

# CARE OF THE MENTALLY ILL

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THE modern conception of the adequate care of the mentally ill in the community and province has taken on a much larger and important aspect during the last twenty-five years, until, at the present time, we are faced with a problem which in its many aspects demands the most serious and earnest consideration. Before the public conscience became really aware that the mentally ill (the "lunatic" so-called), the delinquent, the feeble-minded are in reality sick people, demanding not only segregation, with the resultant enormous expense to the tax-payer, but investigation by those qualified to undertake such a task, these unfortunates were put up with in the community as long as possible, shunned, neglected and ignored or locked up out of sight. Only with the enlightened effort of such men as Pinel in France, Connolly and the Tukes in England was the plight of these defective and demented individuals in some degree ameliorated.

But we have travelled far since those days of 1792, although the problem of the most adequate, as well as the most scientific, methods of care and treatment still remains a pressing one. Various factors render the question of adequate care a many-sided one. Factors such as the social, the physical, educational and public health as well as the economic factors entail the common interest and co-operation not only of the psychiatrist but also of the economist, the educationalist, the penologist, the sociologist and the legal fraternity. One is perforce constrained to take a broad and comprehensive view of the proper care of these sick people who, after all, are entitled to the best that we, as responsible for their care, can give them. Mental disease interferes more, perhaps, with the course of our lives than does physical disease; we erect hospitals and sanitariums for physical illnesses, such as tuberculosis, cancer, contagious diseases. We provide facilities for special study and research, and we obtain what we consider an adequate and satisfactory method of handling these ills. When we come, however, to the care of the mentally ill, to the prevention, the treatment and the return of as many as possible to the community, we are faced with a more difficult problem, demanding a different approach, a different social as well as medical attitude, and the co-operation of many and various agencies. We are inclined to feel

a certain degree of pride as we see what has been done to eradicate such diseases as small-pox, plague, tuberculosis, and rightly so. Great advances have been made, the natural span of life has been prolonged, and mankind is better off as the result of physical hygiene and modern treatment. We may also take pride in the fact that advances in the care and treatment of the mentally ill have taken place, albeit somewhat more slowly and in a less spectacular manner. We are no longer satisfied with locking up and feeding the insane man; no longer do we see straight-jackets and cells and the Sairey Gamp type of nurses, but modern complete hospitals, trained nurses and physicians, and a better understanding of the mentally ill as a sick person.

Much has been and is being done in the field of prevention: for example, the far-reaching effects of the Mental Hygiene Movement, and the entrance of psychiatry into the fields of law and industry. Far from merely detaining and segregating either insane or feeble-minded, and leaving the problem of their care to a paternally-minded state or province, we now make more enlightened efforts to discover and study the causes of such ailments, to enquire into methods of prevention, to treat those mentally ill, and aim to restore as many as we can to the community where they can be self-sustaining.

Money, much money is being spent and will continue to be spent by the Government for the care of the insane and feeble-minded; a certain percentage of the population will require detention in a mental hospital, in a school for the mentally deficient; but what are we doing to find out how we can prevent these cases from developing? Delinquency, dependency, educational and industrial failure, divorce and broken homes, maladjustments and sex difficulties—these and other problems lie at the root of mental disorders. "More and more have mental hygienists been focussing their work upon the problems of childhood, and particularly upon the problems involved in the parental and teacher relationships; and the most hopeful and constructive work in the field of mental hygiene to-day is that which has come to be known as "child-guidance work". (Williams).

I recently read a report of Dr. J. V. May, Commissioner of Mental Diseases of Massachusetts, U. S. A., giving some statistics relative to the hospital residence (mental) of nearly four thousand consecutive admissions to the Boston State Hospital during a period of ten years—in other words, all of the admissions during that period exclusive of deaths and transfers. His analysis shows that 19% of these cases had a complete hospital residence of 30

days or less, 45% of 6 months or less, and 56% of one year or less. After 5 years, 15% of these patients were still in the hospital, and there were only 3% left at the end of 10 years. He continues: "This is rather startling to those who have felt, as many do, that confinement to a mental hospital means more or less permanent detention".

A perusal of the recent report of the mentally ill in Canada, issued from the Dominion Bureau of Statistics, Ottawa, reveals some interesting and illuminating facts. Marked progress, in more senses than one, is reflected in the report of patients in mental institutions in Canada for the calendar year 1932. It is noted that the discharge rate (exclusive of the unimproved) is equivalent to approximately one-half of the total number of admissions, which compares very favourably with the experience of mental institutions in U. S. A. An increasing number of mental health clinics in the various provinces is noted, and also long strides in statistical study and interpretation in the mental health field. This is a matter for pardonable pride in that it shows that Canada as a whole is alive to the need for modern and up-to-date methods in this field.

