

MENTAL HYGIENE,  
A CHALLENGE TO PUBLIC HEALTH NURSING

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"For there is nothing in the whole universe that can be more effective than a man's or woman's daily behavior."---Whitman

The Challenge of Life is flung out to every individual from birth to death, hour by hour, day in day out, on and on into the years. It is a ceaseless, relentless striving and adjustment to bodily needs, craving for success, the desire for affection, sympathy and love, the urge for security, the yearning for adventure and new scenes, the surging of sex--all enter into this striving, which brings success and too often failure. Life is an unending series of adjustments--birth is adjusting to life; death is adjusting to the hereafter. In between is the adjusting of the child to society, of youth to manhood, man to woman, both to parenthood--the home to the new baby. There is the adjustment to work and its associates, the adjustment to the thought of security and then to the lack of it. Constantly we face new situations, move from pleasant to unpleasant, and we may even wander from the green fields of plenty into the desolate expanses of poverty. There is no one so great that he has not had to achieve mastery and control through continuous effort and endurance, and there is no one so unsuccessful that he has not put forth a worthy struggle for achievement. So in our manner of facing and meeting life's experiences is our individual effectiveness in daily behavior, which, after all, is the very foundation of a successful adaptation to life.

Human nature has always wanted to share, to help, to improve, so we have had the development, growth, and achievement of Public Health. So much has been accomplished, so much has been grati-



fyng; as we look at it from all angles we see marked progress in the past, increasing interest in the present, and because of national awareness of this field unlimited promise in the future. Yes, Public Health holds much of success--infant mortality has been decreased, a fight is on to save mothers from death through childbirth, many of our communicable diseases give promise of being wiped out, and the span of life has greatly increased; everyone has a better chance for a healthier and longer survival. There is so much that is bright, satisfying, so much of which we can be proud! But it is not all that it should be; it is not full, complete, and free from shadow. Human enterprises are seldom, if ever, perfect; and so we find that the progress in Public Health has lagged in that while we have made splendid advancement in physical health, we have failed to recognize or, at least, to do our duty toward the growing needs and problems of mental health.

The Challenge to Public Health Nursing is to aid in the prevention of and the ability to deal with mental and nervous diseases. Too long have we been willing and desirous of thinking that physical and mental health were two separate and entirely different things--that one must be stressed, while the other <sup>could</sup> be more or less ignored. Too long have we been willing to nurse a diseased organ and neglect the mental reaction created in that individual because of illness. Too long have we emphasized the physical and neglected the mental. In medicine there is now the realization that these two phases of health, or of sickness, can no longer be separated--physical well being is dependent on mental well being and vice versa.

In nursing we are learning but only beginning to gain a clearer conception of the TOTAL individual who is ill--knowing



that his intellect, emotions, and whole mental make-up have a great deal to do with other parts of that individual's anatomy. There is a great need for nurses with insight into and understanding of the whole field of human behavior.

The new ideas, interest, and study of mental health make up a rather recent trend to educate the public to the possibility of the prevention of mental diseases through the fields of medicine and psychiatry, aided by nursing and social work. Certainly the public needs to be more conscious of the appalling facts with regard to the widespread increase, seriousness, of, and great expense which mental disease brings, together with the means by which it can be treated and prevented. Does the public realize that in the United States in 1931 more hospital beds were used for the mentally ill than for all other diseases? This has no reference to those mental defectives and feeble-minded persons in or out of institutions. Nor is 1931 an exceptional year, but yearly the numbers increase and certainly if mental illness has continued to increase rapidly in normal years, the continuance of the Depression years would not alleviate but rather make it more alarming.

Dr. Ira S. Wile states that "4 $\frac{1}{2}$ % of the total population of the United States will, someday, be in hospitals for mental diseases. The State of New York sustains an economic loss of \$130,000,000.00 annually as a result of mental diseases." But what of the economic loss to the entire country? V. May MacDonald, R.N. in her book, "Mental Hygiene and the Public Health Nurse", gives these staggering figures--"In State Hospitals in the United States on January 1, 1931 there were 291,077 persons with mental diseases; in addition 32,611 patients were on parole, or a total of 333,319." This does not include those cared for in county, municipal, and private hospitals.



