

Development of Hospital Treatment of Persons with Mental Disorders

Milutin M. Nenadović^{1,2}

¹Special Hospital for Mental Disorders "Dr. Laza Lazarević", Belgrade, Serbia;

²Medical Faculty, University of Priština, presiding in Kosovska Mitrovica, Serbia

SUMMARY

Discordances of harmonic mental functioning are as old as the human kind. Psychopathological behaviour of an individual in the past was not treated as an illness. That means that psychopathology was not considered an illness. In all past civilizations discordance of mental harmony of an individual is interpreted from the physiological aspect. Psychopathologic expression was not considered an illness, so social attitudes about psychiatric patients in the past were non-medical and generally speaking inhuman. Hospitals did not follow development of medicine for admission of psychiatric patients in past civilizations, not even in the antique era. According to historic sources, the first hospital that was meant for mental patients only was established in the 15th century, 1409 in Valencia (Spain). Therefore mental patients were isolated in a special institution-hospital, and social community rejected them. Only in the new era psychopathological behaviour begins to be treated as an illness. Therefore during the 19th century psychiatry is developed as a special branch of medicine, and mental disorder is more and more seen according to the principals of interpretation of physical illnesses. By the middle of the 19th century psychiatric hospitals are humanized, and patients are being less physically restricted. Deinstitutionalisation in protection of mental health is the heritage of reforms from the beginning of the 19th century which regarded the prevention of mental health protection. It was necessary to develop institutions of the prevention of protection in the community which would primarily have social support and characteristics.

Keywords: psychopathology; psychiatric hospital; deinstitutionalisation in psychiatry; protection of mental health in the community; psychopathology in frame of medicine

PSYCHOPATHOLOGY IN MEDICINE

Psychopathology is made up of three Greek words: *psyche* – mind, *patos* – illness and *logos* – science. Distinction between the terms *psychopathology* and *psychiatry* is etymologically very clear. Psychopathology studies the illness of the mind, and psychiatry (etymologically derived from the Greek word *psyche* – mind, and *iatreia* – healing) represents the skill to heal minds [1]. Formation of psychopathological state was in relation with the occurrence of *homo sapiens* in the dawn of civilization. In ancient myths mental disorders are mentioned, but they are always explained by the occurrence of supernatural forces. In prehistory as in past civilizations it is understandable that demonic causes were attributed to mental disorders. This was characteristic for civilizations such as Babylonians, Maya, old Egyptians, antique Greeks and other well known societies. Mysticism arises from ignorance, inexperience, so the need for magical explanations and the use of rituals in the defence function is very clear. Evicting of evil spirit, known in science as exorcism, in the past was not based on therapeutic attitudes of the medicine of that time. The use of magic and ritual practices on mentally ill existed until today in many, even European nations and it surely helps in some mental disorders, certainly in those psychogenic induced (dissociative, conversional etc.). People are generally

powerless when it comes to illness or unable to explain unknown occurrences and they tend to believe in supernatural forces and to mystify supernatural power and the influence of some individuals [2, 3].

Psychopathology was not in the line of interest of scientific medicine all the way until the new era. Truth be told, attitudes of doctors of antique Greece, ancient Rome, and some other civilizations were adequate but sporadic toward mental disorders, therefore psychopathological disorders entered into the opus of medicine. According to Hippocrates epilepsy is not a holy illness, and some mental illnesses are the consequence of brain damage. Still, the fact is that through the period of empirical medicine, all the way to the expansive development of scientific medicine in the 18th and 19th century psychopathological disorders were not understood and treated as illnesses.

Psychiatry as a field of medicine was practically formed in the 19th century. Esquirol held first psychiatric lectures at a medical faculty in France in 1865. Wilhelm Griesinger was elected professor of psychiatry at the Faculty of Medicine in Berlin in 1866. Dr Mladen Janković was the first psychiatrically educated doctor in Serbia in 1865 [3].

