

PSYCHIATRY

Teen-Agers Need Own Mental Hospitals

► TEEN-AGERS, with their own movies, dances, music, language and cars, may soon have their own mental hospitals.

Special facilities for disturbed teen-agers have been recommended to the National Institute of Mental Health by a team of "architectural psychologists" at the University of Utah in Salt Lake City.

Teen-agers are now housed together with adults in mental hospitals. Because of the adolescent's excess energy and disruptive capacity, the ratio of teen-agers to adults should not exceed one to ten.

Prof. Roger Bailey, a co-director of the Utah research team, said that today's facilities cannot adequately handle the rapid increase in mentally disturbed teen-agers.

Centers should resemble residential schools rather than mental institutions. They should be within easy travel distance of population centers, so that families can participate in their teen-agers' therapy.

Ideally, the home-like hospital would be surrounded by 35 to 40 acres of land, Wards would contain no more than 15 or 16 patients and bedrooms no more than four. The residents of each ward would share a living room and bath.

Prof. Bailey's group consulted with persons at 20 mental health centers last summer to collect information for the recommendations.

• Science News Letter, 89:29 January 8, 1966

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Tranquilizers Can Reduce Psychotic Symptoms

► THE MOST WIDELY used tranquilizer, Thorazine, and its related drugs, definitely reduce psychotic symptoms.

Many psychiatrists and analysts consider all tranquilizers to be no more than fancy sedatives and will not prescribe them, Dr. John M. Davis of the National Institute of Mental Health, Bethesda, Md., reported in a communication to the Archives of General Psychiatry, Dec. 1965.

All state hospitals use drugs in treating schizophrenic patients. The problem is with private hospitals and the initial medical aid a mentally ill patient receives from his doctor.

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Though a tranquilizer will not remove psychosis, it can make a profound difference if administered at the onset of mental illness, Dr. Davis told SCIENCE SERVICE. For instance, some schizophrenics end up in the hospital needlessly because drugs are not used early enough.

To determine the effectiveness of various tranquilizers and antidepressants, Dr. Davis analyzed all test results to date. He found two tranquilizers that probably should not be used—Sparine and Pacatel. Neither is as good as Thorazine and other derivatives of the chemical chlorpromazine, and both have dangerous side effects.

Several drugs related to Thorazine appear to be similarly effective. They are Vesprin, Trilafon, Compazine, Stelazine, Mellaril and Prolixin.

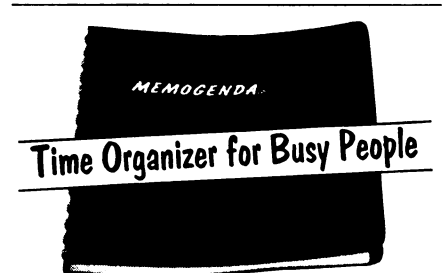
The barbiturates are useless in relieving psychosis, Dr. Davis reported. They are "sedatives, pure and simple."

Good tranquilizers could more accurately be called "anti-psychotic" agents. They allow the schizophrenic to concentrate more on what is relevant or real.

For neurotic patients, the drug picture is not quite so clear. Some evidence indicates that Miltown, Librium and Diazepam have a few tranquilizing properties. However, tests are not conclusive.

Dr. Davis objected to the practice of taking psychotic patients off drugs after discharge from the hospital. A relapse into severe illness often occurs when the drugs are removed.

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