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.

10. That there should be a unified system of Social Service. All Psychiatric Social Workers should receive such training as will fit them for service in all branches of the Specialty.

11. That Lay Psychologists should be employed more extensively and greater opportunities for their clinical training should be provided.

12. That no Mental Hospital or Mental Deficiency Institution should be set aside solely for Chronic Psychotic cases and/or Low-Grade Defectives except possibly for Senile mental persons.

Psychoses and Psychoneuroses.

13. That dependent on the area and density of the population to be served Mental Health Services should be supplied by means of the Mental Hospital and Psychiatric Units—that part of a General Hospital which is set aside for the treatment of Mental Disorders, whether In- or Out-Patient Department, should be known as a Psychiatric Unit.

14. That a number of beds, approximately 6 per cent. of total bed accommodation, should be available in each General Hospital where an Out-Patient Clinic is held regularly, provided that the Hospital has an adequate Staff of Mental Nurses trained and in training.

15. That in larger centres (especially University towns) special Psychiatric Units will, it is hoped, be established, with facilities for both Out-Patient and In-Patient treatment, Teaching and Research.

16. That the Mental Hospital must be the Main Unit for the provision of In-Patient Services and must be maintained at the maximum efficiency in Staff and Equipment. Both the Medical and Nursing Staffs should be increased by at least 50 per cent. over pre-war standards. All the members of the appointed Medical Staff should take some part in extra-mural duties, e.g. Out-Patient, Convalescent (Rehabilitation) Homes and in a Consultative capacity at Health Centres. There should be posts for Clinical Assistants at all Mental Hospitals. These should be taken up after the usual House Officer appointments have been held in a General Hospital. Before a post on the Medical Staff of a Mental Hospital is obtained it is desirable that a Medical Officer should have experience in General Practice.

17. That Registered Hospitals and, in Scotland, the Royal Asylums should continue to carry out their present functions, but if it becomes clear that some alteration is necessary, consideration should be given, in consultation with their Governing Bodies, to the utilization of some such Hospitals for Post-Graduate study and special lines of Research, possibly in association with Medical Schools.

18. That Licensed Houses will continue to serve a definite purpose in providing beds for " Private " patients, and that therefore such accommodation must be fitted into the scheme for a Comprehensive Medical Service.

19. That amendment of the Mental Treatment Act (1930) is urged so that under Section 5 all Non-Voluntary first-admissions may be received for the purpose of treatment and detained for a period not exceeding six months, with possible extension by the Board of Mental Health, without a Reception Order. This involves the omission of all reference to " willing or unwilling to receive such treatment."

20. That the treatment in a Mental Hospital and its Ancillary Services and Units of all forms of Neuroses and Psychoses should be generally recognized, there being no fundamental scientific difference between the Psychoneuroses and Psychoses. The distinction for practical purposes is to be found in the degree of disorder and in changes of conduct and sensitivities of patients. That wherever a patient be treated the treatment should be provided by the associated Staffs of a Psychiatric Hospital or Unit or other recognized Psychiatric Consultants.

21. That special legislation and accommodation is required so that Drug and Alcoholic addicts may be detained under some form of Order for periods sufficient to permit adequate treatment.

Mental Subnormality, including Mental Deficiency.

22. That the problem of Mental Subnormality and its social consequences is undoubtedly a far wider one than has been generally recognized.

23. That the present Legal and Administrative procedures need revision:

(*a*) To remove the existing confusion and anomalies whereby Defective Children are dealt with in several different ways under four different Authorities.

(*b*) To remove the difficulties of bringing under suitable care and training Children who are first seen between the ages of 14 and 16.

(*c*) To enable any Subnormal Child to receive without strict formality or Legal Certification such Special Education as may be necessary.

(*d*) To provide for the whole group of the Subnormal rather than for the restricted portion who are Certifiably Defective.

(*e*) To provide that a Certified Institution may, when advisable, admit patients on a "Voluntary" basis on the application of a Relative and one Medical Recommendation as in Section 1 of the Mental Treatment Act, 1930, and also in conformity with Section 5 of this Act on a Temporary basis.

24. That the Medical Officer of Mental Health if not sufficiently experienced in Mental Subnormality should be advised by a recognized Specialist in this field.

25. That the entire Service of the Subnormal should be transferred from the Public Assistance Authorities to the Mental Health Committee.

26. That for the Retarded Group an increased number of Special Schools, both Residential and Day, are required. More Occupation Centres should also be established.

27. That Residential School treatment under Psychiatric direction should be made available for Maladjusted Children, preferably by Voluntary admission.

28. That Approved Schools at present under the Home Office should be directed by the Board of Mental Health.

29. That community care of the Retarded Class and Licence from Institutions should be widely extended. All large Institutions should have several Branches, both for use as Hostels and for Training and Rehabilitation.

30. That in each area there should be provision for a period of Observation by Temporary Residence in a Special Unit or in an existing Institution before Certification as a High-Grade Defective. Admission to such Units should be on a "Voluntary" basis in the case of Minors or on the Order of a Magistrate or other Official approved for the purpose by the Board of Mental Health, and should not be for a period exceeding six months. That no Medical Practitioner without special experience and qualification should be empowered to certify Mental Deficiency.

31. That all Medical Officers employed in Mental Deficiency Colonies or Institutions should have opportunities for extra-mural duties in order to maintain and increase their interest and to provide the essential Specialist advice in Schools, Clinics and Hospitals.

32. That Medical Officers working in the field of Mental Subnormality should maintain close co-operation with the School Medical Officers so that consultations may take place in regard to educability and ascertainment.

Child Psychiatry.

33. That the Child Psychiatry Service is an integral part of a Mental Health Service. Child Guidance Clinics with associated In-Patient facilities are required in every area, and should be under the management of the Mental Health Committee working in close co-operation with the Education Authorities.

34. That as an important prophylactic measure there should be systematic Psychological Examinations of each School Child. These Examinations should be primarily the province of the Educational Psychologist, selected cases being referred for full Psychiatric examination as required.

35. That all Delinquent Children should be examined by a Psychiatrist, whose report should be available to the Court.