Scientific medicine as a field equal to others accepted the treatment of psychopathological disorders in the middle of the 19th century. However, medical standpoint and especially

Correspondence to:

Milutin NENADOVIĆ
Special Hospital for Mental
Disorders "Dr. Laza Lazarević"
Višegradska 26, 11000 Belgrade
Serbia
drlazal@eunet.rs

social toward psychiatry were variable and discontinued in support until a decade or two ago. Of course, at the beginning of the third millennium contemporary psychiatry is undoubtedly a medical discipline, based on all scientific discoveries and domains not only medical but biological, philosophical and social sciences [4, 5].

SOCIAL STANDPOINT AND RELATION OF MEDICINE TOWARD MENTAL PATIENTS

Mental patients were through history a burden and often unwanted in the society, even in their families. They were rejected and expelled from towns. In the middle century healthcare seemingly developed for the mentally ill, placing them into premises and hospitals in which leprosy patients had been situated in previous centuries. It is true that the community negated mentally ill isolating them far away into deserted leprosariums. With the expansion of Christian religion came the declarative humane healthcare for the mentally ill. Nevertheless, monastery medicine and hospitals within monasteries and temples were not humane in their attitudes toward mentally ill. On the contrary, there is a lot of proof that mental patients were marked them as sinners by priests, therefore they were placed under sanctions and not treatment and humane treatment. Social attitudes toward mental patients were based on the philosophy and attempt of the mystical explanation of human mental functioning [6, 7].

Medicine as a profession was created with the appearance of the first intelligent man in history. It developed on postulates and intentions to help the disabled and ill trying to combat the illness, in other words to help patients get well and/or to extend their life. Throughout the millenniums of human existence, there was no understanding toward mentally diseased patients and such persons were not considered ill by the interpreters and protagonists of medicine, therefore medical knowledge about illnesses and skills in treatment were not applied to mental patients. It should be accepted that treatment of mental patients in hospitals in the frame of medicine is related to more recent age.

Psychiatry (skill of mind treatment) is accepted in as late as the 19th century as a field of medicine when doctors started to be involved in psychiatric treatment. Psychopathological changes of harmonious mental functioning are treated by doctors from then on, after studying at official high medical schools – European universities. During the 7th decade of the 19th century the former attitude towards mentally ill patients in medical circles started to change and became expansively negative toward psychiatry with the appearance of antipsychiatric movement, in which various prominent doctors of that time were engaged, such as Laing, Basaglia, Szasz and others. Luckily, negating mental illness diagnoses in other words psychopathology as a reflection of functional disorder of neuron physiology lasted for a short time and today the attitude toward mental illness is definitively cemented in scientific medicine [8, 9].

PSYCHIATRIC HOSPITALS THROUGH HISTORY

The first psychiatric hospital was founded in Valencia (Spain) in 1409. Psychiatric hospitals in New York and USA all the way until the end of the 18th century were not institutions for treatment, but for the separation of mentally ill people from the community, and quality-wise resembled prisons. Treatment of mentally ill patients in psychiatric hospitals of that time was not founded on humane therapy. Patients were physically restrained for tens of thousands of hours during one year for the sake of treatment. Of course, this kind of procedure that did not give any results and/or could enable the disappearance of psychopathological phenomenology. On the contrary, it led to physically fast deterioration and premature lethal outcome [3, 10].

The most significant year in psychiatric hospital and treatment history of mentally ill patients in institutions was 1793, when Dr. Philippe Pinel freed mentally ill patients from their chains at the Bicêtre hospital under the allowance of French government – the Convention (people's parliament). Soon after that doctors dedicated to psychiatry denounced physical restriction and expelled it from psychiatric institutions. Unfortunately, in institutions today, even in Serbia, the law allows psychiatric patients to be physically restrained, but luckily for maximally two hours, which is limited by law regulation [3, 11].

Psychiatric hospitals in Serbia have significant historic past. Medieval Serbian medicine had a positive attitude toward psychopathologically altered mental functioning. Written sources exist that Serbian medicine in the first half of the 14th century did not acknowledge witchcraft, divination, practice of magic rituals and the use of amulet, which was regulated by the *Zakonik cara Dušana (Act of Tzar Dušan)*, where its acts 20 and 109 include harsh punishment for those who practice witchcraft. Of course, medieval Serbian doctors, as well as doctors from other countries, the advanced part of the world at the time, were novices, medicine was studied as a craft, except in Salem, the first Medical University founded in the 9th century [12].

