

World Health Organization
Technical Report Series
No. 9

EXPERT COMMITTEE ON
MENTAL HEALTH

Report on the First Session

Geneva, 29 August – 2 September 1949

	Page
1. Terms of reference	5
2. Mental health activities during 1948	5
3. Principles and priorities in mental health work	6
4. Education	10
5. Nurses	11
6. Fellowships	13
7. Supply of technical literature to governments	13
8. Health education of the public	14
9. Collection of information	15
10. Advisory and demonstration services to governments	17
11. Research	18
12. Alcoholism and drug addiction	19
13. Supplemental programme	20
14. Maternal and child health	21
15. Venereal diseases	22
16. International statistical classification of diseases	23
17. Morbidity studies	24
18. Unification of pharmacopoeias	24
19. Co-operation with United Nations	25
20. Co-operation with the specialized agencies	28
21. Co-operation with non-governmental organizations	30
22. Expert Committee on Mental Health	30
23. Summary of recommendations	32
Annex 1. Medical aspects of the causes and prevention of crime and the treatment of offenders	39
Annex 2. Psychiatric examination of offenders	41

WORLD HEALTH ORGANIZATION

PALAIS DES NATIONS

GENEVA

APRIL 1950

SECOND IMPRESSION, AUGUST 1953

EXPERT COMMITTEE ON MENTAL HEALTH

First Session

Members :

Dr L. Yü-Lin Ch'eng, Provincial Mental Hospital, Taipeh City, Formosa, China

Professor J. Hádlík, Director, Psychiatric Clinic, University of Palacký, Olomouc, Czechoslovakia

Dr W. C. Menninger, The Menninger Foundation, Topeka, Kans., USA
(*Chairman*)

Dr A. C. Pacheco e Silva, Professor of Clinical Psychiatry, University of São Paulo, Brazil

Dr T. F. Rodger, Professor of Psychological Medicine, University of Glasgow, United Kingdom (*Rapporteur*)

Co-opted Member :

Dr M. V. Govindaswamy, Superintendent, Mysore State Mental Hospital, Bangalore, India

Secretary :

Dr G. R. Hargreaves, Chief, Mental Health Section, WHO

The report on the first session of this committee was originally issued in mimeographed form as document WHO/Ment/14, 9 September 1949.

COMMENTS BY THE EXECUTIVE BOARD

The Executive Board at its fifth session considered the report of the first session of the Expert Committee on Mental Health and authorized its publication.

The Board considers that the report contains recommendations on principles and policy which will be of value both to WHO in planning its own programmes and to administrators in national health administrations.

In particular, the Board wishes to emphasize the importance of the development of preventive mental health work in public-health services and the need to provide training facilities both for public-health officers to undertake this work and for workers in clinical psychiatry.

Since the resources of the Organization will not, in the immediate future, permit the simultaneous development within its programme of work based on all the recommendations of the report, the Board believes that certain of the activities which are of especial importance should have preference in the Organization's mental health programme at the present time.

The first of these is the provision of assistance in the development of facilities for training mental health workers in the principles of preventive public-health work, the training of workers in clinical psychiatry, and the incorporation of psychiatric and mental hygiene training in the training of paediatricians and other physicians.

Secondly, the Board considers it important for WHO to make an increasing technical contribution to activities of the United Nations which are concerned with problems in which mental health factors play a significant part.

Thirdly, the Board agrees that mental health work can play an important part in many of WHO's other programmes.



EXPERT COMMITTEE ON MENTAL HEALTH

Report on the First Session¹

The Expert Committee on Mental Health held its first session in Geneva from 29 August to 2 September 1949. The session was opened by the Director-General of the World Health Organization, Dr Brock Chisholm. Dr W. C. Menninger was unanimously elected chairman, and Professor T. F. Rodger, rapporteur. The agenda submitted by the Director-General was approved and adopted.

1. Terms of Reference

The committee noted that its terms of reference, as approved by the third session of the Executive Board, were as follows: "to advise on the implementation of the Assembly's decisions on the 1950 programme and make suggestions for the programme for 1951".²

2. Mental Health Activities during 1948

The committee took note of the report on mental health activities contained in the *Annual Report of the Director-General for 1948*,³ and the supplementary verbal statement made by the secretary.

¹ The Executive Board, at its fifth session, adopted the following resolution:

The Executive Board,

After consideration of the report of the Expert Committee on Mental Health on its first session, held in Geneva from 29 August to 2 September 1949, . . .

(3) AUTHORIZES the publication of the report;

Taking into account the recommendations of the expert committee in considering relevant items on its agenda,

(4) TRANSMITS the present report to the Third World Health Assembly; and

(5) POINTS OUT that recommendations of the expert committees which concern WHO policy and operations remain recommendations unless and until they are implemented by the Executive Board or the World Health Assembly in adopting and putting into action the annual programme of WHO.

² *Off. Rec. World Hlth Org.* 17, 11

³ *Off. Rec. World Hlth Org.* 16, 18

3. Principles and Priorities in Mental Health Work ⁴

In setting out to formulate recommendations and principles on which the World Health Organization's future mental health programme should be based, the committee has attempted to consider mental health problems as they exist throughout the world. The committee feels that consideration on this basis leads to a considerable reorientation of viewpoint from that arrived at by mental health workers considering the mental health problems of their own countries.

The first and most important factor to be taken into consideration is the extreme difference in the level and scope of development of treatment facilities for all types of psychological disorder in different countries. Whereas the USA, with approximately 160,000,000 people, has over 5,000 psychiatrists and about 700,000 psychiatric beds; India, with a population of 350,000,000, has at the most 80 psychiatrists and 20,000 beds, including accommodation of all types; and China, with a population of 450,000,000, has probably not more than 10 psychiatrists and less than 2,000 psychiatric beds.

The committee is also impressed by the fact that, even in well-developed countries, therapeutic facilities for mental health work are considered inadequate to provide satisfactory treatment for all cases of psychological disorder. It has been suggested that in order to do this it is necessary for a community to have one psychiatrist per 20,000 of the population. This makes the provision of the best possible treatment for all the populations of the underdeveloped countries an even more remote possibility.

Considerations such as these lead the committee to believe that it will not be possible within the foreseeable future to provide throughout the world for all peoples therapeutic psychiatric facilities at the level already provided in the more developed countries, let alone the level at which the well-developed countries are aiming.

The committee therefore holds the view that it is only by the preventive application of psychiatric knowledge that mental health problems can ultimately be solved. In this field, the well-developed countries have set a bad example, since it is common to find in such countries highly developed therapeutic facilities for psychological disorders along with an absence of

⁴ The Executive Board, at its fifth session, adopted the following resolution:

The Executive Board,

After consideration of the report of the Expert Committee on Mental Health on its first session, held in Geneva from 29 August to 2 September 1949,

(1) REQUESTS the Director-General to base the services provided by the Organization in the field of mental health on the priorities recommended in the report and, in carrying out WHO programmes in other fields, to take into consideration those recommendations of the committee which refer to them; . . .

any planned application of preventive measures. In this way psychological medicine differs considerably from internal medicine since, alongside the treatment facilities for organic disease, there exists in most well-developed countries an organized and comprehensive public-health service which has the duty of attempting to remove from the human environment factors which threaten the physical health of the individual and obstruct his physical development.

Most preventive work already done in the field of mental health has been undertaken, often as a voluntary activity, by such individual mental health workers as are especially interested in prevention, but who are nevertheless professionally occupied in therapy. Such an approach to the problem is bound to be as ineffective as would be the attempt to develop public-health services through the part-time and leisure activity of specialists in internal medicine.

The committee therefore considers that the most important single long-term principle for the future work of WHO in the fostering of mental health is the encouragement of the incorporation into public-health work of the responsibility for promoting the mental as well as the physical health of the community.

If public-health services are to perform this function adequately, not only must the medical officers of public health receive as comprehensive a general training in the principles of mental hygiene as they already receive in those of physical hygiene, but it will also be necessary to develop, within the general body of public-health workers trained in this way, a speciality of mental hygiene. The committee therefore recommends that WHO should do everything possible to assist in the creation of the profession of public mental hygiene officer.

