

## **Annual report 1948-49 / World Federation for Mental Health.**

### **Contributors**

World Federation for Mental Health

### **Publication/Creation**

London : The Federation, 1949

### **Persistent URL**

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WORLD FEDERATION  
FOR  
MENTAL HEALTH

# ANNUAL REPORT

with Proceedings of the Annual Meeting

1948-9

FEDERATION MONDIALE  
POUR  
LA SANTE MENTALE

ENGLISH LANGUAGE

## ACKNOWLEDGMENT

*The Federation wishes to record its gratitude to the World Health Organization for a generous grant made through the Council for the Co-ordination of International Congresses of Medical Sciences, towards the cost of publication of this Annual Report and Proceedings of the Second Mental Health Assembly, Geneva, 1949.*

## ANNUAL MEETING, 1950

The Annual Meeting of the Federation will be held in Paris from August 31st to September 7th, 1950, inclusive.

The Programme will be as follows :—

Thursday, August 31st to Tuesday, September 5th, inclusive      General Sessions and Discussion Groups.

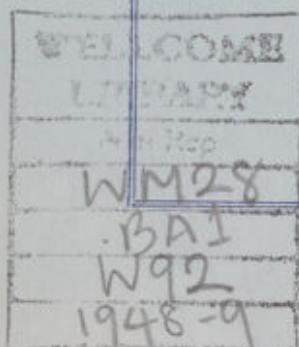
Wednesday and Thursday, September 6th and 7th.      Administrative Sessions.

It is important that each national delegation should be represented at the Administrative Sessions by at least one delegate empowered to vote, but it is hoped that other members of Member Associations will also attend in order to help to formulate the policy of the Federation.

Enquiries about the Annual Meeting should be addressed to :—

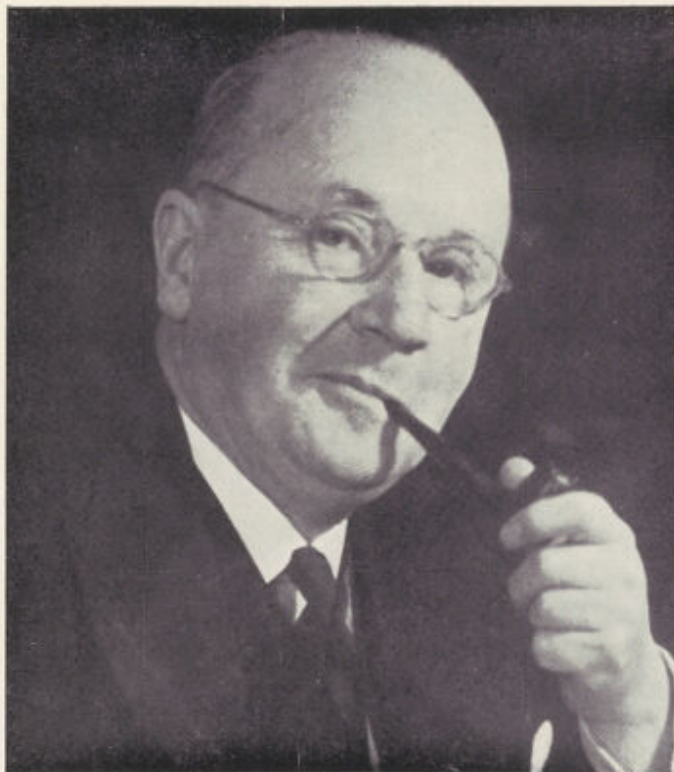
The Secretary,

World Federation for Mental Health,  
19, Manchester Street,  
LONDON, W.1.



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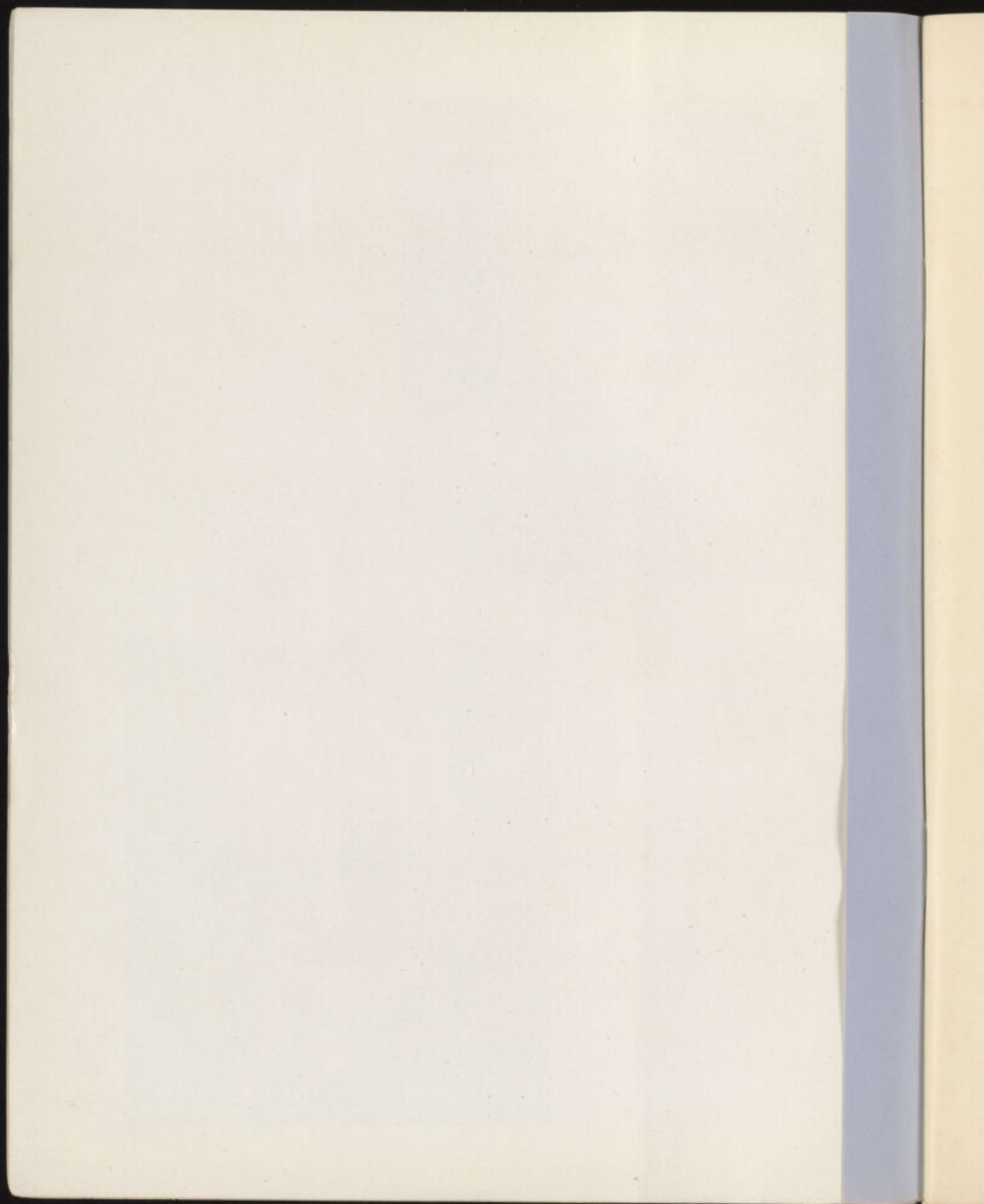


DOCTOR JOHN R. REES  
(U.K.)  
(Director)  
*President 1948-49*



DOCTOR ANDRE REPOND  
(Switzerland)  
*President 1949-50*





WORLD FEDERATION FOR MENTAL HEALTH  
FEDERATION MONDIALE POUR LA SANTE MENTALE

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ANNUAL REPORT  
with Proceedings of Annual Meeting  
1948-1949

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*Telephone: Welbeck 8126.*

*Telegraphic Address: Fedmensana, Wesdo, London.*

*Cable Address: Fedmensana, London.*

*Temporary Office:*

19, Manchester Street,  
London, W.1.,  
England

*The Federation is Incorporated under Swiss Law*

*Registered Address: c/o MMes. Borel et Paul Lachenal,  
92, rue du Rhône, Geneva.*

ENGLISH LANGUAGE

*(The Report is also available in French)*

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## OFFICERS OF THE FEDERATION

1948 — 1949.

*President:* DR. J. R. REES, U.K.

*Vice-President:* DR. ANDRE REPOND, Switzerland.

*Treasurer:* DR. F. FREMONT-SMITH, U.S.A.

*Honorary Secretary:* DR. K. SODDY.

*Assistant Secretary:* MISS E. M. THORNTON.

### Members of Executive Board.

*(The President, Vice-President and Treasurer are members of the Executive Board, ex officio.)*

*Chairman:* Prof. Dr. H. C. Rümke, Holland.

*Vice-Chairman:* Dr. M. K. el Kholi, Egypt.

Dr. J. D. M. Griffin, Canada.

Miss K. Hesselgren, Sweden.

Prof. Dr. E. E. Krapf, Argentina.

Dr. K. R. Masani, India.

Dr. Doris M. Odlum, U.K.

Dr. Y. Porc'Her, France.

Prof. H. de B. B. Roxo, Brazil.

Dr. J. Russell, New Zealand.

Dr. G. S. Stevenson, U.S.A.

Prof. Dr. J. Stuchlik, Czechoslovakia.

### Substitute Members.

Dr. Marcel Alexander, Belgium.

Prof. Dr. F. Kerim Gökay, Turkey.

Prof. Dott. Carlo de Sanctis, Italy.

### Bankers:

BARCLAYS BANK, LTD.,  
Cavendish Square Branch,  
4, Vere Street,  
London, W.1.

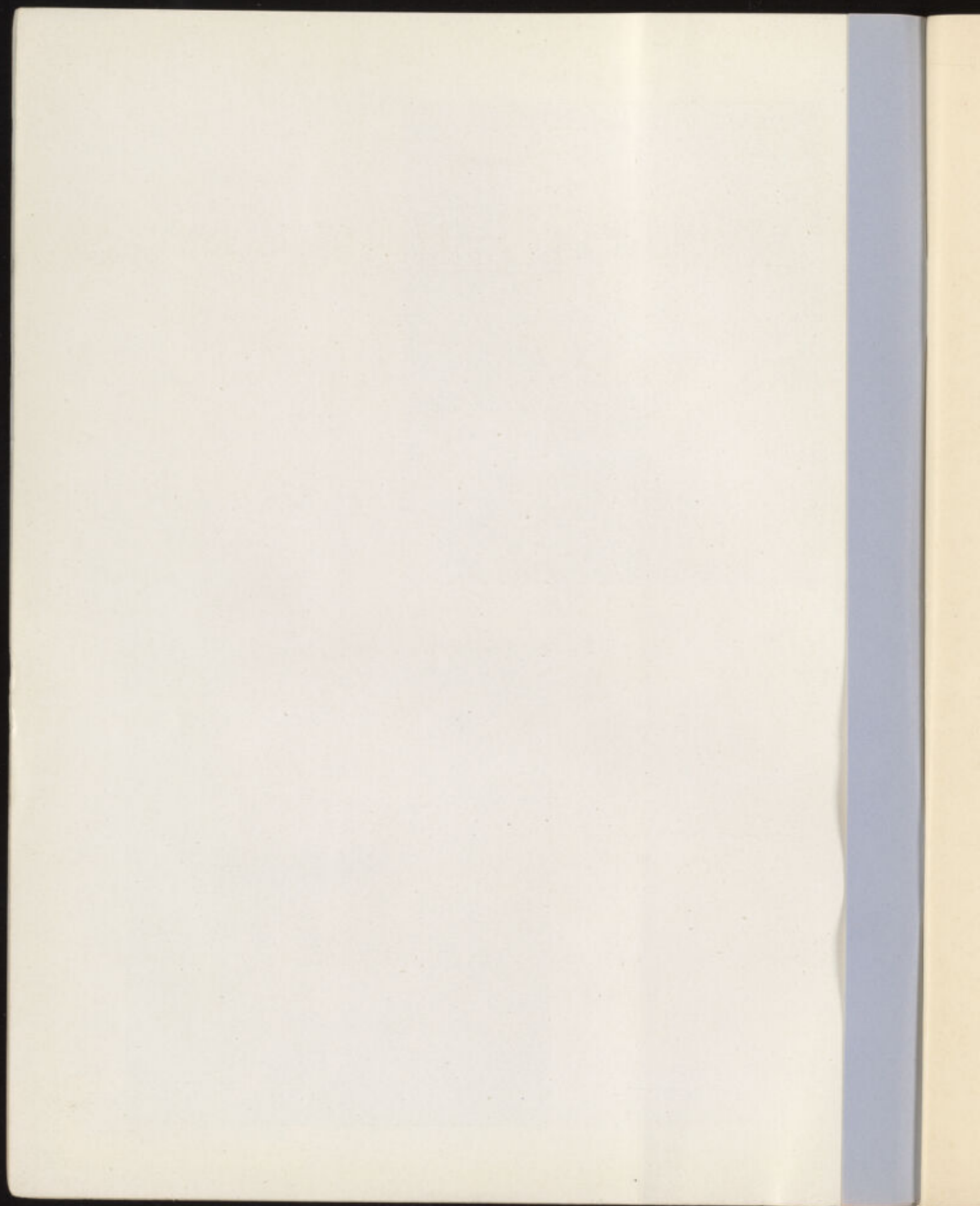
LOMBARD, ODIER & CIE.,  
11, Corraterie,  
Geneva.

### Solicitors:

MMES. BOREL ET PAUL LACHENAL,  
92, rue du Rhône,  
Geneva.

### Auditors:

MESSRS. HOMERSHAM & CO.,  
Incorporated Accountants,  
106, St. Clement's House,  
London, E.C.4.



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*Vice-President:* PROF. W. LINE, Canada.

*Treasurer:* DR. M. K. EL KHOLY, Egypt.

*Director:* DR. J. R. REES.

*Assistant Director:* DR. K. SODDY.

*Secretary:* MISS E. M. THORNTON.

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Dr. L. Bartemeier, U.S.A.

Prof. Dr. F. Kerim Gökay, Turkey.

Miss I. Laird, U.K.

Dr. E. C. Lekkerkerker, Holland.

Prof. Dott. Carlo de Sanctis, Italy.

### Inter-Professional Advisory Committee.

Miss S. Clement Brown

Prof. John Cohen

Dr. H. V. Dicks

Prof. J. C. Flugel

Mr. Lawrence K. Frank

Dr. Frank Fremont-Smith

Miss E. M. Goldberg

Prof. Otto Klineberg

Dr. J. Koekebakker

Prof. William Line

Dr. Margaret Mead

Prof. The Revd. E. F. O'Doherty

Dr. A. Querido

Dr. Nina Ridenour

Prof. Dott. Carlo de Sanctis

Prof. T. S. Simey

Dr. P. M. Turquet

# LIST OF MEMBER ASSOCIATIONS

(62 Associations in 33 Countries.)

September - 1949

## ARGENTINA

Liga Brasileira de Higiene Mental\*

## AUSTRALIA

Australasian Association of Psychiatrists

## AUSTRIA

Osterreichische Gesellschaft für Psychische Hygiene

## BELGIUM

Ligue Nationale Belge d'Hygiène Mentale

## BRAZIL

Liga Brasileira de Higiene Mental\*

Centro de Estudos Franco da Rocha

## CANADA

Canadian Psychological Association

National Committee for Mental Hygiene

## CHILE

Asociación Chilena Pro Salud Mental

## CHINA

Chinese National Association for Mental Hygiene

## CUBA

Liga Cubana de Higiene Mental

## CZECHOSLOVAKIA

Ceskoslovenska spolecnost pro peci o duševní zdraví v praze (The Czechoslovak Mental Health Society in Prague)

## DENMARK

Landsforeningen for Mentalhygiejne

## EGYPT

Egyptian Association for Mental Health

## FINLAND

Finnish League for Mental Hygiene

## FRANCE

Ligue d'Hygiène Mentale

## GREECE

Neuropsychiatric Society of Athens

## HOLLAND

Nationale Federatie voor de Geestelijke Volksgezondheid

## INDIA

Indian Council for Mental Hygiene

## ISRAEL

The Society for Mental Hygiene in Israel

## ITALY

Lega Italiana d'Igiene Mentale

## MEXICO

Liga Mexicana de Salud Mental

## NEW ZEALAND

New Zealand Council for Mental Health

## NORWAY

Norsk Landsforening for Mentalhygiene

## PERU

Liga Peruana de Higiene Mental

## POLAND

Polskie Towarzystwo Higieny Psychicznej (Polish Society of Mental Hygiene)

## PORTUGAL

Sociedade Portuguesa de Neurologia e Psiquiatria

## SOUTH AFRICA

South African Council for Mental Hygiene

## SWEDEN

Svenska Föreningen för Psykisk Hälsovård

## SWITZERLAND

Comité National Suisse d'Hygiène Mentale\* Pro Infirmis

## TURKEY

Turkish Society for Mental Hygiene

## UNITED KINGDOM

Association of Mental Health Workers

British Psychological Society

National Association for Mental Health\*

National Union of Teachers

Northern Regional Hospital Board (Scotland)

Nursery School Association of Great Britain and Northern Ireland

Royal Medico-Psychological Association

Scottish Association for Mental Health

## U.S.A.

American Association on Mental Deficiency

American Association of Psychiatric Social Workers

American Neurological Association

American Nurses' Association

American Orthopsychiatric Association, Inc.

American Psychiatric Association

American Psychoanalytic Association



American Psychological Association, Inc.  
 American Psychosomatic Society  
 American Sociological Society  
 American Sociometric Association  
 Family Service Association of America  
 National Committee for Mental Hygiene, Inc.\*  
 National League of Nursing Education  
 National Mental Health Foundation  
 National Organization for Public Health Nursing, Inc.  
 Society for Applied Anthropology

The Society for the Psychological Study of Social Issues

#### URUGUAY

Liga Nacional Uruguaya de Higiene Mental

#### VENEZUELA

Liga Venezolana de Higiene Mental

#### INTERNATIONAL ASSOCIATIONS

International Association for Child Psychiatry

SEPEG (Semaines internationales d'Etudes pour l'Enfance victime de la Guerre)

\*Denotes Convening Organisation in countries where there is more than one member association.

### THE SECRETARIAT.

As recorded in the Proceedings, the Annual Meeting of 1949 made three decisions of importance to the Federation in ensuring continuation of its administration and executive work and expanding the Secretariat:

Dr. J. R. REES, the first President, has been appointed *Director of the Federation*;

Dr. KENNETH SODDY, the Honorary Secretary, has been appointed *Assistant Director*; and

Miss E. M. THORNTON, the Assistant Secretary, has been appointed *Secretary*.

Dr. REES will devote not less than half time to the work of the Federation, and Dr. SODDY not less than one day per week. Miss THORNTON will continue whole time.

These appointments, of course, refer to the Secretariat in London, but when the Federation is in a position to move the Secretariat to Geneva, its Headquarters staff will have to be reviewed.



## FOREWORD

BY DR. J. R. REES, *President*, 1948-49.

The World Federation for Mental Health came into being in August, 1948, at a meeting held in the Ministry of Health in London. The first Annual Report of the Federation is lengthy because it aims to give a reasonably complete account both of the work of the year, and of the recent Annual Meeting (or Assembly) in Geneva in August, 1949.

This Federation was created to develop and enlarge the work of the old International Committee for Mental Hygiene. The need was felt for a new organisation with a rather wider basis, not necessarily less medical, but with more participation of other disciplines than medicine which are equally concerned with problems of mental health and human relations: e.g., educators, sociologists, the clergy, psychologists and anthropologists. The Federation seeks to harness the energies of all these professions and stands firmly for the belief that only by team work can these problems be solved.

The Federation has also many other functions. It provides opportunities for men and women in different professions to meet together, to further mutual understanding by exchange of ideas and experience. It also has created an opportunity for dissemination of the ideas of its member societies in a way that has never been possible hitherto. Recognition as a non-governmental organisation with consultative status by UNESCO and WHO has provided the Federation with an opportunity to transmit such ideas to governments, and to forward the enquiries and requests of governments to the appropriate technical workers or member societies for action. Some 62 societies, composed of members of various professions and coming from 33 countries, are at present members of the Federation, and others are in process of applying for membership. This is a very satisfactory state of affairs, though it creates

some very challenging problems of organisation and communication which are by no means solved as yet.

The main organ of the Federation is its Annual Meeting, where on issues which demand a vote the delegates from each country, (not each member society), collectively exercise one vote. A good deal of experiment has been going on in the art of international conference, and, as will appear from the report in this volume, we are far from satisfied with the results up to date. It is a vital matter for international human relations that we should seek better methods of understanding each other; and this we certainly hope to do.

Every four years there will be a large International Congress on Mental Health, the Congress in London in 1948 which launched the Federation being the first of these.

The affairs of the Federation are, to a considerable extent, delegated to its Executive Board, which must by statute represent the six continents. The Board up to date has held four meetings, and, since funds are still lacking, the members have had to arrange for their own expenses of travel and accommodation—and in this have shown generosity which deserves an expression of the greatest gratitude from all members of the Federation.

Between the meetings of the Executive Board the Bureau, or Steering Committee, consisting of the President, Vice-President, Chairman of the Executive Board, Director, Assistant Director and Secretary, has, so far, held three meetings. The execution of the programme of the Federation devolves mainly on the Secretariat, which, as will be clear from Dr. Soddy's Report on page 9, has worked extremely hard and accomplished all that could be expected from so few. From September 1st, 1949, thanks to an anonymous



donation in Great Britain for this special purpose, the Federation has had the part-time services of a Director and an Assistant Director. The location of the office in London is merely temporary. The Federation is a world body and should have an international secretariat located in the most suitable position—which we feel to be Geneva. Funds have so far not allowed for the employment of whole-time technical help, nor for the uprooting of people from different countries to create a truly international secretariat. We look forward to the realisation of this ideal in the very near future—but it depends upon the efforts of those of our member societies who believe in what we are doing and can raise funds for such work.

The Treasurer's Report on page 34 makes clear the serious financial position that the Federation will have to face before long; but we may at least hope that the subscription blanks which are bound in at the end of this report, if well used, may provide the solution of these difficulties.

The Federation publishes a Bulletin every two months, and there are indications that the subscriptions to the Bulletin are increasing in number. It is important that they should, since it must be self-supporting before long, and we cannot afford to publish

it in more than one language until there are many more subscribers.

To those who read the Report, it will be obvious how the aims of the Federation are taking shape. Our links as a consultative body with UNESCO and the World Health Organization throw a heavy responsibility on us. Other tasks are to give what help we can to our member societies, whether in more advanced or in less developed countries, to keep them informed of the various developments that are going forward, and to try to fill in the neglected spaces in the planning for better mental health. Such work is more important than an attempt to create some huge new structure or organisation in our special sphere of interest. It is an accepted principle that our best work may be done through existing projects and organisations, to whose efforts we can add something that comes from our experience in our particular professional disciplines.

The Executive will be trying to implement many suggestions which emerged from the recommendations of the working parties at our last Annual Meeting in Geneva. No one who ponders over these can be otherwise than stimulated to think about the possibilities of preventive work in the field of mental health, and of the building and maintenance of better human relations.



## REPORT OF THE HONORARY SECRETARY

1. The Honorary Secretary's report on the first year's work of the World Federation for Mental Health consists of a general survey of the operations during the year with particular regard to administration and technical policy. Matters of wider scientific interest or of fundamental principle are more aptly dealt with elsewhere, but it is hoped that this report will enable members and interested parties new to our work, to appreciate the general administrative background of the Federation.

### FOUNDATION OF THE FEDERATION.

2. The formalities for the incorporation of the Federation under Swiss Law in the Canton of Geneva were completed through the good offices of MMes Borel et Paul Lachenal, Avocats au Barreau de Genève, during December, 1948. Since this time the Federation has been able to exercise its full legal powers. *The Articles of Association* in English and in French were given the widest circulation and, more recently, the agreed statement of the *Qualifications of Member Associations* has been printed and distributed.

*The Minutes of the Foundation Meeting* were sent to the voting delegate of all the national delegations present, and a specially typed copy of the Minutes was sent to the International Committee for Mental Hygiene, for signature and preservation in the archives.

### COMPLETION OF THE WORK OF THE INTERNATIONAL CONGRESS ON MENTAL HEALTH, LONDON, AUGUST, 1948.

3. As decided during the Congress, the work and assets of the Congress were transferred to the Federation after arrangements for publishing the Proceedings had been completed.

The Congress office ceased to exist at the end of February, 1949, a small staff being retained until March 31st to complete publishing arrangements. All copyrights

have been assigned to the Federation. A very cordial vote of thanks was passed by the Business Committee to Mr. Harvard for his outstanding work for the Congress, and the thanks of the Federation are due also to the other members of his staff for their very successful work.

### Congress Proceedings.

All who attended the Congress, and other subscribers, have had sent to them their copies of the Congress Proceedings; but some delay on estimated time was found to be unavoidable. The Congress Office assumed entire responsibility for the publication and all the material was printed in little over six months; but some delay was encountered in binding and despatch.

5,000 copies of each of the four volumes were printed and 4,000 bound, and many expressions of appreciation of their quality have been received. Despatch was completed at the end of July, and it is hoped that there have not been many instances of copies failing to arrive. Thanks are due to the untiring editorial staff for a magnificent job, in that the completion of this task in one year, in spite of all the post-war difficulties, compares favourably with the publication of the proceedings of many similar Congresses.

Special thanks are due to UNESCO for the munificent grant of \$2,000 towards the cost of the Proceedings, which has helped to make possible the production of a handsome record of this important event.

At the same time a new edition of the *Statement of the International Preparatory Commission* was prepared with a new preface and a cover. 6,000 copies were distributed, for sale and by gift. It has been reprinted in an American journal, and scientific journals all over the world have responded to the request for reviews and publicity.



The British Foreign Office, with the agreement of the Office of Commonwealth Relations, sent an accompanying letter with two complete sets of the Proceedings and complimentary copies of the IPC statement, which were presented to all Governments in the world, whether represented at the Congress or not. All governments were asked to ensure that copies of the Statement would reach their Health and Education Departments.

#### MEMBERSHIP OF THE FEDERATION.

4. Member Associations, including nine new members from five different countries admitted during the Assembly of 1949, now number sixty-two, from thirty-three countries.

Member Associations fall into the following categories:—

<i>General mental health organisations</i>	33
<i>Professional organisations</i> ... ..	19
<i>Specialised organisations</i> ... ..	7
<i>International bodies</i> ... ..	2
<i>Governmental bodies</i> ... ..	1
	—
	62
	—

Lists of Member Associations, as admitted, have been published in the Bulletin.

The Liga de Higiene Mental del Uruguay has modified its Constitution to become independent of Government control, and the National Committee for Mental Hygiene of Norway has been succeeded by the Norwegian National Association for Mental Health. The Australasian Association of Psychiatrists hopes shortly to establish a national mental health association.

The Society for Mental Hygiene in Israel, which was one of the original societies "known to the International Committee for Mental Hygiene" submitted its application for membership immediately recognition was accorded by the United Nations to the State of Israel. This Society is welcomed with special warmth.

The absence, so far, of enquiries about membership from eccentric or inappropriate

societies is encouraging, and it is known that many reputable bodies are now considering applying.

Some societies, particularly those with a small membership consisting entirely of professional people, have felt unable to join because of inability to pay the subscription; others whose aims are parallel but not closely identified with our own have been discouraged because of many similar claims on their funds. At the Assembly of 1949, it was decided that while the annual membership subscription should remain at 400 Swiss Francs, for Professional or Specialized organisations of less than 100 individual members the subscription should be reduced on request to 200 Swiss Francs. Other organisations unable to pay should be encouraged to enter into affiliation with existing members and thus to secure indirect membership of the Federation.

#### Countries not Members of U.N.

The limitation of membership of the Federation to organisations in countries eligible for membership in the United Nations has appeared to some to be contrary to the best mental health principles. The Federation's policy in this matter was founded on information that this exclusion was a condition of recognition of the Federation by UN Agencies. After consultation with the appropriate Agencies, it has now been agreed to delete the clauses concerned from the Articles as soon as the prescribed period allows, viz., next year. Many of our members feel that this decision is significant in that it represents the triumph of a mental health principle over a political expedient.

Since the first Assembly it has been ascertained that the admission of *government-sponsored bodies* is no bar to our status as a non-governmental organisation with UN, and one such body has been admitted to membership.

#### OBITUARY.

5. While not attempting to record the deaths of any of the other friends of the mental



health movement in this report, reference cannot be omitted to our sad loss in the sudden death of Dr. Harry Stack Sullivan who was largely the inspiration behind the work of the Advisory Inter-Professional Committee, and whose influence is greatly missed.

#### **FINANCIAL AND LEGAL ADMINISTRATION.**

6. The Balance Sheet for the financial year 1948 and the Estimates for 1949 are given on other pages. Four points of particular importance to our administration are:—

**Donations to the Federation.** There have been two munificent gifts to the work of the Federation. The first, from an anonymous donor in Britain, through Dr. Rees, was the sum of £2,500 for each of three years towards the salary of a Director; the second, from the Josiah Macy, Jr., Foundation of New York (of which Dr. Frank Fremont-Smith, Treasurer 1948-49, is the Medical Director) of \$15,000 for each of three years, subject in the second and third years to \$60,000 being forthcoming to the finances of the Federation. These generous benefactions carry with them their challenge not only to find other money ourselves, but to produce work worthy of such generosity.

**Bank Account in Geneva.** Following on the incorporation of the Federation in Geneva, a Bank Account has been opened with Messrs. Lombard, Odier & Cie, 11, Corraterie, Geneva.

**Auditors.** To comply with Article 48, the Honorary Secretary took responsibility for the appointment of a London firm—Messrs. Homersham & Co., Incorporated Accountants, 106, St. Clement's House, London, E.C.4, as Auditors to the Federation for 1948. A certified Balance Sheet for the period up to December 31st, 1948, and an interim Statement by the auditors up to June 30th, 1949, were approved at the Assembly of 1949, and Messrs. Homersham & Co. officially appointed Auditors for 1949.

#### **THE SECRETARIAT.**

7. The Secretariat has had a busy year.

The establishment of the administration with uncertain financial prospects, and with no precedent or established custom to learn from, has meant a great deal of improvisation.

The Federation owes much to the work of Miss E. M. Thornton, O.B.E., M.A., on whom as Assistant Secretary, all the day to day responsibility, and much of the long term responsibility has fallen. Miss Thornton came to the Federation after helping with the London Congress temporarily, and there can be nothing but admiration for the way she has mastered a complicated task in a field with which she was previously unfamiliar. In view of the scope and importance of her job, it has been decided from now on to designate her as Secretary instead of Assistant Secretary.

We were fortunate to secure the services of Miss Duncan, late of the Congress staff, as our librarian and internal administrator. Miss Green from the Congress staff, and Mrs. Stout, complete the clerical establishment to whose efficient and generous service the Federation is much indebted. With such a small staff, the great spate of material which emerges could only be produced with help from time to time from secretarial agencies. Our warm thanks go to Miss Sayer who has given valuable spare time to help with our accounts, and to Miss Janet Smith, also late of the Congress staff, for returning to represent the Federation in London during the Assembly.

Further details of interesting correspondence are given below, but we take some pride in pointing to the fact that in circular letters alone, i.e., letters going to more than say 30 recipients (from 30 to 250), the office has produced 107, or more than two per week in the first 11 months of its existence.

The great indebtedness of the Federation to Dr. Rees for his ever ready availability and his remarkable faculty of being at the service of colleagues must again be recorded. In spite of manifold responsibilities he has given of his time and thought with his usual prodigality. The correspondence he has carried on himself on behalf of the Federa-



tion greatly lightened the load of the office, and the value of his outside contacts to the Federation needs no comment.

The other members of the Bureau, Dr. Repond and Dr. Rümke, have only been prevented by geography from being as closely associated. The fact is that there has not been time to write to them on all the subjects on which we would have liked to have consulted with them had they been present in the flesh, but we are grateful for their unstinting help and willingness.

**The Honorary Secretary.** It has never been pretended that this appointment could be held effectively by an unpaid volunteer devoting to it such time as he could spare from heavy clinical and academic responsibilities. Most of the time given to the Federation has been during evenings and week-ends, which has to a certain extent made things more difficult for the staff and caused delay in correspondence. It is certain that in the many day to day pre-occupations, there has not been enough time for real thought and for careful planning on a long term basis.

