IMPRESSIONS OF SCANDINAVIAN PSYCHIATRY.

By A. HARRIS, M.A., M.D., D.P.M.,
Assistant Physician, Bethlem Royal Hospital and the Maudsley Hospital.

The Hospital System.—In all three Scandinavian countries there are two main types of hospital catering for psychiatric patients, the mental hospital proper resembling closely in its style and function the institutions of that name to which we are accustomed in Great Britain and the psychiatric clinic, a department of a general hospital. All three countries also have institutions for the mentally defective, Denmark and Sweden ones for criminal psychopaths and Sweden ones for the treatment of alcoholic addiction.

In all three countries there are two separate hospital systems, those run by the State and open to all the population, and those run by the large towns and open only to the citizens of the town in question, also in some cases to outsiders on payment of greatly increased fees. A fee is payable by those patients who can afford it, usually a very modest one of the order of one or two pounds a week. For example, in one University clinic patients are charged Kr.3 a day (about 4*s*. 6*d*.), whereas the actual cost is 30 Swedish kroner (about £2). In Sweden especially there is a complete consensus of opinion that the municipal hospitals are superior to the State hospitals, and the cities of Stockholm, Gothenburg and Malmo are justly very proud of their services. The teaching hospitals are departments of the Universities and independent. It is usual in Sweden for the University clinics to have private wards in which higher fees are payable and better amenities provided.

The Psychiatric Clinics fall into two categories, those which take only quiet, well-conducted patients, mostly of the type which here would be labelled "neurotic," and those which in addition take all psychiatric emergencies and a wide variety of disturbed psychotic patients, later to be transferred to the mental hospitals, so fulfilling the function discharged by the observation wards in the large English towns. The Swedish ones and the University Psychiatric Clinic in Oslo fall into the first class, and the Danish ones and the municipal psychiatric clinic in the Ullevard Hospital, Oslo, fall into the second. The general hospitals consist mainly of series of separate blocks housing the different specialties spread out in attractive grounds, the psychiatric clinic being housed in one of these blocks. An exception is the great Southern Hospital of Stockholm, where all the departments are under one roof and a part of one floor accommodates the psychiatric clinic. Dr. Wohlfahrt finds this latter arrangement very convenient and is convinced that it has more advantages than disadvantages. Occasionally one finds the psychiatric building some little distance from the main hospital as in Uppsala and the Oslo University Clinic, usually due to difficulties of siting. They vary in size from about 90 to 200 beds and excellent modern well-designed buildings seem to be

the rule. Large dormitories are exceptional and there is a plentiful supply of single, two-bedded and four-bedded rooms. Dayroom accommodation is scanty in some hospitals, but good in the majority. The staffing is generous, on the lines of one nurse to 1½ to 2 beds, and one doctor to 10 to 20 beds. The structure of the medical staff is hierarchical, with a director at the top. The university clinics in the teaching hospitals are on the whole well supplied with nursing staff, but the others suffer from chronic shortage, necessitating in many cases closure of beds.

They practically all have waiting lists, and it is not uncommon for the less urgent types of case to wait several months for a bed. They enjoy all the diagnostic facilities of the well-equipped general hospitals, of which they form a part, and all the clinics which I visited possessed their own electroencephalographic machine. Research is carried on at many of them, from the strictly practical clinical trial of new compounds in the treatment of barbiturate poisoning undertaken at Bispebjerg to the elaborate biochemistry of Uppsala.

All run out-patient clinics and some of the hospitals which do not provide an " observation ward " type of service nevertheless see cases of acute psychosis as out-patients, and arrange their admission to the appropriate hospital. Most have one or two social workers attached to their staff and some undertake extensive arrangements for after-care. In Gothenburg, for example, convalescent homes and the boarding-out of patients on local farms are organized from the psychiatric clinic and not the mental hospital. Social workers are available in reasonable, but not sufficient, numbers, although there is no special post-graduate course in psychiatry for them as yet. Clinical psychologists exist only in Denmark. In Sweden it is quite common for nursing personnel to be trained to give intelligence tests. Most of the child psychiatry falls within the province of these clinics, but it made a late start in Scandinavia and is nowhere as highly developed as in this country. In Copenhagen large children's out-patient departments and 20-bedded in-patient departments exist at the University Psychiatric Clinic and at Bispebjerg; Uppsala has similar facilities, the only ones in Sweden.

