

THE NATIONAL COUNCIL FOR MENTAL HYGIENE.

EXTRACTS FROM PRÉCIS OF EVIDENCE GIVEN ON MAY 22 BEFORE THE ROYAL
COMMISSION ON LUNACY AND MENTAL DISORDERS.

Recommendations.

EARLY TREATMENT FOR MENTAL DISORDERS.

The National Council for Mental Hygiene recommends that skilled treatment for mental disorders in their early stages should be available in clinics belonging to general hospitals or in special institutions.

General hospitals.—From many points of view the general hospital, assuming that suitable staff and accommodation are provided, is the ideal institution for many of those patients who need treatment, and not compulsory detention.

(i) The general hospital is the natural place for the patient to go to if not well, and the mentally sick patient is then like any other patient.

(ii) It is in a central available situation.

(iii) It has facilities for consultations with physicians, surgeons and specialists.

(iv) It has laboratories for exhaustive examination and team work.

(v) Many patients already attend the general hospitals without realizing that they are primarily suffering from mental disorder. They will always be found there, helping to swell the "chronic" section of the out-patient department, as, even when their condition is correctly diagnosed, there exist no means of affording them appropriate treatment. Moreover, these patients may be undermining the mental health of every member of the household in which they live. This is true even of some mild cases, and was pointed out long ago by Weir Mitchell: "Wherever you have a nervous girl you will soon have two sick women."

(vi) A department, including out-patients and in-patients, for these cases should be a special department in charge of a suitably qualified physician, as the eye, ear, skin and venereal disease departments are already. It should provide facilities for classification and for other special requirements. Such a department would lead to a better grasp of these states by the medical profession as a whole. The interchange of cases between this and the other departments would tend to show that a number of patients, with apparently other complaints, were really suffering from mental disorders. On the other hand, many cases diagnosed as mental would be shown to be due to physical conditions. Our proposal would benefit the medical students where a medical school is attached to a hospital, also the nursing profession, and would lead to a better understanding of mental cases by the public.

(vii) In general hospitals there is at present no need for routine personal visitation of willing or non-volitional patients by any authority. It would, therefore, seem hardly necessary that the cases we are dealing with should be so visited. We feel that there should be no differentiation between this class and any other class of patients in general hospitals. We appreciate that a grant of money by a public body would carry with it the right of supervision.

Special institutions.—These are required when and where the general hospital is unwilling or unable to undertake the work. In this case it would be wise that the work should be carried on in buildings completely separate from county and borough mental hospitals. Their organization should approximate as closely as possible to the voluntary hospital principles, and there should be no compulsory detention.

Voluntary boarders.—The Council recommends that voluntary boarders should be allowed in all county and borough mental hospitals.

It finds itself in complete agreement with the Medico-Psychological Association

and the British Medical Association that it is desirable that the voluntary boarder system should be extended to rate-aided institutions, and desires to endorse the arguments which these bodies have set before the Commission.

Nursing homes and private care.—The Council recommends, with regard to provision for early treatment for those who can pay, that medical practitioners should be allowed to treat willing and non-volitional patients without certificates in registered nursing homes or kindred institutions. There is difficulty in obtaining early treatment if a patient be a borderland case or certifiable as insane, and yet the doctor who treats them in his own home, or his nursing home, does so at his peril, unless they are under certificates. He may be prosecuted and fined. Moreover, the doctor is only allowed, even with permission, to take two certified patients, however competent he may be and however anxious other patients may be to place themselves under his care. The same risk is run by the proprietor of any house or home to which patients may wish to go.

Wherever non-volitional cases are received some form of notification to or supervision by the Central Authority is, in the opinion of the Council, desirable. But the routine personal inspection of patients as opposed to the inspection of institutions may be detrimental; it should be reduced to a minimum, and should be entirely medical. It is noteworthy that there is no system of supervision or visitation of patients suffering from, say, febrile delirium, such as in pneumonia or typhoid, paralytic strokes, or comatose states, all of which conditions may render them non-volitional, and as unable to protect themselves from inadequate or careless treatment as even the most advanced cases of mental disorder are. To protect all patients, and in keeping with the principle enunciated above of bringing this treatment into line with general medicine, we would urge the registration of all nursing homes under the Ministry of Health. We deprecate any special registration of homes which take willing mental patients simply because their condition is thought to have a mental rather than a physical basis. Under such a system of universal registration of nursing homes of every type abuses can be dealt with by the ordinary process of law, and those patients suffering from mental disorder have the widest choice of where they wish to be treated.

THE ADMINISTRATION OF PUBLIC MENTAL HOSPITALS.

As regards the administration of public mental hospitals the Council feels that hospital methods should be adopted to the fullest extent, but they would not wish it to appear that they think that in many cases this is not so already. They urge that the practice of appointing consultants in general medicine and surgery and their special branches should be universal throughout public mental hospitals, and that the staff of the latter hospitals should be permitted to hold corresponding positions in psychiatry at the general hospitals.

They would also urge that the Central Authority (the Board of Control) should have greater powers to enforce the adoption of such facilities where they do not already exist. They consider that the ordinary medical attendants of patients admitted into mental hospitals should be given every facility for keeping in touch with the progress and treatment of their patients and for collaborating in the treatment whenever possible. In this way patients leaving hospital would, on returning to their homes, be enabled to continue after-treatment assisted by the knowledge and experience thus acquired by the general practitioner.

AFTER-CARE.

The Council recognizes that in very many cases the recurrence of mental disorder is precipitated by the return to unsuitable home conditions. They consider, therefore, that every assistance and encouragement should be given to after-treatment, such as is at present given by the After-Care Association. They have evidence, in the experience of certain members of the Committee, that where after-care is available, permanent mental health is re-established, and, therefore, they urge that the financial authority should generously support any established or recognized organization which has this after-treatment as its function.

THE LIBRARY.

The following books have been purchased and can now be obtained :
MacDougall, *An Outline of Psychology*.
Bleuler, *Mental Diseases*.
Jung, *Studies in Word Association*.