**Office Accommodation.** The offices inherited from the Congress have proved satisfactory, if expensive. There are three good rooms and a fourth fit for occasional use but owing to lack of an outside window better used as a store. There is no space for further increase in staff.

#### THE EXECUTIVE BOARD.

8. The Executive Board held its first meeting immediately after the foundation meeting. Its Chairman, Dr. Rümke, visited London during October, 1948, for consultations with the President and Secretariat. The next Board meeting was held in Amsterdam for five days during January, 1949, where it was very warmly entertained by our Netherlands member body. At this meeting the need for closer contact between Board and Secretariat led to the formation of the *Bureau*, to consist of the President, Vice-President, Chairman of the Executive Board, Honorary Secretary and Assistant Secretary, in the hope that

more frequent meetings would be possible of this, than of the whole Board. The Bureau was instructed to report to the Board. It met in Geneva and at Malévoz during March as the guests of Dr. Repond and made many arrangements for the Assembly. The existence of this Bureau, which has been relatively accessible, has been of the greatest value to the Secretariat and our only wish is that time and money would permit it to meet monthly.

The desirability of keeping our past Presidents in close contact with the Board has been met by inviting past Presidents to continue as non-voting members of the Board for a period of six years.

#### APPOINTMENTS.

##### 9. Vice-President:

The election of Vice-President each year determines automatically the President for the year following. Having had two European psychiatrists as President in the first two years, the election of Professor William Line, Professor of Psychology in the University of Toronto, as the new Vice-President, will be a source of satisfaction to an even wider group than those who have the good fortune to know him personally. The importance of stressing both the world-wide and the interprofessional character of our organisation in its early days will be appreciated by all.

##### Director:

A continuous search has been made for the right person to act as the Chief Executive Officer of the Federation, a post which it is proposed to term Director. The present impracticability of moving the office to Geneva, for financial reasons, has led to the decision to make an appointment on a less permanent basis in London. The Assembly of 1949 was unanimous in its invitation to Dr. J. R. Rees to become its first Director, and the Federation is deeply conscious of its indebtedness to Dr. Rees for his acceptance of the invitation to devote half of his time to these duties. The way is now clear for the Federation to make rapid progress.



#### **Honorary Secretary:**

It was always envisaged that this appointment would lapse when an appointment was made of a Director, but Dr. Soddy was invited, and has agreed to continue, to work for the Federation as Secretary-General. It was later thought that it would be less confusing to term this appointment "Assistant Director." Dr. Soddy will devote the equivalent of one day a week to his duties.

#### **Technical Assistant Director:**

The appointment of a psychologist or person with comparable qualifications has been approved in theory, but must be held pending improvement of the financial position. The need for such a person is increasing as the work grows, and also for a full time editor to take over the Bulletin and the information services of the Federation and to organize the work of Groups all over the world.

#### **ARTICLES OF ASSOCIATION.**

10. It was not to be expected that the Articles, however carefully prepared, would prove entirely satisfactory, and although they are on the whole adequate, some points of inconvenience and inconsistency have appeared. A number of amendments were therefore proposed to the recent Assembly by the Executive Board, and were unanimously adopted. These will be found in the Proceedings of the Annual Meeting.

#### **CORRESPONDENCE ON TOPICS OF SPECIAL INTEREST.**

11. It may be of interest to recapitulate some of the more interesting items of correspondence emanating from the Secretariat during the year.

Correspondence with member associations and with individuals has been voluminous. A great number of constructive ideas and suggestions has come in with which we have attempted to deal. In particular one might mention ideas on the future of the Inter-Professional Advisory Committee and proposals to create in various countries special groups for various purposes.

We had the privilege of sending to the

Director-General of WHO the recommendations of the Executive Board for study and action in the international mental health field. Letters have been sent to all Governments of countries in which there are member associations of the Federation, drawing attention to the nature and purpose of the Federation and giving details of the present membership in the respective country, and names of the members of the Executive Board.

An "urgent" letter calling upon members to exert their utmost efforts to secure adequate representation of mental health at the WHO General Assembly in Rome, June, 1949, had encouraging results.

Literature of special interest is distributed automatically to all members of the Executive Board, and arrangements have been made with WHO and UNESCO for all their press releases to be sent direct to the Board and to members of the Inter-Professional Advisory Committee.

We have broached, at the suggestion of Dr. Rees, a long-term plan for mutual exchange and co-operation with other international non-governmental organisations with consultative status with WHO.

Our preliminary enquiry about facilities for mental health training in every country of the world has aroused interest and many members are taking it very seriously. This enquiry looks as if it may show up in an unmistakable fashion a serious lack of planning in many parts of the world. The enquiry on behalf of WHO about mental health educational material which has been sent to all member organisations, will help us to know what our members are doing.

Last but not least, the Basic Material for discussion by the Working Groups at the Assembly of 1949, which was sent beforehand to all known delegates and observers, was part of an attempt to put to practical use the big store of material which accumulated during the London Congress.

#### **THE BULLETIN.**

12. Five numbers of the Bulletin have now been produced. The Editorial Committee,



under its Chairman, Professor Flugel, has worked hard, but the practical implementation of its decisions has fallen to the lot of Miss Thornton, who has had to make do with a very small staff. The practical side has been greatly eased by Mr. Ronald Fredenburgh's generous handling of publishing and despatch and our thanks are due to him for his continuing help. An editorial appointment in the Secretariat must be made soon if the Bulletin is to develop properly.

It cannot be said that we are satisfied, or even much encouraged by the visible support given to the Bulletin among our member associations. The circulation grows slowly and more effort seems required to make the Bulletin a really effective journal. The Assembly of 1949 brought in 60 new subscribers; we have now about 1,000, but many countries have yet to produce a single subscriber.

#### RELATIONS OF MEMBER ASSOCIATIONS WITH THE SECRETARIAT

13. In response to our requests a number of member associations have sent in reports of their activities, and these are available for reading. Both compilation of these by the member concerned and their reading by members of the Secretariat involves a great consumption of time. Then we are faced with the problem of how to transmit their contents to other members. The appointment of an editor on the Secretariat staff might solve the problem of finding opportunity to translate or edit the reports for general distribution.

The Secretariat considers that the main problems of how to achieve real inward and mutual communication with our members still remains to be solved in the future. How can the individual members of our constituent organisations, and not only their officials and secretariat, be made to feel that they are an active part of the Federation?

#### RELATIONS WITH THE WORLD HEALTH ORGANIZATION.

14. The relations of the Federation with WHO have become very close indeed, following our recognition by WHO as

a non-governmental organisation with consultative status, and we are deeply indebted to the Director-General, Dr. Brock Chisholm, and to Dr. Ronald Hargreaves.

The recommendations to WHO put forward at the Congress were duly forwarded and also a list of the reports of the Preparatory Commissions. We were happy to send at the request of WHO some authoritative information on the material required for, and cost of establishing Child Guidance Clinics, kindly supplied by member organisations in the U.S.A. and U.K. This is a good example of a small service that we can perform for the official body.

Lately, a more ambitious scheme has appeared in the request from WHO that the Federation should assist in the collection of public education material in the field of mental health. Several members have already sent in sets of pamphlets of their own publication. The Secretariat regards the reception of duplicate copies for itself as important for the building up of adequate information.

There have been a number of other enquiries on small points, and it is perhaps in the answering of enquiries responsibly, yet unofficially, that we can render an unique service in making available to the international governmental organisations information of a type unobtainable from any other source.

The sequel to our letter about the need for adequate psychiatric representation of mental health at the WHO General Assembly (Rome, June, 1949), was that seven psychiatrists were included among their own national delegations. One useful effect was the formation of an *ad hoc* advisors' committee which was able to give valuable assistance in the planning stages of the Assembly.

The WFMH representation as observers at the WHO General Assembly was to have been Dr. Rees, Dr. Repond and Professor de Sanctis, but Dr. Repond and Professor de Sanctis succeeded in joining their own governments' delegations respectively.



WHO again proved its friendship in the help given in preparing our own Assembly in Geneva, and in this matter we must add to the names of Dr. Chisholm and Dr. Hargreaves those of Professor Grzegorzewski, Mr. J. Handler and Mme. Repond, whose help in publicity, hospitality, arrangements and representation is warmly appreciated. The Bureau and Secretariat have received every possible consideration during visits to Geneva. The meeting of WHO's Expert Committee on Mental Health immediately after the Assembly was a friendly arrangement whereby the Federation had the benefit of the presence of several of its members and the maximum co-ordination was possible.

The coming visit of Professor Krapf to the Philippines on a WHO mission is noted with interest. It may be that others have undertaken comparable journeys of which we have not heard.

#### RELATIONS WITH UNESCO.

15. Mention has been made of the generous help given by UNESCO to the Congress and the great interest taken in our foundation.

Relations following our recognition as a non-governmental body with consultative status have continued to be close and cordial; it is gratifying to note that Dr. Julian Huxley attended our first Assembly, and that his successor as Director-General, Dr. Torres Bodet, contributed an article to the *Bulletin* very soon after taking up his new duties.

Dr. Otto Klineberg and Dr. Irina Zhukova have worked closely with the Federation. Dr. Rees and Dr. Soddy have between them paid several visits to Paris, mainly concerned with working out the ways in which WFMH can fit its plans in with those of UNESCO.

The list of Preparatory Commission reports was also sent to UNESCO and we were able to give some publicity to the UN Declaration of Human Rights, in the *Bulletin*. In reply to an official enquiry from UNESCO about the implementation of the Congress resolution to establish a mental

health organisation in Germany, we were able to refer to Dr. Forel's interest in this and to Dr. Krapf's work for the Federation at the Conference sponsored by *Save Europe Now* at Düsseldorf in January. Subsequent contact with the Occupation Authorities resulted in the presence of German observers at the recent Assembly.

Dr. el Kholy of Egypt submitted an interesting report of the UNESCO 3rd General Assembly at Beirut in November, 1948, at which he represented the Federation. It has also been represented by Professor Segerstedt at the UNESCO Conference on its Tensions Project in January, 1949; by Professor William Line at the Conference on Technology and Human Relations in April; and by Mr. Langkjaer, of our Danish member organisation, at the Conference on Adult Education held at Elsinore in June, 1949.

#### RELATIONS WITH THE COUNCIL FOR THE CO-ORDINATION OF INTERNATIONAL CONGRESSES OF MEDICAL SCIENCES (CCICMS)

16. This new body is a joint activity of UNESCO and WHO in a sphere of some interest to the Federation. In future it will be the sole channel for UN support of international congresses of the type which concern the Federation. The recent Assembly was asked, and agreed, to ratify its membership of the Council and to approve the Statutes. The Executive Board had previously resolved that ratification be recommended subject to a maximum annual subscription of 1,000 Swiss francs.

On WHO advice a request was submitted to CCICMS for a grant towards the cost of publications arising from the Assembly.

#### RELATIONS WITH OTHER UNITED NATIONS' SPECIALISED AGENCIES.

17. The Federation has attempted to enter into a recognised relationship with all the UN Specialised Agencies in whose work it has some interest.

The Economic and Social Council up to now has not agreed to a special relationship but the matter is again under consideration.



ECOSOC was represented by an unofficial observer at the Assembly of 1949.

The U.N. International Children's Emergency Fund makes the suggestion of a loose kind of affiliation by which the Fund and the WFMH are linked through WHO.

The International Labour Office prefers not to make a formal agreement, but is prepared to enter into an understanding of mutual consultation on matters of common concern. The ILO was represented at the Assembly in Geneva.

The Food and Agricultural Organisation similarly has elected to enter into an "ad hoc" arrangement with WFMH.

The International Refugee Organisation, being a temporary body has no comparable system of formal agreements, but offers co-operation.

#### RELATIONS WITH OTHER INTERNATIONAL NON-GOVERNMENTAL ORGANISATIONS WITH CONSULTATIVE STATUS WITH WHO.

18. A letter was sent to all organisations in a similar relationship with WHO to our own. The following organisations were included:

*League of Red Cross Societies.*  
*World Medical Association.*  
*International Union for Child Welfare.*  
*International Council of Nurses.*  
*International Dental Federation.*  
*World Federation of United Nations Associations.*  
*Inter-American Association of Sanitary Engineering.*  
*International Union against Venereal Disease.*  
*International Union against Tuberculosis.*  
*International Union against Cancer.*  
*International Committee of the Red Cross.*  
*International Hospital Federation.*  
*International Academy of Legal Medicine and of Social Medicine.*  
*International Leprosy Association.*  
*International Association for the Prevention of Blindness.*

The letter suggested an exchange of information so that the member organisations in each country would know which were their colleagues in relationship with WHO. It was also thought possible that in

some countries the organisations concerned might form, on a voluntary basis, commissions or co-operating bodies with WHO, analogous to the official bodies already formed with UNESCO.

#### RELATIONS WITH OTHER INTERNATIONAL ORGANISATIONS WITH ALLIED INTERESTS.

19. There has also been correspondence with the following organisations on matters germane to their interests:

*Committee for the Rehabilitation of asocial Youth in Austria.*  
*Interim Committee of Consultative Non-Governmental Organisations.*  
*International Federation of Children's Communities.*  
*International Hospital Federation.*  
*Save Europe Now.*  
*World Association for Public Opinion Research.*  
*World Citizenship Movement.*  
*World Organisation for Early Childhood Education.*

#### REPRESENTATION AT OTHER CONFERENCES.

20. In addition to the conferences already mentioned, attention is drawn to our representation by Dr. Repond, at the Interim Committee of Consultative non-Governmental Organisations at Geneva in April, at the conference of the International Student Service in Denmark during May, and at meetings in Austria earlier in the year. Dr. Querido represented the Federation at the Conference on the Education of the Backward and Maladjusted Child at Amsterdam in July.

An interesting account of the Summer Course in Western Civilisation at the University of Utrecht under the Chairmanship of Professor Rümke was published in English in the *Utrechtsch Nieuwsblad*, a special edition of the *Sol Justitiae*, the periodical of the Utrecht University Community.

#### INTERNATIONAL CONGRESS OF PSYCHIATRY, PARIS, 1950.

21. Up to now the Federation has collectively taken no active part in preparations for this Congress, the success of which is clearly of



great importance. Representatives of its organising body, Professor Jean Delay and Dr. Henri Ey, were especially welcomed at the Assembly of 1949.

The next Annual Meeting of the Federation in Paris, September, 1950, is timed to make it convenient for our delegates to attend the Congress of Psychiatry if they wish, and it is hoped that a specific contribution by the Federation to the Congress may be arranged.

#### **FUTURE OF THE AIC.**

22. The original Advisory Inter-professional Committee suffered from great administrative difficulties, but individual members have been most helpful in the more technical aspects of our task. The reorganisation of the committee, under the new name of "Inter-Professional Advisory Committee" (IPAC) has now been undertaken, and it is hoped to secure for it a growing sphere of activities. Details of the proposals for its future will be found elsewhere in the Annual Report.

#### **REQUESTS FROM INDIVIDUALS.**

23. The Secretariat from time to time receives requests from private individuals for help. In dealing with enquiries we are always at pains to avoid encroaching on the work of the national organisations, but when an enquiry has actually been made it is not always easy nor wise to pass it on to others. Among legitimate enquiries are requests for help in publishing original research on international topics, translations into other languages of important books, and so on. No doubt there is potentially enough in this field to justify a department to deal with it in the future.

#### **NEW PROJECTS AND SUGGESTIONS.**

24. In addition to the more specific results of the discussions at the Assembly of 1949, the usefulness of several projects is being explored. These include the compilation of a register of mental health projects all over the world, for the information of workers and to prevent overlap in planning; and a

study of comparative meanings of technical terms used in mental health work in different languages, to reduce the confusion now existing. Other topics of fundamental importance include the place and function of research methods as now practised in the scientific world in mental health; and a discussion of the relations of the mental health movement with psychiatry. It is felt that our member organisations often fail to enlist the support of influential psychiatrists in their own countries for reasons which must have a powerful significance to both parties.

The programme of Preparatory Commission Work for the International Congress on Mental Health of 1952 is now due to be embarked on and will occupy much of our attention for the next three years.

#### **ARRANGEMENTS FOR THE ASSEMBLY OF 1949.**

25. Members heard with disappointment of the serious illness of the incoming President, Dr. Repond, which prevented his taking his place in the Chair at the Assembly. His presence was greatly missed, as was that of Dr. Doris Odium, another member of the Executive Board, also prevented by illness from attending.

The responsibility of the Secretariat, six hundred miles away from Geneva, for the arrangements for the Assembly, was much lightened by our colleagues on the spot, by the helpfulness of the World Health Organization, and the generosity of the University. In particular we owe much to Dr. Repond for his tireless efforts, and to Dr. Bersot who undertook so much of the detail work. Generous benefactors contributed towards the cost of our entertainment.

We are still not satisfied that we have evolved the most economical and efficient use of delegates' time. The Assembly represents a great expense by all in terms of time, effort and money, and we are still working on fairly traditional lines without any exact knowledge of how to get results. Elsewhere in the Annual Report retrospective criticisms of the Assembly are made.

The notice secured in the press, radio, etc., was helpful to the cause of mental health, and our thanks are due to Mme. Repond and Mr. Fredenburgh for getting such useful publicity for the Federation.

#### INVITATIONS TO THE ASSEMBLY.

26. Invitations to attend the Assembly were sent to a number of individuals as a mark of respect for their services to mental health, particularly in its early days.

The following organisations indicated a desire to be represented and were warmly invited to send observers:—

*International Union for Child Welfare* (3 observers).

*World Federation of United Nations Associations.*

*World Medical Association.*  
*Pan-American Sanitary Bureau.*  
*League of Red Cross Societies.*

#### CONCLUSION.

27. Finally, it may be said that the Secretariat has enjoyed its first year's work. Our main regrets have been that time at our disposal cannot be doubled and that so many worth-while projects have had to be given the most cursory treatment. I, personally, have never worked in a happier or livelier atmosphere than that in which our international mental health work has been conducted.

KENNETH SODDY, M.D.,  
*Honorary Secretary.*



## SECOND MENTAL HEALTH ASSEMBLY

Geneva, August 22nd-27th, 1949.

### OPENING SESSION.

Monday, August 22nd, 1949, 10 a.m.

*Chairman:* DR. J. R. REES.

*Hon. Secretary:* DR. K. SODDY.

Dr. REES, in opening the Meeting, expressed his regret for the absence of Dr. André Repond (*Vice-President* 1948/49), who was recovering from a serious illness. He introduced Dr. P. Vollenweider, Head of the Swiss Federal Department of Public Health, and M. Pujin, who represented the President of the Conseil d'Etat of the Republic and Canton of Geneva. He called on Dr. Vollenweider to address the Assembly.

Dr. P. VOLLENWEIDER, speaking in the name of Federal Councillor Etter, said:

"Ladies and Gentlemen: Monsieur Etter, Federal Councillor, and Head of the Federal Department of the Interior, who is unfortunately unable to be present at the opening of this Second Mental Health Assembly, has given to me, as Director of the Federal Public Health Service, the task of speaking to you to-day, in his name and in that of the Federal authorities.

Mine, therefore, is the great honour of welcoming you in the name of the Federal Council and of the Swiss people, and of expressing their hope that in our country you will find a favourable atmosphere for your work, and that it will flourish in the hospitable city of Geneva.

Your presence here not only does honour to our country, but bears witness to your gratitude to the Swiss doctors who have organised this assembly; and I make it part of my duty also to thank the Swiss National Committee for Mental Hygiene in the name of the Federal authorities for all that it has done since 1926, not only in the cause of science, but also for the fame of our country. Doctor Repond and his fellow workers are

I may say, fully aware of the interest that we take in their work.

I must now say a few words to forestall a question that you cannot fail to ask yourselves. It is, perhaps, a surprise to you that I am not able to tell you of anything that is being done on a national scale in this country in the matter of mental hygiene. The reason is that the Swiss Cantons enjoy the widest measure of self-government in all matters connected with health, and they alone are responsible for all action in this field, whether it be, as has already happened in some cases, by means of legislation, or by other measures.

None the less, in some quarters there is a wish that a Federal Law for the protection of mental health should be enacted, as it is felt that action by the Cantons tends to be insufficiently far-reaching. The Federal Health Authorities are giving this matter their closest attention, because although the health of the Swiss people is on the whole relatively good, much remains to be done in the interests of mental health if we are to comply with the requirements of the psychiatrists.

The Federal authorities are fully aware of this, but for political reasons, into which I need not enter here, the time is not considered to be ripe for them to seek from the nation the power to act in this field. Such action on their part may be made easier by your own work on the international scale; and this in itself shows to what an extent you can already be of service to our country. The same must be true of many other countries.

We were pleased to hear that the London Congress last year was a great success, and are gratified that Geneva has been chosen for this Assembly and for the seat of your Secretariat. It is quite right that your permanent centre should be near to the World Health Organization, which by granting consultative status to your organisation



has already recognised the importance of its work. This must be a great encouragement to you at a time when, as a result of experience during the war, the concept of mental health has widened, and is now considered to be not a purely medical matter, but to require the co-operation of psychologists, educationists, social workers, directors of mental health clinics, and of centres for anti-alcoholism, as well as of those interested in the prevention of crime, in the treatment of delinquents, of young people and difficult children.

Since the end of the war, Switzerland has had the pleasure of acting as host to many assemblies of doctors, and we have realised how much their work has been influenced by the terms of the Constitution of the World Health Organization, and to what an extent social questions are taking a more and more important place alongside purely scientific problems. I like to see in this a spirit of mutual goodwill which must make for peace between those who are inspired by it, and this is one of the reasons why the Swiss Federal Council accepted your invitation, and sent me here to speak to you about it.

Since the war, also, a radical change has taken place in the lives of men and of communities; and many individuals have to make a tremendous effort to adapt themselves to new conditions in a period characterised by great nervous tension, in which the "struggle for life" is full of tragic meaning.

However, in spite of their efforts, many individuals remain unadapted, defeated by circumstances, and without enough strength to keep up with the times, which allow of no compromise. Your work then demands attention, because it reminds us of a more serene attitude to life to which sooner or later the world must return through a simpler and healthier way of looking at things.

Mental health means the harmonious development of man, of a whole and sound man, able to face life cheerfully because he has confidence in himself, and does not have to overtax his powers. This is precisely what you aim at, you who know well that the day that man loses his power of contemplation—and in these days he is threatened with this—it will be hazardous to speak of human kindness.

Ladies and Gentlemen: On many sundials on old churches one may read this saying: "*Omnes vulnerant, ultima necat.*" "All wound, but the last kills." You have guessed that this refers to the hours. I do not know what grim happenings or tragic circumstances marked the period in which this disillusioned phrase was written, but I think that if nowadays a craftsman had to inscribe a similar sentence on the face of one of Geneva's beautiful clocks, he might write: "All wound, but the last saves" . . . and, as he worked, he might perhaps think about the great work, so rich in promise, which is the *raison d'être* of your Federation."

DR. REES thanked Dr. Vollenweider for his most interesting address, especially his exposition of the Swiss point of view. He called on the representative of the President of the Conseil d'Etat to take the floor.

M. PUJIN, on behalf of the Conseil d'Etat of Geneva, welcomed the presence in Geneva of distinguished representatives from about twenty-four countries, and hoped that their collaboration in the field of mental health would be crowned with success. Geneva was a propitious meeting place for international congresses in view of its past traditions and the democratic ideals of its institutions.

On the proposal of DR. REES, seconded by MISS HESSELGREN (Sweden), the Assembly unanimously passed a vote of thanks to the speakers.



## BUSINESS SESSION.

*Chairman:* DR. J. R. REES.

### MINUTES OF THE FIRST MENTAL HEALTH ASSEMBLY, LONDON, AUGUST, 1948.

The Minutes were unanimously ADOPTED, and signed.

### AGENDA AND STANDING ORDERS OF THE ASSEMBLY.

ADOPTED. (The text of the Standing Orders will be found on page 94.)

### ADDRESS BY THE RETIRING PRESIDENT, DR. J. R. REES.

DR. REES spoke first of the death of two distinguished pioneers in the field of mental health, Dr. Harry Stack Sullivan and Professor Dr. Otto Kanders, both tireless supporters of the Federation. The Assembly rose to its feet as a tribute to their memory.

DR. REES continued: "My dear friends and colleagues, a year ago you did me the very great honour of putting me in this Chair, and before I leave it I should like to say a few things quite briefly.

I am not going to recapitulate the work that has been attempted or done during the year, under conditions of considerable pressure. You will be hearing the report of the Chairman of our Executive Board and you will have in your hands the report of the Honorary Secretary, which deals in some detail with the work of 1948/49.

In trying to get a view of our Federation in perspective, I have asked myself why, just a year ago, we voted to establish this Federation at that memorable meeting at the Ministry of Health in London. First of all, I think that the development of opportunities for meeting and getting to know and understand each other is something that is highly important, far more important in my judgment than that we should just come together to listen to scientific papers, which we could equally well read, and then go away again. Whether the meeting is a small group or a large Congress, the personal contacts that are established, with the exchange of ideas and the improvement of understanding, give

a stimulus to every one of us which is reflected in our work, our attitudes and our planning for the future.

We are concerned naturally with everything that makes for mental health, with therapy and with prophylaxis, and we have, in fact, to concern ourselves not only with the problems of sick or poorly adjusted individuals but also with the problems of a sick society. The consideration of both these aspects of our subject forces us back to the need for preventive measures, which are not merely medical but are the concern of everyone who is occupied in studying or dealing with human beings.

We, who are in medicine, can never neglect the work of therapy, and, indeed, without our fundamental training in medicine and psychiatry, and the continuation of our therapeutic work with individuals, we should have little to contribute to the wider field of prevention. The operating table of the neurosurgeon and the analytic couch are necessary to our progress and to the development of all our skills. Necessary as they are, however, I think few of us will have any doubt that they are therapeutically almost negligible in a world where emotional disorders and mental ill-health constitute perhaps the greatest morbidity problem. The stresses and tensions which disturb mankind and which indeed threaten its very existence are our concern. The knowledge that we bring from our own particular work in our hospitals, our classrooms or our laboratories, can and must be turned round in an effort to find some diagnosis and some solution for these world-wide problems.

Therefore, like the World Health Organization, we must work for the physical, mental and social well-being of mankind, and we must do this with our colleagues as members of a team. Any one profession, be it that of education, sociology, theology, psychology or psychiatry, is, by itself, blinkered and limited. The treatment of the mentally ill is, and will remain, largely the concern of the psychiatrist. Wider problems of mental health, and indeed all problems of health,



increasingly seem to be the concern of inter-professional teams.

This, therefore, is a further objective of our Federation, to develop and extend the inter-professional group approach towards these problems, to learn to orchestrate our knowledge and our points of view so that our understanding and wisdom in these matters can increase.

We have, during this past year, been trying to lay some foundations for these tasks, and this Annual Meeting should show us something more of our weaknesses and also of our strengths. We have been asked several times to state more clearly what the policy and programme of the Federation is. That is by no means easy. I feel that, just as in a small discussion group or working party we so often have to start with relative chaos out of which there eventually emerge good ideas and a clarification of the situation, so, in this larger group, inter-national and inter-professional, the same thing must happen.

As I see it, we want to find out what is already being done, to see where the gaps are, if possible to fill them, to stimulate further work of a basic and scientific kind and to be of use wherever we can. I believe that with patience we shall find that our policy and programme develops as we go along.

This meeting itself, through our working parties, should give us some better understanding as to the priorities in the field of mental health and human relations. We have been able already to be of some small use to UNESCO and to the World Health Organization in our advisory relationship to them. The possibilities of further help in clarifying the various issues will never be far from our minds, and I fancy it will not be lost sight of by those agencies which are the direct advisors of governments, but which have an inevitable need for the help of voluntary non-governmental groups such as are represented in this Federation.

There are certain special difficulties that

we face as an organisation, of which I should remind you. As you will hear from the Treasurer's Report, the financial situation is far from satisfactory, though we can record the immensely cheering gift which has recently been made to us, by the Josiah Macy, Jr., Foundation of New York, of \$15,000 a year for three years, with the condition that to earn this grant in the second and third years the Federation must raise a minimum of \$60,000 from other sources. This is the kind of backing that cheers us and at the same time must put us on the alert and stimulate our own efforts, in every country, to raise funds to make effective effort of various kinds possible.

It is for financial reasons that the office of the Federation remains in London, where it has been able to draw on part-time technical services for its direction. We are aware that this has the disadvantage of emphasising the English-speaking element in the Federation, and we are anxious to make ourselves more truly international at the earliest possible moment.

I hope, therefore, that during this meeting in Geneva some real advances will be made, that there will be full participation of everyone here in the work of the meeting, a clarification of our ideas and many new stimuli to our work which we shall be able to take home with us. Whatever the difficulties and the obstructions and indifference that we have to meet, we must neither be cynical nor disillusioned in face of the massive world-wide problems, nor on the other hand must we be naively enthusiastic. We have a long way to go before we shall know the answers to these problems. That does not mean, however, that we cannot even now do a lot towards meeting some of these difficulties. We certainly can help already, and it would be strange if we could not learn to do a great deal more in the coming year and in the time that lies ahead."

*The Meeting rose at 12.45 p.m.*



## BUSINESS SESSION (Continued).

Monday, August 22nd, 1949, 2 p.m.

Chairman: DR. J. R. REES.

### HONORARY SECRETARY'S REPORT, 1948-1949.

Dr. Soddy presented his report, which was distributed to delegates in English and French. Its contents are included in the report printed on page 8.

### DESIGNATION OF PRESIDENT, 1949-50.

#### Dr. André Repond.

The retiring President, Dr. J. R. Rees, said "When it comes to handing over the great honour of the Presidency of a group such as this, one sometimes has a slight doubt. One wonders what the new President will do and whether he will understand all the peculiarities and intricacies of the situation. I have no such feeling at all at this moment in inducting Dr. André Repond to the Chair, and in declaring him to be your elected President. This is an unusual proceeding *in absentia*, made necessary by his much regretted illness, but we shall at least hear his address, which he recorded two days ago in hospital.

I have done no delving into biographies, or into Dr. Repond's history: I only speak—and with great confidence—of the man I have known and worked with since 1930. I met Dr. Repond first in Washington in 1930. Then, he was a very impressive young Swiss psychiatrist, with a mass of beautiful curly black hair. To-day, he is equally striking in his appearance, and though his hair is white, it is just as beautiful as ever! Indeed it reminds me of an old man whom my wife and I met on a farm in Ireland not long ago, who said: "We musn't grumble at the blossom of white hair."

Dr. Repond, after working with Bleuler and Kraepelin, took charge of the hospital at Malévoz, for which his father had previously been responsible. Under his direction, it is a highly efficient institution, and, what is more interesting, he has started, and built up around it, a mental health service for a rural area, the Canton du Valais. This Canton has many small villages lying

in deep valleys, and quite unusual techniques are required to meet the mental health needs of the population. With his team of psychiatrists and social workers, Dr. Repond has done a most impressive piece of work, of which we shall get some idea when we visit the hospital this week.

Quite apart from this, Dr. Repond has been President of the Swiss Committee for Mental Hygiene, and has been from the beginning actively concerned with the European Committee for Mental Hygiene. To all of these his contribution has been outstanding. He is a man who is full of knowledge and of wisdom. He is modest about our role as technicians in the wider affairs of the world. He himself is an indefatigable worker, and he has the technical qualifications that are needed for the post of President of this Federation. Above all, he is an excellent human being, he knows how to live, he is a prince of hosts, and a most loyal colleague. We could, Ladies and Gentlemen, have no better President for the Federation than Dr. Repond."

DR. REPOND'S address was relayed to the Assembly.

*As the text of this address has already been printed in full in the October number of the "Bulletin" (Vol. I, No. 5), we give below the text of the fuller address which Dr. Repond intended to make, as incoming President of the Federation, had he not been kept away by illness.*

### INAUGURAL ADDRESS BY THE PRESIDENT.

"A long time ago, I was president of a students' society at the University. My task was to guide their literary, philosophical or other discussions, in the course of which we changed the face of the world. Later on in the evening, after the drinks had made their appearance, there was the other, more difficult, task of guiding and persuading them to return home quietly, without coming into conflict with the police or causing damage to property. That has been my most difficult experience of a presidency until this new one with which you have honoured me; and I



must explain that I am not making a disrespectful comparison—the analogy lies only in the difficulty of my task! I have been president of many societies, mostly scientific, though once even of a sports' group. All had a restricted and well-defined object. The president was easily invested with some of the majestic attributes given to the father-figure by the collective unconscious. But, among students, there was no question of submitting to any such symbol; we were just at the age when more or less unconsciously one tries to free oneself from it.

