behavioral sciences

MENTAL HEALTH CARE

Primary prevention programs

In large urban poverty areas delinquency, drug addiction, alcoholism and prostitution abound. As many as one-third of the lower socioeconomic class are in need of mental health care. Are mental health centers in these communities correct in restricting their clinical services to the mentally ill who come or are brought in? What, if any, efforts should they direct toward attacking the social ills that spawn social pathology and mental illness?

At the recent annual meeting of the American Psychiatric Association in Washington, Dr. Alvin Becker, director of the Neighborhood Service Center at the Boston State Hospital suggested that primary prevention be a major commitment of these health centers. He described how primary prevention programs were started at the Boston State Hospital. After identifying the needs of the population the center was able to develop programs that included a children's developmental workshop, a day care center, a residential treatment center, a court program, a widow's program, an alcohol prevention program, a community organization unit and a community consulting program.

Dr. M. Robert Harris of San Francisco, in discussing the problem of primary prevention, agreed about its importance. But he said the critical shortage of funds for mental health programs makes it almost impossible to take time and money away from those who are already in need of help and spend it on primary prevention.

DRUGS

Marijuana and the medical student

Marijuana is the most widely used illicit drug in the United States (25 million to 30 million Americans have used it). The users are in no way limited by race or social position. They are in all segments of society. A recently released report stated that 73 percent of the University of California law students had broken the law by smoking pot or by being present during its use.

Drs. Samuel G. Benson, Martin R. Lipps, Frederick T. Melges and Jared Tinklenberg of the Stanford University Medical School reported at the APA meeting that they had surveyed 1,000 medical students at four schools across the country. More than 500 of these future doctors had used marijuana at least once, 114 said that they had used it more than 100 times and more than 300 said that they were currently using the drug.

EMERGENCY TREATMENT

Soviet ambulance services

"We must be ready to listen and learn from psychiatrists elsewhere and to extend our often myopic gaze beyond the Atlantic and Pacific Oceans," says Dr. E. Fuller Torrey of the National Institute of Mental Health.

Speaking at the APA meeting he described a Soviet practice that he feels can be a lesson for American psychiatrists. In 1965 the Soviets began to staff ambulances with a psychiatrist and two assistants. They claim that this system reduces the length of hospitalization by providing immediate treatment at the site of the crisis. They also claim that using doctors rather than policemen is more rational, humane and therapeutic.

Dr. Torrey also indicated that the use of *feldshers* (medical students) as psychiatric assistants in these cases might point to a partial solution to the present manpower crisis in mental health fields.

PSYCHOTHERAPY

Monkey psychiatrists

A weekly one-hour trip to the analyst is only a small part of total therapy. What happens between these visits has a great deal to do with rehabilitation.

Rhesus monkeys raised in total isolation for the first six months of life fail to develop appropriate social and sexual behavior. Upon release they huddle in corners, rock back and forth and avoid social contact with other monkeys. Drs. Stephen J. Suomi, Harry F. Harlow and William T. McKinney Jr. of the University of Wisconsin Primate Laboratories in Madison attempted rehabilitation of these social isolates by prolonged exposure to socially normal age-mates. There was no behavior improvement because the normal animals were continually aggressive toward the isolates.

Dr. Suomi reported at the meeting of the American Psychiatric Association that exposure to socially competent infant monkeys produced dramatic behavioral improvement. Because the infants were too young to produce aggressive responses, the isolates were able to interact normally with them. After 12 months of interaction the isolates demonstrated complete recovery. "The need for this type of environment," says Dr. Suomi, "is not unfamiliar to psychotherapists who recognize the key roles played by significant people outside the therapeutic hours."

COMMUNICATION

Parent-child interaction

Communication, or the lack of it, within a family group may give hints about its psychological stability. Lennard A. Leighton, Gary E. Stollak and Lucy Rau Ferguson have studied tape recordings of family interaction sessions and found that significant differences exist between normal and clinic families.

Eight normal and seven clinic families were tested. Each consisted of a mother, father and two or three children between the ages of 8 and 17. Members of the normal families had never received or been recommended to receive any type of psychiatric treatment. The clinic families were waiting for psychotherapy at the Michigan State University Psychological Clinic. The results, published in the April JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY, indicate that there is more verbal conflict and lack of communication in the clinic families. The normal fathers spoke more often and were interrupted fewer times than the clinic fathers. The clinic mothers spoke more often but were also interrupted more often than the normal mothers. The researchers conclude that the normal family is characterized by a father dominance that appears to be accepted by the other members of the family, and the clinic family is characterized by a mother dominance that is unacceptable to the other family members.