Considering the cost in misery, worry, and numbers of people involved, mental disease is a greater problem than any other confronting our country. All other diseases are fairly adequately cared for, but less than half of the mental illnesses are being cared for adequately. "The total cost for care including hospital, treatment, housing, and general administration costs \$207,896,479.00; loss in earnings of those ill \$537,249,477.00 or a total economic loss to the entire country of \$742,145,956.00" (1931). This again doesn't take into account mental defectives and feeble-minded in or out of institutions. The cost for the feeble-minded would have to take into consideration care, special teaching and training, the burden of inefficiency, pauperism, prostitution, delinquency and crime. One can easily see that the entire cost for mental care is beyond the mind's ability to grasp in full significance, except the need to organize a fight against such a costly, damaging, and rapidly growing monster.

Dr. E. Stanley Abbott, formerly Director of Pennsylvania's Mental Hygiene Committee, says that a large amount of mental disease and feeble-mindedness is preventable. He states that alcohol and drug psychoses, general paralysis are one-fifth preventable; one-half to three-quarters of the fatigue psychoses could be avoided; possibly a small proportion of dementia praecox and arteriosclerosis psychoses, together with a small percentage of all other forms are preventable. Thus in Pennsylvania one-fourth to one-third of the insanity could be prevented, and it is impossible to state how much feeble-mindedness could be avoided.

If this then is the big problem confronting the medical world, it also confronts the nursing field as well, for nursing is the practical hand-maiden of medicine. The duty of nursing is not



alone to care for these sick but to go hand in hand with medicine and so aid in the fields of education and in the prevention of mental disease. Who then can better wage war on such an advancing foe than Public Health Nurses, who having a genuine appreciation of the greatness and difficulty of the task, and through adequate training, understanding, and ability to deal with mental disease, can go into the homes of the lay group and so awaken the public to the modern ideas and conception of mental illness, as well as the hope of preventing such loss, unhappiness, and suffering?

The best weapon in the hands of the Public Health Nurse, against mental disease and nervous disorder, is a realization of the importance of and a good preparation in Mental Hygiene. Training for work in this field should include--"(1) special training and experience in psychiatric nursing, combined with an intelligent attitude, common sense, and an understanding of the mentally sick individual; (2) basic facts of psychology so as to enable adequate adjustment to physical and social surroundings; (3) an understanding of and differentiation of mental disorder, insanity, and mental defect; (4) ability to be alert to all odd behavior or change in conduct; (5) be taught to recognize symptoms which are indications of a sick mind." For a nurse to do adequate work in combating mental disease and in educating the public she must have, above all, the right attitude toward mental disorder, and then be intelligent, sympathetic, having an unlimited amount of common sense, a personality that can adjust readily to people and to situations. If the nurse has such attributes as these, she can quite readily take an objective attitude toward the socially unaccepted behavior she encounters in the field. The qualities which promote ease and confidence in the relationship between nurse and patient, her families, her community are based on sympathy, kindness, under-



standing, courtesy, and loyalty--these are largely by-products of personality and efficient training. Timidity, a desire to show authority, lack of belief in herself and her job, prejudices--all of these qualities give evidence of an unsound or unhealthy emotional life and unless corrected will be as a mill-stone about her neck, dragging her down into unsatisfactory contacts and unsuccessful work.

In the field the Public Health Nurse must be on the lookout for incipient cases and once found she knows that abnormal cases must be examined and have psychiatric treatment as soon as possible. She knows also that it is not within her realm, her right, or her ability to deal with these problems; just as she would never try to give continued care to physical disease without a doctor's diagnosis and orders--so does she know that mental illness requires the same procedures--examinations, diagnosis, and treatment. The efficient nurse knows and uses her community resources to get adequate examinations and care for cases which have come to her attention if there is no family doctor or specialist in attendance. Early detection and medical supervision are the means of giving hope and cure to certain of these individuals. Herein ends the nurse's duty toward the patient as he is now taken over by specially trained psychiatric personnel.

The nurse must educate her community to be alert to and aware of those persons who have personality changes and whose mental processes seem distorted. As soon as the public can be educated to face facts regarding mental disorders and throw aside the old fears, the dread, the false superstitions and beliefs just so soon will this whole problem be more hopeful and nearer solution, for with a positive attitude toward sick and diseased personality and behavior



there will come the means of getting these patients into the doctor's hands sufficiently early. This is the spectacular field of Mental Hygiene which deals with pronounced symptoms, but there is <sup>a</sup> more common place and simple avenue for the Public Health Nurse to approach the prevention of mental diseases and it is to help in plain, ordinary, daily life--and there is the real challenge.

