

## A SCHOOL FOR PSYCHIATRIC SOCIAL WORK\*

BY SANGER BROWN, II, M. D.,

ASSISTANT COMMISSIONER, NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE

In discussing the question of the establishment of a school for psychiatric social workers by the New York State Department of Mental Hygiene on a basis comparable to the nurses' training schools now conducted by the State hospitals, it is well to first recall certain outstanding developments in the field of mental hygiene, which make such a school desirable.

Mental hygiene is developing along lines parallel to those of public health of which it is really a part. What the nurse in the community is to public health, the psychiatric social worker has become to mental hygiene. In preparing a foundation for the future in mental hygiene, the training of personnel should receive careful consideration. The training of physicians in the medical schools is being emphasized and the training of social workers should likewise claim attention.

The future of mental hygiene was recently portrayed by Dr. C. M. Hincks, director of the National Committee for Mental Hygiene. In a half serious, half facetious manner, he discussed a report which the director of that committee might be expected to submit in 1950. He stated that the director in his review of the work of the past year would call attention to the highly significant part taken by mental hygiene in the treatment of patients suffering from physical ailments of every nature. Mental hygiene principles would play a part in the education of all young persons and education in 1950 would concern itself more with character development and utilization of assets of the individual than with formal academic progress. This 1950 director would also call attention to the increase in interest in the principles of mental hygiene as applied to the general social life of people both in national and international affairs.

To whatever extent Dr. Hincks' prophecy comes true, it is evident that some developments in the field of mental hygiene perhaps less spectacular but equally important, are quite sure to develop, some before 1950 and some not many decades after.

\* Read at Quarterly Conference at Psychiatric Institute and Hospital, December 18, 1930.

The time will come in the not too distant future when there will be adequate institutional care for all mental cases in this country—a consummation probable in such states as New York and Massachusetts within a reasonable time, but less immediately probable in some other states. The time will likewise come when all mental defectives who need to be in institutions will be provided for. Likewise when criminals and delinquents as a routine procedure will be examined from the psychiatric standpoint, and the psychiatric problems involved will receive due consideration in their care and management.

It is, however, in the community that mental hygiene may be expected to make its greatest strides and where psychiatric activities will be widely disseminated. Mental hygiene will be better understood in schools, and visiting teachers and school nurses will approach their problems from a mental hygiene standpoint. The application of mental hygiene principles in child education in general will doubtless take place. Children's courts will become mental hygiene centers for the management of problem children. Mental hygiene will play an important part in the activities of welfare agencies dealing with dependent persons. Mental hygiene will be represented in the welfare work done by workers in industrial plants just as physical health and sanitation are now represented.

These predictions are not visionary. They are in keeping with what may be expected to take place within a reasonable time. In fact similar movements such as those in public health, sanitation and public education, have gone far beyond what their early advocates ever expected. Who would have predicted 50 years ago that typhoid fever would be practically non-existent in the civilized world, even during a world war. Who would have thought in the middle ages that such visitations as smallpox and the plague would almost disappear from civilized countries. Who would have predicted 50 years before the days of Horace Mann that education of children at public expense would become general in this country. In view of these facts it is safe to conclude that mental hygiene will make very important advances, as it is as important in social life as those movements above mentioned.

In preventive medicine and sanitation it was soon found that the physician alone despite his scientific knowledge could not meet

all problems adequately. Additional personnel became necessary. Hence the evolution of the trained nurse who now works in congested districts, slums, rural districts and indeed everywhere where preventive medicine is practiced.

What the nurse has done in public health, the psychiatric social worker will do in mental hygiene. And yet today there are not more than a half dozen schools for the training of psychiatric social workers. There are many social workers who have had little or no training in psychiatry, despite the fact that psychiatry enters in one way or another in almost all phases of social work.

For this reason the question of a school for social workers in the New York State Department of Mental Hygiene is being considered. No one can question what the schools of nursing have done in raising standards in the nursing care of patients, and indeed in spreading a knowledge of mental hygiene. The need for a social worker in community mental hygiene is as great as is that of the psychiatrically trained nurse in institutions. Social workers are indispensable for efficient work either in the institutions or in the community and they should be trained so that they will be available not only directly in the Department, but wherever they are needed in any department, organization or community.

A tentative outline for organizing and conducting a school of psychiatric social work in the Department of Mental Hygiene is offered in order that the subject may be discussed before a final plan is formulated.

A practical plan would be to give formal training for one year and require another year of experience (comparable to an internship) before a diploma is granted.

The year's instruction should consist of didactic lectures for a considerable period, possibly four months. The lectures should deal with such topics as causes, symptoms, types of mental disease, treatment, home visits for patients on parole, placement in industry, the theory of occupational therapy, causes and characteristics of mental defect and epilepsy, theory of mental testing, theory of ungraded classes, an outline of home supervision of problem children, the use of camps, playgrounds, etc.

The course of study should include history taking, both of psychiatric patients and child guidance cases. Lectures dealing with

children's courts, adult courts, industrial psychiatry, mental hygiene in high school and colleges should be given. Lectures in these subjects may be obtained in New York City from various sources. A small fee might be necessary for some of the outside lecturers.

The course of formal training should be followed by practical field work. Six months should be spent at selected institutions at history taking, attending staff meeting, home visits, and other work under the direction of the chief social worker and clinical director of the institution. A number of weeks might be spent at one of the State schools to advantage. A period might be spent with the social worker in a given district at the child guidance clinics.

An optional feature may be desirable by which a number of weeks may be spent in family case work with an accredited agency. There is some question whether this will be necessary in addition to the course already outlined. It might at least show the worker that she is not missing any important study.

In addition to the year as above outlined, with a possible optional addition of three months, the candidate probably should be obliged to show a full year's experience of acceptable social work under direction (not necessarily psychiatric social work) before a diploma is given.

Registration should be limited to selected applicants and the majority should be college graduates with such general credentials as are approved by an advisory board. Persons already occupied in welfare work should be considered for the course even if they do not have these educational requirements. The course should be open to personnel of the Department of Mental Hygiene as designated by the Department and approved by the board. A diploma of graduation should be given after successful completion of the course. This diploma might be given either by the Department of Mental Hygiene, by Columbia University through the association of the Psychiatric Institute with Columbia University or possibly by the Department of Education.

While candidates in training may receive no remuneration, except that they might be allowed to accept salary after the first year's training and before receiving their diploma, they should be called upon to pay no tuition.

A director of the school should be appointed who will be responsible for registration, attendance, teaching, distribution of pupils, etc. Such an assistant worker has been requested at the psychiatric Institute, and it may be that the school should be placed at the Psychiatric Institute, if the entire plan is thought advisable.

If the above plans are feasible, it may be possible to start the course in the near future. It may be well to draw the first group chiefly from the social workers already in the Department.