# MENTAL HEALTH
# AND
# WORLD CITIZENSHIP

a statement prepared for the

INTERNATIONAL CONGRESS
ON MENTAL HEALTH

LONDON 1948

# MENTAL HEALTH
# AND
# WORLD CITIZENSHIP

a statement prepared for the
International Congress on Mental Health
London, 1948

## CONTENTS

# FOREWORD

With one or two minor verbal alterations and proof corrections, this pamphlet is an exact reprinting of the statement produced by the International Preparatory Commission for the International Congress on Mental Health which was held in London in August, 1948. It will appear in the Proceedings of the Congress, but many people who are concerned with the issues dealt with in this statement have expressed a wish for a wider distribution of the original document.

The International Preparatory Commission was a group of twenty-five people who met from July 24th to August 8th, 1948, in order to study the results of the work of about five thousand men and women of varying professions who through the previous year had been working in discussion groups or Preparatory Commissions in some twenty-seven countries. The international group set out to evaluate these findings and to prepare a statement to serve as a basis for consideration at the Congress. The composition of the group was as follows :—

Oswaldo Camargo-Abib, M.D., Superintendent of Mental Health Services, Bahia State, Brazil.

John Cohen, Ph.D. (Technical Secretary), Lecturer in Psychology, University of Leeds.

H. V. Dicks, M.D., Formerly Professor of Psychiatry, University of Leeds.

Prof. J. C. Flugel, D.Sc., Chairman, Programme Committee of the Congress. Formerly Assistant Professor of Psychology, University College, London.

Oscar L. Forel, M.D., Lecturer in Psychiatry, University of Geneva.

Lawrence K. Frank, A.B. (Chairman). Director, Caroline Zachry Institute of Human Development, New York City.

Frank Fremont-Smith, M.D., Vice-President of the International Committee for Mental Hygiene, and Chairman of the Executive. Medical Director, Josiah Macy, Jr. Foundation, New York City.

Otto Klineberg, Ph.D., Director of the project, " Tensions affecting international understanding," Social Sciences Dept, UNESCO
Professor of Psychology, Columbia University.

J. Kockebakker, Ph.D., Head of the Mental Health Division, Institute for Preventive Medicine, Leiden.

Prof. William Line, Ph.D., Professor of Psychology, University of Toronto; Director of Research, National Committee for Mental Hygiene.

Margaret Mead, Ph.D., Associate Curator of Ethnology, American Museum of Natural History, New York City.

Prof. D. Mitrany, D.Sc., Adviser on international affairs to Lever Bros., and Unilever Ltd., London.

The Rev. E. F. O'Doherty, Ph.D., Assistant to Professor of Psychology, University College, Dublin.

A. Querido, M.D., Director, Dept. of Mental Hygiene, Public Health Services, Amsterdam.

Prof. Carlo de Sanctis, M.D., Assistant Director, Psychiatric Hospital, Rome.

Prof. T. S. Simey, M.A., Professor of Social Science, University of Liverpool.

Prof. Torgny Segerstedt, Ph.D., Professor of Sociology, University of Upsala.

Prof. Jean Stoetzel, D.es L., Professor of Social Science, University of Bordeaux.

¡ Harry Stack Sullivan, M.D., Director, Washington School of Psychiatry.

*with Members of Congress Staff*

˥ Nina Ridenour, Ph.D., Executive Officer, International Committee for Mental Hygiene.

Sibyl Clement Brown, M.A., Congress Programme Secretary. Psychiatric Social Worker. Formerly Tutor, Mental Health Course, London School of Economics and Political Science.

| E. M. Goldberg, Assistant Programme Secretary. Psychiatric Social Worker. Formerly Regional Representative National Association for Mental Health.

| Helen Speyer, M.A., Executive Secretary to American Central Commission on Children and War. Psychologist and Social Worker.

*Advisers and Consultants*

| Daniel T. Blain, M.D., Medical Director, American Psychiatric Association.

˥ J. R. Rees, M.D., President of the Congress.

˧ George S. Stevenson, M.D., Medical Director, National Committee for Mental Hygiene, New York.

It may be of interest to readers to know rather more about the background of some of the members of the International Preparatory Commission and the working process of the Commission.

Although the list above indicates the present task or the primary discipline with which each of the I.P.C. members is connected, the majority of them have had a wider background of training and experience than may be suggested by their present occupation. To mention a few examples: a number of them have had prolonged experience of teaching children in addition to more recent work of teaching undergraduate and graduate students. One member had had experience of the practical application of the social sciences in his capacity as Welfare Adviser in one of the Colonies; one Professor of Sociology had previously held a Chair in Moral Philosophy and several of the psychologists are also qualified in sociology and have wide experience of community education.

The group as a whole can be said, therefore, to have experience in educational, social and industrial psychology; sociology; psychiatric social work; psychiatry and psychoanalysis; philosophy; theology; cultural anthropology; political science; medical research and medical and general administration.

It may be thought that because this group was composed of men and women of broad outlook and background it was comparatively easy for them to reach a concensus of opinion on these large issues which were before them. This was not so. The process of " multi-disciplined " thinking and working is a complicated one which is not just a combination of the points of view of different disciplines. In order to achieve worth-while results the different approaches need to be integrated so as to constitute a new concept reflecting the many-faceted situations of real life. This implies that the International Preparatory Commission like, any other multi-professional, international group, had to struggle hard towards a point of integration where a true group product becomes a possibility. It had to overcome international and inter-disciplinary tensions. Indeed these tensions may possibly have been more severe than in other groups, because they were engendered by strong personalities of considerable standing in their own profession and country holding clearly differentiated views which they were able to defend with unusual verbal facility. When once a group of this kind arrives at a common basis upon which to work, this represents an achievement of considerable significance.

The actual process of work developed along the following lines : On arrival each member was given a set of volumes containing the carefully edited work of the Preparatory Commissions in the various participating countries, and time was set aside for the study of these documents. After members had given each other some information about their respective backgrounds, it was found necessary to " clear the ground " by answering several fundamental questions. Each member was asked to write a statement on " What is Mental Health," " What Constitutes a Good Society," and " What is World Citizenship." The answers to these questions threw significant light on the different approaches to these problems by the various members. They helped to clarify basic concepts and indicated the extent to which there was a common background. Gradually, in general discussion based on the study of the reports and on the original contributions by members of the Commission the different sections of the document emerged. Recognising the central position of the family and the importance of human development in the unfolding of all human relationships, a section on human development was the first to be considered. It also became clear that an introduction or " preamble " to the statement would have to be drafted, which like an overture would introduce readers to the various themes of the document. Soon the plans for the other sections crystallised from the discussions in the plenary sessions and working parties were set up to draft the various sectional documents. From this point onward the plenary sessions were super-seded by the intensive activity of these working parties. Each drafting committee held several sessions in which provisional drafts were discussed, torn to pieces and re-written, in order to be revised again. Finally, on

4

a certain date, each working party circulated their final drafts to all members for consideration and discussion in full session. Many important criticisms were made and the drafts were amended again by the small committees in the light of the suggestions and comments of the whole group.

Finally, they selected an editor with a small sub-committee to put the sections of the report together and mould them into one document. He set to work and within twenty-four hours the whole of the edited report was in the hands of every member of the Commission. Then the process of revision and criticism started afresh and once more each section was discussed and considerably revised, some sections coming back for discussion to the plenary sessions several times. This refining process continued to the last moment of the Commission's meeting.

This procedure of drafting, discussion and re-writing was cumbersome and time-consuming, but it meant that each member of the group had participated in the process and that the end result can therefore be truly described as a collective product. There was an astonishing absence of possessive and proprietary feeling about individual contributions and a remarkable tolerance of criticism. The group became so closely integrated during the course of its work, and confidence between members had increased to such an extent, that quite naturally a piece of writing or drafting would be handed to the person or persons who at that moment seemed most competent to deal with it.

It is undoubtedly true that the document shows the sign of many hands, but this may be due to pressure of time rather than to divergence of views. The general structure and ideas expressed show cohesion and a unfied trend of thought.

Language difficulties on an international, inter-professional and personal level were encountered and led to confusion and tension during the initial stages. It was instructive to see how, as time went on, people began to understand each other more easily. Not only did their ear become attuned to each other's accents and peculiarities of speech, but their willingness to overcome barriers had grown to a notable extent.

Some of the statements may appear to be " lukewarm " rather than " epoch-making." The reason for this was the necessity to arrive at some universal agreement. If, therefore, strong statements were found to be unacceptable to some members or could not readily be translated into other languages, they were abandoned in favour of statements of the greatest common denominator acceptable to all.

Finally, it should be mentioned that the members of the International Preparatory Commission were very conscious and regretful of the fact that representatives of eastern and far-eastern cultures were absent. A definite attempt was made to face the situation by making the statement so minimal and fundamental that it could apply to as many diverse systems of culture and values as possible.

\*     \*     \*     \*     \*

This statement was presented to all the 2,000 members attending the Congress on Mental Health, from approximately 50 countries. In each of the six plenary sessions of the Congress the second speaker was a

5                                                                                          B

member of the International Preparatory Commission who tried to present the results of this group's thought and experience. Very careful attention had been given in the preparation of these speeches to the reports sent in by the national Commissions. The drafts were read and discussed by I.P.C. colleagues and, as a result, many of the papers were considerably modified in their final presentation. During the course of the Congress a considerable number of small international groups met consisting mainly of those who had previously been in national groups at home. As their task they undertook to consider and comment on the sections of this statement which particularly concerned them and much valuable work was carried out with great enthusiasm.

