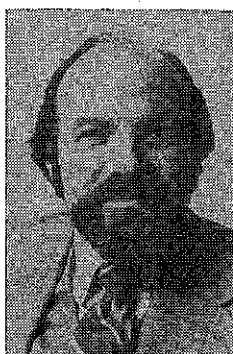


Editor's Page

Dollars DO NOT Cure Mental Illness

Psychiatry is among the youngest of the medical specialties, yet it concerns itself with the most complex issues of Man's existence, his understanding and interpretation of the meaning of reality. The very survival of a person is dependent on accurate assessments of his internal and external environment, and psychiatry is the only branch of medicine that attempts to correct distortions of this sort. Objective clinical observations make it amply clear that no system in the body is exempt from being severely disturbed in its functioning by emotional difficulties of sufficient intensity. Physiologic and even anatomic



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alterations result from disturbed emotions, as any and all symptoms are frequently traceable to chronic blocks in their free expression. Psychiatric knowledge has dramatically been advanced in the last fifty years, yet no general agreement exists as yet either about the etiology or the pathogenesis of mental illness. False certainty is often evident in many claims, probably in an attempt to hide the many doubts that still need resolution. The diagnosis of psychiatric entities differs greatly in different parts of the world, and usually even in the same locality, and so also do the modes of treatment.

What can non-psychiatric physicians do in this confusing and regrettable state of affairs? Some use the lack of clarity as a plausible excuse to belittle the importance of psychiatry altogether, since mental illness is often as frightening to the physician as it is to the patient. The inexcusable result is that referrals are sometimes delayed or not made at all, even when the patient clearly needs and clearly would benefit from psychiatric intervention, imperfect as it often is. Other physicians have given up altogether any attempt to make sense out of this confusion, and instead, are willing to follow almost blindly the policy recommendations made by psychiatric spokesmen, even when their validity is questionable.

The pessimism that permeates their professional lives has driven many disheartened psychiatrists into finding their professional identity as social reformers, administrators or "researchers," while others avoid direct patient care from the onset. Financial support is often unashamedly and urgently demanded from society for the many new ideas and therapeutic fads that are hatched in great frequency. The widespread fear of mental illness lends itself to opportunistic use by those who wish to whip-up support for such questionable demands. Act 54 was passed in such an atmosphere only a few years ago, giving rise to and financing very expensive Community Mental Health Centers which at best provided only limited and temporary benefits. Several hundred million dollars later, the mental health of the "community" is worse than ever, as a brief and cursory look in the morning paper any day easily confirms. And so it goes.

The recurrent preoccupation of the official spokesmen of psychiatry with obtaining ever greater budgets for training and "research" is perhaps best understood in the context of efforts to overcome the threats to self-esteem that result from professional self-doubt. The simple-minded assumption that underlies such never ending requests is that more money means more mental health. Non-psychiatric physicians and politicians who know even less about mental illness than psychiatrists do, and who, like all people, fear it—frequently support such demands, innocently believing that they might produce some good.

Politicians often hope to get elected by playing up to, and using irrational fears. It is wholly wrong for physicians to participate in such practices, whether they benefit from them personally, or not. Heart disease, cancer and stroke have not disappeared since the Federal government set out to "conquer them," several years ago; but many hospitals, medical schools and "researchers" have benefitted from the largesse. A greater

availability of psychiatric services and psychiatrists also does not in itself guarantee greater happiness, more contentment, or better mental health. The time has also come to admit openly that much of the so-called research in psychiatry is useless, wasteful, mis-directed and not deserving of either public or private financial support.

Innovative approaches to the treatment of the mentally ill clearly show that these are curable illnesses, and that more than a temporary improvement in functioning is achievable. Major changes in psychiatric training and a basic overhaul of the curriculum are required, however, before more than psychiatric first-aid is widely available. Personality reorganization is a most complex and difficult goal to achieve, but it is one that holds promise of permanently undercutting symptoms and life-long distress.

The leadership of organized psychiatry has been wandering far too long away from clinical concerns and perspectives. All efforts to change society or to find "cures" by fiat have consistently failed. The only real hope for changing Mankind is by changing Man, patiently, painstakingly and often painfully.

The Council of WCMS has in the past generally and routinely supported recommendations for greater allocation of public funds for mental health activities. Well-meaning but ill advised and naive psychiatrists have misled well-meaning but ill advised non-psychiatrists into such troubled waters. Such support by the Council should no longer be given automatically, and it probably should no longer be given at all.

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