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Part I.—Original Articles.

THE ROLE OF THE MENTAL HOSPITAL IN THE NATIONAL HEALTH SERVICE.

THE PRESIDENTIAL ADDRESS DELIVERED AT THE ONE HUNDRED AND EIGHTH ANNUAL MEETING OF THE ASSOCIATION ON WEDNESDAY, 20 JULY, 1949.

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IT is your kindly custom to permit your new President to discourse freely and with more or less impunity on the subject of his choice, but in this very freedom I sense a whisper of restraint, for the domain of psychiatry has become so wide, if not indeed diffuse, that almost any theme might have been selected, from the riddle of the Collective Group Conscience to the question of Home Work for School Children. The time is long past when we could think of psychiatry in terms of psychoses and mental defect. The wide field of psychoneuroses and psychosomatic disorders, the frictional home, the disapproving suburb, the unemployable and the delinquent, and all the adverse social circumstances that complicate the problems of the aged and the very young, all these must be the intimate concern of the psychiatrist. It is therefore with some diffidence that I ask you to turn your thoughts to some desultory reflections on one particular aspect of our specialty which to some of us appears to be of primary importance, although to others it may seem like the resurrection of the outworn theories of that bygone generation to which I belong. I refer to the role of the mental hospital in the National Health Service.

Dr. Julian Huxley has said : " Without adequate comprehension right action is impossible ; and without an adequate picture, comprehension is impossible." I feel that this has been our difficulty. We have not succeeded in presenting an adequate picture, and consequently the people, the Press and the politicians have found it impossible to comprehend.

How shall we present an honest picture of the mental hospital ? We know that thousands of intelligent people come as patients to the mental hospitals in

acute emotional distress, and after a few weeks return home with grateful hearts, cured as by a miracle ; on the other hand, we know that many acquire a state of prolonged intellectual isolation that renders them unfit for return to the active life of the community ; that others with bitter memories find haven in the mental hospital and desire not to return ; that many in the twilight of their lives lose grip of their affairs, and in confusion and amnesia need the shelter and the care that so far only the mental hospital has provided.

How can this conglomerate assembly be described to those who have not seen it ? And is it the best thing that we should continue to provide for so widely varying types in one comprehensive hospital ? For many years this Association has been trying to tell the public that the mental hospital is not what they imagine it to be. Occasionally we have been arrogant, sometimes querulous, more often suppliant, but always incomprehensible ; for we are the slaves of catchwords and formulae that beg the questions they are meant to answer, and their varied interpretations produce different meanings and fresh controversies. Such words are " Hospitalization," " Integration," " Preventive psychiatry," " Psychiatric unit," " Early treatment." All these words mean much to each of us individually, but do they mean precisely the same to all of us collectively ? And what exactly do we mean by a mental hospital ? Is it to be a backwater of the hospital services, or is it to be part of the main stream ? Is it to be for the treatment of all psychological disorders, or only for cases associated with anti-social behaviour ?

You may, I think, remember that some blind men once went to view an elephant. With outstretched hands one touched the side of the massive body ; quoth he : " I think the elephant is very like a wall." Another put his arms round a leg and said, " To me it seems a tree." But he who grasped the trunk declared, " It's not unlike a snake," while he who held the tail was sure " 'Twas just a bit of rope."

I sometimes think the mental hospital is rather like that elephant. Special features and isolated parts of it are described in a form of words that may be not untrue, and yet the total meaning conveyed is something entirely different. We tend to generalize from an intimate knowledge of very few hospitals, not really knowing how good or how faulty the others may be.

