SOCIAL VALUES IN MENTAL HOSPITAL PRACTICE.*

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THE opportunity I have of speaking to you is for me both a pleasure and a privilege, but it is also, I fully appreciate, a responsibility.

The field of psychiatry to-day is not unfruitful and not a few discoveries of lasting worth appear to have been made, while certainly claims to progress of more doubtful value, both as regards ætiology and even more with regard to treatment, are so numerous as to be rather bewildering, particularly when they become the subject of articles in the popular press, whereby relatives are enabled to make a diagnosis and decide on a line of treatment without any reference to the medical man.

For this reason I shall try to-day to set out the central idea, which as a medical administrator of this hospital I keep in mind, and endeavour to impress on all those who are concerned with the care and treatment of patients.

Although the opinions and practice of one individual may only be of limited value to another, owing in part to different circumstances in which the work is carried out, but still more to differences in personality and outlook, practice which has proved its worth under one set of conditions is likely to have a more general value if appropriately modified.

Quite recently there have been published two very interesting books dealing with mental hospital practice. One, Dr. Ivison Russell's on *Occupational Treatment of Mental Illness*, in which, "confessing to an idealistic enthusiasm", he states with regard to a system of therapeutic occupation on an extensive scale: "The management and administration must therefore be merged in the general organization of the hospital, because in a mental hospital occupational treatment is a system of activity which pervades the entire institution, and can no more be confined to one department than the circulation of the blood can be confined to the heart."

Again, Dr. W. A. Bryan, Superintendent of the Worcester State Hospital, U.S.A., writes in his *Administrative Psychiatry*: "It becomes increasingly evident that the future of psychiatry and its influence on public health will be built around the hospital"; and again, "I see the State mental hospital

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of the future as a powerful and leading factor in the public health of the community, its interests broad and far-reaching, and its leadership unquestioned by those whom it serves . . . it will be the co-ordinating agency which ties up all activities dealing with human beings".

Dr. Russell would see his patients engaged in activities which are the very life-blood of the institution. Dr. Bryan sees his institution as the centre co-ordinating all activities concerned with the life of the community. I shall not escape the charge of being an idealist when I say that I regard my own objective as being something near a combination of both these, but I am not ashamed to plead guilty with such examples before me.

Daily we are confronted with the problem of restoring our patients to such a state that they may again occupy in the community that place which is theirs by right, in order that they may fulfil those duties which the community imposes on them and which it has a right to demand.

The individual has a social value in the community, which is lowered considerably by mental disorder, and our first and immediate task is to put this right. This we owe to the individual, the patient.

On the other hand, the prevalence of mental disorder is a social problem of some importance, and preventive measures with regard to it become a social duty which the hospital owes to the community.

Keeping these two aims in mind has led to two main lines of development in the hospital; the one in conformity with the ideals of Dr. Russell—that is, occupational therapy—and the second the establishment of a propaganda and teaching centre for both medical and lay workers. It has led us also to the establishment of a psycho-therapeutic clinic for the treatment of adults, and ultimately seeking still earlier preventive measures, to a child-guidance department, which now deals with the so-called problem child, the delinquent and the dull and retarded school-child, from which group so many of the social misfits arise.

In this way we try to be at hand when the first signs of social maladjustment show themselves, in the child's school-days and even before this, believing that our duty extends beyond that of just picking up the casualties that are brought to our doors, as we did in the days when I first joined the service.

This extension of the field of mental hospital work brings it at once into intimate contact with numerous workers in the outside world, and we thereby gain an insight into their daily problems and difficulties.

The mental hospital for the most part in the past has existed in a state of artificial isolation. The ignorance of the general public, the legal enactments and other peculiarities of the service have largely been responsible for this, but the passing of the Mental Treatment Act leaves little excuse for its continuance.

Though our own first approaches to outside workers were received with some diffidence, not to say suspicion, this stage soon passed, and calls for our help have for the moment at any rate exceeded our capacity to meet them.