On the last day of the Congress, while no attempt was made to get exact agreement on every statement, which would clearly have been impossible in so large a meeting, the whole Congress, with the exception of one member, gave its general approval to the statement, regarding it as a basis for further action, and expressed the wish that it should be sent to the appropriate public bodies concerned.

# SUMMARY

Men and women everywhere, profoundly disturbed by world-wide confusion and conflict, are asking : " Can the catastrophe of a third world war be averted ? " " Can the peoples of the world learn to co-operate for the good of all ? " " On what basis is there hope for enduring peace ? "

To consider these questions and related problems from the combined viewpoints of sociology, psychology, psychiatry, social work, anthropology, political science, philosophy and theology, a group of twenty-four representatives of these professions from ten countries have been in conference from the 24th of July to the 8th of August, 1948, at Roffey Park, Sussex. This group had available reports from three hundred preparatory commissions composed of about five thousand social scientists, psychiatrists and others, who have been working during the past year in twenty-seven countries in anticipation of the International Congress of Mental Health

The statement of the International Preparatory Commission may be summarised as follows :

Studies of human development indicate the modifiability of human behaviour throughout life, especially during infancy, childhood and adolescence, by human contacts. Examination of social institutions in many countries shows that these also can be modified. These newly recognised possibilities provide the basis for improving human relations, for releasing constructive human potentialities and for modifying social institutions for the common good.

The social sciences and psychiatry also offer a better understanding of the great obstacles to rapid progress in human affairs. Man and his society are closely interdependent. Social institutions such as family and school impose their imprint early in the personality development of their members, who in turn tend to perpetuate the traditional pattern to which they have been moulded. It is the men and women in whom these patterns of attitude and behaviour have been incorporated who present the immediate resistance to social, economic and political changes.

Thus prejudice, hostility or excessive nationalism may become deeply embedded in the developing personality without awareness on the part of the individual concerned, and often at great human cost.

Perhaps the most important contribution of the social sciences in their joint approach to the urgent problems facing mankind is the recognition of the plasticity of human behaviour and social institutions and of the resistance of each to change. In order to be effective, efforts at changing individuals must be appropriate to the successive stages of the unfolding personality, while in the case of a group or society, change will be strongly resisted unless an attitude of acceptance has first been engendered.

Principles of mental health cannot be successfully furthered in any society unless there is progressive acceptance of the concept of world

7

citizenship. World citizenship can be widely extended among all peoples through the applications of the principles of mental health.

The concept of world citizenship implies loyalty to the whole of mankind. Such new loyalty need not conflict but rather embraces traditional loyalties to family, community and nation, which alone are no longer sufficient for the protection of the interdependent peoples of the world.

Programmes for social change to be effective require the joint efforts of psychiatrists and social scientists working in co-operation with statesmen, administrators and others in positions of responsibility.

The statement expands these themes, includes an outline of acceptable principles, practices and professional ethics for those working in the field of mental health and human relations, and closes with recommendations addressed to appropriate agencies of United Nations, to the newly formed World Federation for Mental Health, to other non-governmental international organisations, and to national and local organisations concerned with the betterment of mental health and human relations.

RÉSUMÉ : Profondément troublés par l'état de confusion et de tension qui règne partout, beaucoup d'hommes et de femmes dans tous les pays se posent ces questions : " Est-il possible d'éviter la catastrophe d'une troisième guerre mondiale ? "

" Les peuples sont-ils à même d'apprendre à co-opérer dans l'intérêt et pour le bien de tous ? "

. " Sur quoi peut-on fonder l'espoir d'une paix durable ? "

Ces questions et les problèmes qui s'y rattachent ont été étudiés en commun par un groupe de vingt-quatre personnalités qui tentèrent d'unir en une synthèse les points de vue de leurs sciences respectives : sociologie, psychologie, psychiatrie, anthropologie, services sociaux, sciences politiques, philosophie et théologie. Venus de dix pays différents, ils se sont réunis à Roffey Park, Sussex, du 24 juillet au 8 août 1948. Ce groupe avait à sa disposition le matériel provenant de trois cents commissions préparatoires totalisant plus de cinq mille personnes, spécialistes des sciences sociales, psychiatrie et autres, qui avaient travaillé au cours des douze derniers mois, dans vingt-sept pays, en vue du Congrès international de la Santé Mentale.

Le contexte arrêté par cette commission préparatoire internationale peut être résumé ainsi qu'il suit :

L'étude du développement de la personnalité invite à conclure que le comportement humain peut être modifié, pris au cours de la vie, notamment durant la petite enfance, l'enfance et l'adolescence, par l'effet des contacts humains. D'autre part, l'examen des institutions sociales de nombreux pays montre que celles-ci aussi sont susceptibles de modification. Ces possibilités récemment admises fournissent une base pour l'amélioration des relations humaines ; elles incluent les

virtualités constructives de l'homme, la possibilité d'une modification des institutions sociales en vue du bien commun.

Les sciences sociales et la psychiatrie augmentent nos connaissances de l'étendue et de la complexité des obstacles qui s'opposent à la solution des problèmes humains. Il existe une étroite interdépendance entre les individus et la société. Les institutions sociales, par exemple la famille et l'école exercent précocement leur profonde influence sur les personnalités en voie de développement, et celles-ci à leur tour tendent à perpétuer le système des traditions suivant lequel elles ont été modelées. Ce sont les hommes et les femmes qui ont intégré ces systèmes d'attitudes et de comportements à leur personnalité qui opposent des résistances immédiates aux changements sociaux, économiques et politiques. Ainsi préjugés, hostilité, excès de nationalisme peuvent s'intriquer profondément dans la personnalité en formation, à l'insu de l'individu et souvent au préjudice de l'humanité.

Il est possible que la contribution la plus importante des diverses sciences sociales examinant les problèmes urgents qui se posent a l'humanité, réside dans la double constatation suivante : d'une part, celle de la plasticité du comportement humain et des institutions sociales ; d'autre part, leur mutuelle résistance à tout changement. Pour être efficaces, les efforts pour modifier les individus devront être adaptés aux étapes successives de la personnalité en formation. D'autre part, en ce qui concerne les groupes et les sociétés humaines, la résistance à tout changement restera considérable tant qu'il n'y aura pas, au préalable, une attitude d'acceptation.

Les principes de la santé mentale ne peuvent, en aucune société, être développés avec succès tant que l'idée d'une citoyenneté universelle n'est pas acceptée. La citoyenneté universelle peut être largement diffusée parmi les peuples par l'application des principes de la santé mentale. L'idée de citoyenneté universelle implique un loyalisme envers l'ensemble de l'humanité. Un tel loyalisme n'entre pas nécessairement en conflit avec, mais plutôt inclus les loyalismes traditionnels envers la famille, le groupe et la nation, lesquels à eux seuls ne suffisent plus à assurer la protection de tous les peuples désormais interdépendants.

Pour être efficaces, les programmes impliquant des changements sociaux requièrent la participation des spécialistes des sciences sociales et des psychiatres travaillant en collaboration avec les hommes d'Etat, les hauts fonctionnaires et tous les dirigeants responsables.

Le texte ci-après de la Commission développe ces thèmes. Il comporte une esquisse des principes, des moyens et des conceptions professionnelles à l'intention de ceux qui travaillent dans le domaine de la santé mentale et dans celui des relations humaines. Il se termine par des propositions adressées aux services compétents des Nations Unies, à la Fédération Mondiale pour la Santé Mentale, de création récente, aux autres organisations internationales non officielles, ainsi qu'aux organisations nationales et régionales qui s'occupent de l'amélioration de la santé mentale et des relations humaines.

c

*" We have to be able to be at peace among the different cultures and religions without sacrificing what is differently cherished and worshipped . . . How the necessarily private and personal minds can become harmoniously minded is one of the studies within psychiatry and in all the search and research of the sciences that work together on and for man. . . ."*

ADOLF MEYER.

# INTRODUCTION

The purpose of this Statement is to outline the tasks immediately ahead, and indicate where there is scope for the application of the principles and practice of mental health in the broadest sense. Countries represented at this Congress differ in cultural traditions, economic resources, provision of health and social services, size and density of population, and facilities for the development of the social sciences and psychiatry. These differences make it extraordinarily difficult to adapt to local needs the knowledge gained from these sciences.

This Statement is addressed to administrators, workers in the social sciences, in psychiatry, medicine and allied professions, and to thinking people everywhere. Their attention is drawn to the urgency of considering the problems of to-day and to-morrow, not only in the field of·health and social relations, but also in wider issues of great moment.

The pursuit of mental health cannot but be a part of a system of values. In this Statement, values associated with Western civilisation are, perhaps, implicit in much that is said. Indeed, the very effort to reach a high degree of mental health is, in some respect, an expression of Western cultural achievement. But this by no means implies that mental health as understood in Western countries is in any sense necessarily at variance with the sense in which it is understood in other countries. On the contrary, it may be that here might be found a basis for common human aspiration.

