

MENTAL HYGIENE

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## B I B L I O G R A P H Y

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## I N T R O D U C T I O N

Progress seems to be the aim of all concerted actions of society. The development of the surroundings in which he lives has long been the purpose of man. His rise within a few short centuries from the barbarous caveman to the so called "civilized" individual of the present stands as the evidence of his accomplishment of that purpose. Always there has been the desire to know more about the material things which make up his environment, but only very recently has man made any progress in attempting to know and understand the things which make himself. His body is equipped with certain mechanisms which cause him to react and do things in the manner in which he does them. But only recently has man been attempting to answer - why. The mind which brought to man so much material progress is at last being analyzed into its various elements and attempts are being made to understand its workings.

Out of this movement of investigation into the workings of the mental life of man has grown the modern science of psychology. Like all sciences, psychology may be separated into several fields. This paper aims to trace the progress in one of those fields, namely, mental hygiene. The development of mental hygiene has been so closely allied to the growth of the National Committee of Mental Hygiene that the development of the former will be traced through the latter.

The National Committee of Mental Hygiene was formed in 1909 at the instigation of Clifford W. Beers to combat the abuses connected with the treatment of the insane. Devoid of sentimentality the Committee attacked the problem of reform of practices based on medieval thought and ignorance, on social indifference, on political depravity



and on financial restrictions, and began an educational campaign to correct these abuses and bring about a scientific analysis and treatment of the confined patients. The motive for the reform was largely humanitarian and the same underlying reasons have colored the activities of the Committee ever since. From the confining limits of its original purpose, the Committee has expanded its influence until today, scarcely any activity of life remains free from some of the concepts of mental hygiene.

The historical development of the Committee may be divided into three phases; The first covers the period from 1909 to 1917 during which the chief work was largely the collection of statistics and information relative to the incidence of mental disease and the existing legislation in the field, and through surveys and special studies the ascertainment of conditions in institutions for the insane. The entrance of the United States into the World War swept aside the civilian work and focused the Committee's attention upon military activities which it did in an efficient manner. After the Committee had assisted in a nationwide reconstruction program for disabled soldiers in the latter part of 1919, it entered the third phase of its historical development. From 1920 to the present time, the work of the Committee has been a systematic organization of material and application of the knowledge gained to a definitely preventive program, carried on through a five year clinical demonstration, the first practical test of the knowledge previously gained.

Throughout the growth and development of the scope and work of the National Committee, certain people have continued to occupy an ever present guiding and directing influence. Chief of these persons are Dr. Thomas W. Salmon, Charles Burnham, Frankwood Williams and the most



important of all Clifford Beers, founder of the Committee. To give credit to all who have helped with this work would be an ominous task, but practically every influential psychologist has written some article to help advance the work.

The National Committee has been influential in causing State Committees of Mental Hygiene to be formed in twenty six states. Nineteen foreign countries have also formed National Committees of Mental Hygiene under the direction of the National Committee in the United States. The movement is growing and the influence of these committees is causing many constructive changes in social organizations and social training.

This paper traces the development of the movement, going back before the formation of the National Committee, from the inception of the National Committee in 1909 to its present status, and also outlines the work that is being carried on by the newly formed Oregon State Committee of Mental Hygiene.

Mental Hygiene, a social psychological study of mental diseases their causes and treatments, methods for the promotion of general mental health, and of all problems arising out of the application of psychiatric treatment to social problems in which mental factors are fundamentally important, <sup>is</sup> progressing in its importance in the development of social concepts and standards. It is a contribution of man to his environment in the march of continued progress.



