

The regulations elsewhere spell out a total of ten services considered to be necessary to provide adequate mental health services. These include the five essential services named above, as well as the five listed below :

1. *Diagnostic Services*

These would provide extensive examination of emotionally disturbed and mentally ill persons and screening of patients prior to admitting them to the appropriate service within the Center.

2. *Rehabilitative services*

Vocational, educational and social programs would aid those who need such care, including former hospital patients.

3. *Pre-care and Aftercare services*

These would place patients needing such care in foster homes or halfway houses, and would include home visiting.

4. *Training*

The Center would provide training for all types of mental health personnel.

5. *Research and Evaluation*

The Center would carry out research into mental illness, or cooperate with other agencies in research.

Thus, the late President's 1963 Message to the Congress could be regarded as one great impetus for the beginning of a new era in treatment of the mentally ill : in the community and by the community. (9).

It is *hoped* that for thousands of disturbed persons, the establishment of this comprehensive community mental health program will have distinctive and personal meaning, since many persons treated in these community mental health centers need never leave home for the strange and lonely mental hospital which for years has been a world apart.

II PRACTICAL
AND
THEORETICAL
PROBLEMS

But what has happened thus far is only the prologue, not the whole story. Shortage of money and staff are pressing. Limitations and needs are great. And the problem is not merely of practical interest, it is of theoretical importance as well.

Mental Health, in summary, is in rapid transition. Among the many social disciplines perhaps it is the least conceptualized. In their study of patterns of psychiatric emergency services, the authors of the "Psychiatric Emergency" state, on the problems of definitions in their findings:

"The questionnaire returned to us by 154 facilities providing emergency service asked,

— Do you operate under a formal definition of what

duals concerned with mental health attests that there is in fact a movement, and that it is apparently widespread. Perhaps it is worth while to attempt to describe, in short, how it came about and what it hopes to accomplish. The idea is relatively new. Its philosophical beginnings go back to the early years of this century; the concrete developments that have made it possible are much more recent.

On 5 February 1963, the late President John F. Kennedy, in his unprecedented message to Congress, asked for "a bold new approach". "First," he said:

- (a) "We must seek out the causes of mental illness and mental retardation and eradicate them . . ."
- (b) "Second, we must strengthen the underlying resources of knowledge and, above all, of skilled manpower which are necessary to mount and sustain our attack on mental disability for many years to come . . ."
- (c) "Third, we must strengthen and improve the programs and facilities serving the mentally ill and the mentally retarded . . ." (7)

Eight months later, on 31 October 1963, the 88th Congress enacted Public Law 88-164, the "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963", which authorized federal matching funds of \$1 billion over a three year period for use by the States in constructing comprehensive Community Mental Health Centers.

In May, 1964, the Federal Register published regulations pertaining to Title II of Public Law 88-164, "Community Mental Health Centers Act," which provides to the states federal matching funds for their use in building Community Mental Health Centers. These regulations specified a group of five components that community Mental Health Centers programs must contain to be eligible for the matching funds. The five components, called essential services, are, in the language of the regulations:

1. In patient services,
2. Out patient services,
3. Partial hospitalization services (must include at least one day care service);
4. Emergency services provided 24 hours daily within which at least one of the first three services listed above;
5. Consultation and education services available through Community agencies and professional personnel.

constitutes a psychiatric emergency? If so, please state the definition. Only twenty said they had formal definitions, and none of these as set forth would meet dictionary standards. Twenty fall into several small groups; four identify an emergency patient as one who is dangerous to himself or others; Two identify any patient who asserts or whose friends or relatives assert, he is an emergency; two others as any one having been previously evaluated by a physician on the facility's staff; two others as anyone so referred by a psychiatrist or other physician. The remaining 'formal' definitions are highly individual and several are not definitions at all within any general meaning of the term . . ." (3)

The site visits made by the author to many mental health centers left him the impression that the concept of a Community Mental Health Center is still in early stages of development. Each center visited had some excellent features. But most lacked the ideal dimensions of comprehensiveness. The name Community Mental Health Center, means different things to different people, it means to many the same as an outpatient clinic, or a name to describe the regionalized unit of a state hospital, or a psychiatric unit of a general hospital. While psychiatric or mental health nurses usually use their traditional nurse's white, in some day-hospitals they no longer wear that but dress in ordinary clothing as they mingle with the patients in the therapeutic community.

