find out further facts about the Mental After-Care Association, and to ascertain from the Scottish Association for Mental Hygiene if some type of After-Care could be arranged by or through this Association.

5. *Representative Member of the Scottish Association for Mental Hygiene.*—The CHAIRMAN explained that Dr. Laura Mill had had to resign from this post since being appointed a Commissioner of the G.B.C. Dr. MCALISTER proposed that Dr. Boyd be nominated; this was seconded by Dr. DICK and carried unanimously.

There being no further business the meeting adjourned.

During an excellent lunch, to which members had been kindly invited by the Corporation of Glasgow Public Health Department and by the Medical Superintendent, the CHAIRMAN thanked the Corporation and Dr. Curran and his staff for their kindness and hospitality. She also thanked the Members of the Division for their extremely kind and generous gift to her of a cheque and a solid silver cup, engraved with the Arms and Crest of the Association, on the occasion of her resignation from the General Board of Control.

After lunch Members were shown a very instructive display of Sensory Training, which included a demonstration of gymnastics and Country Dancing. An interesting paper was read by DAVID IRWIN, B.Sc., on **"Psycho-Physiological Testing."**

Members were then taken on a tour of out-door occupations, which included swimming, gardening, Boy Scout activities, etc. This was followed by tea in the Lower Refectory.

MEMORANDUM ON CHILD PSYCHIATRY.

PREPARED BY A SUB-COMMITTEE FOR SUBMISSION TO THE SCOTTISH DIVISION OF THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

PART I.—INTRODUCTION.

The provisions of the National Health Service will, it is hoped, place emphasis on health rather than disease, on prevention rather than cure. This change of outlook is nowhere more necessary than in the domain of mental health. Neuroses, delinquency, and many of the graver forms of mental illness have been shown to have their roots in maladjustments of early development. To prevent these maladjustments care must be taken of the child's home environment, his life in school, his physical health, and, most important of all, the development of his inner life, that is, of his character and personality.

In the child guidance team the psychiatric social worker has the responsibility of assessing and, if necessary, adjusting the environment; the educational psychologist is similarly occupied with the development of intellect and character; while the psychiatrist is concerned with the child's personal reactions to his total experiences. If the clinic is to provide a service capable of diagnosing and treating the great variety of problems which occur in childhood, each member should be fully occupied in his own sphere, and their work should dovetail together. Experience has shown that the psychiatrist is best fitted to co-ordinate and direct the work. His training and experience provides him with a working knowledge of influences important to the child within the home and the school, whereas the training of the psychiatric social worker and the psychologist cannot give them sufficient medical knowledge, while their limited experience in the full range of psychiatric problems may detract from that essentially therapeutic outlook which is so necessary. Clinics directed by non-medical personnel show a tendency to label cases with a diagnosis and to be content with that; problems are intellectualized, while physical and to some extent emotional factors are neglected. The training of the educational psychologist, in particular, has a strong academic bias, and tends to produce a research type of mind. It should be noted, too, that the type of person who originally chooses the more intellectual sphere of study can be more happily engaged in educational assessment and treatment than in the care of mental health in the broader sense. The claim which some psychologists make that they are capable of dealing, 100 per cent. successfully, with all but a small percentage of

https://doi.org/10.1192/S0368315X47246297 Published online by Cambridge University Press

childhood problems shows their failure to appreciate the difficulties and the magnitude of the task they so lightly undertake.

Many maladjustments, it is true, arise, or are first noted, within the school. This does not, however, mean that the cause, or the cure, is to be found in the educational field. A child's stammer, for instance, may first be noted in class, but it may be caused by parental disharmony, by some phobia which dates from pre-school days, or by some neurological disturbance. Again, a child's behaviour and work at school may win him the regard of his teachers; he may be a model pupil; but his good behaviour and attention to study may hide a neurotic illness more serious than the aggressive and obstreperous behaviour of another child whom his teachers regard as a serious problem. There are, on the other hand, problem children who can benefit from educational treatment, for success in school work may do much to give them confidence and control over their emotions in other ways. This, however, is the only type of treatment which the educational psychologist is qualified to do, and it is of a type suitable only for a small number of cases. Again, a significant percentage of children have problems, not because they find difficulties at school, or because they are themselves emotionally unbalanced, but because they are reacting to or reflecting the neuroses of their parents. Surely in such cases the psychiatrist is better fitted to appreciate and treat the roots of the trouble. Lastly, almost any disturbance of behaviour or mood, from irritability and waywardness to acute anxiety or hysteria, may have as its primary cause a developing physical illness. A combination of medical and psychological experience is as necessary in these cases as it is in the diagnosis and treatment of the so-called psychosomatic disorders, such as chorea, asthma, enuresis, etc.

