

Mental Hygiene in a Public Health Program — Its Implications*

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MORE than fifty years ago an English neurologist published a paper in the neurological magazine, *Brain*, dealing with "Cerebral Manifestations in Visceral Disease." Included in the discussion were cardiac and gastrointestinal conditions. Recently an article appeared in the *Journal of the American Medical Association* describing a psychotic syndrome as a prodromal manifestation of malignant growths in the chest. Nolan D. C. Lewis has stated: "Those who neglect to take into account the psychological factors in disease should be reminded that psychological energy works through physical structures and produces physical effects . . ." In view of these statements one need not hesitate to include mental illness among those with which public health workers should concern themselves.

It is not the purpose of this paper to discuss mental hygiene in its application to institutional cases but only as it relates to the emotional and social adjustments of people who are found in our ambulatory population in everyday life. The main objective of mental hygiene in a public health program is the prevention of social maladjustments which eventually become social and economic handicaps to the individual

and which may result in the individual becoming a ward of the state or a burden to near relatives. We might add that even this is the negative side of the objective because it has been demonstrated that mental hygiene programs have not only prevented individuals becoming dependent but they enable them to make their emotional and social adjustments so that they become a social and economic asset to society instead of a liability. The results are neither negative nor neutral, but positive.

With few exceptions, the awareness of the value of mental hygiene has been lacking among the greater part of our people and even among social minded individuals. One of the positive benefits of the present world catastrophe is that it has brought to our attention the magnitude of the problem of mental ill-health. As a result of the cases discovered through selective service we are forced to the conclusion that "institutionalized insanity," which costs us perhaps \$770,000,000 annually, is only a small part of the mental illness problem, and probably the least expensive.

It is estimated that approximately 25,000,000 of our young men have been called by the draft boards. Of these about 10,000,000 have been rejected as physically unfit for combat duty, and of this number, 3,000,000 were rejected because they were not mentally fit. Contrast this number with the less

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than 1,000,000 in our welfare institutions and you can gain some idea of the size of the problem. Remember too, that these young men constitute only one segment of our population of 130,000,000. When we apply the above ratio to those who are older and younger in both sexes, it staggers the imagination.

Our job is to reduce the amount of mental illness by a program of prevention. This program should be so planned that it will begin with the unborn child. Do not take this statement to mean that your speaker is one of that group who believes that if a pregnant mother concentrates on playing the piano during gestation that she will give birth to a musical genius or if she mourns over the death of a pet rabbit that her new-born will arrive with a harelip. But every child is entitled to be born into an environment which is congenial to its mental, moral, and social development. This means, therefore, that a program of mental hygiene in its application should begin with the parents and continue with the child through adolescence and until he has made his permanent social adjustments. This does not mean that the program should be limited to the period just mentioned, but you will doubtless agree that more can be accomplished in the way of prevention within these age limits than at any other period in the life of the individual because of the potent influence of the parents and early environment on mental development.

From these general observations let us consider the implementation of a mental hygiene program. The implemented program is a triad. First, prevention; second, clinical services—including (a) child guidance, (b) dealing with pre-psychotic adults, (c) consultative service; and, three, education and community organization.

This outline does not necessarily mean that the program should be insti-

tuted chronologically in this order. Education and community organization may be the first in order in the establishment of the program. The first obstacle to be overcome is "sales resistance." The public mind must first be disabused of the stigma of mental illness in order to induce people to advocate and take advantage of the services. Mysticism must be dissipated. No other ailment is so shrouded in mysticism and superstition. They are as deeply ingrained as are the superstitions of ghosts, witches, black cats, banshees, walking under a ladder, and other superstitious ideas in our folklore.

Fortunately in every community we find those well established public and private social agencies through which an approach can be made. In some instances we can enlist the aid of the local medical society. The local agencies which are most helpful are those which can make use of the clinical services in solving some of their perplexing problems. Among these are: (a) child welfare, (b) probation department, (c) juvenile courts, (d) public assistance, (e) the schools, and (f) the medical profession.

