

Reflections concerning the establishment of an Organization through which to provide Psychiatric Service for our Community”

Submitted to Perspective Board Members in July 1954

I should like to share with you some of my own reflections concerning the establishment of an organization through which to provide psychiatric service for our community. It seems important that a formulation be made of what it is that is visualized as a goal toward which our efforts should be directed. It also seems important to assess as accurately as possible what will be required to translate the visionary goal into a functioning organization. It is obvious that at this point any formulations will be incomplete; however, they should serve as a framework around which the organization can develop and into which the practical details can be integrated. In reference to goals for such an organization, it seems important that there be a bit of reflections on the general substance of psychiatry, beginning with a look at the historical events which have brought it to its present status.

As you may know, until quite recently psychiatry was not entirely accepted as a branch of general medicine. This is, in fact, a relatively recent development. Until the latter part of the eighteenth century, the chief concern aroused by the "insane", as emotionally ill folks have been referred to, centered around the fact that they were regarded as possessed of evil spirits and they were dealt with accordingly. Therefore, anyone who had anything to do with them, except to regard them as undesirable and wicked, shared some of the same repudiation which society heaped upon those unfortunate people. In the latter part of the eighteenth century, the consciences of certain people became uneasy enough so that movements got underway all over the western world which had as their aim the better care of the emotionally ill. These movements began notably in France, Germany, and England, but the effects were felt also in Colonial America. These first efforts were directed almost exclusively toward more humane and sympathetic care of those individuals who needed to be removed from society. Institutions were built; standards were improved, and finally after a long process of dedicated effort by many people representing various disciplines, emotional illness became

accepted, at least in some measure, as a malady over which those afflicted have essentially no more control than people have over a physical illness with which they may be afflicted. It is interesting to note that although the religious leaders were as guilty as anyone of the unfortunate attitude toward emotional illness because of its identification with "evil spirits", it was religious attitudes concerning the dignity of the individual and responsibility toward fellowmen that gave much incentive to these movements. A case in point is the York Retreat in York, England, still in existence today, which was founded by a deeply religious Quaker family by the name of Tuke. We should be well aware, however, that the stigma of emotional illness is far from removed, even today. Most people harbor many hidden prejudices which influence their attitude toward anything associated with emotional illness. It seems fair to say, however, that psychiatry today is fairly well accepted as a legitimate branch of general medicine, and its influence is being increasingly felt. It is important to emphasize that as in the latter part of the eighteenth century the emphasis was placed on the humane custodial care of the people who were not able to get along in society and who were not able to care for themselves in a responsible way because of their emotional illness, the emphasis for the past number of years has been increasingly turned toward the understanding and treatment of emotional illness. More recently there has been increasing concern about the prevention of emotional illness. This is not unlike the evolution of general medicine. We must remember, however, that psychiatry as a branch of medicine is yet in its infancy, or at best in its early childhood. Great strides have been made, but we must be humble in our awareness of the many unanswered questions, particularly in regard to etiology. Treatment cannot be as definitive as it must be until some of the questions concerning etiology are answered more fully. This involves adding to our concepts dimensions of influence which are probably much less relevant in illnesses

where the predominant pathology is in disordered, physiological, biochemical, and anatomical dysfunction. There is, however, little doubt that in thinking about the establishment of a psychiatric service, the assumption must be made that psychiatry is a branch of medicine and that efforts must be directed toward the development of facilities for the primary purpose of treating people who are ill, at the same time that the problem of etiology is being solved and due consideration is being given to prevention. For example, in pneumonia it is usually enough to determine the physiological, biochemical, and anatomical status particularly of the respiratory system, and discover the offending external agent which has upset the normal functioning. If the offending external agent is a micro organism it can usually be controlled with a specific drug and normal function is established. In an emotional illness the pathology is expressed in terms of feelings and manners of dealing with them. Past experiences with other people as well as present situational factors are important as well as the basic emotional, intellectual and physical equipment with which we are endowed. Treatment as well as cause must take into consideration these factors to a significant degree. In addition, the patient's active volitional participation in getting help is a much more significant factor than in illnesses which are predominantly physical. (This is the tradition of medicine; irrepressible, scientific curiosity in the framework of a humanitarian attitude born and nurtured of working with sick and dying people. The philosophy which gives substance to the specific utilization of these facilities is another matter which will be dealt with later. In the establishment of a new psychiatric service, great care should be exercised to give due consideration to current trends in psychiatry, to developments which have unfolded in recent years, and to those which now seem on the horizon. This suggests that the greatest emphasis should not be placed on custodial care, important though this aspect of the total care of the mentally ill continues to be.

With this background, I should like to offer the following suggestions concerning the basic requirements in the establishment of a community psychiatric service.

