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## EDITORIAL.

### THE OUTLOOK ON MENTAL NURSING.

The report of the Board of Control, just issued, is a heartening document to those who have grieved over the condition of persons suffering from mental disorders, and the provision for their treatment and care.

Many of us can remember the attitude of mind both of the public and of trained nurses towards the mentally afflicted even 30 years ago. Public authorities provided for their reception "lunatic asylums" denoting that when they at last reached these places of incarceration, it was their detention, not expert treatment with the hope of ultimate cure, which was anticipated, a point of view denoted also in the title of their attendants, who, at any rate, in regard to the male patients were frequently termed "keepers."

In respect to the female attendants, or nurses, only comparatively recently have we come to realise that patients suffering from mental disorders are the most difficult of all to care for, and require the highest type of nurse, both as to personal and educational qualifications, and professional training.

The first indication in the Report of the Board of Control of improvement in the outlook in regard to mental patients is the increasing number of persons admitted to mental hospitals as voluntary patients since the passing of the Mental Treatment Act of 1930. For this is an indication of progress in two directions. Firstly the abolition of the unscientific system requiring the illness of persons suffering from mental disorders to have progressed so far that they must be certifiably insane before they could be received in institutions maintained by public authorities for their care, and for medical treatment by practitioners who have made a special study of mental disease, thereby lessening their chances of recovery, which has resulted in an increasing number of applications for admission of sufferers as voluntary patients.

Whereas in 1931 only 7.1 per cent. of admissions to mental hospitals as they are now termed, were voluntary, in 1935 these had risen to 24.1 per cent. Moreover, whereas in 1931 temporary admissions were 1.8 per cent. in 1935 they were 5.2 per cent.

This affords clear proof of the improvement in the conditions in mental hospitals, for, were they repugnant to voluntary patients, such admissions would tend to decrease, whereas the voluntary admissions have risen in the years 1932 to 1936 from 830 to 4,296. It appears, therefore, that patients in the early stages of mental disease are frequently conscious of its existence and eager for its treatment.

Secondly, the Board of Control have taken cognisance, as in a former Report, of the beneficial effect of becoming clothes, more especially for women, and express the hope that now that there are women members of all visiting committees they will encourage the matrons to introduce garments more consonant with modern taste. They point out that "there is no economy in forcing women to wear garments so shapeless, or antiquated in design that none would wear them except under compulsion." "The desire for self-decoration," the Board states, "is deep rooted in women and only the most demented or the most devout are indifferent to what they wear, pretty frocks need not cost more and patients will take far more care of them than of unsightly sacks."

We wish also that within reasonable limits, the wishes of patients in regard to their underwear could be respected. We know that this would entail more supervision on the part of nursing staffs, but it would make for the contentment and in some instances, for the health of the patients. In more than one case this has been impressed upon us.

For instance, elderly patients who have been accustomed to wearing warm combinations, have felt keenly the deprivation of these cosy garments, and the resulting chill. When relatives are willing to supply them, and to undertake to collect them and have them laundered, it seems as if some concession might be made.

In regard to the present position of mental nursing, we have noted with pleasure of recent years the growing public and professional recognition of its importance and the desire that some insight into its underlying principles should be gained during general training, further that the desirability of training in mental nursing should be placed before nurses who have obtained admission to the General Parts of the State Registers of Nurses, with the object of their qualifying for admission to the Supplementary Part containing the names of mental nurses.

Conversely, nurses who have obtained admission to the Supplementary Part of the State Register for Mental Nurses should be encouraged to obtain general training, and the higher posts in Mental Hospitals should be reserved for those who hold the double qualification.

We are glad to know that, through their association in the National and International Councils of Nurses, general and mentally trained nurses are entering into comradeship, a comradeship which will surely be intensified next year when mental nurses will take an active part in the International Congress of Nurses in London.

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