Here it is possible only to indicate the promise which the social sciences and psychiatry hold out of reducing the toll of human waste and suffering and of promoting social well-being. Fulfilment of this promise rests largely on the hope of full co-operation between the social scientist and the administrator, who should be fully aware of the new vistas of human achievement opened up by the social sciences. While far more has to be learnt than is now known, it is evident that we stand on the threshold of a new epoch of the science of man, and in the accomplishment of this aim, public opinion, enlightened by a broad system of adult education, has an important part to play.

Systematic explorations of the human mind in health as well as in disease, carried out by psychiatrists and others in recent decades, give some conception of the nature and dimensions of the problems facing mankind to-day. These investigations have revealed the immense possibilities for constructive effort inherent in human societies and the latent goodwill in the individual. They have also helped us to understand how vast destructive forces may be let loose upon the world, for example, in the form of war, or in the more ominous camps for mass extermination which have outraged humanity ; and they point to ways in which such distortions of life may be prevented. Few societies of which we have knowledge are wholly free from distortion of human impulse, sometimes on a large scale, such as racial oppression, or industrial conflict. Further-

more, there is no evidence that the burden of mental disorder is in any way lessened. On the contrary, in some of the countries most advanced industrially, mental disability is more extensive than any other form of disease.

Profound disquiet following two world wars, and the fear of a third catastrophe, compel us to face the problems of better education for life with one another. The warning by eminent scientists of the dread possibilities of biological and atomic warfare cannot be ignored. Uppermost, perhaps, in the minds of people to-day is the question whether the human intellect, building upon the accumulating knowledge in the sciences of man and the wisdom of the past, can avert the calamity of a third world war. There is unrest in many countries, and a ferment of ideas. Old orders of society are yielding to new. Even in the same society there are often violently conflicting aspirations. A widespread perplexity has arisen from the disappearance or decay of old values and loyalties.

There is a growing belief that peace requires a world-wide foundation, and that whether realised or not, the security of each rests on a two-fold allegiance, to his country and to the community of the world. Men and women, in their anxiety, look for guidance in world affairs just as they seek help in dealing with the problems of their own community. They ask for practical ways of improving the relations between the different peoples of the world, individually and collectively. Many seek in international organisations new possibilities of achieving peace and world order.

Since the turn of the century, extension of scientific methods to the domain of personal and social life has opened up new fields of enquiry comparable in scope with the whole range of natural science. It is for the purpose of focusing the attention of all social scientists and psychiatrists on these contemporary issues that this international gathering has been convened.

The sciences concerned with the life of man in society must become more responsive to human needs in this situation. This Congress is not organised to initiate social reform but to help to infuse a scientific spirit into the movements of reform and reconstruction under way in many countries, especially in those countries which suffered most from the recent war.

The time has come to enlarge the concept of medicine to include mental ills and their systematic prevention. This calls for sustained team work by those who devote themselves to the study of man and society. The application of the principles of psychiatry and the social sciences to human problems has often fallen short of success because of the complex nature of the task and because of the great difficulty of foreseeing the outcome.

The sciences concerned with mental health derive from intensive first-hand studies of human beings and their inter-relationships in various cultures, of normal and abnormal development, of normal groups and institutions, and of the pathology of group functioning. They have

benefited also from the experience of the physician, the pastor and the teacher, whose findings have been tested by modern methods of investigation and analysis. The fields of work from which this detailed knowledge has been acquired include health and social services, education and industry, community organisations, the defence services and public administration.

It is clear that no world-wide standards of mental health services can be set up since countries differ so much in economic resources and cultural setting. No general standards, universally applicable, can therefore be devised for providing a given number of psychiatric hospitals, clinics, etc., per unit of population. This question is simply part of the whole problem of correctly allocating the effort and often limited resources of a community for the common good.

A society undergoing rapid change, may readily accept principles of mental health in the construction of a new educational system or a public health plan, while societies which are already highly developed in these respects may actually be found more resistant. Illiteracy, simple levels of social organisation and wide dispersion of population are not necessarily obstacles to the promotion of mental health principles. By the timely use of appropriate methods, it may be possible to avoid many of the evils which are found in the more industrialised societies.

It is of primary concern to the psychiatrist, physician or nurse, the applied psychologist, anthropologist, economist, political scientist, lawyer minister of religion, social worker or member of other allied professions, to discover ways of releasing human potentialities, individually and collectively, for the common good. At present one of the chief limiting factors in this development, both in research and practice, is the relative isolation of some of these professions from the rest, and, in the wider field, the barriers of nationalism ; social scientists and psychiatrists are coming to see in the idea of a world community the ultimate hope of the full use of science in the service of man.

It is not the aim of this Statement to imply that the road to peace and social well-being is a smooth one. Any suggestion here made which concerns international affairs is offered with the greatest diffidence owing to the limited experience of social scientists in this sphere. This does not mean that the world can afford to ignore their insight, when it is based on adequate research and practice. The assumption that the knowledge gained from psychiatric studies of mental disorder has no significant application to wider social issues indicates failure to understand the inter-relationship between man and society. This might prove very costly in terms of human life and happiness. The psychiatrist's experience becomes still more illuminating if taken together with the knowledge of the economist, psychologist, political scientist, anthropologist and sociologist. The integration of the insights and skills of these disciplines in world affairs may prove of the utmost value in the future.

It is imperative that social scientists look ahead and take responsibility for the foreseeable effects of their research and practice. Scientific

13

objectivity is not incompatible with a certain optimism in this field because the social scientist is aware that human conduct is modifiable. This does not lead to an easy optimism because it is tempered by the knowledge that it is difficult to change human institutions. Nor is the flexibility of human behaviour in itself a ground for hope. Recent history demonstrates only too well that such flexibility can be abused in the most perverse fashion. This, indeed, is the chief problem—how to mobilise human will so that the individual and group resistance to change can be overcome.

This Congress has the following three main objectives :

1. To bring together representatives of the professions devoted to the promotion of human well-being, with the aim of defining those conditions which will enable every man, woman and child to develop his full worth and dignity.

2. To bring suggestions to the notice of the United Nations' specialised agencies, for example, the United Nations' Educational, Scientific and Cultural Organisation, whose objectives are relevant to our theme, and the World Health Organisation which already accepts social, mental and physical health as one and indivisible.

3. To encourage ever-widening activities of organisations concerned with mental health in many countries, having regard to the fact that different societies will show very different types of readiness to understand and accept the new knowledge and that a variety of methods of communication, from the most concrete to the most general, will have to be used.

In order to bring about the betterment of human conditions it is necessary that the diverse influences impinging on human beings be understood. This understanding is steadily increasing.

Men have long accepted the inevitability of recurring misfortunes in the shape of group conflict and war on the grounds that " that is human nature." This belief has even been used to maintain the existing state of affairs. When, however, social and psychiatric science had progressed sufficiently, a rigorous investigation of " human nature " clearly revealed that these discouraging traditional views had no valid foundation. Possibly the most important contribution to human welfare which has come from studies by social scientists and psychiatrists has been the demonstration of how much human beings are the product of their upbringing.

This view does not deny the importance of biological factors in human development, nor the inborn basis for some of the differences in individual capacities and temperament.

The diversity in habits and beliefs of peoples all over the world is now seen to depend on those things which the young have learned from other people who reflect to them traditions and social institutions.

The failure of some educational processes to further the development of the child has tended to confirm the pessimistic view of man. These

processes have often failed in their purpose because they were not properly ordered or not in accordance with the rate at which the individual human being develops.

Thus, it has been easy to overlook the important elements of personality which are acquired, for example, in the early months ; and when in turn this was recognised it was too readily assumed that the formative influences experienced by the young in their early years were of final determining importance.

Many converging lines of research have demonstrated that no one stage in the long course of human maturation is exclusively or inevitably responsible for ultimate success or failure of personality development. Fortunate influences at a subsequent stage in the growth process can have greatly beneficial effects on earlier distortion.

This vital and encouraging fact could not become widely accepted until experts in the sciences of man and society had acquired some skill in pooling their principles and practice. It could not become apparent until many detailed first-hand studies of living human beings and their interpersonal relations had been made ; until the findings of some newly oriented studies of human beings from infancy well into middle life were available ; until some fortunate and unfortunate instances of group life and social functioning and traditions had been reviewed from the new standpoints, and until some of the findings of the physician, the religious leader and the educator, had been re-studied and re-tested by new methods of observation and analysis.

As this approach to the problem has developed, it has become clear that everyone who is important to the young exerts educational influence. These influences are most useful in terms of the person's future, when they are brought to bear at the right time in the serial unfolding of capacities for relationship with others.

There are very great differences in the patterns of educational experiences and expectations to which the young are subjected in different societies. It is to these differences and the time order of their imposition that we have to look for understanding of the most striking characteristics of the various ways of life around the world.

At the same time, there are certain uniformities because children everywhere are for a long time dependent on more mature people, because everyone, everywhere must learn, if possible, to live at reasonable peace with himself and his fellows, because everyone is moved towards establishing a family, and because everyone has to look to a time when he may again be dependent on others.

