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**THE PSYCHIATRIC HOSPITAL
AS A CENTRE FOR PREVENTIVE WORK
IN MENTAL HEALTH**

**Fifth Report
of the Expert Committee
on Mental Health**

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THE PSYCHIATRIC HOSPITAL AS A CENTRE FOR PREVENTIVE WORK IN MENTAL HEALTH

Fifth Report of the Expert Committee on Mental Health *

1. Introduction

In its first report¹ the Committee spoke of the need for preventive services which could bring psychiatry into line with general medicine where for some time comprehensive public health services had existed alongside the hospital services. It doubted the effectiveness of preventive work when undertaken as a part-time and often voluntary activity by those whose main interest was in treatment. It therefore recommended that the prevention of mental disorders and the promotion of mental health should be the task of adequately trained public health workers and that a profession of medical officers of mental hygiene should be created.

In its second report² the Committee reaffirmed that the incorporation into public health work of the responsibility for promoting the mental health of the community should be regarded as "the most important single long-term principle for the future work of WHO" in the field of mental health. The subject was reviewed in detail and concrete recommendations were made on the introduction of mental health principles into public health practice.

In its third report³ the Committee revised the point of view regarding preventive work which was taken in the first report. Dealing with the place of the psychiatric hospital in the community, it came to the conclusion that

* The Executive Board, at its twentieth session, adopted the following resolution:

The Executive Board

1. NOTES the fifth report of the Expert Committee on Mental Health;
2. THANKS the members of the Committee for their work; and
3. AUTHORIZES publication of the report.

(Resolution EB20.R10, *Off. Rec. Wld Hlth Org.*, 1957, 80, 4)

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1950, 9, 7

² *Wld Hlth Org. techn. Rep. Ser.*, 1951, 31, 3

³ *Wld Hlth Org. techn. Rep. Ser.*, 1953, 73, 5-6

once the necessary minimum of "emergency psychiatric in-patient care" is provided, attention should be devoted "to the development of extramural treatment facilities and other psychiatric activities within the community". The Committee deplored the fact that in the past too little attention had been given "to the development of a real community mental health service" and recommended the systematic employment of the psychiatric hospital staff in extramural activities of a therapeutic, but also of a preventive and educational nature.

This point of view is maintained in the fourth report¹ which, while limited to the legislation affecting psychiatric treatment, declares it "desirable that the same medico-social team should be responsible for all the mental health problems of the community" and recommends that "the requirements of in-patient services should never be divorced from those of the total community".

In this, the fifth report, the Committee goes one step further. While maintaining the thesis of the first and second reports on the need for systematic promotion of mental health within the normal practice of public health, it considers that the gap between highly developed therapeutic facilities and insufficient preventive services (which in the first report is condemned as "a bad example" set in the "well-developed" countries) should be closed where it exists and should not be allowed to open where mental health care is still in its beginnings. Taking into account that—particularly in less developed areas—the psychiatric hospital is often the only place where systematic mental health work can be undertaken and where possibilities for further education and training in the mental health field exist, the Committee examined the conditions which will enable the psychiatric hospital service to carry out preventive work, together with its curative activities, and which will thus make it fully useful for the implementation of the comprehensive mental health programme that is needed.

2. Relationship between Therapy and Prevention

Treating the sick is clearly the main function of any type of hospital. This also applies to the psychiatric hospital which differs in principle from the general one only in so far as it caters specifically for psychotic and neurotic patients. Nothing shows more clearly how much its purposes and methods are nowadays beginning to resemble those of the general hospital than the increasing frequency with which at present the latter is provided with a psychiatric department.

