

interviewed the Sister Superior of a Convent in Surrey, a doctor from the Carter Foundation, and a Probation Officer. *People Need People* (B.B.C. TV.) 12th October. A film drama—a story based on the actual experiences of a psychiatrist, Dr. Harry Wilmer, and his efforts to apply an advanced technique of group therapy in the treatment of severe mental

illness. The programme showed a communal ward of mentally-ill American servicemen, and the response of patients and staff to the abolition of restraint and the introduction of group therapy. *This Island Now* (B.B.C. Home Service) 11th and 18th November. Professor G. M. Carstairs delivered the first two of his series of Reith Lectures under this title.

Meet the Local Associations

3: Halifax and its Social Club

by Frank W. Skinner

The work undertaken by Halifax in connection with a Social Club for the mentally-disordered, outlined below, represents a major part of their members' interests in mental health work. Readers will recall Dr. Russell Barton's address to the 1961 A.G.M. of the N.A.M.H., on Social Clubs, printed in the Winter 1961/62 issue of "Mental Health", in which he analysed replies from a questionnaire sent to 95 such clubs.

IT is now generally appreciated that the *Mental Health Act* with its implications for community care represents a challenge to local Mental Health Associations in providing services designed to meet the many needs of patients discharged from mental hospitals. One form of service which lends itself to participation by a local Association is that of the therapeutic social club. This is by no means a new development, as such clubs have been operating in the London area since the early 1950s. But the number of such clubs is still limited and there is scope for considerable development on a much wider scale throughout the country. The following account relating to the inauguration of a therapeutic social club in Halifax is presented as a means of indicating what can be done, and what methods might be employed to establish a successful unit in one's immediate locality.

Object of club

Recent advances in the use of drugs or chemo-therapy have done much to relieve acute symptoms in mental illness in a short space of time, but the secure and protected atmosphere of a mental hospital limits the degree to which the rehabilitation and re-socialisation of the patient can be

effected. It is in this latter aspect of treatment or therapy towards cure that the club unit has an extremely valuable part to play. The advantages provided by a club fall into two main categories: (a) *This is related to the hospital service and the growth of activity in relation to out-patient departments.* With the considerable increase in the number of patients being referred to out-patient departments the psychiatrist faces a problem of limited time for consultations which have real therapeutic value. This situation also produces long waiting periods for the patients themselves, which could mean financial loss owing to time off from work. These circumstances also tend to exaggerate the sense of incapacity which a hospital atmosphere engenders in the patient. The psychiatrist has to undertake examination of new cases which may require intensive investigation; and he finds much time having to be given to casual follow-up cases which can be dealt with at a social club unit.

(b) *A social club unit affords the opportunity for the psychiatrist to see the ex-hospital patient in a dynamic social setting by means of which he is able to observe the patient's personal difficulty, for example, severe withdrawal symptoms.* The friendship and social atmosphere of a club can also

be a great help to the lonely, friendless and shy person who finds great difficulty in making personal relationships. The club, with its understanding of mental illness problems can help the individual patient to develop his relationships with others and to participate in social activity. It can foster the patient's willingness to accept responsibility, and in doing so regain his or her self-confidence.

Discussion to action

The Halifax therapeutic social club unit, which was established in January 1961, was the product of co-operation between the consultant psychiatrist of Storthes Hall Mental Hospital, the Corporation's Health Committee and the Halifax Council of Social Service. The role played by the consultant psychiatrist in the formation of such a unit cannot be over-emphasised. In Halifax it was the psychiatrist's enthusiasm for, and firm belief in, the effectiveness of such a unit as a method of treatment and rehabilitation for the ex-patient that produced a determined response from the local community; a response which in turn provided premises, equipment and voluntary helpers within a very short space of time, as a means of launching the project.

It was at a public meeting held in the town during World Mental Health Year that the psychiatrist expressed his opinion on the need for a therapeutic club. He went to great lengths in describing the function of the club, and the way in which the ex-mental patient would derive benefit from its activities. In moving from discussion to action, it was realised that premises would be the first problem. Intensive enquiry, however, revealed that premises as administered by the local Welfare Services Committee were not utilised to the maximum. An application was submitted to the Welfare Services Committee for the use of these premises on one evening per week. The premises consisted of an exceptionally large room which could be used for dancing activities, etc.,

and also a smaller room for group discussion, in addition to canteen facilities. The local Health Committee had indicated that they were willing to meet the cost of rent, which was fixed by the Welfare Services Committee at 25s. per meeting. On this basis the Welfare Services Committee were agreeable that the premises should be made available for the purpose in mind.

