

## PSYCHIATRY AND THE WAR

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### POST-WAR PSYCHIATRIC PERSPECTIVES

By LAWRENCE KOLB, M. D.

Assistant Surgeon General in  
Charge of Mental Hygiene,  
United States Public Health Service

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Sanity and security are two exceedingly wholesome words to hear in this chaotic world. These two words formed the keynote of the opening of the annual meeting of the National Committee for Mental Hygiene in that fateful 1940. "The sense of security of mankind is at stake," Dr. Adolf Meyer reminded the assembled men and women of psychiatry, "and it is our share and our duty to contribute to the sanity and security of our own people." The importance of that contribution has grown with every succeeding month.

A poll of American public opinion on the war's after-effects, for which we must willingly pay in money and in services, would bring out a widespread acceptance of responsibility for the mental and nervous disorders of the people who return from the war. Men, women and even the children of this country are aware of the

ordeal through which our armed forces are fighting their way. The gods of war are hard on their personnel. Combat forces have to make a complete readjustment of life habits in an atmosphere of physical danger, under conditions of hunger, fatigue, exposure to inclement weather, and infections incident to the gathering of persons in intimate contact.

The last war was only a localized affair compared to this one, and it left us with a bill for mental and nervous disorders which we are still paying. The Federal Government alone has paid out close to \$1,000,000,000 for the care and pensioning of neuropsychiatric veterans of the last war.

When our present Selective Service went into operation, psychiatrists were called in to help weed out the unfit among the draftees. In the examination of the first million men, neuropsychiatric conditions were fifth among the causes of rejection. Nobody knows however, how many of the young men going into the war are predisposed to mental illness and under the stress of war will break down sooner than would ordinarily have been the case. Nobody knows how many of the less predisposed will break down temporarily. Nobody knows how many who apparently come out unscathed will need the services of mental hygiene. A flier in the last war wrote in his diary that back in civilian life once again he "roamed the streets by day and by night alone with his nervous system." These, the ones for whom it is an ordeal to be alone with their nervous systems, also need the protection and help of psychiatry.

The post-war problem of the mentally ill is already manifest in admissions from the Army and Navy to Saint Elizabeths Hospital and veterans' hospitals and in claims for disability for mental and nervous conditions.

The Federal Government is shaping up the rehabilitation program which we shall owe to those who are giving themselves to winning the war. Companion bills have been introduced in the Senate and the House to provide for the vocational rehabilitation of individuals suffering from "war-connected or other disabilities." The bills are written to include not only

members of the armed forces, but industrial workers who with their labor fight the war on the production line, and other people connected with the conflict.

The type of casualty of which the public hears very little is that occurring daily among our merchant seamen. These seamen without benefit of uniform or the title of fighting men keep the supplies moving to our forces, our allies and to ourselves through exceedingly troubled waters. Twenty-three hundred of them have lost their lives since the war started. Hundreds have been shipwrecked and have arrived on land in great need of medical and hospital care. Among these have been numerous psychiatric casualties. They have suffered from shock similar to that so common among soldiers at the front, shock due to harrowing experiences, exposure to wet and cold for days in open life boats, and to deprivation of food. These men are greatly in need of assistance, and the War Shipping Administration has arranged for it through the medical facilities of the Public Health Service. A special psychiatric service has been set up to deal with these cases in the Marine Hospitals, in special hospitals, and in convalescent homes where under the guidance of psychiatrists the merchant seamen will recuperate before returning to sea.

Our most anxious thoughts today are quite properly for those who are running the greatest risks. Psychiatry's clients, however, are the entire hundred and thirty million of the population. Psychiatry's mission is to foster sound minds to go with the sound bodies for which the public health movement has worked so long.

What the war will produce in the shape of special problems among the civilian population no one can predict. We do not have statistics war by war upon the mental effects of war among civilians. What data we do have lend no support to the view that wars cause an appreciable increase in psychoses as a whole. In Britain numerous psychotic casualties were anticipated and extensive preparations were made to take care of them, but the raids came and nothing unusual happened to the mental health of the people. All our reports from England indicate that the civilians are standing up well to the war of nerves, the air raids, the

the threat of invasion and all the dislocations war has brought into their personal lives. Crime has decreased there as it did in both Britain and the United States during the last war. This last statement does not hold true for the child population, for juvenile delinquency in England shows an alarming increase.

The news from Spain is similar to that from Britain. There were some psychotic casualties among predisposed civilians, but, as in Britain, some neurotic individuals were improved by their preoccupation with the war.

