The mental hygiene movement and the problem of preventive mental health

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As knowledge of mental illness has accumulated, the question of preventive mental hygiene has become increasingly important. This conclusion can be drawn from the history of medicine which has shewn that in the last 100 years the greatest advances in improving the health of people have come from the application of preventive measures rather than from the treatment of disease.

The idea of prevention has been subject to many vicissitudes. It is not possible to undertake preventive health work without knowing what to prevent and how to prevent it; and no progress can be made until the territory of disease is mapped out.

The emergence of preventive public health

It was only in the early 17th century that medicine in Europe began to become scientific, and then for nearly 250 years it remained in a phase of descriptive phenomenology. The first scientific task was to discover and understand the many forms that disease can take, to define the natural history of the various disorders and to organise knowledge so that it had predictive value. This having been done, the way was open for research into aetiology and causation, without which no preventive action can be securely based.
It does not necessarily require exact knowledge of causation in order to make preventive work possible. Much has been undertaken after intelligent assessment of available evidence. In the year 1854, in one of the earlier recorded preventive public health actions in history, a certain Dr. John Snow secured the arrest of an epidemic of cholera in a district of London, by removing the handle from the parish pump. This happened a full generation before the discovery of the cause of cholera, but Dr. Snow had spent six years painstakingly investigating by field studies of cholera outbreaks, his hypothesis that cholera was spread by water infected with human sewage.

It is a cardinal principle of preventive hygiene to isolate the cause and to prevent the causative agent operating. If the disease is carried by infection or contagion, all those who might conceivably spread the disease must be isolated and steps must be taken to ensure that all articles that people use in common, food and water supplies, and so on, do not carry the disease. A second principle is to study the conditions which make the disease possible, and find out how to strengthen individual resistance to the illness. This has been well exemplified in recent years in the successful war against tuberculosis. One aspect of this type of campaign has been antibody formation by inoculation and the discovery of other agents to improve individual resistance.

There is a third possibility in health work, which is more basic and potentially more effective than the other measures. This consists of the study of the factors which go to make people healthier generally, stronger, more able to resist disease, more able to recover quickly when ill. Some of these factors are genetic and, obviously, selective breeding can have only a limited application in the case of human beings. Other factors are nutrition, the living conditions of children and, in recent years, it has been increasingly realised that psychological factors are important, that the emotions and states of satisfaction of people have quite a profound bearing upon their general health.

Preventive mental hygiene

The above is very relevant to the question of preventive mental hygiene. When people consider the field of action in mental hygiene they are frequently baffled by its complexity. On reason for a wide-spread feeling of uncertainty is that the mental medical sciences generally are historically far behind the stage of development of somatic medicine. Preventive mental hygiene appears to be a vague subject because we have very little idea of what to prevent. Whereas general medicine has passed through a phase of 250 years of phenomenological description, psychological medicine has had little more than 50 years and, particularly in the realm of children, much remains to be done. This does not absolve us from a duty to consider preventive problems. We can, at least, emulate the example of Dr. Snow and apply our current knowledge to prevention.

In the early part of the 19th century mental illness began to be recognised and differentiated from the general field of medicine. Early work was embarrassed by an implicit assumption that genetic factors play a large part in mental disease, an assumption that has progressively diminished with greater descriptive knowledge. A parallel assumption has been that circumstances contribute to psychological disorder and that people are driven mad by certain types of experience.

These two popular hypotheses made it natural that early work in the field of mental hygiene should have concentrated on the segregation of the mentally sick person. All over Europe large hospitals were built for the reception of psychotic patients, usually remote from towns. The patients incarcerated therein were allowed