## EMERGENCE OF MENTAL HYGIENE

We have learned that nerve trunk lines carry sensations of light and sound and pain and pressure, and heat and cold into the brain, and other trunk lines take messages out to our muscles; we have learned that man thinks according to the association of ideas; that his memory and reasoning and attention and judgment work according to certain principles; we have learned about a thing called habit to whose automatic functioning we relegate a large part of our daily activity; we have learned that the dynamo of our mental life, or behavior, is not brains or grey matter, or intellect, but is our emotions-our feelings-of fear, anger, sadness, worry, discontent, pleasure, love, jealousy, hate; and that the intellect upon which we pride ourselves is merely the abject slave of our emotions. We have learned also that our mental life is so intricately associated with bodily systems of digestion, circulation, musculature, glandular functioning, and so forth, that it is impossible to divide the behavior of a person into activities of mind and activities of body, that the person functions as a unit. <sup>1</sup>

The ancient peoples knew none of those things. Everything to them was a mystery; mental disease was a punishment for some sin and other illnesses were attributed to magic and priestcraft. The first institution of any kind for insane was in 1547, St. Mary's at Bethlehem, and the people viewed the insane as if they were in a zoo.

During the first part of the 16 Century, insanity was attributed to 'yellow and black bile'. Melancholi was treated with opium and excited states by the use of camphor. In the few asylums, which were available, the inmates were kept in chains, beaten by the keepers and often starved

1--Protecting The Mind Of Childhood(Esther Loring Richards,M.D.



for want of proper food.

Around 1805, there was a trend to make the conditions of asylums known. Johnathan Christian wrote a book on the psychological treatment of the insane; a Journal was published which treated psychiatric problems; and many people began to write about restraint, abuse, and humane treatment for the inmates of asylums and institutions.

In the United States, conditions were just as bad. Witchcraft was a common occurrence. In 1732 the first attempt was made to provide institutional care at the Philadelphia Almshouse. By 1850 institutional care was an accepted form but padded cells, strong rooms and restraint was resorted to everywhere. Boston, in 1842, was the first State Hospital to abandon mechanical restraint. From this point, people began to awaken to the real situation.

Not long after this, Clifford Beers was born in 1876. He was to play the most important part in the emergence of mental hygiene. Clifford Beers was an average boy. It is said that he was always able to make his grade in school but that he never excelled the others. He did have more than an average love for business and he was able to join many societies because of that capability both in high school and at Yale. While he was attending Yale, his brother became afflicted with epilepsy. Clifford took care of his brother and the thought that if a brother who had enjoyed perfect health all his life could be stricken with epilepsy, what was to prevent him being similarly afflicted. This thought took possession of him and <sup>he</sup> became more and more nervous. Later his nerves really conquered him, the break coming in a class in German. He said that it seemed as if his nerves had snapped like so many minute bands of rubber stretched beyond their elastic limit. He couldn't recite



at any time after that because of the persistent idea of the feared attack. After graduating from Yale he had several positions in accounting firms and such. During the time there were many nervous days until finally the break came in his nervous system.

After Beers brother had epilepsy, it became a mania with him. He dreaded the disease and often said that he would rather be dead than have it. When this nervous break-down came after a long denied rest and hard work, he thought that he had epilepsy. By the process of elimination he began to determine a method of suicide. Finally he chose jumping from his window. He lit feet first which slightly crushed one heel bone and broke most of the small bones in the arch of each foot. This was the real beginning of his insanity. Knowing that often people who attempt suicide are put under arrest, he began to imagine himself a fugitive. So, the beginning of his hallucinations. Voices were of detectives and such; part of his food should be eaten and part of it if eaten would be the same as a confession; his family became impostors and his days and nights were filled with far fetched incidents of which he may of read in some type of literature.

So much of how the author happened to become insane and the effect. Beers was later committed to an institution, one a private one and the other state. He later regained his reason and <sup>made</sup> through investigations which he ~~made~~ he later presented ~~them~~ in detail in his book, 'The Mind That Found Itself'. At this time there was little supervision, if any, over the institutions for insane except their own Superintendents. Attendants were untrained and poorly paid and of course there was little efficiency within the institution. Patients were abused both physically and mentally besides being undernourished, living in insanitary conditions,



and having the wrong spiritual attitude prevail. In his book, Beers portrayed all of the prevailing conditions.