For many years we have consistently advocated the integration of psychiatry and general medicine into one comprehensive medical service, and this would now seem to be accomplished. Psychiatry takes its place as one of the hospital and specialist services, financed and controlled by the same Boards and Committees that govern the other medical services. The new hospital authorities have welcomed the advent of psychiatry into the family circle of general medicine. There are times when many of them are a little bewildered by some of our peculiar habits, and certain aspects of the clinician's work remain a mystery even to our medical colleagues. With a background experience of voluntary and municipal hospitals they are disposed to interpret some of our recommendations in a way that we did not intend. Integration is sometimes taken to mean absorption, and hospitalization is thought to imply that the best mental hospital is the nearest imitation of a general hospital. I am sure we have never meant to suggest that a comparatively small general hospital could

annex a mental hospital under its usual administration. Yet it has been to some a genuine surprise when this well-meant gesture has not been received with complete satisfaction; and perhaps we ourselves have been largely responsible, for even within our own group, ambiguous and misleading statements have been made when we have described our elephant in terms of the clinic and the early case. Prompted by sentiment, we have preferred, when possible, to treat our patients at the general hospital; and we have not always defined as clearly as we might the limitations of the general hospital in relation to psychiatry.

Whereas the extra-mural services were at one time most sadly neglected, and we quite rightly used every endeavour to increase out-patient clinics, psychiatric units, early treatment and neuroses centres, there is a possibility that the pendulum may swing too far, and that these facilities may be sold to Regional Boards as all-sufficient in a scheme of preventive psychiatry. It has indeed been said that if we cure the early case there may be no need to provide for long-term cases in the future. You know that nearly all your old patients were cured in their early stages, some of them several times. Some of us would even be willing to confess that a few of our own cures have subsequently consulted another psychiatrist, and I think you will agree that it would be unfortunate if in our efforts to promote the extra-mural psychiatric units we seemed to imply that the demands of the larger hospitals could thereby be deferred, or that treatment therein could be entrusted to a lower grade of specialist.

Through all the years that we have quite rightly preached the gospel of integration, we have to some extent misled our listeners by appearing to place too much emphasis on the alleged plight of the early case. It may be that the early case could be treated very well in mental hospitals if the general medical services had provided more adequate accommodation for the chronic sick and the aged.

Rightly, I think, we have refused to believe that public assistance institutions could deal with amnesic and confused old people, but we have always held that a large proportion of the aged patients in mental hospitals could properly be treated in other special hospitals provided they had adequate nursing staff, and the resulting relief of overcrowding would have made the mental hospitals more suitable for the early case.

One of my colleagues was not merely facetious, nor was he thinking only of psychiatry, when he said there was an urgent need for early treatment if we were to avoid the grave risk of spontaneous recovery. However, for other and better reasons, we are all agreed that early treatment is much to be encouraged, but it is absolutely essential that those who fail to respond should not be downcast by the suggestion that everything possible has been done, and that transfer to a mental hospital is the stamp of chronicity.

In 1851 Dr. Hill, of York, said: "Early treatment is often easy treatment." That was nearly 100 years ago, but in those old days Dr. Hill was referring to early treatment at the mental hospital. Now the same words are beginning to have a new meaning; they mean pre-mental hospital treatment. This also we welcome as something that we have advocated these thirty years, but when

we see it featuring on the new plans as something to "save the patient from the mental hospital," we wonder whether we have all been thinking of quite the same part of the elephant.

Very far be it from me to detract or minimize the important growth of facilities for psychiatric treatment at general hospitals. Never was any development supported by a more complete unanimity, and indeed just therein lies the risk that the progressive young psychiatrist may be charmed away, for

> "Who will not change a raven for a dove ?
> The will of man is by his reason sway'd,
> And reason says this is the worthier maid."*

Or is it the wealthier maid ? I want to emphasize and to say quite categorically that the major clinical problem in the treatment of mental disorders is morbid apathy and indolence. The condition can be successfully treated, but only by most active and intensive measures. It cannot be done by giving mere lip service to occupational therapy, nor by providing rooms for the practice of handicrafts. The skilful occupational therapist will deal with her patients adequately and effectively, but she can only deal with those the doctor sends her, and she can practise her art successfully only when her patients have been skilfully pre-conditioned by the psychiatrist.

It is kindly to say, and comforting to hear, that the breakdown is due to overwork, but in truth the strain is always due to failure, and rest is not the remedy.

