Annual report 1966 / West London Mission Alcoholic Rehabilitation Centre.

West London Mission
ALCOHOLIC REHABILITATION CENTRE

ANNUAL REPORT

1966

Saint Luke's and Saint Mary's House
Wincott Street London SE11 RELiance 3565-8665
London Alcoholism Information Centre
25a Wincott Street London SE11 RELiance 0456

West London Mission
ALCOHOLIC REHABILITATION CENTRE

ANNUAL REPORT

1966

Saint Luke's and Saint Mary's House
Wincott Street London SE11 RELiance 3565-8665
London Alcoholism Information Centre
25a Wincott Street London SE11 RELiance 0456

HOUSE COMMITTEE

The Rev. The Lord Soper, M.A., PH.D., (*Chairman*)
Dr. Philip Bagwell (*Treasurer*)
Sister Kathleen Burgess
Mr. M. B. Chapman (G.L.C.)
Mr. A. R. Dobson
Mr. Frederick Jones
Dr. Basil Merriman
Dr. Julius Merry
Col. P. Perfect
Mr. Barry Richards
Dr. A. B. Stewart (Medical Officer of Health G.L.C.)
Mr. Barry Swinney

WARDEN, ST. LUKE'S HOUSE

Rev. Arnold Whitehead, B.D.

WARDEN ST. MARY'S HOUSE

Miss Kathleen Saunders

INFORMATION CENTRE

Miss Margaret Osborne, B.Sc., S.R.N.

Alcoholic Rehabilitation Centre of the
West London Mission

ST. LUKE'S HOUSE YEAR BOOK

I WRITE THE FOREWORD to the 6th Year Book of the Alcoholic Rehabilitation Centre with deep gratification, for this piece of essential service continues to meet a clamant need, and this brief record of yet another year's work speaks for itself, both of that need, and of the way in which it is being met.

Everybody associated with this Centre will want to congratulate the Rev. Arnold Whitehead for the way in which he has assumed the wardenship of St. Luke's and carried forward its beneficient programme. We will also want to thank Miss Jean Osborn—who pioneered the work at St. Mary's—for all that she did, and to welcome Miss Kathleen Saunders who has taken her place.

I will not anticipate what this brief record contains, except to record my own conviction that the work amongst alcoholics becomes more peremptory every year. I will not write much about finance, except to state that we continue to receive much appreciated guidance and financial support from the Greater London Council, but the Centre progressively costs the West London Mission more as time goes by. Rather let me repeat what I said last year 'we shall continue to maintain and develop this work'. We appeal to you for your encouragement, your prayers, and your financial support.

SOPER

November, 1966

GENERAL

THE FIRST PART of this report must deal with those matters at St. Luke's and St. Mary's which have not changed. The overall purpose and policy of the Centre is unaltered.

We continue in our general purpose of providing a limited term home for men and women suffering from the disease of alcoholism, in which they are relieved of some of the stresses and demands of this competitive society, so that they can devote all their powers to rehabilitating themselves financially, domestically and physically. We provide a half-way House from which alcoholics can venture out into society little by little until they are ready to stand, more or less on their own feet.

As in the past, we try to select for admission those people whom we can best help. The most important condition for admission is a sincere desire on the part of the person concerned to build a new life, but without alcohol. But since we have discovered that sincerity alone is not enough, we try to limit admission to those people who are not too heavily handicapped by inadequacy or mental disturbance.

Since work is a very important part of rehabilitation, we also have to exclude the physically handicapped or those too old to work.

We look for people who, when not drinking, are within the accepted limits of normality and have a reasonable chance of making a new life.

Our aim is rehabilitation and not lifelong support. In fact, we offer as little support as is consistent with a man's or a woman's needs. We try to be like the parents who delight to see their children learning to walk alone, only intervening when an obstacle is to be surmounted or when a tumble is likely.

A man's or a woman's independence of us is what we aim at, and though for some this is a very distant goal, it is still our ideal.

In these things there is no change.

CHANGES IN PERSONNEL

FROM ST. LUKE'S, since last year, Mr. Gerald Armstrong has left to go into Mental Health work, Mr. David Kitchen went to the Social Service Unit at St. Martin-in-the-Fields and then on to work with the Borough of Southwark and Mr. David Rosario has gone to study at the University of Swansea.

Miss Ruth Denney has left, and is now, to the best of our knowledge, travelling in Japan.

Miss Jean Osborn, who pioneered the work at St. Mary's has now left to work in the Prison and Borstal Nursing Service.

For their services, we should like to record our deep appreciation. We are happy to say that the vacancies have been promptly and adequately filled.

CHANGE BY ADDITION

ENCOURAGED BY THE interest and support of the National Council on Alcoholism, it was decided to open an Information Centre and the opening ceremony was performed by Lord Brain on 18th April.

The title under which we work is "The London Alcoholism Information Centre" and the service is available to alcoholics seeking help and advice, doctors, social workers, the families of alcoholics and anyone seeking information on the treatment and help available.

