



THE ROYAL BANK OF CANADA MONTHLY LETTER

Vol. 45, No. 8

HEAD OFFICE: MONTREAL, AUGUST 1964

Mental Health's New Look

SOMEWHERE in the dim past our ancestors developed a fear-hate complex about mental illness, and we have just started, in a small way, to work our way out from under it.

Taboos, fears, totems and prejudices: these are prime moving causes in the onset of mental illness, and they go a long way toward explaining our failure to cope with it. They are part and parcel of the life of all men, whether living in caves, mud huts, suburban villas or penthouses. No matter what his colour, race or creed; no matter whether he is of today or a thousand years ago, man has essentially the same fundamental instincts.

Mental illness is something that may occur in the lives of any of us. Every one makes his own compromise with reality. We accept only so much of what happens, and for the rest of it we retreat into an inner world.

Most of us fit into our world well enough. We make our way, emotionally and intellectually, through the confusion of modern events, sometimes shaping our pattern of living and sometimes being shaped by it.

Many of us who manage to live and work usefully in society have personalities which in some way or another are disorganized. Our minds occasionally drop stitches; they wander from the errand we have sent them on to some reflective business of their own; we reach for one article and pick up another.

There is a graph-like line from mental health to mental ill health on which we are ranged. No one who reads this *Letter* is likely to have experienced overwhelming depressions, paralyzing fear, delusional misapprehension, or uncontrolled impulses toward undesirable behaviour, but very few have not experienced some degree of depression, some irrational fear, some misunderstanding of people's intentions, and some loss of self-control in social behaviour.

Up to one person in every ten suffers from mental or emotional disorders to the extent that he would benefit by professional attention. Dr. J. D. Griffin, General Director of the Canadian Mental Health Asso-

ciation, said in a monograph entitled *Mental Health Statistics* that few people are literally free from psychiatric symptoms — say about twenty per cent.

On the other hand, apart from those in mental institutions, probably from twenty to twenty-five per cent of the adult population at any one time is significantly impaired or incapacitated. In between these extremes, the population is suffering from varying degrees of minor impairment. The emotional disorders of children in school groups has been estimated at from five to ten per cent.

We have no statistical evidence about whether mental ill health is increasing, because we paid so little attention to it until recent years that we have no fixed basis for comparison. National statistics in Canada are limited to studies of annual admissions, readmissions, discharges and the year-end patient population in residence or on the books of mental hospitals, psychiatric units and special institutions.

The figures for the years 1955 to 1961 show these three facts: (1) there has been a steady increase in the number of people entering hospital for mental treatment; (2) in 1961 the number of all admissions, including readmissions, rose strikingly after a slight decrease in 1960; (3) the increase in the number of discharges has, if anything, more than kept pace with the increase in the number of admissions. Typical figures for 1961 are (with increase over 1955 in brackets): all admissions 47,758 (15,536); discharges 43,215 (17,057); resident patients at the year end 66,546 (2,863); full-time personnel 29,019 (10,476), and operating costs \$132.2 million (\$62.4 million).

Significance is given these figures when we compare them with physical illness. Everyone becomes alarmed when a physical epidemic strikes down ten thousand people, but we continue our even trend year after year with more than sixty thousand men, women and children crowding our mental hospitals and institutions. On any one day there are more patients in psychiatric institutions than in all the public general hospitals in Canada combined.

We have a blind spot

Why do we indulge ourselves in holding this blind spot? The battle against warped thinking about mental illness has been waged by brilliant men for 2,400 years, but we cling to our obnoxious and illogical image.

In contrast to the relatively smooth development of medicine in the sphere of physical disorder, the story of mental illness is appalling. It is, as D. Stafford-Clark says in *Psychiatry Today* (Pelican, 1952): "Charred with countless burnings at the stake, chequered with violence, cruelty, and remorseless persecution, and dark not only with the gloom of ignorance and superstition but also with the despair of unlit solitary cells, stocks, bars, chains and brands, and all the sickening paraphernalia of torture."