Clifford Beers wrote 'The Mind That Found Itself in order to produce an advancement towards intelligent and human treatment of the insane. Through his book, Beers wanted to rob insanity of many of its terrors by practice of Non-Restraint, <sup>and</sup> if possible to influence the founding of a society endowed for the sole purpose of solving such problems as abuses and lack of attention, and lastly that the rich might be prompted to come to the aid of the States and Nations by supplying funds for the erection and endowment of model institutions where mental and nervous diseases could be treated with maximum efficiency.

Mr. Beer's book and his personal efforts aroused the interest and sympathy of people of influence who readily supported his plan for an organization to correct the abuses he so vividly portrayed and to begin work looking toward the prevention of mental breakdowns. An experimental organization in the form of a state society for mental hygiene was established in Connecticut in 1908, the same year his book was published. Finding that the general plan of the pioneer Connecticut Society was sound, the original group about a year later established The National Committee for Mental Hygiene, on February 19, 1909. The National Committee and its different phases will be traced under its own heading.



## HISTORY OF THE NATIONAL COMMITTEE OF MENTAL HYGIENE

### PHASE I , Reform, Data, Statistical Reports.

Clifford Beers aroused the sympathy and interest of people before the formation of the Committee. However, there was little active work for nearly three years due to the lack of funds. In 1912, three years after the formation, Henry Phipps gave \$50,000 which financed the next three years work.

The first year was a very difficult one. Basic data had to be gathered and certain educational work had to be set in motion. At the first meeting of the Committee, a resolution was passed urging Congress to provide for the mental examination of arriving imigrants by specially trained physicians. Up to this time there was little information regarding the different laws of commitment of insane to institutions and comparative studies were made of them. While these projects were going on, attention was <sup>directed</sup> given to the education of the public. A nucleus of a library was started with many valuable references. An expert librarian was engaged to search <sup>for</sup> literature and build up a bibliography besides answering the many requests for such information that arrived from all parts of the country.

In order to accomplish much, the Committee had to ascertain the conditions in the different institutions and the prevailing policies of State governments. A survey was made of the so called "Wisconsin System". The Wisconsin Board incorporated several of the Committee's recommendations into their policies. Another direct result of the survey was that a Professor of Psychiatry was appointed at the University to direct the scientific work of all state hopsitals and to initiate



mental hygiene extension activities in the University itself.

Surveys made of other institutions uncovered incredible practices. Mentally sick men and women were often sent to almshouses to be confined in iron cages or in damp gloomy quarters. Mechanical restraint was resorted to and a great many mentally sick people were left in filth and misery. The work being done <sup>had started</sup> ~~was starting~~ to yield results; <sup>the</sup> South Carolina General Assembly voted \$600,000 in 1915 to reconstruct buildings to be used for the insane and to draft proper legislation; and many states adopted the complete state-care system eliminating the use of jails and poorhouses which had been used for insane.

~~Up~~ Until this time all surveys had been made concerning the insane at an advanced stage. Now, other forms of <sup>mental</sup> deficiency, ~~mental~~, <sup>were</sup> ~~was~~ given consideration. In 1915 survey studies were made of the feeble minded. Studies were made of the psychopathology of crime by Dr. Bernard Glueck at Sing Sing Prison. At the request of the New York City Board of Education a survey was made of the pupils in the probationary school. In 1920, a study of psychological motives in suicide cases was made in Massachusetts. *Results not obtainable.*

These studies aroused a great deal of interest by the public.

It can be easily seen that the Committee was beginning to realize that ~~to relieve the~~ <sup>the relieving of</sup> prevailing conditions in insanity did not begin in an institution but probably began ~~even~~ <sup>the</sup> in school. Local communities were becoming very interested and organized local programs. Today, there are twenty-six state organizations and they represent a powerful extension of the work of the National Committee. It has never been the policy of The National Committee to impose their ideas on any local group. The different groups often look to the committee for the clarifying of poli-



cies and for suggestions to method. From the correspondence of these matters, it was soon apparent that many of the problems that faced each society affected them all, and in an effort to familiarize all with the solutions or techniques involved, the committee, in 1914, called a mental-hygiene convention in Baltimore. The convention resulted in closer relations than had before existed between the various societies and succeeded in correlating more usefully the national program with the various local programs. Since the convention in Baltimore, three others have been held with marked success—one in New Orleans, one in New York, and one in Atlantic City.