It is true that our Federation does not consist of rebels. From from it, its members are supremely well adapted to life, and according to the international "Who's Who," many of them figure among those classified as *leaders of the world*. This does not make the president's task any easier, and I am full of admiration for the way in which my dear predecessor and friend, J. R. REES, younger than myself in years but so much older in wisdom, successfully played the role of Nestor and father.

Our Federation consists chiefly of members well versed in psychology, sociology, education and other such matters. They are all qualified in one of the many fields of the scientific study of man; they go in for research and scientific criticism, and so they are always on the watch. By training and experience they are suspicious of emotionally conditioned behaviour in themselves as well as in others. So, when their president falls ill a few days before taking up his new office, they are tempted to wonder whether this is not one of those psycho-somatic troubles that they know so well; and this president, the symbol and exponent of mental health, becomes, by this very fact, a contradiction *in objecto*.

And yet, heaven knows that we must have an objective and critical point of view in our Federation. It has to face and overcome so many difficulties, so many obstacles of every kind, that only the strictest scientific spirit, the most disinterested idealism and enthusiasm, can guide it to its objective. Perhaps it is not inappropriate

at this point to outline these difficulties and to voice the criticisms, since we have already been treated as simple ideologists and even suspected of some fell designs.

We are already, and wish to become to an ever greater degree, a multi-professional body, that is to say, an organisation in which all, who for one reason or another are interested in mental health, may collaborate. Now each of these professions is in itself difficult and highly specialised, requiring for its competent and authoritative practice the complete devotion of oneself. From this there springs naturally a more or less conscious tendency to over-estimate the importance, potentialities and prospects of each profession. The educationist, for example, is convinced—and with reason—that his role in human society is the most important of all. The psychologist can hardly be content with this: it is he who teaches men—including the educationist—to understand themselves and to act reasonably. The sociologist lifts all this knowledge to the collective level. As for the psychiatrist, he has for long enough had to over-compensate the insufficiency of his scientific knowledge and the prejudice surrounding his profession. To-day, therefore, when at last he has at his disposal more knowledge and techniques, he is not likely to take refuge in excessive modesty. Can one expect more self-effacement from jurists, moralists, theologians, doctors, politicians or industrialists? Each of these professions implies a special way of thinking, of reasoning, of feeling and of drawing conclusions. The methods, ways of observing, principles and postulates of each one are different. Even granting what is happily the case, that all are animated by one spirit, that all are ready to give and take, and that all sincerely wish to work together, the difficulties of understanding one another are from the outset very great, and require a great capacity for self-adaptation and considerable suppleness of mind. The experience of the preparatory commissions for the Congress, of the Executive Board and of the Federation's



Advisory Committee, have shown that these difficulties can be, and that therefore they must be, overcome.

But there are others: we are a World Federation and must take into account differences in national and even continental temperament. We must harmonise different trends in collective thought, different cultural backgrounds, patriotic and religious ideals. We must resolve and reconcile their tensions, their bitterness, their hopes, ambitions, frustrations and prejudices. In order to be able to walk along our road together as far as possible, we must study, explain to ourselves and try to resolve by our work, the violently opposed political and social systems which confront each other in the theory and practice of most human activities. This is why it is important that our aims should be clearly defined and, so to speak, divided into phases. The purely prophylactic and medical side of our work is hardly questioned, but it becomes subject to discussion as soon as it becomes wider and is complicated by the introduction of educational, social, moral and other such elements. At each of these levels or phases we shall find colleagues ready to work in specialised fields, at specific tasks, even if they do not believe in the widest aims of the Federation, even if they do not think that mental health is the means of attaining to world citizenship.

For we must not let ourselves be deluded: the definition of health given in the Charter of the World Health Organization, and which we have adopted for our own—that is to say, a state of physical, mental and social well-being, and not only the absence of illness or infirmity—does not satisfy everybody. We know, admittedly, that it is not possible to give a better definition of good health—many have tried to do it, and failed; but we have already had experience of how, in this enumeration of the conditions of physical, mental and social health, some people tend to make two of the terms derive from the third. Change the social conditions, say some, and the rest will follow of its own accord. Orthodox public health

experts and with them, as we have recently seen, the Economic and Social Council of the United Nations, believe that if living conditions are made healthier, the rest will be given as good measure. Why should we then be reproached for thinking that if we can make mental health better many other things will be better, too? But to pretend that because of this belief the Federation dreams of bringing about a new world, based on a psychiatric ideal of life, is to take us for rather too simple a set of idealists. We do not believe that in the definition of the conditions of health—physical, mental and social—two of the terms follow from the third. We know that the studies which have man as their object, the "*humanities*" as the philosopher, Ortega y Gasset, would have them called, are still in their infancy, still obscured by age-old prejudice and primordial conflicts. But we know that, in spite of this, they have within the space of a few years developed and progressed more than they did in the course of many centuries that went before. We know also that we have found keys not only to the understanding of human behaviour, but also to being able to modify, enrich and harmonise it; and we know that some of the best minds among men are becoming intensely interested in the constant and variable determinants of behaviour, and that more and more scientists and practitioners are devoting themselves to the study and solution of these problems.

All this has developed in a relatively short period of time. Thirty years ago, there was not a single mental health institute in Europe. Now there are many of them and new ones are constantly being started. Then, there were no trained workers to staff them; now, recruits flock to the all too few training centres, the number of which must be increased. Some countries which, until the war, had shown no interest in mental health, have found themselves faced with catastrophic problems of abandoned and delinquent children. They know now that these can only be solved by means of the techniques, methods and teachings of this



new science. The improvisations of the chaotic period immediately following the war will give place to more permanent schemes.

In 1937, under instructions from the International Committee for Mental Hygiene, I tried to enter into relations with the Health Committee of the League of Nations. I was to bring mental health problems to the notice of the Committee, and ask for them to be included in its programme of work. I was met with a whole series of conditions and formalities (to begin with, a request that I should prove the claim of mental hygiene to be a legitimate science), which amounted to a refusal to consider the matter. Twelve years later, we are able to state with legitimate pride that our Federation enjoys consultative status with the World Health Organization and UNESCO, and that the former has created a Mental Health Division, with a comparatively important budget. However, we must not, as a result of this progress, let ourselves have any delusions as to the length and difficulty of the road that still lies ahead of us. Mental Health is only at the beginning of its career, and its pioneers and first workers, many of whom are still active, know by experience that each forward step has only been gained by bitter struggle, unrelenting effort, persuasion and hard work.

It is to these pioneers in mental health that I wish, in concluding, to acknowledge a debt of gratitude, for their courage, their devotion and their faith in the future. The first name to be recalled is that of Clifford Beers, a generous man and cordial administrator. There have been many others deserving of mention, and I should like to be able to name them all. There were, for example, Williams in the United States of America, Toulouse in France, Weygandt in Germany, Sancte de Sanctis in Italy, Bouman in Holland, Vermeylen in Belgium, Sir Maurice Craig in England, H. W. Maier in Switzerland, and how many others! Fortunately most of the pioneers are still with

us, for mental health seems to confer the privilege of long life.

I hope you will forgive me for having in this presidential address stressed the difficulties inherent in our work rather than its achievements, its hopes and certainties. My first attempt at being a president, which I have already described, taught me that as long as one is sure of what one is aiming at, a spirit of self-criticism is the best way of keeping one from going astray.

The bond uniting those who wish to work together for mental health is still slight: there are countries which take no part in the work and others in which it is known only to a handful. We must therefore begin by extending and strengthening this bond. Towards this end, our Annual Meetings and the Meetings of our Executive Board, Groups, Advisory Committee and so on, have already proved their worth; but we must have other means, and as a first step, we ought to form continental associations. The European Committee for Mental Hygiene, which had done excellent work before, did not survive the recent war. It should be re-formed, and others like it started, for example, in South America and the Far East. A close co-operation with the regional organisations of the World Health Organization is most desirable; and in countries where mental health work is not yet firmly established, our Federation can, and should, help to develop and strengthen it by means of propaganda, and by sending lecturers and specialists to advise. We know that much good-will and even definite schemes exist everywhere; we can help to co-ordinate these, and give them, in their early stages, the benefit of our experience.

To some, the organisation of our World Federation for Mental Health may seem to be rather complicated; but to me it seems to be well able to be adapted to what is required of it, and, above all, to be inspired by a spirit of genuine and whole-hearted co-operation. The hesitations and mistakes of those at its head must be forgiven as being inevitable in a new organisation. They must be pointed



out to us, and we must be kept informed about all ideas and activities, whether local, regional or on a wider scale, which can enrich the work of the Federation, and make it more useful and effective. For my part, I can only say that in return for the honour done me by the Federation, in making me its President, I will dedicate my fullest powers to its service."

The CHAIRMAN (Dr. Rees) then drew attention to the postponement of the election of new officers, which had been agreed, to the following Friday morning, and said that it was the wish of the new President, that he, Dr. Rees, should continue to preside over the Assembly until the election of the next Vice-President.

#### REPORT OF THE CHAIRMAN OF THE EXECUTIVE BOARD.

(Revised Text.)

DR. H. C. RUMKE said:—

"A Chairman's report should include a survey of the activities of the Executive Board during the first year of the World Federation for Mental Health; but I think that to enumerate all the resolutions we have taken, letters written, contacts made, plans considered and suggestions made to others, though of historical interest, would merely be irritating. However, your right to know what we have and have not done, to form your own opinion on all the "*faits et gestes*" of the Federation, has been provided for by the very elaborate and accurate report of the Honorary Secretary, Dr. Soddy. I am thus left free to deal with all those questions which I think are of the greatest interest and importance.

My report is divided into three parts:—

i. *Comments on the most interesting points in the report of the Honorary Secretary;*

ii. *A commentary on the difficulties we have met with in our work.* The difficulties of which I shall speak are those not recorded in the minutes, perhaps they have never been spoken aloud; they are the expression of undercurrents of thought, of scientific

ideologies and prejudices. Such matters are extremely important to the future of the Federation and call for careful interpretation.

iii. *A consideration of the future.* The discussions at the International Congress on Mental Hygiene in London, its published Proceedings, and the publications of the Federation have all indicated our ultimate objective, which is to contribute to the development of better relations in human society, to world citizenship and to peace. Is that confidence in the future, which such a goal implies, only an irrational belief, or can we give it a scientific foundation? This problem is one of the most important which we must face, for if we have no scientific basis, our activity, however beautiful as an expression of faith, may equally well be merely puerile or at best idle. The hard words used by Ribot in connection with psychology might then be applied with slight variation to mental health work: "Knowledge of mental health is not a science but a vocation."

#### i. *Comments on the Report of the Honorary Secretary.*

In my opinion the most important practical problems in need of solution at the present time are:—

- (a) how to secure continuity of leadership of the Federation;
- (b) how to strike a balance between practical work and research, i.e., to discover the optimum equilibrium between the Executive Board and the more research-minded Inter-Professional Advisory Committee (IPAC);
- (c) how to raise funds.

From the report of the Honorary Secretary it can be noted that continuity of leadership has now been assured. The Board is convinced that such continuity cannot be secured merely by the appointment of a President, Vice-President, Treasurer, Secretary and Executive Board. It is impossible for these officers in one or two years to acquire a deep knowledge of the whole movement, of its problems, of all the contacts to be made and co-operation gained and of



all the resources available throughout the world. Leadership of the World Federation cannot be undertaken in the few free hours which a man charged with heavy professional responsibilities can devote to it. Therefore, the post of Director of the Federation is not just a post of honour; it must be a salaried job for at least half-time, if full-time is not possible.

Moreover, by the same token the Executive Board must not consist merely of a group of honoured and dignified figureheads; the Board which is chosen by delegates from all our different countries is, by virtue of this choice, itself an expression of international activity. It is the duty of the members of the Board to become the exponents of a new attitude to members of other nations, or, in other words, exponents of international thinking. I must emphasise that international thinking is not a lower level of thought than national thinking, for on the world level it must be true that the whole is more than the sum of the parts. I am sure that it is possible for the level of international thinking to be higher than that of the highest national thought. Members of the Board must not only train each other, but must share their skill with members of national member organisations.

The task which the Board has been set is an example of the problem of "the individual and society" on a world scale, the solution of which will call for our undivided attention for many years to come.

Dr. Soddy draws attention to the need to consolidate the relations between IPAC and the Board. In my opening address to the Board at the Amsterdam meeting I said: "The World Federation is a federation of federations of societies. In these societies are workers in the field, in hospitals, clinics, schools, factories and in laboratories." The field-worker is often remote from the administrator on the Executive Board, and this is where IPAC comes in. A glance at our own history shows that the division of the work for the London Congress between its Organising Committees and its

Preparatory Commissions was most productive of results. This division of labour should be continued in principle by the maintenance of two such separate bodies in close co-operation. Such a structure may appear to be complicated, but the working method suitable for a member of an administrative body such as the Board is quite different from that suitable for a committee largely preoccupied with research, such as IPAC. While even the best is not good enough for research purposes, the practical mental health worker will wish to tackle an urgent problem immediately with whatever resources there are to hand. During the discussions at Amsterdam this fundamental divergence of attitude was clearly revealed and it was agreed there that a distinction should be maintained between:—

- (a) the immediate amelioration of unsatisfactory conditions, social and otherwise; and
- (b) the study of the problems under-lying such unsatisfactory conditions at the most scientific level possible, so that the comprehensive understanding be attained without which the wide ramifications of the immediate problem can never be adequately tackled, nor even recognised.

It was therefore recommended that the second type of task—the long-term investigation—be undertaken at once by competent teams of investigators. Meanwhile the Board emphasised that while the practical aspects of the long-term problem were thus by no means minimised, it was equally our duty to apply existing knowledge to the solution of current problems pending the completion of long-term research plans.

The Board has agreed that the functions of IPAC should be to advise the Executive Board on matters of training, research, organisation, interpretation of mental health principles and implementation of proposals; and that continuity of membership of IPAC is desirable. At its last meeting agreement was reached on the method of obtaining continuity of leadership in this Committee.



We have discussed a number of proposals for possible action and have submitted the following to the World Health Organization:

1. That a study of mental health facilities all over the world be initiated, but with special reference to rural and "backward" areas. This study should be carried out in the field by local mental health workers and should begin with such basic details as the number of mental hospitals and psychiatrists available, and so on.

2. That the desperate need for mental health training be emphasised to WHO, that a survey of training facilities throughout the world be initiated; that representatives of different schools of thought and disciplines should meet together to establish common criteria in training; that travelling investigators should attempt to define minimum requirements in training courses with the object of establishing agreed bases for curricula in training schools.

3. That training schemes of various kinds should be promoted.

In all this work the help of Dr. Harry Stack Sullivan was of particular importance and by his sudden death the Federation has suffered a very severe loss.

When the Executive Board met with the National Federation of the Netherlands in Utrecht, last January, Professor Krapf drew attention to four phases through which mental health work usually passes:—

- i. psychiatric asylums are built to "clear away" the lunatics;
- ii. public interest in the causes of psychosis grows and, for example, criminality is recognised as an abnormality;
- iii. the importance of social work is realised and hence the development of clinics, after-care and prevention becomes possible;
- iv. this more systematised interest in prevention, and therefore in child guidance clinics, leads to the further study of family life and to adoption of analytical points of view.

It is the task of the World Federation to study the state of mental health work in all

parts of the world, and even those who are primarily interested in research will admit that a team of enthusiastic workers can be of great service to a country with a low standard of mental health work. Much important scientific work has originated in a similar manner, e.g., the practical work of psychologists in the field of vocational guidance and selection. It is now difficult to understand how this work was developed as long as twenty-five years ago. We are apt to forget that the scientific standards of psychology would not be as high as they are now without the so-called "unscientific" work of the pioneers. Most sciences owe much of their later exact development to early empiricism.

At the beginning of this address I drew attention to the great unsolved problem which faces the Federation, that of raising funds. It cannot be emphasised too much that it is the duty of all delegates to the Assembly, and all well-wishers, to do their utmost in this matter and not merely to rely on our American friends, which would be a most unhealthy attitude and one which would bring great harm to the Federation.

#### ii. *The Difficulties Facing the Federation.*

I think it is necessary to attempt to clear away many common misunderstandings about the mental health movement. As I remarked to the Executive Board recently in Geneva, the struggle to realise our ideals is not yet over. The large attendance at the International Congress on Mental Health in London in itself signified nothing, because the opposition did not make its presence felt. I am convinced that the majority of medical men, including psychiatrists and even including active members of mental hygiene societies, is sceptical about the Federation, and it is our duty to study the attitudes of our critics.

It is often thought that our claim to leadership in mental health work is pretentious and our demands for financial support are unjustified, though I would note in passing that up to now we have paid our



own personal expenses incurred in this work. It must be remembered that many of our member organisations have a long tradition of service and include among their own membership many famous names. It would be no matter for surprise if some of these societies were to enquire by what right a completely new Federation should aspire to take over leadership, to collect funds which might have been more suitably given to the older societies, and to presume to act in an advisory capacity to the World Health Organization. Such criticism, however, would ignore the generous support given to the Federation by many of these older societies and the larger horizon of international action now made possible by our collective efforts.

We are charged with having achieved nothing and are challenged to prove our worth by some spectacular achievement. The answer to this is in the work achieved by the International Congress, in our important development of the technique of group work, in the remarkable contribution made by the International Preparatory Commission, and in the mountain of knowledge stored up in the reports of the 200 or more Preparatory Commissions. Our critics may grant this but still taunt us with no progress during the past year, and this criticism may be well justified in the sense of tangible evidence of work done. It would be equally sensible to taunt a child of one year of age with his inability to go out into the world and earn his living. The Federation is in an early stage of development, in the age of papers and documents; it is no easy task to lay the foundations of our work. If our critics can still continue to charge the Federation with having done nothing after having read carefully the report of the Honorary Secretary, we shall have to concede their charge and ask what else they have to say.

We are accused of being unscientific; but psychiatrists well know that this charge is almost a compliment. My friend, Henri Ey, in his important work on psychopathology has remarked that it is interesting how

medical men will confess with the greatest pride that they know nothing about our profession. This attitude has by no means disappeared, for we now hear even psychiatrists confessing in the same self-sufficient way their ignorance of the meaning of mental health.

My generation of psychiatrists knows full well that it never was "scientific." At first you could only be deemed scientific if you were a neurological anatomist; a thesis on a group of cells carried with it automatic recognition as a psychiatrist. If you were a phenomenologist you were considered to be a man of letters, or perhaps an artist or philosopher; if an analyst, you were a man without morals.

I think we must realise that such criticisms arise out of the ambivalence of an older generation towards the younger. There is a gap in psychoanalytic thinking in that though the hostility of a young man to his father figures is recognised as the persistence of an oedipus complex, much less is made of the hostility of parents to their children. I have often said, without effect, and I say it again, that it is curious how many of us repress the beginning of the oedipus tragedy, the wish to kill one's own child. Our understanding of this phenomenon must go further than the concept of Freudian oedipality to include primitive aggression against the child and the guilt arising from this, expressed, maybe, as over-compensation and over-evaluation of the younger generation. This concept might be referred to the Inter-Professional Advisory Committee for further study, if they are willing.

Scientifically trained psychiatrists will agree that, as Jackson puts it, psychiatry studies the life of men under a certain specific condition of life—i.e. disease; or as Henri Ey remarks, the morbid conditions which deprive man of his inner freedom. The realisation of this opens the way to the study of Man as such, and, just as it is impossible for the neurologist to do any important work without the collaboration of the physicist and the chemist, so, in such a



study, the psychiatrist cannot achieve a high professional standard without the help of the neurologist and his team, without the psychologist, the educationalist and the sociologist. For such a psychiatrist it is clear that in the realm of mental health—which is not identical with that of psychiatry, nor is a mental health worker necessarily a psychiatrist — progress can only be made by multi-professional team work.

The last criticism with which I shall deal, is that multi-professional work on equal terms is pernicious. This criticism coming from medical men is perfectly understandable, because the medical profession is by tradition accustomed to directing the activities of the teams in which it works. Up to now in mental hygiene, which is the practical technique of seeking better mental health, the medical man has been the leader and so mental hygiene was acceptable. But in the mental health work of the future the psychiatrist must be content to serve in the team and, whenever appropriate, accept the lead from other members. Of course there are dangers in this, for although a worker in a multi-professional team need not himself be a master of more than one profession, he may be tempted to think that because he works with a sociologist he will himself become something of a sociologist.

It is a good thing that a man's knowledge should extend beyond the boundaries of his own profession, and a good psychiatrist must be more than merely a good psychiatrist; but he must realise that it is only in his own profession that he can be truly competent. As examples of genuinely "multi-disciplined" men I can only think of Leonardo da Vinci and Goethe; and I submit that it is only a short step from being "multi-disciplined" to being undisciplined. Only if we are genuinely scientific in our thinking can we take a justifiable pride in these charges of being unscientific. I must repeat the warning that I gave at the London Congress against forgetting that we are as yet only at the beginning of our task, and against an over-estimate of psycho-genesis. We must be very critical of ourselves.

### iii. *Confidence in the Future.*

The psychiatrist will feel on firmest ground in the evaluation of disturbances in the mental life of individuals, but even so, and bearing in mind the dangers of drawing conclusions from the data of individual life and applying them to society, it seems to me to be incontestable that the present phase of society is one of disintegration. Integration in life can be judged by the stability of well-adapted and adjustable structures. As long ago as 1909 the Dutch psychologist, Heymans, drew attention to the disintegration prevailing in society: "the lost traditions, the manifold errors in the big choices of life; profession, partner, friends, religion and political denomination. We have lost ourselves, each other and the roots of things." The tensions which have arisen between nations and groups of nations have become clear to all of us; these tensions have led to collisions and aggressive explosions of gigantic size and the tensions have remained even after the explosions are over. The evidence that we are living in a phase of disintegration of human society seems assured.

The paramount criterion to be applied in an evaluation of the likely future of society is: Is there any positive or integrative capacity to be discerned in the present disintegrative trend? In the study of the neurotic individual a favourable prognosis of the possibilities of recovery, of reintegration at a higher level, is based on:—

1. Evidence of integrative capacity in the past.
2. Psychological strength—sthenic qualities in the sense employed by Janet.
3. The genuine ability to face the reality of experience.
4. The capacity to appreciate spiritual issues.
5. The ability to adapt to changing environment—the capacity for growth.
6. The genuine desire to recover.
7. The possession of a dependable character.

Our next task then should be the



examination of the present condition of the world in the light of these seven questions.

1. History shows that humanity possesses a remarkable capacity for integration; after great catastrophes, wars and revolutions, mankind straightens itself out again. It is a striking characteristic that after all these events the victor assimilates a great deal from the vanquished; thus, Roman civilisation was enriched by the Greek and after the Napoleonic wars the winners in many countries were renewed spiritually by the losers. The same process can be seen again at the present time, and this is not merely a matter of picking up new ideas but of assimilation into the cultural pattern with a consequent broadening of outlook. This property shows that mankind has a high integrative capacity.

In forming a judgment on the psychological strength of humanity it is necessary not to be blinded by pessimism nor influenced by ideological propaganda. It is a paradox, but none the less true, that the last war with all its bestial characteristics — and I should be the last person to deny the horror and tragedy of war—brought forth a level of integration and, in some respects, of civilised qualities hitherto unknown. Self-denial, devotion and the spirit of service met with during the war still remain, for in spite of pessimistic references to work-shyness, indifference and apathy, in many countries people are working as they have never worked before. There is no little interest in cultural matters, there is great activity among scientists; this revival of interest can be seen in the formation of international societies of a scientific or practical character, and although international relations may not be their primary aim, they make their contribution to understanding between the nations.

3. Undoubted evidence that humanity possesses genuine ability to face reality is present in the renewed interest in history to which I have referred. Moreover, modern studies in anthropology, psychology and especially depth psychology, and in the new science of human relations, are more than

the expression of a passing fashion; they represent a re-examination of the relations between the individual and society to which the interest in artistic self-expression and in cultural history are also making their contribution. The psychiatrist is only too familiar with Man's tendency to flee from self-evaluation, his susceptibility to ideological distortion, but these are not universal. Even in the most difficult aspect of appreciation of oneself—the recognition that the aggressive and sadistic impulses observed in war are common to all humanity and present also in oneself—progress can be observed.

4. Man's capacity to appreciate spiritual issues is seen in philosophy, art and religion. This age is far from being materialistic; on the contrary more people are conscious of the spiritual side of life than was the case a hundred years ago. There are three prevalent and entirely false misconceptions to-day: that there has been a levelling down of civilisation; a deterioration in morality; and an absence or loss of style in our modern life. The idea of a general levelling down is derived from prejudice based on the reduction in privilege which has lately been seen. Castles and country mansions have been converted into hospitals and holiday homes for the people, the extremes of income have narrowed; but in the spread of culture and spiritual awareness there has been anything but a levelling down. In all countries, the interest of many thousands of people in concerts, exhibitions, lectures and political discussions, and their reception of highly developed art forms, indicates development and differentiation of individual spiritual life through which the greyish rabble of ancient times ceases to be a mob and takes on undeniable individuality. In that not thousands but millions show this development, it may be claimed that, far from undergoing a downward trend, the level of civilisation has shown a considerable rise.

The deterioration of morality, of which much is heard, is likewise open to question since the conscience of mankind is awakening, though not as yet to a sufficient degree.



The present time lacks style only to those who solely appreciate classical form, which is, in any case, out of place in an intensely dynamic epoch. If style be defined as a search for more than merely individual forms of expression, this epoch of new forms of building, of experimental painting, of Wiegand's sculpture, the literary works of Hemingway, Eliot, Camus and Simonov—in no way inferior to the older generation of Thomas Mann, Hesse, Paul Valéry and Gide—has more style than many of its predecessors. Admittedly much human expression has not yet found its vehicle, but the search continues, and not least in philosophy in the work of Jaspers, Heidegger and Sartre, of Russell, Berdjajew and Chestow. I believe that much of this complaint of stylelessness arises from the feeling that traditions long held dear are passing into oblivion.

It is certain that religious life is not valued less highly now than at the end of the nineteenth century. The struggle between belief and disbelief in its widest sense is recognised as one of the essential issues of our time. Indeed man as a whole does not show less of a tendency towards spiritual life than many individual patients who prove capable of recovery.

5. Man's adaptiveness to reality, to his changing environment, can be judged from the foregoing. His capacity for growth in this sense can be seen in the partial integration visible in innumerable fields. Everywhere currents which at first appear to be in opposition are showing a tendency to unite; the main point at issue is not a solution in favour of one extreme or the other but a synthesis. This can be seen in our own Federation and in the various schools of psycho-therapy, or even in tendencies to integration in the political sphere.

6. A genuine desire to recover shows itself in the restless search of mankind for a new equilibrium, though this search might possibly be undertaken more radically. As long as we limit ourselves, for example, to the investigation of the dynamics of democracy, regarding Fascism as a spent

force or Communism as mainly reprehensible; as long as we thus divide humanity into good and evil, we shall make no progress; in fact we shall merely establish repressive phenomena which are bound to evoke unfavourable reactions in the long run. Although a democrat to the marrow of my bones I am convinced that both Fascism and Communism contain elements of great importance to humanity; our motives for a flat rejection of all that they contain may not be free from that very intolerance of which we complain in them. For its recovery humanity must be open to the contributions of all. Only in this way can we resolve those tensions which inevitably arise from the obstruction of a new development and which, if not allowed to proceed, lead eventually to a new war. Such developments never pursue an entirely straight course, and, as I said just now, after a war even quite contrary movements will continue side by side and influence each other. Goethe once said "*Der Weltgeist ist Toleranter als man denkt*," "The spirit of man, the world over, is more tolerant than we think." The genuine desire for recovery may be measured by the capacity to be receptive to controversial currents.

7. Freud postulated that in the psychological treatment of individuals the prognosis depended on the dependability of the character of the individual. I sometimes think that in applying this criterion to mankind we are on the least firm ground of all. Are we sufficiently true to ourselves? I am certain that real internal consistency is rarely found, and actually may be lacking even in a curable patient. Lack of consistency may be shown when an individual is swayed by the chance of an immediate advantage at the expense of a long term aim, or by vanity, desire for power, or sheer opportunism. I have mentioned ideological suggestibility, the falseness of our political alignments and the ease with which we fall victim to propaganda and false information.

I do not believe that Man is essentially not dependable, but who shall open his eyes to



the false directions in which he is led and the misleading visions which he sees? I believe that the mental health movement has a great part to play here, and that, as Spranger said many years ago, the universities must give man insight.

On reviewing the seven criteria already described I would give a favourable prognosis to the future of civilisation. It must be understood, however, that I do not consider the road to reintegration of mankind to be any less difficult than the path to recovery of a disintegrated individual.

It may be said: So far, so good; let us assume that the patient is curable and that he possesses admirable qualities, but what is the risk that he will succumb to further tensions before final recovery? Of course the danger exists that a new war will put an end to the world as we know it, but it is wrong to assume that there will be such a war. We must assess the part played by propaganda in fostering this idea. I believe that a new war is far from certain and that there are psychological reasons to encourage this belief. I would only mention now the urge for self-preservation which is common to all humanity. Nowadays everybody knows well that the destruction caused by a future war would mean the end of everything. It seems likely that the tensions which will arise in the future between groups in many parts of the world will include the tendency in one party to withdraw from the great process of development in which we are all involved. Wars arising from such causes on a small scale may even not be called "wars" any more. In the future, Western civilisation will have to be more open to other great civilisations for, as Toynbee points out, the world no longer will turn to Europe as the centre. Then Western civilisation by its maintenance of its own fundamental values may still exert a profound influence on other civilisations.

It is clear that the present desire for religion is great, whether in a confessional form, as a liberal faith, or in the belief in values transcending Man. In meditating on

the future of civilisation my thoughts turned to Elckerlyc, to "Everyman," the traditional play familiar to all. Had this play been written in modern times there would be differences, but the beginning and the end would remain the same. When abandoned by family, friends and possessions, instead of learning that neither "Force," "Wisdom" nor "Beauty" could go with him on his last journey, Everyman would have had the sorrow of finding that "Psychology," "Sociology" and "The Science of Human Relations," which had so expressly promised assistance, could not bring him to his ultimate aim and inner peace. Modern science can only fulfil its promises of help through awareness that it can never entirely meet the deepest need of man, a need met only by the humble surrender to the "unknown." Science can develop its full power only when imbued with religious consciousness in the widest sense."

**TREASURER'S REPORT.  
BALANCE SHEET AND ACCOUNTS TO  
DECEMBER 31st, 1948.**

DR. FRANK FREMONT-SMITH said:—

"Mr. President, Ladies and Gentlemen,

The Report of the Treasurer for the calendar year 1948 is presented in two parts:

1. The Balance Sheet and accompanying Revenue Account from the London Office of the Federation as audited and certified by Homersham and Co., Incorporated Accountants, signed copy of which accompanies the report.

This Balance Sheet shows a balance over-spent at December 31st, 1948, of £390 2s. 8d. It should be noted, however, that there is in the special account £7,500. os. od., representing a gift from an anonymous British donor for directorial services, £2,500. os. od. of which is available annually for three years. The donor of this gift has graciously permitted the Federation to draw against this special account to cover the balance over-spent.

The Assembly will also be interested to know that for the half-year ended 30th June,



1949, there is an additional balance overspent of £1,759. 12s. 1d., making a total balance overspent of £2,149. 14s. 9d. on July 1st, 1949.

The Draft Budget for the six-months' period ended December 31st, 1949, which has been approved by the Executive Board, shows a deficit on December 31st, 1949, of £3,000. Against this deficit there are new assets already referred to by the President.

2. The International Committee for Mental Hygiene on 29th September, 1948, allocated to the World Federation for Mental Health the sum of \$7,500 "to be used specifically for an educational and fund-raising campaign within the United States in conjunction with the National Committee for Mental Hygiene and such other organisations as may seem appropriate." Of this sum \$2,666.66 has been spent in an educational campaign, leaving a balance of

\$4,833.34 as at July 12th, 1949, in a special account of the National Committee for Mental Hygiene in New York. It has been proposed and approved by the Executive Board that this balance should be used for fund-raising purposes in the United States in accordance with the provisions of the allocation.

It will be seen from this Report that there is urgent need of additional funds. Unless substantial sums are made available promptly and unless there is assurance of sustained financial support, the World Federation for Mental Health will be unable to carry out its responsibilities or to fulfil the high purposes for which it was founded.

In closing, I would like to express to the Federation my appreciation of the high honour and privilege of being associated with this great enterprise during its first year."