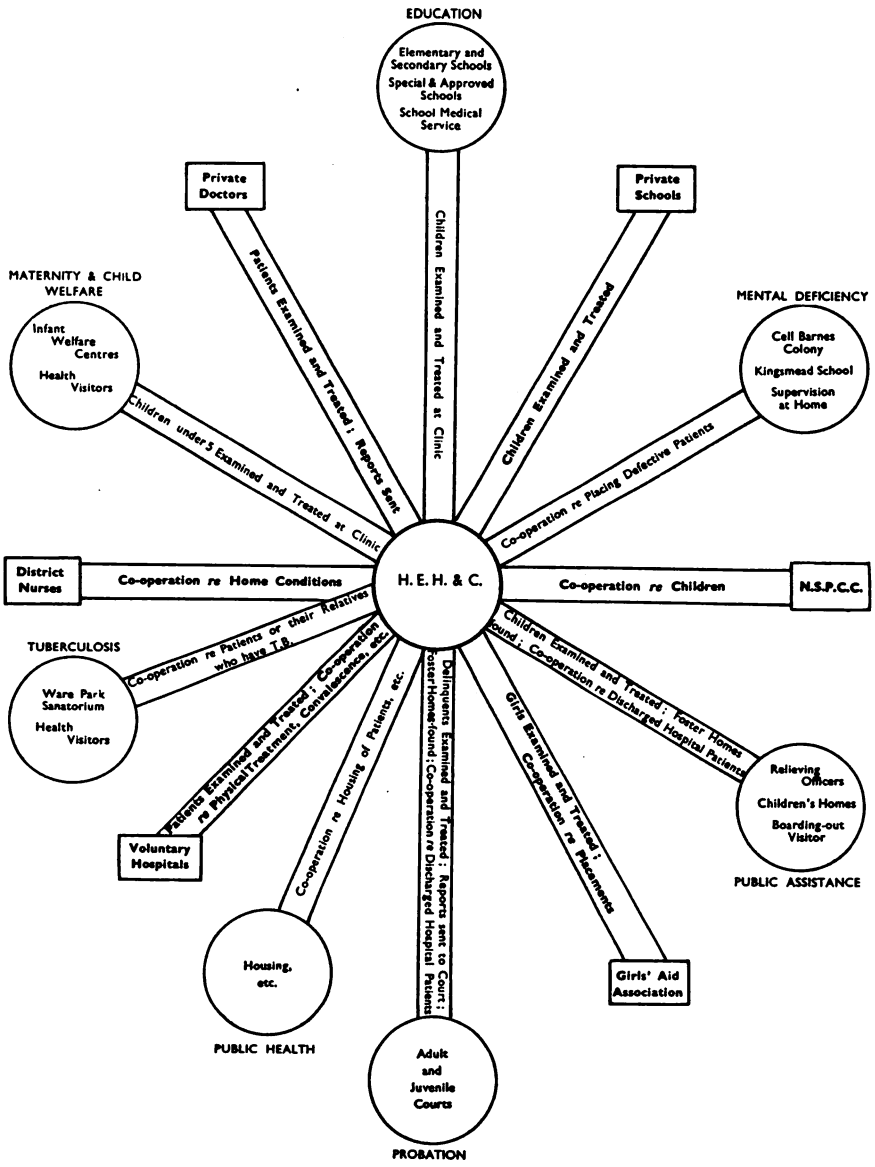

FIG. 1.

Circles indicate services provided by the County Council. Oblong figures indicate voluntary or other services.

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Will you glance for a moment at the diagram drawn up by one of our psychiatric social workers, and made incidentally in the Occupational Therapy Department (Fig. 1). In passing I may mention that the scheme was drawn up some months ago for our normal publicity and educational purposes, and I have had no part in the details of the arrangement.

You will notice, however, the mental hospital occupying its modest place in the centre of things, its interests broad and far-reaching, and if as yet its leadership is not unquestioned, its services are eagerly sought in many quarters, and we are striving to live up to Dr. Bryan's ideal of being a co-ordinating agency in many of the activities dealing with our fellow human beings.

True, we have, I think, made a start in the right direction, but much yet remains to be done, much ignorance and misunderstanding as to the nature of our work and our capacity to be of service ; and we are at present, and shall be for a long time yet, called upon to educate the lay public, yes, and doctors too, as to what can be done, and how important it is not to delay seeking help. How often do we hear even these days words such as—" She is not yet bad enough to be sent to a mental hospital " ; yet who, nowadays, would say this about a cancer case being sent into hospital ?

Preaching to the converted you will say ! Yes, no doubt, but it is, I submit, a duty which we mental hospital physicians and others owe to the community, to spread abroad the gospel of the great possibilities of early and preventive measures in our special field.