It is beyond the power of analysis to strike any prophetic balance between the people who are going to give way and those who are going to benefit because of the war, but the evidence of the past, incomplete as it is, seems to suggest that the aggregate of mental disease is very little affected by wars, peace, depressions or prosperity. The most reliable reports which we have from the Civil War both during the conflict and afterwards seem to indicate that there was no increase in mental disease because of the war. The same applies to the Spanish American War and World War I.

In Massachusetts, a state which has had an adequate mental hospital system and reliable psychiatric data for years, first admissions to mental hospitals decreased sharply from 1917 to 1920. The same thing to a less striking degree happened in New York and other parts of the country. It is significant that the drop in first admissions in Massachusetts during the last war exactly paralleled the drop in alcoholic psychoses.

Suicide rates tell the same story. In 1941, the rate among the policy holders of the Metropolitan Life Insurance Company dropped sharply from that of the previous year. In England, there was a decided fall in the number of suicides in the last three months of 1939, the opening scene of the war. The rate fell in 1940 and again in 1941.

When the tumult and the shouting dies, and the strain is over, and the war duties are done, we will nevertheless have a considerable psychiatric problem to solve. Syphilis and alcoholism may increase during the war, and these are two of the more potent specific causes of mental diseases. The economic switchback

from war production to production for peace is going to mean a dislocation involving millions of people. It may be a catastrophic dislocation in so far as the emotional and psychic elements of the problem are concerned.

Whatever the war and post-war conditions produce in the line of special problems, we still have the old constant problem, the appalling incidence of mental illness. The hazards to mental health are apparently the greatest of all our health hazards.

In 1940, 163,556 patients were admitted to hospitals for mental disease and defects--only 10,000 fewer than the number of persons who graduated from college that year. This comparison has an imaginative as well as a statistical value. The person who steps forth with his new sheepskin is prepared in his mind to conquer the world. The person who leaves the world to enter the doors of a mental hospital has gone down in defeat.

In dealing with mental diseases we started far up the line--with the end results. Psychiatry has not only a treatment responsibility but an epidemiological responsibility, to find the early cases, to ameliorate the conditions which breed cases. It is only through a national program that we can prevent the end results and the appalling bill which we pay for them.

The public reaction to the homecoming of the inevitable psychiatric casualties of this war will be favorable to the development of a far-reaching mental health conservation program and we should be ready with it.

The program should include:

1. Better psychiatric education of physicians.
2. An increase in the number of psychiatrists.
3. A wide distribution of mental hygiene and child guidance clinics.
4. More attention to mental hygiene in colleges and schools.
5. Attention to mental hygiene in industry.
6. Provision of measures to reduce juvenile delinquency.
7. Psychiatric assistance to courts and to discharged prisoners.

8. A saner approach to the problem of alcoholism by the police and courts.
9. Provision of treatment for chronic alcoholics including hospitals, clinics and consultation bureaus.
10. Better state mental hospitals.
11. A wide development of psychiatric units in general hospitals.
12. The establishment by all the states of sane, humane commitment laws as free as possible from judicial procedures.
13. The development of mental hygiene-public health activities in state health departments.
14. And above all a far-reaching development of research into nervous and mental diseases.

The country has now only about one psychiatrist for every 57,000 of the population. More than half of these are ordinarily employed in mental institutions where they are for the most part unavailable for early treatment designed to prevent hospitalization. No wonder the majority of first admissions to mental hospitals has never seen a mental specialist until they arrive at the hospital seriously ill. A wider interest in psychiatry and better support of mental hospitals will automatically increase the number of psychiatrists, but it is more important still that every medical student in the course of his education should receive sufficient psychiatric background to enable him to meet, in a common sense way at least, the numerous psychiatric problems with which he will inevitably be faced.

Many authorities rank child guidance clinics of supreme importance in the prevention of mental disorders. About twenty-seven of our larger cities have such clinics. However, in small cities and in rural areas such preventive service is almost nonexistent. Clinics for child guidance and mental health are doubtless very useful, but perhaps the more helpful way of carrying on preventive mental medicine would be the more subtle one of making mental hygiene activities an integral part of the services of public health departments. Studies are now being made in the Eastern Health District of Baltimore, Maryland, and in Williamson County, Tennessee, which are designed to set a pattern for mental hygiene-public health activities.

Dr. Julius Levy, Director of the Bureau of Maternal and Child Health of New Jersey, is carrying on a program which seems to be especially effective. All the public health nurses in this department are instructed in mental hygiene. They begin in a subtle way before the child is born to indoctrinate women with the principles of mental hygiene. From there on, without benefit of any loudly proclaimed program, they follow through with common sense mental hygiene measures administered along with their other health services. These measures are exclusive of treatment; they are limited strictly to prevention.

