A COMMUNITY MENTAL HYGIENE PROGRAM—THE NEXT GREAT OPPORTUNITY

by C.-E. A. WINSLOW, DR. P.H.[1]

THERE can be no difference of opinion with regard to the tremendous importance of the problems of mental hygiene in modern society. We know that the institutional beds occupied by advanced cases of mental disease and mental defect are nearly equal in number to those occupied by all other sorts of sick persons taken together. We have good reason to believe that a similar ratio holds with respect to the less acute types of mental and emotional disorder; and it seems probable that the total burden of these minor deviations outweighs in the aggregate that of the more obvious and acute cases. In the realm of so-called physical illnesses, we know that the "common cold" causes more disability than any other condition. So, in the mental field, the sum of the petty fears and doubts and prejudices, the innumerable subconscious emotional reactions, which prevent everyone of us so-called normal beings from rational reactions to the real facts of life—these things handicap our society far more than does the financial burden of caring for the violently insane and the feeble-minded.

In family life, in industry, in politics, in international affairs, these are the real obstacles to fruitful living. There are real issues between individuals, between social classes, between nations. Yet few of these issues could not be solved by rational analysis and practical compromise if the ghost of the defense reaction could be exorcised from the council table. A word or a phrase, "Socialism," "Wall Street," "State Medicine," "Catholicism," "the Constitution" arouses emotions quite out of proportion to the context in which it may appear, because it touches off some hidden fear-

[1] Professor of Public Health, Yale School of Medicine; President, Connecticut Society for Mental Hygiene.

complex, of which we may be consciously quite unaware. The person of naturally "conservative" temperament fears change and novelty, exactly as some people are terrified by looking down from a high place. The person who is naturally inclined toward movement and action and adventure, fears the pressure of the *status quo* with a similarly unreasoning terror—just as some people are acutely miserable when they are shut up in a small closed room. The liberal is driven to irrational desperation by the fear of the power of the established order, just as the conservative is put in a similar frame of mind by the menace of red revolution; and, in either case, the power of rational thought is temporarily lost.

We owe a great debt to Vilfredo Pareto for emphasizing these facts. It is highly significant that the American translators of his monumental work should have entitled the English edition, THE MIND IN SOCIETY. It is not really a "Treatise on General Sociology" as Pareto himself called his book in Italian. It is an overwhelming demonstration of the importance of mental hygiene (or mental illness) as a factor in human society.

In general terms, then, there can be no doubt of the supreme importance of the problems of mental hygiene. Of their quantitative significance in an average random population we have no exact knowledge; and this is the first major problem in the field which needs exact study. We have statistics of cases of mental disease and defect so serious as to receive institutional care; but these figures are determined more by the capacity of existing institutions than by the real need for such care. We have some good studies of the psychological status and behavior problems of school children; and others dealing with the mental and emotional status of criminal and delinquent groups. We have some investigations of a few typical cases of families on the relief rolls. All these fragments of information emphasize the general importance of the problem. What we really need, however, is an

intensive study of a representative sample of unselected families to determine as nearly as possible what mental hygiene problems actually exist in such a group. How many representatives of such a sample population are in institutions for mental disease and defect? How many more should be in such institutions? How many children have experienced serious problems in school due to mental retardation or behavior abnormalities? How far is the family life handicapped by such problems? How far is the economic status of the family conditioned by them? How far are obvious recognized illnesses such as heart disease, cancer, tuberculosis complicated by emotional factors? What is the total burden of mental disease and defect in such an average group of the population?

The readers of the *Quarterly* will remember how illuminating was the discovery at Framingham that for every known case of tuberculosis in the community there were nine other unrecognized cases. They will recall, too, the startling results of the study made by the Committee on the Costs of Medical Care of ordinary health needs and the adequacy with which those needs are met or not met in various economic groups. In the field of mental health, we have not yet had even our Framingham demonstration.

The second problem which cries out for solution is the question how we can begin to meet the most urgent mental hygiene needs of the community, once those needs have been clearly and quantitatively evaluated. Here, too, there is an urgent demand for social research; and the experience of the past twenty years has given us a reasonably sound basis for at least an experimental approach.

The mental hygiene problem has been attacked in the past along two different lines, neither of which has led to the goal in view. On the one hand we have had amateurs without adequate medical background talking about the subject in such a way as to arouse unjustified hope and meddling with human personality

in such a way as to do harm rather than good. On the other hand, we have had a rather small group of physicians who were competent psychiatrists and who were at the same time also really interested in the community program for prevention of mental disease. These men have striven nobly and—as individuals—soundly, for the cause of mental health; but two serious handicaps have limited their efforts. In the first place, our mental hygiene clinics and behavior clinics have, for the most part, been conducted as more or less separate and isolated enterprises which have done admirable work with a small number of cases but have, as a rule, made singularly little impression on the thinking of the communities in which they operate. This would not perhaps matter much if the psychiatrists and psychiatric social workers of the separately-organized mental hygiene clinic could by themselves meet an appreciable part of the community need; but the volume of such service is insufficient to do more than scratch the surface.

Let me illustrate by our experience at Yale. At the height of our mental hygiene program for the university students (since, unfortunately, curtailed for financial reasons) we had four full-time psychiatrists serving as mental hygiene counsellors for our 5,000 students. These four psychiatrists were kept busy—and fruitfully busy—in aiding 5,000 "normal" young men and women to lead normal lives. But to render a service of similar kind to the population of the United States would require the training and employment of nearly as many more psychiatrists as there are now physicians of all sorts in the country.

