FRANCE, 1969

By D. Joyce Galbraith

IN late September 1969 a party of R.M.P.A. members and their guests met at Victoria Coach Station to begin a Study Tour in France. We travelled by bus to Ashford Airport, thence by 'plane to France, and again by bus to our first stop, Chartres. Here we were given time for a brief glimpse of the Cathedral and its vitraux, and then on to Tours.

Touraine

The *Centre Médico-Psycho-Pédagogique de la Loire* was the first professional visit. This Centre is not really comparable to a Child Guidance Clinic in this country but is mainly oriented to educational problems, which are dealt with by psychologists and teachers, and to related physical problems dealt with by paediatricians. The clinic building is a traditional French house, but inside the offices and rooms are very formal and an absence of playrooms was noted.

Great emphasis is laid on the large numbers of forms (of which thirteen different ones were handed to the party) which are filled in for every client, covering every type of investigation; at the end a precis of all the forms is made on yet another form. School Reports are asked for and the co-operation of the School Medical Officer is also expected.

Social work, as known to us at home, that is social casework, seems to be absent, though enquiries are made into the social situation of the family by trained workers. This seems to be much more of a welfare investigation, and only one psychiatrist we met in this part of France seemed to be aware that there was a gap left by not having social casework carried out.

Much of the work done at the clinic is remedial teaching, particularly with dyslexics; psychodrama is used to assist these patients to sort out letters and phonetics. In 1967/68, 734 patients attended the clinic.

The teacher who addressed us was very anxious to talk about the changes which were taking place in state schools to bring French education more in line with modern thinking. The idea now is to break the 6 hour day into three: 2 hours of more scientific subjects such as mathematics and French, 2 hours of more general subjects such as history and geography, and 2 hours of physical activities. This fact was mentioned on the first day in France, but later it was hard to find people who even recognized that there had been any suggestion of change within the educational system, and a group of teachers in Paris described the idea as being impossible.

After lectures from the clinic team, Dr. H. J. Altschulova of the R.M.P.A. spoke about psychiatric aspects of asthma and eczema in children. This was the first of a series of lectures that were given half in English and half in French, questions being asked in the language of the enquirer and answers given in the language of the speaker.

On the second day a very different type of clinic was visited—the *Château de la Chesnaie*. Later, most of the members of the tour felt that of all the centres visited this was the one where they would most like to be treated if they needed psychiatric care. Chesnaie is a small chateau which was rebuilt, after a fire, in its old form, for use as the clinic. It has all the disadvantages of an old building—but these are overcome by a staff who much prefer to work in this type of homely environment rather than in a shiny modern clinic.

The whole community is based on and works on group lines, but every form of physical treatment, including deep insulin therapy, is also in use. Patients share in the running of the hospital, not just through their groups but also through work—they are in every department, in workshops and on the land, in the kitchens and on the wards.

Patients are drawn from what are described as the chronic or semi-chronic sick. All have been under psychiatric treatment before they come to Chesnaie, all are voluntary and most of them come from a very long way away. At first there is a general policy of isolation, the patients cut off from practically all contact with their families and having little to do with the local community; interpersonal relationships in both

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psychotics and severe neurotics are so bad that it is felt that these can best be built up within the community itself. Apart from active treatment, physical and psychotherapeutic, everyone is busy if at all possible, and in the woodwork, metalwork and pottery departments objects of a very high standard are produced. All who are well enough come together for group meetings and meals.

Our party were privileged to join the patients and staff for lunch. The only way one could tell nurses from patients was that nurses were seen to be in charge of some more difficult patients or were taking the little individual boxes of tablets round the tables; the patients were trusted to take their pills if this was at all reasonable, and table wine replaced water as an aid to swallowing.

When after rehabilitation the patient leaves, there is after-care from officers in the home locality and a link up with local hospitals. However, after-care in France is not considered to be particularly good in every district, and it seems very much the luck of the draw as to how much follow-up there is of individual patients.

