Important skimming to see-impressionistic.

1. Follow a doctor or a nurse for a day—Out of the clinic and into a home and a factory.
2. Educate non-psychiatric physician—Central Inst. for Advanced Training of Physicians (Moscow) observe in a polyclinic.
3. Job placement by labor organization unit—how done?
4. Examinations of groups of population—IMPORTANT—Factories; ill patients on state and collective farms; war invalids
5. Families where patients are kept and paid for
6. Regional mental hospital
7. Emergency psychiatric center—(eight in Leningrad)
8. Resident forest schools for children
9. Treatment of alcoholic—sobering up stations under Police—
10. Follow-up studies (by dispensaries) of patients residing in Moscow vicinity (check this)

FIELD:
In 1961, more than one billion patient visits at the out-patient insts. maintained by the Health Ministry—Source; Large Medical Encyclopedia—USE THIS SOURCE* In the same year, 88 million house calls—or average of about 5.5. outpatient visits and house calls for every person—Medical services available to workers in industry—push these visits—Shop microdistrict physicians—how much psychiatry? He is supposed to reduce health hazards—mental health?

Larger plants—Medical—Sanitary Sections—In 1961, 1,063 such sections—90 percent in the RSFSR and the Ukraine—Visit one or more

In 1961, 918 hospitals with bed capacity of 125,000 in medical-sanitary sections—more than 37,000 medical staff positions—
FIELD-cont.

Dispensarization—systematic observation and examination of patients.
In 1961, more than 40 million given preventive examinations—most school students—

Emergency Medical care—ambulances with Red Crosses—any psychiatric?

Hospital Beds—Psychiatric—BME—
1940—82,000
1963—196,000

Neurological—10,000 in 1940 to 40,000 in 1963

Constant look out for children's health—In 1963, 319,000 pediatric beds and over 67,000 pediatricians—

After summer recess, comprehensive medical exam each year—
Place to Visit: Svetlana Sherkin

Child Psychiatry and Juvenile Delinquents:

Moscow Institute for the Protection of the Health of Children and Adolescents
Division of Child Psychiatry - No. 1 Pediatric Ward of the Kassachenko Municipal Clinical Neuropsychological Hospital (Moscow)
Leningrad Institute of Pediatrics (Professors Tur and Smirnova)
Child Psychiatry Training Centers - Kharkov, Sverdlovsk
Ministry of Education - Disciplinary Schools (two in Leningrad)
Serbsky Institute of Forensic Psychiatry - Moscow
Director of Youth Colonies - Ministry of Internal Affairs (Moscow)
Work Colonies for Chronic Patients - Under Ministry of Social Affairs (like to visit several in different parts of Russia)
Hospitals for Juvenile Delinquents (under Ministry of Health) "anywhere
Institute of Psychiatry - under Academy of Medical Sciences - Moscow

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Soviet Community Mental Health Services and Work Therapy: A Report
of Two Visits - Field and Aronson (visits in 1963 and 64)

The keystone is the outpatient clinic

Profound emphasis upon work (rather than occupational) therapy

Workshops at the Bekhterev in Leningrad - the patients in the workshops all come from the COMMUNITY - return to their homes in the evening. Assigned to the workshops by the psychoneurological dispensaries of Leningrad - which see the patients for personal therapy - although the dispensary physicians come to the shops once a month.

Shops in the evening hours for depressives and alcoholics -

The principle of negative induction (Pavlov) Work reduces hallucinations, delusions, etc. It competes with them

Second workshop - Dispensary of the Kiev District, Moscow

Psycho. work colonies - equiv. of long-term mental hospitals. have from 500 to 1,000 or more beds.

Part of the system of the Health Ministry (?) Directly subject to the city health psychiatrist - located in his area -

Many home visits to the patient -

Many patients work at home -

"Mental Health Programming in the Soviet Union - Aronson and Field - 1964

The psychoneurological clinic is equiv. of our mental health center -

Emphasizes continuity of care - Treatment in home or, if not possible, small in-patient units (stationary) of 15 to 100 beds - These units receiving centers for emergencies (in many cases) In U.S., jails

Day hospitals started in Russia -

No social workers in Russia (visiting nurses do the job)

Great emphasis on PREVENTION - Health propaganda -

The Education of non-psychiatric personnel - run this down - Can be done easily in over- all polyclinic -
No visits to any place outside of Moscow and Leningrad— Capitalize on this—
In 1956, 2,327 PN clinics
Three types of clinics— independent (purely psychiatric); administratively separate from the district polyclinic— also clinics serve as x out-patient departments of mental hospitals.

