

STATE PSYCHIATRIC SERVICE FOR RURAL COURTS

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STATE PSYCHIATRIC SERVICE FOR RURAL COURTS

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EVEN the local judge who asks initially, "What is this sick-ee-at-tree and sick-olo-gee business" meaning psychiatry and psychology may be interested in ascertaining the motivations of the behavior of his latest case, and eager to base the court disposition on the clinical facts of the matter as well as upon the facts of the delinquent act. We in Oregon, serving the state in the child guidance field, have been pleasantly surprised, and often, at the essential receptiveness of even those jurists who, judging from their initial pronouncement of psychiatry and psychology in our presence, would seem to manifest too little scientific background and progressiveness to possibly desire a portion of our present thinly spread clinic services. The cultural gap separating us, in the beginning, had seemed too great to close up, but what gap may seem to have existed was quickly bridged with first attempts at mutual cooperation, the judge doing his bit for a case and we, ours.

While a jurist may not know a great deal about modern psychiatry and sociology, to begin with, he may have the needed attitude that anything he can learn or reason out for himself about his client is all for the better in satisfying the community that he has made the best court disposition possible. This constructive attitude comes first and the knowledge to properly express it can be added from day to day. Naturally, the jurist with an almost exclusively punitive and retributive outlook has proved inaccessible to psychiatric ideology in Oregon as elsewhere.

Up-to-date court procedure of this country, it is realized, is grounded on the premise that an understanding and intelligent approach should be made in the solution of behavior problems. This understanding and intelligent approach, it is believed, should mean that each client receives the benefits of scientific study and treatment. Unless the modern court order is based upon an accurate diagnosis of the behavior problem and a logical constructive plan of treatment for its solution, it cannot be considered that it

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has justified the true purpose of a court order. As scientific knowledge has advanced from the founding of our first courts to modern times, our understanding of problems has grown very markedly and it is quite possible now to arrive at a reasonably correct diagnosis and to plan proper treatment. Many of our judges consider that behavior problems which seemed mysterious and untreatable in days gone by appear understandable and treatable today.

It is the especial intention of this paper to bring out the fact that in the small community the progressive-minded juvenile judge and psychiatry can seldom be brought together without outside help—this help usually coming from state officials whose responsibility such assistance is and whose concern is for every citizen of the Commonwealth regardless of residence, particularly those not favored by local organized benefits such as are concentrated in very populous areas. The National Committee for Mental Hygiene has long held the opinion that the small communities of our nation cannot provide psychiatric service of and by themselves. Psychiatrists, relying on earnings through private practice, of necessity, live in the larger centers, but the doctor who is given part of his livelihood through state salary is quite willing to drop private matters for awhile, each week or month, to conduct clinics for the state.

Psychiatric service for problem children such as is operated in the State of Oregon by the University of Oregon Medical School, is of necessity organized to meet the situation existing in that state. The central clinic staff, so-called, consists of a head psychiatrist and two of his colleagues, and a case work supervisor working out of the medical school. These individuals give psychiatric advice, offer supervision and hold periodic clinics in certain designated centers throughout the state. The psychological, medical, and case work services are mobilized in each of these centers and therefore are local. In each center the local juvenile court may refer the case with the probation officer—if there is one and there rarely is—acting as clinic case worker or the court may refer the case with the request that another agency's worker assume responsibility. The state service applies, of course,

to all the child agencies in the small community beside the court, such as the school, the public health agency, private physicians and the social welfare agency. Cases handled for these groups often preclude the necessity of ultimate handling by the court, and reveal the wisdom of concentrating psychiatric service on preventive agencies as well as upon courts.

The school, we find, is a great asset in the operation of local clinic efforts. Personnel and money are often available through that source for psychological testing, case work and remedial teaching. The public health agency usually can provide the space for clinic sessions, can take custody of local clinic files and provide medical and case work services. The health officer, too, usually agrees to act as local child guidance clinic director. Where the public welfare agency has the services of a child welfare consultant a good resource for case work service, as such, and for specialized aid to other case workers may be at hand. The local physicians, of course, are glad to obtain psychiatric advice for young patients, and to cooperate in physical study and treatment. Though the present state appropriation is earmarked exclusively for children, the state staff contact with physicians, judges and health officers results in requests for aid with adult problems, as can be imagined. Accordingly, after the child services are given at the clinic, or in between appointments, the psychiatrists freely give informal assistance to the clients of local physicians or to the adult offender at the request of a local judge. It has developed now that when the state team is absent from the community, the demand aroused by these contacts between psychiatrist and judge has resulted in a new job for the resident public health officer. The judges, increasingly, have come to expect the health doctor to see adult offenders, for the sake of any impressions he may have before the court disposition is attempted. While not trained specifically in psychiatry, a health officer can do a very creditable job, in these cases, particularly where he has had several years of experience in the role of local child guidance clinic director. More will be said about the public health system in Oregon in a later paragraph.