The first Serbian hospitals were monastery hospitals, and the oldest one was founded in the Hilandar monastery in 1198, that may be considered extraordinary for Serbian people, and the first Serbian hospital on the territory of medieval Serbia was founded in 1808/09 in the Studenica monastery. There are construction remains and written documents showing that one room with eight beds in the Studenica monastery hospital was used for mentally ill patients. There were specially constructed baths which were specifically made for bathing of persons with psychopathological phenomenology with the aim of their cure, i.e. treatment [13].

The first psychiatric hospital in the renewed Serbia was administratively founded on 3rd March 1861 by the decision of Duke Mihajlo Obrenović, who passed the law on the hospital for those who “lost their minds”. The law was verified by the Parliament i.e. the State Council under the Article 415 that consisted of 37 paragraphs (members). The 9th paragraph reads: “*Into this institution will be ad-*

mitted and in it taken care of and treated only those who lost their minds, persons of every profession, paralysis and epilepsy, suffering males as well as females, adults and children." The first doctor and the superintendent of this hospital was Dr. Florian Birg, who had no knowledge in psychiatry, but who was a true enthusiast and resided day and night in the part of the hospital that was called by the people the Doctor's tower. The Duke gifted a hospital to the Parliament, which was built in 1824 and inherited after his father's death (Duke Miloš Obrenović). From March 1865 the doctor and superintendent of the psychiatric hospital was Dr. Mladen Janković, who was the first educated doctor in psychiatry. He was referred to Germany for three months on the decision of the Sanitary Administration of Serbia, in order to study the organization of the "madhouse" and acquire knowledge in psychiatry. Germany was at that time under intensive influence of Wilhelm Griesinger, Professor of Psychiatry. Dr Mladen Janković adopted most contemporary professional knowledge in the field of psychiatry and methods of treatment of mental patients in Europe, and was the first to remove all violent means that had been used until that time in the treatment of the delusional. Belgrade psychiatric hospital in Guberevac institutionalized in 1861 was intended for "those who lost their minds" from the entire Serbia [14-19].

In Serbia, exactly 150 years ago in the up-to-date designed psychiatric hospital interior, the first patient named Kata Đermanović was admitted on 13th of August 1861. This institution structured for "those who lost their minds" had a capacity of 48 patients [20]. In Serbia today there are about 4500 hospital beds for mental patients in healthcare institution network. Serbia has 4 special hospitals with 500–1000 patients' beds each, which is, it must be admitted, anachronistic for the contemporary development of psychiatry and the need for deinstitutionalization.

INSTITUTIONALIZED PSYCHIATRY AT THE BEGINNING OF THE THIRD MILLENNIUM

At the beginning of the third millennium psychiatry, as a treatment skill of mental disorders, is undoubtedly a branch of scientific medicine. Psychiatry today is not separated from physical fields of medicine as it used to be in the recent past, because physical and psychical of a man form a whole. Mental disorders often lead to disorders of functions of some organs and organ systems, and of course all physical diseases violate harmonically mental functioning. Psychiatry is not determined for the treatment of exclusively psychopathologic phenomenology, but psychiatrists have an extremely high quantum of knowledge from the so called somatic medicine. Psychodynamic psychiatric era of the 20th century and the period of socio-dynamic swing in psychiatry achieved crucial domain in the treatment of mental patients and were incorporated into the contemporary psychiatry. Therefore, psychiatry is apart from being founded in the domain of biology, and relies on the achievements of sociological science and philosophical discipline of psychology.

Institutionalized treatment of mental patients is not possible to be abolished. Psychopathology in mental illnesses is determined genetically and biologically, although they are still incomplete regarding aetiology. The cause of mental disorders will be scientifically explained by the dysfunction of physiology of the human neuron [21]. Therefore hospital beds need to be at a mental patients' disposal, of course in a reorganized manner. Hospital treatment is necessary for patients with mental disorders for humane reasons, but it is also in the function of efficient diagnostic use – from contemporary lab analyses to imaging visualization of the endocranium (brain), offering opportunities of modern pharmacotherapy application, because reliability of such application is only possible in intensified psychiatric clinic-hospital treatment, as even those close to a mental patient are not reliable as consistent health-carers applying prescribed psychopharmacotherapy [3, 22, 23].