A child guidance clinic must, therefore, if it is to fulfil all its functions, have a complete team of experts, and must be an integral and essential part of the health rather than the educational services. It should, further, be directed by a specially trained psychiatrist, employed, on a specialist status, by the Regional Medical Board.

Part II.—Organization.

A sub-committee of the Child Guidance Section of the Scottish Division of the R.M.P.A. has considered the National Health Service (Scotland) Bill, and these passages of the Education (Scotland), Act, 1945, which deal with the provision of a child guidance service. It has also studied the relevant paragraphs of the Report of the Committee on the Scottish Lunacy and Mental Deficiency Laws.

The sub-committee concludes that those responsible for framing the Education (Scotland) Act, 1945, did not completely appreciate the full scope and function of a child guidance service, and wishes to ensure that those who draw up the Regulations of the National Health Service (Scotland) Act are more fully informed.

Section 6 of the Education (Scotland) Act, 1945, reads as follows:

> " It shall be lawful for an education authority to provide a child guidance service in child guidance clinics or elsewhere. The function of the service shall be to study handicapped, backward and difficult children, to give advice to parents and teachers as to appropriate methods of education and training, and in suitable cases to provide special educational treatment for such children in child guidance clinics."

From the above it is apparent that this section of the Education (Scotland) Act, 1945, was so worded on the assumption that " the early detection of sub- and ab-normalities such as would be likely to lead to maladjustment is a task for the Education rather than the Health Services."* This, as we have noted, is a contradiction of the principles of both education and health, for teachers cannot assume functions for which they are not trained. The service, it must be noted, is limited both as to types of case and as to function. The whole scheme is, in fact, educational, and certain consequences of far-reaching importance are bound to follow. The service will be directed by teachers trained in psychology, and psychiatrists will be excluded. This is a complete reversal of the generally accepted plan of child guidance, and will necessitate the setting up of additional medically-directed " child psychiatry " clinics, which may well lead to the danger of duplicating or

* C. J. Blacker, *Neurosis and the Mental Health Services.*

https://doi.org/10.1192/S0368315X47246297 Published online by Cambridge University Press

rivalling the work of the clinics established by Education Authorities. This will produce not only great administrative difficulties, but will also create confusion in the minds of the public.

The National Health Service (Scotland) Bill, however, appears satisfied with the arrangements made under the Education (Scotland) Act, 1945, as Section 59 states :

> " The Secretary of State may arrange with any education authority or voluntary organization for—
>
> " (a) The provision by the authority or organization in a hospital vested in the Secretary of State of special educational treatment (within the meaning of the Education (Scotland) Act, 1946.)"

The Report of the Committee of the Scottish Lunacy and Mental Deficiency Laws also finds the arrangements under the Education (Scotland) Act, 1945, acceptable, as it says :

> " It is noted with satisfaction that by Section 6 of the Education (Scotland) Act, 1945, an Education Authority is now authorized to provide a child guidance service in child guidance clinics or elsewhere. The function of the service is to study handicapped, backward and difficult children, to give advice to parents and teachers as to appropriate methods of education and training, and, in suitable cases to provide special educational treatment for such children in child guidance clinics."

The reservation subscribed by Provost John Phin and Professor D. K. Henderson should, however, be noted. It reads as follows :

> " Child Guidance Clinics.
>
> " These clinics, first developed in the United States of America, were instituted to deal with the emotional instability and behaviour disorders occurring in normal children with an average or higher than average I.Q. Such disorders are of a protean nature, and are usually dependent on a variety of factors of a personal and environmental nature. In all such cases the first essential is a detailed physical and mental examination by someone skilled in this highly specialized work. We believe that all such clinics should be closely affiliated with general or paediatric hospitals. Many such clinics have, however, been set us as independent units which, in certain areas, the Education Authority has organized and developed, both for indoor and out-door treatment. In our opinion this is an extremely dangerous development, and is greatly to be deprecated. It must be remembered that the patients suffering from those disorders necessitating such treatment are not persons who are suffering from ' disability of mind,' unless one extends the use of this phrase to include all disorders involving personality, which is a still wider connotation than the term ' mind.' These are among the most difficult cases in medical practice ; they need the most skilled help ; the problems presented are essentially medical, but where necessary the medical man is glad to invite the co-operation of the teacher, the social worker, the psychologist and the pastor.
>
> " As an addendum to the above statement, we note with approval that, at the Convention of Royal Burghs (January, 1945), a recommendation was passed by the Large Burghs Committee that Health Authorities and not Education Authorities should be responsible for medical inspection of school children.
>
> " We suggest that a Mental Health Committee, working with the co-operation of the Education Authorities, is the most suitable body to deal with the problems to which we have referred."