The extension of the education of the medical officer of public health in this way and the development of the specialist in public mental health work will not alone be sufficient. Public-health officers must provide the generalship for preventive mental health work ; but the effectiveness of the work will, in the last resort, depend not only on them but on the whole range of public-health field workers, and in particular upon the public-health nurse. At a later stage in its report, therefore, the committee emphasizes the great importance it attaches to the revision of the education of all public-health nurses to enable them to play as effective a role in influencing the pattern of living of the community in a way which is favourable to mental health as they already do in physical matters.

The second principle of development for the future mental health programme of WHO which the committee wishes to put forward is the desirability of concentrating especially on the therapeutic and preventive psychiatry of childhood. The skilful treatment of minor psychological dis-

orders in childhood has, so far as adult psychiatric morbidity is concerned, a positive preventive effect, and the application of preventive mental hygiene measures makes its greatest impact during the period of infancy and childhood.

In the whole field of mental health work, the committee wishes to stress the principle of solving problems by application to the local problem of the best scientific knowledge available in the well-developed countries in order to reach methods of handling the problems appropriate to the local situation, rather than the automatic reproduction of methods and techniques evolved in other countries. The tendency, for instance, towards the extensive and lengthy hospitalization of psychiatric cases which has been a characteristic of western Europe and North America is not necessarily the appropriate method of handling the bulk of psychiatric disorders in countries such as India and China. Family care might well prove a more satisfactory approach. In psychiatric treatment, therefore, the committee wishes to stress the application of the highest standard of psychiatric knowledge throughout the world, and not the use of identical methods of applying that knowledge.

Similarly, in the treatment of the psychological disorders of childhood and their prevention, the committee believes that the organizational pattern of the child-guidance clinic of western Europe and North America may not prove directly applicable in that particular form to other countries which have not yet developed any psychiatric treatment centres for children. What is applicable, however, is the scientific knowledge and clinical skill which workers in this field must possess, whatever pattern or organization may be found to be most appropriate to the local situation.

Although the committee has placed great emphasis on prevention, and expressed the view that the mental health problems of the world can never be adequately dealt with by therapeutic methods, it considers that the development of therapeutic psychiatry in a country has a significance beyond that of its effect on individual cases of psychological disorder. The purpose of clinical psychiatry is not only to benefit those patients it treats but, from the clinical study of patients, to derive knowledge of preventive applicability. The practice of clinical psychiatry also provides essential teaching opportunities. It is important, therefore, that this aspect of the development of therapeutic psychiatry should be stressed in under-developed countries since from this source may be filled many of the important gaps in knowledge that still exist. At a later stage in its report, the committee has set out certain areas of research which it believes to be of great importance for the development of public mental health work.

In the field of public-health work as it exists, it has been found that co-ordination and overall planning is essential. The committee believes

this to be true also of public mental health work, and it therefore recommends that each ministry of health should include a section devoted to mental health. The committee is aware that in certain countries the ministry of health has a section devoted to certain problems of mental illness, but in most cases this has arisen out of legal considerations concerning the custody of certified psychotic patients retained in institutions against their will. Such a section is not, in the committee's opinion, capable of fostering the kind of public mental health development recommended in this report, since it is interested more in patients than in prevention, and usually more in law than in medicine.

The development of public-health work to the level which it has already reached in certain areas has depended to a large extent on the existence of institutes of public health and university departments devoted to that subject. The committee believes that, to expand the scope of public-health work in the way which it recommends, each country will ultimately find it necessary to establish either an institute of mental hygiene or a major division of mental hygiene in prominent public-health institutes. The committee recommends that WHO should encourage and assist in the establishment of such institutes. The staff of the institute should be as comprehensive as that of those institutes which deal with the physical side of public health. The chemist, the engineer, and the bacteriologist all play a major role in existing public-health institutes. In the institute of mental hygiene, the anthropologist, the sociologist, and the social and developmental psychologist will each make an equally great contribution.

The committee wishes to emphasize that it is not its intention that an attempt should be made to turn public-health officers into psychiatrists. In mental health work their task will be more the recognition and eradication of factors in the community which are harmful to the healthy psychological development of individuals than the treatment of the results of those factors.

One further principle for the development of WHO's future mental health activities which the committee wishes to stress is the importance of integrating them whenever possible with other WHO programmes, rather than conducting them as separate and isolated activities. Although it is recognized that in certain cases individual mental health projects will be necessary, the committee recommends that wherever possible they should be integrated with WHO activities in such fields as public-health administration, education, maternal and child health, nursing, venereal-disease control, and so on.

4. Education

4.1 *Psychiatric education*

The dynamic conception of psychiatry implies a progressive and integrated application of biological, psychological, social, and anthropological science to the study of the etiology, pathology, and treatment of psychiatric disorders. The committee wishes to stress this view because it believes that any partial explanation of the facts of mental disorder, for example, in terms of individual psychopathology, neurophysiological concepts, or purely social causation, will not lead to the most effective understanding of their causation, prevention, and treatment. All these approaches are necessary for full understanding.

The practice of such psychiatry demands teamwork, and this conception of psychiatry and its practice have not yet reached many parts of the world. This fact is a considerable initial handicap in developing worldwide mental health programmes. The committee recommends that WHO should foster the development of postgraduate training facilities in each region based on this conception of psychiatry for the training of psychiatrists, clinical psychologists, psychiatric social workers, and psychiatric nurses.

Although the development of facilities for the education of workers in therapeutic psychiatry is of importance in building up in each country a body of teachers in this field, there are certain other priorities in the educational field which the committee considers to be of great importance for preventive mental health work.

4.2 *Undergraduate medical education*

The committee recommends the recasting of undergraduate medical education to ensure that it gives to the undergraduate an understanding of normal psychological development and of the origin and nature of common psychological disorders equal to that which is already provided in the organic field. In most parts of the world, undergraduate education in this respect is seriously deficient, and even where the medical syllabus covers certain aspects of psychological medicine, it is usually predominantly devoted to description of the psychoses rather than to an understanding of the genesis, prevention, and treatment of psychosomatic disorders and psychoneuroses.

4.3 *Public-health officers*

A further educational priority which the committee wishes to recommend is that of public-health workers. The committee has expressed its general views on the education of medical officers of public health above and wishes to recommend that WHO should sponsor, in collaboration with

an internationally known institute of public health, experimental post-graduate courses in preventive mental health work for existing public-health officers. It believes that the experience gained by holding such courses would enable WHO, in consultation with the public-health schools and the public-health officers attending the courses, to formulate useful advice for national institutes wishing to integrate mental health teaching into the general public-health syllabus. The committee also recommends that, should any national institutes decide to act in this way, WHO should give them the fullest support.

4.4 *Public-health nurses*

Another type of public-health worker to whom priority should be given in the education programme from the mental health point of view is the public-health nurse. The committee discusses this matter in the section of its report devoted to nursing.

4.5 *Specialist public mental health officers*

A further educational priority which the committee wishes to recommend, and which arises out of their suggestions above, is a step beyond the general mental health education of medical officers of public health to the evolving of training facilities for the specialist public mental health officer to work within the public-health service. As an immediate step in this direction, the committee recommends that WHO should collect such data as may exist relative to this problem and collaborate with national institutions in developing such training.

The committee recommends that the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel should be asked to give consideration to the priorities it has recommended above.

5. Nurses

The committee is impressed by the serious worldwide shortage which exists with regard to the provision of nurses and believes that this shortage cannot be solved by training an adequate number of nurses of the traditional type. It believes that a full reassessment of the situation is urgently needed. In the field of treatment in which the committee is particularly interested, the situation is such that, even in highly developed countries, large psychiatric hospitals exist which are entirely without trained nurses. This makes it necessary to consider not only the question of the training of psychiatric nurses, but also the training and the role of psychiatric aides and nursing assistants.

In psychiatry at least, the time is not yet ripe for any attempt at international standardization of training and qualifications of the fully trained psychiatric nurse, owing to the difference in level of development and the nature of the problems of different countries. The committee strongly recommends, therefore, that the Expert Committee on Nursing and the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel should give early attention to the problems of training psychiatric nurses, psychiatric aides, and nursing assistants, and should have present at their meetings an expert on this subject when the matter is discussed.

The committee also wishes to emphasize the importance it attaches to the incorporation of an understanding both of psychiatric nursing and of the psychological aspects of general nursing into the training of every general hospital nurse.