A mental patient should spend as short a period as possible in a clinic-hospital. Diagnostics and application of pharmacotherapeutic substances are efficient for a short time and institutions should initiate and develop cooperation with the community [24]. It is necessary that the community on the government level is actively involved in the activities of medical-psychiatric institutions and should be aware of a inter-functional relationship. Establishment of centres for mental protection is a perspective and the only road to deinstitutionalization of psychiatric hospitals which, due to their volume and capacity have become anachronous in Serbia.

INSTEAD OF CONCLUSION

The tradition of hospital treatment of mental patients in Serbia is 150 years long and a respective anniversary will be held in 2011. The crown of the anniversary is the First Congress of Hospital Psychiatry in Serbia, with international participation, held on the 15th and 16th December 2011. Humane and scientifically founded treatment of the mentally ill patients in Serbia has been existent for 150 years and is the oldest in the region. During this time, hospital treatment of mental patients in Serbia has not significantly fallen behind the highest European quality; in some periods it was at the envious professional and scientific level. Today institutional approach to the mentally ill in Serbia requires rapid reforms and organizational changes [25, 26]. For modernization of hospital psychiatric treatment we have the needed professional capacity. Serbia does not fall behind the Western countries when regarding personnel, because we have specialists of psychiatry covering the field of child psychiatry, adolescent psychiatry and adult psychiatry. We have subspecialists from the area of forensic psychiatry, pharmacopsychiatry, with a need of organizing subspecialistic studies in gerontopsychiatry, etc. It is necessary that the government through its resource, the Ministry of Health of Serbia rearrange by law the dynamics and strategy of reorganization of psychiatric hospitals (by reducing the number of beds) and requiring from the community to actively, above all, materially get involved in

this reform by financially investing into centres for mental health-protection. Marking 150 years of tradition of hospital treatment of mental patients in Serbia in 2011 and the

First Congress of Hospital Psychiatry are true step toward the needed speedy reforms in our psychiatry.