A further difficulty under the Education (Scotland) Act is that the symptoms of maladjustment often occur at an age earlier than is the concern of Education Authorities. Certain children under five years of age, and all children under two, are the concern of Local Health Authorities. This is made clear in the National Health Service (Scotland) Bill, which makes it " the duty of every local health authority to make arrangements for the care . . . of children under five years of age who are not attending school, and who are therefore not covered by the school health service." Care must be taken, also, that no hiatus occurs at the upper end of the age range.

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From the above it will be seen that there are many agencies concerned in the welfare of the young child, and it is essential that complete understanding and co-operation should exist between those agencies. Where there is a diversity of opinion between psychiatrists and educational psychologists as to their relative spheres of activity, administrative difficulties have been fostered. It is only by recognizing the point of view of each, and working together towards a common end, that success will be obtained. In due course it will be found that the goal to which each is striving is the same, though the method of reaching it may be different.

As stated earlier, child psychiatry is obviously a part of child health, and should be regarded as having not only prophylactic and curative functions in the domain of child health, but also as having an important prophylactic function in relation to adult health and adult social welfare. It is therefore preferable, from the point of view of continuity and of efficiency that child psychiatry should be an integral part of the Mental Health Services, and of the new hospital and specialist arrangements under the Bill. That this should be administratively possible is implied in paragraph 74 of the " Summary of the Proposed New Service (Cmd. 6946), which states, ' co-operation between the local health authority and the education authority providing the school health service . . . is already secured by Section 14 (5) of the Local Government (Scotland) Act, 1929, as re-written by the Education (Scotland) Act, 1945." The same document in paragraphs 75 and 76 states that the Bill required the local health authorities to make known the way in which they intend to carry out their responsibilities so that these local arrangements are fitted appropriately to the hospital and specialist services, for which the Secretary of State is more directly responsible. Paragraph 77 also speaks of the establishment of local co-ordinating committees of medical and other officers, and the use, wherever feasible, of common employment by different bodies of the same part-time medical or other staff.

Recognizing the need for co-ordination, the County of Fife has set up a special committee composed of representatives of the education committee, public health committee and social welfare committee, called the "Health Care Committee." This Committee also deals with boarded-out children and controls the County Remand Home. The executive head of the scheme is the Medical Officer of Health for the county, who has complete understanding with the County Psychiatrist to whom he delegates the administration. As a result of this " set-up," it will be apparent that there is a close liaison between the officials concerned, and all work in harmony, i.e. the Medical Officer of Health, the County Psychiatrist (who holds that position in addition to that of Medical Superintendent of the Mental Hospital), the Director of Education, the County Social Welfare Officer, and the County Probation Officer. Each has a right to call on the services of the other. Further, the specialist services are also available, e.g. speech therapists, eye, ear, nose and throat, orthopaedic, as well as school medical officer and area medical officers. The child guidance service forms in fact one part of a larger scheme.

It should be noted that this scheme, which is already successfully in operation, gives practical effect in large measure to the recommendations contained in the " Memorandum on the Future Organizations of the Psychiatric Services," which was endorsed by the R.M.P.A. as well as by the B.M.A. and the Royal College of Physicians in England.

Part III.—Administration.

Staffing.

The one intrinsic characteristic of the Child Guidance Clinic is its *team*, consisting of psychiatrists, psychologists, and psychiatric social workers. All are essential, and none should be over-dominant. The most successful clinics are those in which each case is investigated by the several members of the team without prejudice or preconceived emphasis on either medical, educational or environmental aspects. From the administrative point of view it is, of course, necessary that one member of the team should assume administrative responsibility : and, as we have seen, this is best assumed by the psychiatrist. This medically directed team operates in 95 per cent. of existing child guidance clinics in Great Britain.

As an example of a scheme which is working satisfactorily in Fife, all cases

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referred from educational sources are dealt with in the first instance by the educational psychologist, who decides whether or not the problem child should be considered by the team. Referrals from all other sources are dealt with in the first instance by the psychiatrist, who decides whether or not the case is one for the team or for the educational psychologist. Each week there is a case conference of the team, and each month there is a special conference attended by the team, the Director of Education, the School Medical Officer and usually the Probation Officer. Reports on team cases are signed by the psychiatrist, who is "*primus inter pares*," and who is responsible for the day-to-day administration of the clinic. The service of each member of the team is thus available for any aspect of the Child Guidance Service, the tendency to have divided interests is minimized, and the necessity for having two clinics is obviated.