Lots of psychotics kept in home treatment
The labor union organization role in finding job for patient
Dispensarization— Frequent examinations of groups of the population—
Following four categories covered: Chronically and acutely ill patients; war invalids; workers in shops and plants where conditions a hazard; and to ill patients in state and collective farms—

Chronicity not allowed to develop—hospital stays very short—In some instances, hospital will pay money to family of patient to keep him at home—Averages capacity—Soviet hospital—500 beds—

Types of hospitals— Inter-district (mezhraionnai) small-in-patient component of NP clinic—Acute cases—If illness protracted, then:
The regional (oblastnai) hospital— Usually located on outskirts of town—broken up into specialized divisions—agitated; quiet; infectious diseases, a neurological division and a pediatric division
Isolation—restraint—said to have been abolished—
Quite a number of movies and concerts at hospitals—
1 physician for 27 patients—1 for over 100 therein U.S.
Psychiatric colonies—work villages—Industrial enterprises and collective farms employ some patients from the colonies—Capacity of colonies—300 to 500 patients—
The emergency psychiatric teams—eight such centers in Leningrad
Also resort sanatoriums located in pleasant surroundings—need for rest and change of environment—This is reason why Soviets tend to hospitalize psychotics more than we do—conditioning
Speciality training of child psychiatrists—began about 1930 at Moscow Institute for the Protection of the Health of Children and Adolescents (visit)
Division of Child Psychiatry—No 1. Pediatric ward of the Kasachenko Municipal Clinical Neuropsychological Hospital—Moscow (visit)
Four other training centers reported—Moscow, Leningrad, Kharkov, Svirdlovsk—
Post-graduate training for non-psychiatrists—p. 4
Dean of Soviet Child Psychiatry—Professor Sukhareva—
Summer camps—resident Forest schools
The neurotic child—re-education—other children used to help him—p. 10
Makarenko—Soviet educator—rehabilitated hundreds of homeless children
via group approaches and work programs in the post-war period—abolished intelligence tests—see if still around—famous book—"Book for Parents"
Child development—from infancy—Leningrad Institute of Pediatrics (prof. Tur and Dr. Smirnova) p. 8—"Stimulizing"—Graduated conditioning—Hardening program—
Somatic: Insulin coma (Sakel method); prolonged sleep treatment induced by a weak current, narcotherapy, electric shock (declining) and pharmacotherapy (chlorpromazine—called aminasin).

DIRECTIVE PSYCHOTHERAPY: Autobiographical therapy—use narcotherapy and hypnosis to recreate. What drugs for narcotherapy—<

Psychotherapy ideologically acceptable—It is according to Pavlov, the second signal system in manx in which verbal stimuli replace physical stimuli in the conditioned-reflex arc.

SOCIOLOGICAL THERAPIES—

Mark Field diary—Sobering-up stations for alcoholics—Under the police—Asked Ministry of Health to see—no go—"Ia ne ponimaiu"—I donot understand!
The Org. of Russian Psychiatry—Very Important—where do various Insts. fall—Under what Ministry—

**Ministry of Internal Affairs** — The juvenile colonies (reformatories)

**Ministry of Education**—Disciplinary schools (two in Leningrad)

Commissions for Providing Unmanageable Children with Work—started in world war II—do they still exist?

Children in Moscow (some) sent to Serbsky Inst. of Forensic Psychiatry for study—Visit—

See the Director of Youth Colonies in the Ministry of Internal Affairs—

**Ministry of Social Security**—The mentally defective
Rough Notes—Russian trip

1—LEBENSON: 10 day visit—Moscow and Leningrad-1958 (Horsley Cantt)

Places visited: Univ. of Moscow Med. School
Psychiatric Clinic of the First Moscow Medical Inst. (Korsakov)
Leningrad: Institute of Physiology (Favlov)
                        Institute of Experimental Medicine
Prolonged sleep—still done?

"Soviet Psychiatry"—Joseph Wortis-1950—William A. Wilkins, Baltimore

Zig could not visit a chronic psychiatric hospital (check it in. on this)

Soviet psychiatry not hospital-oriented—much more emphasis on clinic

2—KOLB—District psychoneurolgical dispensaries—focal point of treatment
precursors of our M.D. Centers? Also Soviet day hospitals—
He visited nine psychiatric insts. in Moscow and Leningrad—
Term "clinic" in Russ. is a specialized psychoneurolgical unit in a
hospital setting—

Good description of dispensary operational units—microdistricts which
serve from 16,000 to 35,000 people—Attached to them large industrial
workshops—

Home visits—also visits to factories for case-finding or preventive action—
Directive, sup ortive therapy (Ziferstein)

No clinical psychologists orx tests—All observers agree—give too shallow
a picture

At workshops, psychotic and defective persons mixed in with neurotics—
(Amsterdam)