The educational activities among the lay public proved a marked success almost proving very embarrassing to the committee. The public accepted mental-hygiene so completely that when psychiatric assistance was demanded to transform into realities some of the promises in the way of prevention, the medical groups and The National Committee were caught unprepared. There simply were not enough specially trained psychiatrists to go around. The chief emphasis of mental-hygiene activity showed signs of swinging from the institutional aspects of mental disease to mental-hygiene conditions in the schools and in penal institutions, and with this new shifting of the focus of activity came the need of a different type of psychiatrist. Up until this time most of the psychiatrist had been trained to deal only with mental disease of such severe nature as to require care in institutions. More mild cases were beginning to be recognized and a different type of training and technique were required.

To meet the need for the new type of psychiatrist, the committee proposed in 1916 to establish fellowships that would supply this training. They were to be made available to the graduates of the best medical



schools, who already had some institutional experience in mental disease. An appeal to several quarters for funds to create these fellowships was made. It was not until 1924 that there were enough funds to establish these fellowships. The Rockefeller Foundation appropriated a considerable sum for this purpose and the Commonwealth Fund appropriated another.

The preparatory work of the committee was largely completed. Adequate facts had been collected; the period of getting ready was over; and the next step that of preventing mental disorders was looked forward to with eagerness. However, the plans for the immediate future were swept aside when the United States entered the World War.

## PHASE II, Militaristic Aspect of the Committee and it's Work.

The second phase of the National Committee's history opened on a military note. A systematic study of nervous and mental disease among soldiers including the so-called shell shock was needed. England had tried to do this with no success; France had succeeded to a more marked degree by using sterner measures. In the United States, considerable importance had been attached to this type of work before it's entrance in the war, and the solution appeared to call for three rather distinct efforts: (1) the elimination from military service of the mentally and nervously unfit (preferably before sending them overseas); (2) the psychiatric care and treatment of those soldiers likely to succumb to mental disease, or of those actually incapacitated; and (3) the reconstruction and return to active duty (or to civilian life, if incurable) of those mentally disabled. (1)



Here was a challenge to the ingenuity and the adaptability of The National Committee for Mental Hygiene. The committee met this challenge by drafting a specific program of mental hygiene which was subsequently adopted by the Surgeons General of the Army and Navy. This program included: (1)

1.The creation of a Division of Psychiatry, Neurology, and Psychology within the Medical Corps of the United States Army.

a.The securing of psychiatrists and neurologists to take commissions in work in their specialty in the Medical Corps.

b.The establishment of special training schools in military neuropsychiatry.

2.Exclusion from the army of the mentally and nervously unfit.

3.Treatment for those likely to succumb to nervous or mental disease or already actually incapacitated.

a.The preparation of plans for special neuropsychiatric wards in base hospitals and other military hospitals in the field and cantonments.

b.The selection and standardization of equipment for these wards.

c.The recruiting of skilled nursing personnel, including both men and women.

d.The assignment of psychiatrists to field operations in the Expeditionary Forces.

4.Reconstruction

a.The recommendation of changes in military regulations for the discharge and transfer home of men suffering from mental and nervous disease.

b.The obtaining of the cooperation of individual states in



in caring for men discharged from the army for mental causes.

- c. The recruiting of skilled occupational and special workers for reconstruction work with discharged men.
- d. The giving of technical advice to the United States Public Health Service (later to the Veterans' Bureau) concerning the construction of special mental hospitals for ex-soldiers; also in the inauguration of country-wide plan for vocational training and other forms of rehabilitation.

The part played by The National Committee for Mental Hygiene in helping the government to carry out the above program was told by Mr. Beers's book, an earlier edition of *A Mind That Found Itself*. The article would be entirely too long to quote but some of the points are important and I will list them here: incidence of mental disease in the A.E.F. was half the rate of that on the Mexican border in 1916; the total number of patients sent home for the neuroses (shell shock) was only a little over 2,000; suicides were one-tenth lower than in the regular army; less crime was prevalent than ever before; and General Pershing wrote a letter of thanks (personal message) for what had been accomplished by the army neuropsychiatrists at the front.