Outside the main hospital blocks was a delightful day nursery for small children run by patients, where, in addition to the youngsters, pet animals had an important role in this part of the therapeutic community. Another vital building is the Recreation Centre which serves as a useful place for meetings. There it was the turn of Dr. John Pippard to give a paper—but this time to patients as well as staff. As in the dining room, it was difficult to tell them apart, as all appeared to have read Dr. Denis Martin's *Adventure in Psychiatry* and were anxious to hear Dr. Pippard, of the same hospital, speak on the second 7 years of the experiment. Discussion in both languages was lively.

It is sad to know that financially this hospital has great difficulty in keeping going. Enquiries as to salaries received were by-passed by the staff, but all seemed aware that a precarious position existed and determined that this was in no way going to affect their work.

In complete contrast was the *Clinique du Domaine de Vontes*, which was the third and last visit to Touraine. This is a small, modern clinic for neuro-psychiatric cases, with large impressive ultra-modern public rooms on the open plan system and small bed-sitters with the inevitable basin and bidet attached to each, but for all its comfort lacking the homeliness and atmosphere of Chesnaie. Nurses and other staff were in uniform, and they and the Matron impressed us with their youthfulness and general efficiency.

This hospital is situated in the heart of the country and is privately run. All types of psychiatric conditions are taken for short-term treatment. When the clinic was started in 1967, it was thought that it would serve a much wider area than it now does, but the largest proportion of patients come from Touraine. Out-patient clinics are held in various urban centres.

The impressive building, particularly the open plan aspects, brings with it problems for the staff, outstanding of which is the impossibility of sub-dividing the patients, into small groups. It is an extremely expensive clinic, though the guides went to great lengths to explain that it was cheaper than the average private clinic in the United States.

Fortunately, visits to clinics did not occupy the whole day, and there were plenty of chances to see something of the famous chateaux within easy reach of Tours and to have a bird's eye view of the valley of the Loire.

The journey to Paris occupied a whole day and gave an opportunity to spend time in Orleans. The cathedral here is badly damaged. Provincial cathedrals in France are not all in as good condition as Chartres; both at Tours and at Orleans stonework and woodwork badly need costly and skilled restoration.

Paris

The first professional visit in Paris was to *La Roche Vocauld.* This is a private day hospital in the city, open from 9 a.m. to 5 p.m. and for selected out-patients from 5 p.m. to 9 p.m. six days a week; any crises which occur outside those hours are dealt with by G.P.s and community physicians. The clinic has both full-time and part-time staff and patients; a maximum of 120 patients can be taken at any one time, but usually there are about 100. Each year some 300 patients visit the clinic; 80 per cent are referred by doctors, and of the remainder some are self-referrals. No subnormal, psychopathic

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or alcoholic patients are accepted. Most of those treated are middle-class schizophrenics between the ages of 18 and 30 who are likely to benefit from the methods used in the clinic and have a good chance of rehabilitation into the family unit.

There are 60 full-time and 30 part-time staff, which includes nurses, occupational therapists (half of whom are trained, though this is rare in France) psychologists, vocational counsellors etc. Although this is a private enterprise, a patient need not pay anything, as the Ministry of Social Security will cover the fees.

For the first hour of the morning the patients join groups—there is no compulsion on them to do so, but there is always pressure from other patients for this to happen. Once a week all the groups meet together to discuss hospital activities. Then follows individual help—psychotherapy, occupational therapy, industrial therapy, and hydrotherapy as required. No E.C.T. is used in this clinic.

In the industrial unit pay is related to production, and there is a tendency during the patient's stay here for movement away from permissiveness towards discipline, though always with great flexibility and tolerance. Many members of staff feel that there is a lack of incentive to work, as too much is provided by social security for too long.