Important as it is to consider the behaviour of human beings from the point of view of their more immediate relations with others, it is just as important to examine it from another aspect. The political, social, economic, legal and religious organisation of the community and specific institutions such as the family, the school and the factory provide the living framework within which the process of human growth takes place,

and it is by interaction between the individual and his society that the personality is shaped.

It is therefore necessary to make clear that the concept of the plasticity of human beings is paralleled by, and interdependent with, a similar conception of the plasticity of social institutions. The study of these institutions by sociologists and anthropologists has led along a path similar to that pursued by psychologists and psychiatrists. Just as the latter have shown that it is incorrect to assume the unchangeability of human behaviour, so the former, starting from an entirely different point of departure, have shown that it is equally incorrect to say that patterns of human behaviour can only find expression in certain unvarying forms. This assumption is contradicted by the historical records of every country.

This newly clarified conception of the modifiability of man and of his society has great promise. It suggests ways of removing obstacles to personal and social development which have been exceedingly costly in terms of human achievement. It suggests, for example, that it may soon be possible to avoid the premature blunting of interest in and understanding of the world so common in adolescence to-day. Even this one step would contribute considerably to the welfare of mankind.

Great harm may be done by glossing over or ignoring the invisible but formidable barriers to the improvement of human society which scientific study has brought to light. Prolonged enquiry has shown that the thoughts and conduct of the individual may be deeply affected by mental processes and experiences of which he is altogether unaware and which may be highly obstructive. Few are entirely free from such handicaps, which are a source of suffering and human waste. It is the function of all those concerned with problems of health and education to do everything in their power to remove these obstacles.

In social affairs, the obstacles to reform, though partly different in character, are no less powerful. It is therefore altogether misleading to speak of the " plasticity " of social institutions without underlining their inertia or resistance to change and also recognising that this resistance depends, in part, on human personality.

Another contribution of profound significance for the future of society is the discovery of methods leading to a better understanding, on the one hand, of the development of the human personality and, on the other, of the economic and social forces which shape modern industrial communities, their laws, customs and beliefs. Though the wider dissemination of this knowledge cannot, by itself, be a factor of great importance, such spread of the new understanding may be a necessary condition for overcoming our difficulties without war or other social upheavals. One of the most fruitful lessons to be learnt from the combined efforts of social scientists and psychiatrists during the past century is the recognition of the inter-action between economic, social and psychological forces. The social process is one in which we must reckon with the imprint which the individual makes on his community as well as with the shaping by society of individual belief and conduct.

16

# PROBLEMS OF MENTAL HEALTH IN RELATION TO HUMAN
## DEVELOPMENT

In this section an attempt is made, in briefest outline, to trace the lifelong process of human development in society. Although this process assumes a characteristic form in each society, there are certain regularities in the process which are known to be peculiarly responsive to educational influences in the widest sense. It is only by acquiring an understanding of this development in each social setting that there can be intelligent planning for mental health. Each phase of the life cycle presents opportunities for the application of the concepts and techniques of mental health. This understanding makes it possible to bring into action the educational, preventive, and, if necessary, remedial measures appropriate to each phase.

The family, though its precise structure and function may vary in different countries, is the unit of society in which the social moulding of the individual starts, and his first emotional conflicts arise. Parents, sisters and brothers, and other relations as well, constitute the original social setting in which the child develops.

The newborn infant is almost completely dependent for survival upon the tender co-operation of others. At the same time, he has within him potentialities much greater than he is ever likely to realise.

These innate capacities for relationship with people and things begin to manifest themselves very soon after birth, and from their first appearance, many of them show a remarkable plasticity with respect to the patterns of behaviour which can express them. This capacity for modification, so strikingly in contrast with the great stability of behaviour patterns in creatures largely dependent on instincts, is an important factor in explaining human differences in social life. It is this plasticity, this wide range of possible patterns of action, that brings with it the greatest hope and the greatest danger. It means, for example, that the developing human may move in the direction of friendly co-operation, timid withdrawal, or violent aggressiveness, depending in large measure on the total history of his relationship with others, and the treatment he has received at their hands. It means that those with whom he comes in contact, chiefly parents, teachers and companions, have it, at least in part, within their power to determine the direction of his development. There are no rules as yet for the complete guidance of those who are responsible for the child's upbringing. There is, however, one general principle : on the one hand, to adapt the stages of the educative process to the relevant phases of biological development, and, on the other, at each stage, to guard, as far as possible, against the introduction of experiences known to be harmful.

There is also innate in each person, an orderly sequence of growth, development, maturation and decline through which each person will

E

pass from conception to senescence. Some of the steps in this sequence are more closely related to actual age than are others, and each human being will pass through much of the sequence in a way that is in some respects, unique. None the less, each human being develops capacities in a roughly similar order, and thus becomes able to relate himself with people and things in a describable sequence.

There is much that is highly significant for future development that the infant learns before speech. He learns a great deal about the way he is expected to behave—with respect to taking food, elimination, avoiding physical discomfort, handling objects, posture and responding to other human beings. None of these broader patterns of learning is itself inborn. All are due to the social modification of inborn potentialities that have matured to the point of availability for creating a social pattern to suit particular social settings.

Language is a particularly vivid and universal example of the way the infant acquires the patterns of social behaviour. Before the third birthday, the child is apt to be well equipped with the special sound patterns from which the particular language is built, and to have learnt a good deal about using them in ways that please the parents and help him to get what he wants. Henceforth for many a year he will be growing in skill in using this incalculably useful human tool—first for vocal behaviour, then in thought, and then, in most societies, in writing.

The endless variety of uses to which the language ability may be put, and the innumerable ways in which language processes may help or hinder in almost any relationship with other people in later life, is a most spectacular demonstration of how human abilities can be woven together in a prescribed pattern of the greatest complexity by educational influences arising from the social experience of those who are in significant contact with the young.

Difficulties in the child's acquisition of language show how very early he can be deflected from a fortunate course and handicapped for subsequent learning.

Detailed examination of children who show speech disorders and disturbances in other fields such as taking food or sleeping reveals the extent to which the delicate parent-child relationship may miscarry. The infant's need for tenderness can easily be neglected and his susceptibility to undergo anxiety be greatly increased. The far-reaching consequences in delay and distortion of subsequent development flow from this failure in the interaction of the parent and the infant.

There are great differences in the circumstances in which tenderness on the one hand, or indifference and other anxiety-provoking treatment on the other, is accepted as appropriate to various phases of infant behaviour. This is a highly significant instance of the way in which cultural prescriptions about parent-child relationship are effective in moulding the average person to an approximation of what is regarded as normal for that country or community. It also illustrates the absurdity of assuming that one society's standard methods of child-rearing are

18

better than another's, without regard to the sort of person called for by that particular society.

The ingrained resistance to major social change on the part of the members of a society is rooted in the infant's early formative experience. Because the suitability of modes of behaviour acquired in early childhood is rarely questioned, the stability in the pattern of a person's relation with others in a given society becomes intelligible. The possibility of a basic change in the direction of the child's development occurs when there ripens in him a capacity for co-operating with other children. This is a self-correcting phase in development which is of the greatest significance for social life. Each particular home leaves its own mark on the developing child. As he enters into this new relationship with other children, the uniqueness of the home influence is somewhat diminished.

In the group, the child learns that a measure of conformity to the standards of his age-mates is required to avoid abuse or ostracism, and to win recognition.

At this stage of development the child also comes in contact with adults outside the family group, especially the teacher, and experiences different adult standards. In the school much of social value might be achieved if teachers, as among those exerting primary influence on the young, were to embody in their teaching practice, implicitly rather than explicitly, the principles of mental health. This might imply raising the teacher's status, in view of the more important role he is called upon to play. The teacher is in a position to mediate the results of social science, just like the medical officer in the realm of public health. The teacher should not only be fitted to detect incipient behaviour disorders in children, but actively to promote a higher standard of human relationships.

These new interpersonal influences may help in overcoming earlier distortions ; they may also at times interfere with an unusually fortunate earlier development. Thus personal differences in behaviour patterns which are not especially valued in the particular social setting tend to be blurred just as differentiation along some particular lines tends to be encouraged.

In the next phase, another opportunity arises for correcting earlier distortion. The child now tests his sense of personal worth in close companionship with particular children of like age and sex. At this period, though the role of the family remains important, a capacity for wider group participation emerges and provides a basis for the growth of social attitudes. If the community makes due provision for this phase of development, and offers constructive outlet for the group spirit, a great many minor distortions of personality in the young can cure themselves. If the community neglects these possibilities or is unsympathetic towards pre-adolescent experiments in social organisation, hostility resulting from the frustration of these developmental needs may issue in unconstructive activities on the part of the younger groups.

Puberty with sexual maturation ushers in the adolescent phase, and a shift of interest occurs towards a member of the other sex. Every

society has its own methods of controlling the urge of sex, but in many countries the methods are only partially successful and conduce to mental conflict often leading to widespread neurosis and anxiety. No easy solution of the 'sex problem' has appeared, especially where, as in many countries, conventions and standards are rapidly changing, but a more widespread application of psychological knowledge in this sphere is certainly capable of preventing much unnecessary harm.

Sex in human beings is not merely a matter of biology or morals, but has a highly important emotional meaning with repercussions on every aspect of mental development. In sex, as elsewhere, human beings display their characteristic variation. A greater understanding of these variations is needed, both in the interests of the individuals concerned, and in view of the social effects.