Without a skilfully organized programme of LIVING, zealously directed by experienced clinicians, patients will escape from failure into idleness, and when securely anchored in the harbour of the slothful environment, they will be, with shameless candour, classified as deteriorated.

What inducement can be offered to the young psychiatrist to retain his interest and to expend his energy on this difficult problem ? I shudder to think how this class will increase if their treatment is ever thought to be simply a matter of administration.

It seems to me that the task of fitting psychiatry into a regional hospital service will not be quite satisfactory until a pattern of key hospitals and their relationship with associated extra-mural centres is clearly defined. Is it possible to conceive and create in every management area a base hospital that will embrace all aspects, and serve as the main centre of a group of treatment units for all types of psychiatric disorder ? Can the mental hospital be that base ? And if so, will its present form require to be modified ? That is the vision that I want to submit to you, and I believe that it can be realized if the workers in this field strive individually and collectively to that goal. Among our members we have every shade of opinion on this question. We are not agreed upon the total function of the mental hospital, and some of us are content to say : "Our mental hospitals are the best in the world, but they are not quite suitable for the treatment of early cases ; that public opinion is not yet educated enough to accept the mental hospital ; that everything

* "Midsummer Night's Dream."

must be done, every effort must be made, every deception must be practised, to save the patient from the ' stigma ' of the mental hospital."

Alas this stigma ! What is it ? It is an extraordinarily powerful influence and an evil influence, but is it possible that it may be unwittingly preserved by the elaborate care we take to avoid it ? The perpetual flight of psychiatry from its own stigma has continued so long in circles that it is hard to say which is fleeing and which pursuing. We used to say that the stigma was attached to the process of certification, then to the mental hospital, and then to the word " mental," but I doubt if it is really attached to any of these. A stigma is a mark to be seen by gossiping neighbours, and these people can see a long, long way. How soon will they plant the stigma in the extra-mural centre and the psychiatric unit ? Will psychiatry then become the undesirable tenant, coerced by the landlord to flit when the neighbours complain ?

Other institutions have got rid of stigmas, but never by concealment. Always the stigma disappeared when the alleged shame became common and ordinary. I remember when a serious stigma was associated with lipstick, and like many of my age I have lived in a society where scabies and pediculosis were honourable afflictions.

Once upon a time in a certain genteel suburb of a famous university city it was not quite *comme il faut* to be treated at the Teaching Hospital, and in order to avoid the stigma, great sacrifices were made to pay the fees of less well equipped nursing homes. The neighbours talked when anyone was bold enough to defy this convention. It was not that the treatment was not good ; it certainly was the very best, but John Smith tells us that the clinical examination by students lacked certain niceties which were thought to be essential :

" A curran o' callants wi' paper an' pens
Cam' in for their edification,
And the doctor sets ilk ane tae see if he kens
Whilken pairt o' my system's in maise perturbation.

" They surrounded my bed, an' they pu'ed aff the claes,
Then glowered at my haill conformation ;
An' inspeckit me a' frae the head to the taes
Tae see I had nae malformation.

" Then I rose frae my bed, an' I said I was cured,
For I felt that a continuation
O' the scandalous treatment that I had endured
Wad ha'e brocht a man's days to a quick termination.

" The doctors, the medicine, the nursing, the meat,
I maun aye haud in high estimation ;
But I'd rather forgae them an' dee on my feet,
Than submit to a clinical examination."

We know that the lingering dislike of the mental hospital is due to several factors, but is it possible that at least one of them may be a similar lack of delicacy, and that we may find that public opinion is more wisely discriminating in some things than we have supposed—those things of which Dr. Rees Thomas reminded us last year in his address on the patients' point of view ?

We must try to avoid the temptation to explain away our shortcomings by thinking that the layman cannot understand. It may be that we have

failed to notice that public opinion is ready now to accept the good mental hospital, even for the mild and early case, but quite rightly the people will want to be satisfied that the hospital really is good. How else can we explain the fact that while some hospitals enjoy a cordial and grateful fellowship with their patients' relatives and the residents of their neighbourhood, others have complaints from suspicious and querulous visitors ?