The second phase comes to an end marking the transference from the military field back to the civilian. The committee had proven what could be done towards the preventive side. Surveys showed that there was marked decrease in mental disorders among the soldiers and now the committee turns to the application of the knowledge gained to a definitely preventive program.



### PHASE III, Prevention.

The third phase of the work began with the disbanding of the War Committee in 1920. The 1920 Committee envisage the field of mental-hygiene as follows.

"The term 'mental hygiene' is used to designate man activities other than those to which it can be applied with strictest accuracy. The prevention of mental disease and the promotion of mental health constitute, themselves, a broad field of work, but the early diagnosis, care, treatment, and social management of persons suffering from mental defects of diseases are commonly considered as tasks in mental hygiene. So also are activities that have grown out of an attempt to apply psychiatric knowledge to social problems in which mental factors seem to be fundamentally important. 'Mental Hygiene', therefore, should be used in this broader and more inclusive sense."

Following this official definition of the field of mental hygiene, the committee set forth a program designed to meet the needs of each section of the field. This program, in 1920, consisted of;

1. Maintaining a clearing house for information and the collection of statistical and legislative data.
2. Conducting popular educational campaigns in mental hygiene (one of the chief activities). This includes library service, publishing and distributing special literature and periodicals, arranging conferences and lectures, and so forth.
3. Conducting surveys of the care and treatment of mental disease and defect.
4. Promoting the better care, treatment, and management of these conditions (including the formulation and promotion of modern legislation and study of state laws pertaining to mental-hygiene topics).
5. Organizing and assisting voluntary agencies for mental hygiene.
6. Promoting cooperation between the various official and unofficial agencies in mental-hygiene work.
7. Working with reconstruction and other problems growing out of the war.
8. Aiding mental-hygiene workers to find opportunities for service.

In addition to these eight types of activities, six others were designated as types of work to be carried on, in part or in whole, by other organizations, but to receive impetus, stimulation, and encouragement from The National Committee for Mental Hygiene.



1. Remedying defects in medical education in psychiatry and in mental hygiene (in order that improved teaching methods in medical schools might aid in relieving the drastic shortage of personnel).
2. Providing against shortage of ther (non-medical) mental-hygiene workers.
3. Improving medical facilities for the early treatment of mental disease (establishing sufficient psychopathic hospitals, psychopathic wards in general hospitals, clinics, and so forth, for early treatment, also raising standards of care and treatment).
4. Dealing with the mental-hygiene problems of childhood (chiefly through school and other clinics).
5. Applying psychiatric knowledge to social problems (such as psychiatric study of delinquency and crime, chronic poverty, dependency and so forth).
6. Applying psychiatric knowledge to industrial problems (including psychiatric study of accidents, inefficiency, lowered production, personality friction, and the like. (1)

The work was begun in accordance with the above program. It was found that many persons in new communities were interested in the work; state officials were better informed; public health officers were not indifferent as they had been in the past; officials of public <sup>schools</sup> ~~schools~~ were eager to consult with representatives from the committee; there was a trend to regard problems of mental disease as confined to whole communities in contrast to the past idea of confining it to the patient alone; and mental disorder now began to be seen as a factor in certain educational problems, in numerous medical problems, in many sociological problems and in a large number legal problems. With all the above divisions ready to cooperate the real work towards prevention was put under way.

The conclusion was reached that the period of childhood was the strategic time in which to apply methods of preventing mental hygiene. In 1921, the Commonwealth Fund appropriated money which was used to create a division under the head of 'Prevention of Delinquency'. They turned their attention to the problem of how knowledge could be

1-Twenty Years Of The National Committee G.K.Pratt



best utilized as a community asset in the study and correction of behavior problems in children. Accordingly a five-year demonstration plan was laid 1921-26/ Clinics were held in connection with the Juvenile Court but it was proved that the Juvenile Court represented too late a period in which to begin a successful attack. A systematic coordination of community interests was needed for the success. Three major objectives were set forth by the National Committee's Division on the Prevention of Delinquency ~~were set forth:~~ (1)

1. The demonstration of methods of study and treatment of behavior problems.

"This involves (a) the actual study and treatment of cases by the clinic alone or by the clinic in cooperation with other agencies, and (b) the demonstration of methods and technique to trained workers from other fields who are accepted for actual work in the clinic for varying periods of time.

