chiatric knowledge, if the future of both is not to run into the byways of disillusion or to start a regressive process. Psychiatry, beset by its vast numerical responsibilities, is in danger of abandoning the traditions which were started at Cos 2,500 years ago and of reverting to the Cnidian practice of treating symptoms by specifics—becoming the technical servants of the pharmaceutical industry. Empiricism will replace logic, and the patient as an individual suffering a crisis in his psychosocial adaptation will be ignored. Psychoanalysis needs psychiatry because, unless its practitioners become willing to take a long and open-minded look at the psychiatric scene as it exists in 1967, rather than as it existed fifty years ago, they will never know what are *now* the important questions to answer.

SCOTTISH DIVISION

The Winter meeting of the Scottish Division was held at the Royal College of Physicians and Surgeons, Glasgow, on 1 December 1967, under the Chairmanship of Dr. A. K. M. Macrae.

The Division noted with regret the death of Dr. D. Ewen Cameron.

The report from the Committee of Management was read, and it was agreed that the March meeting be devoted to a discussion of the Report on the Organization of Medical Work in the Hospital Service in Scotland.

The following were elected Members of the Association:

PRIMROSE, DAVID ALEXANDER ANDERSON, M.D., Consultant Psychiatrist, Lennox Castle Hospital, Glasgow; Greenways, Kirkintilloch, Glasgow.
Proposed by Drs. R. C. MacGillivray, G. E. Swinney, J. Sinclair.

TAYLOR, KATHLEEN, M.B., Ch.B., Medical Assistant in Psychiatry, Murray Royal and Murthly Group of Hospitals; Eastfield, Murthly, Perth.
Proposed by Drs. T. A. Wylie, H. Stalker, W. McClatchey.

WILSON, THOMAS SCOTT, M.D., D.P.H., Deputy Medical Officer of Health, Glasgow; 76 Stewarton Drive, Cambuslang, Glasgow.
Proposed by Drs. M. P. Menzies, R. C. MacGillivray, J. Campbell.

Dr. W. A. Elliot read a paper on **"Recommended Admissions—A review of Recommended Admissions to Gartnavel Royal Hospital from 1962–1967".**

Dr. J. McCurley read a paper on **"Mental and Physical Illness in Elderly Patients in South-West Glasgow".**

Both papers were followed by questions and discussion, and the Division is grateful to the speakers for their contributions.

A Historical Exhibition concerning Dr. John Moore, prepared by Dr. A. Allan Bell, was on display in the College Library.

THE RICHMOND FELLOWSHIP

By MISS ELLY JANSEN, *Director and* PROF. D. A. POND, *Hon. Psychiatric Adviser*

THE RICHMOND FELLOWSHIP was founded by the present Director in May 1959, and is a registered Charity. Its aim is two-fold: to help people who are emotionally or mentally disturbed to make a better adjustment to life, and to promote understanding of people and their relationships so that society may become better equipped to help its disturbed members and also to prevent breakdown. To further these aims the Fellowship provides facilities for community life and individual support on a short- or long-term basis, and now has twelve half-way houses, four of which provide for particular groups: adolescents, students, alcoholics, and mothers with small children. It is envisaged that, with increasing experience and knowledge of different requirements, there will be increasing differentiation in the selection of various groups: for instance, it is recognized that many schizophrenic residents need more intensive care over a longer period than is usual in the present houses, and that students and adolescents need the company of others of the same age and interests, and in order to share the specific problems of growing up and adjustment to adult life. For this reason most of the houses at present in the planning stage provide for a particular group, and it is hoped that the projected schizophrenia unit, the Manchester house for students, and the London houses for adolescents and for those addicted to drugs will be realized in the near future.

The Fellowship has now acquired a house in central London as administrative Headquarters and College, where many of the educative aims are carried out. The success of the houses clearly depends on the quality of the staff, most of whom need special training in principles of group work in a psychiatric setting. A two-year in-service course in group work

https://doi.org/10.1192/S0007125068309391 Published online by Cambridge University Press

is therefore provided for the Fellowship staff, and plans are in hand to extend similar courses to other residential staff and to social workers and doctors with an interest in the functioning of groups. A one-year full-time course in human relations is provided for clergy, ordinands and members of religious communities, and this course may also be taken part-time over a period of two years. Educational work is also carried out through the Fellowship's houses, which accept social work students for practical placements, and which also engage the interest and active help of the neighbourhood.