The building used as the day hospital is a lovely old Paris town-house with modern blocks added in the courtyard. There is neither room nor facilities for outdoor activities; nevertheless sport is regarded as important, and local swimming baths and sports clubs are made use of; teams from the hospital compete against trade groups. Visits to Chamonix for ski-ing are arranged in winter, and in summer agricultural work is organized in the country.

Relaxation plays a big part in the treatment here. The well known exponent and writer on this subject, Madame M. L. Orlic is on the staff and has the most impressive set-up; the course consists of learning to relax and then to rebuild the method of movement, and lasts from six to nine months.

As in other places, hydrotherapy is used, and the magnificent bathrooms and showers, bubble baths, rest rooms, etc., compared more than favourably with those in the hotels.

Part of the hospital building is turned over to a patient's club, with a non-alcoholic bar, hairdressing salons and opportunities to play indoor games. Classes are held in many subjects, including literature, languages, dancing, singing, and pottery.

The hospital is also used as a training centre where psychiatrists come for six months or a year in their four-year post-graduate training period, and are paid for the work they do. Psychologists and occupational therapists also use this centre for training, but they are not paid. Patients needing full psychoanalysis go privately to centres in Paris while continuing to attend the hospital.

This is one of several day hospitals in the Paris area; all are different with different aims and the staff were anxious to let us know that this was in no way typical of facilities provided.

At this centre Dr. N. Antebi gave a talk in French on the organization of psychiatric services in the United Kingdom, from which we came away rather bewildered by the complexities of a system which we are so accustomed to take for granted.

La Roche Vocauld is a clinic working in comparative isolation although in touch with the other psychiatric services in Paris. By contrast the *Institut Marcel Rivière* and its allied clinics is situated close to Paris but has connections all over the country. Before one can begin to understand the set-up there is a need to know about the arrangements made for treatment of illness in France.

The Ministry of Social Security and Local Government is in liaison with various private enterprise organizations, both in planning and in the financing of the building and the running of hospitals and clinics. There seems to be a very happy partnership, and once a project is launched and is controlling itself satisfactorily the Ministry sits back and allows the organization to run its own affairs.

In the case of the Institut Marcel Rivière, it is under the control of the trades union for members of the teaching profession and others working for the Education Authorities. Union members, their families and those who are now retired may join the insurance scheme, which allows them to be treated in one or more of the

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many clinics belonging to this organization. If it is inconvenient for a patient to reach such a centre, fees are paid for the member to be appropriately treated elsewhere.

On approaching the hospital the bus was faced by an unwelcoming barrier; this turned out to be an electronically operated gate, and by driving straight at it the bus was able to enter the campus; but what we did not know at that moment was that from then onwards the party would be under electronic and visual scrutiny from a control tower in the administration block. We were about to tour a model hospital.

To understand the planning of that hospital one must read the World Health Organization 1959 Report on *Psychiatric Services and Architecture*, jointly written by A. Baker and E. Llewelyn Davies of the United Kingdom and P. Sivadon of France. In brief, starting with the planning of psychiatric services for a community, the publication considers the needs in terms of 'in-patient, out-patient, day hospital/rehabilitation' in a population group, considering how the optimum service can be supplied. It regards the mental hospital as being a temporary treatment unit and a place where the maximum facilities of retraining and re-education for life and society will be available. This involves the patients being first placed in a small group of 5, 6 or 7—a group that keeps the patient in comparative isolation, but at the same time produces security. Each cubicle needs to be different to help the patient in his orientation, and should provide facilities to lock away the possessions that are so important to the insecure. To help orientation, everything needs to be simple architecturally; the patient should be able to easily recognize and memorize his ward, and for this purpose dimensions need to be small, all to alleviate anxiety. As some control is needed, there should be glazing in the doors for observation—similar to that in contemporary houses rather than peephole style—and locks that can be managed by the patient but quickly undone by a master key. Toilets need to be easily accessible and the entrances clearly recognizable. Staff and patients should be a unit for long enough to provide security and familarity within the group. All these principles and details are embodied in the Institut Marcel Rivière, headed by one of the writers of the Report, Professor Sivadon. We could not have wished for a more gracious and informative host.