Auxiliary staff are not only necessary in each area, but should work in closest co-operation with each other and with the team. Speech therapists, play therapists, probation officers, youth organizers, health visitors to the school, and area medical officers, etc., are auxiliary to the whole-time staff, and their services should be available as required. Greater use might be made of home-helps, working under the direction of the psychiatric social worker.

The fact that nurses, whether working in children's hospitals, school medical service, maternity and child welfare, or doing domiciliary work, have been in the past neglected as important auxiliaries, should be specially noted. All nurses having to do with children and parents should receive, as part of their general training, teaching in child psychiatry. Specially qualified nurses, with certificates in sick children's nursing, plus a special training in child psychiatry, should be used in the staffing of the clinics and special units mentioned below.* Selected nurses could be engaged at 16 years to be trained for a G.N.C. certificate in child psychiatry, and afterwards proceed for fuller training in adult mental hospitals, mental deficiency institutions, or psychiatric units attached to general hospitals. The certificate in child psychiatry should entitle them to take the G.N.C. certificate in mental nursing or mental deficiency after only one year in an adult institution, and should enable them to receive assistant nurse salaries till the double certificate is obtained.

Training and Research.

In each region there should be a central training unit based on the University, and having the full support and co-operation of the University departments of Psychiatry, Psychology, and Child Health. In Scotland it might be possible for one university centre to take up the formal and theoretical training of child psychiatrists, another of educational psychologists, a third of psychiatric social workers, while each region could provide a clinical and practical training. This would work in well with the training of nurses, probation officers, police and allied service personnel, play therapists, speech therapists, etc.

The central training unit should also place emphasis on research work. Post-graduate Research Scholarships should be available for psychiatrists, psychologists and psychiatric social workers. It is important that routine work should not absorb the whole time or energy of the staff, and younger members especially should be encouraged to pursue original work.

Accommodation.

The needs and existing facilities of each area will, to a large extent, determine the form which accommodation will take. In general, however, it will be desirable that each area should provide—

1. *A Central Child Guidance Clinic.*

Subsidiary clinics or travelling teams may be necessary if the region is widespread and predominantly rural. The central clinic must provide ample accommodation, largely in the form of small sound-proof rooms for psychiatrists, psycho-

* Scholarships or bursaries, of sufficient value to attract the right type of nurse, should be established for training in child psychiatry.

https://doi.org/10.1192/S0368315X47246297 Published online by Cambridge University Press

logists, psychiatric social workers, speech therapists, etc. The need for ample playroom accommodation, both indoor and outdoor, must be kept in mind, while space for record-keeping and administrative staff should be generously supplied.

This central clinic may be situated in an independent house or building, but ideally should be an integral part of or in close association with the Sick Children's Hospital or the Central Psychiatric Unit attached to a general hospital.

2. *In-Patient Treatment.*

It is necessary to have a small ward attached to each Sick Children's Hospital, or children's ward in a general hospital, for daily treatment, observation and investigation of acute and short-time cases. Such a unit, as well as being desirable for treatment, would also be invaluable for teaching and training.

Convalescent beds in the country under the direction of the psychiatrist, for more prolonged observation and prior to return to family life, should also be provided. The child could also, if necessary, attend the central clinic for treatment once a week or so. Holiday Homes are specially useful for the apathetic child.

Residential hostels or boarding schools for long-term treatment are also necessary for the treatment of difficult, delinquent and other children. If such hostels are not to be simply places for segregation, it is necessary that the central clinic team should examine each child before admission, should supervise the treatment, education, and general conduct of the child's life, and that the staff should be directed by the members of the team. Such hostels should be regarded as active instruments for re-socialization, and not merely somewhere to put a child who has been taken away from home.

Special provision should be made in a *central psychiatric hospital* for children whose behaviour and personality abnormalities are too great for them to be dealt with in approved schools, or hostels, or in-patient units, or by any out-patient treatment, and who are yet not defective, and whom it is impracticable to treat in an ordinary mental hospital. These children would be of an uncontrolled, delinquent, aggressive, and psychotic type. Probably one such hospital, of perhaps 100 beds, would be sufficient to meet the needs of the whole of Scotland.

This hospital would require to be specially staffed. The nursing staff, both male and female, would have to be experienced, and preferably recruited from nurses holding a certificate in mental health. They would also require to be specially trained in child psychiatry. Visiting psychiatrists, psychologists and social workers would also require to have a special aptitude for this type of work.

It is now becoming recognized that the task of *approved schools* is as much psychotherapeutic as educational and social. It should be recognized that psychiatric advice should be really available in all approved schools, remand homes, and children's courts.

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