2. Educational work in the community in the fields of mental hygiene and in the application of psychiatric methods to problems of behavior.

"This involves: (a) for the community in general, lectures and publicity regarding the activities of the clinic, its point of view, etc., designed to arouse interest and secure community backing and cooperation; (b) for social workers in various fields, lectures and case discussions in psychiatry, psychology, and the factors involved in the production of disturbing behavior; (c) for parents, lectures on the parental factors in the production of disturbing behavior; (d) for school-teachers, direct contacts and lectures on the school factors in behavior problems; (e) for the medical profession, direct contacts, attendance at staff meeting and reports to societies regarding the medical problems involved; (f) for students in colleges and professional schools, courses in psychiatry, abnormal psychology, and psychiatric social work.

3. Analysis and development of methods of study and treatment of behavior problems-in other words, research into causes and treatment."



The committee found that the five-year plan was a definite step forward in the prevention of disease. Each city in which a demonstration clinic had been placed, took over the support and operation of the clinic on a permanent basis.

In 1927, the technical work of the clinics became centered in the Institute for Child Guidance. One was established in New York City by the Commonwealth Fund. The Division on Prevention of Delinquency was discontinued and attention was placed on the younger child to prevent deficiencies.

Additional surveys were made; in 1921 at the request of the National Research Council, surveys were made of certain mental-hygiene conditions in industry; <sup>in</sup> 1923, surveys were made of a number of county jails, houses of correction and penitentiaries in New York state; in 1924, surveys were made of the psychiatric factors involved in sociological problems of dependency and chronic poverty; in 1928-9, a survey was made of the mental hygiene needs and resources in schools, courts, social agencies and hospital clinics of New York City, which revealed the importance of childhood as the period when the foundations for later mental health or mental disease were laid; and another important survey was made in 1926-7 in which a study was made of the combined intellectual and personality factors found in groups of children in Vermont. These surveys were made in order to get at the source of mental problems.

*I have outlined the general work of The National Committee of Mental Hygiene. They have accomplished a great deal but they are dealing with one of the biggest problems known, that of Human Behavior. Living in Oregon, of course, we are interested in our own local*



organization which will be dealt with in another chapter.



## OREGON MENTAL HYGIENE SOCIETY

The Oregon Mental Hygiene Society has been organized within the last year. Therefore, very little information concerning it is available. They have outlined their work to be carried out as follows:

### PURPOSES:

- 1.To disseminate knowledge concerning mental hygiene, both its importance and its practice, and to overcome prejudice and ignorance in connection with this subject.
- 2.To work for the protection of the mental health of the public and to promote study and knowledge concerning mental disorders, and the treatment, causes and prevention of such illnesses.
- 3.A general program of education of parents and others in the importance of the mental aspect of the development of normal children.

### APPLICATION OF RECENT DEVELOPMENT IN MENTAL HYGIENE:

- 1.Interest in schools and problem children; the newer knowledge of child behavior, teacher behavior and parent behavior; and the keeping of pedagogy and curriculum in step with the times.
- 2.Psychiatric assistance for juvenile courts and the delinquent child, with a study of causes and treatment planned accordingly.
- 3 .Treatment of the behavior problems of maladjust children by the use of Child Guidance Clinics.
- 4.Assistance to individuals making adjustments to life.
- 5.Aid for parent study groups which are increasing in numbers in all communities.