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1955, 98, 20-21

It is far less easy to decide to what extent hospitals should have preventive functions. Doubtless, a great deal of the knowledge of disease on which systems of prevention depend springs directly from the experience of treating the sick. However, there are those who express doubts about the general hospital on this point, and it is, in fact, only quite recently that a close co-ordination between the hospital and the public health services has been accepted as necessary for the efficiency of both.¹

The possibility of giving a preventive role to psychiatric hospital services is even more often questioned, and the reasons for these doubts are not at all difficult to define. The prevention of disease is generally brought about on the one hand by specific action and on the other by adequate health education. Vaccination may be considered an example of the former and education in personal hygiene of the latter. As these examples show, the specific action consists ideally in practical measures which can be quickly and effectively applied even by persons of limited training, and health education consists typically in simple and unequivocal teaching based on fairly precise etiological knowledge. Furthermore, successful prevention depends largely on the confidence of the public in the health workers who practise it: those who are able to cure infectious diseases, for example, can generally count on willing flesh to be pricked by a vaccination needle and attentive ears to be reached by a hygiene talk.

On all these points mental hygiene has so far been at a disadvantage by comparison with general hygiene. First, the prevention of mental illness requires nearly always a fairly intricate procedure which is usually neither quick nor simple enough to be done without a good deal of specialized training. While any measure which reduces the impact of causal factors can be considered as preventive, it has to be recognized that often enough the simple elimination of a factor does not entail the simultaneous disappearance of its pathogenic effects, which may be due to secondary modifications of the brain or the personality. Moreover, the etiological knowledge upon which mental health education can be based is not always as precise as would appear from some of the literature. Owing to the multiplicity of causal factors in most mental conditions very conflicting theories may be defended and rather contrasting advice given.² Besides, it has to be recognized that the social and cultural differences between different areas make it practically impossible to make standardized recommendations on the

¹ See the first report of the Expert Committee on Organization of Medical Care *Wld Hlth Org. techn. Rep. Ser.*, 1957, 122).

² In this connexion the Committee strongly felt the need for a special study on the meaning—or rather the different meanings—of the word “prevention” and expressed its hopes that the World Health Organization might find it possible at a future date to carry out such a study.

content and form of the mental health education to be given.¹ Finally, it is a deplorable but undeniable fact that only a very short time ago the therapeutic results of psychiatry were so poor that they were quite unable to make people feel confident about its value.

The psychiatric hospital, on which psychiatry was traditionally based, played in this respect a particularly unfavourable role. In many places it was looked upon as a dumping place for dangerous and useless people who had to be put somewhere so that they could the easier be forgotten. The frequency with which hospitalized patients deteriorated instead of improving strengthened the current prejudices against psychiatric work. The magical preconceptions about the nature of mental disorder which exist at all times, even in the most enlightened environments, often found, in fact, new nourishment in the disappointing results of "asylum" treatment and thus were able still more to discredit mental hygiene, in general and particularly as a hopeful activity of the psychiatric hospital and its staff.

There are, however, good reasons for believing that the situation just described is rapidly improving. The decisive factor in this respect is that the treatment of mental patients has recently become so much more active, rational and successful. It is, indeed, undeniable that in the last decade so many new therapeutic possibilities have been discovered that a well-trained psychiatrist can now go about his work in a way and with prospects very similar to those prevailing in general medicine. An important consequence of this change is the growing use of multiprofessional treatment teams in psychiatry which cannot but increase the number of persons qualified also to participate in preventive activities. Furthermore, the remarkable progress made in the field of therapy has led to a much deeper understanding of the determining causes at play. Another factor is, finally, that the success due to the better handling and understanding of mental cases has created an atmosphere of optimism which has been spreading from the staff and the patients to the members of the medical and allied professions in general and to the lay public. In the following paragraphs, these points are discussed in a more detailed fashion.