The campus is divided into small groups of buildings related to larger ones. Professor Sivadon himself said 'Normally hospitals are built by administrators, doctors are only asked where the flower pots should go. Here all the buildings are as I want them to be—a mixture of symmetry and asymmetry in equilibrium.'

The main catering is done centrally, but each block has its own well-equipped small kitchen where meals can be cooked for the 20 per cent who are still needing great security to deal with their anxiety. A meal was being cooked in one such place by a nurse and came up to the highest of French cuisine standards.

In each section of the hospital are single and two-bedded rooms, a central area for leisure and for the occupation of very disturbed patients, and small groups of patients mixed with regard to sex and diagnosis were in the company of staff. Patients have the opportunity of locking themselves in as well as locking away their possessions, and they keep their own keys.

Away from the wards, separated from them by lawns and flower beds, with the occasional piece of modern sculpture, are the central workshops, where modelling and pottery, jewellery making and many other crafts are carried on to a high degree of excellence. From the therapeutic point of view it is considered to be essential, especially in schizophrenia and neurotic illness, for the patient to study the body image. In the workshops this is helped by the instructors being analytically trained. The emphasis is not usually on producing a saleable object, though this can be and often is a secondary gain.

At the time of the visit the social centre was busy preparing for a lecture to be given in the superbly equipped theatre to children from neighbouring schools—the subject was one connected with the analytical aspects of mental health and illness. The youngsters were pouring into the campus on foot and bicycle—of varying ages and both sexes. No one could doubt that they enjoyed these periodic educational trips, and this is just one example of how Professor Sivadon uses his clinic as part of the local

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community, bringing in those from outside as well as sending out those from inside.

We were shown a series of rooms used by patients to organize events, publish various types of magazines for the hospital, arrange film shows and produce other forms of entertainment, often in conjunction with organizations outside the hospital; encouragement is also given to more serious forms of educational activity.

The administrative building contains offices, several special units and, most intriguing of all, the control tower. With every nurse monitored and every patient having access to a signal button, a nurse can be sent quickly to where she is needed at any moment, thus providing special help at time of crisis and preventing nurses from becoming stale (and soporific) at night. In this way a maximum is achieved from a staff who theoretically and practically can see the importance of their role.

Apologetically, Professor Sivadon explained that as yet there was no mother and baby unit—something that appeared to be missing from all places visited—but at the Institut Marcel Rivière the gap was soon to be filled.

In the carefully constructed hospital, where every tree and building has a purpose, it is said that 2 per cent of patients need to be passed on to long-stay hospitals as compared with the previous figure of 50 per cent from older type hospitals. This includes all the trades union patients (teachers, cleaners, gardeners, caretakers, secretarial staff, etc.), their families and the patients from small catchment areas in Paris for which the Marcel Rivière is also responsible.

Follow-up continues outside in the community. For those at a distance the services will be provided by the home locality, but for those from Paris there are day hospitals and out-patient clinics, and plans were being made for workshops, clubs, etc., to be under the same organization.

Marcel Rivière has its own staff training school. A high standard of education is required before nurses, occupational therapists and other staff are accepted, and then they live and train together in their own school before starting work. There is an attempt to cut out the idea of individual professional roles, except when this applies to specific skills, so as to create a team in which each member understands his own motives and actions thoroughly. Once in the hospital, this training is reinforced by constant ward and staff meetings. This vital school, producing staff considered to be of exceptionally high calibre, is housed in a lovely old country house of considerable historic interest, once owned by Napoleon's first Minister of Postal Services.

