per 1,000. In recent times the rate of permanent readmission of long maintained ex-patients had steadily risen, and it now seemed that further reduction of numbers resident was unlikely. Further, the social problem of the increasing number of deteriorated patients inadequately cared for in the community was now becoming serious. He concluded by urging caution in scrapping too readily a long established system for a theoretical streamlined one, the operative factors in which are not yet clearcut, lest in throwing out the bathwater we lose the baby too.

Dr. McQuaid then presented his paper, *St. Joseph's. 'A model for change of a Residential School'*. Although this referred to an experiment in specialized conditions in American urban setting, the underlying principles could be adapted to a considerable degree in other settings. Drs. Sullivan, D. D. Kelly, McAuley, Ramsey and Murray contributed to the discussion, and posed several questions which were replied to by Dr. McQuaid.

The Chairman thanked Dr. Cuthbert for coming to the Meeting, and for his very provocative and interesting paper, and also Drs. Moloney and McQuaid for their papers.

A vote of thanks was passed unanimously to Rev. Mother Teresa Joseph and Sister Placidus for permission to use the excellent lecture facilities, and to Miss Keegan and McQuaid for their assistance in presenting the Meeting.

CHILD PSYCHIATRY SECTION

Chairman's Address, 1971.

By G. S. Clouston.

[*This Address by the late Dr. Clouston, read in his absence through illness on 10 February 1971, is printed here (abbreviated) both for its intrinsic historical interest and as a tribute to his work for the Section.*]

In this Address, which may be the last to be given to the Section as a part of the R.M.P.A., I will attempt to recall some of the past from the point of view of the Section, offer some assessment as to how it has succeeded and how failed, and what the future may hold.

It is perhaps easy to forget the time scale on which developments have taken place. We are really celebrating only the coming of age of our Section. It was in 1948 that the Research and Clinical Section of the R.M.P.A. secreted or extruded a Child Psychiatry Sub-committee which rapidly passed through a chrysalis stage to become a Section. Previous to this, child psychiatric, or rather child guidance, medico-political affairs had been centred on the Child Guidance Council (later incorporated in the National Association for Mental Health), of which prominent figures had been Bowlby, McCalman and Soddy.

The twenty-odd years of the Section's life seem to fall naturally into two halves: 1948–1958 and then 1959–1969. In the first half there was much preoccupation with the Underwood Report on Maladjusted Children. In the second half more thought was directed toward questions of training, residential, treatment and relationship to other disciplines, and latterly the tempo has greatly accelerated.

I feel that the watershed between the two decennial periods was the introduction of Annual Study Conferences, which have influenced the Section's development in a variety of ways. They underline the different functions of the Section to produce a community of feeling between members, to further scientific ends in research and training, and to act in a medico-political way.

If we now turn in more detail to our Section's earlier decade we find that until 1956 the Chairman changed annually, but after this date both he and the Secretary were given two years of office to play themselves in and acquire standing with the longer-term representatives on the Council.

Under Dr. Stern's Chairmanship in 1948 the Section had to work out its relationship to the Council, perhaps helped in this by Dr. Stern's address on the Medea Complex (the urge of the parent to destroy its young!) In the following year, with Dr. Maberly in the Chair, meetings were devoted to discussions about institutional children—a notable occasion being Dr. Spitz's paper on Grief. Dr. Bodman continued this theme in talking of constitutional factors affecting children in care, but his special interest led the Section to visiting Approved Schools. When Dr. Margaret Methven took the Chair in 1950, standards of training in child psychiatry took prominence in discussions with the National Association for Mental Health.

At this time, a recommendation was made that the R.M.P.A. Council should carry out for Child Psychiatry functions similar to those regarding maintenance of standards in other branches of medicine carried out by the Royal Colleges, foreshadowing our own present policy on accreditation.

A fairly tranquil year under Dr. Charles Burns gave special attention to the Education and Mental Hygiene of chronically sick children in Hospital. Then the Section was plunged into a welter of activity which lasted for over five years, beginning

https://doi.org/10.1192/S0007125071309869 Published online by Cambridge University Press

with the drafting of evidence to the Underwood Committee.

