

CO-OPERATION IN WORLD MENTAL HEALTH YEAR

By

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I AM glad that the Papers Committee has arranged today's meeting in order to give some emphasis to the international aspects of preventive psychiatry and work for mental health. Faced continually with the pressing needs of our own individual professional tasks, it is wise sometimes to raise our sights and look at some of the problems and activities of our neighbour countries in the world.

Our Association was of course one of the twenty-two Founder Members of the World Federation for Mental Health when it was inaugurated in the Ministry of Health, London on 18 August, 1948. The R.M.P.A. then became a member of an inter-professional organization which, in addition to many psychiatric bodies, includes psychologists, sociologists, anthropologists, nurses, teachers, and other groups of professional people concerned with the behavioural sciences, as well as many national and local mental health associations.

The concept which we had at that time is, I believe, still true, that whereas therapy is primarily the responsibility of the medical profession, health—physical, mental and social—demands the thought and work of a team representing many disciplines.

The Federation has grown, and now has 124 member associations in 43 countries. I would remind you that the only other body concerned with international problems of mental health is the Mental Health Section of the World Health Organization, which is a Specialized Agency of the United Nations, an inter-governmental body which acts primarily through governments, and which incidentally has done much outstanding work through its Expert Committees, its consultant services and its arrangement of fellowships. W.F.M.H. works very closely with W.H.O., as also with the Social Science and Educational Departments of U.N.E.S.C.O. We have consultative relations with the Economic and Social Council, with I.L.O., and with U.N.I.C.E.F. in addition; and in our close contacts with all of these bodies we are able very often to give needed emphasis to the psychological or mental health aspects of many problems that are under discussion, which might otherwise be overlooked.

I will not weary you with a recital of what your Federation has attempted or has done during the past eleven and a half years. Some of you, though by no means all, are individual Associates of the Federation, and therefore have been kept in closer touch, through its journal, the annual reports, etc. I would, however, just remind you that the Federation, working on a minimal budget, has in fact accomplished quite a lot. It has been a clearing-house for information in this field to a growing extent, able to answer at least some of the many questions that are posed, able to create contacts between people with similar interests in countries on opposite sides of the earth. It has stimulated the creation of many new psychiatric and mental health groups in countries where none existed, and in fact there are at least a dozen countries or territories

where such activities are going on now which are not at present in membership or included in the 43 countries that I have mentioned. There are, for example, three active societies in Yugoslavia, eight or nine scattered on the Caribbean islands, a number in Asia, the most recent being the society created two months ago in South Korea, and there are a number in process of formation in the territories of Central Africa, where the problem of isolation of native and expatriate psychiatrists and social scientists has been a major one, in which we, with the co-operation of the Council for Technical Co-operation in Africa South of the Sahara and the World Health Organization, have succeeded in creating new activity.

International meetings are perhaps more meaningful in many areas of the world than they are in an over-privileged country like this. It is certain that our annual meetings, held in different countries, with the opportunity for small friendly discussion groups, have done much, through the creation of contacts and the sharing of problems and the description of successes and failures. Similarly, the Regional Meetings that we have held for the officers of member associations in Scandinavia and in Central America have had marked results in the continuing organization, co-operation and progressive development of work in those regions.

International teaching seminars for those who are themselves teachers of others in their own country have achieved much. The two notable ones for which we have been responsible have been that at Chichester in 1952, and that in Manila at the end of 1958.

The hard-working Scientific Committee of the Federation produced its first paper, *on Identity*, two years ago, and in pursuance of its aim to clarify some of the basic elements involved in the concept of mental health, it is just about to publish its second monograph, *on Mental Health and Value Systems*, which has necessitated much hard work, and conferences with representatives of the different religions and ideologies of the world.

The Federation has held a number of special expert conferences: on Student Mental Health, on Research in International Communication, and on the Methodology of Attitude Surveys.

Pre-arranged consultant visits have been paid to some 98 countries or territories in the world, and though some of these have been brief, such evaluation as we have been able to achieve shows that they have in fact been productive, and have played their part with governments as well as with purely professional workers in changing the climate of opinion with regard to the care and treatment of the mentally sick, and the activities that are necessary for the prevention of the less dramatic forms of mental illness.

We have carried out a number of projects at the request of W.H.O. and U.N.E.S.C.O., and many for ourselves. We are at the moment completing a small survey in 14 countries of the psychological problems in general hospitals. We have a project which aims to improve the selection procedures for the international Secretariats of U.N. and for those going on overseas technical missions. In the United States we are responsible for a study of the rehabilitation of discharged mental hospital patients, which has government support, and we are planning a conference particularly to help F.A.O., W.H.O., U.N.I.C.E.F. and P.A.H.O. on the psychological and cultural factors which create difficulties in the changing of food habits.

This, of course, is not by any means a complete list, but it gives you a quick look at some of the interests which your Federation has been encouraging over the years.

