

Highlights of the 41st Institute on Hospital and Community Psychiatry

The 41st Institute on Hospital and Community Psychiatry, held October 15-19, attracted 1,785 participants to Philadelphia, the location of the founding of the American Psychiatric Association in 1844 and the site of the first institute, then called the Mental Hospital Institute, in 1949. Elissa Benedek, M.D., president-elect of the American Psychiatric Association, delivered the opening address.

The theme of the 1949 institute—practical ways to improve the treatment and care of patients under existing circumstances—continues to guide the institute today, Dr. Benedek said, but the mental health field and the institute's content and format have changed significantly during the past 40 years. The first meeting, which had primarily a lecture format, focused on inpatients. "In those days no one suggested closing a mental hospital. It was the single locus of care," she said. "Today we focus on a wide variety of patients and care settings." In addition, today's institute is a much more participatory and interactive meeting, she said. Dr. Benedek concluded by ringing the old-fashioned school bell that had been rung in the corridors at the 1949 institute to call participants back to their seats for the next session.

In an address at the closing session, APA president Herbert Pardes, M.D., said that the psychiatric profession has "genuinely come of age" and has become a substantial and respected part of the nation's biomedical and mental health enterprise rather than a beleaguered and dismissed minority. But with psychiatry's growth and success have come challenges and problems, he said. Among those he mentioned are increased government regulation,

media attention to controversies and weaknesses in the field, competition by many disciplines for greater involvement and authority in mental health systems, limitations on insurance coverage to stem the demand for services, and increased scrutiny by quality care reviewers and lawyers.

Dr. Pardes urged his colleagues to be generous in recognizing the contributions that other physicians can make to the care of psychiatric patients. He added that "we should try to embrace our colleagues in all mental health fields, working together on things on which we agree and working also to find rapprochement when we disagree."

Dr. Pardes mentioned several actions that he felt psychiatry should take to increase its credibility with the American public. "As a profession, we must be concerned with the overall knowledge of all our practitioners," he said. "We should push for a recertification process that is fair yet appropriate. We should also be clear that unethical conduct is not tolerated by the psychiatric profession by taking the most vigorous position on such offensive acts as undue intimacy between therapist and patient. We should join forces with the wonderful citizen movement that has risen in the past five years. Above all, we should make it clear that our primary goal is to do better for our patients."

Psychiatry should also lead the development of more action-oriented programs to deal with the psychiatric aspects of problems like homelessness, Dr. Pardes said. "I don't say this to suggest that it should all be put at our doorstep; we need others involved as well, but the APA and the mental health field in general should help take the lead."

Seventeen professional groups in the mental health field held meetings in conjunction with the institute. Special commendations were presented at the opening session to Ralph Kelzer, director of professional affairs for Mead Johnson Pharmaceuticals, who was honored for his work with the APA/Mead Johnson Fellowship Program, and to the Robert Wood Johnson Foundation, whose grants support efforts to improve access to mental health care for persons with severe and persistent mental illness.

Highlights from a small sample of the nearly 200 sessions held at the 1989 institute are presented below.

Children of mentally ill parents
Not all children of mentally ill parents become ill themselves, but they are at increased risk of mental illness because of genetic loading, said Jacquelyn M. Zavodnick, M.D., of Philadelphia, in a workshop on using the adult inpatient setting in case-finding for children at risk of mental illness. Clinicians in these settings are often not aware of whether their patients have children. She called for increased awareness in all treatment settings that patients' children may be vulnerable and suggested that the children's possible needs be mentioned in discharge plans. Clinicians should not depend on patients to refer their own children, she said. Denial, guilt, or fear of being found an unfit parent may cause patients to hide information about children's behavior or condition.

Preschool children of mentally ill parents may require protection from abuse and neglect and early intervention to promote normal development. At about age five children may begin to learn about mental illness and can be taught to call 911 in case of a crisis involving their mentally ill parent, Dr. Zavodnick said. Adolescents may suffer in developing peer relationships if they become reluctant to bring friends home because they are embarrassed by their mentally ill parent. Adult children, even if competent in everyday situations, may lack emotional reserves and may benefit from brief psychotherapy focused on the trauma of growing up with a mentally ill parent.

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