One other group, namely the public-health nurses, is of special importance in a positive mental health programme. Although such nurses do not undertake the treatment of psychiatric disorders, and in fact seldom encounter them in a serious form, they, of all members of the community, have the best opportunity to contribute to preventive mental health work by the advice they give to parents on the handling of infants and children. Unfortunately, in practically no instances have they been equipped to do so. Even in the most advanced countries, many nurses who have been well trained to advise mothers on the physical care of infants and children have been left in a state of complete ignorance of the principles of the mental hygiene of infancy and childhood. If preventive medicine is to play the role in the maintenance of mental health which it already plays in the maintenance of physical health, the incorporation of such training in the syllabus of the public-health nurse is a development of paramount importance and one which WHO should foster by all possible means.

There is one other aspect of the training of all nurses which the committee wishes to emphasize. The success or failure of a nurse's work depends to a high degree on her capacity for good relationships with other people. This is particularly true in public-health work. The lack of interest in this aspect of the candidate's abilities during the selection procedure, the artificial social conditions under which many nurses both work and live, and the lack of training for this aspect of their work have, in the opinion of the committee, proved a handicap to the nursing profession in its work. The committee therefore recommends that, in considering the general problem of the training of nurses, the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel and the Expert Committee on Nursing should review and consider the recent developments in group and "role-playing" methods for the education of individuals in the dynamics of personal relationships, which have already

aroused interest in connexion with the training of industrial supervisors and community leaders. The first step in the implementation of a programme such as this is to set up experimental demonstrations of these teaching methods. The committee recommends that WHO should sponsor such demonstrations.

6. Fellowships

The committee considers the fellowship programme to be one of the most important activities for the development of mental health work. Although it thinks it desirable that the fellowship programme should be used to give mental health workers a broad general orientation in mental health work as it has been developed in more advanced countries, the committee considers it important that priority should be given to Fellows intending to study the mental health problems of childhood and the social and preventive applications of psychiatric knowledge.

The committee considers it important that fellowships should not be restricted to psychiatrists but should also be used for the training of clinical psychologists, psychiatric social workers, psychiatric nurses, and other ancillary workers of recognized educational standing, since the modern conception of mental health work, either in its preventive or therapeutic application, depends upon teamwork. The committee also wishes to stress the importance of developing in mental health workers, particularly those who are postgraduate teachers, an understanding of other relevant disciplines, in particular those of social psychology and cultural anthropology.

The committee considers that the proposal to award group fellowships is particularly applicable to mental health, especially in those aspects of the work concerned with children. Since the disparity in the level of mental health work is much greater among different countries than in any other branch of health work, the committee recommends that, where possible, fellowships should be devoted to those who will be in a position to teach or to influence public-health policies on return to their own countries.

7. Supply of Technical Literature to Governments

The committee considers the supply of technical literature to governments to be an important educational service and that to it should be added the provision of psychological test material to be supplied to university departments for teaching material. It recommends that, in addition to information provided for governments on foreign publications in mental health which they might wish to have supplied under this scheme, lists should also be provided of important psychological test material available in other countries.

The committee recommends that, when unfamiliar psychological test material is provided through this service, a consultant should be provided to demonstrate its use.

8. Health Education of the Public

The committee is of the opinion that the techniques of the health educator have an important contribution to make to the work of WHO in mental health, both in advising on the methodology of the programme and in training the field workers who are responsible for carrying out the programme.

Much of the success of preventive mental health work depends on the development of patterns of behaviour on the part of parents, teachers, and many others, which are favourable to the mental health of those they influence. To achieve this modification of behaviour there is scientific knowledge and technical skill available in other disciplines which can be of great value. The committee recommends that this knowledge and skill should be made available to WHO by the appointment in the WHO Secretariat of such specialists as a social psychologist with particular knowledge of group dynamics and a social anthropologist with relevant field-work experience.

In addition, the committee thinks it important that the closest collaboration should be maintained with that section of UNESCO concerned with mass communications.

The committee stresses the importance of the techniques of the health educator for the work of WHO, since national cultural and social patterns differ so greatly that the problems involved in developing a preventive mental health programme are different in each country. This makes it important that WHO field-workers should have not only a technical knowledge of the methodology of changing behaviour in a direction favourable to health, but also that they should be chosen because they possess the capacity to put into operation this knowledge, since, however expert field-workers may be in their particular branch of health work, they will be unsuccessful as field workers if they are unable to create co-operative relationships and change harmful ways of living.

There is one aspect of the health education of the public which the committee considers to be of especial importance. There are many professional workers whose work, although not directly connected with health, can be very influential in promoting mental health. It is not possible within the space of this report to enumerate all such professions, but the following are given as examples: magistrates, lawyers, parole officers; teachers, youth leaders; industrial supervisors, welfare officers and counsellors, trade union officials; vocational and marriage guidance counsellors.

The education of such groups in the mental-hygiene knowledge necessary to enable their day-to-day work to make a positive contribution to mental health is at this stage an important part of the health education of the public. As soon as possible, however, the aim should be the incorporation into the training syllabus for each of these groups of education in the mental health aspects of their work. The committee recommends that WHO should take all possible steps to encourage such a development in conjunction with UNESCO and any other interested agency.

9. Collection of Information

The committee strongly supports the view put forward by the mental health advisers of certain delegations to the World Health Assembly⁵ that the collection centrally of information regarding mental health facilities and problems is, at this stage, most important since, unless this is undertaken, efficient planning and conducting of programmes will be impossible. It therefore urges that high priority should be given to it and that all possible channels should be used for acquiring such information, including inquiries to governments, inquiries through the World Federation for Mental Health and other non-governmental organizations brought into official relationship with WHO, and inquiries through corresponding members appointed to the committee.

Although it is not possible within the scope of this report to set out a completely comprehensive list of all that is required, information on the following is of particular importance :

Treatment facilities. Full details of existing facilities for the inpatient and outpatient treatment of psychoses and neuroses, and for the care and supervision of cases of mental defect. In this respect, particular interest should be devoted to acquiring information on the extent to which child-guidance services exist and are integrated with the educational system on the one hand and the handling of juvenile delinquency on the other.

Statistical information. Such information, where it exists, regarding the cases treated and the general morbidity rates for psychiatric conditions. In order that these statistics may be interpreted meaningfully, it will also be necessary to acquire an understanding of the type of classification in the country concerned and the criteria applied in using diagnostic headings and the nomenclature used for this classification, since there is reason to believe that there are considerable differences in the use of diagnostic terms in different countries.

Training. Information is needed on the existence of training facilities for all professional mental health workers, including psychiatrists, clinical

⁵ *Off. Rec. World Hlth Org.* 21, 389

psychologists, psychiatric social workers, and psychiatric nurses. Such information should include details of the syllabus and methods of training and the extent to which a uniform system of certification of standards is employed after training. Information will also be required on the extent and type of teaching of psychological medicine in general medical training and on the extent to which the principles of mental hygiene are taught to public-health officers and other ancillary public-health workers including, especially, public-health nurses. Since, as mentioned above, many other professions can play an active part in the prevention of psychiatric disorders, it is necessary to know the extent to which members of such professions receive training in mental hygiene. The committee has already specified certain of the professions it has in mind.

Legislation. There is considerable variation among different countries, and sometimes among different states or provinces within a country, in the legal context in which mental health work is carried out. It will therefore be necessary to acquire centrally full details of the statutory commitment procedures for psychotic individuals; information regarding the practice of forensic psychiatry, and, in particular, regarding laws relative to criminal responsibility in psychiatric cases; and information regarding the laws on compulsory and voluntary sterilization on psychiatric grounds—all of these to include existing laws which continue in operation and laws which, having been previously introduced, have now been repealed, together with information as to the reasons for their discontinuance.

Crime. Since psychiatric factors play a significant role in the genesis and treatment of crime, information will also be needed on the extent to which psychiatric advice is employed in the study of individual criminals and the individual handling of criminals, and the extent to which psychiatric knowledge has been applied in the planning and conduct of penal institutions.

Alcoholism and drug addiction. Comprehensive information is also required on drug addiction and alcoholism, including information on incidence, treatment facilities, the scope of preventive measures and results of any clinical, social, or anthropological studies which may have been undertaken.

Public attitudes. The development of mental health work in all countries is to a considerable extent impeded or accelerated by public attitudes. It is therefore desirable to know what public attitudes to such work exist in various countries and the extent to which mental hygiene principles have been actively applied in fields such as education and industry.