That these agencies are interested and use the facilities of the clinic is well illustrated by the preliminary report of George M. Lott on the work of the Suffolk clinic on Long Island, N. Y. In his report on the first two hundred cases to which services were rendered for the local agencies, the distribution was: 25 per cent were examined for the juvenile court and probation department; another 25 per cent for the county's social agencies; 50 per cent were studied for the schools and family physicians; 66 $\frac{2}{3}$ per cent of the total were school children; 11 per cent were educational or learning disabilities; only 14 $\frac{1}{2}$ per cent were found to be mentally deficient; 4 $\frac{1}{2}$ per cent were cases of psychosis; 6 per cent neurotic; 5 per cent had physical defects; 33 per

cent were behavior and social problems.

This analysis plainly indicates why these agencies are interested, and points to the need and emphasizes the value of mental hygiene when properly utilized by these agencies. In other words, these are the implications of a mental hygiene program in a public health service.

JUVENILE DELINQUENCY

Looking further into these implications it is to be observed that for years juvenile delinquency has been one of our most serious social problems, and it is said to have increased 42 per cent since 1940. Last year it increased 30 per cent. Yet, a Detroit juvenile judge with an experience in this field extending over a third of a century emphasizes the fact that "every problem child has a problem parent." To discuss parental influence and home environment in relation to juvenile delinquency would exceed the limits permitted in this discussion. But let me impress upon you that 95 per cent of the men and boys in prison in the United States have been guilty of juvenile delinquency before they reached 15 years of age and that 85 per cent of the men and boys and 90 per cent of the women and girls in our prisons have come from broken homes.

The subtle influence of home environment plays an immense part in contributing to child delinquency. Let me cite briefly the case of a boy before a juvenile judge as an illustration. Due to a difficult labor when born and the lack of trained obstetrical care, the child lost one eye, with consequent disfigurement of the orbit. As a result, the thoughtless parents very innocently, along with the children of the family who were physically normal, nicknamed this child "Blinkey." When he entered school, his schoolmates took up the name and applied it in a disparaging manner. When he reached

adolescence he developed a defense reaction against his handicap and became a nuisance in the community as a petty thief. He finally landed in juvenile court. There, after a careful case study by the staff which included social workers, psychologists, and psychiatrists, the judge arrived at the conclusion that his crimes were due to his disfigurement and the attitude of his associates. So instead of sending the boy to prison he appealed to a local service club to finance an operation and secure for the boy an artificial eye, since his parents were not able to bear the expense, in order to alleviate his handicap. Following this his delinquency ceased. He continued through high school and is now successfully employed. This is just one of scores of similar cases which have been reclaimed by careful psychological and psychiatric study with proper treatment. A juvenile judge in New Jersey reports 500 cases which were successfully handled in this way with only one failure, and he excused that one because of the parents being responsible for the child violating his probation.

Assuming that only 50 per cent of the children guilty of juvenile delinquency can be saved by proper case work and the application of mental hygiene therapy, millions of dollars would be saved and an unbelievable decrease in crime would result.

PERSONS ON RELIEF

The implications are just as alluring in the field of our social agencies as they are in juvenile delinquency. Among those on relief rolls are thousands with inadequate personalities. In the physical examination of large groups of people who were employed on WPA work it was discovered that 85 per cent of them had some form of disability and, assuming that their mental status was as good as that of the men called by the selec-

tive service boards, we can form some estimate of the part that mental disability played in rendering these people economically dependent.

A physical examination of the inmates of the insane asylums of California some years ago revealed that 90 per cent of them had organic ailments which were masked by their mental condition. Poverty plays a part in mental illness as indicated by a recent report by a distinguished psychiatrist which points out that schizophrenia is more prevalent among those who live in city slums than among those who are better housed and in more congenial surroundings. It may be that they live in the slums in the first instance due to economic handicaps resulting from mental inadequacy. These reflections should indicate to us that mental hygiene therapy should have a wide application to that segment of our population which is in the care of and under the supervision of our various social welfare agencies.

MENTAL HYGIENE AND THE PUBLIC SCHOOLS

As evidenced by the Suffolk report⁸ already referred to, mental hygiene has its broadest application in the field of public school work. It is unfortunate that, in some sections of our country and especially in our rural areas, school authorities, school administrators, and all too many teachers have no conception whatsoever of the value of mental hygiene as it relates to school problems which arise almost daily. The lack of knowledge of child psychology on the part of so many grade school teachers is deplorable. Annually hundreds of youngsters, mentally normal, are consigned to a life of frustration and failure because their teachers have no conception of child psychology as it affects the child's behavior and school work. No attention is given to their emotional conflicts, their social handicaps, their

frustrations, their physical disabilities, their nutritional status, their home life, and privations due to economic conditions, etc. It is so much easier for the mentally lazy and ignorant teacher to label the youngster who needs attention a "problem child" than it is to find out and correct the child's difficulties. As a result, hundreds of mentally normal children are consigned to the rubbish heap to increase the army of the anti-social, feeble minded, insane, juvenile delinquents, and other wards of the state, to say nothing of the distress that befalls the families of these children in disrupting home life and rendering other members of the family unfit for normal social adaptation.