There is always stress resulting from the rather abrupt acceleration of physiological growth. This may be unduly accentuated by social expectations, occupational, marital and others. There is no necessary coincidence between physiological puberty and adolescence (understood as a stage in personality development) which may extend for many years beyond physiological maturity. Whatever the 'legal' definition of reaching man's estate may be, many cultures prescribe expectations of a degree of maturity in the adolescent while offering major obstructions to the successful completion of the adolescent development of personality. It is from many variants of this particular inadequacy in social organisation that adolescence comes to be a time of great stress, sometimes leading to severe mental illness and gross social disorder.

In Western societies adolescence is too often looked upon as a mere transition stage between childhood and adult life, and the intrinsic nature of this phase of maturation, particularly in sex, and the psychological problems to which it gives rise, are neither properly understood nor appreciated. So the conditions in which adolescents are put to work in industry or commerce and their facilities for leisure are sadly defective from the point of view of the emerging needs and aspirations of the individual.

At this period of growth, youth organisations may be the means of creatively employing leisure, and so attract the energy and idealisms of adolescence. In many societies adolescence is too often a period which is allowed to run to waste or is shamelessly exploited.

The welfare of society as a whole, as well as that of the individual, may largely depend upon the extent to which the different kinds of work available are done by persons who by interest, aptitude and temperament are suited to their jobs. Vocational guidance and selection are already serving a useful purpose in many countries, and will doubtless become more significant as industrialisation spreads. The psychological study of the processes of work and of the relationships between workers is helping to remove unnecessary fatigue, boredom, discontent, anxiety and friction. Here, however, there are deep-seated economic as well as psychological factors at work about which it would be premature to make any general pronouncement.

The feeling that no one wants our persons or our services, that we have no proper place or function in society, tends to destroy self-respect and bring demoralisation. Hence the vital importance of the economic studies of the conditions in which society can provide full employment in satisfying work under the most humane conditions. Unemployment has serious psychological and social as well as economic consequences.

Marriage, in some form or other, is a universal human institution. It is a unique opportunity for the application of mental health principles. Suitable marriage and parenthood carry in themselves the possibilities for growth and development of personality. It seems probable that in some communities marriage and family guidance may in time become as accepted as ' child guidance.' In some countries, choice of the time of conception has become a matter of deliberate intention. The advantages and disadvantages of such practices, and the possibility of mental conflict arising therefrom should be carefully considered. During pregnancy the anxieties of parents (and of the existing children) may sometimes be grave. The widespread practice of abortion in many countries should also be frankly faced and dealt with from the psychological as well as from other points of view.

With the birth of a child an entirely new situation develops in the home. Parenthood is one of the great phases in life offering special opportunities for development, and delicate adjustment on the part of the parents to their new status must be made. In some Western societies a paradoxical situation has arisen as the result of increased attention to child care and development. A succession of theories about the upbringing of children, relation to schedules of feeding, the nature and amount of discipline permitted or required, toilet training and the like, have produced new uncertainties and anxieties in the parents as to their ability to fulfil their responsibilities. As the children grow and mature, the personalities of the parents continue to develop. Maturation is not the attainment of a final state, but rather a process of meeting life's demands and utilising the available opportunities. Finally, healthy psychological weaning demands not only increasing independence and responsibility in children, but also the discovery of fresh outlets for the parents as they become increasingly freed from family cares.

The later stages of life, especially at and after the climacteric, involve psychological difficulties of their own, such as are attendant on retirement, the coming of a third generation and the whole process of senescence. The discovery of occupations suitable to the waning powers and interests of ageing persons is worthy of more attention that it now receives. This is especially important in view of the growing proportion of older people in many societies as the result of the increased expectation of life.

This brief review of the relation of mental health to human development has indicated some of the difficulties that may arise even under relatively common conditions of life, within a stable family situation and under adequate economic circumstances. These difficulties are augmented and multiplied when children lose one or both parents, when there is friction within the home, when the basic needs of life remain unsatisfied.

F

War, with its inevitable train of suffering and deprivation, has left thousands upon thousands of children in such a state that to speak of a child's need for " tenderness," or for " creatively employing leisure " must have a hollow sound. The mental health problem in their case is bound up with the still unsolved problem of their physical well-being. With adequate resources something could be done for their mental health as well, but there is no escaping the conclusion that mental health and the consequences of war are incompatible.

## PROBLEMS OF MENTAL HEALTH IN THE LIFE OF SOCIETY

The development of the human personality is modified not only by the experiences arising from daily living, such as those between mother and child, teacher and pupil, employer and worker, but also by the patterns of the social surroundings, which give them order and meaning. Family, school and factory are examples of social patterns involving general conceptions such as marriage, the profession of teaching, and the structure of industry. The full significance of such conceptions extends beyond the experience of any single person. They reflect man's social inventiveness, his discoveries about associating human beings with one another in the pursuance of various more or less foreseen ends. It is obvious that there is nothing permanently fixed and immutable about the ways in which people may associate themselves, be it under the conception of nation state, legal code or monetary system.

Ideally, any invention can be improved or replaced, and the history of any people shows that this principle has applied in the social field. Yet many social patterns seem to those who use them to be as changeless as if they reflected some property of Nature, quite beyond any possibility of being altered. This impression does not stand searching scrutiny in any case ; and some social patterns are obviously responsive to new circumstances. Study of changes in the more responsive of these patterns throws light on some reasons for their difference in adaptability to changing circumstances.

Two of the more important sources of resistance to change are, first, the failure on the part of persons using these patterns to understand fully the nature of these patterns, and, second, the fact that people using them are not necessarily aware of the purposes that the patterns are serving. It should be clear that man can change institutions by learning to behave differently, but it is necessary to point it out. Few realise the degree to which man can master his own fate in this regard. Man may be governed by his own traditions to his detriment, and his emancipation comes when his intelligence and will are directed towards putting them in their rightful place to serve human purposes.

In some ways, of course, man has always sought to exercise some conscious control over his environment or way of life. Penal systems, for instance, exemplify the efforts which men have made to shape their institutions to serve their needs, and the effectiveness of these systems has often been judged by the extent to which what was considered as delinquency was reduced within the communities concerned. Yet it remains true that clearly formulated effort has only been applied in a rudimentary way to the shaping of the structure of society so as to unite its members.

Action of this kind is now a practical possibility, for the introduction of a dynamic theory of personality, and its expression in social, political, and economic life, has illumined the concepts of social science concerning the structure and function of society. It is now being recognised that problems of social change can only be understood and solved after due attention has been paid to the ways and means whereby social forms have been incorporated in human personalities. It is also beginning to be understood that specific changes can be promoted successfully only when they are brought into relation with the resistances and facilitations which are derived from the particular life history of the people concerned.

Practices, at one time useful, sometimes degenerate into meaningless ritual, and sometimes become positively harmful when they continue after they have lost their purpose. The privileges of an upper class, for example, become a disruptive element whenever its functions, whether as the upholder of order or as the custodian of learning, are lost as they may be when new and more effective ways of performing those functions have been found. The existence of the sweeper caste in India could only be regarded as oppressive to humanity when the interlocking system of obligations, which at one time gave it purpose, broke down. The introduction of new ways of living may, again, have disruptive and even revolutionary effects when their impact on human relations becomes widely felt. The factory system, for instance, began in the introduction of of new technical processes of production. This system was seen at the time as a way of providing a larger supply of material goods for which there was a growing demand. But, though the standard of life rose, a high price had to be paid in the impoverishment of social life. The ruthless exploitation of men, women and children in factories, and the building of towns mainly to serve industrial purposes rather than to provide the basic necessities of family and community life, led quickly to demoralisation and often degradation.

This emphasises the problem of shaping anew the organisation of industry. Much has been done, ranging from the first labour legislation to contemporary schemes of town planning, but the process of shaping industry to serve human needs has barely begun. Demoralisation prevails in many countries amongst industrial workers who lack enthusiasm for the task of production ; the amount of attention now being devoted to the problem of ' incentives ' is a sign of the inadequacy of the industrial system in these societies. What has been considered a purely economic question is being revealed as one which can only be fully understood and answered in terms of the mental health of all those concerned.

Conflict between human needs and the industrial process is likely to become much more widespread in the future, owing to the speed and progress and application of technological advances, unless an increasing social inventiveness can bring order and balance into the society in which the process is taking place. This calls for effort to ensure that all the intellectual resources of the community have full opportunity to develop. To this task, social scientists and psychiatrists can make a useful contribution because of the many years of careful study already devoted to this kind of problem, now formulated anew as involving the placing of the concept of personality development in its social setting.

The organisation of industry, the provision of health and social services, the business of government and public and legal administration must be studied with reference to the total effect on society of any change contemplated, with a lively appreciation of the fact that every effective change grows out of congruous elements in the personalities concerned.