The Information Centre itself is not a treatment unit or a clinic but exists to direct sufferers to the most appropriate place for help, and to assist those seeking to help the alcoholic by exchanging information and advice. The other

important part of the Centre's work is educational and this is done through literature, talks and publicity.

By letter, telephone or personal visit, the Information Centre has dealt with over 350 enquiries in its short life and this shows that the need is there for such a service.

The Centre is administered by two members of our staff who have made this their special interest, and who also assist the work at St. Mary's.

STATISTICS TO 1st SEPTEMBER, 1966

St. Luke's

Number admitted since the Centre opened	878
Number interviewed or contacted	1460
Number admitted to Centre in last 12 months	197
Of these, number coming for first time	135
The number with whom we were entirely unsuccessful during the last year	61
Those who achieved a fairly lengthy sobriety but later relapsed	116
Those who completed their stay and left sober for digs or home	29
Number who have not yet completed their stay ...	26

Sources of admission were:

Prison	29
Hospital	37
Probation Officers	12
Social Agencies	36
Own request or re-admission	67
National Assistance Board	16

THREE TYPICAL CASE HISTORIES

FOR THE SAKE of those people who have had no direct contact with our work and have only the vaguest idea of the sort of men we deal with, here are three typical case histories. The men described are types, not actual individuals.

1. *Pat*

A big raw-boned Irishman, 43 years of age. Despite his forbidding appearance, he is as gentle as a lamb and a man of principle and integrity.

He was drinking before he left Ireland at 19 years of age and worked as a labourer on building sites; a good worker and an honest man.

Being single and living in lonely rooms or rough hostels, the pub was his usual place of recreation. Like his pals, he liked a 'drink' and sometimes got drunk, but for many years continued regularly at work.

Gradually his attachment to his Church was neglected and his contacts with his family in Ireland became almost negligible after the death of his mother to whom he was deeply attached.

By the age of 35 he had become addicted to alcohol. Now he could not control the amount that he took and often spent all his pay in a couple of nights, losing his lodgings in consequence. He had been sacked from a couple of jobs for non-appearance and he had left other jobs because he felt too ill for work after his drinking bouts.

In addition, he had been fined a dozen times for being drunk and incapable in the street.

Once, when suffering a bad hangover and being desperately short of cash, he had had a small drink of surgical spirit. which made him feel guilty and miserable.

At 41 he had his first taste of prison because of inability to pay a fine. Two other terms of imprisonment followed for the same offence.

During his fourth offence, he was referred to us as a man whose main problem was alcohol. He was not a criminal nor was he afraid of work. He was an alcoholic.

So, on release, he came to us, very anxious to make a new start. He was soon at work and his pay in the first few weeks was spent in buying new clothes to replace the rather tattered ones in which he arrived. He was clean and smart and by taking the deterrent pill Antabuse, was keeping well clear of drink.

And so it went on for two months. He had everything to gain and nothing to lose.

Perhaps he got too confident or too careless. One day he had an hour or two to wait for an appointment and it was raining. He sheltered in the kind of place where he was most at home, a pub! Drawn as a moth is drawn by the light, he had a drink.

With that first drink, all his hopes and resolutions were forgotten. As happens with so many alcoholics, that first drink led inevitably to a heavy bout.

Two weeks later he came back to us, as shabby as when he first came. Penniless and jobless, of course. We took him back but he never did as well again. A week later he packed his bag and went, too decent to accept our hospitality when he knew that he must drink.

2. *Jock*

Only 22 year old, he was referred to us from a hostel where the Warden was anxious because of the lad's continual drunkenness. He had come from Scotland the year before to look for work, but because of his drinking, was not exactly making a fortune, and realised that his drinking was the cause of his misfortune.

We took him in, and as most men do, he settled in quickly, got to work, kept away from alcohol, wrote to his mother and made friends with some of the younger men in the House.

One of his problems was boredom. To stay in the House continually was unnatural, yet out of the House he found it extremely difficult to do the things that young men normally

do, without a drink or two in him. To go to a dance sober was a new experience that he could not face.

Eventually he did drink and the change in him was astonishing. He came back covered in blood after fighting and falling about. When we prevented him from coming into the House in that condition, as is our policy, he was aggressive and truculent and then showed great distress, banging his head against the wall and shaking with tension.

We persevered as long as we could. He gave us a great deal of trouble. At last it was obvious that drink was not his first problem, but that it was the way in which he tried to deal with recurrent mental strains and distress.

Admission to a mental hospital was arranged and though he still sees us from time to time, his problems are now being dealt with by the psychiatrist and his staff.

3. *Bill*

Bill is 38 and his story differs from those of the others in certain respects. Firstly, he did not get into such a destitute condition as Pat, nor has he the mental disturbance to deal with that Jock has. He drank more and more and got himself into various kinds of trouble through drink, but remained at work and managed to retain some sort of home life with his wife and children.

The crisis came when his employer discovered that he had been taking money from the till and realising that alcoholism was the cause, arranged for him to be admitted to an Alcoholic Unit in a London Hospital.

