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THE CONTRIBUTION OF ADMINISTRATION TO MENTAL HEALTH CARE  
AND PSYCHIATRIC ASSISTANCE

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While in medicine, in general, more emphasis has been placed on the technical worker, it is becoming increasingly evident however that administration in its role in technical assistance should be given a definite and more respectable standing in the hierarchy of work. It is hard to believe that technical assistance, with reference to specialities in particular, can possibly reach its aims and objectives in the absence of a system of assistance by experienced administration, with medically or non-medically trained personnel. It is not even consistent with the interest of any community health service to divorce the technical from the administrative. This would amount in fact to separating the subject from the object and the method from the goal. But let me explain first, and I am sure that you, as experts in the field of human relations do appreciate, that the establishment of mutual confidence and of understanding relationship in work between any administration and its technical staff is a fundamental point.

Hence the problem of personalities, of human moods, of idiosyncrasies and of temperamental types, emerge. The profound impact of these human elements on team work, cooperative tendencies and group spirit was first and perhaps more keenly felt in the field of human productivity in industry. In consequence the methods and techniques of screening and of selection specially with a view to temperamental stability were first pioneered in that field.

It is true to say that neither the administrator nor the physician today are adequately trained in the broader aspects of their work, which in the case of the physician has led to an approach to the problems of health lacking in insight into the administrative aspects of such problems.

Similarly the majority of administrators, particularly in the specialized fields of medicine, are still unable to conceive the aims and objectives of their own administration in relation to the special problems attending the clinical approach, the technical questions and the general human aspect of the speciality.

Neither of the two workers could possibly be wholly authoritative in the global field of health. Both must be re-oriented towards a better interest in the other's field and towards a better collaboration between them. They could not wisely stand apart from each other without detriment to their work. This seems to be mainly though not entirely a problem of liaison.

Administration has certainly made outstanding contributions to our knowledge of the nature of technical problems, especially in the attitudinal and behavioural fields and has largely contributed to our concept of the structure, organization and therapeutic relationships in group situations. It has made more recently some valuable contributions to the validity of our epidemiological methods.

The advent of social techniques in therapy and the growing realization of the great significance of the therapeutic nature of the community impact in relation to health institutions, have brought home to us the importance of administrative implications in the therapeutic context of our techniques.

The contemporary trend of socialization in medicine, with what it implies in terms of community role, will undoubtedly lead to situations in which the role of administration would be even more contributing. It is interesting to remark that these implications were clearly envisaged by the United Nations and were even projected in its avowed policy which favoured an equal status for administrative and technical staff of the same level of work.

The inevitable change in the concept and the structure of the community in the face of social and economic progress coupled with the rapid progress we are witnessing in the field of science, together with the impact of the social sciences in general, have illustrated to us the inadequacy of any

Administration has its dynamic and biological qualities and tendencies, so much so that administration should rightly be regarded as "people".

A sense of permanency in administration may endanger it by its inherent narrowness, mannerism and what comes with it in terms of didactic attitude. While in the past - largely evolving from the limitation of our concept of health - many were under the impression that Curative Medicine more than Preventive was conducive to public mindedness, today the trend is quite the reverse; more evidence is accumulating that preventive medicine is more in line with public mindedness. The role of administration in this could hardly be overrated.

It may not be possible to educate the two professions in the same class because there is necessarily a valid distinction in their approaches. While administration centres its attention mainly on the community to reach the individual, the clinician tended to concentrate on the individual in his attempt to reach the groups. Nevertheless, the two approaches are complementary rather than antithetical. The team work, which has become one of the characteristics in modern psychiatric therapy has more and more focussed the attention of the psychiatrist to the importance of administrative techniques which are coming to occupy his central rather than his peripheral interest.

As in the case of the administrator the psychiatrist should be genuinely interested in the structure and dynamics of administrative methods with the help of which his group and social therapy are making great strides. He should realize that administration can never be intuitive.

Similarly, administration in its dual relationship with technical knowledge and with the community in action, must follow closely the course of technical progress as a shadow, and must be capable of providing the administrative channels by means of which technical effectiveness is implemented.

The administrator must even be capable of constructing, like his technical counterpart, his future projections based on the fundamentals of change in the community and in technical knowledge. He should be able to use them for his leads for the planning of future programmes. It does not mean, however, that administration should be completely submerged by all technical demands theoretically conceived. In his capacity as administrator, he must be appreciative, compromising, imaginative and resourceful, taking his leads from technical work as well as from his community experience as an

therefore, that in many places the task of administering psychiatric hospitals is an integral part of the technical duties. But this should not blind the psychiatrist to the need for periodically refreshing his administrative knowledge.

This Office has long felt the pressing need from time to time to reorganize the patterns of working relationships within it, to bring them in line with modern developments in the concepts of working groups and of human relations in general. I have not hesitated to give the technical departments a wide latitude of autonomy in their operation which has contributed even better to the functional integration of the global task of this Office.