The process of adapting social institutions to meet new needs brings with it problems of its own. For example, schemes of ' social security ' have been developed in many countries with the immediate object of lessening the anxieties during economic depressions. Many valuable results have been achieved in this way, by ensuring financial aid for persons in need through unemployment or ill-health. But there have been unfortunate effects as well. The mere existence of elaborate administrative machinery set up under these schemes tends to produce a certain rigid outlook which leads to the tacit belief that both unemployment and sickness are unavoidable. Thus attention has been turned from the more vital problems of re-shaping industry to serve the needs of the society of which it is part. The solution of economic problems can never be fully accomplished until business executives, trade union leaders, and economists recognise the full social function of their activities and their impact on the mental health of the persons affected.

There is nothing sacrosanct about any institutions made by man. Administrative councils are merely a means of getting something done in man's interests ; so are schools, markets or banks. As soon as its social function is no longer served, such an organisation becomes a possible danger to mankind. Survivals of this kind can only be regarded as breeding-grounds of social disorder when they frustrate the human purposes they originally served.

What is required is not the mere acquisition of facts and information. Effective and acceptable plans for action based upon the considerations outlined above are needed. Special importance must be attached to research conducted in such a way that the psychiatrist and social scientist are brought into the closest possible contact with the administrator and the political leader. This has the advantage not only of emphasising the importance of teamwork, but also of introducing into administration and political action increasing insight into the human factors concerned.

In many societies the stage appears to have been reached for the creation of new agencies charged with the function of co-ordinating existing agencies and departments in any way concerned with human

24

health and welfare, and for planning timely changes. These agencies would study the effectiveness of the existing services with a view to their improvement. Only when this aim has been reached can there be full possibility of exercising a wider influence on the community at large. The evidence of success must be in the saving of human effort measured, for example, in terms of monetary values, or hours of work, better use of existing facilities such as hospital accommodation, the lowering of the rate of crime, or by similar indices of measurement.

These agencies would make recommendations from time to time with respect to new methods whereby man may be enabled to satisfy his social needs, whether by preparing and assisting in the execution of plans for new types of urban communities, or new methods of utilising human energies in industrial production. Most important of all, however, these agencies would be expected to look to the future, and to strive to understand the direction in which social trends are operating, so that the processes of change may so far as possible be guided by foresight. The ways in which these agencies are set up should allow for the greatest degree of flexibility possible, and give the genius of man the freest scope for growth and expression.

In brief, the meaning of mental health in society seen from the social aspect, is the creation of a better understanding of the opportunities people have in their own hands to improve the world around them, and to come closer to the realisation of their purposes.

## MENTAL HEALTH AND WORLD CITIZENSHIP

The fact that men and women everywhere are looking for guidance in world affairs, as well as in dealing with the problems of their own community, constitutes the greatest challenge ever presented to social scientists and psychiatrists. Two world wars in a single generation, and the possibility of a much more devastating one in the not distant future, have made clear to everyone the urgency of the crisis. More directly and more clearly than ever before, the question must be faced as to whether survival is possible without adapting human institutions so that men can live together as world citizens in a world community, in which local loyalties are rendered compatible with a wider allegiance to mankind as a whole.

The idea of the " world citizen," as here conceived, is not used in a political sense. It is rather meant to convey the notion of a " common humanity." It does not raise the question of a world political sovereignty, replacing or embracing the sovereignties of existing nations. Such a new sovereignty may come, but it is not the concern of this Statement. We are concerned with the attitudes and ideals of groups of men in relation to one another, and with the principles and practices of mental health in relation to a world community.

This relation is a complex one, and a description of its complexity seems at first sight to make any constructive activity in the field of world citizenship impossible. On the one hand, a world community is a condition for mental health ; few people can avoid feelings of insecurity and anxiety in a world threatened with destruction. On the other hand, there can be no world community until individuals and groups have learned how to live at peace with themselves and one another, and until they have ceased to struggle for their own sense of group solidarity at the expense of hostility and violence against others. " No peace without mental health," we seem to be saying, and, at the same time, " no mental health without peace." Is there any way out of this apparent circle ?

There is another apparent circle, closely related to the first, and equally perplexing. We have referred to the " plasticity " of man, as something from which we could take hope, and at the same time we have indicated the extent to which the growing human being is influenced by the society in which he lives. There seems to be an unbroken chain of inter-action extending from the social, economic and political attitudes of a given community through the participation of the adult members in the life of the group, and so to the individual family, which in turn hands on its customs and traditions to its children, who then perpetuate the attitudes which they have learned. This behaviour in the great variety of forms in which it appears in different cultures must be altered if new loyalties are to emerge and wider ties be developed. At what point in this complex of human activities can this alteration take place ? At what point in the whole pattern of mobilisation of manpower, indoctrination through press and radio, manœuvring among diplomats, bartering and bargaining among those who control the world's resources, can the methods on which the mental health approach is based, be used ? Where is our point of intervention ?

This circle, we know, is not complete. Social institutions and patterns of behaviour do change ; they are changed by men, and men change with them. The changes are sometimes slow, sometimes fast, but they do occur, and an understanding of the process of change may make it possible to intervene at least to some extent in the direction of better human relationships.

Our ability to indicate ways of intervening is based upon our knowledge of the conditions in which learning takes place. We can then ask, in what ways, under what circumstances and at what times, can people learn the new attitudes which are relevant and essential for membership in a world community ? How must these methods of learning be adjusted for peoples with different cultural backgrounds, living within specific frameworks of ideas and ideals ? Where, and when, in each society will it be most efficient to concentrate the new learning experiences ; at what levels of society, and among which groups of policy-makers or community leaders ? We already know a great deal about how children learn their attitudes of hostility or co-operativeness, their habits of wide or narrow loyalty. We are beginning to find out how adults, building on their childhood experience, can develop attitudes appropriate to this new period in history. Because we have a method for studying these questions, we

have a role to play in developing one particular form of intervention in the chain of events which, without such intervention, threatens the safety, not of a generation or of a nation alone, but of mankind.

Such intervention will meet with many and grave obstacles. One obstacle to the growth of a world community is the partial or distorted picture of the outside world inculcated through a nationalist or ideological bias, through the ' stereotypes ' of thought and feeling. Most human groups sharing a common culture are intolerant of major variants or deviations, and tend to create so-called ' stereotypes,' especially in regard to their judgments about other " strange " societies. Such fixed modes of reaction to life may help to preserve the distinctiveness and cohesion of a group. They are also fraught with grave danger, because they impede social growth and change. The phenomenon of group exclusiveness in our era reaches its peak in an exaggerated nationalism which separates groups of men the world over, and which is tending towards a monopolistic control even of scientific research.

Many people give up the struggle to participate actively in influencing public affairs of a political, social or economic nature, and seek escape either in civic apathy or in clinging to obsolescent modes of thought ; or they avoid insecurity by the espousing of some sheltering ideological movement.

There are many other obstacles—the fatalistic belief, so widely held, that war is inevitable, and that nothing can be done about it ; the exaggerated claims of the superiority of one's own national or racial group, with accompanying depreciation and contempt of others ; the widespread manipulation of aggressive attitudes against " out-groups " either within or outside the national community ; the fears and doubts and uncertainties which lead people to seek in a strong national authority the security which they do not find in themselves ; the sheer ignorance of the ways of life among other nations. There is no need to complete the list. It could be extended considerably.

To intervene in the face of these obstacles is a task of the greatest magnitude, and yet a beginning can be made. In the first place, the problem of world citizenship in relation to human survival needs to be formulated afresh in the light of new knowledge about aggressiveness in man, group tensions, and resentments, race prejudice, and nationalist sentiment and stereotypes. At a major turning-point in world history there is an obligation on social scientists and psychiatrists to attempt this new formulation.

In approaching the question of world citizenship, it is important at all costs to be free from political naivete. Nor does it advance our thinking merely to repeat earnest aspirations or to give voice to the genuine fears which trouble so many people to-day. Social scientists and psychiatrists must scrutinise with the utmost thoroughness the possibility of using their knowledge and experience in the service of man at this critical moment. They realise, of course, that no contribution would be of much value which did not give full weight to economic and political sources of conflict as well as to psychological considerations.

27

The sciences of man offer the hope of a new approach to the problem of war and a world community. Recent as are developments in this field, the results are significant. As has already been indicated, the psychology of the learning process has been brought into far greater prominence both in the life history of the individual and in the ways in which members of one group receive or resist, co-operate or are hostile to, views of other groups. Attitudes towards peoples of other races, creeds, or ' national- ities ' are in no sense inborn or ineradicable, but are subject to all influences, deliberate or haphazard, which circulate in a given society. Support is needed for further and more intensive studies into the nature and growth of attitudes and into the conditions in which they may be changed.

Experimental studies in this field have shown that sometimes friendlier attitudes develop as a result of instruction in schools and colleges dealing with international relations ; sometimes after seeing a moving picture in which the members of another nation are sympathetic- ally portrayed ; sometimes after contact, on a basis of equality and common interests, with members of another group ; sometimes after group discussion or ' group therapy ' in which representatives of different national or racial communities give free expression to their doubts and criticisms of one another ; sometimes after individual treatment which removes some of the disturbing misconceptions and prejudices. The knowledge represented in these and similar techniques has never been adequately applied on an international scale. It holds great promise. We must be aware, however, that the issues of peace and war are of immediate concern. Methods must be chosen and applied with the time factor in the forefront of our attention.