This can be done in a number of ways. Thus, we lose no opportunity for making known not only what the hospital has to offer, but to give publicity also to activities of other associations interested in our work. Hence you will have seen on our publicity stall, which is a regular feature of our organization, literature dealing with the work of the National Council for Mental Hygiene, the Child Guidance Council, the Mental After-Care Association, the Home and School Council, the International Guild of Hospital Librarians, besides that dealing with our own work, which is, at least, as numerous and informative as any I have seen elsewhere.

In other directions, too, public education is carried out by giving lectures to various interested groups throughout the county, such as meetings of school-teachers, magistrates, women's organizations, rotary clubs, etc. Much of this work, particularly in connection with the schools, is done by our psychiatric social workers. So far our work on these lines has been somewhat spasmodic, and it requires organizing on systematic lines ; courses of lectures are needed, and these should be correlated with general public-health propaganda, which in some areas has already been done to a very considerable extent.

The fact that voluntary patients now come in in considerable numbers, and although they may insist on leaving sooner than we would wish, are nevertheless often anxious to return, is probably having a greater effect than is generally realized in this direction.

There is one other practice of value from this point of view that I should like to commend to you, and that is of allowing an inspection of the hospital, or rather inviting it, at regular intervals. On the afternoon of every monthly committee meeting our hospital is open to inspection, in much the same way that it has been this morning, to any person of responsibility in the locality who is interested enough to come. We do, in fact, have visitors at these times, not only from the county, but from other parts of the world, as our visitors' book will show.

For several months now I have made use of this meeting, which I usually address and conduct myself, to take round a small number, six or eight, of recently-joined nurses in order that they may, at an early stage of their training, acquire a contact with the work of the hospital as a whole, and thus find their own share in it more interesting. I have been greatly impressed and gratified by the interest and appreciation shown by nurses in this arrangement.

This brings me on to the question of training—another duty which the institution owes to the community. Our Association has a record in this connection of which it may well be proud, and the present standard of training for mental nursing in this country bears record to its work; but the sphere of psychological medicine has broadened so recently, or at least the recognition of the possibilities of active treatment for the psycho-neurotic and the pre-psychotic as well as the psychotic patient have increased so greatly, that many more workers, psychiatrists, psycho-therapists, psychologists and psychiatric social workers besides nurses are required.

These workers must be trained and must acquire a practical acquaintance with patients, which the present limited number of training schools associated with the academic centres cannot meet. The mental hospitals, or at least many of them, should be linked up with the central schools in order that the practical training may be given under properly supervised lines.

By the appointment of house physicians for limited periods, and by coming to an agreement with the Tavistock Clinic whereby a considerable part of their year's course, as regards the practical work in psycho-therapy, can be done here, we have made a beginning in this direction. It is thus possible to hold a paid house appointment here and undertake the Tavistock course—a scheme which I think should be appreciated by some who might otherwise be debarred by financial considerations from gaining such experience.

We have also offered bursary appointments to newly qualified psychiatric social workers, and a number of almoner students have taken part of their practical training here. This point, though briefly, I should like to emphasize—it is possibly a peculiarity of this hospital—and that is that we have under the same roof patients with every variety of mental and neurotic illness, and even in the cases of children some who cannot fairly be regarded as abnormal, but merely as reacting excessively and anti-socially to conditions which they find intolerable.

I know it is claimed in some quarters that the mental hospital voluntary patients are not a new class of patient, but only some of the certified ones under a different guise. To some extent this, of course, is true, indeed it was the purpose of the Act to do this, but I am quite satisfied myself that we are, both amongst our in-patients and amongst our out-patients, seeing a type of case which was unknown to the mental hospital when I first joined the service.

For the moment I cannot follow this up further. Although there is, to a large extent, a separate personnel for the in-patient and out-patient departments of the hospital, this is not complete, and, working together, we are all coming to realize how important and extensive are our common problems, and of how much less consequence are the differences.

Previously we had two groups in our speciality, the alienist dealing with the legally certified patients, all of whom were apparently but quite erroneously regarded as psychotics, while the psychiatrist proper ministered to the psycho-neurotic. I have heard these two groups of our learned profession referred to as " mad doctors " and " neurotic physicians ".