The work in Oregon is strengthened by the cooperation of the Department of Psychiatry <sup>at</sup> of the University of Oregon Medical School. This department with the association of the School Board in Portland and the Court of Domestic Relation has already established a Child



Guidance Clinic working along the lines of the objectives set forth by clinics of other States. In the Mental Hygiene for July, 1926, Lawson G. Lawery, Director of the Cleveland Child Guidance Clinic, set forth the objectives for a Child Guidance Clinic. which are: study of mental health of Dependents, establishment of a consultant service which includes case work, examinations for intelligence rating, and lastly a complete study and evaluation of the above with a certainty as to conclusions. In order for the Clinics to carry out a proper plan of adjustment they must have the cooperation of the community, school and the parents.

The work of the Society is to be supported by representative people in medical, educational, judicial, legislative, social welfare and lay groups in the whole state of Oregon. Lectures, literature, conferences and other work is to be planned and sponsored as fast as the organization and financial support will permit. The work is to be in accordance with the program of the National Committee on Mental Hygiene. The source of income for the Oregon Mental Hygiene Society is from one dollar yearly membership dues and from larger sums contributed by individuals whose memberships will be listed as 'contributing members'.

According to information available at the Doctors and Nurses Exchange, Eugene is without a local Mental Hygiene Society. There is nothing specific but several of the Doctors are interested in the field. Lectures have been given over the radio pertaining indirectly to the subject. The work in Eugene will probably branch out from that in Portland.



PREVENTIVE PROGRAM OF THE NATIONAL COMMITTEE OF  
MENTAL HYGIENE

Past work done by The National Committee has made it evident that mental disorder must be prevented through training. Satisfactory adjustment is what <sup>it</sup> is striving for. In the past, religion has been thought to make the child good; education makes him clever; and medical science tries to preserve his health. The Committee wants to find out why he is bad, dull or sick. Childhood is the logical place to give a person a good start on life's journey. Esther Richards says, 'train the child in the way he should go and when he is old he will not depart from it'.

Formal education of today is attempting to find out what can be expected of children at different ages in the way of reasoning judgment, planning, memory exercises of coordination and so forth. To do this stadardized test are given to large groups. It is said that twenty-five percent of the children are below the average in intelligence, thirty percent are above, and forty-five percent are average. An effort is being made to divide the children in groups so that training suited to their individual capacities can be administered. A child who is dull and slow in his work cannot possibly be happy or do himself justice if he is in constant companionship with those who always excel him. It is also true that the superior child should not be retarded and held back for the duller child. Children, who are far below the average, should be given work in which they can do with an efficiency. Parents should be willing to accept the limitations of their children and abstain from



continual nagging and holding up brothers and sisters, who possess more intelligence, as examples.

Great social diseases such as lying, stealing, prostitution, cruelty and destructiveness usually result from bad training or lack of training in childhood. Integration and proper associations are the direct results of proper habit formation in childhood. The National Committee and other organizations carrying on the same type of work send out many bulletins on habit formation in childhood. Every child should be taught the following:

Care for own person and needs. Children's brains and hands should be used in care of their own selves. Children yearn to be independent. If their parents do everything for them, they will never become an independent social being. If a orderly mind is established in childhood it will never be dissociated.

Resistance to temptations. Children should learn to control their many and vaguely understood impulses. Through orderly habits, there is an assurance of nervous stability and systematized mental restraints. The child who never eats between meals and brings his presents of candy and such home to be eaten at the proper time, is not an easy victim to the social vices and unrestrained desires of weaker companions.

To help maintain the home. Doing small duties in an earnest and a correct way will lead to an earnest and correct way of taking up larger responsibilities of life. A play element should be introduced into the house-keeping duties and he should have the privilege of independent action. If the whole family cooperates in the doing of their duties, the child will learn a practical lesson that of common toil. A child, who is given a hook upon which to hang his own wraps, and sees that the rest



family does likewise, will learn to respect the property rights of others.

Taught the use of money. Appreciation of values should be taught in childhood. Mistakes are unfortunate at any time but are of a high educational value. When they are made so early in life a child gets a great deal of information with small outlay of cash.

Accept responsibility for his acts. If the parents and the schoolteachers are free from crookedness and are frank, the normal child is glad to go to him for advice. The child should never be shielded from the consequences of dishonesty but should take the consequences which should be fair and just. Natural outlets of activity should never be repressed. Often parents boast of some dishonest practice which gave them an advantage. That will give the child an idea of doing the same. Children are great little imitators. Therefore, parents should set the example.