Knowledge is also needed of the professional organizations of mental health workers in all countries and of the organizations devoted to public education in this field.

Administration. It is also important to know whether any central administrative organ for the development of mental health services exists in the government of each country and, if so, the extent to which this is conducted by experts in mental health. Details are needed of the pattern of administration at the state or provincial level and of the extent to which governmental and non-governmental therapeutic and preventive services are integrated into a common plan. It is important that information should be obtained on the extent to which preventive mental health services, as opposed to therapeutic facilities, have been developed, and the degree to which these are integrated with the general public-health services.

10. Advisory and Demonstration Services to Governments

The committee has reached the opinion that a country will obtain the greatest value from the services of WHO if the services which are requested form part of a general plan for the development of the mental health services of the country, over a period of time. They believe that in many cases this will be best achieved by WHO's providing, as its first service to the country, a general consultant who, in collaboration with an expert in the country concerned, can make a general survey of the current situation. These experts can then jointly put forward to the government a general plan for development, indicating the nature of the services from WHO which the government might request to facilitate the plan of development. The committee recommends that any such plan of development should be based on the principles and priorities set out earlier in this report.

The committee believes it will often be preferable for WHO to use the services of a short-term consultant, since in that way it will be possible to provide as consultants individuals of high professional standing, actively engaged in mental health work in their own countries, who may well be unable or unwilling to accept permanent employment with WHO.

The committee recognizes that there can be exceptions to the use of short-term consultants, e.g., cases in which no expert in mental health of sufficiently wide experience may exist in the receiving country to take part in such a collaborative survey. In such cases it believes the initial survey will take longer, since the visiting consultant will not be able to obtain through a colleague in the receiving country much of the background knowledge which facilitates a survey. The committee therefore recommends that WHO should have at its disposal a small number of full-time consultants with wide experience in both general and preventive mental health work, who can undertake initial surveys in circumstances where it appears impossible for them to be successfully carried out by short-term consultants, and who can undertake other roles on behalf of

WHO. WHO should ensure that any full-time consultants employed by the Organization are enabled to keep closely in touch with technical or administrative developments in different parts of the world which are in line with the preventive conception of mental health work the committee has outlined above.

11. Research

If the preventive mental health programme of WHO is to become progressively more effective, not only must existing knowledge be widely applied, but WHO must also actively encourage research which sets out to fill gaps in fundamental knowledge, which is important to such a programme. The committee therefore recommends that WHO should foster research in the following fields:

1. Research into the biological, psychological, and cultural determinants of personality structure. Antisocial deviants present a special opportunity for such studies, as for instance in the studies of drug addiction and delinquency mentioned in sections 12 and 19.4.
2. The study of the relationship between individual personality structure and patterns of group structure, behaviour, and relationships. The study of the effects upon personality structure of different types of care of children mentioned in section 19.5 in connexion with the United Nations study of homeless children is an instance of such work.
3. The effects of rapid changes of culture pattern and social organization upon mental health and the means of preventing and mitigating any ill-effects of such changes. The work proposed in the supplemental programme with regard to industrial and rural communities⁶ provides an important opportunity for making such studies at the same time as undertaking constructive mental health work.
4. The extent to which the incidence of psychosomatic affections is influenced by social, economic, and cultural factors and individual characteristics and personality structure. The sampling studies of morbidity recommended in section 17 would provide valuable information of this type.
5. The relationship between psychological disorders or states on the one hand and infective processes, nutritional deficiencies, and biochemical disturbances on the other.
6. The etiology and treatment of psychiatric disorders.

⁶ *Off. Rec. World Hlth Org.* 18, 82

12. Alcoholism and Drug Addiction ⁷

The committee learned with interest the details of the existing international mechanism for the control of addiction-producing drugs and the part played in this mechanism by the WHO Expert Committee on Drugs Liable to Produce Addiction ; it also noted the decision of the First World Health Assembly that the problems of the prevention and treatment of drug addiction, including alcoholism, (as opposed to the pharmacological aspects of these problems) should be included in the terms of reference of the Expert Committee on Mental Health.⁸

The committee decided that in this, as in other aspects of the mental health programme, the first priority was the obtaining of information on the incidence of different forms of drug addiction in different countries, and also on the prevalence and type of distribution of alcoholism in different areas. They believe that complex social, economic, and cultural factors play a role in the epidemiology of drug addiction of at least as great an importance as individual psychological and constitutional factors.

Few individuals have had the opportunity of obtaining specialist experience in the problem of handling all types of drug addiction, since in each area one particular form of addiction tends to predominate. The problems of drug addiction are also handled to a considerable extent by specialists within the general body of psychiatry. The committee therefore feels there is a need for a specialist group in this subject to help them to formulate general policy recommendations for a programme integrated into the general mental health programme of the Organization. It believes that, although there are many aspects common to the problems of both alcoholism and other forms of drug addiction, there are also significant differences, and they therefore strongly recommend the setting up of two separate specialist subcommittees — one on alcoholism and one on drug addiction. The committee considers it important that there should be effective liaison between the two subcommittees, which they suggest might be achieved by means of a common chairman. The committee also wishes to stress the need to include in each subcommittee not only psychiatrists who are experts in the study and handling of the problem concerned, but also individuals capable of contributing to the understanding of the social

⁷ The Executive Board, at its fifth session, adopted the following resolution :

The Executive Board,

After consideration of the report of the Expert Committee on Mental Health on its first session, held in Geneva from 29 August to 2 September 1949, . . .

(2) AUTHORIZES the convening of the expert meetings on drug addiction and alcoholism recommended by the committee as part of the participation of the Organization in the programmes sponsored by the United Nations ; . . .

⁸ *Off. Rec. World Hlth Org.* 13, 309.

and cultural factors which play a large role in the epidemiology of these phenomena.

Finally, the committee would like to stress its opinion that the growing number of addiction-producing drugs now available and the increasing ease with which they can be manufactured in the more advanced countries, together with the ease of cultivation of *Papaver somniferum* and *Cannabis sativa* in many underdeveloped countries, makes them doubt whether control measures alone can ultimately hold the problem in check, let alone eradicate it. The committee believes that control measures must be supplemented by an active programme devoted to the study of the phenomenon of drug addiction as a problem in preventive medicine.

13. Supplemental Programme

In reviewing the proposals for activities in mental health contained in the supplemental programme accepted by the Second World Health Assembly,⁹ the committee learned with concern of the unfavourable reception given to these proposals by the United Nations Economic and Social Council.

Certain members of the committee speak with personal experience of the adverse effects on mental health of the development of industrialization in underdeveloped rural communities without an attempt being made to apply preventive mental health knowledge.

The committee is of the opinion that to attempt economic development, and especially industrialization, in an underdeveloped country, without the conscious application of psychological, social, and anthropological science to the prevention of psychological disorders, will inevitably threaten the mental health of that considerable proportion of the community whose capacity for psychological adaptation is limited. The committee therefore strongly supports the proposals for rural and industrial mental hygiene work included in the supplemental programme, which the members' own clinical experience convinced them are of economic importance; it considers that these activities form two facets of the same problem, namely the problem of assisting rural communities to change rapidly to a mixed or industrial pattern without adverse effects on their mental health.

The committee considers also that mental hygiene work concerned with university students is of equal, though less obvious, economic importance, since the provision of higher education is an essential step in a community's economic development. To an individual adapted to the culture pattern of an underdeveloped community, the demands which the

⁹ *Off. Rec. World Hlth Org.* 18, 77; 21, 200

pursuit of higher education make on his psychological adaptability may often be sufficient to provoke psychological disorders. Through the universities pass most of those individuals who will progress to positions of leadership in all fields of the community, and their behaviour in those positions of leadership will have considerable influence, favourable or unfavourable, on the mental health of those for whom they are responsible. The universities, therefore, offer an opportunity to provide potential leaders with an understanding of the principles of mental hygiene and also of preventing and treating the considerable number of psychological troubles which occur in all university student groups.

In line with the principle expressed above, the committee thinks it preferable that the demonstration project in public education in mental health envisaged in the supplemental programme should, if undertaken, be integrated either with a general programme of health education of the public or, preferably, with a health demonstration area.

