

Child Guidance Clinics in times of emergency [PNC pamphlet]

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CHILD GUIDANCE CLINICS, IN TIMES OF EMERGENCY

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PROVISIONAL NATIONAL COUNCIL FOR
MENTAL HEALTH

Incorporating Central Association for Mental Welfare, Child
Guidance Council, National Council for Mental Hygiene and the
work of the Mental Health Emergency Committee.

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THE increasing use of Child Guidance Clinics during the last decade has been accelerated by the War. It is an essential service which cannot be postponed for easier times, and whose need becomes even more apparent in times of difficulty.

Certain modifications have had to be made by many Clinics—economy of time, simplification of records, acceptance of temporary accommodation. Pressure of work has speeded up Clinical procedure and War necessities may have limited equipment, but there remain certain standards which must be maintained. It would be better not to have a Clinic at all than to lower these standards. The best and most economical way to get the full value of the Clinic service is to have a fully qualified team and for the staff to have adequate facilities to carry out their functions. Child Guidance is a specialist service which involves individual investigation of each case and short-cut methods cannot be introduced without jeopardising its value.

While staff may be prepared to work with the minimum requisites as part of their share in the national effort, they should not agree to conditions of work which make satisfactory results difficult if not impossible.

Child Guidance Clinics are for the investigation and psychological treatment of nervous, difficult or backward children. The work requires a team of three specialists—Child Psychiatrist (medical), Psychologist and Psychiatric Social worker.

Cases Taken. Some clinics take boys and girls up to 18 years old, and are asked to see children as young as 2 years old or younger. Nervous children who show fears or sleep disturbances or shyness can be helped to develop self-confidence. The unmanageable child who has tempers or truants or becomes delinquent can be aided in social adjustment. The causes of educational retardation, sometimes seen in intelligent children, can be unravelled. Emotional disturbances are found to lie at the root of most of these problems of whatever type, and as they are adjusted the child is released for healthy and happy development. Most children seen at the Clinics are found to be in themselves essentially normal. They are showing symptoms due to environmental handicaps or difficulties.

Sources of Referral. Anyone may wish to send a child to a Clinic, either parent, teacher or private doctor. Usually official cases come through the School Doctor; general practitioners, hospitals and social agencies of all kinds often refer cases. The Children's Courts are making increasing use of Clinics and will remand a child for a consultation and report. Sometimes the Magistrates arrange for a child to have treatment. Probation officers increasingly recognise the value of the Clinic service in preventive work and refer many cases which may then never come before the Court.

Methods Used. Each case is investigated separately as an individual re-acting to his environment. For this reason not only must the child himself be studied, but also his surroundings. The Clinic specialists study his development from different angles. Information is sought from the family and from the school to throw light upon the child's achievement and behaviour. As the parents constitute the most important part of his environment, their co-operation must be won and an attempt made to modify their attitude where necessary.

The child may require psychological treatment once or twice a week, or may have to come every two or three weeks to the

Clinic while adjustments are made in his environment. These adjustments are chiefly in the attitudes of those in contact with the child, and in bringing him into touch with people or groups (such as clubs) which will benefit him. As far as it is possible the child is helped to adjust in his home, but there are cases where material changes have to be made. The child may need remedial coaching to help him catch up with his school work where he has lagged behind. It may be possible to treat him by the use of play material either alone or in a group, which in skilled hands is a valuable form of therapy. Those who have seen the results of such treatment will know that a child can through this method be released from emotional difficulties.

Each member of the Clinic team investigates the case from his angle and the results are pooled before deciding on diagnosis or treatment. Conferences between the members of the staff are part of the Clinic procedure. In all cases it is not diagnosis alone that will help the child, but the fact that correct diagnosis is followed up by appropriate action to put things right.

If the consultation reveals that mental defect lies at the root of the trouble, the child is referred to the appropriate quarter. Children who are mentally deficient are not accepted for treatment, nor is treatment for physical ailments customarily given at the Child Guidance Clinic. Where it is found necessary suggestions are incorporated in the report sent to the physician concerned. If specialist examination shows that a case of any type, nervous, difficult or backward or defective requires boarding out or placing in a suitable home or hostel, or sending to a specially selected school, the Clinic will give advice.

Clinic Staff. The team as stated above consists of Psychiatrist, Psychologist and Psychiatric Social Worker with recognised qualifications.

The *Psychiatrist* is a man or woman who should have, as well as a medical degree, a Diploma in Psychological Medicine, training in dealing with psycho-neurosis in adults, experience with sick children as well as normal children, and special training in child guidance. A personal analysis is desirable. The Provisional National Council for Mental Health makes arrangements for one year of such special training in a number of training centres for selected candidates and some

financial assistance is available. As the Psychiatrist is usually Director of the Clinic, and responsible for the administration as well as the case-work, it is most desirable that he should have the requisite training and experience. Previous work with children, perhaps as paediatrician, will greatly help him in his handling of the children.

The *Psychologist* is a man or woman who has an Honours Degree in Psychology (or its equivalent), experience and training in teaching or other work with children, together with a knowledge of educational methods, and training in intelligence testing of subnormal and maladjusted children. The Provisional National Council for Mental Health makes arrangements for such training for specially selected candidates and some financial assistance is available.

The *Psychiatric Social Worker* is a man or woman who has general social work training and experience, in addition to a year's course of recognised training in mental health work. The Mental Health Course of the London School of Economics provides a year's such training for selected candidates, who have already obtained the Social Science Certificate (or its equivalent) in practical training for social work and study of the social sciences. There are some scholarships available.

In some Clinics a Playroom Worker or Speech Therapist may be an additional member of the staff and treats children under the direction of the Psychiatrist.

