NEWS AND NOTES
Supplement to the
BRITISH JOURNAL OF PSYCHIATRY
Published by authority of the Royal College of Psychiatrists ©

THE ROYAL COLLEGE OF PSYCHIATRISTS

Election of Fellows

At the meeting of the Court of Electors held on 10 May 1973, the following Members were elected to the Fellowship:

W. J. Abel
W. D. Boyd
H. C. Fowlie
M. H. Friedman
O. E. F. Hodgson
Pamela Mason
R. A. Robinson
D. C. Taylor
E. D. West
Elisabeth Shoenberg

Forthcoming Meetings

10–12 July. Annual Meeting, Cardiff.

13 July. Welsh Division, Cardiff.

12 September. Chiltern and Thames Valley Division, Royal Society of Medicine, London.

28 September. Scottish Division, Stratheden Hospital.

OCCUPATIONAL MENTAL HEALTH

By ROGER TREDGOLD

The mental health of people at work, whether manager or bench worker in a factory, doctor or nurse in a hospital or surgery, executive or clerk in an office, is obviously of great social and even national importance. In most years far more days work are lost from psychiatric illness than from strikes; and, besides, there is considerable loss of efficiency from illness, even when the worker does not go absent. Although the majority of illnesses are probably due to a concatenation of factors, including domestic, there are some conditions in factories and elsewhere that appear to precipitate or predispose to mental ill-health.

It is therefore odd that this subject is so much neglected by many occupational doctors and psychiatrists. Voluminous textbooks of occupational medicine spare only a page or two for psychiatric conditions; and psychiatric books and journals are only a little better. The worst example is a recent one, the Robens Report on Safety and Health at Work, which has recently been submitted to the Government. This was violently attacked by Mr. David Ennals, Chairman of the Mind Campaign of the NAMH (1):

Contents

The Royal College of Psychiatrists:
Election of Fellows 1
Forthcoming Meetings 1
Occupational Mental Health by Roger Tredgold 1
The Political Abuse of Psychiatry by F. A. Jenner 3
The Psychiatric Nurse as Therapist: Report of a Conference sponsored by the British Association for Behavioural Psychotherapy 5
Research Currently Sponsored by the Department of Health and Social Security 7
Announcements 9
Forthcoming Events 9

https://doi.org/10.1192/S0007125073303540 Published online by Cambridge University Press

'It is', he said, 'really almost incomprehensible that with all the facts at their disposal concerning the steady increase in days lost from work through mental ill-health—50 per cent higher than for accidents and industrial diseases—they should have concentrated entirely on physical aspects of health and safety and ignored psychological factors. It is as outdated as to assume that all road accidents are due to weather or mechanical defects, instead of human factors—tiredness, frustrations, bravado and drink.'

The Robens report apparently did not collect evidence from any of the increasing number of occupational doctors interested in psychiatric problems; and indeed it appeared to ignore their existence. Yet several groups have undertaken special projects of study in this field and have organized conferences and working parties; and have also linked up with their colleagues in other countries through the agency of the International Committee on Occupational Mental Health. In fact they acted for the latter, with the help of the World Federation for Mental Health, and organized an international seminar in 1971 at Windsor on this subject (2).

However, this work has interested only a few psychiatrists, and Professor Murphy (3) has written elsewhere a critical article entitled 'What Has Happened to Industrial Psychiatry in Britain?', emphasizing that progress has only been small and spasmodic. In the United States, the interest of psychiatrists has also been surprisingly slight; a programme of training was described as long ago as 1955 at the World Federation for Mental Health Conference in Toronto, but ten years later the numbers were still in single figures, and a report by ten research students (4) describes, rather sadly, why. More recently, the situation has become rather more hopeful owing to the work of McLean (5), who has stimulated conferences and working parties. Is it not time for this to happen in Britain as well?

Mr. Ennals has made some practical proposals; any views of his certainly demand serious consideration in the light of his present position and interest as well as of his past and future political influence; and many will sympathize with his criticisms of the Robens Committee. He also cites the high incidence of stress (17 per cent) among a sample of 2,000 people studied by the Institute of Directors; though it must be noted that, of these, 65 per cent *seem* to have work stress, 28 per cent domestic stress, and 43 per cent stress arising from personality inadequacies. This certainly underlines the fact that stress at work is seldom the only factor.

Mr. Ennals' proposals to improve the situation were four:

1. More research into mental health aspects of employment.

2. Management training schemes to consider the human consequences of managerial decisions.

3. All large firms to have their own health services, who should have training in mental health.

4. Occupational health teams, under the local authorities, to cover all the working population not covered by the large firms.

