledge, and perhaps explains part of the opposition met in efforts to bring about changes in our laws.

Only recently a special recess committee of the Massachusetts legislature named to investigate conditions prevailing at state institutions, calling special attention in their report to the enormous sums spent annually for the maintenance of state institutions, made this encouraging comment. "The sum spent for research into the causes of disease and conditions resulting in the need of these institutions is negligible. The committee believes that research work in the field of mental disease and defect should be pursued aggressively on a much larger scale. In this way only can it be hoped to make available information that will prevent, in the future, a heavier burden upon the state."

Unquestionably the startling and unlooked for results of the neuro-psychiatric examinations incident to mobilization, the work of the neuro-psychiatrists throughout the war, and the number of mental cases among the war risk beneficiaries have served to direct attention to the importance of psychiatry and the great need for a mental hygiene program.

It is through the state hospital system and, more especially the component part of such a system—the state hospital—that information regarding the causes, treatment, prevention of mental disease and mental defect is readily gathered.

For this reason the state hospital is the logical center from which information regarding mental hygiene should be disseminated. The state hospital, especially since the advent of out-patient clinics and psychiatric social service work, can no longer afford to be a thing apart from the community. It has much, in fact is under definite, obligation to contribute in every possible way to

a mental hygiene program. Years ago in a report dealing with the best method of providing for the insane, made to the Massachusetts legislature, this obligation of the state hospital was recognized, as is evident from the following statement:

"It should be a center of instruction and counsel in mental hygiene, prevention of insanity and after care of discharged patients. The poor of the district should be encouraged to seek its advice, and granted free consultation while they may properly remain at home. An out-patient service similar to that of the general hospital should be maintained. There should be cooperation with local charitable agencies in ascertaining home conditions and in the endeavor to better or change the unsuitable. Thus incipient mental disease would be brought to notice, dangerous tendencies discovered in time to erect safeguards against violence and public confidence won."

From the foregoing it would appear that the work of the state hospital system in fitting into a mental hygiene program is largely in the direction of education. This service is now very largely extended into the community through out-patient clinics and psychiatric social service. In Massachusetts, 14 state hospitals have out-patient departments, and clinics are held under the auspices of the hospital authorities in 28 cities and towns. In this way, this service is extended to practically every community of the state. The functions of these clinics and the work of the psychiatric social service departments have been dealt with in previous articles. The Department of Mental Diseases now employs a director of social service who supervises the work in the hospitals throughout the state. At the present time 19 social service workers are employed by the hospitals and in addition nine student workers. Special mention might be made of an act recently passed enabling the presiding judge, in his discretion, in order to determine the mental condition of any person coming before any court of the commonwealth, to request the assignment of a member of the medical staff of a state hospital to make such examination, without charge, as may be deemed necessary. It is gratifying to note that more and more requests for this service are being made. It is a permissive act which it is hoped will speed the day when a competent psychiatrist will be attached to each court.

Still another act of vital importance to an adequate program in the handling of the feeble-minded problem has been passed. It requires the school committee of each city and town to ascertain,

under regulations prescribed by the Department of Education and the Department of Mental Diseases, the number of children three or more years backward, and where ten or more children as so retarded, shall establish special classes.

Provision was made for the establishment of free clinics and a registry for the feeble-minded. In accordance with this legislation, travelling clinics in connection with the schools for the feeble-minded, in charge of a psychiatrist assisted by a psychologist, social service worker and necessary clerical help, will aid in the mental examination of such groups of retarded children as are reported. Supervision by a central authority of neglected feeble-minded in the community is yet to be provided for as an important phase in the handling of the feeble-minded program.

In disseminating knowledge relative to mental hygiene, the opportunity should not be overlooked by the state hospital to not only invite the general practitioner to attend the daily staff meetings but, failing to attend, to send information regarding the diagnosis, prognosis and present status of each patient that he has committed or advised to undergo hospital treatment.

Too frequently is noted the apparent indifference of the general practitioner to mental patients. Their interest can readily be gained if they are kept advised regarding their former patients. In this way their cooperation in after-care work can be had the easier, and a friendly attitude toward the institution engendered.

The startling lack of knowledge in psychiatry on the part of the medical profession presents a most serious problem and unless active measures are taken to remedy this defect, not only may little advance in mental hygiene be hoped for, but the standard of care of patients in state hospitals will inevitably suffer and eventually amount to little more than custodial care.

The crying need of state institutions is for trained men. The relative importance of psychiatry to other branches in medicine is not difficult to establish. Not only should every medical school be required to give adequate training, but it should be obligatory for every candidate for medical degree to pass an examination in psychiatry.

The state hospital system, through the establishing of psychopathic hospitals, should be a necessary adjunct to the medical school in the teaching of psychiatry. This interdependence of the

state hospital system and medical school is better illustrated by an arrangement under consideration in Massachusetts between the Harvard Medical School and the Psychopathic Department of the Boston State Hospital, which will become a separate institution in the state hospital system, under the Department of Mental Diseases.

The director of the Psychopathic Hospital, under the contemplated arrangement, will be Professor of Psychiatry at Harvard Medical School. A similar pooling of interests is also under consideration whereby the professor of neuropathology would direct the scientific research laboratory work of the Massachusetts Psychiatric Institute. The psychopathic hospital, receiving patients for intensive study, care and treatment, with opportunities for laboratory research work in neuropathology, would then occupy a position in the medical school as important as the medical, surgical and other clinics.

The functions of these clinics, as aptly defined by Kraepelin, are attendance on the mentally sick, instruction to students, and places to which criminals suspected of mental disturbance may be sent for observation, the dissemination of medical views on social questions, and correction of existing prejudices regarding insanity, to serve as a connecting link between the larger remotely situated institutions and scientific research and scientific investigation of all problems connected with the study of mental diseases.

It is obvious that when medical schools require graduates to be as well informed in mental diseases as is now required in the practice of medicine, many mental disorders will be considered at their source by the general practitioner.

Accordingly there should be a desire and willingness on the part of a state hospital system to cooperate with medical schools in the teaching of psychiatry. The need of trained men is so great at present, that it is believed this association might very properly exercise its influence in every possible way and support every effort to the end that an adequate course in psychiatry be given in every medical school.