All sorts of ideas have held sway. Two thousand years ago sufferers were "possessed of devils". Some natives in Africa still interpret misbehaviour as demonic possession. Some good people today seriously regard the mental difficulties of mankind as nothing but the evidence of original sin.

It is time for mankind to outgrow these ideas. The Canadian Mental Health Association (C.M.H.A.) said in its recommendations to the Royal Commission on Health Services in 1962: "Mental illness even today is all too frequently regarded as a crime to be punished, a sin to be expiated, a possessing demon to be exorcised, a disgrace to be hushed up, a weakness of personality to be deplored, or a welfare problem to be cared for as cheaply as possible."

And all this in spite of the fact that about 500 B.C. the Father of Medicine, Hippocrates, offered a new understanding and rational explanation and in 1528 Paracelsus, a Swiss physician, taught that "mental diseases have nothing to do with evil spirits or devils." The teaching of these men was snowed under mass ignorance and superstition. We are separated from witch burning by less than three centuries. In 1692 Judge Samuel Sewall sentenced 19 women to death in the trial of 250 people in Salem, Massachusetts.

Today, knowledge has increased but intolerance has not everywhere diminished. What we condemn in olden times has not yet been eradicated completely in the twentieth century.

Science has some clues

Disturbance of the mind is not a sign of guilt or shame, but an illness. Irresponsible behaviour is a symptom, just as limping is a symptom of a strained tendon.

At last, after groping about in the dark for countless ages, man has hit upon some clues in the labyrinth of the human mind. While relatives and acquaintances will search the family tree with the idea of placing blame, the scientist searches with the hope of finding facts that will help in treatment. The scientist does not want to participate in the ritual of punishment but wishes to restore health.

The spectre of mental illness held in olden days is

being banished by new developments in diagnosis and treatment. Hospitals are becoming treatment centres rather than places where people are locked up. But much remains to be done.

What can individuals do to help? They can open their minds so as to gain an understanding of what mental illness is and the possibilities there are for effective treatment. They can deal with sufferers as people who are afflicted by a disease.

Two things are necessary: to avoid thinking or saying "it's all in your imagination" and urging the sufferer to "snap out of it." In most cases the troubled person has a real ailment and cannot help doing what he is doing, or stop doing it when he is told to, any more than a person with tuberculosis can stop coughing on demand.

Even if a sickness does originate in the imagination, it is none the less real. The mind acts upon a man as really as does gravitation. Satan says in Milton's *Paradise Lost*: "The mind is its own place, and in itself can make a heaven of hell, a hell of heaven."

All mental illness is not feeble-mindedness. It has diverse forms. A good many people who have special skills of a high order also have personal difficulties. Look at the great number of geniuses in art, science, literature, acting and research who have suffered from impairment of judgment, delusions, or inability to get along with other people. They fell into hypochondria, alcoholism, or ailments like migraine, allergies, or a "death wish" that took them out of society into seclusion. Yet they were notable for the greatness of their accomplishments.

Mental retardation

At another point on the scale are those who are retarded. While estimates vary, it is usual to place the prevalence of clearly established retardation at three per cent of the population. If the school age population is surveyed, it is usual to find as high as ten per cent who, if not clinically mentally deficient, are at least on the border line and require special training and education.

In the words of Dr. Henry Dunn, professor of pediatrics at the University of British Columbia: "It is a gigantic problem; numerically and socially it is the most important chronic disability of children in Canada today."

The Prime Minister, Hon. Lester B. Pearson, sounded a hopeful note when he addressed a dinner of the Joseph P. Kennedy Jr. Foundation in New York this year. Speaking of developments in the field of retardation in Canada, he said: "There is active and growing volunteer leadership. There is new emphasis on research projects, new faith in their outcome. There is an effective partnership of volunteer and lay societies with Government and with science. We are spurred by the prospect of achieving 95 per cent success in giving the retarded useful community lives."