Thirty-six

	£	s.	d.
By Subscriptions from Member Associations ...	47	0	0
Donations ... ..	92	10	0
DEFICIT FOR PERIOD ... ..	390	2	8

BALANCE SHEET, 31st DECEMBER, 1948

## REPORT OF THE AUDITORS TO THE MEMBERS OF THE WORLD FEDERATION FOR MENTAL HEALTH

We have prepared the above Balance Sheet and accompanying Revenue Account from the Books and Papers of the World Federation for Mental Health and from the information given to us and certify them to be in accordance therewith. The Cash at Bank has been verified by means of a certificate.

106, St. Clement's House,  
Clement's Lane,

Lombard Street,  
LONDON, E.C.4.

(Signed) HOMERSHAM & CO.,  
Incorporated Accountants.



# WORLD FEDERATION FOR MENTAL HEALTH.

## ESTIMATED EXPENDITURE AND INCOME FOR FINANCIAL PERIOD JANUARY-DECEMBER, 1949

### EXPENDITURE

	£'s Sterling.	Approximate Rates. American Swiss Dollars.* Francs.*	
Rent for year ..	600	2234	9645
Salaries :			
Director and			
Executives	1625	6049	26121
Administrative			
& Secretarial			
Staff ..	1300	4839	20896
Lighting and			
Heating	45	168	725
General Office			
Expenses	150	557	2408
Printing and			
Stationery	300	1117	4822
Postage and			
Telephone	200	745	3215
Travelling			
Expenses	800	2978	12859
Professional Fees	450	1676	7235
Bulletin—6 issues			
@ £125 ..	750	2791	12053
Expenditure—			
Geneva Assembly	900	3350	14466
	7120	26504	114445

### INCOME

Subscriptions			
from 31 Mem-			
ber Societies**	1020	3797	16395
Estimated Swiss			
contribution to-			
wards Assembly			
Expenses ..	400	1489	6430
Donation for			
Salary of Exe-			
cutive Director	825	2872	13262
Bulletin			
Subscriptions	250	932	4021
	2495	9090	40108
<b>Expenditure</b>	7120	26504	114445
<b>Income</b>	2495	9090	40108
<b>Deficit</b>	4625	17414	74337

\* These figures have been adjusted to allow for the effects of the devaluation of the £ sterling on 20th September, 1949.

\*\* Up to 30th November, 1949, only 31 out of the 62 Member Societies had paid their subscriptions.



**RESOLUTIONS PROPOSED BY THE EXECUTIVE BOARD.**

- (i) **To express the thanks of the Federation to an Anonymous Benefactor.**

RESOLVED: that the Second Annual Assembly of the World Federation for Mental Health in Plenary Session at Geneva on August 22nd, 1949, send its warm thanks to the anonymous donor for the great generosity shown in the gift of £7,500 to cover Directorial Services for three years;

that the gift has proved to be of the greatest encouragement and stimulus to the Federation and its member societies throughout the world.

AGREED UNANIMOUSLY

- (ii) **To express the thanks of the Federation to the Josiah Macy Jr. Foundation of New York.**

RESOLVED: that the Second Annual Assembly of the World Federation for Mental Health in Plenary Session at Geneva on August 22nd, 1949, send its warm thanks to the Josiah Macy, Jr. Foundation for its munificent offer of \$15,000 each year for a period of three years, subject, after the first year's grant, to the raising of not less than \$60,000 by the Federation in the second and the third year;

that the Federation, in accepting this offer, recognises that the condition attached is both a mark of confidence in its ability to succeed in its aims and a challenge to prove its worth.

AGREED UNANIMOUSLY

- (iii) **To amend Article 30 of the Constitution.**

RESOLVED: (a) that this Assembly agrees in principle that election to the Executive Board, whether as members or substitute members, should not be limited to delegates present in person at the Assembly, provided

that the prior consent of the person nominated has been obtained;

(b) that a resolution to amend Article 30, to this effect, be submitted to the Assembly of 1950, in order to comply with the period of notice required by Article 29(b) (ii);

(c) that pending the alteration of Article 30, this Assembly agrees to recognise the validity of election to the Executive Board, as members or as substitute members, of persons not present at the Assembly.

AGREED UNANIMOUSLY

- (iv) **To amend Articles 6 and 7 of the Constitution.**

RESOLVED: (a) that this Assembly agrees that it is no longer necessary to restrict membership of the Federation to organisations in countries eligible for membership in the United Nations;

(b) that notice be now given of a resolution to be submitted to the Assembly of 1950 to delete from Articles 6 and 7 respectively the words "from countries eligible for membership in the United Nations."

AGREED UNANIMOUSLY

- (v) **Council for the Co-ordination of International Congresses of Medical Sciences.**

RESOLVED: (a) that the Federation agrees to enter into membership of the Council for the Co-ordination of International Congresses of Medical Sciences;

(b) that the Federation duly ratifies the Bye-Laws of that Body, *provided* that the Annual Subscription required of the Federation shall not exceed the sum of 1,000 Swiss francs.

AGREED UNANIMOUSLY

- (vi) **Future Annual Meetings.**

RESOLVED: (a) that in order to avoid confusion of nomenclature with the



World Health Organization, the Annual Assembly of the Federation shall in future be known as the Annual Meeting of the Federation;

(b) that notice be given of a resolution to be submitted to the Assembly of 1950 to alter the name of the Assembly to Annual Meeting wherever it occurs in the Articles;

(c) that until the financial state of the Federation be more secure, in every alternate year the Annual Meeting of the Federation be restricted to a consideration of administrative affairs, so that while no limit be set to the size of national delegations attending, it shall in principle be a smaller business meeting. Such Meetings shall alternate with Annual Meetings of wider and more scientific scope of similar character to the Assembly of 1949.

AGREED.

(vii) **Annual Meeting, 1950.**

RESOLVED: that the Annual Meeting of 1950 be held in France.

*After discussion, this motion was deferred until the Session of Friday morning, August 26th.*

(viii) **Admission of New Members.**

RESOLVED: (a) that, on the recommendation of the Executive Board, the following organisations be admitted to membership of the Federation:—

(1) *As a Convening Organisation.*

The Society for Mental Hygiene in Israel (*subject to receipt in due course of the required documents*).

(2) *As a Regional Mental Health Organisation.*

Centro de Estudos Franco da Rocha. (Sao Paulo, Brazil) (*subject to receipt of documents*).

(3) *As Specialised Organisations.*

The American Sociometric Association (*subject to receipt of documents*).

The Nursery School Association of Great Britain.

(4) *As Professional Organisations.*

The American Psychosomatic Society  
The Family Service Association of America

The Canadian Psychological Association

The Association of Mental Health Workers (U.K.)

The National Union of Teachers (U.K.)

(b) that the following organisations, provisionally accepted at the close of the Assembly of 1948, having undergone reorganisation, be now confirmed in membership as Convening Organisations:—

Liga Nacional Uruguay de Higiene Mental

Norsk Landsforening for Mentalhygiene (*confirmation to date from completion of one year's activity under the new constitution*).

AGREED UNANIMOUSLY

*Dr. Rees then vacated the chair temporarily and Dr. Rümke presided:*

(ix) **To confirm the appointment of a Director and a Secretary-General.**

RESOLVED: (a) that this Assembly, having received the unanimous recommendation of the Executive Board, confirms the appointment of Dr. J. R. Rees as Director of the Federation; and of Dr. K. Soddy as Secretary-General.

(b) that the appointment of Director shall for the present be held on an approximately half-time basis, and that of Secretary-General on a basis of about one day per week;

(c) that the appointment of Assistant Secretary shall in future be known as Secretary.

AGREED UNANIMOUSLY

*Dr. Rees then resumed the chairmanship.*

(x) **To appoint Auditors.**

RESOLVED: that Messrs. Homersham & Co., Incorporated Accountants,



106, St. Clement's House, London, E.C.4, be appointed Auditors to the Federation for the current year.

AGREED UNANIMOUSLY

(xi) To approve Publication of the Annual Report.

RESOLVED: that the first Annual Report of the Federation be printed in English and in French, and shall include a report on the activities and policy of the Federation, the proceedings of the Second Mental Health Assembly and any other relevant matter.

AGREED UNANIMOUSLY

(xii) To amend Article 29 of the Constitution.

(Additional to the published Agenda)

RESOLVED: (a) that the present Article 29 has proved to be too rigid and in its present form tends to impede the work of the Federation;

(b) that the Executive Board should give due notice of the terms of an amended Article to be submitted to the Annual Meeting of 1950.

AGREED UNANIMOUSLY

APPOINTMENT OF DISCUSSION GROUPS.

The Assembly agreed to the formation of Discussion Groups on the following subjects:

- i. Professional education and training in mental health.
- ii. Public education in mental health.
- iii. Mental health planning in rural communities; maternity and child welfare.
- iv. Student mental hygiene.
- v. Mental health aspects of education.
- vi. Mental health aspects of religion.
- vii. Mental health aspects of international relations.
- viii. The psychological problems of displaced persons.
- ix. Research in relation to mental health work. (Inter-Professional Advisory Committee.)

*The Meeting rose at 5 p.m.*

5.30 p.m.

A Reception was held by the Conseil d'Etat and the Conseil Administratif de la Ville de Genève, in the Foyer of the Theatre (Place Neuve).

7 p.m.

DR. RENE SPITZ (U.S.A.) showed his film "GRIEF" in the Aula of the University, followed by a discussion.



## PLENARY SESSION.

Tuesday, August 23rd, 1949, 10 a.m.

### MENTAL HEALTH ACTIVITIES IN SWITZERLAND.

Chairman: DR. J. R. REES.

The full text of all the contributions made at this Session has been published in "*Gesundheit und Wohlfahrt (Revue Suisse d'Hygiène)*," August, 1949, a copy of which was distributed to every delegate.

A brief summary is given below.

At this Session the unfortunate absence, through illness, of the President, Dr. André Repond, was felt particularly keenly.

#### The Development of Psychiatric Services in Switzerland

Dr. H. Bersot, Le Landeron.

The extreme decentralisation of Switzerland, with its twenty-two autonomous cantons, has made for diversity of provision with a great deal of inter-cantonal rivalry. Psychiatric hospitals constitute one-third of all hospital services and the scale of provision is equal to that in Northern Europe and Anglo-Saxon countries. The duration of stay in hospital is diminishing, and the cases of chronic psychosis are getting fewer in proportion to those of neurosis and senility. The quality of mental nursing is improving.

More recent developments include out-patients' clinics, child guidance clinics, including school psychological services, provision for backward children, alcoholics, delinquents, social services and after-care, placement in families and social supervision. Prevention and mental hygiene have been developed by the Swiss National Committee for Mental Hygiene. It is estimated that some 10% of the population has need of mental health provisions.

#### Mental Hygiene Planning in Switzerland.

Dr. H. O. Pfister, Zürich.

To be successful, mental health plans must be acceptable to the community for which they are intended. They must avoid compulsion, but must fit in with public health

regulations, the administration of justice and the general religious life of the people.

It is very important to study those aspects of community life which are harmful to mental health, and for this purpose numerous assistants are required with qualifications in social sciences. In Switzerland the close co-operation between voluntary and public mental health work tends to preserve a democratic atmosphere.

#### Mental Health Work among Children.

Dr. L. Bovet, Lausanne.

The cantonal organisation of Switzerland has meant that children's services have grown up independently in a great number of areas. The rise of this work in schools and among child psychiatrists is associated with the names of EDOUARD CLAPAREDE, PIERRE BOVET, MAURICE TRAMER and ANDRÉ REPOND.

This work, as with all the durable Swiss institutions, has proved adaptable to the traditions, way of life, religions and languages of each area; with the emphasis in some areas on special provisions in schools, in others on school psychological services or on observation centres for children.

Trends for the future are towards greater emphasis on individual and group preventive measures, on problems of early infancy and on preparation for parenthood. These tasks involve the training of specialised workers.

#### The Fight against Alcoholism.

Dr. P. D. St. Zuruckzoglu, Berne.

The fight against alcoholism was started by private initiative, but in recent years public authorities have taken increasing responsibility for investigation of the cases, cure and prophylaxis, and to-day provision for alcoholics is made by health authorities and sanatoria. Total abstinence societies are also working among alcoholics.

Modern methods of drug treatment offer considerable promise, with psychotherapy, but prophylaxis is more difficult because of the need to reach a special group. Therefore,



further efforts are required to find methods of propaganda and public education, particularly of children and young persons.

### **The Fight against Crime.**

*Dr. Charlot Strasser, Zürich.*

The fight against crime is founded in mental hygiene and child psychiatry. Detection of defects must be undertaken young, and in Switzerland attention has been given to this by teachers as well as by child psychiatrists. The sex problems of puberty have been specially considered, and the unstable child living on a pleasure-seeking level has been differentiated from the schizoid child. Social and economic factors are assessed.

The Swiss Juvenile Penal Code has replaced the rigid measures of Criminal Law by measures of reform and re-education. Child Guidance Authorities and Pro Juventute act as consultants to the Courts, which are further strengthened by the work of the Commissions for the Protection of Youth and of the "Youth Offices."

Enlightened treatment of delinquency must recognise the difference between guilt (wilful misdemeanour), and error (or mental irresponsibility).

Institutions for Re-education for Work have been started under Article 43 of the Swiss Penal Code for adults and juveniles.

Measures to fight crime must include both treatment of the individual delinquent and the development of social conscience, based on insight. For this, consideration must be given to a proper "mental diet" as well as a physical diet for bodily growth. Workers with delinquents must have confidence in their methods.

### **Mental Hygiene in the University.**

*Professor Heinrich O. Meng, Basle.*

Mental Hygiene has been introduced into the academic curriculum of the Faculty of Medicine of the University of Basle. The scientific basis of this subject has been examined by the author elsewhere; the aim of this project is to maintain and develop mental health.

The method employed is to encourage in the students of all faculties a sense of responsibility for their profession and for their environment, to train students to make an active contribution to the solution of modern cultural problems and to take their part in the spiritual rebuilding of the world.

### **The Mental Health of Institutional Staffs.**

*Dr. H. Walther Büel, Zürich.*

In institutions responsible for the welfare of human beings, the mental health of the staff is of double importance because the state of mind of patients and staff are interdependent. There have been three phases in the history of the staff of psychiatric hospitals; first, the almost secret introduction of short unsystematised lecture courses, between 1910 and 1920, in the face of the scepticism of psychiatrists. Secondly, the establishment of psychiatric nursing as a profession, with its own special journal, course of study, qualifying examinations and its attainment of federal recognition in 1929. At the same time progressive social emancipation has led to proper conditions of life. Thirdly, the introduction of "mental hygiene" as a course of study with, in 1940, an examination of its own. This has coincided with the growth of modern therapeutic methods.

The task for the immediate future is to ensure that mental health principles thoroughly animate the superior staff in their dealings with subordinates, and the spread of this evolution to other types of institutions.

### **The Participation of Switzerland in International Aid of Refugees and Homeless Persons.**

*Dr. Maria Pfister, Zürich.*

#### *Aid in Switzerland.*

During the war, about 300,000 military and civilian refugees, or one to every 14 Swiss, entered Switzerland. The vast problems involved were tackled by a great number of voluntary agencies, who raised 75,000,000 francs for this purpose, as well as the Federal Authorities. Although the most urgent problems initially were those of



feeding and housing, the political, military and economic necessity of internment for long periods created other difficulties, especially the ban on accepting paid employment. However, a great deal of trade training was undertaken in preparation for a future life overseas. Mental hygiene problems were such that an official psychotherapeutic service was established to undertake collective mental hygiene measures, individual therapy and social guidance.

#### *Co-operation Abroad.*

The work of the Red Cross with prisoners is well known; it is continuing to tackle the problems of uprooting due to the war. Many Swiss charitable, social and religious organisations, and the Government, have been engaged on material aid and mental hygiene work in most war damaged countries. The Swiss Foreign Relief Fund (*le "Don Suisse"*), alone, contributed 205,000,000 francs to material aid from 1945-1948. Examples of the mental hygiene work can be seen in the camps established for Nazi victims and war sufferers in the French-occupied zone of Germany, where new trade training is undertaken; and in Austria, where the main work has been of a similar character among stateless persons. In the latter there has been emphasis on mental health training of camp leaders, as a contribution to future international harmony.

#### **The Participation of Switzerland in International Aid for Child Victims of the War.**

*Dr. Marie Meierhofer, Zürich.*

#### *Material Help.*

Supplementary food has been distributed to 5,000,000 children in 10 countries during the years 1940-1949. Children's clothing, shoes, household equipment and accommodation has been provided for many families in seven European countries.

Homes, hospitals and communities have been established for children in nine countries and equipment provided in others.

To-day 68,201 children are still in receipt of extra food.

#### *Stay, Treatment and Education in Switzerland.*

In nine years 161,898 child war victims were given hospitality, usually for from three to six months in Swiss families. About 6,000 tuberculous children have had cures. Many mutilated children have received surgical aid.

In the Pestalozzi Children's Village at Trogen, total orphans from eight war-ravaged countries have received medical and educational treatment. National traditions have been carefully preserved, but physical work in common, and the use of German in the common tasks of older children, has contributed to international harmony. Maintenance of national ties is important.

Younger children live in national "families" of 16-18 children and the bonds of affection established within these families result in the reduction of signs of instability which, however, take several years to disappear. Physical development is rapid.

#### *Cultural and Moral Activities.*

In addition to SEPEG, an international course at Geneva has contributed to the training and experience of wardens and assistants in institutions for deprived children. In 1948 the International Federation of Children's Communities was founded by UNESCO after a Conference at Trogen. This Federation aims to effect an exchange between staff and children of Communities with a common aim.

#### **SEPEG. (Semaines internationales d'Etudes pour l'Enfance victime de la Guerre.)**

*Dr. Oscar Forel, St. Prex, Vaud.*

SEPEG was founded in 1945 by two hundred specialists, including psychiatrists, psychologists, teachers and lawyers, from eighteen European countries, to evolve common plans of action to solve common problems. Working groups were established in several countries; the *Don Suisse* and later, *Swiss Aid to Europe*, have contributed funds to enable several training courses to be held at Lausanne under Dr. Lucien Bovet, and one at Zürich under Dr. J. Lutz. Meetings have been held in France, Italy, Germany and



Poland, and a journal "Sauvegarde" published.

In 1949 a special project was undertaken by 200 participants, of several professional disciplines, in Southern Italy. A Swiss collection of five railway truck loads of educational and play material was despatched and distributed with the co-operation of a committee of Italian artists and writers. The many contacts of the foreign specialists also contributed to the occasion.

Switzerland is advantageously situated to co-ordinate this mental health work among children, the importance of which increases as that of material help gets less. The aim of SEPEG is to utilise modern knowledge to help these children recover the position they have lost. Already subsidised by *Swiss Aid to Europe* and the *Don Suisse*, it is expected that SEPEG will be increasingly asked to help in projects of medical and educational exchange, planning and demonstration. SEPEG is affiliated to the *Union*

*Internationale de Protection de l'Enfance, Swiss Aid to Europe* and the *World Federation for Mental Health*.

The international study week at Basle, September, 1949, had for its theme, consideration of the present situation of youth in Europe.

The address of the Secretariat of SEPEG in Basle is: *St. Albanvorstadt 43*.

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**Tuesday, August 23rd, 1949**

**2 p.m.**

The Conference divided into Working Groups and held the first series of Group Discussions' Sessions.

**5.30 p.m.**

By kind invitation of the *Comité National Suisse d'Hygiène Mentale*, an excursion was made by motor coach to the Salève, where the party was entertained to supper. The gratitude of the delegates was very warmly expressed at the conclusion of the function.



## PLENARY SESSION.

Wednesday, August 24th, 1949, 9 a.m.

### CO-OPERATION WITH SPECIALISED AGENCIES OF THE UNITED NATIONS AND OTHER INTERNATIONAL ORGANISATIONS.

*Chairman:* DR. J. R. REES.

International Congress of Psychiatry,  
Paris, 1950.

PROFESSOR JEAN DELAY, Professor of Psychiatry at the University of Paris and Chairman of the French Organising Committee of the Congress, explained that the date and meeting-place of the Congress had been fixed to coincide with the meetings of other bodies concerned with related questions, in order to minimise costs for the participants. He outlined the programme of work of the Congress and explained that sections would be formed to discuss various aspects of psychiatry, for example, psychology, therapeutics, social psychology, child psychiatry, and so forth. Further sections would be set up should the need arise. It was essential that a national committee should be set up in each country to discuss the preparations and to organise the meetings in liaison with the Chairman. Permanent co-operation should be established between the Organising Committee of the Congress and the World Federation for Mental Health. He called for suggestions and criticisms in regard to the organisation of the Congress from all those who were interested in the relation between psychiatric and social problems and mental health, and hoped that as large a number as possible would attend the Congress.

#### International Congress on Criminology.

DR. MARCEL ALEXANDER (*Belgium*) hoped that as many members as possible would attend the Congress in view of the importance of the Agenda which included subjects such as delinquency and therapeutic methods in their relation to mental health.

## World Medical Association.

DR. JEAN MAYSTRE said that the World Medical Association was keenly interested in the activities of the World Federation for Mental Health, the work of which was of common concern to both organisations. He made a special reference to the Code of Medical Ethics drawn up by the World Medical Association to re-affirm the principles of Hippocrates in modern terms as a lasting contribution to human behaviour in the medical field.

#### International Union for Child Welfare.

DR. G. THELIN said that the Union consisted of 53 national organisations in 35 countries. It includes governmental, semi-official and private bodies, and those only concerned with practical relief. Its programme was set forth in the Declaration of the Rights of the Child drawn up in 1924 by the International Save the Children Fund. The Union was in official contact with UNESCO, WHO and ECOSOC and attempts were being made to establish close connection with other international bodies. He hoped that closer collaboration would be effected between the Union and the World Federation for Mental Health, which he trusted would agree to act as consultants for the Union on its specific problems of mental health, so that overlapping and expenditure may be reduced.

#### International Labour Office.

DR. A. GRUT, Head of the Industrial Hygiene Section, said that the mental health and welfare of the worker occupy an important place in the activities of the International Labour Office in the field of industrial hygiene. Mental hygiene in industry is defined, in the Encyclopædia of Industrial Hygiene as "the branch of industrial medicine of which the object is the safeguarding of the moral and intellectual health of the worker."

A number of related problems which adversely affect industrial relations and reduce production, spring from an incomplete mental adjustment of the worker to his sur-



roundings. The results are: too frequent changes of personnel, absenteeism, a high incidence of minor ailments indicating a deviation from a normal state of health, spoilt work, persistent lateness for work, anxiety and lack of interest. On the other hand, this maladjustment is not only a cause of tensions, of unsatisfactory relations and conditions in industry, but is itself to a quite important extent the direct result of conditions of labour. Too much emphasis on the rhythm of work, monotony and automatism in its operation, which deprive the worker of a feeling of satisfaction and pride of achievement, is due to increasing mechanisation and to the conflict of personalities, particularly when direct supervision is carried out without regard to psychological principles and to respect for the individual. The related problem of fatigue in industry has been the subject of much research, which the ILO has helped to stimulate and facilitate.

An important contribution to the campaign against maladjustment in industry, is the placing of a new worker according to his physical and mental aptitudes, which are determined by appropriate examination. Particular importance is attached by the ILO to the psychological adaptation of the unfit to the conditions in which they are to work, particularly if suffering from nervous or mental disability.

Mental hygiene, as a branch of industrial medicine, cannot overlook the ill-effects of certain toxic substances used in industry, a number of which affect the central nervous system and the psychological behaviour of the workers.

One of the ILO's publications "The Social Aspect of Rationalisation (1931)" emphasises that an optimum is preferable to a maximum output, as the latter is a danger to the mental health of the worker.

The ILO co-operates with other organisations in the field of mental health. The part which it took in the International Congress on Public Health Propaganda and Mental and Physical Health Education, held in Paris in 1923, and in the Inter-American Congress

on Mental Hygiene held at Rio de Janeiro in 1935, rank among its most important contributions to this subject.

#### World Health Organization.

DR. BROCK CHISHOLM, Director-General, emphasised that WHO would do everything in its power to co-operate and to assist in implementing the recommendations of the World Federation. There was, however, noticeably less enthusiasm, even resistance, among national delegations for the implementation of those particular responsibilities of mental health set forth in the WHO Constitution than for other responsibility. That reluctance was not confined merely to national delegations to WHO, but was found in national delegations to other agencies of the United Nations.

During the discussion on the supplemental programme of WHO by ECOSOC only one delegation, namely Denmark, had signified its interest in the mental health programme of WHO. It was important to remember that the UN and the Specialised Agencies had no entity by themselves but were composed of national delegations, individuals, groups from all countries. There was evidence of a great lack of co-ordination of attitude since delegates of the same continent frequently adopted divergent attitudes to the same subjects at meetings of different agencies.

Voluntary agencies had an important part to play, in particular the WFMH, in forming public attitudes within the framework of each individual country, to the tasks to be carried out by the UN and the Specialised Agencies. The WFMH had three main functions: (1) to attempt to obtain support all over the world for the tasks to be undertaken in the field of mental and social health; (2) to draw attention to such tasks which could not be undertaken effectively by inter-governmental action; (3) to stimulate inter-governmental organisations to take the necessary steps leading towards action by UNESCO, ILO, WHO, FAO and even by the UN itself.

Acting on the recommendations of the Congress on Mental Health, WHO had



approved, in its regular budget for 1950, a sum of \$174,180 for mental health. The funds envisaged in the supplemental budget could not, however, be counted upon because ECOSOC had recommended that the supplemental budgets of all Specialised Agencies should be devoted exclusively to the economic development of underdeveloped countries, and that any funds allocated to WHO should not be used for mental health. Only one of the 18 national delegations on ECOSOC had shown any support for the mental health programme. It was for those reasons that the national convening bodies of WFMH in full knowledge of the problems to be solved, should set out to interpret them to their respective delegations on the matter.

In conclusion, he hoped that the future relationship between WFMH and WHO would be one of mutual support, and that a common programme would be agreed upon, in which each body would play its part.

H. E. WILLIAM BORBERG, Permanent Representative of Denmark to the United Nations, speaking in a private capacity, entirely agreed with Dr. Chisholm about the importance of personal relationships if true liaison was to be effected. The world had reached a danger point in international life where peace or war would be decided. While it was true that UNESCO could educate youth to become future better men and women, a third world war might occur before their influence would be felt. The greatest task before the WFMH was to bring its influence to bear on individuals in national delegations. It was a great mistake in international life to think in terms of nations, countries, states or governments—the real unit of public life was the individual. Each individual should be induced to accept the knowledge possessed by experts. During the discussion at ECOSOC, who had pointed out that, in concentrating on economic development, without taking mental health into consideration, the problem would have to be tackled again twenty years ahead with greater efforts and at increased cost. A realistic approach to the problem was essential.

DR. G. R. HARGREAVES, Head of the Mental Health Planning Division, summarised the events which had led to the existing relationship between the Federation and WHO. From the very outset of its existence the Member States of WHO, by subscribing to its Constitution, had undertaken to sponsor mental health work. A Mental Health Section of the Secretariat had been set up in January, 1949, and had been represented at the Amsterdam Meeting of the Executive Board of the World Federation. The recommendations of the Amsterdam Meeting had been considered by the World Health Assembly in Rome this year, and, as a result of the influence of various national bodies, mental health advisers had been included in seven delegations to the World Health Assembly. The nucleus of an Expert Committee on Mental Health had been set up, and in order to continue close collaboration with the Federation would hold its first meeting that month, so that opportunity was provided for an exchange of views; four members of that Committee had also found it possible to be present at the present meeting of WFMH.

Dr. Hargreaves then outlined the programme of WHO for 1950, which was divided into two separate parts: (1) the regular budget, and (2) the supplemental budget, consisting of voluntary contributions.

(1) *The regular budget* was devoted to four main tasks:

- (a) Budgetary provision had been made for the Expert Committee on Mental Health to be expanded in size and to hold two meetings next year;
- (b) Collection of information on mental health problems and facilities throughout the world. This would be done by all possible means and in this work it was hoped that WFMH could be of great assistance. WHO was now in a position to allocate the necessary funds for any specific projects which were carried out on its behalf by the WFMH, although it could not assist by contributions to its general budget. Since WFMH was now a member of the



Council for the Co-ordination of International Congresses of Medical Sciences, who might be able to assist the Federation in that way, since in future all WHO's financial contributions to Congresses would be canalised through that Council.

- (c) Provision of consultant and demonstration services to Governments. It was now possible to arrange for consultants to be sent to Governments to advise in the development of any aspect of this mental health service or to demonstrate methods and techniques. In this connection Professor Krapf (*Argentina*) had been invited by WHO to visit the Philippines in order to assist the Government in a general review of their mental health services. He hoped that many requests of this type would be received from Governments in connection with their mental health services.

(d) Fellowships:

- (i) For leaders in particular branches to go abroad to review developments taking place in other centres;
- (ii) Group fellowships, e.g. for multi-professional teams, to study particular aspects of health work,
- (iii) Junior fellowships for individuals, to obtain post-graduate training not available in their own countries.

All these types of fellowships were available to Governments on request. It was for each country to assess its own needs and make a request accordingly. The World Federation should urge its national convening bodies to play their part in surveying their countries' needs and convincing their Governments that ways existed of meeting such needs.

WHO also had a further statutory obligation, since it co-operated with the UN Social Commission in the following fields:—

- (i) Study of the prevention of crime and the treatment of offenders; how could the psychological examination of

offenders prior to sentence be carried out?

- (ii) Juvenile delinquency;
- (iii) Probation and related measures;
- (iv) The care of homeless children, from the psychological point of view;
- (v) The general field of drug addiction, and alcoholism;
- (vi) The international control of habit-forming drugs.

(2) *The supplemental budget* was planned to cover those aspects of mental health work which so far had been neglected even in advanced countries; rural mental health work, mental health work on behalf of students, mental health problems of industry. In those three fields WHO could play a positive role by providing small technical teams to study the most significant problems and demonstrate methods of handling. In addition, a public education demonstration project was envisaged to help communities as a whole to develop a higher understanding of mental health and how to attain it.

The CHAIRMAN expressed the great appreciation of the meeting to all the speakers for their contribution.

He added that DR. ZHUKOVA, representing UNESCO, had sent her apologies for her unavoidable absence, but it was hoped that her contribution would be made at the Friday morning session.

*The Meeting rose at 1.20 p.m.*

Wednesday, August 24th, 1949,  
2 p.m.

The discussions of the Working Groups were continued.

5.30 p.m.

An extra Plenary Session was held to continue discussion on the topics of the morning session.

*Chairman: DR. J. R. REES.*

DR. JARL WAGNER SMITT (*Denmark*) submitted a suggestion on behalf of Working Group No. 2 (*Public Education in Mental Health*). In connection with public educa-



tion in mental health envisaged in association with total health surveys of the whole community (Health Demonstration Areas) the Working Group strongly advocates a large scale research programme of cross-cultural research in selected communities. The goal of this project is to discover incidence and types of disorders of mental health in various communities for comparative study. It would be interesting, for example, to see whether there was a lower incidence of emotional disorders in cultures where the upbringing of children is warm and frustration is minimal. The project might be jointly undertaken by WHO, UNESCO and WFMH and is of very great importance.

DR. E. C. LEKKERKERKER (*Netherlands*) asked for further information about the mental health budget in WHO for 1950.

DR. BROCK CHISHOLM (*Director-General, WHO*) replied that the provision in the regular budget was for \$170,000 and that this sum had been approved by the World Health Assembly. The further sum of \$760,000 in the supplemental budget depended on voluntary contributions from governments and would be allocated by the General Assembly of the United Nations, commencing at the end of September. He reminded the meeting that the Economic Committee of ECOSOC, the duty of which was to advise the General Assembly of UN on expenditure, had recommended against the allocation of money in the supplemental budget to mental health projects.

DR. A. TORRIE (*UK*) drew attention to the need to appoint one or more teachers to the Inter-Professional Advisory Committee. He called for the production of material by the Working Group on Education for the use of teachers.

THE CHAIRMAN asked the Group to consider this.

DR. K. R. MASANI (*India*) asked whether WHO development programmes were based on countries or on regions.

DR. G. R. HARGREAVES (*WHO*) in answer said that although the ultimate recipients were nations, it was hoped that regions would

become integrated so that maximum benefit be obtained from planning.