The approach in these hospitals is predominantly a somatic one, with emphasis on constitution and physical factors, such as intercurrent infection. The concepts of Kretschmer and Sjobring vie with each other for popularity and theories of psychopathology and the more dynamic aspects attract less attention. Physical treatments, E.C.T., modified insulin, prolonged narcosis with sodium amytal and other barbiturates, vitamin B administration, pyrifer for incipient schizophrenia and the Danish antabuse or its Swedish equivalent, abstinyl, for alcoholic addiction are much used. There is much awareness also in many quarters of the importance of social factors, and this is becoming universal, but one discerns only here and there the tentative beginnings of the organization of the more elaborate forms of psychotherapy as we know them.

The outstanding success of these clinics appears to lie in the integration which they have achieved between the psychiatric and general medical work, and it would now be unthinkable in these countries to plan a general hospital without a psychiatric department containing a substantial proportion of the number of beds.

The Mental Hospitals.—The general standard of those that I saw is high and compares very favourably with conditions in Great Britain. The best Swedish mental hospitals are a sight for sore eyes, with modern well-laid out buildings, interiors on the furnishing and equipping of which much care and thought have obviously been expended, smart, pleasant, intelligent staff and an absence of the distressing sights, sounds and smells which only too often are found associated with the care of chronic deteriorated psychotic patients.

Locked single rooms and mechanical restraints are dispensed with, and it is a matter of pride with the nursing staff to keep the quantity of sedative drugs administered down to the absolute minimum.

In one male disturbed ward, for example, only one-sixth of the patients were on regular sedatives, many of them only phenobarbitone gr. 1 *b.d.*, and emergency injections averaged only about one a fortnight. In another hospital sedatives are never given continuously for more than three days in succession. The patients show signs of receiving much skilled attention, and the more advanced stages of deterioration are rare. The cost is correspondingly high, in one of the best of these hospitals reaching £6 per patient per week, for example.

In all these countries there is a fairly generous standard of staffing, rather more than one doctor per 100 patients in most hospitals, and one nurse, assistant nurse, or male attendant between 2 and 3 patients. Shortage of nurses is a general difficulty and is met by dilution with assistants, and in some cases by closure of beds. In Sweden there is a shortage of doctors which prevents the filling of the establishment in some cases. The structure of the medical staff is again hierarchical, with as a rule a chief doctor (Overlakere) in charge of each side (male and female) of the hospital, with a deputy and several assistants in the larger ones. None of the mental hospitals do out-patient work, which is invariably left to the psychiatric clinics. Large, active, well-staffed and equipped occupational therapy departments are the rule, the general practice being to employ attendants and artisans who have had a short period of training in the mental hospital. The range of activities undertaken is remarkable ; besides the more usual weavers, carpenters, brush makers, basket makers and gardeners, one finds blacksmiths and craftsmen in wrought iron. The Occupational Therapy Department at Gaustad, Oslo, was started in 1856 and employs 70 per cent. of the hospital patients. That in Lillehaug, near Gothenburg, concentrates on attractive articles, preferably with bright colours, it being Dr. Hakon Sjogren's view that the making of pretty things has more therapeutic value than the making of useful ones, and the productions are used with great effect to decorate the wards.

Formal training and professional qualifications for occupational therapists do not exist in Sweden and Norway, and have only just been started in Denmark.

The buildings and other material resources are best in Sweden, and Denmark and Norway are for obvious reasons far behind with their building and development programme. In Norway there is real austerity, but great improvements have been achieved in the old buildings since the war by such simple measures as dividing up large wards with partitions and putting in more windows. In Gaustad there are many good mural paintings which have been procured by offering a prize in open competition of £250 for the best, and giving the

impecunious young competitors free board and lodging while they worked. The new Swedish mental hospitals are mostly built in blocks housing about 80 patients each, with occasional smaller and some larger buildings. There is a 16-bedded villa for convalescent females in the Eastern Hospital, Malmo, but this type of construction is rather exceptional. The wards are light, spacious, comfortably furnished and well ventilated with good day-room accommodation and a fair number of single rooms. Care is often expended in the design of observation dormitories to make it possible for the night nurse to have her desk in an inconspicuous position in which the patients lying in bed can hardly see her, yet she can see all the patients. The design of the female observation dormitory at Malmo is particularly successful in achieving this. In Lillehaug much of the painting and colour scheme is the work of the expert in decor of the Gothenburg Municipal Theatre. About 60 per cent. of the patients are voluntary. The accommodation is already inadequate and most hospitals are overworked and have waiting lists for the less urgent types of case.

