able to earn their own living, who would otherwise spend their lives in institutions.

The procedure for admission to both colonies for defectives and mental hospitals will be simplified, so that the great majority of patients will be able to come and go as easily as they can at present into general hospitals. This should do much to help abolish the old stigma which was attached to admission to a mental hospital. In addition, facilities for home care will be extended so that there will not be the same need for admission to hospital and patients admitted will be discharged more easily. This is the aspect of the Bill which many view with alarm, as they think that it will place unfair responsibility on relatives, general practitioners and social workers. Critics also contend that financing the necessary services will place an unfair burden on the local ratepayer. If, however, it is generally realised that the New Look is in the best interests of the patient, it will be accepted and we can look forward to the day when mental disorder will be regarded as it should be — as an illness for which the patient is no more responsible than he is for a physical illness — and though it varies in severity as do physical illnesses, it has an equal chance of recovery.

Co-ordination of Services

If patients are to receive continuity of care, it is essential that hospital, local authority and general practitioner services shall work together closely. This has already been effected in some areas, and the Bill stresses the need for this. It can only obtain if goodwill exists between the workers concerned. Given this goodwill, and a determination to establish the best possible mental health service for the community, we shall see in our day, the development in this country of a service which will lead the world.

A Social Club for Mental Defectives in Hospital

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A mental deficiency hospital which caters for high-grade as well as low-grade patients tends to have a semi-punitive, authoritarian atmosphere resulting from the fact that many patients have been admitted through the courts; others have presented acute behaviour problems which have been impossible to deal with except by compulsory detention. Since the aim of the hospital is to return these patients to the community, authority must be

tempered by opportunities for self-discipline and the development of responsibility, and it was in this light that a social club for patients was conceived. The club was suggested as an aid to rehabilitation, to give the patients responsibility for one aspect of their affairs and to help in relaxing tensions inevitable in ward life. By May, 1958, the club had functioned for two years and we are now in a position to attempt an assessment of its value.

Election of Members

Until recently in most mental deficiency hospitals, male and female patients have been allowed to meet only under close supervision at dances. Where the aim of the hospital is merely to provide custodial care this system is justifiable, but with the modern emphasis on rehabilitation it becomes a handicap. For this reason it was decided that the club should be a mixed one, to allow boys and girls to meet socially in as unrestricted a way as possible. It was recognised that it would be essential to have as members patients who were capable of developing group solidarity; not only would they be expected to conform to a code of behaviour inside the club, but they would be inevitably subjected to stresses from outside in the form of jealousy. It was therefore suggested that after a nucleus of members had been selected by the staff, others should be elected by secret ballot by the members themselves. These elections were, of course, subject to the approval of the Physician Superintendent, who supported the project from the beginning. In fact, no elected member has been debarred from joining the club.

The first four members of the club chosen by the staff were a group of boys with an age range of 16 to 19 years, who had taken part in the production of a play with a mixed cast. It had been intended to use the whole cast as a nucleus of members for three reasons: they had already experienced being members of an informal mixed group; they were aware that difficulties were inseparable from a new experiment of this kind; and they all had a good relationship with the members of staff who were to be concerned with the club, since three of these had been responsible for the production of the play. In the event only the boys were used since for various reasons the girls were ineligible when the club was formed.

Staff Participation and Rules

The first meeting was attended by a Medical Officer, the clinical psychologist, two psychiatric social workers, the physiotherapist and six male patients, the four boys who had performed in the play and two others of their choice. The Medical Officer opened the meeting by outlining the aims of the club and emphasising that staff who attended would be present only in the

capacity of counsellors. The patients voiced the opinion that there would be opposition to a club of this nature from some members of staff and readily appreciated that a high standard of behaviour would be necessary. It was decided that a committee should be formed to be responsible for organising club activities and for seeing that the behaviour of the members reached a high level. The boys agreed that the staff should select the initial six girls from a list of eight names which they submitted.

At the first committee meeting the patients showed their appreciation of the aims of the club by their choice of a name, the "Endeavour Club". At this time most of the anxiety about the club's success arose from the fact that, apart from the play which concerned only a small group, this was the first time that any informal mixed activity had been allowed in the hospital. The patients were fully aware that this might create a problem and the whole question was discussed. Later on, for the benefit of new members, the club decided to have an explicit rule which ran : boys and girls are reminded that no petting of any kind is allowed in the club. Since the patients were to be responsible for club discipline this aspect of their behaviour might well have been the source of difficulties. In fact high standards have been maintained. This we attribute to the fact that the patients have accepted responsibility for their behaviour in order to ensure the continuation of the club.