DR. G. STEVENSON (*USA*) emphasised the necessity for members of the Federation to work actively for the support of the mental health programme of WHO. Our plans must be quite concrete; every one of us must find out who the delegates are of our own countries, both to ECOSOC and to the UN General Assembly, and must represent to them the arguments in favour of the mental health programme. There was a further duty, to influence public attitude so that pressure be put upon delegates indirectly. WFMH could help by preparation of a memorandum and it might be useful to pass a resolution during the meeting. He reminded members that the views of the Director-General of WHO on this matter were set out in the minutes of the debate of the Economic Committee of ECOSOC on the WHO programme proposal, which were issued without restriction.

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Summary of communication from PROF. DR. FAHREDDIN KERIM GÖKAY (*Turkey*). *A Study of the Character of Historical personalities.*

PROFESSOR GÖKAY said that Man was distinguished by that capacity for, and adaptation to, organic environmental and social change which also forms his character, and which if impaired gives rise to illness. He traced the development of this idea from the time of the Ancient Greeks. He rejected the familiar practice of treating the great personalities of the past as abnormal in virtue of their celebrity, though admittedly mental abnormalities were encountered at times. Twenty-five years of study of contemporary famous personalities had shown that the main Kretschmerian types were found equally among those who were essentially normal, undoubtedly pathological and among those on the borderline.

Among historical personalities of obvious eccentricity, the Byzantine Emperor Heraclius went through successive illnesses with manic and depressive phases during more than 20 years, corresponding with inactivity, extensive military conquest and



inactivity respectively. In Turkish history, Yussuf Izertin was an anxious hypochondriac like his father Abdulaziz who was melancholic, and both committed suicide; the sons of Abdulhamit inherited paranoid ideas of persecution from their father; and Aziz Karacelebizade passed rapidly from extreme daring to moods of apathy. Among writers, Ahmet Mithat and Yessarizade Mustafa Izzet were cyclothymic to a marked degree, and Seyh Ebbusaid the scholar had severe obsessional phobias.

Professor Gökay emphasised the importance and interest of the psychological study of historical personages.

*The Meeting rose at 7 p.m.*

Thursday, August 25th, 1949, 9 a.m.

**EXCURSION TO LA MAISON DE SANTE  
DE MALEVOZ.**

By kind invitation of the *Conseil d'Etat du Canton de Valais* and the Directorate of the *Maison de Santé de Malévoz*, and through the generosity of the *Comité National Suisse d'Hygiène Mentale*, an all-day excursion was made, starting from Geneva at 9 a.m. Unfortunately, frontier formalities made it impossible to proceed as planned through Evian, but instead the party travelled via Lausanne. A very warm welcome was extended to delegates by Dr. Bersot on behalf of the *Comité Suisse* and by Dr. Beno in place of Dr. Repond, whose unfortunate illness was regretted even more at this function in his own hospital than during the remainder of the meeting. The magnificent flower gardens of the hospital were much admired.

DR. BENO explained that the hospital which had been acquired by the Canton in 1916 had, under Dr. Repond's direction since that time, developed a full modern therapeutic service, and, particularly, had been a pioneer of preventive social and child guidance services of a unique pattern suited to the mountainous district and scattered population. The party was then shown the various departments of the hospital and was much impressed by its modern progressive atmosphere.

The open-air luncheon which followed will be remembered by all the participants for the duration of their lives. Seated at tables laid under the trees, the party were entertained lavishly with the traditional dish, *raclette*, and Valaisan wines. The gathering was honoured by the presence of M. Gard, *Président du Conseil d'Etat du Canton du Valais*, M. Schnyder, *Conseiller d'Etat*, M. De Roten, *Chancelier d'Etat*, M. Delacoste, *Président de la Commune de Monthey*, and Dr. Ribordy, representing the Medical Society of Valais, who made addresses of welcome, to which Prof. Gökay (*Turkey*), Dr. Pacheco e Silva (*Brazil*) and Dr. Rees (retiring President) replied on behalf of the Federation. Our warmest thanks are due to our hosts and to Dr. Repond's four daughters who made the party feel so welcome, and to the staff of the hospital who all contributed magnificently to the success of the day.

On the return journey the coaches halted for a few minutes outside the hospital in Lausanne, where the President was under treatment, and the party had the satisfaction of greeting Dr. Repond on the balcony of his room.



## PLENARY SESSION.

Friday, August 26th, 1949, 9 a.m.

Chairman: DR. J. R. REES.

Later, PROFESSOR W. LINE, *Vice-President*.

### TELEGRAM FROM PROFESSOR STUCHLIK (Czechoslovakia).

It was AGREED that a reply should be sent on behalf of the Assembly to Professor Stuchlik's telegram from Prague, expressing regret for his absence.

### ELECTION OF OFFICERS AND MEMBERS OF THE EXECUTIVE BOARD.

#### (a) Vice-President.

PROFESSOR W. LINE, Department of Psychology, University of Toronto, Canada, was UNANIMOUSLY ELECTED Vice-President for 1949-1950.

In taking the Chair, PROFESSOR LINE expressed appreciation of the honour of being elected Vice-President, and said he would bring to the task a capacity for hard work, and a conviction that the activities of the World Federation would be devoted to the development and maintenance of the universality of science.

#### (b) Treasurer.

DR. FREMONT-SMITH's resignation having been accepted with regret, DR. M. K. el KHOLY (*Egypt*), was appointed Treasurer as a temporary measure pending a more permanent appointment.

#### (c) Election of four members of the Executive Board.

The four members retiring in rotation were:—

DR. M. K. el KHOLY (*Egypt*), representing Africa;

DR. J. RUSSELL (*New Zealand*), representing Australasia;

DR. J. D. M. GRIFFIN (*Canada*);

PROFESSOR H. C. RUMKE (*Netherlands*).

DR. RUSSELL had not signified his willingness to stand for re-election; DR. ALAN STOLLER (*Australia*), (to represent *Australasia*), and the other three retiring members were nominated by the Executive Board.

DR. J. D. M. GRIFFIN (*Canada*), DR. M. K. el KHOLY (*Egypt*), and PROFESSOR H. C. RUMKE (*Netherlands*) were RE-ELECTED, and DR. A. STOLLER (*Australia*) ELECTED UNANIMOUSLY.

#### (d) Election of six substitute members to serve for one year.

The three retiring substitute members, DR. M. ALEXANDER (*Belgium*), PROFESSOR C. DE SANCTIS (*Italy*), and PROFESSOR DR. F. KERIM GÖKAY (*Turkey*), were proposed by the Executive Board and UNANIMOUSLY RE-ELECTED.

The following nominations were made for the remaining three places:—

DR. BARTEMEIER (*U.S.A.*).

DR. COLUCCI (*Italy*).

MISS LAIRD (*United Kingdom*).

DR. LEKKERKERKER (*Netherlands*).

PROFESSOR PACHECO E SILVA (*Brazil*).

PROFESSOR STRANSKY (*Austria*).

DR. WAGNER SMITT (*Denmark*).

Voting was by secret ballot, with DR. MASANI and DR. PORC'HER acting as tellers.

DR. BARTEMEIER, MISS LAIRD and DR. LEKKERKERKER were declared ELECTED.

### RESOLUTION CONCERNING ANNUAL SUBSCRIPTION OF MEMBER ORGANISATIONS.

On the proposition of DR. G. STEVENSON (*U.S.A.*), it was UNANIMOUSLY RESOLVED:—

(i) that the normal minimum rate of annual subscription should remain at 400 Swiss francs;

(ii) that in the case of a professional or specialised organisation of less than 100 individual members, the minimum annual subscription may, at the request of the member, be reduced to 200 Swiss francs;

(iii) that any organisation eligible for membership which cannot pay the annual subscription should be recommended to enter into indirect membership of the Federation by affiliation with another organisation which is already a member.



**IMPLEMENTATION OF RESOLUTIONS OF WHO  
AND ITS EXPERT COMMITTEE ON MENTAL  
HEALTH.**

DR. FREMONT-SMITH proposed and it was AGREED that the Secretariat should be empowered to implement, without reference to the Executive Board, any recommendation of WHO within the scope of the Federation's activities. Prompt action would thus be ensured on matters in which the WHO Expert Committee on Mental Health believed that the Federation could be of service.

**ANNUAL MEETING OF 1950.**

PROFESSOR STRANSKY formally proposed on behalf of the Austrian delegation that the 1950 Annual Meeting should be of a scientific character and that less attention be devoted to administrative details.

DR. FREMONT-SMITH emphasised that, owing to the multi-professional and trans-national aspects of the problems involved, the major task of the Federation was to find ways and means of presenting the results of group work to a scientific Congress in 1952, and that the next Annual Meeting should be devoted to this.

On the proposal of the Chairman, agreed to by Professor Stransky, it was agreed to refer the question back to the Executive Board for further study.

**STATEMENT BY DR. I. M. ZHUKOVA (UNESCO).**

DR. ZHUKOVA recalled that UNESCO had collaborated with the WFMH from the very outset of its activities. The Federation had consultative status with UNESCO and worked in close collaboration with the latter's Departments of Social and Natural Sciences. UNESCO was about to prepare a new programme of activities to be submitted at its Conference in Florence in 1950, in which it was hoped that the Federation would take part. UNESCO relied on the help of all non-governmental organisations and looked forward to relationships established on a reciprocal basis.

**MESSAGE FROM THE IRANIAN MINISTER OF  
HEALTH.**

DR. HOSSEIN HAFEZI referred to a cable he had received from His Excellency Dr. Abbas Adham, Minister of Health of Iran, conveying the greetings of the Iran Government to the Congress. The Iran Government was in complete agreement and followed with keen interest, the work of the Federation. The Chairman thanked Dr. Hafezi for this greeting.

**DISCUSSION ON POSSIBILITIES OF COL-  
LABORATION WITH UNESCO.**

Discussion of Dr. Zhukova's appeal for fuller support of and closer collaboration with UNESCO, especially in regard to community studies, social and natural sciences and problems connected with Germany then followed.

DR. MASANI (*India*) suggested that the Executive Board of the Federation should study the new programme of Unesco and prepare a scheme of collaboration; and that UNESCO should support the inclusion of mental health representatives on the various national committees.

DR. ZHUKOVA said that the programme of UNESCO now in course of preparation would be made available for study by the Federation as soon as possible. It was for each national committee to insist on the inclusion of mental health representatives, since UNESCO itself could only act on the initiative of national delegates, through whom any recommendations could be made.

DR. STEVENSON (*U.S.A.*) outlined the difficulties experienced in the United States in sponsoring mental health activities. Energetic action was essential in order to place the mental health approach on a sound scientific basis, and to seek for its inclusion in the formulation of programmes.

A suggestion had been made that the Executive Board should appoint members to visit different countries to establish closer collaboration between the national organisations and WFMH, for example, in South America.

DR. SODDY replied that the participation



of members in far distant countries was a matter of concern; however, for financial reasons visiting in South America would for the present have to be carried out by member societies themselves. He noted that member organisations there now numbered seven.

THE CHAIRMAN, in closing the Meeting, urged all members to take full advantage of the presence of Dr. Zhukova for consultation and discussion.

*The Meeting rose at 12.45 p.m.*

2-4.30 p.m.

The Working Groups continued their discussion.

5-7 p.m.

Delegates paid a visit to the Palais des Nations by kind invitation of the Director General of the World Health Organisation, Dr. Brock Chisholm. There was a display of films and a conducted tour of the historic building.



## PLENARY SESSION.

Saturday, August 27th, 1949, 9 a.m.

Chairman: PROFESSOR W. LINE,

### COMMENTS AND CRITICISMS:

The Chairman invited members to hand in at the close of the Meeting written comments about the programme, conduct and arrangements of the Annual Meeting.

### RECORDED TALK BY DR. PORC'HER:

A talk by DR. PORC'HER (*France*) for the Swiss Broadcasting Company on the development of mental health work was relayed to the Meeting.

### PRESENTATION OF REPORTS AND RESOLUTIONS FROM WORKING GROUPS AND THE INTER-PROFESSIONAL ADVISORY COMMITTEE:

The reports and recommendations of the following Working Groups were presented by their respective Rapporteurs. Their reports are given here in a slightly revised form, together with certain comments and decisions of the Executive Board.

#### WORKING GROUP 1.

##### PROFESSIONAL TRAINING IN MENTAL HEALTH WORK.

Chairman: PROF. T. FERGUSON RODGER (*UK*).

Secretary: MISS GUTHRIE (*UK*).

##### Professions with a General Concern for Mental Health.

Up to the present time the main emphasis in training has been on clinical work; but programmes of preventive mental hygiene call for training of all professions which influence the lives of children and adults. Such training should include the education of professional personnel in an understanding of principles of mental health, and should be conducted by means of a multi-professional approach in which the areas of knowledge in the field of mental health, which are common and essential to all these professions, should be appreciated.

It is recommended that the professions concerned should be brought together for the purposes of training, not only to economise in the use of teaching resources, but also to give each group some understanding of the

particular functions of others in the common field.

*Theoretical Training.* Presupposing that the students in each group have had instruction in psychology and sociology fundamental to the understanding of the content of these courses, it is recommended that the programme cover didactic and applied teaching in the following:—

- (1) Dynamics of human behaviour
- (2) Human growth and development
- (3) The development of inter-personal relationships
- (4) Basic principles of family case work.

*Practical Training.* Appropriate opportunities should be given to each professional group to apply the knowledge of the mental health principles acquired in the theoretical training, of practice under expert supervision and of developing the insight of the student into his own part in the development and management of the inter-personal relationships.

##### Mental Health Workers.

The term "mental health worker" up to now has meant only those who were concerned with treatment; but, in an effective programme for mental health which emphasises its preventive aspects, the most important workers are those with the closest contact with the community, such as:—

Public Health Nurses  
Teachers  
Clergy  
General Medical Practitioners.

The close collaboration between the various professions concerned in the implementation of a broad mental health programme should yield new syntheses of knowledge and practice out of which should emerge the new science of mental hygiene.

##### A Mental Health Institute.

To facilitate the developments described above, it is suggested that every country should consider the establishment of a mental health institute which should undertake both research and training. The Institute might include:—



- (i) *A teaching faculty* of physicians, psychiatrists and other workers in the medical field, clinical and social psychologists, cultural anthropologists, workers in group relationships, workers in the sphere of education, social workers, and others engaged in professions in the field of human relationships.
- (ii) *Laboratory facilities* necessary for research.
- (iii) *Facilities for clinical and field work.*

The Institute should also have the task of training not only specialised mental health workers, but also those engaged in the training of teachers, nurses, child welfare workers, social workers, clergy and social administrators.

Further, it would concern itself with methods of communicating mental health ideas to the general public.

#### **Priorities.**

In the consideration of priorities in professional education in those countries where psychiatric services are at an early stage of evolution, it is essential that the initiation of preventive services should take first place. But it is realised that preventive services can only be introduced on a basis of the sound clinical experience of the psychiatrists, social workers and other specialised personnel engaged in the work.

It is emphasised that the experience of countries more advanced in mental health provisions, but where preventive measures were launched long after therapeutic ones were established, should not be recapitulated in new situations.

The assessment of needs in mental health work must be particular to the situation encountered in each country, and must take into account the broad problems, the character of the social organisation, and the availability of workers used to dealing with human beings, as well as the specialised mental health services.

The Working Group considers that in the development of preventive services there has up to now been a lack of proper balance in the distribution of specialised professional

workers between preventive and therapeutic work. The World Federation for Mental Health should seek to achieve a better distribution, and should work in the direction of a training programme for full-time mental health personnel.

*The Executive Board* considered the recommendation for the establishment of mental health institutes in every country in relation to the proposal of the Inter-Professional Advisory Committee (see Working Group 9) concerning an international institute. One way to establish the latter might be for national institutes to exchange teachers and to be linked together through the Federation.

The Secretariat of the Federation has been asked to find out from member organisations what facilities exist at present in their own countries which might contribute towards the foundation of a national mental health institute. The formation of such institutes should be encouraged and through them the recommendations of Working Group 1 could best be implemented.

#### **WORKING GROUP 2.**

##### **PUBLIC EDUCATION IN MENTAL HEALTH.**

*Chairman:* DR. E. C. LEKKERKERKER  
(Netherlands).

*Secretary:* DR. H. DURFEE (U.S.A.).

This group consisted of about 15 members and was well-mixed by professions and by nations. It considered some of the means of educating the public in the principles of mental health.

#### **1. Films.**

It was agreed that films were one of the most important means of opening up new spheres of work in mental health education. The Group recommended that a *Film Bureau* be established by the Federation or by another appropriate international agency.

This *Film Bureau* should:—

- (a) be charged with the collection and distribution of information about films on mental health subjects;
- (b) encourage official information services



to include mental health films in their film collections;

(c) stimulate national mental health and allied organisations to co-operate by producing information on the film resources of their countries, and by establishing National Film Centres and interesting these Centres in mental health work;

(d) facilitate and promote the distribution and exchange of suitable films; establish a collection of films for use on loan; and organise film demonstrations at mental health conferences and other meetings such as maternity and child welfare, industrial health functions and so on.

(e) promote centrally and nationally the making of suitable films, e.g., it was suggested that a film might be made of the life and work of Clifford Beers, leading up to the foundation of the World Federation for Mental Health.

It is particularly stressed that in all cases of the use of films in mental health education, an expert be present not only to introduce the film, but to lead the discussion afterwards.

## **2. Radio and Drama.**

Information should be collected and distributed about the use in public mental health education of radio, radio plays and dramatised features, and theatre drama.

## **3. Local Mental Health Associations.**

It is important that more local mental health associations be established, but it is recommended that such associations should have more than a passive membership. Active participation by citizens should be encouraged in community committee work, e.g., school committees which should be entrusted with the responsibility of finding out about local mental health features, and of reporting back to appropriate experts.

## **4. Total Health Surveys.**

The Group discussed the significance to public education in mental health of total health surveys and demonstrations in selected areas, following the lead given by Dr. G. R. Hargreaves, of WHO, in his address to the Meeting.

Mental health education is much handicapped by the scepticism of the general public about the possibility of improving mental

health. Comparative studies are needed of the incidence and causes of mental disturbances in various cultures, in order to get more evidence of the effects of culture patterns on mental health, and on the possibility of modifying culture patterns.

This last topic proved to be beyond the scope of the Group in the time available at the meeting, but a summary of an annotation by Dr. Jarl Wagner Smitt (*Denmark*) and Dr. Lekkerkerker (*Netherlands*) is submitted on behalf of the Group as a whole.

### *Proposal for Mental Health Surveys.*

It is proposed that a multi-professional committee should prepare short-term and long-term programmes for the study on a large scale of the incidence and quality of disturbances of mental health in various selected communities. The study would include information about psychoses, neuroses, psycho-somatic illness, organic mental diseases, addictions, delinquency, maladjustment of children and related phenomena. The leading idea of the plan would be to relate these disturbances to local socio-economic patterns of normality, and thus provide material for comparisons of total health between cultural systems.

*Comments:* The implementation of this proposal might have many ramifications with great diversity of result. *First*, it is relevant to enquire what might reasonably be expected to come out of the project.

(a) A comparative study of the effects of various patterns of child care might be made. Considering the work of anthropologists like Malinovsky, Benedict, Mead, LeBarre, Moloney, Carothers and others, it might be possible to demonstrate advantages of certain ways of upbringing of children in relation to the type of life led by the community as a whole. Or possibly a differentiation might be made between the effects of upbringing and the effects of general cultural and social pattern on mental health, and in this way to lead towards concepts of what conditions of child care may hold good for the whole human race, or are common to more than one culture; and which factors are more nearly related to particular cultural ideals, economic and social conditions and the stage of cultural development. The acquisition of knowledge in the field, besides its inherent scientific value, should be of extraordinary use as a stimulus in public education in mental health.



(b) In under-developed communities, this project should prove an excellent starting-point for public mental health work.

(c) Both medicine and social anthropology would be enriched by the co-operation involved, which would ramify also through the participation of psychologists, sociologists and criminologists into the establishment of complete public health units. In a narrower field, the involvement of psychiatry and general medicine might lead to advances in understanding psycho-somatic illnesses. The use of common terminology, nomenclature and concepts, common methods of survey and statistical procedure, could be introduced all over the world.

Secondly, the social urgency of the project is noted. Each individual community has a vital interest in securing the data involved, for its own practical benefit. It seems better to start this work now on a broad international basis rather than to wait for its eventual appearance piecemeal. Moreover, the phenomena are in some ways more easily studied in primitive communities not yet modified by outside influences; but such primitive communities are now being subjected to heavy pressure by developing civilisation so that vital research material is in danger of being lost for ever.

Thirdly, the project has an immediate significance to international organisations. It fits into the plans of WHO to undertake research into areas of the field previously neglected or undeveloped. It supplements attention to the investigation of factors negatively influencing mental health in developed countries, by considering as well factors positively affecting mental health in more primitive communities.

This research can only be successfully tackled internationally, because of the need to provide data which is strictly comparable between communities. It would appear to be of common interest to WHO, WFMH and UNESCO and has a particular bearing on the "Tensions Project" of the last-named. However, the burden of cost should not be confined to these organisations, and an attempt should be made to secure funds from within some of the national groups involved in the study.

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- I. C. MOLONEY: *On Oriental Stoicism*. (*American Journal of Psychiatry* 103: 60-64, July, 1946).
- J. C. D. CAROTHERS: *A Study of Mental Derangement in Africans*. (*Journal of Mental Science* 93: 548-597, July, 1947).

#### 5. Continuation of Group Work.

Members of the Working Group decided to continue their work and to report to the Group on information from, and progress in, their own countries, for summarisation and submission to the Executive Board of the Federation before the Annual Meeting, 1950.

The Executive Board agreed on the importance of making use of all methods, in addition to films, of mental health education. The recommendations in paragraphs 1 and 2 above have been forwarded to the Films Division of UNESCO with the strong approval of the Board, and with an enquiry into the action already being taken in these matters.

The following extract from the report of the meeting of the Mental Health Expert Committee of WHO, September, 1949 (WHO Press Release, No. 112), is noted with interest:—

*"Fields of research to fill gaps in fundamental knowledge, indeed to make preventive mental health more effective . . . include the effects of rapid change of culture pattern and social organisation upon mental health and the means of mitigating ill effects."*

#### WORKING GROUP 3.

#### PLANNING FOR MENTAL HEALTH IN RURAL COMMUNITIES and MATERNAL AND CHILD HEALTH.

Chairman: DR. E. LEPPÖ (Finland).

#### Recommendations:

##### 1. Administrative Planning.

In view of the fact that there are countries without national direction in mental health, and even countries where there are voluntary organisations but where the programme is inadequately developed because of lack of funds, it is recommended:

- (a) that in all countries there should be a



central organ to develop, supervise or advise local mental health services;

(b) that a co-ordinating committee for the promotion of mental health be established between national authorities in the field of public health, education and social welfare;

(c) that all governments include in their budgets sufficient funds to develop and maintain local mental health services with state aid in rural areas, and enact and enforce the necessary legislation;

(d) that the attention of health and other social insurance authorities should be drawn to the importance of their supporting mental health programmes;

(e) that voluntary mental health organisations co-operate with governmental mental health departments;

(f) that in the countries where there are now no voluntary organisations for the promotion of mental health, it would be advisable for the government to encourage the formation of such voluntary organisations, and these might be partially supported by the state.

## 2. Field Work Planning.

For practical work it is recommended that every country be divided into health districts, with the mental health unit or team to advise and supervise the total mental health programme in the district. These districts may be determined by the administrative divisions of the State, and also by the location of mental hospitals and other health and welfare services. Both from the point of view of the practical (diagnostic) work and of the psychological effect on team and community alike, it would be desirable to have the mental health team working in close contact with other public health service personnel—for example, in the health centre—and not located in a mental hospital.

## 3. The Mental Health Team.

(a) that the personnel of the mental health team include a psychiatrist, a psychologist, a public health nurse, and a social worker. In places where such a complete team is not available, child guidance workers with training in psychology, psychotherapy and social case work may be used to work in co-operation with public health nurses;

(b) that the units or teams be established to undertake prophylaxis and treatment, mental health education and co-operation with other agencies;

(c) that for those areas too remote from the district centre, provision should be made for a regularly scheduled travelling unit. These units should maintain the closest co-operation with the local doctors, public health nurses, teachers, clergy, social welfare workers, and all other personnel who are in a position to further the mental health programme in the rural community. The public health nurses and teachers, through their home and school contacts should be the chief source of referrals to the unit.

4. Three principal functions are recommended for the mental health programme:

Prophylaxis (and the treatment which accompanies this function); Education; and Co-operation.

*The Executive Board* endorsed in principle the recommendations of Working Group 3. It noted that one of the most useful functions of a voluntary mental health organisation was to criticise governmental provision, though this naturally did not preclude the co-operation proposed in recommendation 1 (e). The recommendation 1 (f) was accepted with reserve—each particular case would have to be considered on its own merit and no general principle could be stated with regard to the receipt of State aid by voluntary organisations.

The Board resolved to submit to WHO a formal resolution based on recommendation 2 above.

## WORKING GROUP 4.

### STUDENT MENTAL HYGIENE.

*Chairman:* DR. CLEMENTS C. FRY (U.S.A.)

*Secretary:* MRS. EDNA G. ROSTOW (U.S.A.).

The first stage of this Working Group was an exploration of the emotional problems and needs of university students and the ways in which they are being met in the countries from which the members of the group were drawn. Discussion centred mainly on the experience of universities and colleges in Holland, Germany and the United States of America. The needs of other countries, as expressed by requests for information about student mental hygiene, supported the strongly expressed agreement of the members



of the group that they were concerned with a subject of importance.

It is formally noted that the field of student mental hygiene is one which must receive study and attention, for in each country intellectual, professional, political and industrial leadership comes largely from the educated groups whose emotional health is the preoccupation of student mental hygiene.

Student mental hygiene is a young science, but it is clear that it must engage the knowledge and techniques of several professional disciplines—psychiatry, psychology, sociology, education and general medicine.

The Working Group is at present only in a position to plan its course of action. The first objective is to learn more about academic communities, and about the role of psychiatry in academic life in as many countries as possible. The help of delegates to the meeting will be required for this later. Meanwhile, members of the Working Group have begun the accumulation of material by sending information about their own countries to Dr. Clements C. Fry. Dr. McPhee, of the University of Utah, has agreed to compile a critical bibliography of psychological and aptitude tests in use in the U.S.A.

It is hoped to submit a fuller report at a later date which will be of use to WHO and other agencies planning to further student mental hygiene in countries expressing a desire for such help.

The Working Group proposes to continue its work by correspondence, by the exchange of ideas and information and to accumulate material regionally. Correspondence should be directed to Dr. Clements C. Fry, 109, Collin St., New Haven, Conn., U.S.A., who has agreed to edit and collate material with a view to compiling reports.

#### WORKING GROUP 5.

##### MENTAL HEALTH ASPECTS OF EDUCATION.

*Chairman and Secretary:* DR. DALLAS PRATT (U.S.A.).

##### *Recommendations:*

#### A. To United Nations' Specialised Agencies.

##### 1. WHO.

In regard to the programme of WHO for the

collection of mental health data throughout the world it is *recommended*:—

(a) that WHO should pay special attention in the field of education to the extent to which teachers, in the course of their training, are taught the principles of mental health;

(b) that in addition to the data which WHO will obtain on the facilities for exceptional or handicapped children, such as special education and psychiatric services, that organisation should pay special attention to the extent to which mental health principles are applied in the education of the average or normal child.

##### 2. UNESCO.

The Working Group feels that liaison with the Education Division of UNESCO should be improved, so that WFMH, after study of the education programme of UNESCO, will be better able to help that body strengthen the mental health orientation of its educational programme.

#### B. To WFMH.

1. It is *recommended* that attempts should be made by WFMH to increase the participation therein of educationalists (including practising teachers), and of national educational organisations. This might be done in three ways:

(a) WFMH should urge national mental health bodies to contact national educational organisations with a view to increasing their participation in WFMH;

(b) one or more educationalists should be included in the Inter-Professional Advisory Committee;

(c) all reports of WFMH concerned with education should be distributed to all national educational organisations.

2. WFMH should seek to contact and encourage existing Preparatory Commissions dealing with mental health aspects of education, and, whenever possible, should stimulate the formation of new commissions in this area.

#### C. The Formulation of Mental Health Principles in Education.

The Working Group considers that it would be valuable for WFMH to formulate the most important mental health principles



applicable in education. As a preliminary effort, the Group has formulated a few important principles which, owing to limited time, can only be tentative, and do not in any sense cover the subject. Steps are suggested to remedy this deficiency:—

WFMH should appoint, or designate, an appropriate inter-professional committee, on which practising teachers should be represented, to prepare a list of mental health principles in education. Use should be made of the principles recommended below by this Group, and by other Groups which have been working on this subject. These principles should then be submitted to appropriate national educational bodies throughout the world for information and guidance and for comment by the recipient on their acceptability, limitations, or modifications necessary in respect to the recipient's particular culture. It is clear that application will vary in different nations and cultures.

These principles should also be submitted to UNESCO for the guidance of that body and for comment.

It is *recommended* as a principle in education rather than as a formal resolution:

(1) concerning teacher training:

(a) that their mental health should be a factor in the selection of teachers;

(b) that teachers should be made familiar during their training with mental health principles;

(2) concerning the application of mental health principles in the school:

(a) that teachers should be concerned to *promote mental health* in addition to dealing with abnormal manifestations in their pupils;

(b) that the proportion of teachers to pupils should be such that each teacher is able thoroughly to understand and to educate the pupils in his charge. It is felt that in every country the greatest general handicap to a successful personal relationship between teacher and pupil is the excessive size of classes.

(c) that co-operation between parents and school should be promoted through regular interviews between parents and teachers, instruction for parents in the principles of mental health—especially as they apply to the school child—and through other contacts;

(d) that special educational provision must

be made for mentally retarded, physically handicapped, emotionally disturbed and unusually gifted children.

**D. The Promotion of International Understanding.**

Since mental health is hardly possible in the modern world without international goodwill and understanding, it is recognised that mental health activities in the schools will fail in their purpose unless accompanied by a well-rounded community programme of international co-operation; e.g.:—

- (1) Exchange of students between different countries, either between schools, or during vacations;
- (2) international exchange of teachers;
- (3) promotion of contact between school-children of different countries, either through exchange of letters ("pen pals") or exchange of gifts and information between schools.

**NOTE.**

The Working Group considered that the "basic material" provided, was of value as a basis for discussion, but that it should not be given wider circulation in its present form because of the necessarily incomplete presentation of the original commission reports.

*The Executive Board* endorsed all the recommendations made by Working Group 5.

The Board resolved that one or more educationalists should be added to the Inter-Professional Advisory Committee.

It was also agreed that Prof. W. Line, Professor of Psychology at the University of Toronto, Canada, should, in conjunction with members of the Federation in the U.S.A., draft a statement on mental health principles applicable to education, which could be used with modifications appropriate to each country as a basis for distribution by mental health organisations in all countries.

The Director of the Federation has conveyed to UNESCO the content of recommendations A(2) and C of this Working Group, as well as the recommendations made on the same subject by Group 9 (IPAC), given below.



#### WORKING GROUP 6.

##### MENTAL HEALTH ASPECTS OF RELIGION.

*Chairman:* DR. LEO BARTEMEIER (U.S.A.).

DR. MARYSE CHOISY-CLOUZET  
(France).

*Secretary:* MRS. J. R. REES, M.B. (U.K.).

The work of this group was limited by the absence of representatives of other than Christian religions. It can, therefore, only make a report embodying Christian points of view.

The group did not find that the basic material provided was helpful, and it considered as significant, that out of 150 reports produced by the preparatory commissions for the 1948 Congress, only 10 devoted themselves to the question of religion.

The group noted the existence of the following activities:—

- (1) *In France:* the establishment in April, 1949, of a permanent organizing committee for international congresses of catholic psychiatrists, analytical psychotherapists and child guidance workers—a federation of national societies representing 14 countries—which passed a resolution that there was no conflict between psycho-analysis and religion.
- (2) *In Holland:* Four groups studying mental health from a religious basis, one Roman Catholic, two Reformed Church and one Humanitarian.
- (3) *In Switzerland:* a working committee on mental health and religion.
- (4) *In U.S.A.* a statement published by the Group for the Advancement of Psychiatry to the effect that there is no conflict between psycho-analysis, psychotherapy and religion.

The group considered the need to get facts from every country concerning the mental health aspects of religion.

It was agreed that religion stressing a punitive aspect is not conducive to the best mental health.

##### *Recommendations:*

1. The formation of a small Standing Committee to work out the best methods of

studying the psychological and statistical aspects of religion and mental health.

2. This Committee should make a survey of the pastoral guidance trends in the various countries in order to establish the attitude of various religious groups to psychiatry.