Where they have been adequately financed and staffed by competent personnel, the child guidance clinics operated by public health services have proved invaluable to schools which have made use of their services.

THE MEDICAL PROFESSION AND MENTAL HYGIENE

The medical profession is awakening to the value of mental therapy. Too many physicians for too long have looked upon the psychiatrists and neurologists as the "nuts" among medical specialists. However, since the revelations as to the prevalence of mental illness as revealed by the selective service examinations, and the incidence of the condition in the armed services, the attention of doctors as well as laymen has become centered upon this field in medicine, and it now looms large on the medical horizon. The doctor has begun to realize that all too often he has treated the husband for stomach ulcer when the trouble was due to the wife being a poor cook.

One who has read the book of Dr. Alvarez, *Nervous Indigestion*, cannot escape the idea that all too many people are treated by drug or surgical therapy, without relief, who should

have had mental therapy. It is estimated by those who have made a study of the subject that 50 per cent of all patients seen by physicians are in need of psychiatric advice. Some authorities place it as high as 90 per cent. That the medical profession is awakening to the significance of mental illness and the value of mental therapy is indicated by the number of psychiatric discussions which have recently appeared in the *Journal of the American Medical Association*. One could easily have mistaken a recent issue for a journal of psychiatry. Physicians are availing themselves of the services of mental hygiene clinics where they have been established and the clinics in turn are using the services of the physicians to the mutual benefit of both parties.

PARENTS AND MENTAL HYGIENE

The problem of reaching the parents of children who are in need of mental hygiene therapy presents the most baffling difficulty of the whole program, and yet if real success is to be attained this approach must be made. The Parent Teacher Association offers only one approach. Others will have to be made through the school, the clinic, by lectures, personal contact through social workers, the family physician, or the public health nurse. To say that this part of the program is important is trite. The abysmal ignorance of child psychology on the part of parents is tragic. It is not unreasonable to believe that more children are handicapped by the ignorance of parents in this regard than from any other one cause. The remarkable thing is that so many children escape in spite of the parental handicap. This is too large a subject to enter into here; but permits the recital of a few illustrative cases.

A father had as a teacher when in grade school a man who later taught his children. The teacher used the proverbial rod on the father, which resulted

in a permanent dislike of the teacher. This dislike was often expressed by the father in the presence of his children when some of them were in this teacher's room in school. As a result, when one of his boys reached the grade in school taught by this teacher, the child remained in the grade for two years without passing in a single subject. Fortunately after the second year the principal promoted him to the next grade and he left this teacher's room. He then passed all higher grades through the high school as he had done in those below that of the teacher mentioned. He is now a gunner on a destroyer in the United States Navy. This is a case in which a disparaging remark, probably innocently made, so impressed the elastic mind of the child that he lost a year in school and for this loss the teacher was blamed when, as a matter of fact, it was the fault of the parent. This case illustrates two things: first, how a parent can influence the mind of the child and second, how subtle that influence is.

Another is the case of a mentally bright 8 year old girl whose parents were well-to-do. She was an only child and was being reared according to "Holt." She had developed a "tick" and the family physician had advised that she be taken from school because of St. Vitus's dance. The parents described her as "nervous." Drug therapy had been of no value. She was becoming worse. A complete physical and neurological examination was entirely negative except for the tick, which was an exaggerated muscular movement of the eyes, head, neck, and arms.

Upon inquiring into her home life it was discovered that she had not only been brought up on the "book" but she was also being subjected to a strict regimen as to sleeping, eating, and social activities. A wide discrepancy existed between what she was permitted to do, and her associates of her eco-

nomie and social level. Very positive advice was given to the parents to return her to school, remove restrictions as to articles of diet and eating habits, sleeping hours, and social activities. The advice was given in the presence of the child. It was suggested that she be allowed to "run the house." While these suggestions were being made the happy expression on the face of the child contrasted with the distressful look of the parents; however they consented to try. The results were happy beyond our fondest expectations. When relieved of her frustrations the whole syndrome vanished.

