when we look at our handwriting. Even in legible handwriting certain involuntary movements distort the pure form that was intended.

The Sense of Balance

What must be carefully distinguished from the sense of movement is the sense of balance. Many abnormal children who have an excellent sense of balance are very deficient in their sense of movement. They can walk on a narrow strip of wood without difficulty; they can climb trees or run along the most complicated shapes; and what is most surprising is, that even if they are of otherwise very low intelligence, they can quickly do puzzles that many adults would find very difficult; but they cannot step and cannot clap even the simplest rhythms. In others again, it is the opposite. They can keep rhythms but they will always get confused if they have to run along a complicated shape; they cannot do puzzles, cannot walk along a narrow strip of wood; they cannot climb trees without grave danger of falling down. They have then a well developed sense of movement, but not an efficient sense of balance.

A simple shape that many children find very difficult to step out is figure eight. Those children without a well developed sense of balance will become confused at the crossing point and continue to run in one of the circles. Teaching children to run along a figure eight drawn on the floor, educates their sense of balance. Later on they can be introduced to more complicated figures with several crossing points and they will then improve further if they learn to run along these figures. At the same time they can learn to step rhythms and so simultaneously educate their sense of movement and their sense of balance.

Intelligence Tests convey something about the intelligence of the child only if the senses are well developed. That is obvious so far as sight and hearing are concerned, but it is easily overlooked in connection with sense of movement and sense of balance.

Psychiatric Social Work in a Mental Hospital

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The rôle of the psychiatric social worker has been described very broadly as social work based on an understanding of psychology for purposes that are primarily therapeutic. In many hospitals this dual function tends to get lost sight of, the p.s.w's services being utilised for solving purely practical problems; her ability to deal with the more difficult cases requiring also internal adjustment,

with which she is fitted to cope both by her creative skill and her training, often being overlooked.

Although the number of p.s.w's is slowly increasing and more and more hospitals and clinics are being staffed, the work they do there still remains a mystery to the layman and to a good many doctors.

In writing this guide for the use of the uninitiated, I am indebted to Miss M. Janus, p.s.w. at Parkside Hospital, Macclesfield, for kindly supplying me, some years ago, with a list of duties, as she conceived them at that time, which forms the nucleus of the present notes. These notes are not meant to give an exhaustive account of the p.s.w.'s function; but merely to act as a guide to the diverse types of work which may come her way in a mental hospital.

At all stages of her work, the p.s.w. maintains a close contact with the psychiatrist, whom she can consult at any time. In many cases, she may find it helpful also to keep in touch with the ward sister.

The adult work of a social service department of a mental hospital may be divided into three categories, viz :—

(1) Work which the psychiatrist expects of the p.s.w.
(2) Work which the patients need of the p.s.w.
(3) Work which the relatives require of the p.s.w.

Courses of action arising from these three categories often dovetail and in some cases are different aspects of the same thing.

(1) Work which the Psychiatrist expects of the P.S.W.

i. *Social Histories on New Admissions**

The purpose of the p.s.w. in admitting the patient, after the formalities have been completed, is to obtain a social history from the accompanying relatives. If the patient comes alone, the p.s.w. will either visit the home within a few days or get a history when a relative visits. Obtaining the history provides the p.s.w. with a valuable starting point for her work of socialisation. At this stage she has the opportunity of observing the play of interacting relationships at a critical point in the patient's illness, which may indicate to her the method to follow in her further contacts during the patient's stay and after his discharge.

ii. *Arising out of the history taking, any social work (psychological or otherwise) found to be necessary for the welfare of the patient or his family.*

There may be antagonism to the patient or the hospital to be overcome, or faulty attitudes on the part of the visiting relatives, which need adjusting. The family may be in dire need; there may

*It is unfortunately true that some psychiatrists prefer to take the social histories themselves; others have a mistaken idea that the p.s.w's rôle begins and ends with history taking.

be children requiring care or, in the case of a lonely person, home and property may need safeguarding.

Arising out of the history taking also, the psychiatrists may need information from other sources than the informant who gave the history.

iii. *After-care of selected cases.*

After-care may mean (a) follow-up visits of a superficial kind; (b) regular contact over a short period of time, e.g. to enable the patient to regain confidence; (c) complicated, supportive care over a period of years as, for instance, in the case of discharged patients who still have a residue of mental symptoms, but are able to make a partial adjustment which does not prevent them working and managing to live in the community; (d) preventive work.

iv. *Follow-up and assessment of results of treatment in selected cases.*

This explains itself.

v. *Assessment of home situation (psychological or material) before discharge of certain patients.*

A clue to the possibilities on discharge may have been gleaned from circumstances revealed at the time of the history taking, or the situation may have changed by the removal or death of a relative. Adjustments may be needed in the attitude of the relatives so as to prepare the way for the patient's homecoming. Sometimes, more particularly in the case of certified patients, when the relatives are pressing for discharge which the psychiatrist considers inadvisable, the p.s.w. has the task of trying to encourage the relative to withdraw his request; e.g. the patient seems so well when the relative visits; the latter has no idea of the changes in behaviour that may be latent. These have to be patiently explained.

vi. *Co-operation with authorised officers, probation officers, housing managers, etc.*

It is important for the p.s.w. to maintain a good contact with the local statutory and voluntary bodies, who are then ready to approach her in problems involving patients still in hospital or discharged. In this way she acts as a liaison between the psychiatrist or the hospital and themselves, interpreting psychological difficulties, which one finds in practice is much appreciated by them.

vii. *Various work in connection with the employment of discharged patients—fixing up interviews, arranging for vocational training or a rehabilitation course.*

There is close contact with the local labour exchange in the placing of certain discharged patients; or the p.s.w. may hear of a job by some other means and will then approach the prospective employer herself, with the patient's permission, piloting both

through the introduction and subsequent negotiations. Employers appreciate her psychiatric understanding and promise of continued support, which have been known to influence their decision in patients' favour.