World Mental Health Year 1960, which we announced in 1957 at the annual meeting in Copenhagen, is by far the largest and most ambitious project of the Federation. The steadily increasing awareness of the problems of mental ill-health and the need for attitude changing in all parts of the world which had grown up amongst the government administrators, largely as a result of the educational work of W.H.O. and the Federation, was one of the factors in deciding the Executive Board of the Federation to take this step. The other factor was the apparent increase (apparent, because of the total lack throughout the world of reliable figures from past years) in anxiety and other neurotic conditions, and the increasing evidence of psychotic illness, due probably to the growing failure of family and tribal groups to contain people who are exhibiting abnormality or deviant behaviour.

Two-thirds of the world's population have never known anything but hunger, and it will be long before this situation is changed. The decrease in infant mortality, the increase of populations, and the difficulties in the development of agriculture, are all factors here. One of the crucial points, however, is that knowing that better things can be achieved, the under-privileged countries all over the world are trying desperately to raise their standard of living by mechanizing their agriculture, by commencing industrialization, and the general modernization of their form of life. A factor such as the change-over from a barter economy to a money economy is in itself a disturbing element, but the change of occupation following on improvement in the means of communication and the rapidly increasing urbanization is an even greater disturbance to the culture patterns of most countries. Because of these factors, and because of spreading education of young people in languages which mean that they cannot easily communicate with their parents, the joint or extended family system which has operated for so many years in Asia and in the Latin-American countries is breaking down, as is the tribal system of organization in Africa. This creates what Erikson has called "identity confusion", and anxiety arises for this reason, added to by the stresses of not getting a job at monetary rewards which they hoped for, fears of losing a job, the critical situations that follow the loss of a job, and the "keeping up with the Jones's" which is common to every country in the world, under whatever name the Jones's may be known.

The general hunch (and it is no more than that) which Western-trained psychiatrists working in under-privileged countries have, is that probably there is no change in the actual morbidity due to psychosis, but there seems no doubt that there is a true increase in neurosis, and this creates a very challenging problem for our times. It is something for the solution of which all of us must attempt to carry some part of the responsibility.

The development of our own psychiatric services, the improvement of our teaching, the intensification of our research, are all extremely necessary things—for our own country, but also in order to enable us to provide some kind of basic data and concepts which can be made use of by countries of less sophistication and far less good facilities. Nigeria, with 32 million people, has one psychiatrist. The Sudan, with 20 million, has one psychiatrist. Some parts of the British colonial territories have no psychiatrist, and their methods of dealing with the mentally disordered are almost indescribably primitive. The People's Republic of China a few years ago had a maximum of ten psychiatrists, and at the present time have apparently trained some three hundred or so since we have separated from them, but how far is this likely to go in meeting the problems of 630 million people, where already the Ministry of Health in Peking has declared mental breakdown as a first priority?

It was because of matters like this that it seemed entirely appropriate to try and stimulate scientific thinking and wise educational and social action for better mental health throughout the world. It is unrealistic to believe that psychiatrists and psychiatric facilities can be provided sufficiently to deal with the problems that face our few colleagues in all these under-privileged countries. Prevention must, I think, be the long-term answer, and prevention must be along the well-established lines of public health practice.

In passing, one may point out that the eradication of malaria, yaws, syphilis, leprosy, etc., is something which is fairly easy to understand, both for doctors and for laymen. These are killer diseases. We have in our own field one example of a killer disease which is in the main our responsibility, about which we do remarkably little. That is prejudice, which has always existed in every country in some form or other as an endemic disease with epidemic outbursts. It killed six million people in Europe not long ago. It is in part an economic, social and political disease, but whose responsibility is it to discover how prejudice begins and how children are to be brought up with a positive sense of pride in their own identity so that they will be resistant to infection by prejudiced ideas as they go through their early life at home and at school?

The general plan for World Mental Health Year, as you will know from the literature, was that we should aim primarily at the scientific approach and the discovery of validated factual material upon which preventive work could be undertaken through education or social action. Some few countries of the world will probably need popular instruction, but this was not a primary aim of W.M.H.Y. There are two major elements in the programme: first, the assessment in as many countries as possible by the people on the spot of the high priorities of their own country in the field of mental health, so that they could devise new national programmes or give increased emphasis to existing activities; and secondly, a small group of topics picked out of the many possibilities which might be regarded as central international matters of interest where data and material could well be exchanged over national boundaries, and where we could learn a very great deal from the successes and failures of people in all countries.

This is the plan that we have pursued, and in doing this, by communication of course with your fellow member associations, with the government Ministries of Health, Education, Social Welfare, and Justice of every country in the world (in five languages), by drawing in the interest of other international non-governmental organizations like ourselves, we have discovered that we have created a ferment, because there clearly was nearly everywhere a recognition of the need for such work. We know now of over 150 projects which have either been offered to W.M.H.Y. or have started as a direct result of our activities, and some 50 or 60 of these merit being called scientific activities—research, surveys, etc.—whereas the others are largely action projects.

The central projects were originally five, and we have now added a sixth. In brief, they are: (1) needs of children and youth; (2) stimulation and carrying out of attitude and morbidity surveys in the field of mental health; (3) establishment or improvement of fundamental education in the principles of mental health in all related professional schools everywhere; (4) determination of methods by which help can be given to industrializing countries to avoid some of the mistakes made by the developed countries, so that industrialization shall make a contribution to good mental health, and not the opposite; (5) psychological problems of migrant populations and refugees; and (6) the gerontological problems which arise, and which will of course be obvious in the studies of projects (2) to (5).