In making any contact the Public Health Nurse realizes that before any definite work can be accomplished she must be accepted by the family; there is need for a little time to get acquainted. The nurse rarely fails to sell herself if she shows the family she desires to be of service, if she is genuinely sincere, if she is efficient, and if she can get her family's point of view they usually get hers. Being sincere, letting people know she wants to help them, and that she knows wher<sup>e</sup>-of she speaks will in almost every instance create the friendly trust, co-operation, and acceptance which any contact needs. Once accepted there is no one to whom the family will turn so readily for help as the nurse.

So many of the adults attending psychiatric clinics or those who are in mental institutions give histories of childhood maladjustments due, for the most part, to faulty treatment by their parents. These individuals, who as children adjusted poorly and presented problems, are the ones who, in the stress and strain of modern life, do not learn to face reality and live recognizing their own faults and weaknesses but begin to evade issues, become introverts, develop mental symptoms and so have to seek refuge in clinics and doctors' care or go on blindly until there is a serious need for hospitalization. They literally "crack-up". Since Public Health is concerned primarily with prevention and education, the nurse must realize that her field of greatest worth and promise lies in adjust-



ing the child to his environment, helping him to face reality and in so doing he becomes an individual personality. This should begin at the earliest possible moment, and at the same time the parents should be educated in the importance of understanding children's behavior problems--the ways and means of establishing positive habits, thus keeping the child in harmony with life and society.

But where shall the nurse begin? Should she attempt to adjust the child to his environment, help him to face facts and meet issues or should she first educate the parents? Dr. William A. White, President of the Institute of Mental Hygiene, Washington, D.C., says, "The child in the family is very much like a glass of milk in the ice-chest, absorbing the flavor of all about him." This, together with the knowledge that to educate the child one must educate the parents to suitable adjustments, will help the nurse realize where her teaching should begin.

And when is the most teachable period of parenthood--when the child is in infancy, of pre-school age, or attending school; where will the teaching be most profitable for the child? The ideal time to begin is as early in the pre-natal period as possible, for in this way a sound and adequate foundation can be started, upon which the child's growth and development can unfold gradually and normally day by day, and year by year. There will be natural and healthy advancement from stage to stage in mental and physical growth. In such a situation there should be no serious pre-school problems, no troublesome school maladjustment, and no asocial or amoral tendencies in adolescence.

The nurse goes in on the pre-natal case to educate the expectant mother as to how to care for herself and unborn baby so that she will have a comfortable and normal pregnancy, a safe labor and



delivery, and finally a vigorous and sturdy baby. She never goes into the realm of the doctor, but works hand in hand with whatever type of medical supervision the mother has--be it obstetrician, family doctor, or clinic. In some instances it is the duty of the nurse, because of orders, to do blood-pressure and urinalysis in order to keep a very close home check on the patient's condition. If untoward symptoms are detected these are reported at once and the nurse sees that the patient returns to her medical supervisor at once for examination and advice.

On the other hand the nurse's responsibility in the home may be only that of discussing the patient's condition, symptoms, and giving her definite education. This education deals with an understanding of the hygiene of pregnancy, bodily needs of mother and fetus, diet, rest, clothing, bathing, something of the anatomy of pregnancy, an understanding of the marital relationship at this time, and both a physical and mental (or emotional) preparation for delivery whether at home or hospital.

There are emotional upsets which may arise and if the mother knows what to expect she is somewhat prepared for emotional and physical strain which can cause discomfort. It is wise for the nurse to help her trace these upsets to their source; frequently the cause is fear--fears of pain, fears of delivery, fears of death, fears of a dead or "marked" baby. Such things are combatted by giving straight-forward information, overcoming false fears by telling the truth and by reassurance. By building up the patient's confidence in her doctor or her clinic and in her nurse, by getting her to follow the advice of those who are responsible for her care, the expectant mother can throw off "the old wives'tales" of the horrors peculiar to pregnancy and accept it happily as a normal



thing. In such contacts the nurse is educator, confessor, and friend.