Patients whom the psychiatrist considers would benefit by a resettlement course, who need a refresher course in their trade or to learn a new one, are referred to the p.s.w. for guidance.

In all this work, some patients merely need help over the introductory stage, others a periodic contact throughout the course and, if necessary, afterwards.

viii. *Contact with certain patients in hospital in order to discuss employment or family difficulties.*

Problems of this kind may have been indicated by the social history or may have arisen during the patient's stay. Or perhaps the psychiatrist considers that though the patient is not yet fit for discharge there should be a talk with him about his plans for the future, so that the p.s.w. may prepare the ground in good time. Her interest at this stage can be of therapeutic value to such patients. There may be a question of a job being kept open or a female patient worrying about the care of her children. Problems of this kind can be investigated and relieved by the p.s.w's intervention.

ix. *Boarding out*† *(in Scotland)*

The p.s.w. tries to discover kind, understanding people in the country districts who would be willing to accept mild, chronic patients as boarders and maintains contact by regular visits. Her skill is important in the selection of suitable hosts and in the subsequent contacts.

x. *Out-patient clinic work.*

In some hospitals clinic appointments are made by the p.s.w. who may also keep the record of attendances. Where practicable, social histories are obtained from a relative either before or during the patient's clinic visit. Problems of a social nature, e.g. domestic, marital, employment, will be dealt with by the p.s.w. after discussion with the psychiatrist.

If the p.s.w. attends the clinic regularly, instead of only when necessary for pre-arranged interviews, her time may be wasted and she runs the risk of being used merely as a receptionist.

xi. *Recreational activities.*

The organisation of hospital clubs and socials is not properly

†Boarding out could be done with advantage in the rural areas of England and Wales and would relieve some of the overcrowding in hospitals.

part of the p.s.w's work, though some medical superintendents expect it. Where there are no social or recreational therapists to take this duty, clubs and socials can be run with advantage by voluntary bodies, such as the W.V.S. or other interested societies, with the p.s.w. acting in an advisory capacity. This proves an excellent arrangement as it opens the hospital doors to members of the outside world and helps to break down prejudices against mental illness.

(2) Work which Patients need of the P.S.W.

i. *Patients need an unbiased and understanding person to talk to, who belong to the "outside world" and who has insight into their personal difficulties.*

This observation applies more particularly to chronic patients. One of the strong points in the p.s.w's armoury is that patients identify her with the world outside. If they are infrequently visited or have no one, the p.s.w. can ease their loneliness by an informal chat. She can act as a link between patient and relatives or friends who may not be in a position to visit, e.g. infirm or elderly people. The p.s.w. may have the names of one or two local people able to act as voluntary visitors to selected patients.

New patients often exhibit anxiety about sickness benefit or insurance and may need help with business or domestic problems.

ii. *Organisation of transfer to convalescent home or rehabilitation centre.*

By her support and reassurance, the p.s.w. can help, over an anxious transition, the patient who may be well enough to leave hospital, but not fit yet to fend for himself in the community. (*See also* (1) vii)

iii. *Arrangements for informal group discussions with selected patients.*

While not specifically one of the duties of the p.s.w., she is willing to co-operate in the various forms of group therapy. Social therapy of this type is successful with a mixed group of neurotic patients who are in danger of becoming institutionalised and is sometimes a useful aid to diagnosis.

There are indications that social therapy groups are also of value in the rehabilitation of post leucotomy patients and schizophrenic patients who have had a successful course of insulin treatment.

In the analytically orientated group, the p.s.w. can take the rôle of observer and substitute leader.

iv. *Preparation for discharge. After-care where the patient desires it.*

Some patients dislike being reminded of the hospital once they have left it. Others appreciate the contact, regard it as a compliment and an indication that they are not just looked upon as a "case", but that a genuine interest is being shown. The question of employment may be tackled some time before the patient leaves hospital. As a rule patients' jobs are kept open for them. If the patient has been in hospital for a number of years or has never had a job, the problem of placing him may present some difficulty, particularly if he has no home and is alone in the world. The p.s.w's special skills can be of very real help in such conditions.

v. *Searching for lost relatives.*

Relatives of chronic patients may have lost touch or removed. The p.s.w. may be able to trace them and induce them to visit and take an interest in the patient. In rare cases tracing a relative may lead to the discharge of the patient to home care.

(3) Work which Relatives require of the P.S.W.

i. Relatives need someone to whom they can unburden their troubles; someone who can alleviate their anxiety and who can accept hostility. As well as reassuring the relative, an understanding approach by the p.s.w. is often of indirect help to the patient as well.

ii. In certain cases, relatives need help in resolving personal problems and faulty attitudes, which may adversely affect the patient. They may also need help over material matters. In the latter, the p.s.w. will be guided by the nature of the problem, whether it is expedient to deal with it herself or refer the relative to a social service agency better suited to coping with it.

iii. They also need someone who can explain the routine and purpose of a mental hospital and who can modify faulty attitudes to mental illness. The p.s.w. is often able to help here during the admission interview.

iv. Relatives need someone whom they can approach in times of special difficulty or disappointment during the course of the patient's treatment and at other times. E.g. the patient may seem to be making a good recovery and then has a relapse or develops a physical illness. They have been notified of this by the hospital but long for further details, which the p.s.w. is able to give in a less formal way, at the same time giving them some support.

Long after a case is closed, relatives may seek the advice of the p.s.w. on some new, unrelated problem. This is a measure of the value of the original contact.

v. Finally, relatives may need help in understanding and dealing with the patient before and after discharge. This links up with (1) items ii and iii.