Lunch this day was memorable. It was cooked in kitchens in which individuals were free to wander round and which could be the envy of any institution anywhere, and the gourmet discovered that superb French meals, often supposed to be cooked by subhygienic methods, can be produced in large quantities with a high standard of cleanliness. If ever the French Medico-Psychological Society decided to come to the United Kingdom, one wonders which Hospital Management Committee and which hospital kitchen could possibly provide reciprocal hospitality!

Day units are never as impressive as hospitals, and for most of the party the visit to the associated clinics in Paris was not particularly memorable. However, in elegant houses of yesteryear there are excellent facilities for those members of the Education trades union who pay the £4 a month health insurance (this union is said to provide better facilities than others because in France educationalists have always taken a lead in social matters).

There is a seasonal variation in demands for treatment—stress after the start of the autumn term often turns an incipient illness into an acute one. Day hospitals are based on ideas from the in-patient unit, but have the reality-testing factor of the patient being able to return home at night.

Every form of treatment, domiciliary where necessary, is available—psychotherapy, individually and in groups, occupational therapy, hydrotherapy, E.C.T. A team of doctors keeps contact with the same patients, and is supported by a staff that remains available, so that if a particular doctor or nurse is on holiday or ill the patient will still meet familiar faces when he comes for treatment. However, it appears that, whereas the Marcel Rivière Hospital is near to

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ideal, the staff were not quite so satisfied with out-patient and day hospital facilities. Expansion goes on, and the party had to dodge furniture removers with divans and desks for delivery at one clinic whose opening was imminent.

One impressive clinic in an elegant Paris terrace house had a superb staircase of carved mahogany leading to a room with a marble fireplace, with, in the corner, a small balcony reached by a small staircase of beautifully polished wood. The room had just been equipped with appropriate lighting over the balcony and a newly installed platform—the whole was intended for psychodrama!

While in Paris there was the opportunity to see yet another hospital at *Soisy-sur-Seine*—this time a private one run for a particular catchment area in Paris, and financed by Local Government, Social Security and Rothschild Fund money. It supplies beds at the rate of one per thousand for its population, and, like Marcel Rivière, has excellent out-patient services.

The hospital has had its architect spending two or three days there each week from the start. She sat with the present writer at lunch, spoke easily in English about modern buildings and their purpose in places as far removed as Lima and Durham, and described her attitude to designing a hospital. Her concept of the relationship between the structure and function was reminiscent of that of an anatomist. A building is a place where something happens and where people live; every tree, every flower bed, every patch of grass has significance, and the colours and designs of rooms are also of significance. By being around when new buildings are planned and others are is use she sees what is needed for the psychological well-being of patients and staff, and the speedy and efficient carrying out of treatment in an environment which must not look anything but homely and comfortable. In some ways the plan was similar to Marcel Rivière.

Patients enter small wards where those needing peace and quiet are nursed in small groups of seven. From there they progress into the main part of the ward where there is a good deal of freedom. They attend ward workshops run by craftsmen. There the importance of slowly improving standards of work as well as of interpersonal relationships is shown to the patients, who produce the most superb jewellery, metal goods and wood carvings—some of it sold and some of it kept by the patient if he so wishes. Age groups and sexes are mixed.

Behind the outstanding set-up at the hospital are eight teams, each consisting of doctors, nurses, psychologists and social workers, who work both in the in-patient unit and in the community, and cover the XIIIth Arrondissement in the south-east of the city. Each team has the comprehensive care of patients in specific small areas—with out-patient clinics, rehabilitation workshops, hostels (in short supply but on the increase) and domiciliary facilities. For children, four teams run a day hospital with every type of facility for teaching, remedial education and play therapy, where the most disturbed youngsters are looked after and because of intensive support can continue to live at home. For emergencies there are beds available in an adult hospital, but this is regarded as far from ideal. Domiciliary visiting is done on a large scale by all members of the team, and case workers are of considerable importance.