It is wise from the beginning to make the pregnancy a family affair. Everyone will share the baby after its arrival, why not share the pleasures, work and plans for the baby before it comes? The father, too often, is shut out of this "baby-business" and yet he is just as vitally concerned as is the mother. He wants to share the responsibility too--try him and see. The joy and anticipation is twice as great when shared equally by both parents. Fathers are always interested, but are of greater help, show more consideration and understanding in all the little things which influence the mother's discomfort and emotional disturbances if they have a definite idea of the physical stress and strain which pregnancy sometimes creates. The father can and should be made an asset in this situation.

If there are children in the home they need to share in the knowledge of the baby's coming. If they are old enough to be observant they will know or suspect, and will rightfully resent the idea of "something being put over on them!". When taken into the family confidence there are many of the preparations which they can share and so develop a sense of responsibility and love toward the new member of the family. It is a splendid opportunity to teach sex, and the wonder and beauty in it can be best realized when they see, hold, and help to care for the baby.

Even the very young child must be prepared so that he can be mentally adjusting to the idea of sharing his parents and his home with a very dependent little creature who will demand much care and be given great attention. So that when at last the little fellow comes, he will be welcomed, not just by parents but by the entire family, and especially by the very young child who already loves



him and feels a sense of responsibility toward him. Thus the baby comes into a secure situation, where from the beginning he has been wanted and loved, and has from birth taken a definite place in the family circle. But fail to take the children into this confidence and there is resentment, jealousy, unwillingness to help, temper tantrums, and at times a hatred so intense that it may mean bodily harm to the baby. Surely it is easier and wiser to avoid such pitfalls than to correct them.

I well remember a pre-natal case under the care of a private doctor. There were four girls, ranging from eight to fourteen, and a six year old boy. The mother was fearful over her pregnancy, over the outcome of labor, worrying over her children and what they would do in her "lying-in period". She had not told them anything about sex, nor of the baby's coming. The mother was hesitant about telling the children but she knew that they either knew or suspected. Finally she decided to tell them and from that time on the children shared in all the plans, took over the housework, and so greatly reduced the mother's physical exertion and worry. The older girls did all of the scrubbing of floors, cleaning, bed-making, marketing; the younger ones ran errands and did little chores. In fact the mother said she had never had such a vacation in her life.

She expected to have a home delivery and so the preparation started as a family project. She was given a list of needed supplies. Once she had these I showed the children how to prepare cotton swabs, collect and prepare little jars for the mother's and baby's trays. The older girls made many of the clothes; the little boy made the soap pincushion and filled it with safety pins. The father bought the various supplies; these were washed if necessary and packed into respective drawers long before the delivery. On



my visits the children never failed to take me to the supply drawers and show me this or that--they were happy over the event and could scarcely wait for that baby. The mother was proud of such help and enthusiasm. The eldest girl knew where everything was and how to go about getting water and pans boiled when the mother went into labor. Isn't this a happier and more secure situation for a new baby than where there has been deception and secretiveness?

If parents can be made to realize that the baby's physical and emotional health begin not at birth but the day it is conceived, and if they can be taught to want, anticipate, and plan for the baby, it will be born with the best opportunity for adjustment to life and future emotional stability. Too often the parents feel the child comes into being only at birth, at which time they can assume the responsibility and give it good care simply because they are now called parents. The nurse must early help the parents to realize that they should learn all they can about the child, not for the first six days, the first six months, the first six years, but know as much about him as possible from pre-natal days through adolescence. In this way they will feel more adequate to assume the care and training of the child in a constant and gradual development. The more they learn about him the better, but in the process they are learning much about themselves. And because of this very thing, that because parental education and understanding of self come through Child Study is the very reason why the Public Health Nurse should begin her mental hygiene and prevention of mental diseases in the pre-natal period, which is the most receptive period for teaching. The nurse should be able to supply and refer parents to sources of material of an educational nature. Such things



as Von Blarcom's "Getting Ready to be a Mother", De Schweinitz's "Growing Up", Thom's "Everyday Problems of the Everyday Child", and "Normal Youth", Dr. Blatz' and Mrs. Baltz' "Parents and the Pre-school Child", Richmond's "The Adolescent Girl", "The Adolescent Boy" will all give a taste for more knowledge. The parents need to be guided in reading so that it will meet their level and requirements. It is a splendid thing for a nurse to be well grounded in reading so that she may give individual what he needs. There are so many valuable pamphlets, magazines, and books being written that the nurse must read a great deal to keep up.