(1) It requires a nucleus of people who have a vision of the needs for and the possibilities of developing such a psychiatric service.

(2) It requires a sound organization with a master plan, which is simple but clear as to its basic principles.

(3) Physical facilities which are intelligently attuned to the needs spelled out by the master plan. The following seem to me to be the basic physical facilities that will be needed.

- A. Facilities for the care of people who are acutely emotionally ill, to such a degree that they cannot remain in the community. These facilities must be of a very special type with accommodations ranging from those which are adapted to the care of those patients who are most disturbed to those which are adapted to those patients who are again nearly ready to take their place in the community.
- B. Facilities for an active out-patient service. In my estimation, it would be important that the physical facilities be attuned to a program where the greatest portion of the work is done among those people who do not need to be hospitalized but who would be receiving care and treatment while living in the community.
- C. Facilities to carry on clinical research. It is my conviction that a service rendering first-class psychiatric care cannot be developed without the simultaneous development of a clinical research program, no matter how modest in scope. It is true that the major ingredient of clinical research comes from the efforts of the staff, a modern psychiatric library being the only urgent requirement as far as physical facility is concerned.

D. Facilities utilized in providing constructive diversionary activity for patients. In this respect it must be remembered that patients in a hospital for the emotionally ill are not bed-fast most of the time and have relatively large segments of time at their disposal during the course of the day. The exact nature of the diversionary activities must be determined after careful study and consideration, but in my estimation must be kept rigidly free of the atmosphere which is so prevalent in facilities which have existed in most hospitals for the emotionally ill since the advent of psychiatric hospitals.

It goes without saying that in the consideration of physical facilities which will be basic requirements for the establishment of a psychiatric service, provision will need to be made for the establishment of a psychiatric service, provision will need to be made for the application of the most modern forms of psychiatric treatment. As I see it from the point of view of physical facilities, this provides no great problem of cost; it is rather a problem of architectural design.

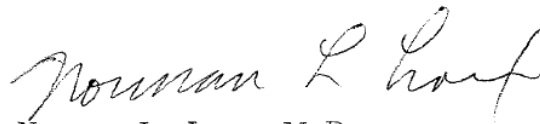
I have summarized what I feel to be the more or less tangible requirements of an adequate psychiatric service in our community. Important though these tangible requirements are, there are requirements which are not easily definable and measurable; these are to be found in the spirits and efforts of the people in the community, as well as from people outside the community who undoubtedly will be asked or will offer their help.

I picture physical facilities which are modern in construction and design and which can be identified as a concrete symbol of what service we expect to render. The exact size is in need of determination through a careful survey and intelligent weighing of various factors. The exact location also is in need of determination as is the fact of whether it should be located on the grounds of a now-existing general hospital or whether it

should stand more alone. However important these physical facilities, their size and location, as well as their general characteristics may be, it must be remembered that bricks and mortar, glass and other material equipment do not constitute a hospital. There needs to be a competent staff who are dedicated to common principles, who are alert, imaginative, and willing to work hard to translate their interests and visions into action and reality. There needs to be a competent, interested and dedicated board of trustees who are at the same time sound in their business judgment and yet not too rigid to fail to have vision and enthusiasm. It goes without saying that among those connected with the hospital, either directly or indirectly, there needs to be cultivated the best and most noble of those ingredients which go into service rendered to our fellowmen.

I should like to say just a word about how what I have outlined can be implemented. I am frank to admit that I do not think it will be easy; no worthwhile project ever is. I do, however, have the firm conviction that there is a tremendous need for first-class psychiatric services on a community level. I believe that what we have in mind is somewhat unique, and as the plans are developed, it will arouse the interest as well as the support of a wide variety of people. If we are conscientious and if we are diligent in our efforts, we can have a project which will be thought of as a sort of pilot study for other similar projects in other areas. I have the definite conviction that the community, including the physicians, religious leaders, as well as the average lay person, is eager for such a service and will respond to a degree which will tax our imagination if we are faithful in providing the proper leadership. I am further convinced that once we are organized and have plans that show concretely the reasonableness of our plans, that there will be money available from various foundations. Finally, I am convinced that where there is a need, people will respond in providing what is necessary to meet the need. I believe

that a project of this kind cannot be done half way. I should like to find it possible to spend most of my time in the next six months, with the help of a very competent assistant, in drawing up plans on the basis of careful investigation and thorough consultation with competent people. At the same time, I would hope that there would be efforts in the direction of forming a permanent organization of a non-profit corporation type through which our program would be administered.

A handwritten signature in cursive script that reads "Norman L. Loux". The signature is written in dark ink and is positioned above the printed name.

Norman L. Loux, M. D.