The problem of the care of the mentally ill in the province is essentially a problem in public health, a medical problem, demanding the use and assistance of all related and associated resources at our command, social, educational, as well as medical. To attack this problem, therefore, in the light of modern knowledge and gained experience, a definite organization with a practical plan of action, supported by an adequate personnel should be outlined, and, secondly, a law should be placed on the statute books enabling the measures advised to be put into effect. Regarding the latter, we may with profit see what Massachusetts has been able to do through its Department of Mental Hygiene by the aid of *Chapter 277, General Acts of 1919*. The General Court of 1919 enacted the following law to determine the number of mentally retarded children in Massachusetts and to provide for their instruction:—

Be it enacted, etc., as follows: *Section 1.* The school committee of each city and town shall, within one year after the passage of this Act, and annually thereafter, ascertain, under regulations prescribed by the board of education and the director of the commission on mental diseases, the number of children three years or more retarded in mental development who are in attendance upon the public schools of its city or town, or who are of school age and reside therein.

*Section 2.* At the beginning of the school year of 19. . . ., the school committee of each city and town in which there are ten

or more children three years or more so retarded shall establish special classes to give such children instruction adapted to their mental attainments, under regulations prescribed by the board of education.

In passing this Act for the enumeration and instruction of children retarded in mental development, an important educational need has been recognized. The fundamental purposes of the law are: (1) to discover those children of school age who are so retarded in mental development that they can derive but little from the regular academic work of the schools; and (2) to provide for them a practical type of training and supervision which will enable them, as far as possible, to become safe and self-supporting members of society.

This law was later amended in 1922, thus:

The school committee of every town shall annually ascertain under regulations prescribed by the department and the Commissioner of Mental Diseases the number of children three years or more retarded in mental development in attendance upon its public schools or of school age and resident therein. At the beginning of each school year, the committee of every town where there are ten or more such children shall establish special classes for their instruction according to their mental attainments, under regulations prescribed by the department. No child under the control of the department of public welfare or of the child welfare division of the institutions department of the city of Boston who is three years or more retarded in mental development within the meaning of this section shall, after complaint made by the school committee to the department of public welfare of said division, be placed in a town which is not required to maintain a special class as provided for in this section

With such a law and with the co-operation of the Department of Education, the Department of Mental Hygiene of Massachusetts during the year 1929 examined 4,923 children.

It is our duty to provide suitable training and supervision for all mental defectives. In the past we have tried to transform the adult mental defective, whereas now we see the necessity for early training.

Regarding the organization, there should be appointed a psychiatrist as Commissioner of Mental Diseases, who shall be a member of the Executive Cabinet, and shall be in charge of the Department of Mental Diseases, in the same manner that the Minister of Public Health, a Cabinet Minister, has control of all matters pertaining to his department. He should have full control of all the various activities in the province for the care of the

mentally ill; under him, and acting as departmental assistants, there should be three psychiatrists, viz., one in charge of a Department of Mental Hygiene, one in charge of the teaching of psychiatry, an incumbent of a university chair of Neuro-Psychiatry with the title and position of Professor of Neuro-Psychiatry (full-time), and a third Superintendent of the Mental Hospital. For this latter, a special endowed university chair must be provided.

With these co-ordinated departments under the governmental control of the Commissioner of Mental Diseases, the problem of the mentally ill in a province could be tackled scientifically and satisfactorily. The Department of Mental Hygiene should be free of Government control, and should direct its activities to the problem of the feeble-minded, including a survey of the school population, examination of children referred, organization and activity of travelling school clinics and mental clinics, co-operation with the public, the various social and educational agencies, medical societies, etc., educational work, by means of lectures, and the working out of a scheme, not only for the detection and segregation of the feeble-minded, but one for the prevention of early mental disorders. It is true, as White has so well said, that "childhood is the golden age of mental hygiene", and it is in the schools, where the children are collected, that the incipient mental disorders, the early deviations from good sound mental health, the early tendencies to develop abnormal mental trends and patterns can be discovered and dealt with.

The modern care of the feeble-minded is not only segregation; only a certain percentage of those so found by psychological and psychiatric examination will be found to require institutional care. The object of investigating these children is to sort out those who, with proper special attention, special class, habit or child guidance clinic, physical attention, training in manual work, etc., can be fitted into a suitable environment where he or she can adjust and not be an economic burden on the province; in other words, to place him so that, with limited intellectual endowment, he may still be able to produce and not be dependent on good-will, charity of public support. Intellectual abilities should be graded, emotional instabilities, sexual mal-adjustments, etc. must be investigated; and as these children will have to earn their living by manual work, by their hands instead of their brains, provision for the teaching in manual arts must be made.

