

PSYCHIATRY

Revamp Mental Hospitals

► THE HUGE state mental hospital bursting at the seams with thousands of mental patients and located in isolation far from the homes and relatives of the patients, is on the way out. It is, that is, if recommendations of the Joint Commission on Mental Illness and Health are carried out.

This commission urges that no more money be spent to build these giant mental hospitals or to add a single patient to any hospital now having 1,000 or more patients. (Nearly 82% of the state hospitals have more than 1,000 patients, and two have more than 10,000.)

Open mental hospitals should be operated in local communities with emphasis on outpatient and aftercare facilities as well as inpatient services. It should be made easy for an individual needing psychiatric care to receive treatment. No patient should be turned away from a mental hospital just because he is not a legal resident of the state. Voluntary admission should be the preferred method of mental hospital admission and court commitment the exceptional method.

The problem of mental illness is a public health problem of "staggering size," the commission found. Expenditures for mental patient services should be doubled in the next five years and tripled in the next ten.

PSYCHOLOGY

Accident-Caused Neurosis

► WHEN CLAIMS are settled either for or against an injured worker with an accident neurosis his symptoms usually vanish.

A follow-up study of 50 patients who complained of disabling nervous symptoms occurring after accidents showed only two were still disabled by such symptoms after two years.

Dr. Henry Miller of the Royal Victoria Infirmary, Newcastle upon Tyne, reports in the British Medical Journal, April 1, 1961, that "the most severe head injuries cause less occupational disablement than accident neurosis."

The average period of absence from work because of accident neurosis was six months, contrasted with a little more than four months among 15 patients who had no serious complications following compound fracture of the skull.

Of the 50 cases studied, 42 claims were settled by negotiation out of court, and four claims were withdrawn or abandoned. In the four remaining cases that came to trial the claims for compensation were rejected.

Thirty-one of the patients had suffered industrial accidents, 18 had had traffic accidents and one had taken too much of a wrongly labeled medicine.

The state mental hospital is still, in spite of modern knowledge of how to treat the mentally ill, primarily a custodial institution. State hospitals are designed to keep society safe from "dangerous maniacs" instead of offering help to sick people. No more than 20% of 277 state mental hospitals have participated in modern advances designed to make them therapeutic.

More than half of the patients in most state hospitals receive no active treatment of any kind. Yet most mental patients could get well if they received proper treatment—treatment that psychiatrists already know how to give.

The outlook for the schizophrenic, the main source of the long-term accumulation of patients in state hospitals, is good under proper treatment. He has a three-in-five or even as much as four-in-five chance of improving enough to lead a useful life in the community. Even if he gets no systematic treatment at all, he still has a one-in-five chance of spontaneous recovery.

To give an idea of the magnitude of the problem, the commission points out that more than a half million mental patients are in state mental hospitals on any one day. Nearly a million pass through these hospitals each year.

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"Sometimes the fright of the accident merges imperceptibly into a continuing complaint of nervous symptoms with an anxiety-depressive cast," Dr. Miller states. "More often, and especially where the symptoms have a frankly hysterical flavor, the condition develops after a latent period of weeks or even months."

Psychoneurotic complaints were twice as common after industrial as after road accidents, and they were more than twice as common from men as from women. They were more common among the less seriously injured and among those of below-average intelligence.

"However," Dr. Miller reported, "one intelligent businessman and one professional man frankly admitted to making the most of their symptoms in the hope of turning minor injury to financial advantage."

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PSYCHIATRY

Elderly Mental Patients Could Get Care at Home

► THE MAJORITY of elderly mental patients could be cared for outside the hospital, superintendents of state mental institutions believe.

With about a third of the 500,000 patients in state mental hospitals more than 65 years of age, and 27% of all new admissions in this age bracket, the community should expand its facilities so that only those needing hospitalization will be kept in such institutions, administrators say. This would mean more homes for the aged, nursing and county homes, foster homes and day-care programs, a report on Problems of the Aging Psychiatric Patient advises.

The report was issued by the Joint Information Service of the American Psychiatric Association and the National Association for Mental Health. It was based on a survey of 196 state mental hospitals.

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