It has been pointed out that in respect of preventive action in the mental health field there are not many measures which can be quickly and effectively applied by practically anybody. But the possibilities for doing valuable work are considerably better since the psychiatrists have learnt to work together on a team basis not only with their nurses and attendants, but also with psychologists and social workers and, outside psychiatry proper,

¹ See the first report of the Expert Committee on Health Education of the Public (*Wld Hlth Org. techn. Rep. Ser.*, 1954, 89).

with health officers, public health nurses, private practitioners, etc. The members of a well-integrated psychiatric team are, indeed, very often able to take an active part in the promotion and protection of mental health. Amongst the measures which can be envisaged in this respect, there are : the endeavours to avoid early emotional deprivations and rejections ; the adequate manipulation of the social, physical and emotional environment, particularly in the family, in school and at the place of work ; the prudent counselling in respect of sex life and marriage ; the physiological, psychological and social guidance of old people and their relations, etc.

It must also be admitted that the etiological knowledge upon which mental health education can be based is still lacking the desirable degree of precision. The total etiological structure of most mental diseases still awaits analysis. But, although the relative importance of different causal factors still has to be properly assessed, there is even now a good deal of adequate knowledge about the importance of single causes for the aggravation or maintenance or recurrence of many complaints. The prevention of the development of serious psychoses from recognizable pre-psychotic states is, for instance, quite often possible. Clearly, this is important from the public health point of view in that it reduces the need for admission to hospital, shortens the length of stay there and so eases the financial burden that mental illness imposes on society. But our growing body of knowledge also places prevention in the narrower sense of the word within our reach, and it can be hoped that eventually it will lead to still better opportunities in health education and preventive action.

The confidence in psychiatry which is lately growing in many parts, both among members of the interested professions and among the general public, is perhaps the most important factor in overcoming the scepticism mentioned above. There are now many patients who seek treatment in an early stage of their disorder and who accept hospitalization quite voluntarily. Correspondingly, there is an increasing number of families which expect their sick members to get better in a reasonable time and which actively help them in resuming a more or less normal life after discharge. Finally, the magical prejudices in the community are less pronounced, and there is a visible growth of its preparedness to accept mental disorder simply as a different form of ill health, just as accessible to rational measures as any other.

To resume : the development of mental hygiene is intimately linked to the advancement of psychiatric therapy, not only because an effective early treatment of mental disorder can in itself be considered as preventive, but even more because the progress of therapy helps in several ways to create favourable conditions for positive prevention in the sense of a systematic promotion of good mental health.

In this connexion, however, the advance of psychiatric hospital treatment is of particular significance. The position which the mental hospital traditionally occupied in respect of psychiatric care gives to its present successes just as much weight as it gave to its past failures. Moreover, in many parts it is still true that the psychiatric hospital service caters for a wider variety of mental conditions than any other type of establishment, let alone isolated workers. As a consequence it is clearly not only possible but even necessary that the psychiatric hospital service should engage in preventive activities and that these activities should not just be added to its therapeutic work but come to form an integral part of its normal functioning as a centre for mental health care in its widest sense.

3. Significance of the Opening of the Psychiatric Hospital for its Preventive Usefulness

In stressing the importance of the psychiatric hospital it is not intended to imply that prevention in the mental health field must be based there exclusively. Very much to the contrary, it is felt that other facilities should also be used and that in some cases these may be more effective than the psychiatric hospital.

In particular, psychiatric out-patient departments and other ambulatory services undoubtedly have an outstanding preventive significance. Experience has indeed shown that out-patient treatment is effective for many types of mental illness that were formerly thought to require in-patient care. The advantages to the patient are obvious: he does not lose touch with his family and can in many cases continue to work during the course of the treatment; he is also spared the anxiety of making what is often a difficult and time-consuming adjustment to hospital life and a readjustment after discharge. From the point of view of the health administration, out-patient arrangements are desirable because in-patient care is far more expensive, and it can be proved that the more out-patient facilities are provided, the less hospital beds are needed (directly because fewer patients require hospitalization and indirectly because the possibility of providing the necessary after-care in an out-patient service often permits an earlier discharge).