The knowledge of the ways of life of other nations has a special value as an educational tool. Research on national cultures indicates the connections between the form of the family, methods of rearing children, types of social and economic pressures, governmental forms, and the prevailing pattern of attitudes towards governmental authorities and towards other peoples and nations. It also provides an immediate way of facilitating communication among members of different national groups so that common purposes can be shared where they could not be shared before. Such knowledge makes it possible to understand more sympathetically the values of other groups, and to guide inter-group contacts in a more effective and fruitful manner.

There is another great source of hope, which derives not so much from the findings of social scientists, but from the evidence which we see all around us. There is already a world community, at least in embryo. There are already world citizens, though their number must be greatly increased.

An increasing number of thinking people in many different countries, including in particular many social scientists whose professional business it is to assess the adequacy of human institutions in relation to human needs, see the vital need for a world community and they believe that the trend of events is moving encouragingly in that direction.

28

It is obvious that the world to-day is one unit in the sense that events in one country may have repercussions in all countries. The supply of food in producer countries has an immediate effect on consumer countries. There is vital interdependence between countries in the supply of raw materials or manufactured goods. A disease epidemic is not confined to the boundaries of one state, nor is a new type of therapy used only in the community in which it originated. The spread of ideas is not halted by passport regulations.

There are indications that men have perhaps made the first hesitant steps in the process of forming a world community, Co-operation in the control of famine and disease, conventions regarding trade and shipping, the creation of a postal union, scientific and cultural exchange, and the like, already existed before the First World War. The closer contact between peoples which modern methods of transportation have made possible and the diffusion of cultural influences and ways of thought bring the peoples of the world a step nearer world community. The conscious creation of world institutions is several generations old. There are now the established organs of the United Nations' organisation and its specialised agencies, such as the Food and Agricultural Organisation, the United Nations' Educational, Scientific and Cultural Organisation, the World Health Organisation, and the International Labour Office, to mention only those most directly relevant to our topic. In these and many other less official services and conventions which transcend national boundaries there is developing a body of 'world servants' who have combined nationality with a wider loyalty. Besides these, an increasing number of scientists, artists, writers and others already have a " world outlook " and feel a friendly familiarity among many cultures different from their own. The idea of world citizenship is neither novel nor remote.

Nor should we neglect to mention the men and women of goodwill who have adopted children who are orphans of war, who have devoted themselves to building up devastated areas in a country not their own, who have cared for, and continue to care for, homeless and displaced persons who are still awaiting some final decision as to their fate. These men and women are, in a very real sense, world citizens.

In one sense the movement towards world citizenship is one which fulfils, rather than goes counter to the trend of history. Man's social history so far has usually limited his freedom for friendly co-operation by the degree of inclusiveness of the groups to which he has been permitted to give his loyalty. Thus in feudal times a man's loyalty was limited to his feudal lord, later to some regional principality, and later still to some larger political unit. At each step the smaller loyalty was taken up in the larger. It is possible to envisage a world community built on free consent and on the respect for individual and cultural differences. Merely to state this in no way overlooks the tremendous obstacles standing in the way of reaching this goal, nor the fact that there has frequently been retrogression, instead of progress, in the movement towards a wider loyalty.

Perhaps what we are stating represents a vision, rather than a rigid scientific demonstration. We need make no apology in this regard. The vision of a new world picture must precede the creative acts and the detailed organisation of new knowledge necessary for its realisation.

At a time of greatest confusion and malaise, people in need of help are often most open to accept ideas already half-formed in their minds. The explicit interpretation of the situation may lead to a constructive forward step in a path blocked by anxiety. It is in this sense that the world crisis may be interpreted.

Nor do we make any apology for putting human factors in the forefront of our considerations. No analysis or interpretation of historical events is adequate which dismisses or minimises human factors as ' imponderables.' No historical process is shaped without the agency of individual human beings. Only that study of events can do justice to the facts which includes in its frame of reference the understanding derived from the combined studies of the sciences which study man. The so-called human ' imponderables ' have come to be seen in a scientific light as no less worthy of careful attention than the more concrete facts of economics or politics.

If men wish it, the vision can be realised—not alone out of a high moral idealism or religious fervour, but also out of a farseeing self-interest which sees world community as contributing to the safety and satisfactions of all. For its realisation, too, the human sciences can hold out hope—and perhaps some guidance.

There is no room here for an easy optimism. Men's hopes for world peace have been shattered so often in the past, that we would be doing a disservice to humanity if we did not fully recognise the difficulties which must still be overcome. Nor can we take it for granted that the insights gained by psychiatrists and social scientists will necessarily be employed in the interests of a world community. Just as the discoveries of the physicist can be used to construct or to destroy, so too the psychological sciences can either contribute to mental health or they can be exploited to divide and confuse mankind. It is only with a full awareness of these and other obstacles that we can do our work with any prospect of success. There is, however, all the difference between recognising that a task has immense difficulties, and insisting that it is impossible.

This then, as we see it, is the ultimate goal of mental health—to help men to live with their fellows in one world.

# RECOMMENDATIONS

## I. Introduction

The mental health services of each country should be developed according to its particular needs. It is therefore undesirable to suggest detailed programmes here. Each country may, however, profit from the

experiences of other countries. In practice considerable agreement can be reached about certain principles which can usefully guide all countries in their efforts towards improving mental health.

The mental health services of a given community can only develop and justify major expenditure after elementary human needs, such as those for minimum food, shelter and clothing, and reasonable freedom from epidemics have been secured. These are indispensable prerequisites, and must be taken for granted in what follows. Mental health principles should, nevertheless, be fully taken into account even when providing for these elementary needs ; there should be concern not only for *what* is done for people, but also for *how* it is done.

Mental health services include all those provisions which a society makes for the prevention and alleviation of mental disorders and of the personal and social disturbances that those disorders bring in their train.

The earliest and most frequent form of provision is the asylum or mental hospital for the segregation, care and protection of persons of unsound mind. Slightly more refined is the separate provision for the mentally defective, where these are distinguished from the insane. Many communities have reached at least this stage in developing mental health services, although frequently the amount of service and the professional competence of personnel still leave much to be desired.

A second phase of development is at least two generations old, and is often equated with " mental hygiene " of which, indeed, it is the fore-runner. This stage is represented by the growth of out-patient centres for early diagnosis and treatment of disorders in adults and later in children, and the beginnings of recognition that mental illness is related to the development of the individual and his social environment.

Many communities have reached this phase, although they vary in the number and adequacy of such centres and in the competence of the staff. Partly under the stimulus of these centres, the mental hospital is gradually being transformed into a centre of active treatment by various physical, psychological and social techniques. In-patient facilities become varied to suit the types of disorder. Early treatment centres are often based upon the mental hospital in its new role, and staffed by its personnel. Workers from the disciplines of social science and psychology are added to the teams, to co-operate in the elucidation of the social aspects of a patient's history and in the refinements of diagnosis, treatment and after-care. At this phase, the number of patients seeking help in a community usually rises as understanding of the less gross but crippling disorders spreads. Both these stages, though often thought of as mental hygiene, are, in fact, still mental disease services. They remain as the basis of adequate provision for the mental casualties of life and are being constantly if slowly improved.

A third stage in the development of mental health services, and perhaps the first which concentrates attention on true prevention is that with which most of this Statement is concerned. The main change during this phase has been the establishment of child guidance agencies

31

in which a good deal of treatment is carried out, but which also have a preventive function in dealing with early difficulties, particularly in family relationships. The study of children's mental health disturbances reveals many other community needs which are outside the scope of child guidance as such, but of which the child's disorder is the symptom. Parental and pre-marital guidance centres and other counselling services with mainly preventive functions may serve as examples of services recently created to meet such needs. But preventive mental health services involve much more than this. They enter into many public agencies for the welfare and education of people, for instance, schools, maternity and child-health and welfare services, nursery schools and rehabilitation centres for workers. These services are in a strategic position to infuse mental health principles into community practices. The more members of their staff are aware of the mental health implications of any given service, the better will the community be served. For example, pre-natal and maternity and child-health and welfare clinics present excellent opportunities for preventive work with mother and baby at a crucial stage in the lives of both. Similarly, public health nurses who see large numbers of families, often in periods of crisis, can give useful guidance if they themselves have sound mental health orientation. The same applies to health services in industry.

In this sense, the mental health services of a community can work, not only through preventive psychiatry and allied professions, but also through the many other services for the well-being of the members of the community.

All such services would benefit from scrutiny of their effectiveness from this point of view. There are few measures which administrators, legislators and statesmen propose or carry out which do not have considerable impact on people's lives and happiness. Therefore, even changes of an apparently material nature, such as those connected with food, housing or public health, can be made more smoothly when the human factor is considered.

Those concerned with the mental health of many peoples have a duty to look ahead at the still wider prospect of international co-operation in this field. The dissemination of knowledge and insight, discovery and training of suitable personnel, and the undertaking of co-ordinated research in diverse societies and regions of the world are urgently needed to usher in a fourth stage of mental health activity which will help to increase the effectiveness of other international endeavours and provide another valuable link in the forging of a world community.


II. PRINCIPLES UNDERLYING THE PRACTICE OF MENTAL HEALTH

The spread of responsibility for the promotion of mental health to several disciplines outside medicine (in the strict sense) imposes the task of defining principles of professional conduct in relation to those whom mental health practitioners seek to serve and those with whom they co-operate.

