MENTAL HEALTH SERVICES—PRESENT AND FUTURE.

By A. A. W. PETRIE, M.D., F.R.C.P.,

Medical Superintendent, Banstead Hospital; Lecturer in Psychological Medicine, Charing Cross Hospital.

THIS most important subject, which is likely to affect the whole future of psychiatry, has so far made little progress. Enlightened individuals are beginning to show a way, handicapped by existing law and practice. Some of the most important possible developments are not under the control of those with mental hospital experience, and the diversity of approach and training of those who deal with the different aspects of the subject renders co-ordination still more difficult.

The Beveridge Report and the consequent projected changes in the structure of general medicine makes consideration of the development of mental health of urgent and vital importance. Until recently the Minister of Health decided to exclude mental health from the anticipated reorganization of the Medical Services, but as a result of protests this decision has now been rescinded.

It is, therefore, necessary to prepare schemes for co-ordinating the work of mental health so as to fit in with the general health services of the country. While a great opportunity arises which it would be almost criminal to neglect, it is most difficult to formulate satisfactory plans while the future development of somatic medicine remains so nebulous. Any scheme needs to be elastic, and must indicate the lines of development suitable for a number of varying circumstances.

The form in which the structure of general medicine will take shape has several times shown signs of crystallizing, only to dissolve again into discussion.

A centralized State Medical Service arouses antagonism in some, owing to the fear that all medical men will become inarticulate and stereotyped civil servants, controlled from an imponderable department in Whitehall, where slow decisions may stifle initiative.

The opposite extreme is a medical service controlled by the numerous municipal bodies of very varying sizes, who at present largely control mental health activities. It is obviously impossible to develop a proper and complete mental health service in a small area, and there is a very real belief that local politicians of whatever shade of thought are not the best persons to control medical affairs.

The discussions range between these two extremes, with plans designed to avoid petty biased interference on the one hand, while avoiding control which is entirely out of touch with local opinion and affairs. It seems, however, likely that a more co-ordinated medical service will develop, with some form of Central Health Board, with probably local counterparts.

https://doi.org/10.1192/bjp.90.378.3 Published online by Cambridge University Press

It is not the function of this article to consider how such boards should be constituted, or how medical representation should be effected, whether directly or by means of medical advisory committees. This major problem merely concerns psychiatrists as medical practitioners. It is, however, the duty of all psychiatrists to be ready with reasonably elastic plans, so that they may be in a position to advise how their services may be linked up with changes in general medicine.

Up to the present there has been little attempt to develop mental health services in Great Britain, and even now suggestions on these lines tend to arouse antagonism owing to the fear that the co-ordination of activities may limit the freedom of workers in different spheres, but the obvious need for the development of a policy for mental health is gradually becoming widely recognized, so that mental medicine may take its proper part in the preventive health services of the country.

Two recent reports lay down at considerable length the reason for mental health services and indicate their functions, and describe in detail the activities they should undertake, and subsequent conferences have generally come to similar conclusions.

The reports in question are those of the Feversham Committee on the Voluntary Mental Health Services and the Report of the Committee on Mental Health of the British Medical Association. The Feversham Report was originally conceived with a view to bringing together on a rational basis all the voluntary mental health services of the United Kingdom, but enlarged its terms of reference as follows:

> "To consider the scope and activities of, and the law affecting the existing voluntary organizations, rendering mental health services; and to report upon the possibility of increasing their usefulness to the community, particularly in relation to—
>
> "(1) Their co-operation with Government Departments, local authorities, and other bodies interested in mental health work;
>
> "(2) The co-ordination of their activities, and—
>
> "(3) The extension of the services rendered by them."

The British Medical Association's terms of reference were wider:

> "To inquire into and report upon the present medical equipment and provision for dealing with mental health in this country, with particular reference to the problems of the treatment and prophylaxis of the psychoneurotic and allied disorders."

They also considered the teaching of psychological medicine, and the extent of the various forms of mental health, the various forms of treatment, and the need for the extension and improvement in institutional and out-patient treatment.