Voluntary workers were then provided through the Council of Social Service, and the Mental Welfare Officers and the Local Authority showed keen enthusiasm and support from the beginning. The question of members was carefully handled by the psychiatrist, who undertook to refer certain types of patients who would benefit by the club. This was of fundamental importance, as it was essential that patients showing anti-social tendencies, e.g., aggressive behaviour, should not be referred—in the interests of the club and the other ex-patients.

Membership and activities

There are now 127 members, 49 of them male and 78 female. 41 of these come from outside the borough boundary. In its activities, the club emphasises the part played by discussion groups, especially those led by the psychiatrist himself. This provides opportunity to encourage individual members to express their opinions on a wide range of topics, some of them having a bearing on their own personal problems. In lighter activities, the club provides dances, musical entertainment and an opportunity to participate in a painting group, with emphasis on self-expression. No great aspirations of a creative kind are involved in these activities, which are used simply as an encouragement to individual members to participate in common activity with others.

For those patients who feel they are in need of greater support from the psychiatrist, or his advice on some personal problem, arrangements are made whereby he can be seen during

the half-hour preceding the opening of the club, which meets one evening each week. The Mental Welfare Officer is also in attendance at the club, and able to discuss personal matters with the patients. The part played by voluntary helpers is an important one in that they can assist the ex-patients to participate in the various activities, and in discussion. Voluntary workers with particular aptitudes and know-how in relation to specific activities such as drama, concert party work, painting, etc., can be most useful in leading small activity-groups.

The club is run by its own elected Committee, the officers consisting of Chairman, Hon. Secretary, and Treasurer. In the initial stages it was found that there was a lack of experience on the part of the patients to fill these offices, and here again the voluntary helpers can be of great assistance in providing advice and guidance to the Club Committee. It was considered important, however, that the Committee should be composed of the ex-patients themselves as a means of encouraging a sense of responsibility and self-confidence.

Financial considerations do not give rise to any serious difficulty. As mentioned before, the rent is paid by the Health Department. In the initial stages of the club's formation, the Health Department were most helpful in providing an equipment grant of £50 which enabled the club to purchase a record player and other indoor games equipment which has proved extremely useful. Income derived from the sale of refreshments and raffles has proved sufficient to meet other minor forms of expenditure that arise from time to time. When the club is presenting a film show special invitations are sent out to other organisations whose work is related to mental health, and also to G.P.s. and social workers in the town. These film sessions can provide opportunities for influencing public opinion in matters relating to mental health as a whole. Experience from the work of this club to date has shown that

the ex-patient passing through the club can make an excellent voluntary worker in manning those services required to meet the needs of the mentally ill. The recently-formed Samaritan Service in Halifax has a considerable proportion of members who have been patients at the unit in the past.

Ex-patients are also well-represented in our local Association for Mental Health. The Association itself was formed six months after the opening of the social club when it was realised that our local mental health services might become fragmented and that a need for some co-ordination would arise. Members of the Association take a keen interest in this club, and are now considering beginning an experimental project concerning patients in the psychiatric ward of the local hospital. This will take the form of a smaller club unit which will then feed their members to the therapeutic social club already functioning.

No community service can be really effective without the support of the psychiatrist. In this respect, the unit provides opportunities for even trained social workers to widen their knowledge and understanding of mental illness, and to appreciate the techniques that have to be employed by the psychiatrist in dealing with his many human problems. Community care must mean willingness on the part of the psychiatrist to come out of the hospital with the patient in order to give a lead to the community in providing the essential services. Halifax has been extremely fortunate in having a psychiatrist willing to give time and to share his enthusiasm amongst all persons and organisations wishing to assist in meeting this challenge.

CORRECTION

We regret that the name of the Rev. Canon Clinch, Director of the Bournemouth Samaritans, was wrongly printed on page 134 of the October issue.