Clearly, it is impossible to solve this problem by the efforts of psychiatrists and psychiatric social workers alone. It is worse than useless to attempt to meet the situation by unguided or misguided efforts on the part of untrained enthusiasts. Nor is it feasible to forget the whole situation and wait till the progress of fifty years has automatically clarified it. The men and women who are liv-

ing today are fighting their daily battles. They need, they demand, they deserve, the best aid which our present knowledge of the danger and our present weapons of defense permit.

We feel in the State of Connecticut that the tentative experimentation of the past few years, under the leadership of Dr. Van Norman Emery, medical director of the Connecticut Society for Mental Hygiene, has led us to a possible solution of the problem. Granting that mental hygiene service must be built on sound psychiatric knowledge and admitting that the psychiatrist cannot do the job alone—we have begun to visualize a different type of program which seems to us full of promise. It involves the use of the psychiatrist not as the head of a separate and isolated unit but as the center of a permeating influence operating through all the existing social agencies of the community. In one town, for example, where financial resources made available only a sum of $2,500, Dr. Emery recommended, not the establishment of a separate mental hygiene clinic, but the employment of a psychiatrist to give half a day a week in the office of the nursing association, half a day in the office of the family society, and half a day in another local agency, working out with the staff of each agency on its own ground the attitudes of approach to the minor emotional problems of their clients and dealing himself, as a consultant to the agency, with the more serious of such problems. In this way, the psychiatrist enlists not one but fifty social workers in at least a moderately intelligent attack upon the actual problems of the community as a whole. In New Haven the remarkable development of mental hygiene in our Family Welfare Society and our Visiting Nurse Association illustrates what may be accomplished along such lines. On some such basis as this, we believe that a really sound attack can be planned to meet the mental hygiene needs of the community of today.

I am confident that the time is ripe for a carefully planned community study of the needs of a typical American population

in the field of mental hygiene, of the best community machinery for meeting those needs, of the costs of operation for a practical program, and of the results actually obtained.

Such a program should, in my judgment, be set up quite independently of the organized public health program of the community, cooperating with that program as it should with every social agency, but not organically a part of the health department, or of the public school system. As a public health man I should like to magnify the importance of my professional colleagues. Furthermore, I appreciate the abstract argument that mental health and physical health are both parts of the same problem. This argument is, however, logically but not psychologically or practically sound. As a matter of concrete experience it would be difficult to cite a single case in which any important progress in mental hygiene has been made under the auspices of a health department; and there are good reasons why this should be so. The problem, as we have seen, is equivalent—not to any one aspect of physical health—but to the whole area covered by the traditional public health program. It is too large to be handled by a bureau chief under the health officer. Its problems are quite different from those with which the health officer deals. Its methods are quite different from his. The social agencies with which it deals are different. It would be sounder, if we look at realities and not at the word "hygiene," to relate a mental hygiene program to the Board of Education or to the Welfare Department than to the Board of Health. If mental hygiene is to permeate all these agencies and all the other social agencies of the community it should be independent from, and autonomous with all.

In exploring the possibilities of the modern mental hygiene program, I should like to see a separate central directing unit set up—buttressed by definitely established connections with the board of health, the board of education, the official and voluntary

welfare agencies, the public health nursing group, the parent-teacher organizations, the medical society, hospitals, and dispensaries. With, and through, these agencies, it should make its study of needs, develop its practical program (which would be largely the program of the affiliating agencies), and measure the results.

The material for study should be an unselected representative cross-section of the population. It has often been suggested that such an experiment should be made in a small community and should cover the area in its entirety. I am convinced that such a plan is Utopian. The mental hygiene program must be built into an established and well-developed nexus of the conventional health and welfare agencies if it is to function effectively. Where such a nexus does not exist—as is the case in small communities—the problem simply cannot be solved within the bounds of reasonable expense. We have not yet provided fundamental health and social services for rural areas. When we have done so—and when we have developed our mental hygiene program under the favorable auspices of urban life—it will be time to consider a rural demonstration in this field.

In a well-organized urban area, which offers the possibility of a real mental hygiene program, it should be possible to obtain our sample group by such a method as that which has been used by the Institute of Human Relations at Yale in selecting a group of families for continuing study of the social problems of New Haven. If a group of a thousand families, quantitatively representative of all classes and races in the population were thus selected, the first step would be to study the extent of mental and emotional handicap within this group. The investigation could be accomplished in large measure through the social workers and nurses in actual contact with individual families (as was done in the C.C.M.C. study of the incidence and cost of illness), supplemented by study of school records, court records, and industrial experience. For each problem, the planning psychiatrist would

devise a line of approach which in most instances would again be through existing agencies, to whom grants could be made to cover the additional service involved. Teachers, parents, family physicians, nurses, social workers would be enlisted in the common task; and every step taken would add a new stroke to the picture of an ideal community program.

Meanwhile, a similar group of a thousand families should be studied with equal care as to the extent of their mental hygiene problems and left to the impact of the normal social forces of the community, but kept under systematic observation as a "control" to the "experimental" group. Thus, statistics as well as individual case-studies would make it possible to estimate the results actually attained. How many of the first group and how many of the second group developed progressive mental disease sufficient to require institutional care? How many came into conflict with the courts on account of problems involving mental hygiene? How many fell in the economic scale for similar reasons? How many families were broken up? How many children developed behavior problems in school?

Such a study as this would take a period of ten years and would require generous financial support. It would be much more difficult than the study of such a community problem as tuberculosis; and the results would be less clear-cut and conclusive. I am confident, however, that such a community experiment could be so planned and carried out as to give us for the first time a clear and accurate view of the real extent of the mental hygiene problem, to develop a sound and effective community program for dealing with that problem, to give at least a first approximation of its cost, and to demonstrate concrete accomplishments worth those costs many times over.

Mental hygiene awaits its Framingham experiment. To conduct such an experiment is perhaps the greatest single opportunity of today in the whole field of social welfare.