To Branch of B.M.A. Dr. Casson's Talk.

Nov. 1945.

I feel it is a great honour that the Association has done me to-day in asking me to open a discussion on the subject of rehabilitation.

I have taken as my theme the contribution that the psychiatrist can make in the new and great responsibility that the nation has assumed by the passing of the Disabled Persons' Act. We have watched it coming in the Beveridge Report, the interim report on the treatment of the disabled.

Then with one great push forward the Tomlinson Bill passed and the nation shouldered the great burden with which we as doctors have struggled ever since we were qualified - the restoration as far as possible to complete health of all struck down by injury or disease.

The Act states that "a disabled person is one who on account of injury, disease or congenital deformity is substantially handicapped in obtaining or keeping employment, or in undertaking work on his own account, of a kind which apart from that injury, disease or deformity would be suited to his age, experience and qualifications". Again, "the expression 'disease' shall be construed as including a physical or mental condition arising from the imperfect development of any organ". The person disabled by physical or mental disease can now claim, not only training to re-instate himself or to attain to a suitable position among other wage earners, but he is given the right to preliminary treatment "under medical supervision" to enable him to be in a fit state to benefit by the special training that his condition of disease requires.

Until now the people who fell by the wayside have had to depend on the good samaritan - now the priest and Levite who passed on the other side have at least to provide the funds, even if they do not

actually join in the treatment; but we as doctors have still to see that the patient has everything done that can be to restore him to full health.

The Mental Treatment Act of 1920 authorised the spending of public funds on those disabled by mental illness, and though out-patient departments were consequently founded all over the country, until this new act passed no special provision was made for workshops and centres for daily treatment, much as they were needed.

What are the special privileges of service that we as members of this Association can offer in the planning of rehabilitation for all who need it?

We can think of our possible usefulness as psychiatrists but also, for a good many of us, as people experienced in organising occupational therapy. I expect you feel as I do that our many meetings in this room and at our annual gatherings have welded us into a community with a rich inheritance. One feels that when one's fellow members come into the room one is greeting once more one's parents in the Association, and after 22 years of membership, one's children and grandchildren, and that there is a strong family feeling. We think of those people whom we used to meet and what a splendid inheritance they have left us in their lives and teaching. Many of us belonged to the period when the Mental Hospital doctor seldom seemed to leave his kingdom - his whole life was lived for his patients and his staff, people like Rambaut, Chambers and Moore of Virginia Water - while far back in the dim ages stories came to us of Conolly and Clouston, who taught their work to those from whom we ourselves learnt it. Then there was the experience of the encouragement we had from "the Commissioners", who brought a welcome change from routine, and nearly always had some new ideas carried round from one hospital to another, and who were always ready to encourage us in any new ideas that had come to us assistant medical officers. All of us then for years strove to reach our aim of complete recovery of

our patients if it could be obtained, or to make them happy and well cared for where recovery was impossible.

Directly after the 1914 war a change came in the attitude of the psychiatrists and they began to come out of their hospitals and to give treatment to patients on modern psychological lines. The patient living at home needed help just as the in-patient. One thinks of such men as James Soutar who, after years of remarkable work as a Medical Superintendent, came out into the world, using all his experience learnt by living with patients and training the characters of all his staff, and thus changed the attitude towards mental health of his whole neighbourhood by his education of its general practitioners.

Now we are called on for something much bigger again. The medical profession is faced with the problem of the complete restoration of all patients from physical disease and injury as well as mental, and this cannot be done without the help of the ancillary professions and our help again in training them.

I think the first great contribution we have to make is to provide a standard for people to appreciate what we really mean by being well. We recognise that rehabilitation is the restoration of complete ability to live a full and healthy life. It is very difficult to avoid the word "normal", which has been such a bane to medicine and social service, but we can make a contribution because years of experience of living with psychotic patients have made us concentrate on the study of the recovery of each individual in all its aspects. The surgeon can get through his part so much more easily and in this question of recovery: many of his fracture cases mend easily and if two legs walk rhythmically he knows his duty to them has been done well. The abdominal wound heals quickly after an operation and the journals report "recovery was uneventful", and we are grateful when this happens to us, but we who have lived years with the same patient and the general practitioner who has studied him wisely for

years knows that the personality of each patient is almost certainly changed. He may or may not be "quite well", though better than he has been for years, and on the other hand his personality may have grown and become richer and himself wiser for his experiences.

When we say that Mrs. A. has once more passed through her manic phase or Mrs. B. has lost her depression, we may say that she has "returned to normal", but we know clearly in our minds whether we mean to Mrs. A. or Mrs. B.'s "normal", or to perfect health, such as we watched happening in C. after complete disorientation and other confusion caused by a toxic psychosis. We know how carefully we have to assess the mentality of an apparently recovered schizophrenic case. Again and again we have to estimate the small congenital defect underlying a psychosis and the slight residual dementia left after a physical illness in a patient or member of staff whom we know as only those who have lived under the same roof for years can.