14. Maternal and Child Health

The committee considered the proposals for the maternal and child health programme of WHO.¹⁰ From the point of view of fostering mental health, they consider this programme to be of great importance, and have already recommended above that the mental health work of WHO should be integrated as much as possible into programmes such as this.

The committee believes, however, that one obstacle which may well hinder the successful development of this programme is a lack of understanding which often exists between paediatricians and child psychiatrists or psychologists. It recommends that WHO should take active steps to bridge this gap. As a first step it recommends that WHO should call a small conference to discuss this problem. This conference should include among its members not only child psychiatrists, psychologists, and paediatricians, but also a public-health administrator, preferably one concerned with a child-care programme, a general psychiatrist, a psychiatric social worker with experience in child guidance, an obstetrician, a public-health nurse with experience in child health work, and a sociologist or other individual with special experience in family problems. The committee also recommends that the assistance of the World Federation for Mental Health should be sought in sponsoring joint meetings between paediatricians and child psychiatrists and psychologists to discuss this problem at the national level.

The committee believes that a further contribution could be made towards bridging this gap by the proposed International Children's Centre

¹⁰ *Off. Rec. World Hlth Org.* 18, 65

at Paris¹¹ and strongly recommends that WHO should include in its suggestions for the activities of this and similar centres joint work between paediatricians, child psychiatrists, and psychologists in the fields of research, training, and service.

The level of development of child psychiatry, child psychology, and paediatrics in the more advanced countries has now reached a point which makes such active collaboration possible. In the least developed countries, however, there are serious gaps in knowledge, particularly in the field of developmental psychology. The committee recommends, therefore, that WHO should actively sponsor psychological studies of the normal pattern of emotional and intellectual development in infants and children where such studies have not yet been undertaken, since for mental health work a knowledge of the normal pattern of emotional and intellectual development is as important as is a knowledge of normal physical development to a paediatrician.

Ultimately the successful achievement of good mental health care of children will depend on the extent to which this is integrated into the general public-health services of each country. The Expert Committee on Mental Health therefore recommends that governments should develop mental health services for children integrated with services for the physical health care, and that, in addition, the training of teachers and others responsible for the care of children in the mental health aspects of their work should be provided. It recommends that WHO should assist governments in establishing and developing these services, both by consultation and demonstration.

15. Venereal Diseases

The committee learned with interest of the liaison maintained by WHO with the United Nations on the unification of existing international agreements and conventions on traffic in women and children and the suppression of white slave traffic and prostitution, and expressed their appreciation of the progress that has been made.¹²

The committee believes that knowledge derived from mental health work can be usefully applied in WHO's programme for the control of venereal disease. Psychiatric studies in recent years have thrown considerable light on the psychological factors provoking sexual promiscuity in individuals living in communities where promiscuity is not general, and social scientists have gained considerable understanding of the different patterns of sexual behaviour in communities of different culture patterns.

¹¹ *Off. Rec. World Hlth Org.* 22, 20

¹² *Off. Rec. World Hlth Org.* 18, 89

The committee considers it important for the long-term success of venereal-disease-control programmes that this knowledge should be put at the disposal of venereal-disease-control officers and ultimately incorporated in their training. As a first step they therefore strongly recommend the attachment to one of the WHO venereal-disease-control demonstration teams of consultants capable of studying both the psychopathology of individual promiscuity and the pattern of sexual behaviour in the community concerned and its cultural determinants.

There are a few experts who have the necessary experience to study and advise on both these aspects of the problem. If it were possible to obtain the short-term services of one expert who could cope with both, a single consultant would suffice. If not, it would be necessary to attach two consultants.

It is recommended that this consultant should work with a WHO venereal-disease-control demonstration team for a period and, in collaboration with the head of the team, prepare a general report on the applicability of this type of knowledge to the work and training of venereal-disease-control officers.

Another aspect of the problem of venereal disease in which the committee believes that knowledge derived from the field of mental health would be useful is that concerned with the rehabilitation of the prostitute. As with the criminal, the methods of rehabilitation of the prostitute and the assessment of the prognosis for the success of such rehabilitation must ultimately depend on the clinical and social study of the individual concerned and on the application, in the process of rehabilitation, of all the knowledge derived from the use of psychological treatment, both of an individual and collective type, in other areas of mental health work. The committee recommends the preparation of bibliographies relevant to the psychological and social aspects of the incidence of venereal disease and to the psychological aspects of the rehabilitation of the prostitute and suggests that the World Federation for Mental Health could play a valuable role in helping to compile these bibliographies from national sources.

16. International Statistical Classification of Diseases

The committee noted the publication of the *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death*. It considered the formulation of this list an important advance in international health co-operation. Nevertheless, it is, in the opinion of the committee, only a first step, since the usage of different diagnostic terms varies widely in different countries. The committee therefore proposes to compile, in collaboration with the Secretariat, a glossary of descriptive definitions of the three- and four-digit headings of the relevant part of the *Manual*.

The committee thinks it may be desirable, at a later stage, to prepare a polyglot list of the diagnostic terms grouped under the four-digit headings (beginning with English, French, and Spanish).

The committee recommends that the existence of the *Manual* should be brought to the notice of the International Psychiatric Congress during its meeting in Paris in 1950 in order to elicit co-operation from psychiatrists in using the classification set out in the *Manual*, in so far as local conditions permit.

17. Morbidity Studies

The committee learned with interest of the Director-General's intention to appoint a subcommittee on hospital statistics of the Expert Committee on Health Statistics. In the field of psychiatric disorders, however, the impressions of incidence gained from hospital populations and outpatient attendances are often completely false. The committee is of the opinion that only by sampling studies can an understanding of the true incidence of psychological disorders be obtained. The few sampling studies of this type which have been undertaken have shown that psychological disorders frequently masquerade in the statistics of health administrations under misleading physical diagnoses. The committee therefore recommends that WHO should sponsor, or collaborate in, sampling studies of this type in different parts of the world, and recommends that the Expert Committee on Health Statistics should consider this matter in detail.

18. Unification of Pharmacopoeias

The committee noted with great interest the Executive Board's recommendation "that a mechanism should be established for giving a single name to every habit-forming drug subject to international control"¹³ and the intention of WHO to extend this principle to include all new important drugs. Such a mechanism would be of considerable value in the practice of psychiatry, since much confusion exists as a result of the marketing of barbiturates, anti-epileptics, narcotics, and addiction-producing drugs under proprietary names.

Since it appears possible that the setting-up of the mechanism recommended by the Executive Board may take some time to achieve, the committee recommends as an interim measure the preparation of a list of those drugs most frequently in use in psychiatric practice, showing for each the different proprietary names under which it is sold. The committee is preparing a list of those drugs for which, in its opinion, this information is most urgently needed.

¹³ *Off. Rec. World Hlth Org.* 17, 15

19. Co-operation with United Nations

19.1 *Prevention of crime and treatment of offenders*

The committee noted with interest the growing co-operation of WHO in the United Nations study of the prevention of crime and treatment of offenders. It considers this to be a field in which psychiatric knowledge can make a considerable contribution and strongly recommends that this co-operation should be actively developed.

The committee has studied the report, prepared by a consultant appointed by WHO, on the prevention of crime and treatment of offenders.¹⁴ It considers this a balanced and moderate statement of the significance of psychiatric factors in the etiology of crime and the study and treatment of individual delinquents. It believes that, in addition to the aspects of the handling of delinquency dealt with in this report, psychiatric knowledge can also make a considerable contribution to the planning and conduct of penal and other institutions intended for the rehabilitation of offenders. This knowledge relates in particular to the devising of a pattern of community which exerts a therapeutic influence on its members, and could, if vigorously applied, improve the remedial efficiency of many penal institutions.

The committee expresses the hope, therefore, that the Social Commission of the United Nations will see fit to add to the list of topics to be studied in its programme on the prevention of crime and treatment of the offender the application to the organization and administration of penal institutions of knowledge derived from the fields of psychiatric practice and social psychology.

With one exception, the committee is in agreement with the points for international consideration set out in the report of the WHO consultant, and recommends their acceptance. (See Annex 1.) The committee considers that section 2.4 of Annex 1 ("School teachers should be trained to diagnose and treat serious personality and disciplinary problems in their incipiency") may well be misunderstood as imposing too responsible a psychiatric role upon teachers. It agrees that it is desirable that teachers should be trained in the principles of the understanding and management of commonly occurring patterns of difficult behaviour. It does not believe it is possible, however, to train them to treat serious personality disorders, even "in their incipiency", although it agrees that teachers should be trained to recognize these, in order that they may be referred for expert help.