In another well-to-do family of excellent social position a son had red, bushy, unruly hair, and in early childhood his face was heavily sprinkled with deeply pigmented rust colored freckles. For a time both parents, as well as the other children who are brunettes, teased him about his unruly hair, its color, and his freckles. Being a visitor in the home, this was noticed by the author over a period of four or five years. One day the father casually remarked that the youngster at the age of 8 was becoming belligerent, disobedient, and incorrigible, to the dismay of the parents. They feared the child would become a delinquent unless something could be done about the situation.

It was pointed out to him that probably the parents and the other children were responsible for the child's behavior. It was suggested that a change of attitude be assumed and that, instead of emphasizing the undesirable differences in the physical features in this child as compared with the other children, they begin diplomatically and not too obviously to stress the distinction of having red hair (his mother's hair was auburn) and freckles, and indicate that they are often associated with a robust, manly physique and aggressiveness in a young man, and

other desirable manly qualities. This advice was given about four years ago. Last summer when four Boy Scout troops appeared before a local service club to put on a program, this youngster had been chosen by the scout master to act as master of ceremonies in charge of the entertainment. His freckles were less noticeable, his unruly hair was under control, and he looked magnificent in his Boy Scout dress uniform.

CHILDREN HAVE CRITICAL PERIODS IN EARLY LIFE

One might cite dozens of cases showing how subtle parental influences and home life are. Innocent remarks playfully made may do irreparable damage to the plastic mind and immature personality of the child in the impressionable years of early life. In making their social adjustments in first entering school, children are often severely handicapped by parental admonitions as to how they shall behave under school and playground situations. The "little man" idea of a doting mother may be the cause of her little idol being dubbed a "sissy" when he comes up against the rough and tumble of the playground, whereas if left to his own devices he may establish himself as a hero among his fellows. His reaction to the situation may make or break him.

ECONOMIC ASPECTS OF MENTAL HYGIENE

All of the groups and agencies mentioned need the services which are available through a mental hygiene program, but it has a broad application to the larger aspects of human welfare and associated economic problems, although not more important than those already mentioned.

The cost of the care of those who become public charges is a big item in governmental expenses. It is estimated that crime costs us annually 15

billion dollars, to say nothing of the losses due to theft, embezzlement, fraud, and similar practices. In the matter of curbing or abatement of juvenile delinquency millions of dollars can be saved, to say nothing of saving the youngsters from a life of crime. Experience has shown that mental hygiene clinics have enabled the handling and training of 50 per cent of the feeble minded cases referred to them without sending patients to an institution for care and protection. Every case so treated means a saving of about \$7,000. In addition it saves the individual from the stigma of the insane asylum or feeble minded school.

It is estimated that one child in every twenty is destined to spend a part of its life in a mental hospital. In a child guidance clinic 25 to 30 per cent of those presenting a problem can be eliminated and another 33 to 50 per cent can be greatly improved. In one state a child guidance clinic in a health department on a budget of \$30,000 saved the state \$140,000, annually. In another state it is estimated that, of the patients treated, 15 to 20 per cent would have gone to a state hospital and would have cost the state \$583,440 annually. In the same state if the program were state-wide it would effect a saving of \$284,452 if only 15 per cent of the institutional cases could be paroled to the clinic.

INCIDENCE AND COST OF MENTAL ILLNESS

For each insane person in our institutions there are ten mentally inadequate outside, or six million. Strecher estimates that one-half of all mental

disease is preventable by the application of our present knowledge of mental hygiene, which would mean a saving of as much as \$387,500,000.

Our state hospitals alone cost annually \$210,000,000, and for prevention we spend less than \$3,000,000. Mental cases from World War I have cost us to date over one billion dollars. Each case from the present war will cost from \$30,000 to \$35,000.

CONCLUSION

Dr. Menninger⁵ says: "It is no mere figure of speech to say we are experiencing a world-wide psychosis. It should arrest the interest of all organized medicine. It should demand our attention to direct an attack on the causes and take immediate measures for treatment and prevention."

Does not a mental hygiene clinic in every public health department on both a state and county level offer the most hope for a solution of the problem of mental illness?

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