The Feversham Report naturally emphasized the importance of the voluntary associations, and their role in leading development. One result of the report has been that a Provisional National Council for Mental Health has been formed, incorporating the Central Association for Mental Welfare, Child Guidance Council, National Council for Mental Hygiene, and the Mental Health Emergency Committee. The new National Council are now publishing a

journal entitled *Mental Health*. The only important group which did not join the new Council is the Mental After-Care Association.

Since these reports were published, other bodies have considered the future developments of psychiatry. The Royal College of Physicians have set up a committee which, although principally concerned with teaching and diplomas in psychological medicine, is also considering the future developments in psychiatry. A Planning Commission of the Royal Medico-Psychological Association has prepared a report which has just been presented to the Ministry of Health. A Joint Committee of the Mental Hospitals Association, of the Royal Medico-Psychological Association and the Hospital and Institutional Workers' Union has also prepared resolutions for submission to the constituent bodies. More recently a Conference of Psychiatrists has been held under the auspices of the Psychological Medicine Group of the British Medical Association. A report has been prepared which is still under consideration by that Association. Any such report is likely to be based on the previous *Grey Book on Mental Health* prepared by the British Medical Association in 1939 and published in 1941. Recent developments, and particularly in the field of preventive medicine, are, however, likely to receive attention. Surveys, both official and unofficial, have been made recently. Surveys for the Nuffield Trust have been made in the Oxford and other areas, and it has been found that much can be done simply by collaboration under present conditions. The Neurosis Survey for the Ministry of Health should determine the necessity both for the in-patient and out-patient treatment of that section of the work. In some areas attempts to work out detailed schemes of progress have been made, but these have yet to reach the stage of public discussion.

Having considered these developments, it will be necessary to state briefly the present general position before outlining the various projects which are likely to be suggested for the future.

Whether one assumes that regional areas will be developed under a central control, or whether one envisages a collaboration of local authorities, it is likely that health regions of reasonable size will be formed.

In any such areas there must be general hospitals, presumably with medical schools and associated with universities. There will be mental hospitals, registered hospitals and licensed houses. It is quite probable that early treatment clinics for neurosis and early psychosis may exist or may arise. In the urban areas acute cases may be received into observation units, which may be situated either in municipal hospitals or public assistance institutions. Psychiatric out-patients may attend either at the general hospital, or some special clinic, or at the mental hospital.

Child psychiatry needs to be fitted into any scheme of this nature. The mental aspect of the child is dealt with by the school medical officer, who is responsible for ascertaining the defective. The work may or may not be associated with those who are responsible for looking after the defective when he needs care in a mental deficiency institution, and even now the anachronism of mental defectives being cared for in mental hospitals has not entirely been eliminated. Again, special schools and training centres are now an attribute of the education services. Child guidance clinics for those who are mal-

adjusted are a more recent development, and have developed in various ways, at times being attached to a general hospital, at times in specialized clinics, and sometimes in association with the educational department of the local authority. Before this war over fifty of these clinics were functioning. Enough has been indicated to show the need for a proper co-ordination of all these activities into a coherent whole, with a definite policy and direction. The diversity of practice will probably never become uniform, and solutions suitable for densely crowded urban districts may not meet rural needs.

Although large areas have a great opportunity for developing comprehensive services, it is smaller areas which have in some instances shown greater enterprise, mainly due to the fact that it has been possible for one person to initiate and develop the work. Oxford, Hertfordshire and Portsmouth are all examples of this type of development. Oxford, under Dr. Saxty Good, was one of the earliest places to demonstrate the importance of the out-patient department and its work. Dr. Kimber, of St. Albans, has shown how it is possible to link a great number of desirable developments with the mental hospital, and Dr. Beaton, at Portsmouth, has organized a mental health service with himself as chief officer.

All these activities naturally rather tend to centre around the mental hospital, and some would say that this is the proper line of development. Others would prefer the general hospital as the focal point, while others again would form a central mental health organization.

This last is more suitable for the larger areas, where there is more than one institution, and where it is less easy for one person to co-ordinate. With the development of mental deficiency institutions that type of work separates from the mental hospital. The same body may, however, act in each case, as in Kent, where the composition of the mental hospitals and the mental deficiency committees is identical.