More recently child guidance has claimed yet another group, presumably " problem practitioners ".

Such a degree of specialization is, I believe, to be deplored, and psychiatry as a whole will benefit by a closer association of workers.

We mental hospital psychiatrists have, I think, much to learn from the two younger branches of our speciality, but even so there are not a few things of value that we can impart to them.

From a study of the psycho-neurotic, and methods of treatment given, we can learn much of the dynamic character of our patients' symptoms, and can understand and explain our methods of approach and of psychiatric nursing, much of which appears to have had in the past merely an authoritative sanction.

I will pass on from these more general considerations to the treatment of the patient, the in-patient, and hope to make clear the importance of keeping in view the social aspects of the treatment throughout.

Let me hasten to say that I do not disregard the treatment of any physical morbid conditions that may occur, even if these may not be regarded as causative factors, but merely secondary concomitants of the mental state ; nor would I hesitate to adopt insulin or cardiazol treatment if I could be satisfied that by such methods the patient can be rendered psychologically accessible in a way that other means cannot effect. Such claims are, indeed, made, but it cannot yet be said that they have been conclusively established.

" Insanity is loneliness," it has been said ; we are faced with the problem of reaching this lonely soul, and helping it to find its place and take its part in the community to which it belongs. The essence of the problem is two-fold :

recovery means not only finding one's place, but taking one's share in the responsibilities of social existence.

For this reason occupation therapy rightly occupies such an important position in the mental hospital to-day, and we must all agree with Dr. Russell that it is a system which should pervade the entire institution.

This is all very well, but many of our patients on admission cannot work, or will not work—at any rate they do not work.

They have regressed in conduct, many to an extreme degree, so that they may be crying for their mother, require hand-feeding, washing and dressing and even toilet attention.

Yet after a time in hospital, what seems to me a very wonderful change comes over them. It is such a commonplace experience perhaps that we are apt to overlook the magnitude and wonder of the change.

What has happened? We have not explored the unconscious or unearthed any complexes or released any fixated libido, or at least we have not employed any of the classical means for doing so, but certainly a very great change has occurred.

Some little time ago I was discussing at a meeting the possibility of undertaking insulin treatment here. Partly from the point of view of economizing staff, I said I was proposing to have a separate insulin therapy ward, and send the patients back to their own wards and occupational and other departments in the afternoon. "Oh, but you mustn't let your insulin patients in their accessible time after the treatment leave their own particular nursing staff to go to the ordinary wards, etc., where they might be put right back by being spoken harshly to in the occupation centre!" I became rather more sceptical of the value of insulin treatment after that, though its value may yet be proved. That by the way.

To return to our patient who has not been unduly sensitized by insulin, but who is, nevertheless, responsive to the harsh word or the kindly act at the hands of the nursing staff, who has regressed to a childish level and for some time requires handling as a child and as a discouraged child at that. The child is father of the man it is true, but the behaviour of the child is the result of environment to a large extent.

"Hunger and recent ill-usage are of great assistance if you *want* to cry, and Oliver cried very naturally indeed," wrote Dickens. Now Oliver Twist's yet limited experience of life had provided him with very little from which he could feel self-confident, but much to impress him with the belief that he was a lonely soul of little or no consequence to the world in general. Whether or not his unconscious was overloaded with repressed complexes I am not prepared to say; his author does not tell us. I am equally unconcerned from a practical point of view at any rate as to the state of the unconscious of the majority—and I DO say the majority because there ARE a few exceptions—of the in-patients who come to this hospital for treatment.

I do not wish to be misunderstood in regard to this; I fully recognize the importance of the unconscious as a source of very many of the symptoms exhibited by patients, irritability, aggressiveness, anxiety, depression, hallucinations, delusions, etc., but it must be admitted that a very large number, not excluding even some of the schizophrenic group, have made a passably efficient adaptation to life, and have made some social contribution to the community of which they are members.

Admission to hospital affords an asylum from the pressing problems of life which have become unbearable, and time is given for the natural processes of readjustment to assert themselves, physical care is given and mental relief, and the psycho-somatic organism at once begins to reintegrate, but apart from psycho-therapeutic treatment of an analytic kind, the hospital should afford active therapeutic treatment towards establishing the patient as a normal unit.