Our second contribution is bringing normal psychology to the service of the rehabilitation centre. The outside world has just begun to realise that psychiatrists have something that can help it. The Services have used this knowledge, not only curatively but in the selection of personnel, but we have a long way to go before the public, and even all of us, realise how useful we might be if we could decide what we really mean by a completely healthy person. Colonel Petrie demonstrated this in his Presidential Address a year ago when he pointed out that Rehabilitation Centres for physical cases would inevitably need psychiatric advice, for all such centres will be dealing continually with neurotic cases, and we all know that if such disabilities are understood by those in charge of the patients, recoveries will be greatly increased.

We must, however, go further, for it is the healthy minded patient who also needs help in facing his disability.

One of our greatest tasks, now that we have come out of our mental

hospital fortresses, is the education in psychology of all medical ancillaries. (I was specially interested in our experience in the Dorset House School. At the beginning of the war our Allendale Curative Workshop was visited by a considerable number of orthopaedic specialists from the Services who were looking for O.T.s. The Workshop had been started in 1939 with no reference to preparation for war, but because our O.T. students had to be trained in the treatment of all forms of disability and we ~~left~~ felt we were neglecting the physically injured who needed our help. All students had been brought up at Dorset House in a psychological atmosphere and all the staff approached each patient in an understanding attitude. The orthopaedic specialists liked our workshop and we were invited by the E.M.S. to undertake the training of their O.Ts. The School was borrowed for the period of the war and given hospitality at Bromsgrove. It went there with ten of our students and courses were organised rapidly for others to prepare them to take charge of the rehabilitation centres that were to be opened in the E.M.S. hospitals. Since going to Bromsgrove to the present date, 180 students have been passed through qualified to take charge of departments, and 70 auxiliaries, who are only allowed to work under fully trained O.Ts. 110 students are still in training. Since then two other O.T. Schools have been started, both under the care of our past students.)

From the beginning, an unalterable condition we made with the Ministry of Health was that no students, even the auxiliaries, should be allowed to go out to work without instruction in normal psychology and without an elementary knowledge of psycho-neuroses, and of the mental reactions of the patient suffering from physical illness. (Our first Ministry of Health group of students included several highly trained physiotherapists. Many had much experience in handling patients and had learnt to understand their mentality, but none had gone through even an elementary course of psychology, and at first it was quite reasonably difficult for them to understand why they were called upon to study it, when they thought they had come to be taught various handicrafts and how to apply them to the treat-

ment of muscles and joints. However, they were under the care of psychiatric experts in the form of Dr. Shepherd and his medical officers at Barnsley Hall and the O.T. staff trained at Dorset House at Bristol, and they soon learnt to appreciate how greatly such teaching helped them to treat the many cases of war wounds and air raid casualties which filled the wards and workshops of the hospitals where they were at work.)

We have been well supported in this by the Association of Occupational Therapists, who arranged special examinations and modifications in their syllabus, but upheld the rule that all giving treatment must have undergone regular study of their own and their patients' mental make-up and must have had hospital experience with psychological patients.

Now that the war is over it is for us to see that the psychological training that has been so successful in O.Ts. shall spread to all other branches of those engaged in rehabilitation. Because for many years psychiatrists lived within the mental hospital walls, the normal psychology they might have taught was neglected, and doctors, general nurses and physiotherapists were given a one-sided training.

(Many other branches of social service were equally neglected. Even the teaching profession confined its study to a few lectures on academic psychology given to the few who passed through the training colleges, though this is improving, and almoners and social science students are well taught. General nurses, as we all know, are entirely neglected and are partly responsible for the general public's unhealthy interest in physical, and their fears of, mental illness.)

Another point where our knowledge and experience helps is in understanding the psychological problems of our staff. Even with our own patients, possessiveness hampers our work and we hate to hand them over to the care of another doctor. In a rehabilitation

centre or elsewhere we can readily understand that this occurs, even though unconsciously. It is probably more difficult with women staff than with men. The maternal instinct of the nurses, the O.Ts., the physiotherapists, and the patients' wives and mothers is very active, and it is for us to understand such jealousies and smooth them out. We may have to help to smooth out too some difficulties in the medical staff of the centre, and from our own mentality we can appreciate the problem - the sense of insecurity of our own future that may have made us jealous of our fellow members of honorary staffs, a problem only peacefully resolved happily and forever when the retiring age came. We ought to have been able to tackle it better than others who had not studied psychology, and our experience should now be a help to those still in the struggle, to prevent the patients suffering from the result of controversy.