Great variation occurs among the larger authorities, which in some cases form joint boards, as in Lancashire and Staffordshire, where county boroughs unite to form such boards with the County Council. The Ridings of Yorkshire provide a varying problem, the populous West Riding having five mental hospitals.

An even greater problem occurs in the London area, which has seventeen institutions, including nine large mental hospitals and seven larger and smaller mental deficiency institutions. St. Ebba's Hospital, which has recently been enlarged, now deals with recent cases of the voluntary and temporary treatment type, while the Maudsley Hospital only deals with neuroses or suitable recoverable acute psychoses, all on a voluntary basis.

In this superficial survey it will be seen that there is a great variety of procedure. In some areas the institutions are comparatively independent, merely representing geographical divisions of the same problem. The mental hospitals may be under a joint board, while mental deficiency may be controlled by individual local authorities. Only the County of Middlesex has tried the experiment of combining all its mental deficiency activities under one officer.

Enough has been said to indicate that there is a wide variety of procedure, with every kind of development and in some cases lack of development. The

work at the general hospitals is often organized from the mental hospital, but in other cases it is quite unconnected, being controlled by those more interested in the study of the neuroses.

In the larger university towns the psychiatric clinic at the general hospital is usually controlled by the lecturer in psychiatry, who, in the provinces, is generally connected with the mental hospital, but in London is usually a practising specialist, sometimes, however, associated with a registered hospital or licensed house.

Coming to the local authorities, the connecting link between the areas and institutions is the clerk of the visiting committee, who may be the clerk of the county council. At times he has acquired great power, and in London was appointed Chief Officer to the Mental Hospitals Department. Successive lay officers did much to co-ordinate activities, but naturally did not represent a medical standpoint.

This has been followed in London by the whole department of mental health being placed under the medical officer of health. This is a most interesting development, which may prove successful, if the fusion of mental and physical health can be accomplished, while allowing a full development of the mental health problem. If such an experiment is to succeed it is likely that a full-time advisor in mental health will be necessary in any large area, developing and co-ordinating all the varied aspects of mental health. The advantage of such a fusion with physical health is obvious. A number of the services to be developed are already under the medical officer of health, who is the school medical officer. Child psychiatry both in respect to the aptitudes of normal children and in the ascertainment of mental defectives fall within his purview, and guidance for the maladjusted child is closely allied. In many cases the observation wards, where early acute cases are received, may be sited in municipal or county hospitals under the Public Health Department.

For these reasons it is clearly of primary importance to co-operate with the medical officer of health. There will be general agreement that close co-operation between mental health and the medical officer of health and the education department is essential. The divergency of opinion arises when details are discussed..

There is a considerable demand among psychiatrists that the mental health services should be under the command of a medical officer of mental health, and that he should take over the various functions at present appertaining to the medical officer of health and be of equal status with the medical officer of health.

To maintain a proper co-ordination all elements of health must be fused into a single entity, and given reasonable autonomous control of mental health, with expert direction, there appears to be no reason why mental health should not take its place as one of the great factors in the general health services of the country.

How is such a structure to be erected? Given reasonably large areas, it should be possible to devise an organization capable of co-ordinating all mental health activities, and providing new and enlarged facilities. The very varied services which will need co-ordination and control indicate the need for representation of different interests. It is suggested that a local advisory panel or

committee should be formed to assist in the direction of this work. On this committee should be representatives of all types of mental health activity in the area, including those who practise in the fields of neuroses and child psychiatry, as well as representatives of all those who are mainly concerned with institutional work, such as medical superintendents of the county and borough mental hospitals and mental deficiency institutions, registered hospitals and licensed houses. Those engaged in the social services will also have a standpoint they will desire to present.

As indicated, the subject naturally divides itself into the group of child psychiatry largely centring around the educational services and including mental deficiency, and the group dealing with the treatment of actual neuroses and psychoses. Much of the psychological aspects of industrial medicine are comprised in the neuroses group, and general social medicine has important psychological aspects.