Mental hygiene is well over the threshold among our social efforts. Even in those favored communities which have mental hygiene clinics, however, the services are far inadequate to the needs. In our complex modern civilization, a program of mental hygiene like any public health program must have the backing of Federal and State Governments to carry out its mission properly. The President's Committee on Medical Care, reporting in 1938, recommended that Congress make available increasing amounts up to \$10,000,000 a year for a field program of mental hygiene similar to the special annual appropriations for venereal disease control. While this recommendation has not been carried out, it may be described as a strong prevailing wind of opinion.

There are other indications that psychiatry is about its business and will eventually have the proper backing. The Public Health Service has made a psychiatric consultant available to the states in expanding public health programs through the grants-in-aid of the Social Security Act. The Children's Bureau hopes to put on a psychiatric consultant to work with the states in the program for maternal and child health. State health officers one after another are accepting responsibility in mental health and are calling in the psychiatric consultant to help incorporate mental hygiene in their public health programs. None of the money available under the Social Security Act as grants-in-aid to the states has ever been earmarked for mental hygiene purposes. Nevertheless for the fiscal year 1942, twelve states managed to readjust their budgets to include this activity. Before that time only four state health departments had mental hygiene programs.

When we reach a stage in our attack on mental disorders comparable to our attack on other diseases, psychiatric services will be widely accessible to the population. They will be as accessible as the x-ray of the lungs and as the blood tests that we hear so much about these days.

The influence of mental hygiene runs through all our health and welfare activities. Psychiatric training for professional workers who are carrying out programs in tuberculosis control, in venereal disease control, in maternal and child health, in industrial hygiene and all other programs of health or of welfare will help to knit the separate efforts in mental hygiene eventually into a strong national program.

The Children's Bureau has promoted institutes for psychiatric training for nurses among the states.

All the work for crippled children has a great psychiatric bearing upon their lives as adults. President Roosevelt has asked Congress to authorize a special wartime appropriation, not to exceed \$7,500,000 the first year, for expanding Federal aid to states for the care of crippled children and child health and welfare services, all of which, of course, will include mental hygiene. The President stressed the special needs of mothers and children arising from war conditions.

The whole ideology behind our housing movement is mental hygiene. Winslow has said that poor housing shows its effects to the greatest degree in accidents and in poor emotional health. In England, the national housing program from the very beginning was under the Ministry of Health. In our country, the housing movement started as a low-rent proposition to get people of limited means out of unwholesome slums and into dwellings that would contribute to their self-respect and therefore their self-management. The war has turned it temporarily into a movement for war workers. The cooperation of local health departments is sought in providing public health services on the Federal housing projects. Housing and health programs are joining forces in our social structure. And throughout the housing literature written today you will find first of all the thinking of mental hygiene.

This philosophy likewise underlies all our activities under the Social Security Act. The genealogy of this Act goes back to those ugly blue laws under which administrators of the public funds for welfare must make sure that the pauper was duly servile for that which he received. The ideology prevailing in the administration of Social Security provisions is that the assistance should build up the self-confidence of the person receiving. Our Social Security people are good mental hygienists. They believe those receiving aid should feel they are accepting that which they have helped to provide for themselves, and that they are therefore still masters of their destinies.

The Social Security Board has inaugurated an Enemy Alien Program to provide for dependents of aliens and thus not only relieve distress but eliminate any reasons for resentment and consequent mental and social difficulties.

All of these health and welfare activities attest constantly to the mental hygiene disposition of this country.

In our quickening sense of the broad field in which mental medicine should function, we cannot overlook the necessity for taking alcoholism out of the category of crimes and treating it as a mental disease. It is evidence of an appalling lack of appreciation of essential principles that the arrests for drunkenness per unit of population in a large proportion of cities of the United States are from twenty to eighty times higher than arrests for drunkenness in New York, and that, as a rule, in these cities of high arrests less is done for the alcoholics than in New York. We shall never get anywhere with solving this problem until alcoholism comes to be generally regarded as a disease, the sufferers from which need careful study and attention. Neglect, indifference and punishment have never provided any solution.

The problem of crime should be approached from the psychiatric angle. In our broadened conception of mental medicine, it would be treated as a social or personal maladjustment. This treatment would not involve the abolition of punishment but would rather widen our approach to include the more saving efforts of prevention and rehabilitation.