This comprehensive service, which cares for every type of illness and every member of the family, is an experimental one and is known throughout the world. Professor Lebovici, a man of international repute, leads the Children's team; visitors come from many countries and there is no shortage of applicants to train in this unique service. Four bilingual French-Canadian internes acted as very able interpreters for part of the visit.

Because of the wide scope of work in the XIIIth Arrondissement it was impossible for all members of the party to visit every place that was on show. Some saw a hostel for alcoholics, some workshops, and those interested in work with children were personally shown the day hospital by Professor Lebovici. The whole of the tour could well have been spent studying the work of this group of teams alone.

One sub-group decided to go it alone—they chose at random a large state hospital, *Maison Blanche*, and ringing up the day before asked to be shown round. They were impressed with the courtesy of the staff, the high standards

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seen—especially after some of our French hosts had not been too complimentary about the non-private services. It is obvious that the combining of private enterprise and public money through insurance schemes and charitable trusts is encouraged by the French Government, and hospitals and clinics so provided are the show places. But the state hospitals, apparently with many problems similar to those in our National Health Service, especially staff shortages, are nevertheless making a necessary contribution to the mental health of France. The arrangement whereby the British officially only visited private institutions was made by the French organizers.

One small interlude seemed symbolic to some members of the party. In one of the long Metro corridors two boys were playing guitars and singing for money. On talking to them they turned out to be southern European students without any cash, trying to learn several languages. They had been in London and had been able to work there while they studied. It is not so easy to get a work permit in France, but they were determined to stay in Paris long enough to get a working knowledge of French. And they were certainly enjoying using their initiative to get what they wanted without official interference. This determination was seen to be uppermost in the minds of the people in the Mental Health Services—they were aiming at the best, were willing to admit their deficiencies, but were determined to find every opportunity for improvement and make the most of that opportunity. In some places the new ideas were beginning to look old fashioned, but that is seen as no reason for standing still.

Throughout the tour exchange of ideas was considered important, and lectures and papers from both sides were welcomed. The final day, with its extensive tour of the XIIIth Arrondissement hospital and clinics, should have ended with some papers from our party. But everyone was tired, and despite the effort put into preparing the papers, including changes made late the night before in the light of what had been seen, no one was sorry when champagne and petits fours were substituted for the academic programme—this time not in an elegant courtyard or beautiful garden as in Touraine but in a modern suburban clinic that could have been anywhere in the world.

DENMARK

By H. C. Beccle

OUR Study of Denmark commenced on Wednesday, 28 April 1971, when the party travelled via Harwich and Esbjerg to Aarhus, Denmark's second largest town. Here we encountered an inflationary problem worse even than our own; and, with traffic moving at an even more frighteningly fast rate than ours, we realized that Denmark had its quota of pushful and aggressive drivers. Overall, however, we were impressed with the natural courtesy of the Danish people, their placid stability and their tolerance. And so to the purpose of our visit.

Aarhus University is comparatively new, having been founded in 1928. The State Hospital at Risskov was, however, built in 1852, and it has been associated with the University since 1943. Professor Strömgren was our mentor on the occasion of our visit, and he gave us to understand that Denmark was in the throes of economic penury and there had been cuts in welfare spending—a not unfamiliar situation. He described his country as composed of a homogeneous middle-class population; yet, in this seemingly classless society, neurosis, geriatric disorders and depression were increasing. To meet this, there had been a vast expansion in the number of doctors, clinics and ancillary aids. Apart from Copenhagen, which had its own psychiatric service, all psychiatric hospitals were state-controlled. The eventual goal was that every city and county general hospital should have a psychiatric unit within its curtilage, the number of beds suggested being 300.

Dr. Schou took up the story of psychopharmacology, with especial reference to lithium therapy. Then Drs. Dupont and Nielson dealt with demographic, statistical and chromosomal research carried out at the hospital, including investigation of the effects of psychotropic drugs on chromosomes. Finally, the subject of mental retardation was touched upon. This problem appears to loom much larger in Den-

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