During the three months that he was there he took part in intensive group therapy which was designed to lay bare the subconscious motives for his drinking, and each evening attended meetings of Alcoholics Anonymous, where those experienced in recovery from alcoholism shared their experience and wisdom with the rest.

When he came to us, he had the benefit of self-knowledge and was armed with straight and positive thinking. Rehabilitation, though not easy, has been relatively straightforward. Work has been no problem and he knows himself well

enough now to recognize when he is likely to drink and to take steps to prevent a slip.

Unhappily, his wife refuses to have him back and he is torn between the desire to see his children and the pain of having scenes with his wife when he collects them and takes them home. Yet he copes with this unhappy domestic situation and lives for each day, for there is only to-day, and to be sober to-day is all that he asks.

THANKS

Financial

To the Greater London Council for their interest, and for their generous support.

To the Magistrates' Courts and to various individuals and bodies for their gifts and donations.

To the Ministry of Social Security for their understanding and help to our men and women who come for assistance.

To the Lambeth Mission and the W.V.S. for gifts of clothing.

To Ruskingtons' Pies for their weekly gift of food.

Services

To the House Committee for their interest and advice.

To Dr. Marson for his care of the resident's health.

To Dr. Merry for his frequent visits and help.

To all Probation Officers and Social workers for referring people to us, and for retaining interest in many after their acceptance.

To Father O'Brien for his visits to the Roman Catholic residents.

To Miss Norma Sinclair for her voluntary help on the switchboard, and to Mr. Derek Mitchell, now in

Chicago, who for a number of years gave two evenings each week to helping us in this way.

To the Kennington Police who, on the few occasions when it has been necessary, have cleared our door-step of aggressive visitors.

Finally, to the domestic staff and to the Assistant Wardens who work efficiently and with dedication, making that homelike atmosphere in which our residents can find relaxation and confidence.

HOW TO USE US

1. For general advice about alcoholism, for help in dealing with a particular case, contact the Information Centre, at 25A Wincott Street, S.E.11, or ring RELiance 0456.

2. If you feel that the person concerned needs residential support, please contact either St. Luke's or St. Mary's House, supplying:

a. Name and age of applicant.

b. As full a background as possible, including any previous treatment, and a social history.

We will then arrange an interview, unless for some reason, the information indicates that the applicant is unsuitable.

In order to make the best use of our facilities and to prevent the Centre from becoming a convenient refuge for alcoholics who merely want a breathing space to get over the worst of their troubles, we ask those referring people to us to:

Make sure that the applicant has somewhere to sleep during the time his application is going through.*

Try to ensure that the applicant arrives at the interview sober.

---

* In emergency, the Reception Centre at Peckham is helpful.

Test by all means the intention of the applicant to make a prolonged effort at rehabilitation.

It is our experience in these matters that the person who is sincere and determined will not resent some discipline in this direction. If an applicant quibbles about the arrangements you are making for him, or is constantly demanding your time and attention, or persists in drinking, then either he needs medical help, or he has not yet reached the point of sincerity.

Please keep in mind the fact that out of the whole field of helping the alcoholic we have chosen the task of fairly high standard residential support, and this will guide you as to whom you should recommend.

ST. MARY'S HOUSE

THE NUMBER OF WOMEN admitted to the centre during the third year of work showed little increase. In all twenty-two were admitted, eight of whom had had previous spells in the House. At the time of writing eight of the twenty-two were still resident and seven of these have remained sober during their stay. Of the fourteen who have left the House, to live out, two have maintained their sobriety.

Exact figures cannot be given of the forty women who passed through the House during the first two years of work, as we have lost touch with many of them. We can say with confidence, however, that seven of these are still sober, the longest period now being nearly two years. At the present time therefore, sixteen of the total of fifty-four (less two who have died) are known to be sober, which, although the figures are small, would seem to justify the continuance of the work.

The after-care aspect of the work has developed considerably during the year. Eight previous residents and three women introduced to the House through the Information

Centre visit regularly. They find great support from the House during times of stress. It helps to be able to relax in the evenings or week-ends in a family setting amongst other alcoholics and people who understand their problems. Although some of these may have the occasional "slip" we feel that they are making more progress towards recovery than they would be able to without their contact with us.

One ex-resident, who has only had one "slip" during the last two years, spent her fortnight's holiday at the House, not trusting herself to visit old friends and relations who drink, nor to spend a lonely holiday in a hotel room.

It is noticed that the average age of our women is lower than when the work started. In the first year, most of the women were over 50, but now most are in their early 40s, a few over 50, but a few also still in their 30s. The earlier the alcoholic is able to recognise his or her problem and to seek treatment, the greater the chance he has of recovery and of changing the pattern of his life so maintaining his sobriety.

During this year, also, nine of the women admitted were referred from hospitals and six of these from hospitals with Alcoholic Units. These have already learned much of their disease from the psychiatrist and from their group therapy meetings and these also have, therefore, a better chance of permanent recovery.

Printed by Twinprint Ltd., Graphic House, Russell Way, Widford Industrial Estate, Chelmsford, Essex