There are also other possible arrangements: "day hospital" and "night hospital" (hostel) for special groups of patients,¹ mobile units, consisting

¹ A day hospital is an institution where clinical treatment (for instance, electroshock) is given to patients whose behaviour is such that in the evening they can return to their families. A night hospital caters for patients who need treatment or supervision during the night, but who for some reason cannot be adequately looked after in their homes.

of social workers, public health nurses or health visitors, either alone or together with psychiatrists and psychiatric nurses, as part of a more comprehensive treatment team, in sparsely populated areas, etc.

The essential question, however, is not where the work is centred but in what spirit it is carried out. The integration of preventive and curative services, the desirability of which is more and more recognized in general medicine, is even more vital in psychiatry. Consequently, the sharp differentiation between psychiatric hospitals on the one hand, and out-patient departments and the like on the other, is more conceptual than real. There is no doubt that, if only to ensure a continuity of care, the hospital staff should play a part in out-patient work. It would, however, be just as valuable to encourage the staff of out-patient departments and even other persons, particularly practising physicians, to be interested and engaged in the day-to-day work of the psychiatric hospital. Doubtless, the psychiatric out-patient department may also be set up as an independent unit or as part of a psychiatric department in a general hospital, an arrangement which is often particularly favourable for an integrated curative and preventive approach. In practice, however, it will depend on local factors—cultural, economic, topographic or climatic—which structure is given preference.

From the point of view of this report, the essential point is that, if the centre is the psychiatric hospital service, it must be as "open" as possible. This entails for instance that, as pointed out in the fourth report, the legal formalities of admission and discharge shall be reduced to a minimum. But there are many other important points which have to be considered. In the interests of prevention, it is particularly essential to give the psychiatric hospital staff the opportunities for an effective contact with the life of the community, the usefulness of which has clearly been stressed in the third report.

Nothing is more important in this respect than out-patient work because it helps in many ways to educate those who take part in it. It is hardly less significant that the psychiatric hospital staff should be in a position to influence the public on matters of mental health and ill health. This may sometimes be done by direct and explicit teaching through the printed and spoken word. More often, however, it will be convenient to look for opportunities to share with other people concrete experiences in the field of mental health and human relations. Active participation, which, according to the theory of education, is the best guarantee of thorough understanding and effective learning, can sometimes be obtained by the organization of "open days" for visiting the hospital; occasionally by inviting volunteer helpers to the establishment; in many cases very effectively by establishing working relations with all sorts of fellow citizens such as

industrial leaders and union officials, teachers and clergymen, legislators and administrators.

Although the interlocking of the psychiatric hospital and its staff with the community is clearly of paramount importance for the furtherance of adequate mental health education, the symbolical or real breaking down of the high walls which have shut it away for so many years is by no means exclusively motivated by an educational or missionary zeal. It has been pointed out to what extent the value of the psychiatric hospital for preventive purposes stems from the constant growth of its therapeutic efficiency. The success of psychiatric treatment, however, also largely depends on its being carried out close to the society from which the patients come and to which they will return.

It would be difficult to assess exactly how much of the therapeutic success of present-day psychiatry is due to "cures" in the strict medical sense of the word. But the causes of success are not very important to the patient or his family, nor do they matter too much to the administrator or indeed to the public. The psychiatrist certainly has a theoretical interest in an exact assessment of the etiological and curative factors with which he has to deal but he too is primarily interested in results, and in this perspective he may consider it to be of secondary importance whether he understands these problems in all their intricacy. From the practical point of view he can indeed be satisfied with knowing that, in spite of the presence of significant hereditary factors, the success of his therapy largely depends upon an adequate dealing with the environmental components. The treatment of these factors, however, is very closely related to preventive activities, and though the psychiatrist hopes eventually to be in a position to carry out positive prevention on a large scale he will be prepared to concentrate for the time being on the more immediate preventive goals which society expects him to reach right away. He will therefore try to prevent his patients reaching the stage at which admission to hospital becomes inevitable. He will also make efforts to reduce the number of cases which develop towards chronicity. He will finally take steps to lessen the risk of relapse in those who have been discharged. Early diagnosis, active treatment and effective after-care will allow him to show that he can prevent something and thereby gain him the public confidence without which he will never be given a chance for carrying out the research that will eventually allow him to plan more comprehensive preventive activities.