Through all the long pre-natal period the nurse has, of course, been aware of every possibility for health instruction for each member of the family, and in so doing has taken over a complete family unit as to health or emotional problems--dental needs, immunization, Child Guidance Clinics if indicated through examinations, etc., suitable recreation for the entire household. No work in health is complete unless the nurse leaves every problem solved if it is in her power to bring solution either directly or indirectly. She is doing the best kind of mental hygiene in immunizing, in showing the importance of oral and personal hygiene, as much so as when dealing with temper tantrums, enuresis, and bids for attention. In fact it is the normal and positive side which she stresses and which is the most common part of her work.

After the birth of the baby the nurse has ample opportunity during the post partum period (if a home delivery) or in the follow-up period (if a hospital delivery) for practical teaching as well as theory. At the time physical care must be given to mother and baby, the nurse teaches the need for a definite and regular routine for both mother and baby as to feeding, bathing, sleeping, and elim-



ination. If the parents have studied and prepared for parenthood under the guidance of doctor and nurse, they realize that the baby is a personality who will take on a pattern of behavior development from the day he is born. He needs affection, attention as to physical care, and security, but these should be given so that they will strengthen him and not weaken him.

It takes a little time for the baby to adjust to the events following birth. The painful labor of the mother is finally over-- she has delivered a healthy, normal baby. Into the family has come a new, unused, unspoiled life, wholly without experience and habit--- living clay to be moulded by home environment and parental guidance. Birth was a painful, bruising time for the baby as well as the mother; he has left the security of the uterus and come into the insecurity of the world, where he must begin his endless struggle to adjust to life and meet new situations. He begins by adjusting to his bodily functions. He may be irritable, fussy, slow in learning to nurse-- and during all this time the family is adjusting to his presence and needs.

The nurse going in for newborn and postpartum care teaches not only the needs for nursing, bathing and sleep for the baby but emphasizes the fact that habits begin at birth. This is the time to begin and develop the "rhythm" of the baby's habits. Since the postpartum visits require considerable time there is an opportunity for definite, daily teaching in child training. It can be brought out that children with good habits, established at birth, are being adequately prepared to face reality and they will maintain this pattern of regularity and conformity in other lines.

The first months of life are the foundation for mental and physical health, and the habits upon which the parents' later teaching



is built--the foundation upon which depends health, happiness, and the success of the child's future life! Life must be a consistent, gradual unfolding and development month after month. From birth the child, though dependent for care, affection and training, is being educated toward dependence or independence.

The nurse and mother work out a routine for the baby's day, and when kept on such a schedule there is no upset household; work can be done; everyone is happy--the baby is good and gains well. The establishment of a rhythm prepares for "the weaning period", when independence begins to be stressed.

A baby fed regularly will eliminate waste regularly, and with a little time and watching the mother can train for elimination. It is a joy and pride to have a clean baby without soiled diapers!!! Just so with feeding--the baby learns to take water from a bottle at birth and so isn't wholly dependent on the satisfying sensation and experience of the breast. Before long he is given orange juice from a spoon, and as he gets older and stronger it can be given from a cup. Thus he gets the feel, the experience, the knowledge, that the breast isn't everything in the way of satisfying hunger. He is learning independence through building up his experience. When a baby, so trained, is taken from the breast entirely, there is little trouble for he is adjusted to bottle, to spoon, to cup--and just so the bottle can be discarded in due time without wrecking the nerves and disposition of the entire household. Is such a child likely to develop food fads during the preschool age? No, for our baby starts out in positive food habits, knowing no emotional set-back or thwarting. He is happy, contented, satisfied, for he has known nothing else.

It is simple, and comparatively easy to teach the child to abide



by simple conformity which he must eventually recognize in society. It isn't sensible to walk, to rock, or to sing a child to sleep-- to have to tell him a story before putting him to bed. When parents start out by putting the child in his own suitable bed, and in his own room as soon as night feedings are over, and if going to bed is a natural, pleasant, expected thing, it isn't likely that such habits as singing, rocking, or sleeping with lights will ever have to be overcome. Sleep is practically as important as food for a sound body and steady nerves. Every child deserves a bed of his own, clean, dry, pillowless, with a firm mattress; a room carefully ventilated and then he is off to sleep in the best manner, at regular hours.