Dealing first with the group concerned with children:

A proper psychological assessment of the capacity of every child seems a desirable ideal. This would, however, be a great undertaking, and some proof of the benefit likely to be derived both by the individual and the nation would need to be demonstrated. To some extent this has been done by the assessment organization set up by the army and other armed forces by forming selection boards, but this principle has yet to extend to children. If all citizens were put to the type of work for which they were more suitable a great impetus would be given to national efficiency. It is suggested that research workers taking a small number of different types of schools could show the value of such work, which should probably extend until all children were assessed at least at the beginning and at suitable periods before the ending of their educational careers. The ascertainment of those who need special tuition, or are below the standards of ordinary training, as well as those needing care would be an incidental part of such work.

Still more valuable would it be to ascertain those who just fall clear of the deficiency net, but who are subnormal children, always causing trouble in their endeavour to cope with the problems beyond their limited capacity. Help and guidance at an early stage might save much social trouble, and minor criminality at a later stage. In other words, it should be possible to deal with the inadequate psychopath before habitual abnormal conduct has developed. The maladjusted child would be ascertained also at an early stage, and both child and parents saved from mental friction with the resulting nervous reactions and faulty conduct.

All this merely envisages a wider ascertainment with more emphasis on the treatment of the normal child, whose value to the community is greater.

The education and training of the defective in special schools and classes is bound to vary between centres of dense populations and sparsely populated areas. There is divergence of opinion as to the provision of centres where defectives can obtain some form of manual training, while being with their parents or guardians. Some advocate such a development, while others say that the training can only be given properly in a residential institution, where their whole habits can be adequately supervised and trained. The necessity

for institutional care is likely to be greater where the child is far away from facilities for special instruction. While the general trend seems to be in favour of colonies having a proportion of each of the different grades of the defective population, special provision for the delinquent defective seems necessary.

The establishment of more hostels for the resocialization of the high-grade defective appears to be necessary in any properly organized health service.

The question of advice regarding the treatment of the delinquent needs consideration. To a large extent this is met by medical reports from prisons and probation officers. Adequate psychiatric advice should be available for all magistrates and judges where the mentality of the prisoner is in any way abnormal, or where persistent aberrant conduct needs attention. In the larger prisons the full-time officers usually have some psychiatric experience, but in local prisons part-time general practitioners may have no such knowledge. This type of work was developed by the late Dr. W. H. Potts when working in the Birmingham area.

Some would say that all this specialized work should be grouped separately from the rest of psychiatry, with a special deficiency or child psychiatric officer, but the problems overlap, and although specialization will tend to occur, such work will essentially be a part of any complete mental health service.

The Organization of the General Treatment of the Neuroses and Psychoses.

This involves the co-ordination between the general hospitals, special psychiatric hospitals, observation wards, and the mental hospitals.

A considerable amount of the activity at the general hospitals will be out-patient work, and this largely among the neuroses. The organization if reasonably complete will need to include arrangements for psychotherapy and social services. Although work among the neuroses can be mainly and advisedly confined to out-patients, a small proportion will definitely improve more quickly with in-patient care. The break from unsatisfactory work or home conditions may be directly beneficial. For example, in industrial cases such a break may alter faulty reaction which is becoming a habit disastrous to the patient. Generally speaking, however, work among the neurotics can be mainly confined to out-patient activity, with a small hinterland of beds for certain types of patients. Where the anxiety cases are exhibiting depression or the hysterical case some disorder of conduct the need for in-patient treatment becomes more evident. Further, the mild depressive and the early schizoid group insensibly shade off from the neurotic type and borderland type, who can be suitably treated together. Where should such treatment be given and where should the line be drawn ? In practice this varies. Some would say that the wards of a general hospital should be specialized for this work. Some advocate special hospitals or early treatment centres, and some would receive these cases into the wards of a mental hospital on a voluntary basis.