This is, and must always be, essentially the task of the nursing staff. We may put the proportion of doctors to nurses in most hospitals as about 1 to 40 or 50, so that unless the nurses have a very definite idea as to what is wanted from them the efficiency of the hospital as a curative instrument is not what it should be.

From time to time, of recent years, we all of us no doubt receive patients who have previously received treatment from an analyst. Some of these have undoubtedly been mishandled by incompetent practitioners, and as a result of their experience—I cannot call it treatment—have evolved such false ideas and acquired such perverted feelings with regard to life as to make a normal social existence, for the time at any rate, an impossibility. I mention this group in order to make it clear that they are not those with whom I want to deal at the moment, but there are others who have undergone an analysis on more or less classical lines, and who appear to have been competently handled, and yet do not succeed in making a satisfactory social adjustment, and who therefore, as we say not unfairly, break down and seek refuge in the mental hospital.

Can we offer these patients anything? Yes, I think we can. They require exactly what we have to give the vast majority of our other patients who have not had the benefit—please understand that I do fully acknowledge the benefit of psycho-analysis; I merely wish to emphasize its limitations—of psycho-analytic treatment. The patients require psychiatric nursing.

The soul, the psyche of these analysed patients that we receive is, as the gospel says, "empty swept and garnished", but it lacks directive power, and wants a guiding hand until this can be remedied.

The young child is, we all recognize, in a very similar state, and years of training and education are required before a socially adequate adult individual is produced. The child is, moreover, largely a reflex organism and will reproduce what it receives. If one thing more than any other is responsible for the

appearance at the child guidance clinics of the problem child, it is lack of affection, which the child should and must receive for its normal development as a social unit.

It is just this supply of affect which is, I believe, the most valuable positive psychotherapeutic contribution that the nursing staff of a mental hospital can give, and there is no substitute for it. Just as the child is dependent on receiving love and care from others before it can develop " social interest ", to use an Adlerian term, so it is with the adult. Doctors, relatives, chaplains and other workers may all contribute something, but from the point of view of numbers and the closer personal contacts the nurses must necessarily take the greater part.

It will be clear, I hope, that the form of psychotherapy which the hospital, largely through its nurses, is called upon to undertake is the complement of psycho-analysis and catharsis; it is in fact an affective psycho-synthesis.

Every analyst knows the uselessness of a merely intellectual as opposed to an emotional acceptance by the patient of the findings, and is well aware of the importance of the transference situation and is versed in the technique of dealing with it.

Equally important is transference in relation to psycho-synthesis, but its value and the means of utilizing it are not nearly so generally appreciated.

The mental nurse should be better taught to understand the implications of this transference situation, both in its negative as well as its positive phase.

She cannot be left just to spill affect over her charges, though even this is likely to be more efficacious than a purely intellectual approach; she must learn more fully the technique of leading out the patient from the lonely asocial or even anti-social situation to become a reliant, socially interested individual.

As applied to children this process is referred to as "education"; the scholastic flavour associated with this term renders it not altogether suitable for our purpose, and I therefore have ventured to use the word "eduction" for what I mean.

There is some value in having a term such as " eduction " for this purpose, as it implies something more than a psycho-synthesis, which constitutes only a part of the process.

We hope and strive to lead out our patients into a world of personalities, where they may co-operate in a community life. To my mind the term " eduction " keeps the social goal constantly in view, and this is important, I think, for all of us, since it places no limits on what we can do for our patients.

I can see nothing incongruous, for instance, in my arranging, as I did last year, for one of my patients to attend evening classes in St. Albans, if I regard it as something whereby he could acquire a further means of making a successful social adjustment in a situation where he required all the help that could be given him, realizing that failure meant another breakdown.

It does, however, to my mind seem rather incongruous that a " mental "

patient should be attending evening classes outside. If he is well enough for that he should be sent out; if he is not he probably will not stand the strain.

I want now to mention briefly some of the measures we are using to-day to effect the eduction of the patient as a socially valuable individual. I shall deal first with the two points in connection with the work in the hospital itself, and finally with that extension of the work outside carried on by our psychiatric social workers.

The first point of great importance is that patients arrive at different levels of social adjustment and our classification is based primarily on this. Whether they are rate-aided or private, voluntary, temporary or certified is of little if any consequence; I believe it is not in the real interests, even of private patients, to depart from following out this arrangement for their supposed benefit. Even a classification on these simple lines cannot be rigidly followed however, as the needs of sick, senile and epileptic patients outweigh more general considerations.