Being bathed at the same time daily by a happy mother is again a life habit which the nurse can help to establish. To such a child brushing of teeth and all phases of personal hygiene will be accepted as a matter of course and will never prove a task. Habits early established give satisfaction and a feeling of security to the child, because he has a feeling of stability, dependability, and consistency--he has learned what to expect. It is more natural and certainly more pleasant to learn consideration for others through regularity from birth than through nagging or moralizing or punishment in later life.

The habits of elimination are based on the regularity of feeding. In the first few weeks of life the nurse instructs the mother how to train for bowel control and later for bladder control. It is most effective to begin after the morning feeding or before the bath. Sometimes it is helpful to use a suppository until he learns that pressure will facilitate the movement. The mother can learn to anticipate voiding but training is seldom perfect before fifteen or eighteen months. All of this requires much patience. But never scold or punish no matter what the results may be. The toilet rou-



time should be established by having a definite name, by clock, and not oftener than every hour. Night training should be established at and completed by months. Take the child up at 9 P.M. or 10 P.M. o'clock. Develop a positive attitude in the child toward elimination--that it is simply getting rid of waste, a natural function in which there is no shame. In habit formation of any kind there must be absolute consistency, regularity like clockwork, no display of emotion at failures, but the child needs definite associations and very important is his sense of satisfaction in a thing well done. A child's habits are but the reflection of parental training and home environment. The formation of good habits come not through chance but by intelligent planning to condition the child to life.

The Preschool Period is so important because it is a time of personality development and expansion--the mechanism of human development is now playing an important part--walking, talking, feeding self, and toileting. All of these habits help to make up the general health of the child. If difficulties arise it may be due to past training, a lack of security, a failure to be helped to face reality, lack of affection, or even indifference or lack of knowledge in the parents.

The nurse can prepare the parents of the infant to look ahead to this period of development and so be prepared to meet it. Now is the time when the baby merges into a personality, an individual in a world dominated by adults who are free with "do" and "don't". So in adjusting his own wishes and desires to a widening social world he runs into conflicts. His emotional world emerges and must be considered as well as body and mind--hate, fear, rage, affection. The parents can be educated as to ways and means of developing men-



tal stability in these days of personality formation.

No child of this age is satisfied nor should he be with living his whole life in the narrow confines of his own home and within his own family circle. He talks, and so must exchange ideas; he walks, and so desires to be out doors, to go places, and in so doing he begins to rub elbows with other members of society, and he meets his own age group; he feeds himself, learns to toilet himself, and so gradually and slowly, bit by bit, he is encouraged to do more and more for himself so that he may acquire independence. Happily he is a curious, inquisitive person, always reaching out for more knowledge and more experience. "Why", "how", "where", "who", seem to lie forever on his lips. It is necessary for him to get beyond himself, to keep searching in order that he may learn about people and the world; in so doing he begins to conform to society and to broaden his experience. Only through being regarded as a person, as an independent being can he be expected to develop. Too often parents are ignorant of, or lax in, ways and means of dealing with children and may even selfishly try to make the child's interest and affection center only on themselves. This leads only to his future unhappiness, lack of confidence in himself, and an ever increasing sense of inadequacy. Thus his future can be harassed, hindered, and full of conflicts. Here the parents should be shown that they are the problem, not the child.

Through co-operation of nurse and parents there can be built a constructive training so that the struggles and emotional conflicts of this period can be used as means for gaining positive experience. It is most important for the nurse to know and for her to help the parents to realize that when behavior difficulty arises it is only symptomatic and that to clear it up it is necessary to look for the cause.



Pre-school children will have sound mental health and will make normal adjustments to life and society if he is taught independence, persistence or tenacity of purpose, well established in good habits, and conformity to society through play and sharing with other children. But perhaps most important of all is an environmental security where life is consistent, harmonious, and happy; where parental patterns give daily examples for the corner stones of the child's mental structure.