While it is essential that the staff of a psychiatric hospital service should have a close working relationship with the community it serves, there are other fundamental features which will affect the rating of a hospital as "good" or "bad" for preventive purposes. These characteristics may be

considered under the headings of structure and site, "therapeutic atmosphere", and staff morale.

As to structure: the "good" hospital will be comparatively small; detailed recommendations as to the size are given in the third report of the Expert Committee.¹ Though some administrators, thinking in terms of economy, are attracted by large establishments, there is little to be said for these from the patients' point of view. The large hospital is liable to acquire the atmosphere of a factory in which the patient loses his individuality. The siting of a hospital should take into account the need for free interchange between its patients and staff and society. Topographical isolation can easily lead to a spiritual incapsulation far removed from ordinary human contacts. Even if the hospital is not in fact surrounded by high walls it may still be effectively isolated in that it is sited far from human habitation whether this be urban or rural.

Even an inconveniently designed and sited hospital can, however, do good work if the treatment it offers is carried out in the right spirit, i.e., with the firm intention of giving the patients every possible chance for their recovery. Although treatment is inevitably influenced by working conditions, these are open to modification. A hospital where there exists a true therapeutic atmosphere will, for example, attach less importance to security and more to the maintenance of the human dignity of its patients. It will encourage individuality rather than dependence even if administratively this is less convenient. It will seek to promote the kind of meaningful activity that will lead to full social rehabilitation. It will also take into account that frequent visits of friends and relatives make it easier not to feel shut off from the world, not only for the patient concerned, but also for the other patients and even for the staff.

Nothing is more important for the creation of the "therapeutic atmosphere" than the morale of the hospital staff. An organization which is "open" to the normal life of the community is, indeed, good for the patients also in so far as it helps the staff to obtain more satisfaction in their work which can perhaps compensate them to a certain extent for the inadequate pay they so often receive. Pride in achievement is just as important a motive in the psychiatric hospital staff as in any other professional activity. Such pride, however, will be the greater if it receives nourishment not only within the hospital, but also outside; and nothing is more likely to increase the popularity and the prestige of the staff members among their fellow citizens and to remove the magical prejudices which the latter have so often in respect of mental health workers than a regular and,

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1953, 73, 28 (section 4.1.5)

if possible, participating contact of doctors, nurses, attendants, etc., with the normal activities of the community in which they live.

4. Ideal Structure of an Integrated Mental Health Service and Possible Variations

From what has already been said it follows that the central structure of a mental health service should be a relatively small, active treatment unit which could be provided with the necessary out-patient facilities and in some part with mobile units and which, apart from its therapeutic duties, could also serve as a clearing house. Such a centre could exist as an independent unit, having perhaps a day hospital or a night hospital attached to it; it might be part of a general hospital; quite frequently it would be in close topographical or organizational contact with the long-stay unit destined to cater for the chronic cases, about which more will be said further on.

As to the community integration of the service, no rigid pattern should be followed. Undoubtedly it will be necessary to make all sorts of adjustments in accordance with the local customs, necessities and possibilities of different countries. For example, the amount of encouragement needed to persuade people to seek the help of mental health services will vary from country to country. In countries where there is already a network of basic health structures such as health units, health centres or dispensaries, covering great proportions of their populations, it may be desirable to link the work of the psychiatric hospital service, particularly in its preventive aspect, with these basic units of general health services.¹ The setting-up of adequate facilities may well lead to a great increase in the demand for treatment. This should not cause alarm to health administrations because the cost of early detection and treatment is far less in an out-patient service than in a hospital and the results are just as good. It will be advisable, however, to guard against the successful psychiatrist coming to be looked upon as an all-round behaviour expert and being swamped with requests for advice in respect of general life problems which, though very important for the individual, may be more or less outside the professional competence of the mental health specialist. Generally speaking it will, indeed, always be necessary to limit the range of activities according to the scope of the existing services, the specific qualifications of the staff members and the nature of the environment, for the overburdening of the mental health service with requests which are beyond its capacity would not only make