3. Reports from all the main religions of the world of the relationship between religious and cultural patterns would be of the utmost value in the collection of material.

4. Corresponding members who are experts on the various religions should supply material to the Committee.

5. That verbatim reports of all meetings of this Committee be kept.

6. That a comprehensive bibliography be compiled.

*The Executive Board* noted the intention of this Working Group to remain in existence.

#### WORKING GROUP 7.

##### MENTAL HEALTH ASPECTS OF INTERNATIONAL RELATIONS

*Chairman:* DR. CAMPBELL (U.S.A.).

*Secretary:* MR. W. DUFF (U.S.A.).

The Working Group consisted of nineteen members drawn from eight nationalities. The following *recommendations* to the Executive Board of the World Federation for Mental Health were mutually agreed upon:—

1. That WFMH should continue its interest in, and implement its potential contribution to, the mental health aspects of international relations by the appointment of a Standing Committee. This Committee might be composed of members of the Geneva working group, who had already demonstrated their active interest in this field, with such additions as the Executive Board might deem appropriate.

2. That the Standing Committee should adopt a guiding policy such as that formulated in the *Interim Report of the Committee on International Relations of the Group for the Advancement of Psychiatry* under the chairmanship of Dr. John A. P. Millet, M.D.



This document seemed to embody the important principles and applications agreed upon by the group at Geneva, 1949. Certain modifications, additions and emphases were, however, deemed necessary if this report, which was concerned with the position of psychiatrists in the field of international relations, were to be made applicable to the situation of mental health workers as a whole.

*NOTE: The Interim Report referred to above has subsequently been revised by GAP and a new version published, which it is hoped to print in full in the sixth number of the Bulletin, by kind permission of GAP. An abstract of the Interim Report is given below, to provide the context for the recommendations of Working Group 7 which follow.*

*Abstract of the Interim Report of the GAP Committee on International Relations:*

**"The Position of Psychiatrists in the Field of International Relations."**

The *Interim Report* draws attention to the special duty of psychiatrists, as citizens and in virtue of their particular competence, to contribute towards the solution of group as well as individual problems; but equally to avoid making extravagant claims and attracting undue publicity.

Psychiatrists can best contribute to the solution of international problems by:—

(1) stimulating the inter-professional group study of problems preferably in a University setting;

(2) establishing inter-professional training programmes for training workers in inter-disciplinary method and to aid exchange between disciplines;

(3) inter-professional clinical studies of individuals with foreign backgrounds;

(4) reducing resistance to acceptance of themselves as psychiatrists, by practical training for effective action to meet problems in the field; and by adherence to case teaching methods of training.

The *Interim Report* accords priority to the organisation of inter-disciplinary seminars for

selected key persons, to exploring contacts with receptive government leaders, and to support of regional organisations associated with UNESCO and WHO. Other useful activities are panel discussions with teachers on methods of influencing attitudes, visual education methods (films) and participation in radio discussions, community lectures, etc.

The extension of usefulness of psychiatrists in the field of international relations is considered to be dependent on caution until adequate experience has been gained and official contacts made; and on promotion of collaboration between disciplines in approaching problems. Preference in study should be given to subjects recognised as problems by those responsible for their solution, by securing the participation of such persons and by inclusion of scientists with fieldwork experience. Untimely broadcasting of individual opinions tends to weaken the position of psychiatrists in the estimation of responsible authorities.

The modifications of, additions to and emphases on the GAP report which the Working Group considered necessary for the purpose of WFMH are, as follows:—

- (a) The defined scope of the GAP report should be expanded to include not only psychiatrists, for whom it was designed, but all workers in the field of mental health who are interested in international relations.
- (b) Special emphasis should be placed on the stimulation of, and collaboration with, educators, both as individuals and groups, to foster improved educational practices in the field of international relationships. This would involve contributions to both curricula and extra-curricular educational programmes (e.g., exchange of students, student recreation activities, parent-teacher organisations, etc.).
- (c) The Standing Committee should co-operate closely with research groups concerned with the psychology of international relationships in order to benefit by theoretical contributions and view its own practical work as research in process. A close affiliation with agencies such as the Society for Applied Anthropology is recom-



mended. Correspondence and collaboration with both national groups and individuals concerned with international relations should be fostered and appropriate representatives should be appointed to national and international meetings to report back to the Standing Committee.

- (d) Arrangements should be made by the Standing Committee to collect and collate existing information of the mental health aspects of international relations. Fresh information must continually be added as it becomes available with a view to the most efficient circulation not only among the members of the Federation, but to other national societies working in this field. The principle aim in this recommendation is the building up of *lines of communication* so that reduplication of effort is minimised and so that important past work may be made more immediately available for contemporary use.
- (e) The closest possible collaboration with WHO in its activities in the practical solution of such medico-psychological problems as the addictions, white slavery, venereal disease, and legal abortion, should be an important function of the Standing Committee.
- (f) To implement the resolution of the Mental Health Congress of 1948, on Germany, the WFMH should approach the occupying powers to discuss the assistance the Federation might give in promoting mental health in that country, including steps toward the co-ordination and promotion of the work of international agencies (e.g., WHO, UNESCO, UNICEF) in the mental health field. Assistance might include the despatch of a visitor or team approved by these agencies, to survey the present situation.
- (g) Detailed expansion of many of the above points together with certain other important practical suggestions will be found in the minutes of the working group. Among these is the recommendation to utilise the methods of public relations experts in facilitating the exchange of experts between countries, by arranging wider itineraries of lecture arrangements, through better publicity and financing.

3. The following suggestions are made in addition:—

- (a) that the mutual understanding stimulated by group discussion be fostered at subsequent annual meetings of WFMH by the allotment of much more time to group work.
- (b) that the chairman of each group be well briefed on the subject under discussion.
- (c) that the stimulation experienced by members of groups be given immediate expression in their own countries through their active participation in national groups.

The Executive Board considered carefully the recommendation that a Standing Committee be formed, but concluded that such a committee might duplicate the functions of the Inter-Professional Advisory Committee already established. Moreover, practical considerations made the implementation of a proposal to form another international standing committee almost impossible.

It was agreed that the importance of the subject of the mental health aspects of international relations needed emphasis and must not be overlooked. Member Associations of the Federation might be encouraged to work on this subject in close contact with the UNESCO National Commissions in each country.

It was agreed to send a letter to discussion groups and preparatory commissions still in existence, drawing their attention to the importance of work on international relations.

The Director of the Federation has written to UNESCO to re-affirm the Federation's interest in, and support of, the UNESCO "Tensions" project. Letters have been written to the appropriate authorities in the Occupied Zones of Germany offering to help in any way possible.

#### WORKING GROUP 8.

#### THE PSYCHOLOGICAL PROBLEMS OF DISPLACED PERSONS.

Chairman: PROF. F. K. GÖKAY (Turkey).

Secretary: MRS. M. SIMON (U.S.A.).

This Group decided that it would use the word "homeless" instead of the term "dis-



placed persons." It was recommended that terms like "D.P.'s," "Fluechtlinge," "Emigrés" and so on, be eliminated, and that the problems be considered without limitation of race, nationality or religion.

The danger arising from the existence of these "foreign bodies" within national units is emphasised. The tremendous tensions emanating from these herded groups of human beings affect also the national communities in which they are placed.

The Group recommended that international commissions should tackle the problem as a whole by attempting to help the homeless within the framework of existing conditions and to prepare for their economic absorption into society in the way which is most constructive for the individuals themselves and for the commonwealth of nations.

The homeless present excellent material for the scientific study of psychological and sociological phenomena such as regression, uncontrollable instinctive drives and the formation of social relationships. Anthropologists can help by the elucidation of the differences due to various cultural patterns.

Commissions engaged in this work should include psychiatrists, psychologists, sociologists, anthropologists and historians (educationists). They should be truly international, without exclusion of former enemies. An atmosphere free from racial tension is essential to the success of a commission.

#### *Points recommended for further study:*

1. An analysis of the psychological and social problems of the homeless.
2. The harmful effects of mass living, mass disturbances and exposure to group problems. The beneficial effects of group experiences.
3. Problems of the individual in group adjustments:
  - (a) Social status: e.g., the characteristics shown by farmers, intellectuals and so on.
  - (b) The difference in introduction to camp life: alone, in a known group, or with own family.

#### Problems of the different age levels:

Old age, mature adults, young adults, adolescents, children.

4. Phenomena of group formation and the characteristics of the established group.

Some of the experience met with in the rehabilitation of institutionalised persons might be useful, and the material might also be related to the phenomena observed in psychological breakdown among soldiers in wartime.

Questions common to the whole field of work would be the relationship between observed behaviour and early history of the individual, e.g., early frustrations, deprived childhood, destructiveness during adolescence, and so on.

The work of Alexander Leighton with Japanese in an American re-location camp would be relevant.

*The Executive Board* agreed to explore the possibility of collaboration with UNESCO on this problem. The recommendations of the Group have been forwarded to UNESCO.

It was decided that the study of the problems of homeless or transplanted persons should be one of the subjects for group study in preparation for the Annual Meetings of 1950 and 1951 leading up to the next International Congress on Mental Health 1952. A letter would be sent on this subject to all existing preparatory commissions and discussion groups.

#### WORKING GROUP 9.

##### THE INTER-PROFESSIONAL ADVISORY COMMITTEE.

#### 1. Functions of IPAC in WFMH.

- (a) *In relation to the Executive Board.* IPAC, in addition to meeting requests for technical help from the Executive Board, has an advisory function which should be primarily of an innovatory character. It is the IPAC's task to devise new ways of bringing technical developments in the field of mental health to the attention of the Executive Board for the service of the mental health movement.



- (b) *In relation to the study groups*, the IPAC could act as a focal point for co-ordinating and integrating their work. The effectiveness of the relationship between the IPAC and the study groups would depend on the existence of machinery at WFMH headquarters for keeping in actual and constant communication with the groups. There should be a two-way traffic between the study groups and the IPAC. A section of the Bulletin should be reserved for the work of the study groups.
- (c) *In relation to the WFMH as a world-wide movement*, the IPAC conceives its function to be that of a "life thread" to maintain continuity between the periodic assemblies or conferences and to be concerned with the relationship between the WFMH and the outer world. Assemblies and congresses are means to ends, not ends in themselves. The IPAC must study how the WFMH might make the greatest possible impact upon the world at large in matters pertaining to mental health in the widest sense, since the WFMH draws its vigour and inspiration from the study groups working in different parts of the world.

In view of the foregoing it follows that the moral force of WFMH as an organisation should be exerted on behalf of individuals and institutions engaged in the sphere of mental health throughout the world.

## 2. Recommendations to the Executive Board in Relation to Policy.

### (a) *Periodic WFMH Conferences and Meetings.*

The IPAC would urge that the WFMH should experiment freely in methods of conducting conferences with a view to discovering the most effective procedures and the optimum number of persons who could participate. Every projected conference should be planned afresh in the light of past experience and all possibilities should be explored of introducing novel procedures, without undue regard for mere convention and tradition for their own sake.

### (b) *Public Education in Mental Health.*

The IPAC reaffirms that one of the important functions of the WFMH is to educate public opinion in all matters

affecting mental health in the widest sense. Such education is not only achieved by merely propagating information about the WFMH. Public education in mental health is not only vital in developing an awareness of the need for mental health services, but it is also a prerequisite for all the work of WFMH in the broader field of social relationships.

Accordingly the IPAC would be glad to assist in providing any technical advice that might help to educate the public in mental health principles. As a first step in this direction, provision might be made for liaison to be maintained between those professionally responsible for WFMH publicity and the IPAC on any technical aspects of the work. It is the IPAC's responsibility to endeavour to develop new and effective methods of public education.

### (c) *A proposed International Institute of Mental Health and Human Relations.*

The IPAC would urge consideration of the development of an International Institute of Mental Health and Human Relations. The functions of such an institute would be to promote the aims of the WFMH by means of training, research and information services.

This proposal should not be regarded as a remote idea to be fulfilled in the distant future and depending on vast funds to erect new buildings. It should rather be considered as an attempt to take those training and other organisations which already exist and function on WFMH principles, and regard them as the nucleus of the proposed institute. The institute would thus have "grass roots" and not an imposition of an abstract idea — unrealistically conceived. If the institute's staff were internationally recruited, there would grow in the course of a few years a cultural atmosphere which might break down the barriers of national thinking and infuse the training and research programme with a truly international way of thinking.

The IPAC is gratified to learn that the Central Committee of SEPEG has agreed in principle to a proposal that the International Post-graduate Training Courses of SEPEG now being conducted in Lausanne might become



the nucleus for such an International Institute. It is urged that the Executive Board take steps for the early implementation of this proposal.

### 3. Projects for Study Groups.

The IPAC attaches the greatest importance to the principle of "first things first." In considering possible projects or other activities the question must always be asked: What order of priority is to be given to this or that project? The ultimate criterion by which the importance of various activities is to be judged should be based on the contribution which such activities might make to the promotion of mental health and world citizenship, and to the improvement of human relationships within and especially between nations, in the light of what is practicable.

#### (a) *Project for the study of Leadership and Authority in Local Communities.*

The work of WFMH might be more unified and have clearer purposes if the activities of the study groups could be linked to the annual meetings, which should in turn lead to the Congresses in a progressive way.

Many of the study groups, it is felt, could best perform their rôle if they studied the basic problems of mental health in terms of their local communities to which they have access and of which they have special knowledge. It is therefore proposed that the chief topic which might be taken by the study groups for consideration between now and next Congress should be "Leadership and Authority in Local Communities." Interim reports might be given at annual meetings. Aspects of this topic to which attention might be drawn are:

- (i) How do authority and leadership develop, for example, in youth and sports' clubs, family groups, schools, working units, and in the wider civic field?
- (ii) What is their origin in the social background?
- (iii) What are the personal qualities of those who become leaders?
- (iv) How do they rise to their position of influence?
- (v) Are there any changes of trends in the natural selection of leaders?

The merit of this topic is that it leads naturally to the study of the natural rise of leadership at the international level. For this task a special research project needs to be initiated on the problem of the selection of national delegates and representatives at international commissions, conferences and the like. This prospect might be run along the following lines: a comparative study might be made of the facts—what are the actual methods by which persons (delegates, observers) are chosen to represent governments at international assemblies? Can case histories be collected, tracing the rise of the individual to the status of national representative? What are the historical, cultural and psychological factors which have led to the existing method of selection? How may the facts be interpreted? What recommendations, if any, might be made to improve existing methods?

#### (b) *Project for a systematic study of the causes, phenomena and consequences of concentration camps.*

The tremendous and unprecedented events of the concentration camps have largely been overlooked by social scientists and psychiatrists, an oversight which is itself a phenomenon meriting study. It is imperative, if there is to be no repetition of these events, that as full an understanding of them as is possible be acquired.

Although a number of individuals have written accounts of their experiences in extermination camps and some official reports on the subject (e.g., by the Polish Government) have been published, no scientific attempt has been made to sift and collate the available evidence and interpret it psychologically and sociologically.

This might well be undertaken by such groups as have access to basic material. This is all the more urgent in view of the increasing remoteness of the source material.

Some questions that urgently require study are:—

What light do the events throw upon "human nature"?

In what conditions are such events likely to recur and what is the likelihood of their recurrence?



What were the effects:—

- (i) on those in charge of the camps,
- (ii) on the inmates,
- (iii) on public opinion,
- (iv) on those who passively tolerated the events?

4. **Suggestions concerning the Co-operation between WFMH and WHO.**

The IPAC considered the question how best the mental health movement as a whole, and the IPAC in particular, can play a part in helping the detailed execution of WHO's mental health programme. This should be a continuing task for the WFMH. Help might be given in the following ways:—

- (a) By acting as a non-governmental channel of communication for information which might be valuable for WHO in the field of mental health. Such help might be given by individual members and by national associations.
- (b) By ensuring that those who attend the meetings of WFMH are selected in virtue of their professional accomplishments and their understanding of the supra-national character of the goals of WFMH.
- (c) By exploring as vigorously as possible ways and means whereby mental health principles may be fully and effectively assimilated in public health work.
- (d) By encouraging the economical use of expert personnel: thus specialists can very often be more effective if they act as teachers and consultants rather than as individual workers. In large backward areas of the world preventive rather than therapeutic work is primarily called for. Hence training schemes for local workers on a large scale are required. Such training schemes should be "polyvalent," i.e., they should provide the worker with insights derived from all the relevant disciplines.

5. **Suggestions concerning the Co-operation between WFMH and UNESCO.**

Mental health principles on a preventive basis can best be applied during the impressionable years of infancy, although it is recognised that individuals are amenable to educational influences at all ages.

In order to achieve this goal it is essential

to acquire basic data which are as yet not adequately available. Accordingly the IPAC propose that pilot experiments be conducted in pre-kindergarten nursery schools along the following lines:—

- (a) To study the actual patterns of parent-child relationships in representative groups of the community. Special interest attaches in certain cultures to the apparent increase in the incidence of the rejection of the maternal rôle.
- (b) To give children the benefit of an environment permeated by insights derived from newer knowledge of parent-child and intra-group relationship.
- (c) To train specialised personnel in this sphere of working and to make available to all those concerned with child care the modern approaches to the over-all problem.

The *Executive Board* considered that the proposed establishment of an International Institute of Mental Health and Human Relations was closely related to the establishment of National Institutes of Mental Health proposed by Group 1, and confirmed the action decided on in connection with that proposal.

The Board agreed that suitable topics for discussion in preparation for forthcoming Annual Meetings would be:—

- Leadership and Authority in Local Communities
- Occupational and Industrial Mental Health
- Mental Health and Education
- The Study of the Problems of Homeless or Transplanted Persons.

These suggestions have been circulated to all groups which were working before the 1948 Congress, and to all member-societies, and their comments have been asked for.

With regard to the proposed study of concentration camps it was agreed that IPAC might form a subsidiary group to study this question and report on it.

It was agreed that the proposals concerning co-operation between WFMH and WHO should be forwarded to WHO: and that the proposed scheme for research should be sent to the Educational Division of UNESCO.



**PROPOSED INTERNATIONAL INSTITUTE OF  
MENTAL HEALTH AND HUMAN RELATIONS.**

DR. OSCAR FOREL (*Switzerland*) speaking on behalf of *Semaines internationales d'Etudes pour l'Enfance victime de la Guerre* (International Study Weeks for Child Victims of the War—SEPEG), laid a proposition before the meeting. He said that SEPEG was an international and multi-professional team which has worked since 1945 in war-torn countries such as France, Italy, Germany, Poland and Austria. Its aims might be summarised briefly as:

- (a) to encourage all attempts to help children and young people affected by the war and to build up an environment favourable to their development;
- (b) to put into practice modern principles of work suitable for post-war conditions;
- (c) to make known new methods of ascertainment and handling of mentally defective children; and
- (d) to make opportunities for teachers, psychologists and social workers to meet psychiatrists, juvenile magistrates and, last but not least, parents.

Experience has shown that to realise these aims and render proper service to the community, a great number of well-trained workers are required in the medico-social field. An institute is necessary for this purpose, where systematic training can be carried out.

The opportunity now exists to create an International Institute of Mental Health and Human Relations in the centre of Europe, though the difficulties in the way of early realisation of this aim are fully realised. The affiliation of SEPEG to WFMH and the community of interest of both parties in training for mental health work have made it possible for the Central Committee of SEPEG to suggest that this project might be developed within the framework of WFMH and of other international organisations interested in mental health. The draft proposal, which has the approval and warm support of IPAC, is, in principle:

1. To transform the existing periodical post-graduate courses of SEPEG, conducted by Dr. Lucien Bovet, head of the

*Office Medico-Pedagogique Vaudois* at Lausanne, into a permanent Institute, by:

- (a) elaborating a plan of studies for the technical training of specialised mental health workers in all spheres of individual group work and by issuing a diploma or certificate of post-graduate study;
  - (b) supplementing the training staff engaged, up to now, with other teachers from the various universities, clinics, health and social work organisations of the Swiss cantons. In this way a multi-professional synthesis would be obtained.
2. In the future, as finances permit, to develop the international character of the Institute by the admission of students and the recruitment of teaching staff from every country. In this way the Institute will become representative of the chief schools of thought of many countries and so will spread the principles of mental health in their widest sense on a universal scale in the service of world citizenship.

The CHAIRMAN thanked Dr. Forel for his contribution and said that this proposal, together with the reports of all the working groups, would be circulated to all members and would also be referred to the Executive Board of the Federation for further consideration and action. It was to be regretted that the time had now come to close the Assembly and that further discussion was impossible.

**CLOSURE OF THE ASSEMBLY.**

A very cordial vote of thanks was proposed by the Chairman, PROFESSOR LINE (*Canada*), warmly supported by DR. PORC'HER (*France*), DR. REITER (*Denmark*) and DR. REES (Director) to all those who had contributed to the success of the Assembly. The generosity of the Federal and Cantonal Authorities and the Rector of the University of Geneva had been much appreciated. The warmest possible thanks of the Federation were due to Dr. Repond and Dr. Bersot, Dr. Forel and Professor Meng and their colleagues of the *Comité National Suisse d'Hygiène Mentale*; to CIBA, for a generous donation towards the costs of the Assembly; and to the *Aide Suisse à l'Europe* for so



kindly helping to bring to it a party of representatives from Germany. The unfailing spirit of friendship and the support of Dr. Brock Chisholm and Dr. Hargreaves of WHO and of Dr. Zhukova of UNESCO, had been a great encouragement in the work. The services of Mme. Repond had been invaluable. Tributes were paid to the members of the Executive Board, the Rapporteurs of the Working Groups, to the energetic drive and good humour of the Chairman; and especially to Dr. Rees himself, who had been almost a presiding genius to the Assembly. The diligence and devotion of the members of the Secretariat, of Miss Thornton, Dr. Soddy, Mlle. Sixtel and Mr. Edward Thornton, would not be forgotten; they were deserving of the highest praise. The work of the interpreters had been greatly appreciated by all.

FRAU. DR. MAYER-KULENKAMPFE, on behalf of the representatives from Germany, expressed warm appreciation for the invitation to attend the meeting.

DR. BERSOT, on behalf of the *Comité National Suisse d'Hygiène Mentale*, thanked

the meeting for its expressions of thanks. The election of Dr. Repond as President had greatly encouraged the *Comité National*; the mutual understanding and goodwill which had characterised the meetings would remain as a happy memory of work carried out in common and would contribute to the cause which they all had at heart.

The Chairman then declared the Assembly closed.

*The Meeting rose at 1.30 p.m.*

#### EXCURSION TO LES RIVES DE PRANGINS.

In the afternoon, by kind invitation of Dr. Ch. Durand and the Governing Body of the Hospital, a large party made an excursion to Les Rives de Prangins, St. Prex, where, after being shown the work of the hospital, they were entertained to tea and afterwards were able to relax in beautiful surroundings or bathe in the Lake, as fancy dictated. The afternoon was spent as a delightful postlude to the strenuous occupations of the previous week, and the delegations then dispersed to their own countries.



## LIST OF PARTICIPANTS

August 22nd - 27th, 1949

### ARGENTINA

Dr. René Baron  
Prof. Dr. José Pereyra-Kafer

### AUSTRIA

Dr. R. Jech  
Dr. Oscar Spiel  
Prof. E. Stransky

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Prof. Auguste Ley

### BRAZIL

Prof. A. C. Pacheco e Silva

### CANADA

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### CHILE

Dr. A. M. Arcaya-Vargas

### CZECHOSLOVAKIA

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Dr. Palle Kristiansen  
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Dr. J. Wagner Smitt

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Dr. Ali Zaki

### EIRE

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### FINLAND

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Mme. M. Sarget-Delestre  
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Dr. Schelsky  
Dr. Schulz-Henke

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Mrs. L. C. Bhandari  
Dr. M. V. Govindaswamy  
Dr. K. R. Masani

### ISRAEL

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Mrs. D. Strauss-Weigert  
Dr. M. Wulff

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Prof. Carlo de Sanctis  
Miss E. Vacca

### MEXICO

Dr. Pedro de Alba

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Dr. H. van der Meer  
Prof. Dr. H. C. Rümke  
Dr. J. van der Spek

### NORWAY

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Dr. H. Bersot  
Mlle. M-L. Bertrand  
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 Mme. Helène Eliat  
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 Dr. I. Ruefenacht  
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 Dr. S. Simmen  
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 Dr. P. Vollenweider  
 Dr. H. Walther  
 Dr. S. Zuruckzoglu

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#### U.K.

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 Dr. A. F. Alford  
 Miss A. Broch  
 Dr. L. F. Browne  
 Dr. W. M. Burbury  
 Dr. E. E. Claxton  
 Dr. J. Cohen  
 Dr. R. D. Fidler  
 Alderman W. J. Garnett  
 Miss E. M. Goldberg  
 Miss J. C. Guthrie  
 Mr. R. A. F. Harcourt  
 Mr. T. J. O. Hickey  
 Miss Eve Kennedy  
 Miss I. M. Laird  
 Mr. A. J. Lilliman

Miss M. M. Lindsay  
 Dr. T. A. Ratcliffe  
 Dr. J. R. Rees  
 Mrs. Rees  
 Mrs. M. E. Roberts  
 Prof. T. Ferguson Rodger  
 Prof. T. S. Simey  
 Dr. A. Torrie

#### U.S.A.

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 Dr. Leo H. Bartemeier  
 Miss Emmy A. Berger  
 Dr. Edward Bibring  
 Dr. Grete L. Bibring  
 Miss E. W. Brackett  
 Prof. Walter L. Bruetsch  
 Dr. Douglas G. Campbell  
 Miss Ruth Chapman  
 Miss V. Cianci  
 Dr. R. A. Clark  
 Dr. Gertrude Susan Crandell  
 Prof. Norma E. Cutts  
 Mr. William Duff  
 Dr. Helen Flanders Dunbar  
 Dr. Hildegaard Durfee  
 Mrs. A. C. Enders  
 Miss Trudy Enders  
 Dr. Charles Englander  
 Lt.-Colonel W. R. de Forest  
 Dr. Frank Fremont-Smith  
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 Prof. Clements C. Fry  
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 Dr. William M. McPhee  
 Miss Betsy Nash  
 Dr. Clarence P. Oberndorf  
 Dr. Albert Pepitone  
 Dr. Dallas Pratt  
 Prof. W. Reichenberg-Hackett  
 Mrs. Rostow  
 Miss Betsy Safran  
 Miss E. Sarian  
 Miss M. Simon  
 Miss A. Soffen  
 Dr. George S. Stevenson



Miss Sue Stille  
Miss Ruth G. Taylor  
Mrs. Gladys Thorpe  
Mr. Robert Williams  
Miss Estelle Wolfe  
Dr. Helen Yarnell  
Dr. Gregory Zilboorg  
Dr. Eugene Ziskind

#### VENEZUELA

Dr. Raul Ramos Calles

#### Representing International Organisations, members of WFMH.

##### *International Association of Child Psychiatry*

Dr. T. A. Harris  
Dr. M. Tramer

##### *SEPEG (Semaines internationales d'Etudes pour l'Enfance victime de la Guerre)*

Dr. Oscar Forel  
Mme. Wagner-Simon

#### UNITED NATIONS SPECIALISED AGENCIES

##### WHO

Miss O. Baggallay  
Dr. Brock Chisholm  
Miss L. Creelman  
Dr. Downes  
Mrs. A. F. Ehrman  
Dr. R. G. Hargreaves  
Mr. J. Handler  
Madame R. Repond

##### UNESCO

Dr. J. W. R. Thompson  
Dr. I. Zhukova

##### ILO

Dr. Aage Grut

##### IRO

Dr. Rudolphe I. Coigny  
Dr. B. Willk

#### INTERNATIONAL NON-GOVERNMENTAL ORGANISATIONS

##### *International Union for Child Welfare*

Dr. Louise Frankenstein  
Mrs. Lothian Small  
Dr. Georges Thélin

##### *League of Red Cross Societies*

Miss Kathleen Gepp

##### *World Medical Association*

Dr. Jean Maystre

##### *World Federation of United Nations Associations*

Mr. John A. F. Ennals

##### STAFF

Dr. K. Soddy, Hon. Secretary\*

Miss E. M. Thornton, Assistant

Secretary\*

Mr. R. Fredenburgh, Press Officer

Miss W. H. Duncan

Miss G. E. Green

Mlle. N. Sixtel

Mrs. D. M. Stout

Mr. E. A. Thornton

} Administrative  
and Secretarial

NOTE: *This list contains the names of all  
those who attended the Assembly,  
and who notified their attendance to  
the office.*

\* *These officers will in future be known  
as Assistant-Director and Secretary,  
respectively.*



## THE ANNUAL MEETING, 1949—A CRITICAL EVALUATION

The Annual Meeting of an international organisation is much more than a formality required by law; it is the main instrument, indeed, the only instrument possessed by many such organisations. The World Federation for Mental Health is developing from modest beginnings, and it is hoped that before long it will have a rich and varied life, with a highly trained technical staff, with study and research groups all over the world, research and survey teams, educational projects and regional conferences, in addition to the Annual Meeting. But until these things develop the Annual Meeting will remain the focal point of the Federation's activities, so that success at these Meetings must be assured by every effort of which members are capable.

The cost of success includes the critical examination of past experience, and for this reason, this first Annual Report includes an evaluation of the Geneva Meeting in which many serious statements are made about our shortcomings and any disappointment experienced there. This is risky because the Annual Report may be read by many people who are not members of the Federation, and who may thus learn of the shortcomings and weaknesses of the Federation, without understanding its strength and success. The risk appears justified by the belief that all active international bodies to some extent experience similar difficulties, and by the frank exposure of our problems, we can contribute to knowledge and to the ultimate success of experiments in international co-operation.

Readers of this evaluation should, therefore, realise that we are engaged on a critical review of our own behaviour, and inevitably more attention will be paid to unsolved problems and to unsatisfactory experiences than to those matters of which we feel satisfied and proud. For example, on the credit side we can place the friendly atmosphere, the absence of friction and of "incident," the renewal of contacts by the old hands, the formation of friendships by newcomers, and the undoubted value of the

Working Groups' reports, which are given on another page. On the other hand it is pertinent to enquire whether all this repaid delegates sufficiently for their very considerable expenditure of time and money and whether the cause of the Federation has been advanced enough by the Meeting.

### Fundamental Problems.

No international body can afford to have any illusions about the difficulty of effective communication, either between nationalities or between different professional disciplines; least of all a mental health organisation which is attempting both at once and which is expected to have insight into such matters. History shows that the art of international conference has progressed little during the centuries, though very much more is attempted nowadays. There is an urgent need for a scientific study of the dynamic group phenomena underlying international meetings. A measure of our present uncertainty is that it is impossible to take steps to ensure that any given international meeting will improve and not impair international understanding. This is a profoundly disturbing thought. Even in scientific meetings there are imponderable factors lurking, whether in the personalities of delegates, in national convention, in conference procedure, or in tensions existing between individual and group objectives which may in certain circumstances, not yet understood, destroy and not create international harmony. With so much in the world to-day dependent on international relationships, is it possible that there can be a more important subject to study? This is our justification for laying bare our difficulties to the view of friend and foe equally, while at the same time maintaining that the Annual Meeting was successful, that the Federation is highly skilled in the conduct of its relationships, but that there is room for improvement.

### Delegates' Own Criticisms.

Most of the delegates who were at Geneva went home in a mood of encouragement; the



Secretariat has received more compliments than criticisms; but there was a fair volume of complaint and the Executive Board is not unaware of defects in planning and of mistakes made. The poor response to the request made at the final session for written suggestions and criticisms might indicate lack of interest in this subject, but the two replies received, together with a letter written later, can scarcely be a fair index of our members' concern.

Delegates themselves suggest that there should be more time, relatively, for group discussion; that the business of the Federation should be conducted at sessions limited to delegates authorised to vote; that groups should have a preliminary meeting to elect a chairman and rapporteur; that the chairmen of the groups should prearrange their terms of reference; that intending speakers should stand up to catch the chairman's eye; and that a time limit should be enforced by a bell rung half a minute before time elapses.

A letter received later thoughtfully analyses the experience of the groups. The writer draws attention to the time needed for a group to develop a feeling of real participation, and he advocates previous selection of the chairmen and of the groups themselves to secure a more even distribution by discipline and experience; thus to avoid interdisciplinary rivalry, the overloading of some groups with people unfamiliar with this technique, and undue language complications. The change of group subjects after they had been published is deplored; it led to confusion and a certain amount of desertion of one group for another. He regards the practice of calling in an expert to address a group as a compromise between the group and the plenary session method, and as unsatisfactory in that it disrupts the true function of group experience. Difficulties of integration call for a permanent nucleus of experienced members in several countries to meet yearly, and for intending participants of narrow previous professional experience to gain some practice in groups in their own countries first. The writer concludes that the subject matter must

not only be continuous from year to year, but must fit into the progressive pattern of the work of the WFMH as a whole.