Hitherto people have been left to paint their own picture of the mental hospital from little bits of comedy, drama and tragedy, from stage, screen and fiction, where naturally the accentuated highlights so presented offer to popular imagination a spice and savour that must be lacking in the dull, grey story of actual clinical experience.

A certain film now showing invites them to imagine the worst, and it must be very disturbing to the relatives of patients to see this picture of oppressive tyranny and callousness. I should like, therefore, to say here that although during the past 35 years I have visited approximately one half of the mental hospitals in this country, and have lived and worked in five of them, I have never seen anything resembling some of the scenes depicted in " The Snake Pit." Of course, we are told that it isn't British, but the question will naturally arise, " Is there a British equivalent ? " Well, there is an equivalent description of British mental hospitals.

Twelve years ago a well-known journalist, Mr. Paul Winterton, undertook an investigation into that very question. He lived for a whole week in Clifton Hospital here in York, and was as free as any member of the staff to enter any and every ward by day or night. He spoke to patients and interviewed their visitors. He told them who he was and why he was there. He observed with his own eyes, and he invited complaints and criticisms. The results of his investigations were published first in the *News Chronicle*, and later in a book entitled *Mending Minds*.

He wrote :

" I feel grateful for the opportunities which have been given to me belatedly to recognize and discard some of my own prejudices. Unquestionably the attitude of the Press towards mental illness and its treatment in mental hospitals has done much to perpetuate the prevalent public misconception on the subject. The responsibility for this state of affairs does not lie wholly at the door of Fleet Street, however. Newspapers are the purveyors of palatable information to an insatiable public, and though they sometimes print inaccurate and garbled news when they are unable to discover the truth, they do not normally prefer inaccuracy to truth. The fact is that on the subject of mental hospitals and mental treatment, most newspapers are uninformed. They are uninformed because so far no one has ever taken the trouble to interest them in the facts."

Well, Paul Winterton himself published the facts, critically but fairly; yet one newspaper remained so uninformed as to print this bit of nonsense, which appeared in *Cavalcade* only a few months ago :

" In the mental institutions to-day there are scores of eminently sane people slowly being driven mad. Hundreds of thug-like male nurses delight in inflicting torment on their helpless patients. Recently I heard of a case of a man under whose bed clockwork mice were put to frighten him. When he complained, he was told he was imagining things."

To us that seems too silly to refute, and I am sure it is not the voice of intelligent public opinion, but is there any hope of getting student nurses when such calumnious stuff is being published?

You may be saying, as indeed it seems to me, that we have been hearing this these many years, and we have always thought it best to take no notice. We have pursued our ideals steadfastly and zealously through the 108 years of our Association's activities, and we are able to look back down the century upon progressive improvement. As I think of the good works that have been planned and the good intentions that have not been implemented, I cannot escape the thought that our tempo might have been quicker had we followed a more aggressive policy.

It is true that we have pursued our ideals, but we have never been able to catch up on them. We have always been working ten or twenty years behind our plans, and this has been aggravated by two standstill periods amounting to 16 years. None of us can look complacently on those little bedroom windows, with sloping sills 5 or 6 feet above floor level. They were condemned 50 years ago, but many of them still survive. None of us can be satisfied to see 200 patients loitering in an enclosed ward garden. None of us would say that it is fit and proper that any person should have to sleep night after night for years in a huge dormitory with 50 or more other people. Let us confess that there are such dormitories—not very many, perhaps, but why should there be one? For these lingering blemishes we must accept some measure of responsibility, for we have been too grateful for small mercies when a modern admission block has been provided.

Sometimes, too, we have been timid in our adoption of new freedoms and hesitant to press for more. Not a few of us here to-day can remember the conferences and the advisory committees that preceded the Mental Treatment Act of 1930, and how, in fear of public criticism, we subsequently snipped and trimmed our early hopes. We suggested that an Order of Reception should not be required when a patient was indifferent; the result was Section 5—a very different thing.