The importance of this period cannot be overstressed but it really has its roots for success in the attitude of the parents in the months in utero and in infancy. From two to six has been too often "the great dark age of childhood" when misunderstood and unaided he has been forced to set out alone as it were, hampered by parental indifference and ignorance. Thus through the nurse's interest and training she can be of assistance in this age of personality achievement in helping him and his parents find social adequacy through conformity, balance, and adjustment.

It is very frequently a difficult task for parents to let a child do things for himself in his own way and at his own pace without holding him back or pushing him ahead, or even at times to withhold punishment. Teaching independence takes time, patience, understanding, and intelligence--but he needs all of these for he is getting his experience in how to take life.

During the School Age the child comes under a closer supervision because of the addition of teachers and school nurses. He is less "the forgotten child of the dark ages of two to six". While his life has widened his unfolding needs a continuance of guidance and help, a continuance of parental help and guidance as well as all which the school can give. His adult associates--parents, teachers



teachers, school nurse etc. can co-operate in furnishing the physical and mental security which he so badly needs and continually craves. From birth through life the individual needs to know that he belongs and that he is part of a group.

The school child continues to gain his emotional security at home where he has love and affection, which are as much needed as sunshine. "The chief reason there is no place like home is because of the constant, certain affection to be found there. It is the warm assurance of belonging to the family." The intelligent family doesn't attempt to over-shield and shut the child in from life. Through learning to face facts he is safeguarded from being overwhelmed by fear, dreads, difficulties, nor will he be easy prey to much of "the faulty behavior of childhood". Nothing can so safeguard a child as a home where there is strong and real affection for every member of the family. Such a home does not make dependency but gives freedom and strength to childhood. Such is the greatest source of security.

It is well to realize that we all have faults, some big, some very small, some which aren't important--others which hinder and sometimes keep us from being adequate individuals in that we are not so helpful and successful as we would like to be. So it is with children; there are faults and habits which are important but need cause no alarm--but the parent should be helped to know what to expect of the child, and how to handle problems as they come up. Some habits and faults will gradually fade out and be forgotten as--for example masturbation. No nurse is unduly alarmed over this action, nor is the parent if he is helped to understand it. Here as in other habits the cause is sought and once found it is treated by the substitution of a good habit which the child wants to establish.



There are of course faults and habits which will hinder the child and so need special attention for correction. Jealousy, an ungovernable temper, selfishness and disobedience all lead to much unhappiness. Jealousy is a misdirected love--a love of self. Fits of anger will never make life easy, nor do they make one well liked, which is necessary for successful living. The school child continues to develop social adequacy by gradually ruling out his own faults and building a balance between aggressiveness and submission, love of self and the social group. It is a time of achievement, a meeting of success and failure, and learning to be "big enough for either". Slowly but consistently he builds the structure of his life's pattern as to habits and personality.

Formerly it was thought children were devoid of sex instinct and interest, and that both should come spontaneously at puberty. However, we have learned that sex plays an important part from infancy through life. The normal child usually begins to question and show interest in sex problems very early, which is the dread of many parents.

There are very few people who do not have a twisted, distorted, and baffling attitude toward this biological aim of life. Most persons have accepted it as inevitable and so surrender to it, considering it purely physical. Ignorance, avoidance, repression, silence have brought much conflict and unhappiness, especially for adolescents. Then came Freud and psychoanalysis with the flood of sex realism, which held that the panacea for the whole thing was the giving of a complete knowledge of sex facts. This is really the great handicap, for the giving of the facts of life is no solution for the child, adolescent, or adult. The amount of information on the direct subject of sex is really small; the important thing is



not to make sex an isolated thing but to weave it into the whole fabric of social, family, and individual life. This gives a rational and wholesome interpretation along with information which is frank, honest, and given straight forwardly.

A wholesome sex adjustment is a personal achievement and is most necessary for happiness and mental health in adult relationships. Personal sex adjustment comes through an intelligent, dignified, and decent understanding of the whole matter. This achievement comes not through conversation but by intimate living in a family group where all relationships are placed on the highest planes.

The Public Health Nurse can help parents to realize whether they have the right or wrong attitude toward this matter. No parent can give the child the needed information and example in sex until he realizes it is a part of life, a portion of the whole, something which plays upon the entire span of life; that there is much of beauty, dignity, and goodness bound up in it and that it is so strong in each of us that no attempt to be made to make it seem secretive and bad.

