

MENTAL HYGIENE PROGRAM OF CIVILIAN PUBLIC SERVICE

PART II

SUMMARY STATEMENT OF CONDITIONS

The second phase of the Mental Hygiene Program has for its objective the preparation of a Summary Statement of Conditions experienced by us who work within our respective institutions. This Statement will probably be published at the end of the war to give not only a summation of conditions but also an analysis of their causes and recommendations by which they may be overcome.

We can expect to bring about an improvement in the treatment of mental patients only if we clearly understand the organization and the dynamics of the institutions in which we work. A proper understanding will be obtained only by a use of the scientific approach, a gathering of facts, an objective scrutiny of conditions, and a careful study of actions and reactions on the part of both patients and staff. In accordance with this, it is quite reasonable to assume that when sufficient facts have been gathered, certain problems will stand out in bold relief. Already we know that there are insufficient facilities, lack of individual care and treatment, public misunderstandings of hospital problems, and in some cases actual abusive practices. When, however, we have gathered a sufficient amount of evidence, we will have the bases for concrete methods of action to overcome the abuses and to promote better remedial and custodial care.

In addition as the need arises we will draw upon our files of statements to assist in local improvements and to furnish material for the inter-unit publication. But the prime purpose is to gain sufficient information so that the lot of John Q. Patient can be presented to the electorate at large. For when we are able to trace his background, his illness or handicap, and the care which society gives him, then we can release in vivid form a publication that will call attention to the social conditions which brought John under our care, the legislative measures which brought him through the gates of an institution, and the political and psychological factors which have played a part in setting the level of care.

The assembled data might well be the basis for a plea to state and national legislatures, for articles in popular and professional magazines, for research by those interested in the effects of World War II on public institutions, or the part of religion in the prevention and care of mental misfortunes.

Such material must be carefully handled. It is not the intent to "smear" anyone, nor to use the specific revelations as the basis for action against individuals. As the material is collected and collated from the several unrelated sources, it will inevitably take on an increasingly impersonal tone, so that the appearance of centering blame will be minimized as the broader social implications (in their bearing on the individual case) come more insistently to the foreground. However, files will be confidential except as our Committee of the Summary sees fit to issue certain quotations in the inter-unit communication. And in preparing material it is important to realize that to a very real degree we are a part of that system which makes our institutions what they are, for better or worse, and we should present material that neither dodges nor overstates our own inadequacies.