The difficulties of establishing an efficient special unit in a general hospital

are considerable, and while this is easy in a mental hospital, it is notorious that the slighter type of case is very sensitive to being classed with those who are more disturbed. Indeed, there is a distinct school of thought who believe that every endeavour should be made to separate the neurotic and psychotic, and to see that these two classes of case are treated separately. This in practice is hardly feasible, as cases change their reaction, and apparently mild neurotics may develop psychotic symptoms, and marked psychotics may exhibit good control. The essential dividing line is inevitably one of conduct. Early treatment centres should meet some of these difficulties, and allow neurotics and mild psychotics to get treatment under conditions which should satisfy both themselves and their relatives.

The problem of the more acute but equally recoverable case also needs attention. Many would emphatically say that they should enter mental hospitals. Others contend that there is a case for establishing centres where a number of such acute cases should not merely be sorted, as in the observation wards, but where they can be investigated and treated in an acute psychiatric hospital. Separate psychiatric units for the milder and also for the more acute types would only be feasible in large centres of population. In smaller towns some fusion of such activities would appear to be inevitable, and a relatively smaller number of beds should meet requirements. One to 10,000 of the population has been computed, but variations in type and mode of usage will affect any such computations, and a higher proportion will probably be needed.

The units in the university centre will, it is hoped, be considerably devoted to teaching and research, and will act as focal points for psychiatric advancement and development. Diagnosis and treatment, however, will be a definite function, and this is likely to be the main objective in the smaller units.

Such early treatment centres will provide facilities rather than seriously affect the work in the mental hospitals, as the longer continued case will still require treatment which the mental hospital can only adequately provide. How far the treatment of the early recoverable case should be completely separated from the segregation of the chronic will continue to be debated. Personally, I hold that the two functions of the mental hospital should be completely separated as regards the sites of the buildings, although attended by the same staff. This, however, represents an extreme view, unlikely to materialize, certainly in the near future.

An in-patient aspect of the mental health problem is the prevention of the silting-up of large aggregations of patients who have recovered from the acute phase of their psychoses, but continue to need care for economic or other reasons. Some will deteriorate to an extent that institutional care will be inevitable, but many might be accommodated in colonies or hostels at the termination of the acute phase of their illness. A number of small hostels of about twenty beds, intelligently organized with a view to resocialization and rehabilitation, should go far in reducing the extensive segregation at present necessary.

Social Services.

With the integration of a mental health service it should be possible to co-ordinate the psychiatric and social services into one corporate whole for

each area. Workers at the various out-patient clinics, general and psychiatric hospitals, and also at the mental hospital, should be reasonably interchangeable, although those dealing with children are likely to remain specialized, while those dealing with defectives will have a less elaborate training.

An important question is the extent of the problem, and the requirements likely to be necessary. As regards the neuroses, the present inquiry of the Ministry of Health will show the numbers of those needing treatment under present conditions, and future conditions are hardly predictable.

The Board of Control statistics show the numbers of cases of psychoses needing care in mental hospitals. A complication is the fact that there is a steady decrease in such cases during the war, and there can be no guarantee that post-war conditions will restore the previous balance as quickly as after the last war. Indeed, if our reconstruction plans are successful, the continued lack of industrial stress may alter the whole problem. The fact remains that for a period after the war, it is likely that so far from being overcrowded, there will be vacancies in mental hospitals, so that pressure for beds will not encourage local health authorities to establish new buildings.

The problem of mental hospital accommodation will be still further reduced if all mental defectives are removed to appropriate institutions, with the establishment of further deficiency colonies.

The child psychotic is better given special accommodation. The maladjusted and early psychotic child can be suitably dealt with in special wards in the early treatment centres for mild psychotics.

The problem of the psychopath, or psychopathic personality, links up both with the defective and recidivist activities. The inadequate psychopath is often mildly defective, and is then primarily a mental health problem. The psychopath with mild psychotic and neurotic trends, at times with sexual abnormalities, also comes into the scope of mental health. Recently attention has been drawn to the aggressive psychopath, who shows cortical dysrhythmia as shown by the electroencephalogram. Certainly after adolescence such aggressive cases do not seem likely to respond to treatment, and the question as to the type and form their segregation should take needs attention.

Conclusions.

Numerous proposals have been put forward in many discussions. Inevitably some points of view are incompatible and some compromise has to be effected.