¹⁴ Guttmacher, M. S. (1949) *Bull. World Hlth Org.* 2, 279

Since there is considerable agreement that early childhood relationships influence the liability of the individual to later delinquent behaviour, the committee feels it important in this connexion to emphasize the great importance of the education of parents in those methods of upbringing least likely to create later liability to delinquency.

19.2 *Psychiatric examination of offenders prior to sentence*

The committee has also studied the second report produced by the consultant appointed by WHO for submission to the Social Commission of the United Nations,¹⁵ putting forward a plan for the scientific examination of the offender prior to sentence. It is in entire agreement with the general principles put forward in this proposal. It considers that the study of individual criminals can be fruitfully undertaken only by a multiprofessional approach such as the consultant proposes. It therefore recommends that, should these proposals be found acceptable by the United Nations meeting of experts which is at present studying them, and by the Social Commission, the United Nations and WHO should jointly support studies of those categories of criminals specified in the report. The categories provisionally proposed are those in which it is already known that psychiatric factors are frequently found, i.e., individuals charged with capital offences; individuals three times charged with the same crime; those charged with sex offences, homicide, bigamy, abandonment of and cruelty to children, assault on wife, and turning in of false fire alarms. The committee is aware that these categories are derived from studies in a limited number of countries, and it thinks it likely that the actual categories for which psychiatric examination is most desirable will vary with different patterns of culture and social organization. This emphasizes the necessity for carrying out studies of this type in those parts of the world where they have not previously been undertaken.

The committee is in general agreement with the broad principles for international action in this field set out in the report of the WHO consultant (see Annex 2) and recommends their acceptance.

19.3 *Probation*

The committee noted with interest the study of probation at present being undertaken by the United Nations and recommends that it should include the psychiatric and social study of individuals before the granting of probation, as an aid to the assessment of the likelihood of the individual's responding favourably to such treatment. It also wishes to express a strong recommendation that all probation and parole officers, and others

¹⁵ Guttmacher, M. S. (1950) *Bull. World Hlth Org.* 2, No. 4

officially charged with the supervision of persons being handled by such means, should receive adequate instruction to enable them to understand the mental health problems with which their work will inevitably bring them into contact. The effectiveness of probation and related measures will, to a considerable extent, depend upon the understanding by parole and probation officers of such matters.

19.4 *Juvenile delinquency*

The committee welcomed the request by the United Nations for the contribution by WHO to their study of a memorandum on the psychiatric aspects of juvenile delinquency. It recommends that WHO should appoint a short-term consultant with special experience in this field to prepare a concise but comprehensive summary of existing psychiatric views on this matter. They consider this to be an important potential area of co-operation between the United Nations and WHO and one in which WHO must be fully equipped to provide adequate technical advice. For this reason the committee recommends the setting-up of a panel of the committee devoted to the psychiatric aspects of delinquency, since this subject has now become a speciality within the general body of psychiatry.

19.5 *Study of homeless children*

The committee recommends that WHO should offer to collaborate actively in the psychiatric aspects of the United Nations study of homeless children. It believes that psychology can contribute to the United Nations study a knowledge of the nature of the effects on the mental health of children of the lack of normal parental relationships and can provide assistance in the devising of institutions which mitigate or prevent the damage to the character structure and mental health of children which the lack of normal parental relationships otherwise inevitably produces. In this connexion the committee wishes to express the strong opinion that the best psychological substitute for a family is another family, and that only where family care proves for some reason impossible should recourse be had to institutional care.

The committee emphasizes this point because the comparative administrative ease of organizing and supervising institutional care, compared with family care, has sometimes acted as an encouragement to the provision of the former. Where institutional care proves unavoidable, however, it is important that both the planning and the conduct of the institution should be based on sound mental health principles. The committee recommends that, in the selection of staff for such institutions, modern psychological knowledge should be applied to exclude those who, by virtue of their personality and character structure, are unsuited to this work no

matter how enthusiastic, and that the training of the staff when selected should equip them with an understanding of the psychological role they have to play to achieve the mentally healthy development of their charges.

The committee therefore recommends the contribution by WHO of a general memorandum on these aspects of the problem of the care of homeless children to this important study of the United Nations. It thinks it important, however, that this memorandum should not only summarize those facts and principles which are known in this subject, so that they may be applied, but should also point out those aspects of the problem on which further psychological knowledge is needed. Particularly the committee considers it necessary that studies should be made of the pattern of character development which results from different types of child care. Such studies are now within the resources of psychological medicine and psychological science and the committee recommends their promotion by WHO in collaboration with the United Nations and the specialized agencies.

20. Co-operation with the Specialized Agencies

20.1 UNESCO

20.1.1 *Tensions project.* The committee learned with interest of the liaison between WHO and UNESCO in connexion with the project for the study of tensions affecting international understanding. It recommends that WHO should continue this liaison and assist in putting at the disposal of UNESCO any psychiatric knowledge which can contribute to the study.

In this connexion the attention of the committee was drawn to the remarks of the Bulgarian delegate in the discussion on the mental health programme at the meeting of the Programme Committee of the Second World Health Assembly.¹⁶ It is in entire sympathy with the view that international insecurity and war propaganda are harmful to the mental health of individuals. Although it believes that the solution of this problem lies principally within the field of those organs of the United Nations concerned with political and economic problems, it thinks it important to urge mental health workers in all countries to study those psychological factors which contribute to such tensions.

20.1.2 *Books and films.* The committee also agrees with the delegate from Bulgaria that certain types of treatment of erotic, aggressive, and psychotic themes, both in books and films, may be injurious to mental health. It feels, however, that wide differences in the acceptable patterns of behaviour which exist among different countries make it impossible for

¹⁶ *Off. Rec. World Hlth Org.* 21, 199

any worldwide criteria of harmfulness to be laid down. It believes, however, that it is possible for the mental health workers within a given country to assess the extent to which any censorship of films or books that may exist is operated on sound mental health principles, rather than on an arbitrary basis. It recommends that the interest of mental health workers should be directed to this problem by the World Federation for Mental Health, which should encourage its national federated bodies to study the situation in their own countries and recommend at the national level whatever action seems to them most appropriate. They also recommend that the secretariats of WHO and UNESCO should discuss the possibility of joint action in this matter.

20.2 *International Labour Organization*

The committee noted with interest the memorandum of the American Federation of Labor¹⁷ which has been referred by WHO to the first meeting of the Joint ILO/WHO Committee on Occupational Hygiene. It wishes to suggest for the consideration of this committee that, from the mental health aspect, the view expressed in this memorandum is too restricted. It feels that the criticism concentrates too exclusively on factors concerned with the physical environment and the physiological stresses of work. There is much evidence to show that many of the harmful effects which, in this memorandum, are attributed to such causes result chiefly from psychological factors, and especially from the lack of certain psychological satisfactions in the work situation. The lack of a sense of participation and of the worth of individual effort which exists in many highly industrialized units can be seen to produce results of the type to which the memorandum refers even in the presence of excellent environmental conditions and of a work-schedule which is within the range of normal physiological capacities. The committee therefore expresses the hope that the Joint ILO/WHO Committee on Occupational Hygiene will give special consideration to the psychiatric and psychological factors mentioned above and will have at its disposal a psychiatrist or social psychologist with special knowledge and experience of industrial work.

The committee does not believe that the problem which the American Federation of Labor describes can be solved without consideration of the psychological environment of workers, their relationships with their fellow-workers, and especially with their supervisors. It believes that the training of supervisors in an understanding of human relationships is an important preventive measure in the mental health field which should not be ignored, and it recommends that WHO should collaborate actively in any work of this type which ILO may decide to undertake. The committee believes

¹⁷ *Off. Rec. World Hlth Org.* 17, 35

that, if problems of this type are vigorously attacked, it is possible for industry to employ individuals with considerable physical and psychological handicaps who in less favourable psychological environments would be found unsatisfactory or unemployable.

21. Co-operation with Non-governmental Organizations

The committee noted the arrangement by which non-governmental organizations may be brought into official relationship with WHO. It considers that these relationships may prove valuable in the development of WHO's programme and recommends that they should be further developed.