### **The Problems to be Solved.**

It is usual for more attention to be given to shortcomings than to successes, but this must not obscure the fact that the Assembly of 1949 was a notable landmark in the development of the Federation in this comparatively new art of international and inter-professional communication. The problems encountered can be conveniently divided into:—

- (1) Physical Problems — those due to geography and administration.
- (2) Problems of the Attitude of Delegates.
- (3) Problems of Conference Technique.

#### **(1) Physical Problems.**

*Premises.* The fact that the office of the Secretariat was situated 500 miles away from Geneva, and in a different country, meant that much had to be left to last minute improvisation both by the Secretariat and by our Swiss members, who shared so much of the work of preparation. The generosity of the University in placing so much accommodation at our disposal was appreciated by all, but the simultaneous presence of another international conference and two vacation courses meant that our discussion rooms were dispersed, and that there was no really satisfactory combined central collecting point, information bureau and canteen; no club room facilities for private meetings, business and leisure; and only one room available for use as an office. Our inability to provide an additional office, out of reach of members of the conference, where the important tasks of documentation, translation and publishing could proceed without interruption, resulted in delays. It was impossible to protect our staff from callers whose purpose ranged from sheer friendliness, the depositing of goloshes on a wet day, lengthy telephone calls (at Federation expense) on purely private business, to making enquiries which should have been addressed to the enquiries desk.

*Messages.* One of the great unsolved



problems at conferences is how to deliver urgent messages to individuals and to the conference as a whole, when attendance at plenary sessions is at no time greater than 40%, when there is no loudspeaker broadcast system and when members will not look at notice boards! In this connection members of the staff, however rapidly they walked and however preoccupied they looked when on urgent errands, could never escape interruption by delegates often wishing to discuss matters of merely private personal interest. Future conferences will no doubt invest in cloaks of invisibility for staff.

*Informality.* Some delegates found the informality of the proceedings to be a distraction rather than a help. Plenary sessions were open to the public without tickets of admission, and, in fact, no serious attempt was made even to keep unauthorised people out of the working groups. This was in conformity with the general policy of the Federation to keep as clear of petty rules as possible, but it had the disadvantage that a certain number of people wandered in and out without contributing to the meeting, most of whom were merely seeking some personal advantage. They tended to detract from group solidarity, but many delegates prefer this loss to the irritation of having to observe regulations of entry.

## (2) Problems of the Attitude of Delegates.

*Diversity of Experience.* This Annual Meeting confirmed the impression that delegates not only have a great diversity of background, experience and aims, but also that they are at widely different levels of sophistication in conference behaviour. These variations owe as much to individual personality as to country of origin or professional discipline. To satisfy all members, a conference would have to cater for all types of persons and experience, but it is to be doubted whether such is the true business of an Annual Meeting, and at this point of the discussion, a fundamental principle becomes involved.

*Individual Responsibility.* To cater for all types implies that delegates attend in order

to receive what they can from the Meeting. This is, or should be, remote from the reality of the Annual Meeting of an active organisation, to which delegates come, not only to learn from colleagues, but to give of their own experience, to pool their wisdom, to plan their future activity. The work of such a conference is hard and responsible, for the education of delegates is not an end but a means to greater efficiency.

Readers with clinical experience may be aware at this stage of a striking parallel between the methods of orthodox didactic psychiatry and those of a didactic conference technique on the one hand; and of group psychotherapeutic experience and the mutual search for the solution to common problems on the other hand. The Federation is more nearly in the situation of the latter, in the sense that delegates who are themselves faced with problems in their own experience meet together to seek the solution of problems common to humanity.

Success of the Meeting depends primarily on the quality of the delegates, and, since delegations are decided upon by member organisations, it is the responsibility of the latter to ensure that every delegate chosen is by personal experience and standing able to contribute to the meeting. It is even more important that all delegates should be in general agreement about the main aims and conduct of the meeting. It is perhaps invidious to suggest that national delegations should assume collective responsibility for the conduct of individuals, but, at least all delegates should be expected to display a sense of personal responsibility for the conduct of the meeting as a whole.

*Programme Building.* The Geneva programme was a compromise between various interests: the transaction of administrative business; exchange of information about the activities of members; group work and social activities. There was much to be done in a short time, but experience suggests that it is impossible to get members of a conference to attend at more than two sessions in a day. Sessions must be long if the programme is to



be completed without extra days being added to the meeting. Additional days would be a burden in an organisation mainly composed of busy professional people paying their own expenses. The organisers had not overlooked the probability of hot weather, but considered that the needs of the situation might prevail over climatic disadvantages.

*Attendance.* The first phenomenon encountered in a detailed study of the behaviour of delegates is the poor attendance at all plenary sessions. The maximum attendance at any time during a session, (including the important last session to receive the reports of the Working Groups), was not more than 40% of registered delegates. At other times attendance varied from 40% to 10%, and if attendance is a measure of interest, the reception given both to our Swiss colleagues and the representatives of the United Nations' Agencies was scarcely even courteous. Apparently the majority of delegates at all times found more important things to do than to attend plenary sessions.

*Punctuality.* The discouraging effect of poor attendance at meetings was increased by a large amount of coming and going during the session. Unpunctuality was notorious, no meeting commenced with more than twenty people present; latecomers arrived after thirty or even sixty minutes, a high proportion left the hall for one or more periods during the session and few stayed to the end. The sense of unity in sessions suffered accordingly. It is noteworthy that these disruptive phenomena were observed least at the group sessions, though even there, no delegate presented himself at the collecting point before the first Group Session until twenty minutes after the advertised time, while the last delegate, forty minutes late, remarked about the lack of organisation! Groups used only two hours or less of the three hours at their disposal at each session.

*Delegates' Disposal of Time.* This behaviour might be taken to indicate a lack of interest among delegates in the programme as arranged, so that the Federation should

consider whether the programme, or the attitude of the delegates, or both, need altering. It would be interesting to know how delegates spent their time during the meetings. In each conference day some six hours were specifically occupied, which left the majority of normal waking hours available for private interests. Is it fair to conclude that only a small minority of delegates approved of the programme as worked out by the Executive Board; or were tolerant enough of other interests to submerge their personal preferences; or were themselves prepared to assume responsibility for the success of the meeting as a whole by their constructive attitude to those parts of the programme in which they were less interested? Any of these conclusions would deserve the serious thought of all member organisations engaged in building up their delegations to the next Annual Meeting.

*Transaction of Business.* The declared attitude of delegates to business sessions should stimulate a search for the best way to conduct affairs so as to give all member organisations the maximum possible share of responsibility. Difficulties of distance and communication make it inevitable that much should be delegated to the Executive Board and the Secretariat, with corresponding loss of sense of personal participation among delegates. Business sessions are considered to be tedious—they "need only be attended by voting delegates and the results can be briefly communicated to the Meeting as a whole." Not only does this recommendation still further increase the degree of delegation of responsibility already induced by circumstances, but it seems to be the very antithesis of democratic control. By this means, influence in the Federation becomes concentrated in the hands of the few who are able and willing to participate, and the danger arises of a feeling among those outside the ring that all the power is in the hands of a particular racial or geographical group.

*Types of Delegates.* It has been evident that the Federation includes at least three distinct schools of thought about the proper conduct of Annual Meetings. These may be



loosely described as the *individual scientists*, the *collectivists*, and the *legislators*. The *individual scientists* are the most vocal, they include those people who consider that no meeting is worthwhile unless it is mostly made up of individual papers about original research or other contributions to knowledge. Their criteria of "science" are usually narrow, being confined to the products of individuals or of single disciplines, and they follow faithfully the orthodox practices of the majority of the scientific journals in the world. The *collectivists*, whose influence is growing, hold that the real business of the Federation is the team approach to common problems, that the day of the "*individual scientists*" is over and that no contribution should be made to the Meeting unless it is the product of group thought and group wisdom. For this school, the work of the groups is the most important, perhaps the only important part of the Assembly. The *legislators*, who are in an unpopular minority, are concerned about the structure and function of the Federation and hold that no progress is possible, no resolution can be acted on, unless the organisation is sound. For these people, the election of officers and committees, and the shaping of resolutions constitute the really important business of the Meeting. These divisions of attitude transcend national characteristics.

*Reasons for attending.* In addition to these "schools of thought," there are other more casually determined varieties of attitude to be found among delegates. There are those who fit attendance at a conference into a holiday and whose presence at sessions is naturally somewhat intermittent, those who come to gain more information about some topic in which they have a special interest, those who wish to meet their friends from other countries and those who seize the opportunity to meet outstanding persons from other countries to further a matter of individual interest. In other words, in addition to delegates who attend because of their interest in and wish to contribute to international mental health work, and to the betterment of human relations, there are

many whose main object is to gain something of value to a private interest, worthy though that may be. Motives of sheer personal prestige are met with occasionally.

*Newcomers.* Previous experience among delegates is naturally variable and newcomers to the field of international work may reasonably feel that they have more to learn than to give. It is suggested that national delegations should each work out a policy so that newcomers may be introduced in such a way as to ensure a steady influx of fresh experience without embarrassing the constructive work of the Federation.

The conclusion appears inevitable that the strength of the Meeting will be derived from those delegates who have a contribution to make, who have a concept of the rôle of the Federation, and a developed sense of responsibility for the success of the meeting as a whole; that delegates whose presence is mainly due to individualistic motives are a source of weakness unless they become identified with the world pattern of our activities.

### (3) Problems of Conference Technique.

If the aims of an Annual Meeting are multiple, technical problems are correspondingly increased. In an orthodox "scientific" conference, distinguished scientists read papers about their original work, discussion follows and delegates learn what they can; the immediate aim is selfish—the acquisition of knowledge—though in the long run science and humanity may stand to gain by the dissemination of knowledge. In the annual meeting of an active World Federation for Mental Health much more is involved—the development of a common programme of research and practical service, the strengthening of group and individual work in all countries, the betterment of human relations.

At the Geneva meeting it had been decided that the interests of the new Federation demanded the group approach rather than individual communications about technique. Accordingly, plenary sessions were devoted to courtesy to our hosts, transaction of business, and learning about work of colleague



organisations, and other sessions were devoted to group work. Sessions were distributed as follows during the 5½ days of conference:—

Complimentary opening session	½ session
Administrative business ... ..	2½ sessions
Colleague organisations ... ..	2 ..
Discussion groups (including reporting) ... ..	4 ..
Visit to Malévoz ... ..	2 ..
Total ... ..	11 ..

In addition there were two excursions and one reception.

*Interpretation.* Difficulties encountered at plenary sessions have been described above, and there is in addition the problem of interpretation. The most satisfactory solution, simultaneous interpretation into several languages, is too expensive for the Federation to employ. Undoubtedly, consecutive interpretation can make even the most brilliant session tedious, and there is always pressure from the majority language speaking group to curtail it. The alternatives are, to have speeches printed and translated beforehand, which involves preparations months ahead, detracts from spontaneity and sometimes makes delegates wonder why they troubled to make the journey instead of reading it all at home; and to interpret only in summary form, which deprives the minority speaking groups of most of the value of the session.

*Programme Correction.* It has been suggested that to counteract lateness and poor attendance, speakers of outstanding quality should open and close the sessions; but such a solution is only a palliative, nor can it be in the interests of the soundest growth of the Federation to rely on the drawing power of individuals.

*Courtesy Sessions.* Official openings and receptions are widely criticised as wasting time and fulfilling no useful function, but in almost every part of the world to abandon them would constitute discourtesy to the authority concerned. There is also a positive benefit in that the prestige of the local

member organisations is sometimes greatly enhanced in their own country by a successful congress which has received official notice of this sort.

*Excursions.* The attitude of delegates to excursions is a more individualistic affair; many frankly like "beanfeasts" and feel that the warmth of human contact is greatly enhanced by them; others do not appreciate them. The enthusiastic attendance of nearly 100% at these functions at the Geneva Meeting suggests at least that there is no great opposition to them in the Federation.

*Administrative Sessions.* Are business sessions necessarily tedious? Need they always consist of lists of nominations and resolutions submitted by the Executive Board to be passed without comment or constructive contribution from the membership as a whole? On the contrary, the development of a new international organisation, the harmonisation of divergent experience, the growth of mutual understanding present almost unlimited opportunities for gaining knowledge about the improvement of human relations on an international scale. It is suggested that member organisations might consider very seriously the opportunity offered in our business sessions to work out new techniques of development of affairs; but this can only come about if individual delegates approach these matters in a spirit of enquiry, convinced not only of the importance of the successful conduct of business to the whole life of the Federation but also of the disadvantages of depriving the majority of a share in control of affairs.

*Group Work.* It is interesting that Group Discussion which was the most popular section of the programme is, nevertheless, the most difficult and least explored part of conference technique. The experience of all the groups seems to have been that they went through a difficult phase at the beginning; even half-way through many members felt frustrated and unhappy, but by the end of the week most members considered that the experience had been enriching and that the results had been eminently worth while. In retrospect it is easy to realise that groups



went through all the phases described in the study of the formation of leaderless groups.

The prominent symptom early on was anxiety; groups did not know each other, the process of exploration and the evolution of leadership within the group is often uncomfortable; hostilities and rivalries are encountered. There was an almost universal wish that a chairman had been appointed for each group by the Executive Board, it being considered that the search for a chairman within the group wasted time. Though objectively justifiable, this argument derives some of its appeal from rationalisation of anxiety and hostility; but is there any reason for supposing that an authoritarian choice would have been better for the group than natural selection? Anxiety was also evident in the strength of the desire to produce something tangible at once, some delegates wished to know exactly what to discuss and even how to set about discussion. In pursuit of rapid results there was a tendency in four of the groups to do without interpretation, even though a non-English speaking minority would have been excluded thereby. But when they had achieved a sense of group solidarity, when they saw some results of their labours, groups felt emotionally satisfied by this medium of work. A strong desire then emerged among many people to keep the groups in being for another year, in spite of the manifest difficulties of such a course. It will be interesting to see if this is possible.

*Group Preparation.* The need for advance preparation for groups exercises the thoughts of many members who have asked that subjects should be fixed many months ahead, personnel selected early on and lists of names circulated to all participants. On this occasion, subjects were circulated three months before the meeting, and all delegates asked to notify their choice of group one month beforehand. Fifteen replies out of a possible two hundred had been received by the opening day, and owing to the failure of some delegates even to register their presence, we are not at all sure that our records are complete even now! The Executive Board is convinced that by modifying some of the

group topics during the week preceding the Meeting (to meet the expressed opinions of certain delegates), it committed a tactical error which caused some avoidable confusion and this mistake will not be repeated.

To have topics fixed six months in advance of the next Annual Meeting means that they must be agreed by the Board at the meeting immediately following the last Annual Meeting. An attempt will be made to provide this degree of notice for the 1950 Meeting. It appears, however, that it is impossible to fix the personnel of groups three months in advance, because national delegations themselves cannot be finally constituted until the last few weeks. The difficulty of most members of being certain some months in advance of their ability to attend hampers long term planning and it appears equally impracticable for groups to hope to continue unchanged in successive years.

*Personal Preparation.* Personal preparation is an even more imponderable factor. The interprofessional approach to most of the topics is as yet insufficiently documented for use to be made of a course of reading; and the only relevant preparation is interprofessional discussion of the topic in the home country. In an attempt to provide a common background, the Basic Material was sent to all registered delegates and member organisations more than five weeks before the Meeting. This material was a summary, with full references, of the work done on relevant topics by the Preparatory Commission for the 1948 Congress in London. The full reports were made available to all to study at Geneva. It appears that virtually no one had read the Basic Material before coming to Geneva, though several groups reported that though it was unhelpful for use during the meetings, it might have had value in preparation. Precisely one person, a member of the Executive Board, consulted the full Commission Reports during the week's meetings. As a contribution towards preparation, therefore, this material was useless. The Basic Material was an experiment in preparation, but apparently the majority of recipients, for reasons still unknown, did



not even make an attempt to prepare themselves by this particular means. Suggestions as to other methods of preparation are eagerly awaited by the Secretariat.

#### Planning for Future Meetings.

*General Policy.* Limitations caused by distance and expense of travel have prompted the suggestion that in each alternate year the Annual Meeting should be of a smaller character, devoted mainly to the transaction of business necessary for the growth of the Federation. In the other years an attempt will be made to advance the subject by means of working groups and the like. It is recalled that every fourth year it is proposed to hold a big Congress on Mental Health, the next being due in 1952. The Annual Meeting cannot continue to be held every year in Europe without reducing the world-wide significance of the Federation, yet it seems unlikely that any substantial number of European delegates will be able to leave their continent for some years to come. While accepting in principle the suggestion as it affects alternate years, the Executive Board considers that there is so much requiring to be done in the first few years of the Federation that it cannot be put into effect at once. For next year, at least, we must plan to hold a fuller meeting and to tackle the technical problems facing us.

*Design of Meeting.* Various modifications of the programme have been suggested, and some increase in time seems necessary. A possible scheme for a Meeting lasting seven days has been put forward by the Executive Board:—

Executive Board Meeting ... ..	3 days
General Meeting (discussion groups, etc.) ... ..	5 "
Administrative Meetings for voting delegates and others who wish to stay) ... ..	2 "
Executive Board ... ..	2 "

It has been suggested that each national delegation should appoint one of its number to meet the Executive Board for half a day or more before the Annual Meeting; that chairmen and discussion groups should be

appointed by the groups at a special short preliminary session arranged specially for this purpose; and that chairmen should all meet each other prior to starting work in their own group.

The proposed segregation of the Administrative Sessions is in some ways a concession to those who find them a bore, but there is nothing to prevent everyone staying on if they wish. Indeed, the Constitution establishes the right of each member organisation to be represented at the business sessions. It is hoped that the majority of delegates will stay on, because of the great importance and potential interest of these sessions when properly conducted. As remarked above, they present very considerable opportunities for learning about the conduct of international business and for experiment. The new arrangement has also the advantage that the recommendations of the working groups can be dealt with at the Administrative Sessions and thus can be at once thoroughly worked into the plans of the Federation.

*Plenary Sessions.* The question of plenary sessions remains equivocal — there seems little support for their continuation on the familiar pattern. At the same time working groups do not tolerate sitting for the whole session, and the day will not conveniently split into three parts. It might be possible to compromise by starting each morning and afternoon with a short plenary session to last one hour, at which a single communication be made, such as a report of the work of a preparatory group, on a topic of relevance to the themes of the Meeting. Carefully integrated, these communications might prove very valuable stimulants to the group meetings which would follow them on each occasion and which would occupy the remaining two hours of the session. To make this programme a success, however, punctuality would be required of members even more than at the last Meeting.

*Choice of Delegation.* Modification of the programme should not be the sole solution to the difficulties of the Meeting; there is



equal need for attention to the selection and preparation of delegates. Further reflection confirms the idea that the difficulties encountered at Geneva can be ascribed in large measure to individualism, as a result of which many delegates tended to follow an interest of their own, with less thought for the function of the group as a whole. This, it was stated, may have been in part due to lack of experience of comparable international meetings and to insufficient preparation. Most of the disadvantages could be avoided if national delegations met together beforehand to study the particular problems likely to be met with, to outline a plan of action and to determine the type of contribution which each member of the delegation can best make to the success of the Meeting as a whole. International meetings are extremely expensive in effort and money and wise planning is necessary if they are to be worth while.

To recapitulate: if the majority in each national delegation is experienced in conference technique and if each is aware of his own contribution to the whole, the proportion of delegates who attend in order to follow a line of private interest, who make a selection of individual sessions to attend, who remain in the room only while a matter of direct interest to themselves is discussed, and who come and go with no thought as to the effect of their behaviour on the Meeting as a whole, can be limited in strict ratio to the importance

to the Federation of the interest in which each is involved. The Federation will be the stronger as a result of this planning because the meeting will be made up mainly of delegates who are aware of the importance of the dynamics of group behaviour. The training function of these meetings must not be ignored, but national delegations should each limit their proportion of inexperienced members to such a size as they can handle themselves.

*Conclusion.* It is important to repeat that, in face of all the criticisms and suggestions that have been advanced in this evaluation and elsewhere, the Annual Meeting of 1949 at Geneva was highly successful. Its success lay in the establishment of international relationships, the renewal of old contacts unhappily interrupted by the war, the fertility of the ideas exchanged between delegates, the sense of world-wide solidarity which is growing in the Federation, and the solid pioneer achievements of the working groups as reflected in their reports. The stimulating effects of the Meeting have been felt by all our member organisations. Our concern is that the Annual Meeting should become a truly efficient instrument of growth, that by its insight into the underlying dynamics of international action, the Federation shall make a major contribution to the mental health of individuals in all nations and to the improvement of group human relations.



## THE BULLETIN

The importance of the regular appearance of the Federation's *Bulletin* will be generally agreed; and up to the time of writing, five issues have appeared in ten months with a sixth now at the press. It is not easy to achieve a big circulation in a short time. The number of regular subscribers is now about 1,000, but the Executive Board considers that a circulation of at least ten times the present size should be worked for.

The financial implications of the *Bulletin* are not complicated. At present without counting the time devoted to editorial work by members of the Federation's staff, a loss of about £500 per year will be incurred. About 2,500 new subscribers would convert the present deficit into a balance; and a circulation of about 10,000 would enable us to employ an editorial staff and release valuable Secretariat time and energy for the pursuit of the aims of the Federation.

One of the main values of the *Bulletin* is that it helps individuals to develop a sense of personal participation, for the Federation, being composed of organisations, affords fewer opportunities for individual participation than a society composed of personal members. Only a few hundred can hope to attend the annual meeting each year, and for geographical reasons, a great number of people in every way qualified to do so, cannot take part in the work of a Group.

The modest subscription to the *Bulletin* will enable any interested person to keep informed of the Federation's activities, and to learn a great deal about other mental health projects in every part of the world. Articles and other contributions of interest to subscribers are welcomed, so that a two-way flow of ideas and material may be developed.

The language employed has been mostly English, but an increasing number of articles in French are being included or else summaries in French have been prepared. We wish, as far as possible, in time to make the *Bulletin* bilingual.

*Eighty-two*

In the near future a series of important articles by various contributors will appear, with the object of stimulating the work of the Groups preparing for the Annual Meeting in Paris, 1950, and leading up to the next big Congress on Mental Health planned for 1952.

Potential subscribers may be interested in a review of the material included in the first five issues, which have all followed a general pattern, to include editorial articles; "feature" articles; reports of important conferences and meetings; reprints of important publications of other organisations; notes and news of WFMH activities; and lists of publications received.

The **Editorials** in each issue have discussed topics varying from the purposes of the Federation, to reports of progress and of finance.

**The "Feature" Articles.** It has been a major object to publish in each issue an article at a high technical level and, on occasion, well known international names will appear among the contributors. These articles have included:—

*The Importance of Multi-disciplined Thinking*, by Prof. the Rev. Eamonn F. O'Doherty, of Dublin;

*The Minds of Men*, by Dr. Jaime Torres Bodet, Director-General of UNESCO;

*The I.P.C. Experiment*, by Professor T. S. Simey, of Liverpool;

*New Horizons in Medicine*, by Professor John M. Murray, of Boston;

An article on the significance of constitution-building to an international organisation, entitled:—

*On the Articles of Association*, by Dr. Kenneth Soddy, Assistant-Director of WFMH.

### **Reports of Conferences, etc.**

Reports of WFMH occasions given at length in the *Bulletin* include:—



*The Amsterdam Meeting of the Executive Board*, January, 1949, by Mr. R. Fredenburgh.

*To Members of Study Groups* (for Annual Meeting, 1949);

*Impressions of the Annual Meeting, Geneva*, 1949, by Mr. Fredenburgh;

*Summary of the Working Group Reports and Executive Board Comment*, by Miss E. M. Thornton;

*Reflections on the Annual Meeting*, and on *Press Reports*, by Dr. Soddy.

There have been a number of important reports about UNESCO in which special attention has been paid to mental health implications: on the General Conference at Beirut, 1948, by Dr. el Kholy, of Cairo, and at Paris, 1949, by Dr. J. R. Rees; on the "Tensions" Project, by Professor Otto Klineberg (New York); and on the Conference on Technology and Human Relations, by Professor W. Line, of Toronto.

The Second World Health Assembly at Rome, 1949, was reported on by Dr. Rees. There was a note by Dr. Soddy on the new Council for the Co-ordination of International Congresses of Medical Sciences, which has been established jointly by UNESCO and WHO.

SEPEG has been represented by a report on its Conference at Naples, May, 1949, and Basle, September, 1949, by Dr. Charles Burns, of Birmingham, and on the Basle Meeting of September, 1949, by Dr. Rees.

#### Reprints.

Articles and speeches made readily available to subscribers by being reprinted in full in the *Bulletin* have included:—

The Universal Declaration of Human Rights, adopted by the U.N. General Assembly, December, 1948;

The 1950 Mental Health Programme of WHO;

The Presidential Address of Dr. Karl Evang, of Norway, to the World Health Assembly, Rome, June, 1949;

The Report of the WHO Expert Committee on Maternal and Child Health entitled: The Responsibility of the Maternal and Child Health Worker in respect of Mental Health;

A WHO Press Release on "The Necessity of Mental Health Work";

The Inaugural Address of Dr. André Repond, at the WFMH Annual Meeting, Geneva, 1949;

A Communication from the Greek Preparatory Commission for Mental Health.

#### News and Items of Administration.

In each issue there have been accounts of the activities of member societies and others, changes of address and any other items notified to the Secretariat. Subscribers are kept fully informed of plans for all forthcoming meetings, etc. Attention is drawn to an article on "How to Raise Funds," by Dr. Jarl Wagner Smitt, of Denmark; to the Qualifications for Membership in WFMH; and to the list of member organisations. The Proceedings of the London Congress, 1948, were reviewed in English and French. Lists of publications received have been issued, for the information of readers.

As stated above, it is intended to publish the *Bulletin* throughout in English and French, but this aim cannot be achieved until more support is forthcoming and the size of the circulation enables the heavy expense to be borne.

It is hoped that every reader of the Annual Report will help to increase the *Bulletin's* circulation by making it known; and attention is drawn to the blank subscription forms, included at the end of this volume.



## APPENDICES

### APPENDIX I.

#### ARTICLES OF ASSOCIATION.

NOTE: In accordance with Resolutions adopted by the Second Mental Health Assembly on August 22nd, 1949, proposals to amend certain of the Articles of Association of the Federation will be submitted to the Annual Meeting of 1950.

These amendments will provide for the following:—

- i. As it is no longer considered necessary to restrict membership of the Federation to organisations in countries eligible for membership in the United Nations, reference to such eligibility will be deleted from the Articles.
- ii. Article 29 will be amended, as in its present form it tends to impede the work of the Federation.
- iii. Provided that the prior consent of the persons nominated has been obtained, election to the Executive Board, whether as members or substitute members, will no longer be limited to delegates present in person at any given Annual Meeting, as at present stipulated in Article 30.
- iv. ANNUAL MEETINGS: In order to avoid confusion of nomenclature with the World Health Organization, the Annual Assembly of the Federation will in future be known as the Annual Meeting.

#### NAME.

1. The corporation (hereinafter referred to as the Federation) which is hereby formed in accordance with Articles 60 onwards of the Swiss Civil Code and which shall be governed by such Articles and by the following Articles, shall be named:

#### WORLD FEDERATION FOR MENTAL HEALTH.

#### PURPOSES.

2. The purposes for which the Federation is formed are as follows:

- (a) To promote among all peoples and nations the highest possible level of mental health (which term wherever used in these Articles shall be deemed to include mental health in its broadest biological, medical, educational and social aspects), and in furtherance thereof:
  - (1) To co-operate with the United Nations Economic and Social Council; the United Nations Edu-

cational, Scientific and Cultural Organisation; the World Health Organisation; and such other agencies of the United Nations as may be appropriate in so far as they are promoting mental health;

- (2) To establish and maintain effective collaboration with governments, governmental agencies, professional groups and such other corporations, organisations, groups or individuals as may be deemed appropriate;
  - (3) To propose conventions, agreements and regulations, and to make recommendations with respect to mental health;
  - (4) To promote co-operation among scientific and professional groups which contribute to the advancement of mental health;
  - (5) To foster the ability to live harmoniously in a changing environment;
  - (6) To promote and conduct scientific research, surveys and demonstrations in the field of mental health;
  - (7) To encourage improved standards of training in the professions concerned with mental health;
  - (8) To provide information, counsel and assistance in the field of mental health; and
  - (9) To assist in developing an informed public opinion among all peoples on matters relating to mental health.
- (b) As means to the foregoing ends:
- (1) To encourage and promote in all countries of the world the establishment of appropriate means of study and action within each nation and of communication between the nations with respect to the advancement of mental health;



- (2) To encourage individuals, groups, corporations and organisations throughout the world interested in improved mental health to submit pertinent information and recommendations to the Federation;
  - (3) To appoint special committees, commissions, groups or individuals to co-operate with the agencies of the United Nations, and other organisations as determined by the Mental Health Assembly or the Executive Board;
  - (4) To create a secretariat or secretariats to aid in the promotion of the objectives of the Federation;
  - (5) To make awards, give prizes and grant fellowships and scholarships; and
  - (6) To hold or assist co-operating agencies in holding meetings, assemblies, conventions, and congresses of a local, national or international character in any part of the world.
- (c) To accept, hold, invest, re-invest and administer gifts, legacies, bequests, devises, funds, grants and property of any sort or nature, without limitation as to amount or value, and to use, apply, expend, disburse or donate the income or principal thereof for, and to devote the same to, any of the purposes of the Federation.
- (d) To the extent permitted by law, to exercise its rights, powers and privileges, to hold meetings of its Mental Health Assembly or Executive Board, to have one or more offices, and to keep books of the Federation, in any part of the world.
- (e) To do any and all lawful acts and things which may be necessary, useful, suitable or proper for the furtherance, accomplishment or attainment of any or all of the purposes or powers of the Federation.

- (f) The Federation shall not be conducted or operated for profit and no part of the net earnings of the Federation shall inure to the benefit of any member or any individual, nor shall any of such net earnings or the property or assets of the Federation be used otherwise than for any or all of the purposes of the Federation.

#### PRINCIPLES OF PROCEDURE.

3. The primary object of the Federation is, as set forth in Article 2, "to promote among all people and nations the highest possible level of mental health." This purpose lays upon the Federation a particular responsibility for the conduct of its affairs in such a way as to secure the greatest degree of harmony, agreement and co-operation among its members. In all their deliberations and discussions, members will seek to reach decisions by compromise, modification of view and by mutual agreement rather than by division and vote. In cases of clear disagreement or where only a narrow majority is evident, it may be expedient to defer decision on important issues or to appoint committees to explore alternative solutions agreeable to all. The realisation of this responsibility shall not, however, cause members to fail in their duty of deciding issues by vote when called upon to do so in accordance with these Articles.

4. The member-associations in each country shall leave each of their delegates free to exercise his individual judgment when voting.

5. The Federation, recognising the great educative value of its assemblies, shall accord the greatest degree of freedom consistent with the efficient conduct of its affairs, to national delegations, and to other bodies at the invitation of the Presiding Officer, to take part in, speak at and present resolutions to its assemblies, conferences and committee meetings.

#### MEMBERSHIP.

##### Founder Members.

6. The founder members of the Federation shall be the national mental health



organisations from countries eligible for membership in the United Nations (approximately twenty-two in number at the time of the call by The International Committee for Mental Hygiene, Incorporated, of the organisational meeting to adopt these Articles) known to, and to be certified by, The International Committee for Mental Hygiene, Incorporated, together with such organisations as shall be approved by a vote of a majority of the aforesaid members present at the first annual meeting of the Mental Health Assembly which shall be held without notice immediately following the adoption of these Articles.

#### **Unit of Membership.**

7. In addition to the founder members, the unit of membership shall be any national or other organisation of a country eligible for membership in the United Nations, whose purpose in main or in part is the promotion of mental health and human relations and/or the study of problems in these fields and whose membership in the Federation shall have been approved by the Mental Health Assembly in accordance with these Articles.

#### **Applications.**

8. An association desiring to become a constituent member of the Federation shall apply for election in writing to the Executive Board, which, after appropriate enquiry, shall make a recommendation for admission or rejection of the application to the next meeting of the Mental Health Assembly.