Clerical Help is necessary and economises the time of the specialist staff.

PREMISES

Three separate rooms are an essential minimum, one for the psychiatrist's interview, one for the psychologist to do her intelligence tests and coaching, and one where the psychiatric social worker can see parents and others. In addition a large room for play is really necessary and also some place to be used as the waiting-room. A separate office where the secretary can work and keep all the records is an advantage, so that five small rooms and one large should, if possible, be chosen for a clinic.

Constant use of these rooms is necessary only to a full-time Clinic, and if it is on a sessional basis, premises may well be shared with the School Clinic, Infant Welfare Centre or any other suitable service, and the use of the rooms be dovetailed in with the requirements of the other services.

TYPE OF ORGANISATION

The *Independent Clinic* is usually controlled by a local voluntary committee. Funds are raised by private subscription, fees and grants from Local Authorities. Sometimes the pioneer work is undertaken by an independent clinic and when it has demonstrated the value of the work it is taken over by the Local Authority.

The *Local Authority Clinic* is usually run as part of the School Medical Service. In certain areas it is administered by the Public Health Department. Some counties have arranged facilities to cover their whole area by running a mobile Clinic which holds sessions at different focal points. In other districts the County Borough or Borough runs its own Clinic, though it may arrange to take cases from outside its boundaries.

Infant Welfare Committees and Public Assistance Committees often send cases to Clinics and may, by giving grants, secure representatives on the Clinic Committee and share in its management.

Expenditure on a Clinic by a Local Education Authority ranks for a 50 per cent grant from the Board of Education, the responsible Government Department. A Clinic run by a Local Authority will sometimes accept cases from outside its area on payment of *per capita* fees.

The *Hospital Clinic*. A Child Guidance Clinic may be attached to the psychiatric out-patient department of a General Hospital. If so, it is best run as a separate unit because it is undesirable for children to be associated with adult neurotic or psychotic cases. It is also possible to develop a Child Guidance Clinic in connection with the children's department of a General Hospital, but here again the unit works best if run on separate lines from the ordinary out-patient work.

In order to get the full benefit of Child Guidance diagnosis and treatment it is essential to have the fully qualified team of three as well as suitable accommodation for the staff and play facilities for the children. Some Mental Hospitals Committees also run a Child Guidance Clinic, taking care to keep the department entirely apart from the adult work and holding the sessions in separate buildings.

COSTS OF THE CLINIC

Expenditure upon a Child Guidance Clinic depends on so many varying conditions that it is impossible to give an estimate without knowing all the local conditions. Information about scales of salary, costs of equipment and the budgets of particular types of clinics may, however, be obtained from the Child Guidance department of the Provisional National Council for Mental Health.

Usual fees required by fully qualified staff are:—

Psychiatrist, from 2½ and 3 gns. per session, according to experience and length of session.

Psychologist, from 1 and 1½ gns. per session, according to experience, or £350 to £550 p.a. whole time.

Psychiatric Social Worker, from £275 to £450 per annum, according to experience.

It is usually best to build up a Clinic gradually and many have started on a sessional basis. The smallest feasible unit is one session a week from the Psychiatrist and one from the Educational Psychologist with a Psychiatric Social Worker employed half-time. She needs three days a week at least to sift and prepare the cases and to make contact with the schools and others interested in the children's welfare. To her also falls much of the detail of administration, and by the efficient organisation of the time-table she can ensure that full economic use is made of the specialist's time.

Many of the independent Clinics are now asking *per capita* fees for children attending the Clinic, and some Local Authority Clinics charge for cases from outside their own areas. Such fees vary with local working conditions. Fifteen shillings for a

consultation and five shillings for each subsequent treatment has been suggested as a minimum. Not only does this help with the running costs of the Clinic, but experience has shown that it is a help in treatment if parents pay a fee and they seem then to co-operate more fully. Of course the fee can be reduced where necessary, and no case should be refused for inability to pay, but if all Clinics came into line with a standard fee, it would make it simpler for Local Authorities and others to use the Clinic most accessible for the case. Both patients applying individually and those referred by Local Authorities or other bodies to the Clinic may be asked to pay the required fees.

PRESENT POSITION

In spite of the present abnormal conditions, new Clinics are being opened at an increasing rate, and the work of the established Clinics is expanding. Now when more than ever the future of the human race depends on satisfactory individual development, Child Guidance Clinics have an important part to play in helping towards healthy adjustment in children, as well as in achieving a more general understanding of mental health.

Many children's problems came to light following the disorganisation of home life, whether consequent upon evacuation or other War conditions. These problems are the same in kind as were already being dealt with in Clinics. If the present difficulties lead to a wider realisation of the need for help, and the seeking of advice early rather than late when the trouble has become fixed, lasting benefits may come from the upheaval arising out of war conditions.

CENTRAL ADVISORY BODY

The Child Guidance section of the Provisional National Council for Mental Health, of which the Child Guidance Council is a constituent body, is prepared to assist Local Committees, and persons interested in the planning and organisation of a Clinic by consultation, by sending lecturers to address meetings, and by providing literature. The Council is also willing to advise about finding suitable staff.

It is usually possible to arrange for visits to Clinics of various types and for opportunities of meeting Clinic workers.

Regional Representatives of the Provisional National Council for Mental Health whose work is to co-ordinate and promote mental health services will be glad to give help and advice in establishment of Child Guidance Clinics. They could interview Local Authorities and persons interested, or help in any way required. Their knowledge of conditions in the locality and contact with workers in other Clinics may be of value in finding suitable staff. In Regions where there are no Regional Representatives enquiries should be sent directly to the Provisional National Council for Mental Health.