The relationship between parents and child being close and strong makes the teaching of sex fall naturally and rightfully upon the father and mother. This teaching should begin early, be given in suitable wording, and with the right attitude. Mother and father serve as the finest example of sex life--and the example of happy, compatible, devoted parents in a congenial home environment is the best preparation a child can have in sex adjustment. The family and home are the finest things which life holds. The home is the place of greatest security, and the place of greatest learning. The Public Health Nurse in her intimate contacts with families can do much to make the home a place of happiness where frankness, truth,



and confidence will guide children into a life of safety and contentment.

I must be kept in mind that we cannot expect too much of the child who merges into adolescence. His experience is inadequate for the demands made upon him; he has not learned wisdom nor has he acquired self control. To be able to wholly conform to society's expectation is a little beyond his power. He needs to be understood physically, for he has grown very rapidly; various organs have developed very fast--it is a healthy time yet crucial; he needs to be understood emotionally, for there surges over him strong, new, and peculiar feelings about which he has little knowledge but great reticence. He is self-conscious as to bodily changes, but if he enters puberty with a full knowledge of what to expect, with a full understanding of the elementary facts of human reproduction, he will accept bodily changes and new functions naturally and normally. Never again will he need more of parental understanding or of home security. He needs comradeship of parents and friends; it is important for him to have interests in hobbies, sports, and all kinds of recreation. These will use up much energy, and much time and thought which cannot be devoted to pondering, puzzling, and day-dreaming over sex. He needs strong, sound, splendid leadership. The great cure for juvenile delinquency lies in adequate leadership. Adolescence is "the more independent period" when parents in order to guide and give best care must know when to allow freedom and when to interfere.

The adolescent's assets and liabilities depend on what has happened to him in his previous years of training. "Successful adolescence is dependent on adequate care and training in early



childhood." The assets for normal adolescence are security in a home where there is adequate and reasonable provision and where he has consistent love and affection. This means that the individual is prepared from birth to meet life, so that by the time he has reached adolescence he is "psychologically weaned" and merges from this period as an "adequate individual". Being an adequate individual means that--(1) he can sustain himself physically and is competent economically; (2) he is able to form his own opinions, carry out his conclusions and not be at the mercy of those who are forever willing to settle his problems; (3) he doesn't expect coddling from life; (4) he has acquired a heterosexual attitude; (5) he has formed a point of view in life. All these things go toward making up the adolescents mental and emotional maturity.

Every Public Health Nurse realizes that in any abnormal behavior or question of mental ill health she must get the individual into the hands of the family doctor, the clinic, or the specialist. I have not gone into the deep phases of abnormal mental health but have dealt with the plain, simple yet important educational aspects which make up the mental hygiene of the normal person. Each nurse knows her community resources as to Child Guidance, Clinics, Mental Hospitals, Psychiatrists, General Hospitals and uses them.. Too frequently I believe the nurse can see nothing but the spectacular side of mental hygiene, but too often does not realize that immunization, teaching of a baby's bath, postpartum examinations, regular health examinations and countless other things are the soundest kind of Mental Hygiene.

If any nurse going into a home will take stock of all the ways and means in which she can do an all round piece of nursing for every member of the family as to mental health as well as physical



health she will be doing the greatest possible service to humanity, as well as a fine, artistic and scientific piece of health work.

The most fertile ground for the nurse in doing mental hygiene is the pre-natal period so that father, mother, and child are adequately prepared for birth, where the child is wanted, and where the parents are prepared to direct and develop the baby's personality as well as give bodily care. The nurse can direct, advise, and refer parents to sources of information for establishing a healthy and emotionally sound environment for the child. This may take a long, long time and require nurses who have specialized as well as generalized training, but it can be done.

We have so recently "discovered" the child that we do not as yet understand him well; however, it is he who makes the struggle for life and the advancement of civilization worthwhile.

No Public Health Nurse can do her best in her intimate relations with her families unless she has a real philosophy of life, a liking for and willingness to help people, as well as to be keenly aware of the need for self growth, improvement and development. Her service to the field of Mental Hygiene ranges from the simplest teaching, the humblest deed to the most scientific knowledge and intricate nursing skill. She must possess patience, personal sympathy and interest, affection along with sound nursing ability and efficient technique. Mental Hygiene is a science warmed and colored by the art of human understanding and safeguarded by scientific training.



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