These are certainly all major projects which in our original planning we decided would demand a period of at least four years, though (as we hoped) starting in 1960. Each of them involves a first year of fact-finding upon which the detailed programmes of future action will have to be based; each demands groups of people in many cultural and language areas of the world co-operating. For each of them we have for some time had the consultants or co-ordinators who are willing to take on responsibility for doing all that can be accomplished in each of these fields.

The estimated cost of our original plan for the five projects, on a four-year basis, came to 2½ million dollars—some £900,000, and we have so far failed to find funds of this magnitude available. We have, in fact, only a minimal fund. Despite this, the Executive Board of the Federation and we in the Secretariat are by no means disheartened. We have a great deal of voluntary work going on towards the achievement of the goals of these five projects. Some of our special consultants are working part-time for nothing. Two of them have been working on their particular themes while in the employment of W.H.O. One of them is, while waiting, the Adviser on Mental Health for one year to the High Commissioner for Refugees. Five highly competent U.S. workers are devoting their sabbatical leave to work on various aspects of these projects, and there are at least two offers from this country of similar work which we hope to take up. Many of the national projects will result in a direct contribution of substance to these central projects. While we still must look for much larger support, we are sure that with patience a great deal will be achieved, even with a minimum of finance.

World Mental Health Year has from the beginning been announced as something which is not just an activity of the Federation, but something which welcomes and involves anybody and everybody in the world who has a serious interest and concern in these matters. We have the co-operation and sponsorship of W.H.O., excellent co-operation from U.N.E.S.C.O., first-rate co-operation from C.C.T.A., the inter-governmental body in Africa who have already helped with the African conference, have held an expert meeting on the Development of the African Child, and are holding two more meetings, one on Aptitude Tests and the other on The Adaptation of Education to African Needs—all as a part of their contribution to W.M.H.Y. Many government bodies in different countries are co-operating with a good deal of enthusiasm. Very encouraging speeches have been made in the Senate and the Congress of the U.S. President Eisenhower has sent cordial messages. The Presidents of Austria, of Finland, and of a number of other countries in Europe have taken their part in the inauguration of W.M.G.Y., and our Latin colleagues have followed their admirable habit, and there have been Presidential Decrees that World Mental Health Year 1960, is official in Peru, Argentina, Venezuela and Cuba. Costa Rica and Spain are to follow in this.

As you will see even from so partial a recital of both scientific and public interest in W.M.H.Y., we have all of us some reason for being stimulated. The leaven is working in the lump.

And now, what do we in the R.M.P.A. do about it? The N.A.M.H. and the Scottish Association for Mental Health, and the Committee which represents the eleven member associations in this country, have already stimulated a great deal of interest in the on-going national programmes and in the stepping up of new activities in the United Kingdom. Social welfare organizations in considerable numbers are joining in with special issues of their journals, special meetings, etc., and now that we have Refugee Year (which gate-crashed to some

extent, but which does not in fact clash) reaching its later stages, there will be, I hope, more sensible publicity in this country.

Everyone must decide for himself what particular kind of activity can be undertaken, but I would suggest that we think not only of the needs of our own country, which are many, but also of the value and utility of what we can produce, either by research or by the distillation of our clinical experience which can be of value to our colleagues in neighbour countries throughout the world. We should know basic facts which are proven, on which we can devise prophylactic methods and new techniques for ensuring the health and stability of future generations. It is not always easy to separate out from the work we are accustomed to do in our local setting those things which may have more universal applicability. I would ask you whether you cannot produce statements about your findings which are simple and not only related to the local scene, and our own type of organization, but which can be adapted or adopted, or at least considered carefully, by your colleagues in a hundred or more countries in the family of nations.

This is what we need above all, and my hope is that this country, which of recent years has been giving a lead to the world in the care and treatment of the mentally sick, can provide a great many ideas which can be applied prophylactically throughout the world. This is the form of technical assistance that we can provide; perhaps also evidence that we can be a Great Nation, the quality of whose work of all kinds can influence world society.

The efforts of Israel in modifying the laws with regard to sexual assault of children, so that youngsters no longer have to appear in court, and thereby avoid an increased sense of anxiety and guilt, is but one instance of social action taken on the basis of something that all of us have known, but none of us had taken action about.

We shall certainly need more validation of the theories about separation anxiety in children if we are to have something to compare with the opposing ideological concepts in this field of the Socialist Republics of Europe, or the experience of the Kibutzim in Israel. Every region of the world will need to try to formulate its concepts of psychiatric practice and the principles of mental health, and these will be different for Asia, Africa, Latin America, the Socialist Republics, and the so-called West. We shall learn much from discussions and comparisons of the varying methods with their very different cultural backgrounds, and the evaluations that can be produced.

I need say no more, I think, except that World Mental Health Year needs your interest, your comment and criticism, and above all, your work.