Survivors of the 1890 vintage told us then that we were but resurrecting many of their rejected plans; e.g. we were told that the reception of voluntary patients into public mental hospitals had been originally intended in 1890, but that provision had been excluded—not under the influence of public opinion, but by the fears of medical superintendents. We were told that the obligation of the Justice personally to interview a patient before signing a Summary Reception Order was not primarily intended to safeguard the liberty of the subject—no such safeguard had been provided for the private patient—it was in order to insure that a poor person requiring treatment in hospital would not be sent to a workhouse. The observation wards took their rise at the same time from the fears of the Guardians and Relieving Officers, who thought that they might not be able to manage without the workhouse accommodation.

Thus the 3-day observation was not intended to save the patient from the mental hospital; it was not intended to give the doctor three days to make up his mind; it was intended to cover the occasional emergency when the means of removal to a mental hospital were not available; but you all know how it

became a routine procedure, and later the observation wards came to be sold as early treatment centres.

Now, after 60 years, Section 20 has been most ingeniously amended, and the simple stroke of a magic pen would appear to have provided for admission without certification. Unfortunately, Section 20 requires that either a constable or a duly authorized officer shall be satisfied that a period of observation is desirable; so that it is literally true that a consultant psychiatrist on a domiciliary visit must ask a policeman. Moreover, these officers are concerned primarily with Summary Reception Orders, which under the new Act are not strictly applicable to the ordinary patient with friends able and willing to make a Petition.

The general adoption of this expedient might therefore have the disadvantage of causing us to lose sight of the still more important amendments which have removed the need for intervention by public officials, between the general practitioner and the hospital.

Although I know this is a very unpopular view, I want to put it to you that certification *per se* is not the act that makes the stigma. Certification may soon be a rare occurrence, but the neighbours will still talk, and they do not discriminate between one section and another. They just think there is a process by which people are "put away," and that the duly authorized officer is the official who carries out the process. To my mind the great value of the new Section 20 is that it indicates that public opinion does not demand a Reception Order as a pre-requisite of admission, even in the case of an uncooperative patient, and that it is unreasonable to fear that public opinion would not be prepared to go further, and permit the transfer of responsibility from the constable to the doctor.

It is difficult to know exactly what public opinion is, but I think the reaction of the patient's family might be taken as a measure, and perhaps it is not so widely known as it ought to be that although the next of kin may discharge any certified patient, rarely does he do so against advice. The community fully realize that there could not be any conceivable reason for a public hospital to conspire deliberately with relatives to admit or detain a patient improperly. Naturally there is fear of careless mistakes by doctors, but in fact the ready-made Reception Order serves more to protect the doctor than the patient. It should therefore be applied for by the superintendent after admission in those cases in which he finds himself in need of a warrant.

Soon we may have another opportunity and a promise of fresh legislation. Never before have we had so enlightened a Ministry in the matter of mental illness, and the sky is bright. Let us therefore be bolder this time; let us assume that the House of Commons can be made aware that the mental hospital is the great defender of the interests of the mental invalid, and that it is therefore unnecessary to set up elaborate machinery to provide so-called safeguards against his admission.

How, then, shall we plan the mental hospital of the future? And how shall we present the adequate picture? If we follow the pattern of general medicine we shall have relatively small hospitals to provide curative treatment, and larger infirmaries for the care of long-stay cases, and by a process of

screening at out-patient clinics and diagnostic units, patients will be selected for admission to the hospital appropriate to the nature of the case. In such a scheme there must always be a last resort to deal with the failures, and some of us are a little concerned lest this final resting-place might be called the mental hospital.

Strangely enough, this system is usually supported by the physicians at the reception hospital and condemned by those at the long-stay unit, for whereas all are agreed that we must think only of the patients' good, there is some doubt who among us shall have to think only of the good patients; for we do not all agree with Robert Louis Stevenson that "To ask to see some fruit of our endeavour, is but a transcendental way of serving for reward." Moreover, the modern trend is to evaluate both the physician and the hospital in terms of production, and according to the industrial potential of the patient; with that yard-stick psychiatry may sometimes seem to give short measure. It is therefore all the more important that we should guard against an uneven distribution of experienced clinicians which might divert them from the long-stay in-patients, many of whom continue for very long periods to be clinical problems demanding the greatest effort.