REFERENCES

- Campbell RJ. Psychiatric Dictionary. New York: Oxford University Press; 1996.
- Bukelić J. Socijalna psihijatrija. Beograd: Zavod za udžbenike i nastavna sredstva; 2000.
- Kaličanin P. Psihijatrija. Beograd: Velarta; 1997.
- Ristić J. Savremena medicina – grana medicinske nauke. Engrami. 1980; 2(3):7-13.
- Nenadović M. Osnovi nauke o ponašanju, za studente stomatologije. Beograd: Bigraf; 2008.
- Lazarus AA, Colman AM. Abnormal psychology. London, New York: Longman; 1995.
- Nenadović M. Medicinska etika, drugo prošireno i dopunjeno izdanje. Beograd: Bigraf; 2007.
- Stanojević V. Istorija medicine. Beograd – Zagreb: Medicinska knjiga; 1962.
- Milovanović D. Nastava neuropsihijatrije na Medicinskom fakultetu u Beogradu: katedre, klinike i instituti 1923-2003. Beograd: Medicinski fakultet; 2006.
- Pavlović B. Istorija srpske medicine, Službeni list SRJ. Beograd: Svetovid; 2002.
- Stojiljković S. Psihijatrija sa medicinskom psihologijom. Beograd – Zagreb: Medicinska knjiga; 1984.
- Milovanović S, Milovanović D. Razvoj srpske psihijatrije od srednjeg veka do početka Drugog svetskog rata. JAMA Srbija i Crna Gora. 2005; 1(3):301-5.
- Maksimović B. Urbanizam u Srbiji. Beograd; 1938.
- Dimitrijević B. Prvi srpski neuropsihijatar bio naš prvi lekar koji je pisao vukovski: čestiti veliki Jovan Danić. Zadužbina. 2005; 9(72).
- Milovanović D. Sećanje: Akademik Jovan D. Ristić. Srp Arh Celok Lek. 2004; 132(9-10):374-6.
- Kanjuh V, Pavlović B, Laza K, Lazarević (1851-1890). Život i delo srpskih naučnika. Beograd: SANU; 1998. p.1-32.
- Mikić S, Marjanović M. Život i delo dr Vojislava Subotića Mlađeg, prvog srpskog sudskog psihijatra. Engrami. 1992; 14(2-3):89-97.
- Dragović M, Milovanović S. Jubilej prof. dr Nemanje Vurdelje. Engrami. 2004; (3-4):7-8.
- Jekić U. Vladimir Vujić. Srp Arh Celok Lek. 1952; 12:1191-4.
- Danić J, Cvijetić M. Duševne bolesti u Srbiji. Statistika bolnice za duševne bolesti za period 30 godina 1861-1890. Beograd: Državna štamparija Kraljevine Srbije; 1895.
- Nenadović M, Jašović-Gašić M, Vićentić S, Nenadović N, Simonović P. Anxiety in epileptic patients. Psychiatr Danub. 2011; 23(3):264-9.
- Jekić B. Profesor dr Uroš Jekić. In: Milovanović D, editor. Nastava neuropsihijatrije na Medicinskom fakultetu u Beogradu. Katedra, klinike i instituti. Beograd: Medicinski fakultet Univerziteta u Beogradu; 2006. p.21-2.
- Nenadović M. Psihijatrija morala i moralnosti. In: Nenadović M, Milovanović D, editors. Psihijatrija, odabrana poglavlja II. Beograd: Čigoja štampa; 2001: p.9-63.
- Nenadović M, Vićentić S, Nenadović N, Jašović-Gašić M. Correlation of pre-morbid alcoholism and changes in the level of biogenic amine metabolites in cerebrospinal fluid of acute brain infarction patients. Psychiatr Danub. 2011; 23(2):165-70.
- Vićentić S, Jovanović A, Dunjić B, Pavlović Z, Nenadović M, Nenadović N. Professional stress in general practitioners and psychiatrists – the level of psychologic distress and burnout risk. Vojnosanit Pregl. 2010; 67(9):741-6.
- Nenadović MM, Šapić R. Development of polytoxicomania in function of defence from psychoticism. Srp Arh Celok Lek. 2011; 139(1-2):76-80.

Развој болничког лечења особа с менталним поремећајима

Милутин М. Ненадовић^{1,2}

¹Специјална болница за психијатријске болести „Др Лаза Лазаревић“, Београд, Србија;

²Медицински факултет, Универзитет у Приштини, седиште у Косовској Митровици, Србија

КРАТАК САДРЖАЈ

Поремећаји менталног складног функционисања стари су колико и сам људски род. Психопатолошко понашање појединца у прошлости није се сматрало болешћу. То значи да психопатолошко није подразумевало и болесно. У свим ми-нулим цивилизацијама поремећени ментални склад поје-динаца тумачи се с филозофског аспекта. Психопатолошко испољавање није подразумевало болест, те су и друштвени ставови према душевним болесницима у прошлости би-ли немедицински и уопште нехумани. Болнице за смештај оваквих болесника нису пратиле развој медицине у дав-ним цивилизацијама, па ни у античко доба. Према историј-ским изворима, прва болница само за душевне болеснике установљена је тек 1409. године у Валенсији (Шпанија). Ду-шевни болесници су издвајани у посебну установу – болни-

цу, а друштвена заједница их је одбацивала. Тек у ново до-ба психопатолошко почиње да се третира као болест. Тако се током 19. века развија психијатрија као специјализована област медицине, а душевни поремећај се све више тумачи према принципима тумачења соматских болести. Средином 19. века психијатријске болнице се хуманизују, а болесници све мање физички спутавају. Деинституционализација у за-штити менталног здравља је тековина реформи с почетка 21. века које су се односиле на превенцију заштите ментал-ног здравља. Било је потребно у заједници развијати инсти-туције заштите менталног здравља које ће примарно имати социјалну одлику и подршку.

Кључне речи: психопатологија; психијатријска болница; деинституционализација у психијатрији; заштита ментал-ног здравља у заједници