#### **Register.**

9. A Register of member-associations shall be maintained by the Executive Board at the offices of the Federation.

### **ADMINISTRATION.**

10. The general assembly of the Federation shall be called the Mental Health Assembly. There shall be a President, a Vice-President and a Treasurer of the Federation. The Mental Health Assembly shall appoint the Executive Board of the Federation.

### **MENTAL HEALTH ASSEMBLY.**

#### **National Delegations.**

11. In each country, together with its colonies, dependencies and trusteeship territories, member-associations shall federate or otherwise collaborate for the purpose of appointing a national delegation to the Mental Health Assembly (hereinafter referred to as the "Assembly"). Where a national mental health organisation exists, and it is the policy of the Federation to encourage the existence of such organisations in every country, it shall be responsible for convening a national committee to link the relevant member-associations. There shall be such limits set to the number and composition of the national delegation from each country as the Assembly may itself determine from time to time; but each delegation shall carry only one vote.

#### **Convening of Meetings.**

12. The annual meeting of the Assembly shall be convened in every year by the Executive Board and shall take place not less than nine months and not more than fifteen months after the holding of the last preceding annual meeting.

#### **Location of Meetings.**

13. The location of the annual meeting of the Assembly shall be determined by the Assembly in the previous annual meeting, and shall be held at a time to be determined by the Executive Board. The annual meeting shall, as far as possible, be held in a different country each year. The location of the Assembly may only be altered by the Executive Board in an emergency, having first obtained by mail, cable or telegram the consent of two-thirds of the national delegations at least three months before the proposed meeting.

#### **Business.**

14. The business of the annual meeting of the Assembly shall be: to elect certain officers; to elect the members of the Executive Board; to appoint a place at which the next annual meeting shall be held; to receive the annual report, the balance-sheet and the accounts; to appoint professional auditors;



and to consider such resolutions as have been submitted in accordance with these Articles or to take any other action in pursuit of the objects of the Federation.

#### **Agenda.**

15. The Agenda for the Assembly shall be prepared by the Executive Board, which shall also have power to decide whether or not any resolution submitted for consideration by a member-association or its delegate, or by a member of the Executive Board, falls within the objects of the Federation.

#### **Notice of Motions.**

16. Resolutions requiring a period of notice as laid down in Article 29 shall be circulated by the Executive Board, promptly upon their receipt, to all member-associations for their consideration.

#### **President and Vice-President.**

17. The first President shall be elected at the first annual meeting of the Assembly and shall hold office for one year. The Vice-President shall be elected at each annual meeting of the Assembly and shall hold the office of Vice-President from the date of his election until the commencement of the next annual meeting of the Assembly; thereafter he shall hold the office of President for one year and until the election and qualification of his successor. The President shall preside over meetings of the Assembly. In the absence of the President the Vice-President shall perform all the duties of the President. During their respective terms of office, the President and the Vice-President shall each be a member of the Executive Board, ex-officio.

#### **Treasurer.**

18. The Treasurer shall be elected at an annual meeting of the Assembly. He shall hold office for one year and until the election and qualification of his successor, and shall be eligible for re-election. During his term of office, he shall be a member of the Executive Board, ex-officio.

#### **Observers.**

19. Each member-association shall have the right to send observers to the Assembly, and the Executive Board shall have power to

invite, at its discretion, other organisations to send observers. Observers may address the meeting at the invitation of the Presiding Officer, but shall be without privilege of voting.

#### **Quorum.**

20. One-third of the eligible voting delegates shall be deemed a quorum.

#### **Voting.**

21. Prior to the beginning of each session of the Assembly, each national delegation shall authorise one of its number to vote on its behalf during that session and, at the beginning of each session, shall notify the Presiding Officer of the delegate so authorised.

22. The Presiding Officer shall exercise no vote in the Assembly, but if he had previously been appointed a voting delegate, the national delegation concerned shall appoint another voting delegate for the sessions at which he presides. Officers and members of the Executive Board shall vote in the Assembly only by virtue of being duly appointed voting delegates of their respective delegations.

23. Elections shall be by secret ballot, but all other voting shall be by show of hands, unless, before the vote is taken, ten voting delegates present request that the vote be taken by secret ballot. In the event of the votes being equally divided, the motion shall be regarded as lost.

#### **Languages.**

24. The working languages of the Federation shall be English and French, for which interpretation from one into the other shall be arranged by the Executive Board. Delegates may speak in the Assembly in any language; provided that if the language be German, Russian or Spanish the Executive Board shall arrange for interpretation into the working languages; but that if any other language be spoken, the delegate shall himself arrange for interpretation.

#### **Special Meetings.**

25. A special meeting of the Assembly shall be convened at any time by the Executive Board or by the Secretariat on the



requisition of any five national delegations, or one-fifth of the total number of nations represented, whichever is the less.

#### **Notice and Agenda.**

26. At least three months' notice of any meeting of the Assembly shall be given to member-associations. The notice shall state the place and purposes of the meeting and shall include the Agenda. Delegates shall indicate to the Secretariat their intention to be present, not less than one month before the date of the meeting, and in the event of acceptances not constituting a quorum of the Assembly, the meeting shall be cancelled.

#### **Other Items.**

27. Delegates may take advantage of the calling of a special meeting to submit other items for inclusion in the Agenda at the discretion of the Executive Board, provided that submissions are received by the Secretariat not less than two months before the date of the meeting.

#### **Emergency Matters.**

28. Any matter not included in the Agenda, of an emergency nature or germane to an item included in the Agenda, may be presented to and acted upon at any meeting, provided that a majority of the voting delegates present at such meeting vote in favour of considering such matter.

#### **Resolutions.**

29. (a) A resolution concerning a matter which has been considered by the Assembly in accordance with the provisions of Articles 26, 27 or 28 shall be deemed to be a decision of the Federation if it is carried by a simple majority of the votes given thereon in the manner prescribed in these Articles.

(b) Resolutions carried in accordance with the following provisions shall be deemed to be decisions of the Federation :

- (i) Notice to submit to the Assembly a resolution, together with the terms of the resolution, relating to the funds of the Federation, shall be given to the Secretariat not less than four months before the meeting at which it is to be considered. Such resolution

shall be deemed a decision of the Federation if it is carried by a simple majority of the votes given thereon in the manner prescribed in these Articles.

- (ii) Notice to submit to the Assembly a resolution, together with the terms of the resolution, relating to any amendment of Articles 1, 2, 3, 4, 5, 6, 7, 10, 11, 12, 13, 17, 21, 24, 29, 30, 31, 32, 44, 45, 48, 49, 50, 51, 52, 53 or 54 shall be given to the Secretariat not less than nine months before the meeting at which it is to be considered ; and any such resolution shall be deemed a decision of the Federation if it is carried by a majority of not less than two-thirds of the votes given thereon in the manner prescribed by these Articles. Notice to submit to the Assembly a resolution relating to any amendment of any of the remaining Articles or any addition to these Articles shall be given to the Secretariat not less than one day before the meeting at which it is to be considered ; and any such resolution shall be deemed a decision of the Federation if it is carried by a simple majority of the votes given thereon in the manner prescribed by these Articles.

### **EXECUTIVE BOARD.**

#### **Membership.**

30. The Executive Board shall be composed of the President, Vice-President and the Treasurer, ex-officio, and twelve delegates elected by the Assembly from its own number, to include at least one representative from each Continental Region (i.e., Africa, Asia, Australasia, Europe, North and Central America, and South America) in which there are member-associations, elected in the manner and for the period prescribed in these Articles. The first meeting of the Assembly shall elect three substitute members to the Executive Board from its own number, and thereafter the Assembly shall elect annually six substitute members.



#### **Term of Office.**

31. Except as provided in this Article, every regular member of the Executive Board shall hold office for three years from the close of the annual meeting of the Assembly at which the election was made and until a successor is elected and qualified. Members shall retire in rotation. At the first annual meeting of the Assembly it shall be decided by lot which four members shall retire at the end of the first year and which four members shall retire at the end of the second year. These members shall be eligible for re-election immediately, for a further term of three years. The remaining four members, and thereafter all regular members, shall serve for the full three years and shall not be eligible for re-election until the next annual meeting of the Assembly to be held after the close of their term of office. Each substitute member of the Executive Board shall serve for a term of one year and shall be eligible for re-election.

#### **Duties.**

32. It shall be the duty of the Executive Board to carry into execution the resolutions passed by the Assembly and to administer the affairs of the Federation in accordance with these Articles.

#### **Chairman and Vice-Chairman of Executive Board.**

33. A Chairman and a Vice-Chairman of the Executive Board shall be elected by the Executive Board from its own number. Each such officer shall hold office for one year and until the election and qualification of his successor, and shall be eligible for re-election. The Chairman of the Executive Board shall be the chief executive officer of the Federation and shall preside over meetings of the Executive Board. In the case of the votes being equally divided, the Chairman shall be entitled to a further or casting vote. In the absence of the Chairman, the Vice-Chairman shall perform all the duties of the Chairman.

#### **Procedure.**

34. The Executive Board shall adopt its own rules and methods of procedure.

#### **Convening.**

35. The Executive Board shall meet at least twice a year and at such other times as it may deem necessary. Meetings shall be held at such place and upon such notice as the Chairman of the Executive Board (hereinafter sometimes referred to as the "Chairman") may appoint, except as otherwise provided in these Articles.

#### **Quorum.**

36. No business shall be transacted at any meeting of the Executive Board unless at least four elected members be present.

#### **Business by Correspondence.**

37. The Chairman shall have power to decide what business may be conducted by correspondence and what by meetings of the Executive Board.

#### **Special Meetings.**

38. The Chairman shall, upon receiving a requisition signed by not less than three members of the Executive Board and specifying the business for which a special meeting is required, call together a special meeting of the Executive Board.

#### **Urgent Matters.**

39. Members of the Executive Board may take advantage of the calling of a special meeting to submit items of urgency for inclusion in the Agenda at the discretion of the Chairman, provided that such items be received by the Chairman not less than fourteen days before the meeting.

#### **Notice.**

40. The place and time at which any meeting shall be held, its purposes and the Agenda shall be specified in the notice calling the meeting. At least one month's notice of such a meeting shall be given to the members of the Executive Board and they shall signify their intention to be present or absent within seven days of receipt of such notice.

#### **Expenses of Members.**

41. Expenses incurred by members of the Executive Board in attending meetings of the Executive Board or of Committees of the Federation may be defrayed by the Federation.



#### **Vacancies in Offices.**

42. In the event of the death or resignation of the President, Vice-President or Treasurer during his term of office, the Executive Board shall make such appointment or other provisions as it may deem expedient for the discharge of the duties of the office concerned until the next annual meeting of the Assembly.

#### **Vacancies in Executive Board.**

43. The Executive Board shall have power to fill vacancies among its number by reason of prolonged absence, resignation or death, from among the substitute members of the Board elected by the Assembly and until the next election of members of the Executive Board.

#### **EXECUTIVE STAFF.**

44. There shall be a Secretariat or Secretariats and such executive staff as may be determined by the Assembly or the Executive Board. The terms and conditions of employment of the executive staff shall be determined by the Executive Board as the occasion demands.

#### **COMMITTEES.**

45. Committees may be appointed in such manner and have such powers as the Assembly or the Executive Board may think proper.

#### **FINANCE.**

##### **Accounts.**

46. The accounts of the Federation shall be kept at the offices of the Secretariat. Any properly authorised representative of a member-association may inspect the accounts upon giving notice of his intention in writing.

##### **Financial Year.**

47. The financial year of the Federation shall be the calendar year.

##### **Annual and Financial Reports.**

48. The Executive Board shall annually publish and submit to the Assembly for approval a report on the general state and proceedings of the Federation for the past year, a Balance-Sheet and Financial Statement for the past year audited by a profes-

sional accountant, and an estimate of the probable income and expenditure of the Federation for the coming year.

#### **SUBSCRIPTIONS.**

##### **Amount.**

49. Each member-association shall pay to the Federation an annual subscription in such amount as shall from time to time be determined by the Assembly. They shall be due in advance on the first day of January in each year, or, in the case of members joining during the year, from the date of joining. They shall be paid promptly by all member-associations to the Treasurer. The Executive Board shall make regulations pertaining to currency, rates of exchange, and all other matters related to subscriptions.

##### **Arrears of Subscriptions.**

50. If the subscription of a member-association for any year shall not have been paid on or before 31st December of that year it shall ipso facto, but without prejudice to its liability to the Federation, cease to be a member as from that date; provided that, upon payment before 31st March in the succeeding year of all subscriptions due from it, it shall, if eligible, be restored to membership without re-election; and provided that, in exceptional circumstances when non-payment has been due to currency difficulties, the Executive Board shall have power to waive this requirement.

#### **TERMINATION OF MEMBERSHIP.**

##### **Notice.**

51. No member-association shall, except in the case of (a) action by the Assembly in accordance with the procedure set forth in Article 52, or (b) default in payment of subscriptions in accordance with the procedure set forth in Article 50, cease to be a member unless it shall give six months' previous notice in writing of its intention to the Executive Board and shall pay all arrears of subscriptions, if any, due from it.

##### **Complaints.**

52. On receipt of a complaint that (a) the conduct or policy of a member-association



is detrimental to the interests of the Federation, or is calculated to bring the Federation into disrepute, or (b) a change in the nature of its activities makes it inappropriate for it to be a member, the Executive Board shall submit the information to the member-association concerned for an explanation or observations. The complaint and the reply received shall be considered at the first regular meeting after the passing of the period of notice mentioned below of the Executive Board, at which a hearing shall be given to the complainant and to the member-association of whose conduct or policy complaint is made, or to their respective representatives. At least four months' notice shall be given to each of the parties concerned of the time and place of the meeting of the Executive Board at which the matter is to be considered. The proceedings of the meeting, however, shall not be invalidated by the absence of a representative of either party, if due notice has been given. After due consideration of all the facts, the Executive Board shall make a report to the Assembly with a recommendation that the member-association be either retained as a member or cease to be a member. Such a member-association shall cease to be a member if, after consideration of the report from the Executive Board, the Assembly decides by a two-thirds majority of the delegates present and voting that the member-association shall cease to be a member, on the grounds that (a) its conduct or policy is detrimental to the interests of the Federation or calculated to bring it into disrepute, or (b) a change in the nature of its activities makes it inappropriate for it to be a member.

#### DISSOLUTION.

53. In the event of a decision to dissolve the Federation being taken at a meeting of the Assembly specially called for this purpose, by a two-thirds majority of delegates present and voting, a referendum of all national delegations shall be taken. Confirmation of the decision shall require at least a two-thirds majority of national delegations. The method of dealing with the outstanding accounts of the Federation in the event of

dissolution shall be also determined by a referendum of national delegates.

#### OFFICE.

54. The principal office and seat of the Federation shall be care of MMes. Borel and Paul Lachenal, Avocats au Barreau de Genève, 92, rue du Rhône, Geneva, Switzerland; provided that the Assembly reserves the right at any time and from time to time, to change the principal office and seat of the Federation.

#### APPENDIX II.

#### QUALIFICATIONS OF MEMBER-ASSOCIATIONS.

*NOTE: In order that the Qualifications for Membership shall agree with the Articles of Association as it is proposed that they should be amended at the Annual Meeting of 1950, the following changes will eventually be required in the text as given below:—*

- (a) deletion of reference to eligibility for membership in the United Nations wherever it occurs;
- (b) alteration of the term "Mental Health Assembly" to "Annual Meeting" of the Federation.

Member-Associations may be of various kinds:

#### 1. GENERAL MENTAL HEALTH ORGANISATIONS.

These are organisations made up of more than one professional group and open to non-professional members, concerned with the promotion of good mental health in the population of their area.

#### 2. SPECIALISED ORGANISATIONS.

These may consist of members of single or of many professional groups, formed into a society with a specific object, the attainment of which will contribute to sound mental health. Examples of such organisations are:—a society to promote nursery schools, to establish homes for old people or to provide for orphaned children; or a social service organisation.

#### 3. PROFESSIONAL ORGANISATIONS.

These are societies of professional or technical people or others of like interests,



formed to promote those interests, in the attainment of which the purposes of mental health will be served. These may be, for example, organisations of psychiatrists, psychologists, teachers, social workers and so on.

Member-Associations will also differ in their geographical spheres of influence. They may be:—

- (a) *National*, i.e., covering the peoples and territories of a country as defined by the United Nations.
- (b) *Trans-national*, i.e., including more than one country, or a continental organisation, or made up from a language or racial group, or another international organisation.
- (c) *Regional*, i.e., covering a local district or other geographical area within a country.

#### 1. GENERAL MENTAL HEALTH ORGANISATIONS.

As provided for in Article II of the Federation, one national mental health organisation in each country eligible for membership in the United Nations will be recognised as the Convening Organisation for the purpose of appointing representatives at the Mental Health Assembly.

##### Convening Organisations.

- (a) A convening organisation must be representative of the whole field of mental health in the country in which it is located.
- (b) Only one convening organisation can be recognised in each country, and where more than one mental health organisation exists, and where one organisation is not demonstrably more truly representative than another, in principle the oldest-established society should be recognised. Cases in dispute will be decided on their merits by the Executive Board after due investigation by the Credentials Committee. Subsequent to recognition a change can only be made after due investigation by the Credentials Committee of the claims and qualifications of another organisation to be more truly representative, and the final decision will be made by the Executive Board.
- (c) Convening organisations must be independent of Government control.

(d) The governing bodies of convening organisations must be elected by the members of the organisation.

(e) Convening organisations must possess a reasonable degree of stability; and while no rigid period of qualification is desirable, in general no organisation with less than one year of corporate existence will be recognised.

(f) Convening organisations must possess some form of charter or other legally recognised certificate of corporate existence appropriate to the country concerned, enabling the organisation to act as a juridical person.

(g) Convening organisations should include among their membership persons belonging to more than one profession in addition to members of the general public, e.g., psychiatrists, physicians, psychologists, educationalists, social workers, sociologists, cultural anthropologists, nurses, occupational therapists, etc.

(h) A convening organisation should not be primarily concerned with providing clinical or other services to individuals; it should not be predominantly technical in character, but concerned with the promotion of any measures leading towards sound mental health. Such organisations may, however, undertake clinical and other services for purposes of demonstration and initiation.

(i) Where no representative general mental health society exists in any country, another national organisation may be recognised as the convening organisation for one year; but it shall be reminded of the duty under Article II to promote a general mental health organisation. Such recognition may be renewed year by year, but the Assembly will reserve the right to withdraw recognition after continued failure to form a general mental health organisation.

##### Procedure.

An organisation wishing to be recognised as a Convening Organisation must accept the Articles of the Federation. Particular attention is drawn to the Purposes as defined in Article 2.

An application to join the Federation should be sent in writing to the Honorary



Secretary, World Federation for Mental Health, 19, Manchester Street, London, W.1, together with:—

- a copy of the statutes, articles or written constitution of the society,
- a list of officers, officials and members of the governing body,
- a list of members, or if this is not available, a statement showing the number of members and the various professional categories from which they are drawn,
- a copy of the latest annual report,
- a short descriptive statement showing the nature of the organisation and of its work, including a historical summary since its foundation; and any other publications which may help to describe the organisation.

#### **Other General Mental Health Organisations.**

In addition to the Convening Organisation, any general mental health organisation of recognised status and position in a country eligible for membership in the United Nations, or its colonies, dependencies and trusteeship territories, provided it fulfils the general criteria required of mental health organisations set out above, will be welcomed as a member of the Federation.

There is no reason to exclude any eligible applicant, and no defined standards will be set, either as to the field of work to be covered or the geographical area to be served. Each application will be considered on its merits; and it shall be the duty of the Executive Board to watch the geographical distribution of the membership and to bring to the notice of the country concerned any disproportionate number of members in any one area.

A general mental health organisation (other than a convening organisation) applying for membership should be able to produce evidence that it covers the field of work and the geographical area it claims to cover; it must be independent of government control and must possess an elected governing body of its own. An organisation will not normally be admitted to membership within one year of its formation. There should be a written constitution to which the members will

conform; membership should include more than one profession and the aims of the society should be promotional rather than technical, being concerned with clinical services to groups and individuals by way of demonstration rather than as an object for which the society exists.

#### *Procedure*

Application for membership should be sent in writing to the Honorary Secretary, together with:—

- a copy of the constitution of the organisation,
- a list of officials and committee members,
- a statement describing the composition of the membership and (if possible) a list of names,
- a copy of the latest annual report,
- a short descriptive statement of the history, aims and scope of the organisation, and
- any other documents which may help to substantiate the claims of the organisation to be a member.

#### **2. SPECIALISED ORGANISATIONS.**

The Federation recognises the great strength to be derived from the active membership of any specialised agency, the object of which is to give clinical and other services to individuals and groups in need of help, or to promote specialised provisions, and

#### **3. PROFESSIONAL ORGANISATIONS.**

Societies of professional, technical or other people of like interests, formed to promote these interests, will, if favourable to the principles of sound mental health, have a great contribution to make to the Federation.

Organisations described in (2) and (3) which desire membership must, like convening and other mental health organisations, belong to countries eligible for membership in the United Nations, or their colonies, dependencies or trusteeship territories, and agree in general with the Articles and aims of the Federation. They should be in possession of a legal charter or some



defined constitutional organ giving them the status of a juridical person. They will not normally be admitted in the first year of their existence. They should have a serious programme of work in pursuit of their objects. They must be independent of government control and have an elected governing body of their own.

#### *Procedure*

Application for membership should be sent in writing to the Honorary Secretary, together with:—

- a copy of the constitution,
- a list of officials and members of the governing body,
- a list of members, or, if this is not available, a statement of the membership in each category,
- a copy of the latest annual report,
- a short descriptive statement of the history, aims and scope of the organisation, and
- any other documents which may help to substantiate the claims of the organisation to be a member.

#### **4. TRANS-NATIONAL ORGANISATIONS.**

The importance of international and trans-national bodies joining in membership cannot be overstressed. The question of adequate representation of such organisations at the Mental Health Assembly and on the Executive Board and Committees of the Federation will receive sympathetic consideration when it arises.

#### **5. GOVERNMENTAL ORGANISATIONS.**

General, specialised and professional organisations active in the mental health field which are under government control or are subject to government nomination may be admitted to membership of the Federation, and will enjoy all the rights, privileges and duties of membership except that of participation in the appointment of their national delegation to the Mental Health Assembly.

### **APPENDIX III.**

## **STANDING ORDERS FOR ANNUAL MEETINGS.**

#### **CHAIRMAN OF MEETING.**

1. The Chair shall be taken by the President of the World Federation for Mental Health, or in his absence by the Vice-President. (Article 17).

#### **SECRETARIAT.**

2. The Secretary of the Federation shall act as secretary at meetings of the Mental Health Assembly, and shall be responsible for all work connected with staff, documents, records, etc., required for the meeting.

#### **QUORUM.**

3. One-third of the eligible voting delegates shall be deemed a quorum. (Article 20).

#### **ORDER OF BUSINESS.**

4. The order of business shall be left to the discretion of the Executive Board, and if elections are to be held shall, in addition to the matters set forth in Article 14, include the appointment of returning Officers and Tellers.

#### **FORM OF MOTIONS.**

5. The Executive Board shall be responsible for putting into form motions which involve alterations in rules.

#### **CONDUCT OF BUSINESS.**

6. The business of the Assembly shall be conducted in conformity with the principles outlined in Article 3, except that where the efficient conduct of the business before the Assembly be deemed to require it, the following rules of procedure shall be applied on a motion placed before the Assembly and agreed by a majority of those present and voting:—



*Time Limit for Speeches.*

- (a) The speech of a mover of a motion shall not exceed ten minutes in length, and that of a seconder and of each subsequent speaker, five minutes, without the consent of the meeting.

*Motions and Amendments.*

- (b) Draft resolutions, substantive motions and amendments shall be introduced in writing and handed to the Secretary, who shall circulate copies to delegates.

As a general rule, no substantive motion shall be put to the vote unless copies of it have been circulated to all delegates not later than the day preceding the meeting.

- (c) Notwithstanding the provisions of the foregoing rule, the Chairman may permit the discussion and considerations of amendments to substantive motions, or of motions as to procedure, without previous circulation of copies.
- (d) No motion or amendment shall be discussed or put to the meeting until it shall have been seconded.
- (e) Any amendment to a motion, with the name of the mover, must be submitted to the Chairman in writing.
- (f) No amendment shall be moved which, in the opinion of the Chairman, contains matter outside the scope of the original motion.
- (g) Whenever an amendment upon an original motion has been moved and seconded, no second or subsequent amendment shall be moved until the first amendment shall have been disposed of.
- (h) If an amendment is carried, the motion as amended shall take the place of the original motion and shall become the question upon which any further amendments may be moved.

*Withdrawal of Motions or Amendments.*

- (i) A motion or amendment may be withdrawn by the mover and seconder with the consent of a majority of the voting delegates.

*Right of Reply.*

- (j) As a general rule, no member shall address the meeting more than once on any motion or amendment. The mover of an original motion may, however, speak in reply just before the motion is put, after which no other member may speak on the question.

The right of reply shall not extend to the mover of an amendment, but if it is carried and has become a substantive motion, its mover has the right of reply before it is put to the vote.

After the reply the question shall be put forthwith.

*Points of Order.*

- (k) Speeches shall be directed strictly to the motion or amendment under discussion, or to an explanation or question of order. The latter shall be immediately decided by the Chairman.

*That the Question be now put.*

- (l) When a motion or amendment has been moved and seconded, any member may move that the question be now put; and if this motion be seconded and carried by a majority, the motion or amendment before the meeting shall, after the mover has been offered the right of reply, be put at once, unless the Chairman rules otherwise.

Where an amendment is under discussion, the motion that the question be now put shall apply to that only.

The Chairman shall at all times have the right to put the main



question if he is of the opinion that the time has arrived when the main question should be submitted to the Assembly.

*Motion to Proceed to next Business.*

- (m) Any member may move that the meeting do now proceed to the next business; and if such motion be seconded, it shall be put forthwith. When a motion is carried that the meeting do proceed to the next business, the question under discussion shall be considered as dropped.

This motion can only be made when a substantive motion is put before the meeting, and cannot be moved upon an amendment.

**VOTING.**

7. Elections shall be by secret ballot, but all other voting shall be by show of hands, unless, before the vote is taken,

ten voting delegates present request that the vote be taken by secret ballot. In the event of votes being equally divided, the motion shall be regarded as lost. (Article 23).

**URGENT MATTERS.**

8. Any matter not included in the Agenda, of an emergency nature or germane to an item included in the Agenda, may be presented to and acted upon at any meeting, provided that a majority of the voting delegates present at such meeting vote in favour of considering such matter. (Article 28).

**ALTERATIONS OF STANDING ORDERS.**

9. No new Standing Order shall be adopted nor any existing Standing Order be altered or rescinded except with the support of not less than two-thirds of those present and voting.



FEDERATION MONDIALE POUR LA SANTE MENTALE  
WORLD FEDERATION FOR MENTAL HEALTH

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Believing in the work which the Federation is attempting, you have the privilege and opportunity to give it financial support. Donations may be made by SOCIETIES or official bodies, by MEMBERS of Member Societies or by other INDIVIDUALS or CORPORATIONS, who are concerned for the establishment and maintenance of the work.

An annual income of about \$90,000 (£30,000 or 370,000 Frs. Swiss) is needed if an international secretariat is to be established, information, translation and language services provided, and the meetings of the various committees made possible.

The Federation's Bankers are :

Lombard, Odier et Cie,	<i>and</i>	Barclays Bank Limited,
11, Corratric, Geneva.		4, Vere Street, Cavendish Square, London, W.1.

OVER



Date.....

To The Treasurer,  
World Federation for Mental Health,  
19, Manchester Street,  
London, W.1.

I/We have pleasure in <sup>\*enclosing cheque for</sup>  
promising

(in words) .....

the sum of

(in figures) .....

as a Donation  
as an Annual Subscription towards the work of the Federation.

Signed .....  
(BLOCK LETTERS OR TYPE)

Prefix: (Prof., Dr., Mr., Mrs., etc.) .....

ADDRESS .....

\*Where currency regulations make it difficult to transmit donations,  
the Treasurer will suggest special arrangements.

RI.



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The Bulletin, first issued in its present form in February, 1949, is published every two months; price 5 shillings (or \$1.00) per year, post free. It is the successor to the series of 12 Bulletins distributed by the International Congress on Mental Health held in London in August, 1948.

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In each issue it is proposed to publish at least one original article on some topic relevant to the Federation's work. Space will also be provided for news from member associations, and for reporting on the activities undertaken by the Federation's Executive.

It is hoped that the Bulletin may prove to be of interest and value not only to those professionally interested in the broad and multi-disciplinary field of mental health, but also to many others in wider circles. In short, it is hoped that the Bulletin may play some part in making the pursuit of mental health a "peoples' movement" in the fullest sense of the term.

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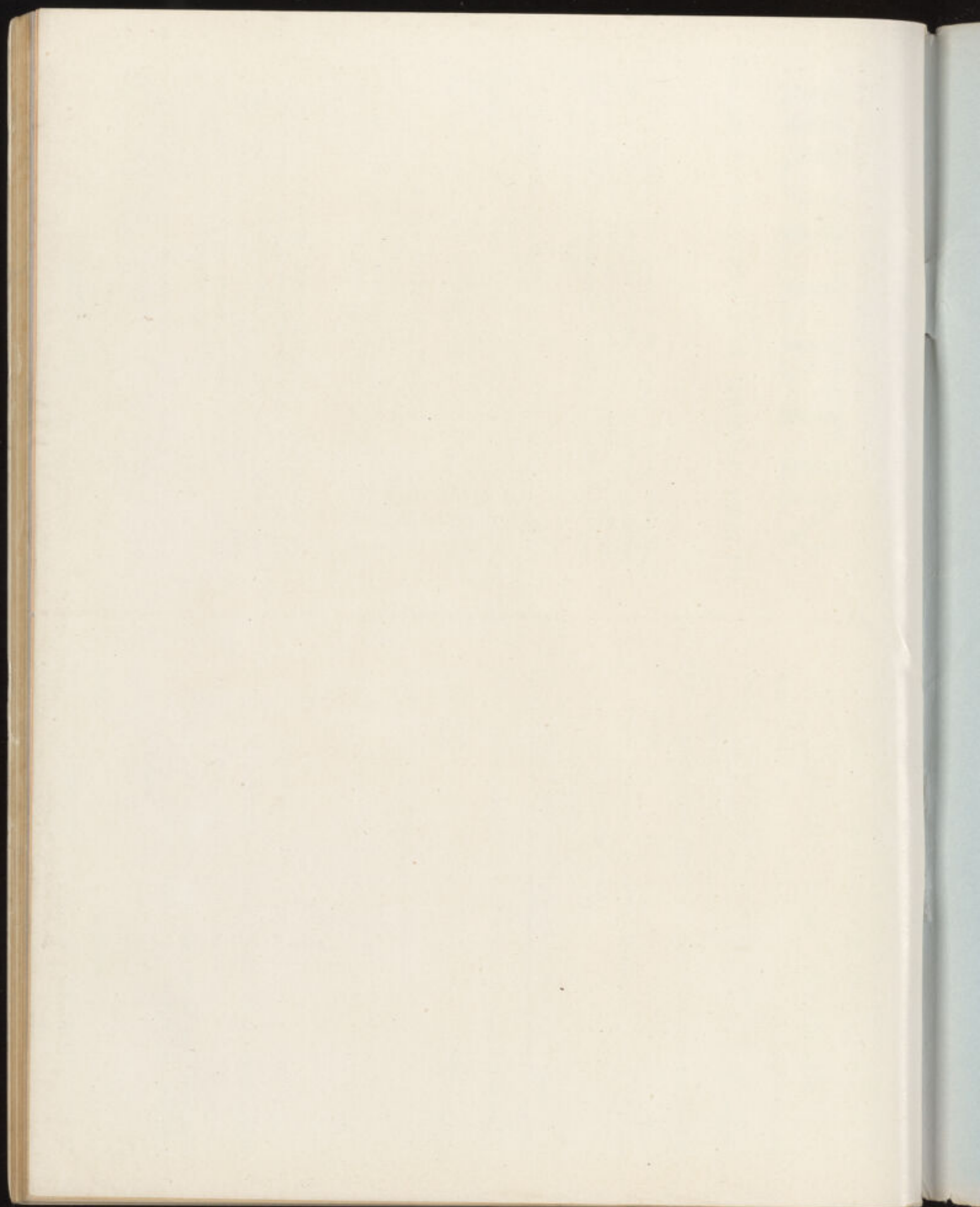
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