The houses function largely by informal self-government, and there are few rules apart from those indicated by common sense and consideration for others. Patients become "residents" on admission, so as to discourage the idea of their being helpless irresponsible "cases". There is a clear expectation that residents will respect their community and accept responsibility for it; similarly that they are sincere in their desire to find a better adjustment to life and are willing to take steps to achieve this. Each new community is started by a nucleus of staff and residents from an existing one, so that while each house acquires its own character, a guiding framework and tradition is passed on to the new group. The setting up of a new house plays an important part in the community-formation as well as in the recovery of the individual resident. In each house there is a true sense of belonging, as to a family—but a family which provides a new experience of understanding and acceptance. This sense of belonging extends to the neighbourhood, with which valuable contacts are made.

From experience with groups of varying sizes it has been found that communities consisting of 20 residents (equal numbers of men and women) and four full-time staff are most satisfactory. The demand for places has grown rapidly, and applications for admission are received daily. Application is made by the patient's psychiatrist, who furnishes details of the social, personal and psychiatric history, and who usually provides the required out-patient supervision during the resident's stay. The amount of supervision varies widely, from rare, brief consultations for a review of medication to prolonged and intensive psychotherapy. Applicants are selected by interview, and while on the waiting list may be invited for occasional week-ends—a measure which helps to integrate the applicant with the community and minimizes faulty selection and premature leaving. The Fellowship has a preponderance of residents with a "middle-class" or professional background and of above-average intelligence. The age-range is from 16 to 65, but most residents are adults in the age-range 20 to 40. Because the communities are mixed and have a wide age-range the opportunities for relationship-testing are many. The majority of the residents are financially supported by their Local Authorities. The running costs are at present £14 14s. 0d. per resident week.

During the first eight years about two-thirds of the residents were admitted from mental hospitals; nearly one-third were in need of preventive care. Most had been in hospital several times, usually for months, sometimes years. Of the 176 residents who were with the Fellowship in the year ending 30 June, 1967, 59 were diagnosed as neurotic, 85 psychotic and 32 inadequate personalities; of this number over three-quarters were single, and the remaining were virtually without marital support. The average stay at the Fellowship was just under nine months. Of the 304 who left the Fellowship in the period 1959 to 1967, well over 50 per cent. were working or studying full-time at the date of leaving; about 11 per cent. were re-admitted to hospital. The psychotic group had as good a work record as the neurotic. This good record for patients who had in many cases been unemployed over long periods was partly due to individual contact and educative work with employers. On the whole, the nature of the work was similar to that in which residents were previously engaged, though often with less responsibility.

The resident's progress depends to a large extent on the ability of the staff to free themselves from defensive attitudes towards the "mentally ill". At the Fellowship, residents and staff live in close proximity to one another, and there are no institutional patient-staff barriers. A weekly group meeting is held in each house to discuss common problems; for example, difficulties concerning employment, friction amongst residents or with staff, anxieties about leaving the Fellowship and planning for the future, about relationships with "others". Each member of staff is given special responsibility for a few residents who are seen individually. The staff meet daily for a short period to discuss practical issues, and weekly for case discussions and for the "after-group" meeting. In addition the wardens meet monthly with the Director to examine the functioning of the houses in the light of general policy.

Whilst it will be possible to assess the value of this venture scientifically only when funds become available for research, the demand made on the Fellowship's services strongly suggest that the houses are fulfilling an important need. There are opportunities in the areas of work, social life and personal growth which are not available in the more artificial

https://doi.org/10.1192/S0007125068309391 Published online by Cambridge University Press

world of the mental hospital or in isolated lodgings, or in a family where personal relationships have broken down. So far it seems clear that the half-way house has many advantages as a therapeutic measure, but its financial viability must also be considered. This is complicated by the fact that community care is chargeable not to the Hospital Service, which is the usual referral agency, but to the Local Authorities, who have "discretionary powers" and do not always give the necessary support.

A voluntary organization is often in a better position to pioneer and experiment in this field of community care. It can provide a more informal environment, and involve the neighbourhood more closely, and appears to have an advantage in the recruitment and training of staff. In view of this it would be wise for either local or central authorities to make grants to voluntary bodies, not just to cover maintenance fees, or even capital costs (as is becoming a more frequent practice), but to further the work in all its aspects. The Fellowship has been fortunate in receiving much public support and, particularly, generous grants from the City Parochial Foundation, the Gulbenkian Foundation and the Goldsmiths' Company, but additional working capital for development is still needed.

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