21.1 World Federation for Mental Health

The committee heard with interest of the relationship which has developed during the past year with the World Federation for Mental Health. It considers that this relationship is of considerable potential value for WHO's mental health programme. At various places in this report the committee has drawn attention to the types of information which might be obtained through the Federation as well as through government channels and has pointed out various subjects for which the Federation might form a useful forum of discussion. The committee recommends that, wherever possible, use should be made of the relationship with the World Federation for Mental Health in developing the mental health programme of WHO, and that specific tasks in the development of this programme should be allotted to the Federation wherever this may prove possible.

The committee realizes the importance of WHO's maintaining good contact with members of other professions whose work is related to mental health work, e.g., cultural anthropology, sociology, education, and penology, but considers it preferable that this relationship should be developed through the World Federation for Mental Health, which accepts societies of this type as members of the Federation whether their work is directly or indirectly concerned with mental health problems.

22. Expert Committee on Mental Health

22.1 Membership

The nuclear committee noted the decision of the Second World Health Assembly to expand the committee to a full Expert Committee on Mental Health. It recommends that, when the full committee is appointed, the majority of its members should be appointed as members for the full two-year period and that these members should all be psychiatrists. The

remainder should be appointed for individual meetings. The committee put forward this view for two reasons: first, because the breadth of the scope of mental health work is such that there are definite specialities within psychiatry, e.g., child psychiatry, forensic psychiatry, etc., and it is desirable that these special branches should be represented when the agenda of a meeting contains important items concerning such psychiatric specialities; secondly, because a comprehensive programme of work in the mental health field requires for its planning and execution the collaboration of other professions, e.g., cultural anthropology, sociology, etc. Much psychiatric clinical work is conducted by a team rather than by an individual, and it is therefore desirable that at certain meetings the other members of the psychiatric team, e.g., psychiatric nurses, psychiatric social workers, clinical psychologists, and other affiliated workers, should be represented.

The committee recommends, therefore, that the permanent nucleus of the full committee should be composed of general psychiatrists, whose presence will be needed whatever the nature of the agenda. It would not be possible to include within a committee of reasonable size permanent representatives of all other members of the psychiatric team and of non-medical professions whose collaboration in the planning of mental health work will from time to time be needed, but the committee considers that it is essential to bring them into the work of the committee when the agenda of a particular meeting requires their participation.

Corresponding members. The committee welcomes the provision for the appointment of corresponding members in WHO expert committees and recommends that the Director-General should appoint corresponding members in as many countries as possible. In gathering information to enable him to decide upon such appointments, the committee stresses the importance of using all possible channels, including governments and, through the World Federation for Mental Health, national professional bodies. It recommends that only active mental health workers should be appointed as corresponding members.

22.2 *Time and place of future meetings*

Although the committee recognizes that there are many advantages associated with the holding of meetings of expert committees at places other than the headquarters of WHO, they believe from their own experience at this first meeting that they are more than offset by the opportunity of discussion with the heads of sections of the Secretariat which a meeting held in Geneva provides. The committee recommends, therefore, that, unless there is a particular reason for holding a meeting of the committee at a centre other than Geneva, these meetings should, in general, take

place at headquarters. Should it be decided to hold two meetings of the Expert Committee on Mental Health during the year 1950, the committee recommends that the first of these should be held in the early part of the year, following the reception by the Executive Board of the report on the first session of the committee, and that the second meeting should be held at a time close to the meetings in Paris of the International Congress of Psychiatry, the Executive Board of the World Federation for Mental Health, and the Second International Congress on Criminology.

22.3 *Agenda*

The committee recommends that at one of the meetings during 1950 it should examine in more detail some of the educational matters to which it has referred in this report, in particular the mental hygiene education of public-health workers.

23. Summary of Recommendations

Principles and priorities in mental health work (section 3)

(a) WHO should accept the preventive application of psychiatric knowledge as the most important principle of a worldwide mental health programme.

(b) WHO should actively encourage the assumption by public-health services of responsibility for promoting the mental as well as the physical health of the population. In order to make this possible, the committee recommends:

(i) that all medical officers of public health should receive general training in mental hygiene;

(ii) that specialist medical officers of mental hygiene should also be trained.

(c) In the worldwide application of the knowledge of mental hygiene and therapeutic psychiatry, the actual methods of application should be closely adapted to the local situation and needs.

(d) Psychiatric treatment facilities should be developed in all countries, not only because of their therapeutic value but also because they provide opportunities for teaching and research.

(e) A preventive mental health section in all national ministries of health, national institutes of mental hygiene, and mental hygiene sections in prominent public-health institutes should be established.

(f) WHO's mental health programme should be integrated as far as possible with other WHO programmes.

Education (section 4)

(a) WHO should assist in developing in each region a centre for psychiatric postgraduate teaching. This centre should teach the modern, dynamic conception of psychiatry to all members of the psychiatric team, including psychiatrists, clinical psychologists, psychiatric social workers, psychiatric nurses, and other psychiatric auxiliaries (section 4.1).

(b) Undergraduate medical education should be revised to include training on normal psychological development and the origin and nature of common psychological disorders (section 4.2).

(c) WHO should assist in holding experimental courses in mental hygiene for public-health officers (section 4.3) and in the development of training for specialist medical officers of mental hygiene (section 4.5).

Nurses (section 5)

(a) The Expert Committee on Nursing and the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel should give early attention to the study of the problems of training psychiatric nurses, psychiatric aides, and nursing assistants.

(b) The general training of all nurses should include some understanding of psychiatric nursing and the psychological aspects of general nursing.

(c) The training of all public-health nurses should include training in mental hygiene, particularly those aspects of the subject which are concerned with the upbringing of children.

(d) The Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel should consider the possibility of incorporating training of this type in the nurses' curricula and should study recent developments in group and "role-playing" methods for teaching in the field of human relations.

(e) WHO should sponsor the demonstration of such methods as are applicable to the training of nurses.

Fellowships (section 6)

(a) Fellowships in mental health work should not be restricted to psychiatrists but should be given also to other members of the psychiatric team.

(b) In granting fellowships for mental health work, priority should be given to postgraduate teachers and those in a position to influence public-health policies.

Supply of technical literature to governments (section 7)

In addition to supplying technical literature to governments, psychological test material should be supplied for teaching purposes, and consultants should be provided to demonstrate the use of such material.

Health education of the public (section 8)

(a) There should be appointed within the Secretariat such specialists as a social psychologist with special knowledge of group dynamics and a social anthropologist with relevant field-work experience.

(b) WHO should maintain close liaison with the part of the UNESCO organization concerned with mass communications.

(c) As much attention should be given in the selection and training of WHO field-workers to their capacity as health educators and modifiers of behaviour as is given to their technical competence in their own specialist field.

(d) In WHO's health education work in mental health, particular attention should be given to workers in those professions which, although not directly connected with health, can be very influential in promoting mental health.

(e) WHO should take steps, in conjunction with UNESCO, to ensure that the professional training of such individuals shall in future include appropriate instruction in mental hygiene principles.

Collection of information (section 9)

In the WHO operational programme in mental health, high priority should be given to the collection of information on which future programme planning can be based.

Advisory and demonstration services (section 10)

(a) The services provided by WHO to governments in mental health should, as far as possible, form part of a general plan for the development of that country's mental health services over a period of time.

(b) The first step in the provision of such services to governments should usually be the provision of a consultant to review the general situation, in collaboration with a local expert, and to recommend to the government general plans of development.

(c) Short-term consultants should be used wherever these are appropriate and, where permanent mental health consultants are employed by WHO, they should be specialists with particular training or experience in the preventive application of mental hygiene principles.

Research (section 11)

WHO should foster research in the following fields :

- (a) The biological, psychological, and cultural determinants of personality structure.
- (b) The study of the relationship between individual personality structure and patterns of group structure, behaviour, and relationships.
- (c) The effects of rapid changes of culture pattern on mental health and the means of preventing and mitigating any ill-effects of such changes.
- (d) The extent to which the incidence of psychosomatic affections is influenced by social, economic, and cultural factors and by individual characteristics and personality structure.
- (e) The relationship between psychological disorders or states on the one hand and infective processes, nutritional deficiencies, and biochemical disturbances on the other.
- (f) The etiology and treatment of psychiatric disorders.

Alcoholism and drug addiction (section 12)

Subcommittees on alcoholism and drug addiction should be set up.

