

The Report of the Joint Commission is concerned primarily with the large central core of the mentally ill, the psychotic patients who may or do require hospitalization. It presents a many faceted program of action which calls for large-scale expansion of treatment services, rehabilitation measures, research, and training of professional, technical and ancillary personnel, and educational efforts to overcome the widespread ignorance and fear which lead to misunderstanding and neglect of the mentally ill. An important, but as yet unwritten chapter on the prevention of mental illness will have to be added in the future. Enthusiastic acceptance of the Report by professional and lay groups has already contributed greatly to the mobilization of public demand for adequate governmental action at all levels to meet the neglected mental health problems of the nation.

The American Psychoanalytic Association endorses the investigative, educational, and therapeutic aims advocated by the Commission. The emphasis given in the Report to treatment which is centered in the community deserves special commendation. Early, intensive treatment in mental health clinics and general hospital psychiatric units would do much to eliminate the need for hospitalization in State Hospitals which are often distant from the patient's home. The patient should be less isolated from his community, and the resources of the community less isolated from responsibility for the continuing care of the patient. This reorientation of treatment will facilitate the recruitment and training of professional workers in this field. Psychoanalysis, as part of the complex of organized medicine, and psychoanalysts as individuals, will give vigorous support to the implementation of these phases of the mental health program.

In supporting the basic objectives of the Report, the American Psychoanalytic Association would, however, emphasize these viewpoints:

- 1) A realistic mental health program must go beyond the administrative, financial, personnel training, and research requirements outlined to deal with a core group of severely ill. Until valid proof exists of its advisability, isolation of this core problem of the psychotic from the mental and emotional problems of the neurotic or even of the relatively well adjusted would appear unwise. Important new knowledge may well be gained through the intensive study of the conflicts and mental mechanisms contributing to the defensive and adaptive needs of the human organism at all levels of mental health.

- 2) Emphasis on the great and urgent need for expanded research about the causes of mental illness is fully warranted. Despite the limitations of present knowledge, however, care must be exercised that such emphasis does not foster research activities based on the premise that nothing of value has yet been learned about this subject. It is possible, of course, that research which approaches the problem of mental illness from totally new directions may lead to unexpected and fruitful discoveries. It seems wise, however, to focus investigations principally on those areas where a fund of important knowledge is already in existence and where continued, organized effort is likely to yield additional data relating to the constitutional, developmental, and motivational bases of human maladaptation.
- 3) Basic research, as emphasized in the Report, is understood to refer to fundamental investigations of the causes and physiological or psychological processes of mental disease in contrast to applied research, which deals with the specific effect of various treatments. Promising leads for basic research may, however, also be obtained through the clinical application of already existing knowledge. Training, research, and treatment should, therefore, not be too strictly separated; but their mutual, dynamic interactions should be included in the research efforts that aim at the expansion of scientific knowledge about mental illness.
- 4) A clear distinction needs to be made between what is a therapeutic attitude and what is therapy as a systematic, goal directed process, if care of the mental patient is to progress beyond the humane principles of good custodial care. Kindness, warmth, and sympathetic support are beneficial to all human beings and are especially needed by mental patients. In the present state of our knowledge and resources, this may be the only help which can be given to some patients. However, such measures must not be allowed to become exclusive treatment objectives. The American Psychoanalytic Association affirms the right of patients to expect therapy which will help them to stand alone and bear up under the vicissitudes of life. The promotion of ancillary care to the status of therapy by non-psychiatric personnel, whose training at best is likely to be inadequate, is a solution of dubious value, subjecting patients to dangers as well as possible benefits.

The American Psychoanalytic Association believes that it must be recognized that no program, however extensive, can fulfill the

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therapeutic needs of the nation in respect to mental health problems in the present state of our knowledge. Hope for the future, therefore, is not based so much on the extension of therapeutic efforts, however desirable and indicated that may be, as on the prevention of mental illness. Here, too, an integration of effort is essential. Preventive measures include not only education but also therapy at appropriate and critical times. Thus, the dissemination of information regarding normal growth and developmental patterns and the significance of family and cultural interaction will have to be combined with psychological counseling during periods of environmental and intrapersonal stress. Careful attention needs to be given to the formulation and communication of information—already existing or to be acquired—which may aid in this direction. Psychoanalytic research suggests that the principles on which prevention may be based will be derived primarily from the study of childhood experiences and the investigation of child-rearing practices, and that effective prevention of mental illness will be implemented largely through measures that aim at the attenuation of the unavoidable traumata of childhood and at the improvement of the emotional atmosphere in which children grow up.

The important additional areas for action essential to prevention need to be better defined. They include but go beyond the recommendations of the Joint Commission. Not only funds and public enthusiasm are needed; mobilization of the full intellectual resources of the nation will be required to deal with the complicated social and economic problems involved in prevention.

The American Psychoanalytic Association will cooperate with all constructive approaches, such as that of the Joint Commission, toward the solution of the mental health problem. To this end, the Executive Council urges the continued and increased participation of individual members of the American Psychoanalytic Association in the research, education and training, and treatment programs of mental hospitals and other agencies concerned with mental health problems. The Association pledges an intensification of its own organizational efforts toward the accomplishment of the goals of the Report.

In commenting on *Action for Mental Health*, the Executive Council of the American Psychoanalytic Association applauds the historic new approach to the problem of mental disease represented in the efforts which brought about this final report of the Joint Commission on Mental Illness and Health. Federal legislation to provide for an objective, nationwide analysis of existing resources and needs for the care of the mentally ill by a non-governmental, multi-disciplinary group of experts establishes a precedent which could have far-reaching significance for other complex social problems. *Action for Mental Health*, the result of this attempt to arrive at a well-coordinated, comprehensive, and realistic national mental health program, has proved to be an inspiring document which deserves support for the stimulation and guidance it gives toward careful planning for mental health action.

The Position Statement was prepared by the Committee on Public Information in consultation with the Executive Committee of the American Psychoanalytic Association. It was adopted at the Meeting of the Executive Council of the Association on December 6, 1962, and approved at the Meeting of Members on December 9, 1962.—Heinz Kohut, M.D., Secretary, the American Psychoanalytic Association.

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