Our next Chairman, DR. BOWLBY, gave us one of his earliest papers on separation and his work on Maternal Care and Mental Health, and underlined one of the main points made to the Underwood Committee, namely that maladjustment derives not only from educational factors but from lack of healthy parenthood and stable family life as well as the child's genetic or acquired handicaps.

Our memorandum to the Underwood Committee (1952) emphasized that diagnosis and treatment should not be divided (for which reason the diagnostic child guidance centre within the educational system had not proved practicable), and advocated the pattern of combined clinics staffed from educational and health services, sited according to local conditions, and associated with the school medical service or psychiatric or paediatric centre and particularly with teaching centres.

DR. MILDRED CREAK was Chairman in 1953, and it was at this time that evidence was prepared and given to a Home Office Committee on Adoption of Children. Dr. Creak's address on 'Are your Parents Really Necessary?', Dr. Melanie Klein's paper, and a joint meeting with the Mental Deficiency Section illustrate the special concerns of the Section. Under DR. EMANUEL MILLER'S Chairmanship, papers of particular interest were those of his own on 'Treat Parent or Child' and of Anna Freud on 'Problems of Early Development'. DR. KENNETH CAMERON initiated the practice of the Section Chairman remaining in office for two years, and in 1956 the Section published a memorandum on the Provision of Psychiatric Services for Children and Adolescents. The memorandum summarized the functions of such a service (leaving aside the application of psychological theory to educational methods, a 'separate discipline best practised in the school rather than clinic setting') and set out the facilities needed. It emphasized the need for the psychiatrist to be in day to day contact with his medical colleagues and to build up relationships with all bodies concerned with the child's welfare, and the necessity for the clinic director to be a properly trained consultant child psychiatrist.

The Report of the Underwood Committee appeared in 1955, and the Section proceeded to comment on and criticize its findings. The points were made that 'maladjustment' was an administrative label, not a diagnosis, that different clinical entities could produce the same picture of maladjustment in various settings inside and outside school, and that all this demanded help from child psychiatric clinics. We asked for a Joint Committee to consider in its broadest aspects the organization and planning of services to deal with the mental health of children, and the integration of these services with those medical and psychiatric services designed to serve the rest of the family.

In 1956/7 another memorandum was prepared on In-patient Accommodation for Child and Adolescent Psychiatric Patients. It was considered that 20 beds were necessary for children and 20 beds for adolescents for every half million of population, and in addition 25 beds per Region for those needing prolonged care, and also hostels or special boarding schools for long term substitute home care, and after-care hostels for adolescents.

DR. MARY CAPES' years as Chairman completed the first decade of the Section's existence, and at that time the Section was called upon to give its views on two important aspects of child welfare, not directly concerned with the provision of psychiatric services. First, we had to give evidence to a Departmental Committee on The Welfare of the Child in Hsopital. In our memorandum we emphasized the need to avoid interference in the phases of development centred in the child's emotional life, and we pointed out the ill effects and distortions precipitated by separation especially between 12–30 months of age. We recommended that there should be preparation before admission to hospital, that operations between the ages of 1 and 5 years should be avoided, that the mother should be involved in admission and treatment regimes, and that unlimited visiting should be allowed. We further stressed the value of activity, play under skilled supervision, art therapy and classroom teaching.

In the same year, a memorandum was submitted to the Children and Young Persons Committee (the Ingleby Committee). This was concerned largely with delinquent behaviour, and so we recommended that such behaviour be met with a total approach; we pointed out that family relationships were involved, and needed not advice or legal action but psychiatric help. We discussed the contributions of fostering, ante-natal and marriage guidance clinics and of social work based on psychiatric principles, and recommended leaving legal steps as the last resort. Comments were included on the age of criminal responsibility, on confidentiality, publicity, police enquiries and the need for younger magistrates. We advised the use of reception centres rather than remand homes, of Children's Homes and Special Schools rather than Approved Schools, and of easy transfer between placements.