Nevertheless, in general, the majority of psychiatrists are agreed, but their views will not necessarily coincide with those who control somatic medicine and the educational services with whom it is essential they should work if successful results are to be obtained.

The following attempt to summarize some of the views likely to be put forward is necessarily tentative, and expresses a number of the widely varying aspirations of psychiatry. It is largely covered by the Memorandum of the Royal Medico-Psychological Association, which since writing the above has

been presented to the Ministry of Health, and is now available for publication (see Addendum).

The educational work will in particular need careful and tactful adjustment. Both in this field and in that of industrial psychology, very realistic and practical advice is essential if psychological guidance is to obtain an established position.

The basal idea is a broadened concept of psychiatry, embracing preventive mental health as opposed to merely dealing with disease when it occurs. Recommendations to give effect to this include:

(1) The recommendation that the Board of Control shall be reconstituted as a Board of Mental Health.

(2) That each area which constitutes a unit of physical health shall form a committee to co-ordinate and control all aspects of mental health.

(It is realized that as some of the constituent elements of such a mental health committee will be statutory, legislation will be necessary to bring such a new body into being.)

(3) That such a committee shall appoint an expert psychiatric adviser or advisers to assist in co-ordinating such work. The relations of this officer to those dealing with somatic medicine has already been discussed and the reason for co-ordination explained. The balance of psychiatric opinion seems likely to favour a medical officer of mental health.

The constitution and form of the committee will presumably be determined on the same lines as those dealing with physical health. Unless adequate representation of all types of mental health is possible on the executive committee, it is likely that this will need to be supplemented by an advisory medical committee, with powers to make representations regarding the speciality.

Other suggestions are the formation of early treatment centres:

(*a*) In association with the medical schools, with facilities for teaching and research, either as part of the general hospital or as a specialized unit. The units should be the focal points for psychiatric development in the area.

(*b*) For acute psychoses, either as a specialized unit or one associated with the mental hospitals.

(*c*) Combinations of such units in smaller areas where separate units are hardly feasible.

(*d*) Other units for the in-patient treatment of psychoneuroses or mild psychoses.

The success of such units in meeting a public demand will determine their continuance and expansion.

Industrial psychological medicine.—A medical officer in each area should advise in regard to industrial problems, including disabilities with an obvious psychological basis. Long hours and other sources of friction should be dealt with in an expert manner before disturbance arises.

Similar advisers for delinquency problems should be provided, and independent medical assessors should be available for all courts.

All school activities should be co-ordinated. A regular psychiatric report on each child is the ideal to be aimed at. This would include ascertainment of

the defective, and should allow every child attending school to be graded into the type of work for which they are most fitted. Advice as to those most suitable for craftsmanship or for higher education should be supplemented by data drawn from school results.

The development of social medicine in general will need psychiatric help. Given a proper organization, all this help should be available as and when required.

The proposal to establish medical committees to give the mental hospitals the advantages which such a committee provides in a general hospital has much to commend it, although much greater difficulty in finding a satisfactory composition and constitution is inevitable in any type of special hospital.

An important change in existing law has been proposed and sponsored, among others by Dr. W. G. Masefield, Secretary of the Royal Medico-Psychological Association. He suggests that all cases during the first six months of mental hospital care should be under temporary treatment, whether they are voluntary or otherwise, extension to nine or twelve months being permitted, as at present. In other words, it would permit for mental treatment, the detention of persons for six or even up to twelve months, on the application of their nearest relative, supported by the medical certificates of two doctors, one of whom must be recognized as an expert by the Board of Control. This would be a revolutionary change, but precedent exists, and it would allow all early treatment to take place without legal certification.

These proposals may appear visionary, but they represent a number likely to be put forward. They envisage great developments in psychological medicine, which will only be possible given a greatly increasing number of psychiatrists suitably trained. To be expert it is evident that all psychiatrists should have experienced all aspects of the subject, which includes the neuroses, psychoses, child psychiatry, mental deficiency, together with a knowledge of neurology. There is some hope that these needs will ultimately be reflected in the requirements for the Diplomas in Psychological Medicine. The necessity for higher specialized diplomas is already being felt, and the suggestion formulated by a group of physicians, associated with Sir Walter Langdon-Brown, that such specialization should be allowed following the possession of the original Diploma in Psychological Medicine has much to commend it.