Can we say the same about the town parole group, the near-normals, the quiet, well-behaved, and industrious? Is it desirable that those patients be retained in the main hospital? I am convinced that for their care there is need for the establishment of sheltered villages and resettlement homes in every region, to prevent the continued occupation of hospital beds by this ever-increasing accumulation of passive settlers. Suitable accommodation might perhaps be found ready made in some of the sadly derelict mansions of this country, and at least a small proportion might properly be regarded as the responsibility of the Local Authority, rather than that of the hospital services.

At the present time we have all got in mind the need for special hospital accommodation for aged patients. We have all said repeatedly that some of these old people should not have to be sent to mental hospitals. We have not said that they were being sent illegally or improperly; we have meant that a more simple type of hospital with good nursing would be adequate and ought to be made available.

Whereas in the past only the mental hospitals had any kind of national co-ordination under a central authority, the new Health Service creates a corresponding organization for general medicine, and with it an obligation to provide accommodation for all forms of long-term illness, and there is therefore good reason to hope that we may now approach the problem of the aged as one common to both general and mental hospitals, for it is in this category that the unity of physical and mental health is most obvious.

While we cannot accept the view that the senile patient does not suffer from any psychiatric malady, we will agree that the mental hospital might well hand over its habitual practice of providing large senile infirmaries, and our Association will keenly co-operate in any effort to provide alternative care and comfort for the aged.

There is also the problem of the mentally defective, who occupy a very large number of mental hospital beds. I think we would all agree that many of

them would be better in appropriate colonies, and possibly in the colonies there are some who might live and work in the sheltered village. What of the emotionally unstable defective? Methinks that I may find but scant support of this opinion; but that large class we know so well, of moods and tempers, sulks and rages, petty jealousies and childish quarrels, I think they too should be accommodated in mental deficiency institutions rather than in the mental hospitals.

How would these changes affect the picture? Briefly, this is my thesis:

A Hospital Management Committee would be responsible for the residents of a particular catchment area, and it would be their duty and their obligation to merit and to win the approval and the confidence of their public. Their aim would be to do so with the smallest number of patients in hospital per 100,000 of the area's population, for a mere increase in the number of beds provided is a very ironical boast

The mental hospital proper would not be an isolated institution, but an extensive group of widely dispersed units, of which the nuclear centre or headquarters hospital would deal with the reception, treatment, and, if necessary, the prolonged treatment of all types of acute and difficult cases, regardless of duration. It would supply the medical and nursing staff for all the subsidiary units and out-patient clinics. Suitable cases would be treated by the same specialists in the psychiatric departments of the general hospitals and at *ad hoc* neurosis centres, but these would not be used as screening centres for the main hospital. Remote from the headquarters hospital and situated in rural surroundings, relatively small resettlement homes would accommodate those who no longer required active treatment. Some of them would gradually become dispersed in the surrounding villages when the community learned the value of their labour, and knew that the hospital would be ready to deal immediately with any difficulty that might arise.

The main hospital would not be designed expressly for the convenience of the kitchen and the distribution of food, nor would expensive corridors be built to serve as mere umbrellas. It would consist of detached buildings set well apart and screened by trees; each block having its own segregated class and function, and vacancies would not be aggregated indiscriminately for the total hospital.

On this pattern, and with adequate geriatric units and mental deficiency colonies providing independently for their respective cases, the problem of overcrowding in our present mental hospitals would be solved; and here and there some ancient blocks could be demolished. Many hospitals require new reception units, and the main buildings of some are long overdue for replacement by modern structures, but I believe it to be possible, and I hope it may be the fact, that for many years to come the erection of a complete new mental hospital will be coincident with the demolition of an old one.