Adequate facilities for the collection and tabulation of statistical data, the setting up of a personnel (travelling school clinic), the training of psychologists and social workers in this field, fa-

cilities for research, the education of the public as to what is meant by mental hygiene, the co-operation of the educational bodies, social agencies and medical men in the various communities, which is necessary in order to carry out this programme of the need for "hygiene of the mind" as well as hygiene of the body, and the provision for modern methods in the care of the insane as well as adequate instruction in psychiatry for the medical students and nurses—these are some of the major problems that present themselves at this time.

The Province of Nova Scotia is doing a lot along these lines, but there seems to be a lack of co-ordination, a lack of a definite plan whereby the best results, according to our present knowledge, can be secured. Money, time and co-operation will have to be devoted to this project, but with the increases in mental disorders and the consequent economic loss to the province it seems, with our better appreciation of what should be done for these unfortunate people, that we should provide such means as are humanly possible to care for, adequately, this large and important problem of the mentally ill.

Appended is a scheme of the personnel of such a plan as is proposed in the above contribution:

- (1) Commissioner of Mental Diseases.
- (2) Director of Mental Hygiene.
- (3) Professor of Neuro-Psychiatry.
- (4) Superintendent of Mental Hospital.

(1) The Commissioner of Mental Diseases shall have control of the Department of Mental Diseases, one of the executive departments of the Provincial Government. He shall be appointed by the Lieut.-Governor, and shall not be a political nominee of either party, shall be a member of the executive Cabinet, with the rank of Cabinet Minister, and shall be responsible to the Lieut.-Governor for all matters pertaining to the mentally ill in the province. His term of office shall be five years. He shall be the executive and administrative head of the department, and may organize therein such divisions as he may determine.

(2) Director of Mental Hygiene: He shall be a psychiatrist and shall have charge of the Department of Mental Hygiene, under the supervision of the Commissioner. He shall organize and control the survey of the school children in the province by means of travelling school clinics; he shall have charge of the feeble-minded school in association with a board of trustees; he shall develop an educational programme by means of lectures, papers

and addresses and shall organize a Mental Hygiene clinic in connection with the School for the Feeble-Minded. He shall be supplied with the necessary personnel, etc., for the work of this department.

(3) Professor of Neuro-Psychiatry: he shall be appointed to the Chair of Neuro-Psychiatry at the University, and also to the staff of the Mental Hospital and the General Hospital.

(4) Superintendent of the Mental Hospital: he shall be a qualified psychiatrist, and shall have control of the Mental Hospital, with a Board of Trustees appointed by the Lieut.-Governor. He shall be responsible to the Commissioner of Mental Diseases for the executive and administrative control of the Mental Hospital, shall institute measures for modern methods of treatment and care of the patients therein, and shall perform whatever other duties are detailed by the Commissioner. He shall have adequate medical and nursing assistance for the above, as well as administrative facilities. He shall appoint to the staff of the Mental Hospital the following: (a) One neuro-pathologist; (b) two laboratory assistants (female); (c) three laboratory workers; (d) four social workers; (e) one psychologist.

Arrangements should be made for the special training in social service case work, etc., and in psychological examinations, e.g., Simmons, Smith College, etc. A psychiatrist shall be appointed as lecturer at the University in Neuro-Psychiatry, who will act as assistant to the Professor of Psychiatry. The travelling school clinic should consist of: one psychiatrist, one social worker, one psychologist, who shall be members of the Department of Mental Hygiene. The psychiatrist shall be chief of the clinic, and shall be responsible for all examinations referred to the clinic. Transportation shall be provided by the Department.

It is proposed that, as soon as funds are available, a psychiatric clinic building be erected in the city as part of the University Medical Unit. This building, containing 50 beds, shall be in close proximity to the Health Centre and shall be under the control of the commissioner and a board of trustees, allied with the medical unit, Mental Hospital and the General Hospital. It should be available for mild and early cases of mental disorder of short duration, and should also serve as a neurological clinic, with some of the beds for these non-psychotic cases, teaching being instituted. There should be facilities and equipment for students, lectures, demonstrations, etc., also an out-patient clinic and labor-

cilities for research, the education of the public as to what is meant by mental hygiene, the co-operation of the educational bodies, social agencies and medical men in the various communities, which is necessary in order to carry out this programme of the need for "hygiene of the mind" as well as hygiene of the body, and the provision for modern methods in the care of the insane as well as adequate instruction in psychiatry for the medical students and nurses—these are some of the major problems that present themselves at this time.

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atory facilities for routine and research work; a library should be housed in this clinic building, offices for the Commissioner, staff, etc.

There are many details to be worked out to complete a practical as well as efficient system for the proper care of the mentally ill, and these suggestions are put forward in the hope that some, at least, of the ideas will be found applicable to the problem as it pertains to Nova Scotia. It is felt, in the humble opinion of the writer, that along such lines the solution of the proper care of the mentally ill, including prevention, treatment, institutional care and research, can be found.