Apart from these exceptions, it is important that patients should not be discouraged by being associated with others of a lower degree of social behaviour, and whether a patient is a recent case and has every prospect of early recovery or not, the standard of conduct decides where he or she shall be placed in the hospital.

Such a scheme, however, must be designed to allow of the ready interchange of patients, particularly recent and recovering cases, as their conduct alters, so that they shall not suffer.

This is not really as difficult as it sounds, because it is the emotional relation of the patient to the staff, the transference situation, which is of more importance than the intellectual state.

Obviously it would be undesirable that constant change between a disturbed ward and a quiet admission ward should be the lot of any individual patient, although frequent variations in conduct may occur.

It will be found in practice, however, that it is quite easy to move a disturbing patient from the admission ward to a disturbed ward without particularly upsetting him or her, as there is already a negative transference state in their case with regard to the staff, or at least no positive transference exists. On the other hand, in the disturbed ward, patients coming round and gaining insight and developing better adjustments in most cases have reached a very satisfactory relationship with the nurses, and in spite of the disadvantages of such a ward as an environment for mental recuperation, such patients usually beg to remain with their nurses, and for a time this can be safely allowed until it is judged that a reasonable probability of increasing stability is assured.

Now the nurses in such a ward, a disturbed ward, who are nursing recent cases under such a scheme, as far as such cases are concerned at any rate get all the kicks and none of the ha'pence.

They are, in fact, carrying out a very troublesome and very important part of the curative work of the hospital, for which they are likely to be denied the usual appreciation which patients and relatives give to others. This is a point that the administration should not lose sight of: this work should be recognized, and handsomely recognized—I am not suggesting extra pay—by those responsible.

Apart from classification by wards, this should be further extended on the same principles within the wards, so that in one admission ward we have a main dormitory, a so-called disturbed or small dormitory and a few single rooms; while even in the main dormitory nurses are expected to give some consideration as to which patients are placed alongside each other, and on our weekly medical rounds this arrangement is allowed to remain, so that we do not do as we once did—have all the beds arranged beforehand along one side of the dormitory.

One other point with regard to the admission of patients is worth mentioning I think, and that is the issue of an admission letter to each patient on arrival.

This is given to the patient in a sealed envelope, with the patient's name and ward on it. It is typed, or rather multigraphed, on the hospital-headed notepaper, dated and signed by me personally as medical director. An enclosure sets out in some detail the kind of things that a patient may be expected to want to know about the hospital, particularly as regards communicating with friends. We thus try and welcome our patients, explain what they are here for, and give them a proper orientation as regards time and place. The idea was not mine, but has been the practice for several years at the Worcester City State Hospital, U.S.A., where it is regarded as a measure of considerable value.

I must touch but briefly on occupational therapy, but I should like to say that while I believe we should provide occupation for patients in the wards, particularly the admission ward, in order that they may, if they are able, employ themselves before they are fit to leave the ward, I do believe in the occupation centre.

It is natural for us, both men and even women to a less extent, to go OUT to work, and I believe there is value in patients leaving the admission and convalescent wards, which form a retreat where they can be nursed, and going to the occupation centre, where fresh contacts are effected and more demands are made upon them. But if this is so, classification must be extended to the centres so that a patient is not brought in contact with others at a markedly lower level of social adjustment.

In our occupation centres, although admittedly they are therapeutic, we must not lose sight of our aim to make the patient a socially interested and therefore a socially contributing unit. This implies that the work undertaken must have a social value—that is, it must be either a product directly useful

in the hospital or, if not, be of more general value to the community, in which case it will have a sale value.

There will be patients there, to start with, whom the department must carry as passengers, but the nurses in charge—and I think there always should be nurses in charge—should regard them as potential earners for the centre; in other words, regard them as people who, by means of eduction, can yet be turned into useful contributing social assets, at first only from the point of view of the occupation centre, but ultimately in a larger sphere.