Behind all this lies the education of the medical student, and future practitioners in psychological principles and knowledge. Unless undergraduate teaching is provided both in psychology and psychiatry, with some examination test, progress will be difficult. A proper understanding of psychology is essential for every branch of medicine, and a knowledge of psychiatry, especially as regards the neuroses, is essential for all practitioners.

Numerous references and meetings have been referred to above, and suggestions have come from many sources. A number of references will be found in the British Medical Association's Report, and many facts will be found in the Annual Reports of the Board of Control. The Reports of the Massachusetts and New York Mental Services give an idea of the co-ordination that has been effected in those areas, and also give an indication of the early treatment centres which exist there, and in other cities, such as Chicago and Toronto.

REFERENCES.

The Voluntary Mental Health Services, Report of the Feversham Committee, 1939.
Report of Committee on Mental Health, British Medical Association, 1941.
Reports of the Board of Control. H.M.S.O.
The Wood Report, 1929. H.M.S.O.
Annual Report of Commissioner of Mental Diseases. Commonwealth of Massachusetts.
Handbook of Department of Mental Hygiene. State of New York.
KIMBER, W. J. T. (1939), "Social Values in Mental Hospitals Practice," *Journ. Ment. Sci.*
PETRIE, A. A. W. (1930), "Psychiatric and Allied Activities in America, *ibid.*

ADDENDUM.

The Royal Medico-Psychological Association.

RECOMMENDATIONS REGARDING THE MENTAL HEALTH SERVICE.

GENERAL.

1. That Mental Health Committees be formed in each Area throughout the country as may be decided hereafter by the Government, such Committees to be responsible for all aspects of Mental Health, i.e. to take over the work of Committees of Visitors, the Committees under the Mental Deficiency Acts and the Child Guidance Clinic Services. Mental Health Committees should consist of elected and co-opted members. Close co-operation should be maintained between these Committees and the Public Health and Education Committees.

2. That a Medical Advisory Committee fully representative of those practising Psychiatry should be set up in each Area.

3. That large areas are preferable to small areas. Each area should be of sufficient size to warrant the setting up of a complete Mental Health Service.

4. That all matters appertaining to Mental Health Administration should be removed from Public Assistance.

5. That the present name of the Board of Control be changed to "The Board of Mental Health." The powers of the Board of Mental Health should be extended to enable it to supervise and direct all branches of Mental Health in its widest aspects, many of which are at present administered by other departments. That there should be a larger body of medical representation on the Board of Mental Health.

6. That a Medical Officer of Mental Health should be appointed in each area. He should be a principal officer with clinical and administrative psychiatric experience. His task should be the co-ordination of all branches of Mental Health. He should have equal status to that of the Medical Officer of Health, with whom he should work in close collaboration. He should be appointed by the main Mental Health Committee after consultation with and with the approval of the Board of Mental Health. His security of tenure should be similar to that of a Medical Officer of Health.

7. That a Medical Superintendent should be in charge of each Mental Hospital and Mental Deficiency Institution. He should have complete control and should be in continual touch with the clinical aspects of the Hospital and its patients. Any arrangements of Staff by which dual authority tends to be established in the central government of either type of institution is emphatically opposed.

8. That in each Psychiatric Hospital and Institution it is desirable that a Medical Board should be set up, of which the Medical Superintendent should be the Chairman. This Board should comprise all the Medical Officers with suitable experience and representatives of the Consulting Staff.

9. That it is essential for the proper understanding of all cases, including those of Somatic Disease, for Medical Students to be taught a suitable Psychology in the Intermediate stage as well as the principles of Psychological Medicine in the Final Course. At least one question on Psychological Medicine should be asked in the General Medicine Examination. Teaching and Examining Bodies should be urged to raise the standard in clinical experience of Psychiatry to the level of the kindred subjects of Medicine, Surgery, Obstetrics and Gynaecology.