

Mental Health V

Emotional Illness Losing Old Stigma

EDITOR'S NOTE: More and more, the man who feels emotionally distressed seeks professional help and makes no secret of it. This, psychiatrists say, is a healthy development in the struggle to prevent and treat mental illness today. Here, in the last of a series of five special articles, is a report on how the public attitude toward emotional affliction is changing.

By **ALTON BLAKESLEE**
Of the Associated Press

NEW YORK—Recently, a man placed a personal notice in his hometown newspaper.

He said he'd be away for a time at a hospital, and urged friends to write him there.

His new address—a mental hospital.

He felt no embarrassment in admitting to emotional ailments, a need for treatment, and expectation it would work.

It is one straw in the wind of public change to regard mental illness as objectively as heart disease or TB, without stigma, shame or fear.

People don't "catch" emotional illness just to be mean or because they are weak, or feel sorry for themselves, says Dr. C. Hardin Branch, president of the American Psychiatric Assn. Their treatment calls for understanding by family, friends and the public, even though the severely ill sometimes do see and hear things which are not there.

Don't Evoke Sympathy

Their sickness differs in one important respect—they don't seem to want to be helped, and thus don't evoke sympathy, the Joint Commission on Mental Illness and Health points out.

This expert group was authorized by Congress in 1955 to survey the nation's mental health needs, and it issued a report last year calling urgently for a vast build-up in facilities to treat mental and emotional ailments.

Neurotics—the man with a constant grudge, the woman always nit-picking at faults in everyone else—are simply hard to get along with.

One old fear is that the mentally sick usually go berserk.

But the crime rate of discharged mental patients actually is lower than it is among the general population, Drs. B. Malzberg and H. Brill of the New York State Department of Mental Hygiene found in a study of more than 10,000 male patients.

Low Crime Rate Found

Those with no record of prior arrest had a strikingly low rate. The crime rate among those arrested before hospitalization compared favorably with that of other persons arrested previously.

More people—24 per cent last year—are voluntarily entering mental hospitals, admitting they need help.

How does one know if he needs help?

If you often feel emotionally upset, seek advice from a doctor, psychiatrist, clinic, clergyman or other source, experts advise. They could help with problems, or point out emotional frictions not apparent to you.

Dr. William Menninger advises emotional checkups, much as sensible people have regular physical checkups. While there is no simple test for mental health, he lists some questions to be asked in an emotional checkup:

How Do You React?

How do you get along with other people? When a situation gets really rough, do you lose your temper, become jittery or paralyzed, or so anxious you cannot function? How much fun do you get from constructive, creative giving of yourself?

How do you react to frustrations—by quitting? By realizing you cannot win all the time? How free are you from anxiety? What outlets do you have when you are tense or anxious? If you are troubled, do you really try to seek help?

"The essence of all these suggestions is the recognition that we have to have the courage, before we look at other peo-

ple, to be able to look at ourselves," he writes.

Depressions, the feeling you've missed out in life, continual tension, are some common signs of emotional disturbances.

Life brings changes and losses, particularly in middle age, says Dr. Harry Levinson of the Menninger Foundation. Some ways to make up for losses include activities to express aggressive feelings, through sports, gardening or walking. You can find new friends, new hobbies and interests, new stimulations. One of the healthiest avenues is public service, volunteering to help church, social agencies, or political organizations, he adds.

Dr. Karl Menninger suggests that frequently what we need is not "don't give a damn pills," but "do give a damn pills" to prompt us to be useful and constructive.

Crisis Said Near

As one point for concern, the joint commission declares this country faces a major crisis in mental health unless professional personnel and other programs are increased many fold within 10 years.

It calls for tripling mental health expenditures in the next decade... for more basic research... for limiting new state hospitals to no more than 1,000 beds, in favor of smaller mental hospitals within the communities... for more psychiatric beds in general hospitals... for 3,600 full-time mental health clinics in the nation.

Half of all present mental hospitals still do very little for patients, declares the National Committee Against Mental Illness, Inc.

It pleads for 10,000 to 20,000 more psychiatrists, 10,000 more clinical psychologists, 30,000 more graduate nurses, near-

ly 27,000 more attendants and other aides, and 2,500 psychiatric social workers—in careers which should be well paid as well as offering personal satisfactions.

On the plus side, the budget of the National Institute of Mental Health was increased \$35 million this year, to \$143,559,000. The National Assn. for Mental Health is raising about \$6 million for research and other programs.

Now there is a tide of "turmoil, creativity and experimentation" in mental health, says Dr. Robert Felix of the National Institute.

If this continues, it "will inevitably increase our understanding of human nature and man. It can help us become constructively adaptive as individuals in an increasingly complex and competitive society."

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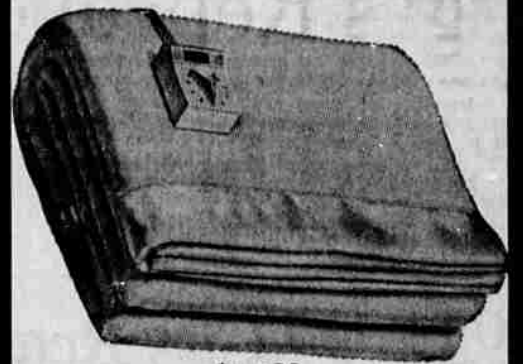
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