Maternal and child health (section 14)

- (a) WHO should call a small conference of child psychiatrists, paediatricians, and others to consider the relationship between child psychiatry and paediatrics and to make recommendations on the means by which WHO can foster a closer relationship between these two specialities.
- (b) The World Federation for Mental Health should be requested to sponsor similar joint meetings at the national level.
- (c) WHO should include in its suggestions for the International Children's Centre at Paris, and other similar centres, joint work between paediatricians, child psychiatrists, and psychologists in the fields of research, training, and service.
- (d) WHO should foster psychological studies of the normal pattern of emotional and intellectual development in infants and children in areas where such studies have not yet been undertaken.
- (e) Governments should develop mental health services for children, integrated with the services for their physical care, and should provide training for teachers and others responsible for the care of children in the mental health aspects of their work.
- (f) WHO should assist governments in establishing and developing such services.

Venereal diseases (section 15)

(a) There should be attached to a WHO venereal-disease-control demonstration team consultants in psychiatry and social anthropology to study the applicability of their work to the control of venereal disease and to make a joint report with the head of the venereal-disease-control team on the applicability of this type of knowledge to the work and training of venereal-disease-control officers.

(b) WHO should prepare a bibliography on this subject.

(c) WHO should prepare a bibliography of psychiatric publications relevant to the problem of rehabilitation of prostitutes.

International classification of diseases (section 16)

(a) The committee should compile, in collaboration with the Secretariat, a glossary of descriptive definitions of the 3- and 4-digit headings of that part of the *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death* which is concerned with mental, neurotic, and personality disorders.

(b) The existence of this *Manual* should be brought to the notice of the International Psychiatric Congress in 1950 in order to elicit co-operation from psychiatrists in using the *Manual* in so far as local conditions permit.

Morbidity studies (section 17)

WHO should sponsor, or collaborate in, sampling studies of the incidence of psychiatric morbidity in different parts of the world; such studies should be considered by the Expert Committee on Health Statistics.

Unification of pharmacopoeias (section 18)

A list should be prepared of those drugs most frequently used in psychiatric practice, showing for each the different proprietary names under which it is sold.

Co-operation with the United Nations (section 19)

(a) Co-operation of WHO with the United Nations study on the prevention of crime and treatment of offenders should be actively developed (section 19.1).

(b) With one exception, the conclusions set out in the report of the WHO consultant on the psychiatric aspects of the prevention of crime and the treatment of offenders (Annex 1) are accepted (section 19.1).

(c) WHO and the United Nations should jointly sponsor the psychiatric and social study of certain categories of criminals (section 19.2).

(d) Certain broad principles for international action on the psychiatric examination of offenders prior to sentence, set out in the report of the WHO consultant (Annex 2), are accepted.

(e) All probation and parole officers should receive adequate instruction in the mental health aspects of their work (section 19.3).

(f) A memorandum summarizing existing psychiatric opinion on the problems of juvenile delinquency should be prepared by a short-term consultant. WHO should co-operate actively in the United Nations study of this problem (section 19.4).

(g) A panel devoted to the psychiatric aspects of juvenile delinquency should be set up.

(h) WHO should collaborate actively on the psychiatric aspects of the United Nations study of homeless children (section 19.5).

(i) As part of WHO's contribution to this study, a memorandum should be prepared on the psychiatric aspects of the care of homeless children.

(j) WHO and the United Nations should sponsor jointly studies of the pattern of character development and personality structure resulting from different types of child care.

Co-operation with the specialized agencies (section 20)

(a) WHO should continue to co-operate with UNESCO in the latter's study of tensions affecting international understanding (section 20.1.1).

(b) Through the World Federation for Mental Health, the interest of mental health workers should be directed to the study, within their own country, of the extent to which any censorship of books or films which may be exercised on grounds of psychological harmfulness is based on mental hygiene principles; the secretariats of WHO and UNESCO should discuss the possibility of joint action on this problem (section 20.1.2).

(c) Special consideration should be given to the psychiatric and psychological aspects of the problem stated in the memorandum of the American Federation of Labor which has been referred to the first meeting of the Joint ILO/WHO Committee on Occupational Hygiene (section 20.2).

(d) During these discussions, the joint committee should have at its disposal a psychiatrist or social psychologist with special knowledge and experience of the industrial field (section 20.2).

Co-operation with non-governmental organizations (section 21)

Wherever possible, use should be made of the relationship with the World Federation for Mental Health in developing the mental health

programme of WHO ; specific tasks in the development of this programme should be allotted to the World Federation for Mental Health wherever this may prove possible.

Expert Committee on Mental Health (section 22)

(a) The majority of the members of the full committee should be appointed for the full two-year period and should be psychiatrists ; the remainder of the members should be appointed for individual meetings and should be drawn from other professions or other groups of mental health workers, depending on the agenda (section 22.1).

(b) The Director-General should appoint, from as many countries as possible, corresponding members of the committee who should be active mental health workers (section 22.1).

(c) Unless there is a particular reason for holding a meeting elsewhere, meetings of the committee should, in general, take place at the headquarters of WHO (section 22.2).

(d) One of the meetings of the committee next year should be held at a time close to the meetings in Paris of the International Congress of Psychiatry, the Executive Board of the World Federation for Mental Health, and the Second International Congress on Criminology (section 22.2).

(e) One of its meetings during 1950 should be devoted to examining in more detail the educational matters referred to in this report, and in particular, to the mental hygiene education of public-health workers (section 22.3).

Annex 1**MEDICAL ASPECTS OF THE CAUSES AND PREVENTION
OF CRIME AND THE TREATMENT OF OFFENDERS *****1. *Causes of crime***

- 1.1 Crime is not inherited as such, but the individual biological endowments are vital behaviour determinants.
- 1.2 Syphilis does not produce a weakening of the germ plasma nor manifest itself by criminalism in the progeny.
- 1.3 Crime is probably rarely due primarily to endocrine dysfunction.
- 1.4 A fifth to a third of criminals show significant psychiatric abnormalities.
- 1.5 There is a somewhat higher incidence of intellectual deficiency in the criminal population than in the normal population.
- 1.6 The most striking psychological characteristic that is common to large numbers of criminals is their emotional immaturity.
- 1.7 The social inheritance, particularly the cultural and emotional patterns of the family into which the child is born, is of paramount importance.

2. *Prevention of crime*

- 2.1 In the present state of knowledge, eugenics does not offer a practical approach to the prevention of crime.
- 2.2 Providing a stable and affectionate early home environment is probably the best preventive we have against the development of both criminality and mental disorder. Personalities need such environment for the development of maturity.
- 2.3 The relationship established by the child with the first important disciplinary agent in its life, generally the father, will largely determine his adult attitude toward law and order.
- 2.4 School teachers should be trained to diagnose and treat serious personality and disciplinary problems in their incipency.
- 2.5 The child guidance clinic should form an important bulwark in the war against delinquency.

* "Points for international consideration" from the article by Guttmacher, M.S. (1949) *Bull. World Hlth Org.* 2, 279

3. *Treatment of offenders*

3.1 Individual psychiatric treatment even if available would probably benefit only a small number of criminals in prison.

3.2 The psychiatrist should play an important consultative role in the administration of penal institutions.

3.3 Group psychotherapy gives evidence of promise as a treatment technique.

3.4 The use of psychiatry in treating cases on probation is an effective therapeutic method.

Annex 2

PSYCHIATRIC EXAMINATION OF OFFENDERS *

1. The focus of the sentencing authority should be primarily upon the individual and secondarily upon the crime.

2. Crime is a highly complex phenomenon. In order adequately to understand the crime and the criminal, courts should make the fullest possible use of proven scientific methods. Certainly, the sentencing authority should have the investigations and recommendations of neutral experts in sociology, medicine, and psychiatry to assist it.

3. No child should be removed from its home by court authority unless the court has had the benefit of such studies.

4. The incidence of significant psychopathology among individuals committing certain types of crimes is sufficiently high to warrant their routine psychiatric study prior to trial.

5. Society's goal must be the treatment of the offender and the prevention of crime rather than the achievement of retributive justice. This general plan gives practical expression to such a philosophy.

* "Summary and conclusions" from the article by Guttmacher, M.S. (1950) *Bull. World Hlth Org.* 2, No. 4