¹ See the second report of the Expert Committee on Public-Health Administration (*Wld Hlth Org. techn. Rep. Ser.*, 1954, 83).

the successful execution of an organized programme impossible but might also reduce the prestige of those concerned in it. Other medical and social organizations, both public and private, are often able to cope with special mental health problems and it is therefore most important that they should be co-ordinated with the psychiatric service. Such organizations should include welfare societies, educational bodies and mutual help clubs (for example, for alcoholics and discharged psychiatric patients) and, of course, the voluntary mental health organizations which exist in most countries.

While stressing the importance of the active treatment unit with its special significance for preventive purposes, the Committee is quite aware of the fact that psychiatry has also a heavy task in respect of chronic patients. There is a considerable number of these in every country. Though it is reasonable to hope that present-day intensive treatment may be able to prevent the evolution towards chronicity in many cases, something must also be done for those who have already become chronic. All countries which have long-established psychiatric services have large numbers of patients who have been detained for years in more or less custodial institutions. In other countries which so far have only limited accommodation many chronic cases are living with their families, but there are usually growing demands for help from their relatives once the effectiveness of early treatment of acute cases is realized. Therefore, courage will be required to make a choice as to where the main effort of mental health care should be concentrated. Health administrations were faced with a somewhat similar problem in dealing with tuberculosis many years ago. They had then to decide whether to give inadequate attention to all, or to concentrate their energy and resources on the fresh and relatively hopeful cases. Eventually they took the latter course. The Committee believes that in respect of mental disorder it will be necessary to arrive at a similar decision. In other words: although some provision must, of course, be made for the chronic patients, their care and treatment should be viewed in its proper perspective, that is, as part of and no longer as the focal point of mental health service.

In this connexion the Committee wishes to emphasize that in countries where it is customary to care for the mentally sick in their homes, it may only be necessary to ensure that frankly antisocial patients are detained.¹ Evidence from countries where "boarding out" and domiciliary care are the rule rather than the exception shows furthermore that these forms of treatment are both workable and effective. Although a wholesale discharge

¹ The likelihood that mental patients as a class will resort to violence and antisocial acts has been greatly exaggerated and in fact the delinquency rate among the mentally sick is lower than that found in the general population.

of chronic cases from the mental hospital is out of the question it is certain that a good many of the patients who live at present in institutions could readily be placed in sheltered employment or cared for by their families under the supervision of a psychiatrist and with the help of public health nurses, social workers and others in official or voluntary organizations. Many cases will nevertheless need more or less permanent institutional care in a "long-stay" unit. Ideally, also, these patients should have the benefit of active therapy. Statistics show that 10% to 15% of this number respond very well to systematic medical retreatment, and although the improvement obtained will perhaps not be sufficient to make their return to the community possible, it will often make their lives in the institution freer and fuller. Another important point is that a well-organized programme of occupational and recreational therapy improves the behaviour of chronic patients to a very large extent. Again the therapeutic results will not often be sufficiently solid to make a discharge from the hospital advisable, but they usually increase the well-being of the patients quite considerably and ensure important material and moral benefits for the institution and its staff. Moreover, the effect on public confidence produced by the few who, after a long period of hospitalization, are able to return to normal life is at least as great as that created by the successes of early treatment.