There is another aspect of our psychological experience that one realises more as one grows older and that is the firm belief that gradually develops that we can rely on ideas that come up from the unconscious and that provide us with plans that we know will work out well. It is akin to the knowledge that one can recognise in an artist, who knows when a picture or poem or piece of music has arrived and is right. Dr. Hutton in her article on Personality in the Journal of Mental Science for April points out that personality expresses itself in action. The "Persona" was the mask in which the actor performed, and his performance was the motivated action and an expression of his spirit. Our treatment of a patient must often be the release of inhibitions that are spoiling the free flow of the expression of his personality. Our dealings may make us concentrate too readily on the psychological problems and complexes, when what he really needs for complete health is opportunity for action, in crafts, music, drama, in joinery or other form of creative construction, or it may be that some deeper spiritual urge is unsatisfied and can only find expression if we can provide an opening for some form of human service. We sometimes think hardly of our fellow medicals who emphasise too much the physical side of the patient's disability, and we press for his

psychological treatment, but do we realise enough how much depends on the spiritual help he needs? I am glad that Dr. Hutton tackled this by her article. A very large number of psychiatrists show by their lives and speech their complete loyalty to truth and goodness. They strive always for an ideal of perfect health for their patients, but do we study it enough like we do pathology of the body and the mind? Many psychiatrists are keen gardeners: they know quite well what they want in a perfect rose they are trying to graft, and they allow to themselves that they can aim at perfection, but do we believe enough in the natural goodness of many people? Maritain says that he thinks Freud would be nearer the truth if he had defined the child as possessing polymorphous pervertability rather than polymorphous perversion: a capacity for perversion is universal but that there is in all life a tendency to follow a line leading to perfection.

It is very difficult to work hard for rehabilitation, or shall we say "enablement", unless we have as high an ideal for the patient's character as we have for his physical and mental health. We have all known great people who have helped us because they seemed quite simply and unconsciously to expect perfection from us. They allowed nothing else to themselves, and a good many of them were psychiatrists such as Sir Hubert Bond and Dr. Gillespie.

One can recognise this in other great leaders such as Sir Robert Jones. His biography brings it out, but we have all met orthopaedic surgeons whom he trained and orthopaedic patients whom he treated, and he changed the personality of numbers of them, and his leadership still remains a tradition of hero worship. None of us can begin to study rehabilitation without remembering the story of his Sherpherds Bush Hospital, where from 800 beds 600 patients would be receiving treatment in the curative workshops, where the whole foundation of his prevention of crippledom was laid.

To go on to details, I do not think we can emphasise too strongly the value of the experience in <u>administration</u> that we can offer to

those who are now organising rehabilitation schemes. There are probably a good many here who remember being taken round Sandpoort Hospital about 12 years ago during that wonderfully organised visit by the Royal Medico-Psychological Association, and there are many English hospitals where the fruits of that visit must still be evident. I expect you all remember being taken into quite a small office where the walls were lined by elaborate frames with moveable cards, where one could see at a glance where every patient was occupied all day: some in the garden and greenhouses, others digging out and moving sand, others in the workshops painting the gay little handtrucks that were used all over the estate, or making coir mats for the wards and working the hand wire twisters that made miles of fencing for the hospital estate. The daily timetable of each patient was reviewed and recorded as the result of the medical officers' rounds of the patients at work. Later in England one visited Exeter and Chester and other hospitals where such occupation was carried out and saw how absolutely necessary it was to keep strictly to every detail of ordered administration that provides right treatment of every individual patient.

On our way back some of us visited Gheel and it was only natural that we brought our experience of years of administration to absorb rapidly the salient points of that remarkable village where all the patients lived as members of a well-ordered village community taking their useful parts in its life while receiving the care and protection of those looking after them.

Our Association has for many years taken us to various Colonies and Hospitals to which we have been invited and from which we have learnt from each other, and all this we can now hand on to the new rehabilitation centres whose medical staffs have often had no experience of such organised hourly care as has been our job for years. Many of the Emergency Medical Service hospitals have been placed in mental hospitals and have adopted the organisation they found there. Take for example Winwick's system that has been upheld as a model by the E.M.S. There all the patients have been placed in grades and

every grade has its own coloured badge button to show how much physical effort each patient may perform. Those in bed start in No. 1 Grade and are promoted to the next with a different coloured button when they are allowed to have more strenuous physical exercise and again when they are well enough for the curative workshops, and finally to full day's work with time for recreation that they can enjoy. Other lessons have been learnt and can be handed on by our experience of the well ordered activities of a mental deficiency colony.

This brings me to the subject of practical occupational therapy.

