

THE PUBLIC HEALTH.

MENTAL HYGIENE.

The Seventh Report of the National Council for Mental Hygiene (78, Chandos House, Palmer Street, S.W.1), of which Sir Maurice Craig, C.B.E., M.D., F.R.C.P., is Chairman, is of much interest, owing to its special references to the Mental Treatment Act, 1930, and the First International Congress for Mental Hygiene at Washington, D.C.

In an admirable summary on the Mental Treatment Act the Report states:—

The Mental Treatment Act is unique in that it is the first of its kind to be placed on the Statute Book. All previous legislation in this direction has been mainly for the purpose of protecting the rights of alleged "lunatics" under the common law, of securing humane conditions for them during segregation, and of protecting the public from the anti-social conduct of persons with deranged minds. The greatest of these Lunacy Acts, that of 1845, the creation of Lord Shaftesbury, has rightly been called "The Magna Charta of the Insane." What is now being sought could well be called its analogue, "The Magna Charta of Psychiatry," and the Mental Treatment Act is the first definite step towards obtaining it, for it marks the recognition by Parliament that a mental illness is primarily a matter of medical concern and that the keynote to the situation is no longer detention, but prevention and treatment.

The Act gives State recognition to several great principles:—

(a) The importance in the mental service of prevention and early treatment by enabling local authorities to make provision for out-patient treatment of such cases, and by extending the opportunities of voluntary treatment alike to rich and poor. Psychiatry thus becomes a definite branch of public health which embraces all preventive medicine.

(b) That acute mental illnesses, especially those involving failure of volition, are matters of primary medical concern. This is a step towards a closer union of psychiatry and general medicine. Legal certification is not always a necessary prelude to admission to hospital for treatment. This affects all general hospitals, whether county, municipal, or voluntary, in addition to mental institutions.

(c) That patients leaving mental institutions need temporary "after-care." Local authorities can establish their own "after-care" organisation or support voluntary bodies for this purpose.

(d) That progress cannot be made in the care and treatment of mental patients without adequate provision for systematised and co-ordinated research.

(e) The severance of the ancient close association of the treatment of mental illnesses with the Poor Law. The Act provides that no person shall be deemed to be in receipt of Poor Law relief, or be deprived of any right or privilege, or to be the victim of any disability because he or she is being treated as a rate-aided patient for mental disorder.

(f) A new orientation within the ambit of the medical services. "Asylums" are given the legal status of "mental hospitals," "voluntary boarders" become "voluntary patients," the fear and laughter-raising term "lunatic" is eliminated, except in regard to "criminal lunatics" and "lunatics detained outside England."

The Report quotes the following paragraph from the address given by Sir Maurice Craig on "Mental Hygiene in other Departments of Medical Practice" at the International Congress for Mental Hygiene.

Sir Maurice said that "it was becoming increasingly evident that the mental hygiene movement was one of the greatest medical movements of modern times. The work

that the National Councils and Committees had initiated was already proving its value in saving many persons from the severer forms of mental disturbance. But its value did not end there; it extended far beyond the sphere of pathological states and found a place, and often an important place, in all human relations and interests. The custom in the past had been to place mind disturbance in a watertight compartment by itself and thus to divorce it from the field of general medicine. The effect of this had been on the one hand to develop a warped idea of mental disorder, and on the other to fail to appreciate that in many cases of physical disease the mental attitude towards the disorder might be even seventy per cent. of the illness for which relief was sought. And the importance of it might not end here, for the bodily disorder itself might have been determined by a minor mental disturbance."

AN IMPORTANT CONFERENCE ON MENTAL HYGIENE.

Miss Susan Lawrence, M.P. (Parliamentary Secretary to the Ministry of Health), the Very Rev. Dean Inge, the Countess of Warwick, Sir Hubert Bond, C.B.E., and Professors Sir Percy Nunn and A. Zimmern will be among the speakers at the second Biennial Conference of the National Council for Mental Hygiene. The Conference will be held from May 27th to 29th at the Central Hall, Westminster, and the subject of discussion will be the Human Factor as it affects International Problems, Crime, Industry, the Social Services and Education. There will be afternoon and evening sessions at 3 p.m. and 8.15 p.m. respectively.

Delegates from societies and associations throughout Great Britain and from the Colonies have been appointed to the Conference, and representatives from foreign organisations for mental hygiene are also expected to attend.

Application for tickets and further particulars may be had from the Secretary, 78, Chandos House, Palmer Street, S.W.1.

THE PSYCHOLOGY OF SUICIDE.

In a lecture on "The Psychology of Suicide," given recently in the lecture room of the Medical Society of London, under the auspices of the National Council for Mental Hygiene, Dr. Crichton Miller said that people ended their lives to escape. Suicide was an escape from a situation of conflict which the individual felt was no longer tolerable. The conflicts from which they sought to escape might usefully be grouped under three heads: 1, the fears of frustration—fears that belonged to instinctive life; the fear of hunger, starvation or thirst, sex starvation, non-fulfilment from the procreative point of view; 2, the fears of ostracism—the herd fears of what people would say or do, how they would disparage, persecute, torment, and all the fears of herd retaliation; 3, the fears that belonged to the future, and particularly to the after-life. In so far as anybody believed he had a chance of immortality which he was sacrificing by taking his own life, it was obvious that that was one of the strongest fears, with an inhibitory effect upon his actions.

Referring to people who took their own lives rather than face death, the speaker said there could be no question that in the War an appreciable number of men took their lives. The psychology of the criminal who killed himself rather than be hanged was not altogether difficult to understand. He cut out the ghastly suspense and waiting. It was different with the soldier who took his life on the battle field; with him the great fear often was that of an agonizing death.

He suggested, in conclusion, that the phenomenon they saw at present in civilised society was one in which the lessening of religious fear was taking away the inhibitory factor, while the social fears were becoming more accentuated than they were in any previous period of our history.

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