Considerations of this type, however, should not be used as arguments against giving the active treatment unit the high degree of priority which it ought to have, particularly in areas where new mental health services are being organized. It will, indeed, not be possible to make full use of the psychiatric hospital as a centre for preventive activities unless its work is carried out in an atmosphere quite similar to that of the general hospital. The long-stay unit is a necessary complement of the central establishment with its predominant interest in active treatment and prevention. It is a serious mistake to entrust to it the main responsibility for the work to be carried out in the sphere of mental health.

5. Training of the Psychiatric Hospital Team for Preventive Activities

Therapeutic success is necessary for improving public confidence. It is also an essential stimulus for a psychiatric team which is supposed to do both curative and preventive work. However, success depends in the first place on the presence of a sufficient number of well-trained workers. The provision of an adequate training for the staff is therefore always the most urgent task and must take precedence over the setting-up of material facilities.

The selection of suitable personalities is clearly important but the quality of the professional education given is sometimes even more significant. In this respect, the tendency to concentrate on the acquisition of mechanical skills should be avoided, for success in mental health work and particularly in mental hygiene depends much more on a knowledge of human development and behaviour and on the ability to get to know and understand people.

The value of teamwork cannot be overemphasized, and it is therefore particularly important to work out the integration of the team. This should be done with proper regard for the specific social and cultural conditions prevailing in different areas, and special consideration should be given to a careful training of the staff for a harmonious working-together in the mental health team.

Of course, a team must have a leader, and in a psychiatric hospital the person who is normally expected to give leadership is obviously the psychiatrist. The training of good psychiatrists is therefore crucial. Much can be done to encourage intelligent students and young doctors to take up psychiatry by stressing its possibilities and achievements during their early training. In the universities, not only clinical psychiatry should be taught but also social psychiatry, medical psychology and at least the fundamentals of psychotherapy. There should be ample opportunities for a comprehensive post-graduate education in psychiatry. Special attention should be given to the training of those who are likely to become superintendents for the quality of their administrative and clinical work is of particular significance for the spirit of the hospital team.

Hardly less important than the training of psychiatrists is the training of psychiatric nurses, for unless the physician can count on a nursing staff able to work with him in a team, his efforts will be frustrated. For psychiatric nurses the value of specialized training has already been mentioned,¹ but precisely from the point of view of prevention there is much to be said for including the basic principles of psychiatric nursing in the curriculum of the general nurse.

While a basic training in general and psychiatric nursing is needed in all psychiatric establishments, a special knowledge of social techniques is required in the nursing of chronic patients. This applies not only to the trained staff but also to the nursing assistants, the ward orderlies and even the domestic workers, who have often particularly intimate social contacts with the patients. It is, indeed, not by chance that in the mainly custodial psychiatry of the past so much weight was attached to the administrative

¹ See the first report of the Expert Committee on Psychiatric Nursing (*Wld Hlth Org. techn. Rep. Ser.*, 1956, 105).

abilities of the staff and particularly of the doctors. After all, the proper administration of the psychiatric hospital largely depends on the handling of the social issues which arise in its more or less stable population. Because occupational therapy is so essential for the rehabilitation of chronic patients it is understandable that doctors and nursing staff with practical experience of, for example, agriculture and needlework, should have been preferred to those with a knowledge of psychiatry. While this might simplify the running of the establishment it would seem better to make administration a part of therapy rather than therapy a part of administration. It follows from this that in the establishment for chronic patients, as in others, a close co-operation between the psychiatrist and the pure administrator is always needed ; the latter should in fact be a member of the team.¹

The emphasis that has been laid on the initial training of staff should not overshadow the need for retraining, especially where an effort is made to give the staff preventive tasks. In many parts of the world retraining is carried out in periodical "refresher courses". These courses, which are very useful, should be obligatory. Every effort should be made to make them attractive, and wherever possible the staff should be enabled to attend them as a team. The programme should include practical work with patients and particular attention should be paid to group activities in which the whole team plays a part. Both in training and in the day-to-day work the team spirit should be encouraged ; case conferences are particularly useful for this purpose. Better understanding between members of the team may be fostered by making it possible for them to watch each other at work. For example, the ward personnel should be given an opportunity to sit in at out-patient sessions ; the staff normally engaged in extramural activities should be made to see the special problem of in-patient care ; nurses and occupational therapists should be allowed to attend while the psychologist and social worker carry out their duties ; and so on. In this way the members of the staff will be able to keep up to date in new developments and will come to realize that the different approaches to psychiatry are complementary rather than contrasting. In retraining, too, the emphasis should be not so much on purely technical skills as on an adequate handling of the patients as individuals and as members of a social group.