Develop initiative. The child should be taught a systematic way to establish ideals of life in the minds of their fellows. When children quarrel and play unfair, some older person should enter the game and establish the correct morale. Perhaps vigorous games with rules to follow will control his tendency towards personal gains at the sacrifice of the interests of the others. The child who can play games where the general good of the team is of first importance is paving the way to true moral initiative.

Must learn to value time. A child, who has not been trained to have active constructive relationships with his fellows, the passing of a minute, an hour or a day will have little significance to him. If he has been trained, the passing of a minute, an hour or a day becomes a matter of the greatest importance. An untrained child will loaf on his job and spend time in useless conversation. Time will mean a postpone-



ment of action. According to G.Hardy Clark, a child who has to be specialized by the whole family from the time he gets out of bed to the time he is deposited on the school steps is a candidate for a grown-up man or woman who is always laid off or demoted or kept in a second rate job because of the lack of dependability.

He must possess nervous stability. The child must be taught to work and play in an orderly patient way. An inability to finish one thing before starting another is an evidence of dissociated patterns. Parents should not be nervous because they cultivate nervous children. The fears and sorrows of children should never be inflicted upon their children. Tantrums, sulking and so forth should be ignored. The child is probably after attention and the ignoring of his moods will probably mark the discontinuance of them.

Teaching the child to play. Many of the duties of the life of the child can be turned into play. Let his ideas, if possible, have prompt consideration. Show the child the consideration in word and act that is due him. See that the right social spirit prevails in the play periods.

There is a popular notion that in our present age of scientific progress that the home can sit back and rest from its labors letting physical hygiene take care of the body of the child, psychology and education take care of the mind. No, intelligent common sense training must begin in the home. An old saying 'train a child right for the first five years and you will have the nucleus of an adult' is sound. The National Committee is striving to help the home lay the corner stone for the right habits with the cooperation of the school and the community. A child who has made the satisfactory adjustments will have few conflicts with society and will live in peace and harmony with his fellowmen. The



watchword of mental and physical health is prevention. The best means of prevention is usually the healthful development; on the physical side, a high level of habits of health and on the mental side integration and associations with a healthful mental attitude.



## C O N C L U S I O N

From its beginning, The National Committee of Mental Hygiene has been accepted by people everywhere. At first because it was organized to combat the evils of treatment of the insane. As sufferers from cancer now herald any rumored cure with unabated enthusiasm, so suffers from mental disorders or their families and relatives looked with askance to The National Committee of Mental Hygiene as the source for the cure or prevention of that dreaded malady, insanity.

Possibly because it did not assume the pose of the circus doctor with his cure-all patent medicine, but confined its work to programs growing out of scientific investigations; The National Committee of Mental Hygiene has continued to command the respect which it first attracted. Its influence is felt the world over and its programs are being followed with enthusiasm by mental hygiene advocates everywhere.

Realizing that prevention is far more effective than treatment as a cure for mental disorders, the Committee early transferred its attention to the field of prevention. Today in practically every school-room, the children are receiving some sort of training along lines advocated by The National Committee, aiming to develop sound minds and habit patterns for them when they became adults. But realizing that the fundamental habits of mental life are acquired before school age, the Committee has invaded the sanctity of the home and is endeavoring, through the dissemination of pamphlets and books, to instruct parents in the most effective way of rearing children, <sup>hoping</sup> ~~hoping~~ to build a set of mental habits that will insure a generation of sound minded individuals. Because of the industrial complexity of the present, this need of sound mental



background is constantly increasing.

What results will come from this program can only be surmised but if expectations are fulfilled the succeeding generations will have less cause to fear insanity or mental disorders, and should they succumb to any of these ailments, they will be treated by trained attendants in a scientific manner.

It is to be hoped and expected that the future work of the Committee will be of the same nature as that of the past; helpful programs for the prevention and care of mental disorders and diseases based upon scientific research approach and application