In a Community Mental Health Centre several kinds of professionals are needed. They all participate at least in providing psychotherapy. This has resulted in some confusion. The status seeker among the nurses, social workers, occupational therapists, etc. want to be merely a psychotherapist. Psychotherapy is the fashion of the day.

It has been said that every age has its cherished beliefs and its watchwords. In our time, in the mental health field, we, too, have our watchwords.

For example, community is a magic word that must be included in almost every mental health plan, in every application for funds, and in every speech concerning mental health.

Now what does the magic word — community — really mean? After reviewing ninety-four definitions of community J.A. Hillary reaches the conclusion that, "Beyond the conclusion that people are involved in community, there is no complete agreement as to the nature of community." (4)

Some writers employ the term community without f

mally defining it, but appear to equate it with society, group, social system, and social organization. Other writers view the community in biological rather than socio-cultural terms. Some sociologists view community in both biological and socio-cultural terms. Still others define community only in socio-cultural terms. (2)

Employing combinations of different characteristics B.E. Mercer, defines community as follows: "A human community is a functionally related aggregate of people who live in a particular time, share a common culture, are arranged in a social structure, and exhibit an awareness of their uniqueness and separate identity as a group." (5)

By far this is still not an exhaustive definition of the term community. The mental health practitioner needs to define it for himself. According to Carl Goldberg, from Maryland Laurel Comprehensive Community Mental Health Center, "A community is a social organism where people live and work, suffer frustrations and limitations, test strength, and seek resources, meet challenges and make future plans, take reaction and find communion with others. It includes all the qualities that are important to living. There is, then, more to a community than a psyche." (1)

This concept of Community Mental Health, then, would include as many community agents as possible in co-operative efforts. Where a professional worker performs a function, a non-professional should be involved as well. Each must learn from the other. An adolescent drug abuser group might include a professional mental health practitioner, a former addict, and a mature parent.

The concept of community mental health should take us beyond the semantic confusions and applications of the term community in English-speaking circles. It could be applied universally with some degree of acculturation and re-adaptation, to all societies of mankind. However, one might ask how a comprehensive community mental health center can be?

To the average educated layman, and, unfortunately to most mental health practitioners the community mental health care has become synonymous with the provision of mere psychotherapy. The community mental health center has not succeeded in becoming inductor of catalytic agent in the growth of its patients, nor has it become significantly involved with the community as a social system. Rather, these centers tended to be more reactive clinics that wait patiently to be petitioned be-

fore becoming involved with individuals and families.

1. *New Horizons*

These are grim facts. But new hope has begun to appear for the mentally ill and retarded and their families already. This hope is contained in four revolutions now under way — revolution in understanding, in research, in maternal and child care and in education for mental health.

Although no consensus exists at present as to what are the essential or desirable units of a comprehensive program for the control of mental disorders, some trends are emerging clearly. The one that has gained the widest support is that services for persons with mental disorders should be located in the communities in which they live. Hence, the emphasis on 'community mental health services'. The mental hospital is increasingly being viewed as one of a variety of resources in the treatment and rehabilitation of the mentally ill. It is now generally recognized that a comprehensive community mental health program involves far more than community mental health services of today. Effective prevention of mental disorders and promotion of mental health require good schools, health and medical facilities, voluntary and public welfare programs, civic and religious organizations, housing, industrial planning, and all the essential services that the modern society has developed. In addition, there is need for an organization that has the assigned and active responsibility of planning a program to meet the community's mental health needs at local level, coordinating the efforts of the different agencies and groups, and checking on the effectiveness of the combined efforts. (8)

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