We try, then, to stimulate social interest in making a success of the department, and frequently patients have told me, "We did very well in the Visiting Hall yesterday; we took 17*s.* 4*d.*"

In certain quarters objections have been raised to the sale of articles made by patients on the grounds that it is subsidized labour competing with normal industry, and I understand that in some places the sale of such articles has been prohibited. This is somewhat foolish really, because the aim of every hospital, whether mental or otherwise, is to equip its patients to become more effective social units and thus to compete in the labour market. It is at least irrational to debar an institution from partly achieving what it exists for, particularly if it is a stage in the process of fulfilling its ultimate function.

The interest of paying its way and the important associated therapeutic advantages are, to a large extent, lost if the centre is supplied by the stores and the takings are absorbed by the county.

Though carefully supervised and audited, our occupational accounts are separate and have shown always a small profit, and though, as a rule, large purchases are made via the stores department, purchases of a particular shade of silk for instance or a "cheap lot" may be made at any time by the nurse responsible.

In this connection, when I refer to "profit" it should be "profit" in inverted commas. No mental hospital occupation therapy centre, I imagine, shows a real profit, i.e., could pay staff wages and salaries, rent, rates, heat and light, and yet show a credit balance, and therefore a profit so made must be used in some way to the benefit of the hospital.

Normally we use up ours in making fresh purchases of apparatus or tools for the department from time to time, but it might equally well be used for a benevolent fund. The important point is that the accounts should exist as a separate entity.

Since sociological aspects are of such importance in dealing with the mental patient, and since these are now being very generally recognized, it will not be long, I anticipate, before questionnaires as to the employment of psychiatric social workers, which many of you will have had, take on a different form, and instead of innocently inquiring, "Do you employ a psychiatric social worker?" ask, "How many psychiatric social workers do you employ?"

It was only as recently as October, 1933, that our first psychiatric social worker was appointed. She was loaned to us by the Child Guidance Council through the generosity of the Commonwealth Fund. It seems curious, on looking back now, that no one seemed very keen on the venture then. There was some hesitation on the part of the Child Guidance Council, because in some instances, although loan workers had been accepted by other authorities, after the experimental period the post had not been made a permanency, as it was understood it would be if the value of the experiment were proved. That the experiment had proved successful was admitted, but financial stringency was alleged as a reason for not establishing the post.

The Visiting Committee, while quite prepared to accept a worker without paying her, hesitated somewhat at committing themselves to make the post a permanency if she proved her worth, although this obligation was eventually undertaken.

I was, in the end, however, able to convince Dr. Moodie, of the Child Guidance Council, that apart from quite unforeseen happenings, the Committee would appoint a worker themselves if the year's experiment proved successful, as I believed it would, and in October, 1933, Miss Tyson arrived and secured a table with a rubber date-stamp and a box-file in the corner of the central library for her office. By our united efforts the psychiatric social service department at Hill End was launched, and to-day we have four workers on the permanent staff, whose salaries during the last twelve months amounted to £1,082, with travelling expenses at £264, with, in addition, clerical assistance. These numbers are by no means beyond our needs, and with a large out-patient psychiatric department to deal with will, I anticipate, have to be further increased before long.

From many inquiries I receive, I think you will be interested to know what our psychiatric social workers do. What good are they? Before trying to explain this I should like to attempt a definition. By a psychiatric social worker I mean a trained worker who holds a University social science degree or diploma, and has subsequently taken a further practical and theoretical course in mental health, including the elements of psychiatry, from which she should acquire ability to observe and understand mental mechanisms exhibited by patients and their social contacts, including her own, with a view to using her knowledge for dealing with and reporting on the reactions of the patients to their environment.

She, or he—for I understand there are a few male workers—thus has two chief functions to report and to "do" or "deal with", or, to use a more favourite expression of the department, to "cope" with. Her work, whether concerned with in-patients or out-patients, is essentially the same, though in the case of out-patients, the patient being at home, acute situations are more likely to arise, which call for immediate and skilful handling on the spot.

As regards the in-patient the worker usually makes her first contact at

the weekly medical round in the ward. She there gains some general idea of the case and probably follows this up with an interview, when points with regard to home affairs which are worrying the patient may be brought to light. Following this the worker will visit the home and obtain a detailed psychiatric history of the patient, his illness, his family, and his general attitude to life, together with the reactions of others in his environment.

At the same time some explanation of the work of the hospital is given, and the co-operation of relatives is sought and obtained in most cases, or if there is antagonism on their part it is recognized, and subsequently steps may be taken to "cope with it". Usually at the next weekly hospital round a report is submitted on the information obtained, and any further action decided on.