The first parent groups formed to cope with the problem of retardation in children came into being in

1947. Today, there is a Canadian Association for Retarded Children with ten provincial associations. These are organizing a major project to mark Canada's Centenary of Confederation. This is made up of development of an education research and staff training centre, diagnostic assessment and counselling, techniques to make the retarded more productive in sheltered work, and the organization of community services. A nationwide army of volunteers, who call their project the Canadian Centennial Crusade, will be joined by governments, industry, universities and foundations all across Canada.

Everyone has a part to play

There is a place for every citizen in this effort to eliminate mental illness and to relieve those who are attacked by it.

It does not involve deep study but merely the application of common sense and thoughtfulness in everyday life and support of the professional and technical people and institutions.

Many mental illnesses are induced by stresses that occur between parents and children, between employers and workers, and between people who are zealots for one social order and another.

Consider taboos. Taboo is a very primitive form of prohibition of something people want to do or to have. Over the ages taboo drifted into the compulsion of custom and tradition, but Sigmund Freud quotes the opinion: "The commandment concealed behind taboo prohibitions had originally the meaning: Beware of the wrath of the demons." Even as late as this century taboos were enforced by warning children: "the bogey man will get you if you do that."

The emotional climate in a home that is ridden by taboos is conducive to mental distress. A person may become belligerent, always "carrying a chip on his shoulder"; or he may sink into moodiness; or he may develop anxieties about right and wrong; or he may grow into harmful suspiciousness, thinking that people are trying to deprive him of happiness; or he may become selfish, grabbing all he can get in recompense for what is forbidden; or he may become a day-dreamer, living his desired life in fantasy.

Children who grow up in these attitudes are likely to be full of anxieties, dwelling persistently on their real or fancied deprivations, their faults and their shortcomings. Anxiety is a compound, resulting from the clash of two great opposites, desire and fear, wanting and not wanting. It is a real conflict in the mind.

Try giving yourself away

None of us is likely to pass through life without experiencing periods of lowered mental health. He is a healthy-minded person who has learned not to demand All-or-None, but to reconcile himself to a degree-world, in which he thinks of happiness and sorrow in terms of more or less.

One thing is certain: we cannot live within ourselves. We must consider our environment. If we are to be truly happy, we need to have a sense that the world likes us and values what we can do. While holding to our own ideals, we need to make reasonable adjustments and compromises with others. In fact, we need to try to help others.

It is good preventive medicine to invest yourself and your energies in other people. The more generous you are in giving yourself away the more mentally healthy you will be.

People with mental problems will be relieved to know that you are on their side, that they have someone with whom to share their troubles. You may help by steering them through a financial difficulty, or a clash on their jobs, or a housing problem. These are practical problems, but by helping with them you are removing a load of mental strain and emotional pressure.

Warmth, permanence, stability and companionship are the great needs of people who are on the edge of mental illness. The hospitals have a term for this: TLC. It means "Tender Loving Care". It reassures the patient. It has more than sentiment in it. Psychiatrists agree that TLC can keep minor upsets from becoming worse and help mentally sick people to recover.

It is not desirable to become an amateur psychiatrist. When your personal efforts fail to correct the underlying cause of your friend's trouble, persuade him to consult one who is expert in such things.

Medicine and psychiatry

The help available to anyone with mental illness is becoming more extensive every year. Medical and psychiatric services are coming closer together, so that mental illness can be treated in the same organizational, administrative and professional framework as physical illness.

In other words the patient suffering from mental illness should receive the same excellence of care and of medical and ancillary health services as quickly, easily and efficiently as the patient suffering from physical illness.

The Canadian Medical Association recognizes the important part that every physician, regardless of type of practice, has to play in improving our mental health knowledge and resources. The family doctor is important in discovering deviations from mental health, in early treatment, and in rehabilitation.

As their interest and skill increase it can be expected that general practitioners will be able to handle efficiently a large proportion of the mentally ill. Of the 18,000 qualified physicians in Canada it is estimated that there are more than 1,000 engaged in mental health services, of whom more than 600 are qualified as specialists in psychiatry. The Canadian Psychiatric Association has more than 900 members.

It was back in 1918, with leadership provided by

the Canadian Mental Health Association, that the Canadian public first showed interest in the mentally ill. In the 1930's, community psychiatric services began to develop.