¹ Health administrators should bear in mind that some people are better fitted for handling chronic patients while others prefer acute cases. This would help in overcoming the difficulty that may arise in the staffing of establishments for chronic patients. The feeling of being of a lower grade and of not belonging to the active mental health team as fully as those who work in the acute unit may be reduced by encouraging research and particularly by organizing the rotation of staff between the acute and chronic sections. It is in fact of practical value for the staff of the acute unit to be confronted with the long-term social problems of the chronic patients. On the other hand, the staff of the chronic section will often regain their enthusiasm by being brought into contact with the newest developments in clinical treatment and preventive work.

6. Perspectives in Prevention

It is realized that the adequate organization of the psychiatric hospital and its affiliated structures is only the first step towards the formation of a comprehensive preventive service. While early detection and treatment, the prevention of chronicity, and the prevention of relapse are important, there is much more to be done.

There are problems which arise with the detection and treatment of conditions which cannot be labelled as overtly pathological but which are, nevertheless, unfavourable to mental health. A fair amount is already known about some specific danger points such as early childhood, puberty, and the menopause, and where prevention is striven for this knowledge should be taken into account. There are the numerous social factors such as inadequate town planning, bad housing, overcrowding and insufficient food, all of which are modifiable but capable of producing unfavourable reactions if neglected. Much, too, is known about the ill-effects of personal stresses and strains such as unhappy marriages, too many children or too few, and the many problems connected with vocational guidance and working conditions. But far more research is needed to make the results of the application of this knowledge more certain, and the psychiatric hospital service is often the best centre for carrying out the necessary studies.

Research in child psychiatry is particularly important because the more that is known about the damaging factors in childhood the better will be the chance of eliminating them and so improving the mental health of the population in general. In view of the influence which education has on the development of the personality special attention should be paid to it both in research and in practice, including the need for an adequate "education of the educators". In the field of child study it is more than ever necessary to take account of the differences imposed by cultural and social conditions. Here, as in many other aspects of mental health work, it is not just a question of transposing a theme that has proved a success in, say, New York or Paris; more often a new melody will have to be composed. The evaluation of these cultural and social factors requires in fact the constant collaboration of the psychiatrist with the social psychologist and anthropologist. The World Health Organization will render particularly valuable services to the world-wide improvement of mental health if it gives to this need an ever-increasing amount of attention. Similar considerations apply to the prevention of mental disorder in the higher age-groups. There is every reason to suppose that the frequency with which old people become mentally deranged depends to a large extent on the social and psychological

conditions which surround them, but it is also evident that the planning of preventive action in this field is often hampered by the fact that an approach which is useful in some environments and cultures is often quite inadequate in others, and by the lack of reliable comparative studies in this respect.

The manifold problems of mental health will never be solved by theory alone, nor will a single formula cover the numerous variables introduced by culture and custom. The knowledge gained from practical experience with patients, wherever they may be found, is indispensable to progress. The adequately organized psychiatric hospital with its extensions into the social life of the community and firm links with the other branches of public health is a rational starting point and base camp for a truly efficient mental health service.

There is no time to be lost. Already mental illness in all its forms is responsible for an incalculable amount of human suffering and financial loss. It is true that any sort of reform in the cure and prevention of mental illness will cost money. But there are now good reasons for believing that a surprisingly good return in terms of both human happiness and national economy may be expected from even a modest outlay.

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