

Psychiatry in the German Democratic Republic

N. J. COOLING, Consultant Psychiatrist, St Luke's Hospital, Crosland Moor,
Huddersfield HD4 5RQ

The London–Berlin (GDR) Committee was established in June 1986, with the aim of encouraging cultural exchanges between Britain and the German Democratic Republic. This Committee organised a study tour of East Berlin for British health care workers in October 1988. This was the first exchange of this kind since the Second World War and the subsequent foundation of the modern Republic of East Germany.

The delegation consisted of six doctors (two of them psychiatrists), a psychiatric nurse and two retired trade union officials.

The seven-day itinerary included visits to a number of hospitals and clinics. Information was provided on administrative aspects of the health service, mental handicap services in the community, the AIDS control programme (Cooling, 1988), paediatric services, occupational health, primary health care services and services for the elderly. During the course of our stay, we arranged to visit the Herzberg Hospital, a large psychiatric hospital in Berlin. Both psychiatrists and the psychiatric nurse were able to attend this visit and we were shown around the unit by Professor Vesper and his colleagues, who included the principal nurse.

The Herzberg Hospital was built at the end of the 19th century in a pavilion system. The hospital complex originally extended over some 30 hectares. In the past, many of the large hospitals serving the city were built in close proximity to poor neighbourhoods, and the Herzberg Hospital was no exception to this rule. By the mid-1930s, mental hospitals were packed with in-patients for prevailing attitudes in the society of the time favoured the treatment of mental disorder in the hospital setting.

During the Nazi era, some 2,500 patients were removed to so-called 'Killer Clinics', as a result of the decree entitled 'Liquidation of Life not worth living'; most perished.

In the immediate post-war years, numbers of psychiatric patients were so depleted that there was no longer the demand for such a large hospital complex. Departments of Internal Medicine and Paediatrics were established in buildings which were surplus to requirements. However, by the 1950s, psychiatry and neurology had established a new ethos, shifting the emphasis away from the concept of asylum and concentrating on the process of rehabilitation.

Today, the Herzberg Hospital has 840 in-patient beds, 600 of which are for psychiatric patients. Eighty beds are designated for neurology, and there is a large complex providing a child psychiatry service for the whole of East Berlin. There are special departments for child and adolescent psychotherapy.

The Department of Rehabilitation co-ordinates the care provided for long-stay patients, and there is an enthusiastic and progressive occupational therapy programme. The Neuroradiology Department provides standard radiological facilities, with provision for a computerised tomography scanner in 1989. Out-patient services include separate provision for an alcohol service, adult neurology, general psychiatry and an emergency clinic. Liaison links are well-established with neighbouring general hospitals. The total catchment area served consists of the population of five boroughs, numbering 650,000 people.

During our tour, we visited several of these units, including an adult admission ward, where I had an impromptu conversation with a lady who suffered from a schizoaffective psychosis. She spoke excellent English and she was keen to talk to an Englishman. She was able to give a very clear account of her recent illness.

At the time of our visit, the Occupational Therapy department was in the process of some structural improvements to include the provision of a bar-area selling soft drinks. We had the opportunity to discuss the ethos of the department with staff members and, in general, the range of activities offered seemed to bear striking resemblance to similar units in Britain.

While there is virtually no problem with misuse of opiates and other 'hard drugs', alcohol misuse and dependence are a major problem in the German Democratic Republic, and we visited the Alcohol Unit. The in-patient detoxification programme requires abstinence as a precondition of treatment, and the programme lays heavy emphasis on group psychotherapy and individual work, where appropriate. However, the main emphasis is on out-patient services for problem drinkers, with an emphasis on group psychotherapy. Schnapps, beer and vermouth are popular drinks among this group of people who are problem drinkers, and we were told that at least 20% of all psychiatric patients had a history of persistent alcohol misuse.

With regard to general psychiatry, our attention was drawn to the familiar dichotomy between exponents of biological psychiatry on the one hand, and psychotherapists and social psychiatrists, on the other. The doctors we spoke to expressed some regrets at the lack of common ground between these approaches. However, the general philosophy of the Herzberg Hospital seemed firmly established in the mould of social psychiatry, with particular emphasis on a humanistic approach to medicine (Halstead & Halstead, 1978). The physical treatments used seemed broadly comparable with practice in Britain and in particular I was surprised at the marked similarity in pharmacological agents available.

Electroconvulsive therapy is regarded as an effective and useful therapy for severe depression, but tricyclic antidepressants are used as the first-line treatment for major depression, in the same dosages as those recommended by Quitkin 1985, before concluding that the illness is treatment refractory.

Lithium is regarded as an effective agent for the prophylaxis of major mood swings, and the therapeutic serum level is 0.6–1.0 mmol/litre. However, there is an increasing tendency to opt for the lower end of the therapeutic range. Lithium is not used as an antidepressant agent on its own, nor for the treatment of acute mania. Neuroleptics are used extensively in the management of schizophrenia, both in oral and depot form. Chlorpromazine and Haloperidol are the drugs of preference for the management of acute schizophrenia.

Arrangements for compulsory admission differ from those in Britain. The longest period of compulsory detention is six weeks. The district medical officer must confirm the opinion of the psychiatrist that compulsory admission is warranted and local magistrates must be consulted as well. In the German Democratic Republic as a whole, between 3% and 6% of all psychiatric admissions are compulsory admissions, but at the Herzberg Hospital, compulsory admission is even less frequent. In 1986, 1.58% of admissions to the Herzberg were compulsory; in 1987, 1.56%; and in 1988, 1.45%. This lower rate in Berlin might be partly explained by the fact that there exists a more comprehensive network of extra-mural services and advisory centres than elsewhere in the country, so community care for mental disorders is better developed.

The psychiatrists in the Herzberg held the opinion that compulsory admission was undesirable, as they considered that it was likely to hinder the establishment of a therapeutic alliance. They regarded it as the action of last resort. Our strong impression was that compulsory detention was applied less often in Berlin than in London, and we hope to ascertain more detailed comparative statistics.

The staff at the Herzberg commented that they probably saw a larger proportion of obsessive-

compulsive disorders than their British counterparts, although the reasons for this were unclear. Treatments adopted for severe obsessionals included behavioural treatments, antidepressants, including clomipramine, and psychodynamic psychotherapy.

Having completed our extensive tour, the visit ended with wide-ranging discussions and a frank exchange of views. Several questions were put regarding possible political abuse of psychiatry in the German Democratic Republic. Our hosts were insistent that psychiatry was not used for political purposes at their hospital, and they doubted its use in this way anywhere in their country. Errant political views or 'dissidence' are not part of the diagnostic rubric for mental illness, and in any case, there are no locked facilities at the Herzberg. For my own part, I found it impossible to believe that the psychiatrists I met in frank and open discussions were in any way connected with such activities. On the contrary, I was deeply impressed by their caring and enlightened attitudes.

My overall impression was of a commitment to the use of psychotherapy and psychological treatments in general. The services seemed weighted towards social approaches and community provision of care wherever possible. There was an obvious reluctance to use compulsory admissions. Physical treatments, where used, were for broadly similar indications to those adopted in this country. There was a striking similarity between the treatment issues, ethical dilemmas, and management strategies adopted as compared to our own experience, although we would have welcomed more hard epidemiological data. Our short visit provided a tantalising view of psychiatry in the Herzberg Hospital. I hope we can further these tentative contacts to promote a healthy exchange of ideas between East and West.

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A full list of references is available from the author.