Though it had been intended to run the club through the committee, it was suggested by the first chairman that whilst the club was small it would be fairer to members if all had an opportunity to express their ideas, and therefore general meetings were held to discuss matters of policy. This proved so successful that it has been continued throughout the existence of the club and committee meetings held only for specific purposes. At first only one or two members were prepared to speak at these meetings, but this was not an indication of their lack of ideas or inability to express themselves, since with the growth of confidence in the staff and in the group, many more members have contributed to the discussions.

Club Activities

Although we anticipated that club activities would be restricted, since members were left to make their own suggestions, we have not found that they compare very unfavourably with the ordinary youth club. Some members have played more active games like badminton and table tennis, whilst others have played darts, draughts, cards, bagatelle or listened to gramophone records. In summer all the members played rounders, and netball has been suggested. Some part of every evening has been given over to dancing though this has not been as popular as we expected. In

some spheres the patients have shown a great deal of initiative. On one occasion some members chose a play, cast it and even asked a local producer who had given them a talk about acting to help with rehearsals; on another, at the patients' suggestion, a group went round the hospital singing carols. We have only had one discussion on a club night but at general meetings held approximately once a month several discussions have been initiated by members. They have often been very critical of club activities but have been prepared to put forward new ideas rather than being merely destructive.

Progress Made

Though the club was not formed with the explicit intention of improving relationships between club members and the staff concerned, this has proved to be the case. From the point of view of the psychiatric social workers this new relationship has been of the utmost practical importance. A large part of their work consists of helping patients to adjust to life in the community and unless they trust the worker who visits them they will hide their real problems until it is too late. This trust must be established whilst the patient is still in hospital, and we have found that patients use the opportunity provided by the club to approach members of staff with problems about home or with difficulties which have occurred in their daily life in the hospital. Not only do club members see the staff in a different light, but the patients themselves often present a different picture. Qualities of leadership and co-operation are allowed to develop and many patients with the reputation of being unenterprising or even negative in their attitude have shown another side to their personalities.

One of the most interesting facets of the club is the response made by the patients since they have been responsible for their own behaviour. In the normal way they are given little scope for responsibility and can always blame those in authority if things go wrong. This is not a good training for a licence and we hoped that the club might bridge the gap between life on the wards and life in the community. We have found the response to a non-authoritarian environment unexpectedly mature and the attitude of members to those who took advantage of the permissive atmosphere less punitive than we had thought. Usually it has been left to members of the committee to point out breaches of the rules and there is no doubt that they have risked unpopularity in an attempt to carry out their duties conscientiously. In the main there has been little friction and this is probably due to the fact that decisions have been taken by the whole of the club membership in general meetings and the solidarity of the group has been maintained. This willingness to abide by regulations which they see are necessary for the group is

an important lesson in citizenship; though the rules restrict their freedom they have arisen out of the practical situation and therefore most members have been able to appreciate their value. This is in contrast to the former widespread attitude to hospital rules which were often regarded as being deliberately created for their annoyance.

In the beginning club members were drawn from the more intelligent patients. As time has gone on, however, the level of intelligence has tended to be lower and the intelligence quotients of patients joining the club have ranged between 41 and 101. A total of 62 patients have been members of the club, though the largest membership at any one time during the two years was 37. This membership of 62 we estimate to be one third of the total high-grade population over the same period.

The club is now considered as a valuable aid to rehabilitation, and observation of its activities is part of the training given to student nurses at the hospital. It provides a setting which approximates as closely to the normal as is possible to achieve in a mental deficiency hospital and has illustrated the fact that behaviour is often determined by the nature of the environment and the demands made within that environment. Many members whose behaviour on the wards has been anti-social have been amongst the most responsible in the club and have gradually been able to generalise their improved attitude. In running their own club, members have been forced to the conclusion that rules are necessary. This has helped to counteract one of the drawbacks of any authoritarian community; the irresponsibility of those who are never allowed to exercise authority. The confidence gained in the staff has made possible the discussion of grievances which have been placed in a truer perspective and the patients have realised that discipline does not preclude understanding.

The Mental Health Service in 1958

SOME FACTS AND FIGURES

The Ministry of Health's Report for 1958, recently published (H.M. Stationery Office, 15s. 6d.), takes a long look backwards. Each of its sections is prefaced by a Ten Year Survey of progress since the coming into operation of the National Health Service Act in 1948, whilst the period of the year under review is presented in the perspective of this decade. This seems a particularly appropriate presentation in the case of the Mental Health Service standing as it does on the threshold of a new phase ushered in by legislation which marks "the striking advance in public thought and