After this, as a rule, although exceptional cases or homes may have to be psychiatrically nursed by the worker, no further active work is undertaken in the home till the time for the patient's discharge approaches.

Fresh home visits, or possibly only interviews of relatives at the hospital, are then necessary, and all conditions affecting the prospects of the patient's re-establishment, both helpful and harmful, are reviewed and where possible modified in his favour. These entail not only the material consideration of food, shelter, convalescence and employment, but the fostering of a suitable attitude on the part of the relatives to the patient according to his needs.

After discharge, whether "on trial" or as "recovered", the psychiatric social worker remains for a longer or shorter period in touch with the patient and his relatives.

This is a most valuable part of the service she gives, as a failure to make good is reported and help in various ways, whether by arranging a stay at an after-care home, or giving assistance from the benevolent fund or even securing a fresh job. A new start may be given, in circumstances which otherwise we at the hospital would probably never hear about, until possibly the patient returned under a fresh reception order. By means of support in this way a small number of our patients remain out "on trial" for prolonged periods, and are, in fact, to all intents and purposes "boarded out" cases.

In just the same way, and I expect in much the same proportion, as most patients who leave the mental hospital are grateful and appreciative of what has been done for them, while some few are disgruntled and antagonistic, so the majority of patients and their relatives welcome visits from workers after discharge, and the difficulty is rather in breaking-off relationship than otherwise.

One condition which is essential to the success of the psychiatric social worker is that she shall work in the closest possible way with the hospital doctors.

She is, or should be, not merely a gatherer of facts and a reporter, but a worker who has an active part to take in the process of the social re-establishment of the patient. It is essential for full success that her possibilities should

be realized and made use of, which can only be done if a system exists to keep her informed as to the psychiatric plans for dealing with the patient in order that her efforts may be intelligently directed towards preparing the environment. She must not be left a suppliant shut outside the psychiatrist's door and allowed only to enter afterwards and gather up the crumbs.

The educational value of the psychiatric social worker's appointment should not be lost sight of. She has, by her personal touch, opportunities for enlightening relatives and through them the public, both as to the real causes and meaning of mental disorder and as to what can be done to prevent it, as well as the means available for its treatment. The value to the community of some appreciation of these aspects of the problem is of such importance that during the whole of her working life the psychiatric social worker should keep this in mind.

We must be prepared to explain our aims and methods of working to the general public if we are to gain their confidence and obtain their support. With this object in view I have made a practice of sending reports to the county newspapers of what we are doing. More recently more homely details have been sent and accepted, such as the opening of a hair-dressing saloon, as they apparently have a news value. I feel sure that this is a proper line to take, and that our publicity should not be limited to reports on inquests, which we cannot avoid. Things will not always be expressed as we should wish, but even allowing for this, good is undoubtedly done, and we shall hear less of such remarks as " Do the lunatics go to church ? ", because such things will be taken for granted, and the active part the mental hospital has to play by healing the temporarily disabled members of the community will be slowly realized.

Any means by which we in the hospital can take part in activities which bring us in contact with social life outside is of value, and if any of our efforts can be of assistance to outside organized life, so much the better. Our record here is one of which, I think, we are all proud. Many efforts have been made in which both staff and patients have helped to raise funds for social purposes, such as the local hospital, a play centre, distressed areas, British Red Cross, etc.

I could tell of much more in the mental hospital routine that is of importance in developing a social sense in one's patients, and although perhaps I have said little that is new, I feel that the value of the facilities for social training in the mental hospitals are not fully recognized.

Beds in a wing of a general hospital or small separate hospitals for " recent and recoverable cases " will not, however admirably equipped and efficiently staffed, be able to give that training in social interest which the large mental hospital can.

To do this, however, it is important that doctors and nurses and other members of the staff should have this ideal before them and should believe in it.

But belief as a mere intellectual state is not enough; they must feel it if that essential fund of affect on which the patient must draw in the first instance is to exist in the institution.

This is an administrative point of extreme importance, since it implies the recognition of the fact that staff and patients are all members of a still larger community, and that the wider social interests must, in the long run, be ours also. Apparent differences between the interests of patients and staff are in the end illusory, and solution can best be found for them only in consideration of the common weal.

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