One night when thinking out this paper I dreamt that I heard two members of the audience discussing it. One said - "What is she going to talk about?" and the other replied "Waste paper baskets". I am quite sure that that accurately sums up the opinion of quite a number of people as to what occupational therapy means. In actual fact I remember when we started work in one hospital, the matron's first action that she thought would show kindly appreciation was that she "ordered" 100 waste paper baskets without any reference as to whether making them was the prescription that would be given by the doctor; in another hospital one of the sisters came along to welcome the new O.T. with smiling face and said "I am so glad we are going to have O.T. here - now we can buy really nice Christmas presents for our friends".

I wish I could feel that a complete experience of well-worked occupational therapy was a contribution that could be relied upon from us, but from what my past students tell me I know how often they have to work alone without the direct contact with the medical officer that their work requires. One never hears of a surgeon or physician who goes round his wards without the nurse who is in charge of the case. He gets her report and he gives her his instructions and both can help the patient properly. The old fashioned medical superintendent went everywhere on his rounds and helped each patient he came to, but too often one hears of Occupational Therapy departments where no visits are paid by the medical officer, where she has even difficulty in

getting a prescription signed and she has no opportunity of hearing the instructions on which she is supposed to be acting. It is to be hoped that in the new Curative Workshops the staff will be told what help each individual wants for his recovery. As Raycroft, an American writer says, the Therapy needed "operates in harmony with physiological and psychological laws and serves as a stimulus and director in the work of returning the patient, through his own efforts, interest and will, back to normal patterns of life and expression". If this is what you want the patients to do you must be in close touch with those who are carrying out such treatment on your patients.

The occupational therapist in her training has learnt to be ready to watch for every opportunity of providing the necessary stimulus to the patient to initiate a wholesome return of activity. In physical illness this will take the form of response in exercising necessary muscles: in mental illness interest is stimulated to arouse new trends of thought and wider range of outlook. Personality is developed by the stimulus of the social sense through the herd instinct. It is her job to provide the atmosphere in which the patient can be happy, but it depends on us to make sure that it is our treatment she is carrying out and therefore she must be in direct touch with us.

The daily conference method at Dorset House taught us that if all those in charge of each patient meet they can combine so that the patient's life gradually approximates to a normal one before going out into the world. We know we can arrange that they go out not only to theatres and concerts, but often they can go out daily to help at nursery schools and with other social work, and so slide out of being under the occupational therapist to taking their own part in the world.

The actual rehabilitation centres will be either day centres or residential - Dr. Ling is speaking specially on the latter. My experience of daily centres for out-patients has taken various forms, in all of which occupational therapy has taken the largest part. All the time that Dorset House was open we had out-patients, often at first collected from their homes in the Fishponds Psychiatric Social Workers' Austin Seven. They were all chosen individually for treatment. Some came only for crafts, others for physical exercises and to folk dances, etc. With a good many we kept up for years, but as far as possible we helped to get them back to work.

Later the Allendale Curative Workshop was open for a year to all for whom occupational therapy was prescribed by their doctors. A car went out from the house to collect the leg cases. Joinery was the chief occupation provided. It closed down owing to the bombing of Bristol. Now the Bristol Council for the Disabled has a much overcrowded workshop recognised by the Royal Hospital as its out-patient centre for occupational therapy. It is doing its best to find larger premises. Two full time occupational therapists are at work there and one of them visits patients to give them occupational therapy at home. Any medical practitioner can recommend cases for attending the centre if his written prescription is received. Psychoneurotic cases do very well there.

There is great opportunity for voluntary work here under the qualified occupational therapist and it is hoped that the Red Cross will organise such help on sound lines. So far such work is still paid for by the funds of the Disabled Council or by a few firms whose cases of injury attend, but it is expected that the authorities will provide the cost by degrees.

It is quite certain that there is an immense field ready to be covered and if we decide to do all we can, the work will be done.

We can envisage later rehabilitation centres open all day and evening, where the disabled can come for the treatment they need, with consulting rooms where the doctors will direct their restorative activities. There will be craft and physiotherapy rooms, a theatre where the plays are written and produced by patients, studios for painting and sculpture and pottery, and halls for musical study: all this would be real occupational therapy and then we hope that the patient will have learnt to be and live well and can be passed out into the world again, the better for his illness.

To sum up -

In order to help the work of organising Re-ablement of all patients, daily and residential centres must be provided which will require the help of psychiatrists. This help we can give, firstly, by our knowing what we mean by perfect health and its recovery. Secondly, by our bringing psychology to the common use. Thirdly, by our administrative experience in organising occupation for the patients' recovery, and lastly, where we have had it, we can bring our actual experience of prescribing and supervising occupational therapy itself in the treatment of the individual patient who attends a rehabilitation centre, finding out the talents of staff, students, and patients and guiding them into the service of all.

E. Casson

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30th November, 1945.