Since the small community must rely upon the state for its

psychological service, we in Oregon believe, of course, that the plan and direction of the state effort is very important. Securing the services of a psychiatrist to head up a state effort is paramount in the recommended system wherein a so-called "clinic team" of cooperating specialists handles the cases which come up. While all members of the team are usually well aware of psychiatric issues in the case, it seems prudent to use, as head, the psychiatrist who possesses a knowledge of medicine, as well as a working knowledge of psychology, education and sociology and who has the advantages of the age old role which humans accord to doctors. The other members of the clinic team, the psychologist, the physician, the social case worker, the clinic teacher, etc., all operate importantly in their spheres, but in all events the responsibility of case progress or lack of it should rest with the psychiatrist.

Under the proper clinic team system the staff handles a case problem in uniform sequence. After the case has been accepted, the social case worker prepares the child's social history study, the psychologist the psychological and educational study and a physician the medical study. On the day of the clinic session all reports on the studies are made available to the psychiatrist for his scrutiny. The psychiatrist, then, sees the child, his parents and possibly others interested, and he is responsible for making the diagnosis and instituting treatment. Following the psychiatrist's contact, a case conference is held, attended by any others of the clinic team necessary to the treatment plan, and frequently the juvenile judge attends. In the conference, the responsibility for treatment is assigned. The treatment plan usually involves psychotherapeutic efforts directed toward the child and his parents, and what has been termed efforts to manipulate the child's environment and provide constructive satisfactions for him. Usually the psychiatrist and the others will agree on carrying out parts of the plan. The goal of treatment, naturally, is the elimination of the behavior problem and the return of the child to good emotional health. This aim for clinical efforts is identical to the aim for progressive courts, and such an aim and system is unhesitatingly approved and adopted by the enlightened jurist.

At the present time in this country, psychiatric aid for children's courts seems more in evidence than for adult courts, apparently because there are more resources for children which may be mobilized for an effective attack on personality maladjustments, and because it has long been recognized that children are in the formative stage and are, therefore, more readily accessible to treatment. There is a great need, however, for the penetration of psychiatry into the adult courts, particularly at the point at which the court is called upon to sentence the offender. Especially in cases in which probation is possible, a comprehensive social and psychiatric treatment plan can be arranged, safeguarding society and yet meeting the needs of the individual.

In giving service to children's courts in Oregon, we have found that probation is commonly used by the judge if the treatment plan calls for official control upon some aspect of the child's life, but otherwise the child's care is given over to a local clinic worker, in toto, the court record reading "informal disposition," "discharged after hearing" or some such disposition instituted. It follows, therefore, that psychiatry cannot go ahead of the statutory power exercised by local courts. Unless probation or some other means of circumventing a punitive and retributive disposition is practised by a judge, he has little or no method for cooperating with psychiatrists. Stated in other words, unless there is some way to relate the operations of the court with the workings of a clinic, the idea of psychiatric service to such courts is just a nebulous notion. This is not to say that the psychiatrist may not recommend removing the child from the community during treatment as is done when a court places a child in a state institution for delinquents or in the hands of some other state agency, but ninety-nine times out of one hundred this is not his first idea. It is only a rare youngster whose career would call for removal from the community at the outset and this decision is always based upon more than one symptom of "inaccessibility" to psychiatric treatment, as practised locally, and upon the lack of treatment resources in the community. Usually, the tools of psychiatric therapy call for retention of the child in the local home community setting.

From what has been stated thus far, it is obvious that in Oregon the medical school, as a state agency, is confining its work largely to the assistance of local child agencies. It is possible that in the future this work can be extended to cover local adult agencies as well, but in this event the ground work must be carefully laid. At the moment, however, another state agency, the state public health authority, has assumed new duties in this direction and it would look as though in Oregon the state clinic program will henceforth be shared by two state agencies, cooperating closely together, one on the child level and the other on the adult level. Whether this arrangement is desirable will be proven in future days. The program of state service need not work out this way for every state and in fact may be detrimental for some, but at any rate it behooves some state authority to seize the opportunity to go ahead and to bring to its commonwealth, as quickly as possible, the benefits of the mental hygiene movement.

In Oregon an active mental hygiene society was responsible in 1937 for instituting the state child guidance clinic service, just described, and in 1941 the society took the commitment of mentally ill adults to state hospitals out of the hands of local law enforcement bodies and into the hands of the local public health agencies. This humane accomplishment for psychotics plus the general need for a comprehensive program for adults having other mental hygiene problems had much to do with the move of the state public health authorities to assume state-wide control and responsibility for local efforts coming within the duties of public health agencies. Just this month a psychiatrist was added to the state public health staff to direct its mental hygiene activities.

Anyone planning state psychiatric service should, by all means, consult with the director of the Division of Community Clinics of the National Committee for Mental Hygiene and in preparation for this aid should review the two most pertinent publications of this organization thus far, "Psychiatric Clinics for Children with Special Reference to State Programs" by Helen Leland Witmer and "Child Guidance Clinics" by George Stevenson and Geddes Smith. Just as the National Probation Association has assumed

long time leadership in educating the public in progressive court service, most everyone realizes that the National Committee for Mental Hygiene has performed this same function in the mental health and psychiatric clinic fields. Much could be said in a paper, such as this, concerning details of state clinic operation and the problems of community organization but we have purposely omitted such discussions in the interests of brevity and because existing literature is easily available covering these matters, written by authors in Oregon and in many other states.

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