It was in this year that two innovations were made in the Section's annual programme. Members took to dining together once a year, originally

https://doi.org/10.1192/S0007125071309869 Published online by Cambridge University Press

at a hostelry in Marylebone named the 'Paviors Arms'—perhaps symbolic of the need for stepping stones paving the way ahead. Further, the siren-like call of our Chairman induced the Section to migrate to Ipswich for its first study week-end, since then a regular feature of our activities.

Dr. Wilfred Warren occupied the Chair in 1959–60, and this period was ushered in by the Mental Health Act of 1959, and by Circular 347 of the Ministry of Education. The former, in Section 19, referred to Residential Homes providing accommodation for persons suffering from mental disorder, and Section 147 defined 'medical treatment' as including care and training under medical supervision. The Section therefore followed up its memorandum on 'In Patient Care of Child and Adolescent Psychiatric Patients' with one on 'Units for the Long-Term Medical Care of Emotionally Disturbed Children and Adolescents'. Three kinds of unit were recommended: hospital annexes for 30–50 children each, divided by age groups: family units in considerable free acreage for those with destructive and aggressive behaviour; and therapeutic hostels for adolescents who could work but required psychiatric supervision. In addition, day hospitals had their place, and special annexes were necessary for patients with poor prognosis.

In 1960 also a memorandum was produced on the Recruitment and Training of Child Psychiatrists. It was recommended that, to meet the requirement of one child psychiatrist for 200,000 population, an establishment of 24 Senior Registrars was necessary, additional to the existing 16. Despite various pressures, there was only a limited response to this memorandum.

Circular 347 of the Ministry of Education had laid down that child guidance/psychiatric clinics should be under the direction of a psychiatrist. The Section therefore prepared a memorandum on the Functions of the Medical Director of a Child Psychiatric Clinic. These functions were divided into clinical, administrative, liaison, teaching and prevention, and regional. These were set out in detail; one might make special mention of the teaching functions, which were to extend to nurses, teachers, probation officers, child care officers and health visitors. Struggling for identity, the Section reacted strongly to the contention of Circular 347 that 'child guidance is synonymous with Education itself', and to the term 'paediatric psychiatry' used by certain paediatricians in discussing liaison between the two specialties.

On the clinical side, especially interesting meetings took place to hear of Dr. Charles Burns' experiences in a Birmingham Hostel for Adolescents, and those of Dr. Fred Stone in his Glasgow unit designed to handle children intolerable in other settings—facets of child psychiatry which in a later year the Seebohm Committee entirely ignored.

It was in the year 1959 that the third volume of *Recent Advances in Psychiatry* was published by the R.M.P.A., and this included a major chapter on Child Psychiatry by Dr. Kenneth Cameron. It seems a pity that further volumes have not been published.

Dr. John Howells—who had so efficiently organized that study week-end at Ipswich—was Chairman in 1961–62.

A fair amount of time was devoted to discussions on delinquency, particularly at a meeting at Belfast, and at a working party on Closed Blocks in Approved Schools; but what especially remains in memory is the address given to the Section by Dr. Spock. During the year we brought out a memorandum on the Psychiatric Needs of the Deaf: disturbed and retarded children needing assessment of hearing, children becoming disturbed following impaired hearing, those with hearing impaired because of emotional factors, and those who fail to communicate. We urged that special speech and hearing centres should be established. Residential treatment could be provided in a special section of many different types of hospitals.

During Dr. Desmond Pond's Chairmanship in 1963–64 emphasis was given to the interrelation between organic, psychotherapeutic and community factors in such conditions as epilepsy and brain damage. In 1964 the Ministry of Health recommended Regional Boards to provide for each million population 25 beds for short term and 25 for long term care for children, and an equal number for adolescents—numbers not very far from what we had previously recommended. Simultaneously, an enquiry was carried out by the Section on Schools and Hostels for Maladjusted Children. At that time there appeared to be for maladjusted children 40 Local Authority and 16 non-maintained schools with probably 2,000 children. Staff-child ratios were apt to be low, many staff were untrained, psychotherapists' help was very limited, and only one-quarter of residential schools had regular visiting psychiatrists. There was considerable overlap between the schools and local authority children's homes and approved schools, as to the types of children admitted. Our report recommended joint committees of local education, school health, Children's Departments, and child psychiatric personnel, and that the whole problem should be treated as a family-based one; there should be improved staff ratios, more training, more schools and hostels and better co-operation all round.