The C.M.H.A. has as its objectives: (1) To secure improvement in treatment facilities for the mentally ill in Canada's hospitals; (2) To bring the mental health services in our communities up to the highest standards; (3) To provide assurance to the mentally ill that they are not friendless and unwanted by society, and to provide them with community help to regain social skills and confidence; (4) To promote and finance urgently needed research into the causes, treatment and prevention of mental illness; (5) To inform and educate citizens in the facts about mental health, and the prevention and treatment of mental disorders; (6) To provide special training experiences for the professional groups who deal with problems in mental health.

The C.M.H.A. report of Canada's needs, prepared as the result of five years intensive research, is presented to the public in a 214-page book called *More for the Mind*, published in 1963 (\$3 plus postage). The principles and aims set forth in the report have been officially endorsed by the committee on mental health of the Canadian Medical Association "as being basic to the establishment of sound programs and good clinical practice in the psychiatric aspects of the comprehensive medical service."

The report may be summed up by quoting its five principles: (1) Psychiatric services should be integrated with the physical and personnel resources of the rest of medicine; (2) A wide range of psychiatric services should be established in the larger centres of population on a regional or community basis; (3) The administration and management of psychiatric services should be decentralized; (4) The local or regional psychiatric services or hospital clinics should be co-ordinated with private practice to promote maximum effectiveness and continuity of patient care; (5) Recruitment, training and career programmes for professional personnel in the mental health field should be rapidly increased and improved.

For those who would like to learn more about these principles, without technical detail, the C.M.H.A. has published a booklet of 14 pages: *How to Deal with Mental Problems*, written by Harry Milt.

Education

Mental health is something that can be fostered, strengthened and maintained by education. Dr. Karl S. Bernhardt, Professor of Psychology at the University of Toronto, said in a report of the National Committee for School Health Research in 1948: "The school which graduates boys and girls who are lacking in social and emotional maturity fails even if scholarship and high intellectual standing are attained." An article in *Canadian Education* of June 1952 by Dr. J. D. Griffin and J. R. Seeley remarked: "The school

cannot help influencing the psychological, emotional and moral development of the child."

Without a doubt the classroom and the teacher provide a setting with great potential for assisting in the development of strong and wholesome personalities among children. The professional group trained in children's mental health services is emerging as an important specialty within the mental health field in Canada, while more and more about human relationships is being added to the curriculum of general teacher training.

Education in mental health is making its way into industry. Preventive programmes include lectures and discussions on mental health and hygiene with groups of workers as well as with management. The understanding obtained through these discussions helps executives and workers to handle their emotional and stress problems with skill.

Preventive measures

It is only in the last hundred years that the prevention of physical disease has made headway, and we have barely started on the task of preventing mental illness from developing. We have begun to realize that it is better to cultivate a serene mental attitude from childhood than to have to salvage it from the wreckage caused by avoidable emotional strain.

Such a purpose takes us beyond the confines of remedial services: indeed, far beyond anything said previously in this *Letter*. It takes us to consideration of a new outlook, a new way of life.

We have inherited a social environment which includes fears, frustrations, misconceptions and prejudices. This is fertile soil in which to grow mental and emotional disturbances.

Research has established that the social setting and the community have a bearing on relapse rates in mental illness. This points indisputably to the need for improving the social environment, the interpersonal relationships of people, as a major step toward preventing mental ill health.

What stimulus are we waiting for? The magnitude of the suffering is undeniable. The means of alleviation and cure are increasingly available.

Governments can do much more than they are doing to organize and support measures of prevention, treatment and restoration. They have said that they are anxious to do the right thing if the people really want it. As is noted in *More for the Mind*: "Elected representatives are not yet sure that mental illness and psychiatric services are matters in which the public has a real interest."

Herein lies an opportunity for voluntary community groups to organize themselves for public education. They can muster a great weight of awakened opinion behind the established associations in an effort to close the gaps in mental illness services. Then they can move forward in a massive determined way toward a high level of mental health.