

Position Statement on Active Treatment

This statement was approved by the Assembly at its meeting in October 1978 and by the Board of Trustees at its meeting in December 1978. The statement was originated by the Council on Mental Health Services¹ and revised by a special Assembly task force.²

PSYCHIATRIC TREATMENT is a planned effort on behalf of persons defined either by themselves or by their community as mentally ill or emotionally disturbed and in need of treatment. The person directing it must be qualified by specialized education and training to evaluate and understand the totality of the biological, psychological, and social factors that play a part in such an illness. Treatment is provided through medical procedures designed to benefit the ill person.

1. Treatment may begin prior to the establishment of a final diagnosis. The process of evaluation is an act of treatment.

2. The standards used by a community to judge behavior may not always be in agreement with the standards leading to a diagnosis used by a psychiatrist to judge behavior. For example, some people judged by community standards to be "bad" rather than ill may suffer from a diagnosable mental illness. On the other hand, some persons whose behavior is identified as aberrant by a given community may be perceived by the psychiatrist as following an alternative lifestyle and not as suffering from an illness.

3. As in physical illness, an individual's subjective distress may in itself be sufficient justification for treatment.

4. Psychiatric disorders result from the complex interaction of physical, psychological, and social factors and

treatment may be directed toward any or all three of these areas.

5. Treatment may include measures to maintain current functioning and prevent further deterioration as well as measures designed to improve or eliminate dysfunction.

6. A variety of professional disciplines may be involved in a treatment program. The extent and kind of participation of any practitioner in a specific treatment program should be determined by the person primarily responsible for providing treatment. The professional qualifications and ethics of the various disciplines are defined by each professional group within society's sanctions. No practitioner should be required to participate in a manner contrary to the ethic of his or her discipline.

7. A formal or informal treatment plan is an integral part of treatment. The plan should include the goals of treatment and problems that may be anticipated and should be revised when appropriate and indicated. Psychiatric treatment should be based on principles that can be explained and communicated during review by one's peers.

8. Providing a human environment for the care of persons in need is not equivalent to providing treatment. However, when the environment is carefully organized to respond in a therapeutic manner to patients' needs and behavior and is staffed and supervised by qualified members of appropriate professional disciplines, it is a form of treatment. Treatment of that kind is usually referred to as a therapeutic environment or milieu therapy.

9. Psychiatric treatment is the sum of the activities of a psychiatrically qualified physician in meeting the therapeutic needs of a patient, a family, or a (community) group. This may include the supervision of others who are providing treatment and for whose activities the psychiatrist accepts professional and legal responsibility.

¹The Council on Mental Health Services included J.M. Stubblebine, M.D., chairperson, Mildred Mitchell-Bateman, M.D., Israel Zwerling, M.D., Hayden H. Donahue, M.D., Alan Elkins, M.D., Aubrey Dent, M.D. (observer-consultant), Jack Kremens, M.D. (Assembly liaison), Robert W. Gibson, M.D. (Board liaison), Donald G. Langsley, M.D. (Board liaison), Richard T. Rada, M.D. (consultant), and Donald Hammersley, M.D. (staff assigned).

²This task force included Warren S. Williams, M.D., chairperson, Roy M. Coleman, M.D., Lino Covi, M.D., and Roger Peele, M.D.