Treatment policy varies enormously from hospital to hospital, even those in the same town. In Dikemark, for example, great stress is laid on the elimination of focal sepsis and getting the patients into as perfect physical condition as possible, an otorhino-laryngologist-cum-dentist being employed full time, and no shock treatment is given. In Gaustad, on the other hand, insulin coma treatment, electric convulsion therapy with and without curare, and leucotomy are all in constant use, E.C.T. being regarded as a good substitute for sedatives in excited cases. In Stockholm there is a move to appoint psychotherapists to the mental hospitals, but nothing has been decided on. Mechanical restraint in the shape of belts and gloves is used in many hospitals, and I have heard it vigorously defended in Copenhagen and compared favourably with our own system of seclusion, it being argued that the loss of contact with his fellows is far more harmful to the patient. Continuous baths are universally regarded with disfavour and felt to be a rather cruel form of restraint. There is, on the whole, very little enthusiasm for insulin coma treatment, which is carried on only on a small scale and is generally considered to be ineffective.

Psychiatric Nursing.—In all three countries nurses proper undergo the standard three years' training in general nursing first. They can then get an additional diploma in psychiatric nursing after a variable time in a psychiatric clinic or mental hospital, from four months in Sweden to twelve months in Norway. Only fully trained nurses are eligible to take charge of the wards. Large numbers of nursing assistants or attendants are employed, especially in the mental hospitals, but also to some extent in the psychiatric clinics. They have three years' training in a mental hospital and pass comparatively simple examinations. In Denmark and Sweden there is no provision whatever for training men as nurses, and apparently this has never been even contemplated, the men being doomed to a subordinate role professionally, although there appears to be a few posts of an administrative character to which they can aspire. In Oslo there is an organization of a religious character which gives men a course of training lasting five to six years, and including social

work, after which they are recognized as qualified nurses, but only a few individuals take this course. It has now been decided in Norway, however, to throw open the ordinary three years' general nursing training to men, and it is expected that male students will shortly be entering the hospitals. It is interesting to note that in Sweden the status of the nursing profession is high and the pay of individual nurses is good, a girl usually being able to count on getting the equivalent of about £500 per year soon after qualifying, yet the shortage is widespread, affecting the general hospitals in all their departments as well as the mental hospitals. The great modern Southern Hospital in Stockholm has wards closed because of lack of nursing staff.

Institutes for Psychopaths and Criminals.—In Denmark and Sweden psychiatry has penetrated much farther into the Courts of Justice and prison service than in this country. In Copenhagen the Ministry of Justice employ a full-time psychiatrist with the rank and pay of a director of a state hospital and furnish him with an observation unit in the prison and four assistants, these posts being much sought after as valuable experience by the aspirants in psychiatry. The prisoners are observed and examined for periods up to three weeks, and finally a report is prepared for the guidance of the Court, copies going to the judges and to prosecuting and defending counsel.

The personalities of the prisoners are studied by psychological tests such as the Rorschach and the thematic apperception, and by such devices as finding out who they admire, and getting them to write an autobiography. The Court expects an answer to three questions: Is the prisoner insane or mentally defective? What sort of personality has he? What treatment is advisable? It is estimated that one psychiatrist can deal with up to 8 cases a week. Psychiatrists are rarely called on to appear in court, only about two or three times a year. There is a similar organization in Stockholm with a 75-bedded unit in Langholmen Prison headed by the professor of forensic psychiatry. All those accused of the most serious crimes, such as murder and arson, have to be psychiatrically examined, as do recidivists, but in other cases, whether they are examined or not is left to the discretion of the court. The reports are extremely lengthy and aim at presenting and marshalling all the facts to the court. They include the history as related by the prisoner, the history as compiled by the psychiatrist, the results of social enquiry, and a full description of the prisoners' physical and mental state. The courts follow the advice given in 90 per cent. of cases. Professor Rylander attributes this satisfactory result to the length and detailed nature of the reports which enable the reasons for the recommendations to be clearly understood.