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Shortly afterwards the Section gave evidence to the Summerfield Committee on the field of work of educational psychologists. We envisaged increasing opportunities for psychologists in vocational guidance, assessment of pre-school children and the counselling of school staff, and in research. Training was discussed, and we wanted to make sure that interpersonal relationships and dynamic psychology were included and that there should be specialization in, e.g. blind, deaf and spastic children.

In 1965 also there was produced a memorandum on the Medical Functions and Staffing of Child Welfare Centres. The increasing emphasis on community care was well exemplified here in recommendations for collaboration of health visitors with mental health services, and for the formation of an 'at risk' register.

Dr. Portia Holman took office in 1965, and now began the period of preoccupation with far-reaching Government proposals affecting the future of psychiatry.

First came the White Paper on The Child, the Family and the Young Offender, in which no mention at all was made of the role of psychiatrists. Our memorandum reminded the Government of this, and pressed for extension of child guidance services, and for the use of psychiatrists in social work training. Similar comments were made when the Children and Young Persons' Bill was published.

By this time plans were developing towards transforming the R.M.P.A. into a Royal College of Psychiatrists, and in 1966 it was considered appropriate to publish a further memorandum on the Training of Child Psychiatrists. The memorandum outlined a course of training in detail, and this will be familiar to all members, as it was published in the *British Journal of Psychiatry* in January 1968.

Memoranda on the Seebohm Report were similarly published in May 1969, but as the position of the Child Guidance Service is still unformulated, some of the main points may be worth recapitulating.

Objection was taken in the first place to the dividing and disrupting of such unity as had been achieved. Child guidance clinic treatment depended on psychiatric participation and direction; clinic teams had a real and irreplaceable function in the community, the shared teamwork contributing to one another's knowledge and skill; more psychiatric in-patient units were required for children and adolescents, and consultant child psychiatrists should be associated with all residential establishments for children. Both psychiatric social workers and general social workers with greatly expanded duties would need psychiatric support. Psychiatry had led medicine in recognizing the social aspect of medical work as an integral part of medical practice, and was concerned with both the clinical and environmental aspects, which were indivisible.

Outside the medico-political sphere, there were a number of interesting events around this time. American psychiatrists were entertained at the Canterbury Study Weekend in 1963, and the Putney Study Weekend in 1967 was attended by a strong contingent of Dutch psychiatrists. The Section heartily welcomed the appointment of Dr. Wilfrid Warren to be the first Chairman of the new Child Psychiatry Section of the World Psychiatric Association. Representatives from the Section and from the Society of Medical Officers of Health met to discuss the possibility of joint research, and there were also meetings with the Association of Children's Officers on matters of common interest.

During Dr. Jack Kahn's Chairmanship in 1967–68 questions relating to the proposed College and to training multiplied. Representatives from the Section took part in the Conference arranged jointly by the R.M.P.A. and the Association for the Study of Medical Education. Dr. Kahn was elected to the Journal Committee, which had not previously been overloaded with child psychiatrists. He found himself in the somewhat difficult position of leading the comments from the Section on the report of the Summerfield Committee, of which he had been a member, but managed this with his usual good humour and adroitness.

During the last year or two, the subjects which have demanded most attention have been the successive Green Papers on the Future of the National Health Service and the accreditation of units offering experience in child psychiatry. The Section felt much concern when the Green Paper stated that 'the Government will consider further where responsibility for the child guidance service should be', and representations were made reiterating the Section's policy in this matter.

The vast majority of members were certain that the proposed Area Health Boards should have responsibility for the child guidance/psychiatric services.