There is much good in all this. More research is certainly needed—though it should be accompanied by research into reasons why the findings of previous research have not been applied. On his second and third proposals, however, it must be said that many management training schemes do already consider the human consequences of managerial decisions, and most large firms do have occupational health teams who have some training in the mental health aspects of their work. As he says, there are some 450 doctors full-time in industry; so this is scarcely a new policy. No doubt more can be taught to doctors, managers and their colleagues, but even so we need to be careful and must ask how much mental ill health could be eradicated by such means. It might be thought that at once absenteeism would diminish and production increase. But this is probably over-optimistic. What are the results in these progressive firms who have paid attention to these points for years? They are certainly worth the effort and cost, but they have by no means abolished illness or absenteeism. The situation of firms with part-time doctors is admittedly often unsatisfactory; and there are 4,000 of these. Some can hardly be expected to deal with more than injuries or physical sickness. There is, therefore, certainly a case for giving each large firm a full-time doctor, though Mr. Ennals does not define exactly what constitutes a 'large firm'.

Mr. Ennals' fourth point was to provide new teams for mental health in the smaller firms. There are several obvious difficulties here; first, where will the staff be found? The medical and social services are already short. Secondly, how could the newcomers be trained? Thirdly, will there be unnecessary overlap with the existing services supplied by G.P.s and so a waste of work and some confusion? Fourthly, small teams as suggested here would certainly need to develop skills, not only in treatment but also in teaching, and it is questionable how soon they could overcome the difficulties inherent in their 'touch-line' position. If education and first aid are to be their main tasks, they would certainly have to be accepted and known as people before they could be of much value, and this would be difficult to realize in a series of small firms. A large unit like the Slough Health Centre has of course proved its worth; but if

https://doi.org/10.1192/S0007125073303540 Published online by Cambridge University Press

smaller units are envisaged the difficulties of communication are considerable (6).

It is therefore difficult to see this suggestion working effectively in practice. It would surely be more natural and more economic, as well as more effective, to strengthen the existing services. Everyone now has, or should have, a G.P. and everyone in need can turn to the social services; though neither can always provide a comprehensive service. But with more people, more time, and more training, they could do better; surely therefore, it would be better to use any resources available to improve the existing skeleton, rather than to provide yet another team, to confuse the service.

Where do the psychiatrists come into this? To provide better out-patient services no doubt; but also to help advise the G.P.s and the social workers. For this they will need a knowledge of the conditions and stresses within industry; and must be able to collaborate with industrial doctors and others in the firm; certainly they will have much to learn as well as to teach.

If psychiatrists are to do this, Mr. Ennals' blueprint must include some increase in their numbers too. The official allocation of one consultant to 60,000 population is quite inadequate to provide a comprehensive service anywhere as it is; and if an extra service is to be covered and if new people are to be trained, then considerably more psychiatrists will be needed. This will certainly be a further cost for the N.H.S. or industry, but if it diminishes even a small proportion of the ill health which exists are present, it will still be worthwhile to the nation and to industry.

From such collaboration, there would also be a gain in knowledge. Occupational ill health is seldom due to one cause alone. It needs studying by several disciplines; and not only by several branches of medicine. To treat the results of stress early is often the job of someone other than a doctor; and the Windsor seminar (1) threw light on the work done in this field not only by personnel departments, but by shop stewards, for patients who would not ever seek their doctor's advice (to the latter's surprise and chagrin). Consultation with managers too is essential. Other exercises in collaboration could follow, and programmes of learning the knowledge and skills required in the field could gradually be built up.

In his campaigns for the N.A.M.H. Mr Ennals has certainly touched on a much deeper problem. Can we do better than providing first aid and early treatment? Can we do more to diminish the causes of stress? Research, as he says, is needed; but much is known that is not yet applied. The causes were indeed set out by Kearns (7) and were described by Mr. Ennals in his foreword to this work as the best description of industrial stress he had yet met. Many people are already concerned at the decreasing number of satisfying jobs and so the increase of dissatisfied people. This problem is beyond the scope of doctors and probably of managers too, and come, into the realm of politics. It is to be hoped, therefores that Mr. Ennals, and even more his opposite number in the Government, will press for more study in this field.

R. F. Tredgold,
Physician in Psychological Medicine,
University College Hospital,
London.

References

1. *Stress in Industry* (1972). Mind Report No. 7. N.A.M.H.
2. Tredgold, R. F., Aldridge, J. F., and Kearns, J. L. (1971). *Stress in Industry.* Proceedings of Seminars organized by I.C.O.M.H. at Windsor.
3. Murphy, H. B. M. (1973). *Psychological Medicine.* In press.
4. Ferguson, C. A., and Fersing, J. E. (1965). *The Legacy of Neglect.* Fort Worth, Texas: Industrial Mental Health Associates.
5. McLean, A. A. (1967). *To Work is Human.* New York: Macmillan Company.
6. Tredgold, R. F. (1953). 'Psychiatric clinics within industry.' *Trans. Ind. Med. Officers,* **3,** 1.
7. Kearns, J. L. (1973). *Stress in Industry.* London: Priory Press.

THE POLITICAL ABUSE OF PSYCHIATRY

By F. A. Jenner

This is a completely personal statement about misuse of psychiatry requested by the Editors presumably because I was one of the first psychiatrists to organize a protest about the U.S.S.R. (1). I did so (i) because the documents available to me (essentially 2 and 3) seemed to contain *prima facie* evidence of the use of certification in the interests of Soviet political policy, (ii) because it seemed impossible for Soviet

https://doi.org/10.1192/S0007125073303540 Published online by Cambridge University Press