In Sweden psychopaths may be adjudged socially irresponsible by the court and committed to special institutions in much the same way as a psychotic is committed to a mental hospital. In Denmark the procedure is somewhat different. For a person to be admitted to the celebrated Psychopathic Institution at Herstedvester with an indeterminate sentence it is necessary for him to be found guilty of a crime and for the court to have a certificate from a doctor that he is unlikely to be favourably influenced by ordinary punishment. This institution under the direction of Dr. Sturup has a definite therapeutic attitude, it being the aim to develop ties of friendship and affection between

the inmates and doctors and other staff. Thus Dr. Sturup finds it important to seize the moment when a man is facing a crisis, in difficulties, and in need of help to offer support and help and explain how the faulty attitude of mind and behaviour of the inmate have brought about the painful situation. There is a total staff of 130 for 200 inmates, and attendants are expected to get to know well the men in their charge. The friendly feeling that the inmates have for the attendants is evidenced by the fact that it is possible to send small parties out into the town for the day in the care of one attendant and that it is practically unknown for men to give the attendant the slip in these circumstances. Juvenile courts do not exist in Denmark and Sweden, as juvenile delinquents are dealt with by committees of an organization known as Children's Welfare which has the power to dispose of children whom they find to be living in unsatisfactory circumstances in such a manner as they think fit.

The Teaching of Psychiatry.—As previously stated, the hospitals attached to all medical schools contain a large psychiatric clinic, almost invariably in the care of a professor of psychiatry who has complete authority over the clinical work and teaching. The undergraduates receive in the neighbourhood of 40 hours' instruction in psychiatry. Many teachers regard this as insufficient, and are pressing for a more extended course. Formal post-graduate teaching hardly exists, but aspirants to specialist status in psychiatry can get experience by holding junior posts in psychiatric clinics, mental hospitals, prison clinics and the like. In Denmark there is a definite scale of minimum experience of this type necessary for applicants for senior posts, in which junior posts in mental deficiency colonies play no part, even with regard to senior posts in mental deficiency colonies.

Genetical Studies, Social Surveys and Records.

In these matters in many respects the Scandinavian countries lead the world. Conditions are particularly favourable for genetical studies and social surveys, as population movements are small and there are many isolated, closely knit communities on islands and in remote valleys. The Institute of Genetics under Professor Tage Kemp in Copenhagen keeps a card index of all the hospital patients in Denmark and produces a constant stream of monographs on the familial incidence of various diseases. Professor Torsten Sjögren, of the Psychiatric Clinic at the Caroline Institute, Stockholm, has produced celebrated monographs in this field and undertaken work of the most painstaking and extensive character. Norway's achievements are perhaps not quite so great, but they have maintained since 1916 a system of card indexing of mental patients and of collection of mental health statistics which is superior to ours of the present day.

Laws Relating to Insanity and the Treatment of Mental Illness.

The system which is most novel and interesting to English eyes is the Danish. This is based on an eleven-year-old act which is very simple and confers considerable power on the doctor. Any doctor may issue a certificate which will authorize the relatives to remove a patient to a mental hospital, and the

chief doctor of the mental hospital may refuse his discharge if he feels that it is prejudicial to his recovery, even though he entered the hospital voluntarily. The safeguards are the appointment of a guardian to look after the patients' interests, and the right of appeal to the Ministry of Justice against a refusal of discharge.

Both public and profession appear to be well satisfied with the working of this law.

Alcoholic addiction is a great problem in Scandinavia, and special institutions to which addicts can be committed have been set up in Sweden, where there is a lay body entrusted with the task of investigating charges of social irresponsibility due to alcoholism and of authorizing admissions to and release from these institutions. The organization is evolving rapidly and has obviously not reached its final form.

This brief account is necessarily superficial since it is based on only a fortnight's experience of Scandinavian institutions, that gained during the R.M.P.A. Study Tour plus a day spent in Gothenburg. Perhaps it may indicate to English-speaking psychiatrists where they can obtain help in the problems in which they are interested. I hope that my Danish, Swedish and Norwegian friends will forgive any inaccuracies, and that these are of not too glaring a nature.