Then the Tripartite Committee of the R.M.P.A., the Society of Medical Officers of Health and the Psychological Medicine Group of the B.M.A. asked for and published comments on the Future of the Child Psychiatric Services. They stressed that planning should consider the overall needs of the disturbed child and not split these as if the child psychiatric (hospital) units were treatment units and child guidance clinics were diagnostic centres. The child psychiatrists must have links with hospitals and medicine, especially adult psychiatry and paediatrics, and it was urgently necessary to create

https://doi.org/10.1192/S0007125071309869 Published online by Cambridge University Press

more Senior Registrar and Registrar posts, and to establish academic departments of child psychiatry.

A number of documents have been produced on the subject of accreditation. They embodied different concepts of post-graduate education, but all stressed the need for wide experience in a variety of settings.

The last report which I shall recall is one on the Recruitment and Training of Nursing Staff for In-patient Units for Children and Adolescents, in which we made recommendations for the establishment of special recruitment and training for nurses in such units, recognizing that they might well be in demand also for Hostels, Children's Homes and Special Schools.

So much for the past. Much work has been done, but results often appear puny. We spend years perfecting plans for in-patient units, we obtain full agreement at Ministry level, and then the milieu seems to melt away.

What of the present? Does the Section produce a community of feeling between members? Its membership is now 1,250. Its weekend conferences are attended by over 100 members and its meetings often pass the 80 mark. Does the Section adequately further scientific ends in research and training? Results in the form of publications are not numerous. Is the Section performing a useful medico-political function? Certainly there has been an output of thoughtful and comprehensive memoranda over the years. What the impact of these has been on Government departments and the general public is an open question.

The Section plays its full part in the general work of the R.M.P.A. It is a common procedure for Council to ask the Parliamentary Committee and the Child Psychiatry and Mental Deficiency Sections to frame joint reports on issues as they arise. Thus the Section has recently been involved in working parties on Adoption. One-parent Families, Speech Therapists, Remedial Professions, Unplanned Pregnancy, Future of Employment Service, and Non-Medical Hypnotherapy, and just now we are engaged in a working party with psychiatric social workers, psychologists and psychotherapists on the Future of Child Guidance/Psychiatric Clinics.

What of the future? As we know, society has disintegrated, standards have disappeared without replacements, family patterns have changed, communication is instantaneous though trivialized, computorization makes human understanding unnecessary. How far have our basic concepts progressed? Our history reflects our dependence/independence reactions to medicine, general psychiatry and paediatrics, psychology, analysis and education, criminology and sociology. Two areas in particular seem to demand our thought in the immediate future, the redefining of our role in the community and planning education and training. Reaching out into the community makes us the more vulnerable to changes in the community, but also more capable of development. We tackle the needs of our disturbed children with a total body-mind approach concerned with genetic/developmental factors, and especially with the early years and family, social and social stresses. The Section might well look again at the role of child psychiatrists in the community, finding what is being accomplished, what needs are unmet, what the priorities are and how regional planning can be developed.

Planning and training constitute the infrastructure of a valid specialty. The Section has fairly reflected the different orientations of its members, organic, psychotherapeutic and community. The time seems ripe to press for Academic Departments of Child Psychiatry; meantime we must offer what we can in experience and training to undergraduates, general practitioners, general psychiatrists as well as to those training to be child psychiatrists.

Every member of your Executive has been concerned with one or other project or memorandum done during the last two years. Their ability, diligence and devotion augur well for the capacity of the Section, working within the new Royal College, to cope with the exciting changes which face it.

UNIVERSITY AND TEACHING HOSPITAL DEPARTMENTS

Royal Free Hospital

The Royal Free Hospital School of Medicine Department of Psychiatry (Head of Department: Professor G. F. M. Russell) was established at the beginning of this year, and for the time being part of the unit is based at Friern and Halliwick Hospitals (New Southgate Group). The new Department of Psychiatry will be based at the new Royal Free Hospital which is at present under construction in Hampstead and will be completed later in 1972.

St. Bartholomew's Hospital

Professor Linford Rees has been honoured by election to Fellowship of the Swedish Society of Medical Sciences.

New psychiatric wards opened at Hackney Hospital in August increased the Department's beds from 40 to 80. A further 40 beds will be available in the near future at the German Hospital, Dalston, bringing the total complement to 120.

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