Good follow-up of patients discharged from hospitals—nurse does this

The colonies or "extra-urbae"—handle many chronics—
Family care-families paid—how extensive?
Babayen-
In "uss. only one in 8 beds devoted to psychiatry- one psychiatric bed for 1,000 persons
Babayen refers to "hospitalism"-those left too long in psychiatric hospitals-
Soviet treatment - "in the very thick of life"
Babayen uses term "clinics" in the way we do-
Can you follow a day patient to his home - see the milieu in which he lives-
How extensive is home visiting-foster care-
Description of a psychiatric colony-p.34-agric. training-aid for their work-

LEBENSOHN- 1962-Amer. Journal of Psychotherapy:

Look at table on p.296-Work Colonies and Colonies for Mental Deficients come under Ministry of Social Affairs -
Hospitals for Juvenile Delinquents (check Alts) come under Ministry of Health -

Important role of sanatoria- mainly in treatment of neuroses-
uss. psychiatrist tends to hospitalize neurotic- he can be reconditioned because they believe due to faulty environment-Change his environment and he will recover-

Important book- Lydia Bogdanovitch "Zapiski Psychiatra" -(A Psychiatrist's Notebook) Is it in English-
Mental Health Education and to improve attitude to public-

Tables on no of hosp. beds-no of psychiatrists -see p.298 -
In Kuss, three admissions per year for every NP bed - In U.S. -less than one admission for every NP bed.

According to Field, 2,200 dispensaries in 1959-all have NP divisions.

There are also small inpatient services (a specialized section of the dispensary) 50 to 75 beds - it is intermediate point between psychiatric dispensary and mental hospital.

ZIPPERSTEIN-AFA 1966

At the Bichterev Res. Inst. in Leningrad for 13 months -

Activ intervention by therapist -

Good descriptions of directive attitude-use - we can prescribe new work situations-manipulate entire environment -

Good anecdote of Soviet aversion to plumbing the negative unconscious - p.444

Visits by members of the collective to the patient-constant ties - p.445

Importance of out-patient treatment - Dispensary psychiatrists spending two hours of 5½ hour working day in factories, workers' clubs, housing projects - Really psychiatric public health officers - Check working conditions -

MARK FIELD-Mental Illness in Soviet Society-1960

At least one-to-one ratio of personnel to patients - probably better -

Physician 27 patients per core + U.S., 103 in 1964 (but many in U.S. not psychiatrists - )

Most hospitals not large - One of largest - Kashchenko in Moscow - 2,200 beds (incl 240 pediatric beds + 180-bed branch hospital outside city
limits (visit it)

Important point-Most NP clinics are part of district clinics-so close cooperation bet. general physicians and psychiatrists-they have in-patient beds (really similar to psych. units in general hospts. in U.S.

Early treatment and prevention heavily stressed d- In NP clinic, child psychiatrist works closely with pediatrician, school physician, teacher and parents-

Neuroses related to "bad" environment-but how account for J.W., alcoholism, stealing by children of elite and privileged classes-

C. SCOTT MOSS -Psychologist-1966-World Congress of Psychology

Institute of Psychiatry- Moscow-hos. Inst.-1500 beds hospital- (Min. of Health Ac ording to Dick Williams memo(get copy-June 23, 1966) 7 similar Insts. in Ross. -Specialized clinics attached to hospital-children, geriatrics, Institute of Psychiatry, Academy of Medical Sciences-One of 20 Insts. in the Academy, and has, as its base, 3,000-bed hospital

Studying schizophrenia/long-range follow-up of patients residing in Moscow vicinity

Each district has specialized children's polyclinic-

Dispensaries provide services 9 AM to 3 PM six days a week-0n evenings and weekends, emergency services throughout Moscow by 10-12 psychiatrists with cars-

Inst. for forensic Psychiatry- social deviancy, j.w. (worth a visit)
Russia's Children-Alts

Chapter 17—The Mentally Ill Child—
Neuroses—Pavlovian theory—Injuries of the organism—basic dysfunction of
the cortical process of stimulation and inhibition (higher nerve cells)
Psychoses—result of post-infections—also brain damage and other forms
of organicity—Facilities for children:
Day treatment Centers
Special disciplinary schools
Day sanatoria—(pre and early school ages)
Children's beds, in mental hospitals—acute illness—connected with
dispensaries—
When illness protracted, transferred to mental hospitals for the
chronically ill—(colonies in rural areas)
Class rooms constitute key part of mental hospitals for children—
Use of physical therapies to correct higher cortical activity—glandular
therapy, drugs, (stimulating or tranquilizing, shock therapy, sleep)
In schizo, stimulation desired—so no sleep therapy—
J.D.
Juvenile colonies—Under Ministry of Internal Affairs—
Two types—educational work or work—Work colony takes the more serious
delinquent—
Key personnel in these colonies—unbringers—

J.D. Chapter 6—Very good in punishments
D. Education