Any plan, however excellent, must first have the willing acceptance of those whom it will affect. Diagnosis and treatment, whether of an individual, a group, or a society, should, whenever possible, be carried out with the co-operation of those affected.

The application of principles of mental health demands that practitioners in this field insist that human beings must not be induced to behave in particular ways by irresponsible manipulation of fear, guilt feelings or prejudice.

It is important when dealing with individuals or groups to avoid creating excessive and self-defeating anxiety often manifested in antagonism to proposed action. The practitioner should acquire as a matter o-course a systematic and sympathetic familiarity with the problems and preoccupations, language and values of those he is trying to help, and should respect religious convictions.

The spread of mental health in any society depends for its effectiveness as much upon those not professionally concerned with it, as upon its practitioners, especially those in a position to influence public opinion. Responsible people throughout the world should familiarise themselves with the work of the professions primarily concerned. Public knowledge of mental health should keep pace with the growth of relevant scientific knowledge. A proper appreciation of mental health principles necessarily includes a recognition of when a given task is within the competence of its practitioners and when it is not. Similarly, a careful balance should be maintained between the stimulation of demands on mental health services and available resources to meet them.

The mere dissemination of knowledge will not of itself secure its acceptance, for information alone does not necessarily lead to insight. Both the readiness to receive and the capacity to act on mental health principles are conditions of success. Readiness and capacity depend on the individual's personality, the conditions of his immediate situation, and the social, political and religious values which he accepts.

The difficulty of imparting new knowledge is especially evident when this has to take place across cultural boundaries. In such circumstances the members of a culture related to both sets of values may act as mediators.

The problem of mental health is one of re-educating people in the whole area of interpersonal relationships in such a way as to give them insight into their own behaviour and that of others. While early childhood may offer the best opportunities for education, it is essential that education should be carried on among people of all ages and walks of life.

Finally, practitioners in the wide field of social and mental health must accept a code of conduct, and of professional ethics, as high as the ancient Hippocratic oath.

To serve human beings in their need ; to maintain scientific and professional integrity and responsibility without fear or favour, to the limit of the forseeable effects of their actions ; to respect both human

33

personality and cultural values; to publish and share new discoveries and methods with colleagues : these are the principles which should be accepted and be known to be accepted by all those who work in the disciplines affecting human life.

## III. PLANNING AND ORGANISATION OF NATIONAL MENTAL HEALTH

### SERVICES

1. Planning should only be undertaken after securing as far as is possible the interest and willing help of all those who will be responsible for carrying out the services, and of those who will use them.

Experience has shown that the best designed plans imposed from above are not likely to succeed, and those borrowed from another culture are in the long run likely to fail unless they are adapted to local needs. This principle can also be applied in choosing the methods by which leaders in a 'progressive' area may be of help to those in a more backward area of the same country.

2. Action should begin at the point where there is a need felt by the community. Help is more readily accepted when it is asked for. The fact that clinics for the psychological treatment of children were able, in the first instance, to help in the treatment of delinquency was partly responsible for the successful growth of such clinics.

3. It is of the utmost importance to gain the sympathy and help of those who hold key positions in all the services relating to mental health—in government departments and in other public and private agencies. It should always be remembered that leadership has its roots in a particular community. In one country it may be of special importance to gain the interest of religious leaders, in another of the trade union executives. In all countries, effective mental health services can best succeed with the active support of the medical profession.

4. Planning should be preceded by a period of study of local conditions. In some countries it will be possible and desirable to combine this with a systematic survey. In others, where there is a shortage of qualified individuals or of the means to pay for such a study, or where resentment might be aroused by this method, it may be wiser to draw upon the experience of those who have the most intimate knowledge of the area.

5. Preliminary surveys or discussions should not confine their attention only to the treatment of mental illness and defect, but should include within their scope other related problems and services. It would be wise, for example, to bring into such discussion those who are concerned with the neglect of children, with the study and treatment of crime, or with human problems in industry. In this way it may be found possible to introduce attitudes and methods favourable to mental health into existing services rather than to start new ones. In planning for new developments careful attention should be paid to the history of services which already exist, so that the changes may be harmonised with deeply

rooted attitudes and procedures. An example of this which is true for many countries is the need to understand the point of view of those who have cared for mental patients on account of their poverty rather than their illness.

6. In some countries it has been found that it is possible and useful to carry out special surveys of the incidence of mental illness, mental defect, and even of psycho-neuroses. It should be recognised that this incidence may be affected by changing social conditions, and it should not be taken as more than a provisional guide to the services that are needed. Such surveys are, however, of great value in making estimates of the proportion of the population likely to need mental hospital care, and the proportion which can adequately be treated in the community. Surveys have been found particularly useful as guides to the best methods of providing for defective and retarded children.

7. Any plans that are put forward should be guided by the answers to the following questions :

    (a) what developments are most likely to prevent the ills which need to be remedied ?

    (b) what changes are likely to be most acceptable at the present time to those who will provide the services and to those who will use them ?

Preventive and remedial services should always be considered together, for example, out-patient clinics should be considered at the same time as the extension of mental hospitals, and special education for retarded children side by side with the establishment of institutions for the mentally defective.

8. It has been found in some areas that costly clinics are set up partly in order to counteract the effects of poor services for which the same citizens are ultimately responsible. Child Guidance Clinics may have as their patients children who have developed difficulties partly as the result of conditions in maternity wards or in children's institutions.

9. Provision should be made for the interpretation of the work of hospitals and clinics to those who will influence the selection of patients—particularly in the case of children. Unhealthy development may not show itself in ways that are easily recognised. The child who does not cause inconvenience to adults may be more in need of help than the child who is a nuisance. The aim is to get patients under treatment in early stages of their disorder.

10. A child who has suffered from unsatisfactory family relationships, has been separated from or permanently deprived of home life, is likely to have difficulties in development. Unsatisfactory family relationships may include those in which the bonds are too close as well as those in which there is conflict or neglect. Any action for mental health should pay special attention to social influences which affect the quality of family life, and to the human side of the substitute care which is offered to children who cannot be brought up in their own homes.

11. Residential institutions should never allow their inmates to become isolated from the ordinary stream of life unless this is essential on medical grounds. Institutional care may be an extravagance in two ways. It is costly. It also sets a double problem in that it tends to unfit the individual for social life so that he needs to be re-educated to take his place once more as a citizen. All means should therefore be used for extending community care within the limits of the safety and well-being of the citizen and of the best possible medical treatment of the patient.

12. Legal and social provisions should make it easy for patients to pass from institutions to community care in accordance with their needs and degree of responsibility.

13. In the treatment of mental disturbance as in other kinds of treatment the best results are obtained if compulsion is used as little as possible. Laws should be so designed that in suitable cases patients can be admitted to or discharged from mental hospitals by their own request or consent.

14. It has been found in some countries that social workers specially trained for the mental health services can be of value in throwing light on the social causes contributing to a patient's illness, and in assisting relatives and others to help towards his recovery. Social workers attached to mental hospitals and clinics may be in an excellent position to interpret their work to the community.

15. National Organisations for Mental Health should urge upon their governments and upon other appropriate bodies the serious danger to mental health involved in the plight of all those who, because of the war, have no hope of regaining their nationality and their homes. The national mental health organisations should, moreover, offer their services to their governments on the mental health aspects of this problem.

16. In all countries there are advantages in the co-ordination of services designed to prevent and to treat mental disturbance. Co-ordination means more than the framing of regulations. It should mean the constant exchange of facts and experiences, so that the activities of each service are subject to the influences of all the others. In practice this may be achieved through the interchange of members of staffs.

17. This kind of co-ordination should be made effective both in local areas or regions, and also at the state, national or federal level.

18. In communities where both public and private (or voluntary) mental health services exist, care should be taken to see that both their interests are represented in any co-ordinating body.

19. It is important that this co-ordinating body should maintain close and effective relations with the medical and other allied professions, including educators, social workers, psychologists, lawyers, and ministers of religion.

36

20. The formation of voluntary national mental health societies, with local branches, is a valuable method of arousing interest in and promoting the policies advocated in this Statement.

## 1. General Education

1. The mere offering of academic information does not necessarily produce understanding of individual human needs or of the processes taking place in a group. Such understanding involves the whole personality of the individuals concerned.

2. The most fruitful method of inducing further understanding and skill in the handling of human beings appears to be the discussion of personal experience under wise leadership.

3. Selection of suitable individuals for all professions concerned with mental health is of primary importance and a subject for urgent research. In the meantime those responsible for selecting students might well consider some of the recent advances in the field of vocational guidance and selection.

4. Even more careful attention should be paid to the choice and training of those who are to be responsible for the selection and education of students entering these professions.

## 2. The Education of Specialists

1. Successful treatment will depend no less upon good working relations between all those concerned with patients than upon a high standard of professional training and skill. This capacity for co-operation in team work can best be developed if it is fostered from the beginning of professional education. The specialists most concerned are psychiatrists, psychologists, psychiatric social workers, mental nurses, occupational therapists, and teachers of mentally defective and backward children.

2. Professional training in all these groups should therefore be planned with a view to the future need for close co-operation of these specialists. This will affect the number and the choice of those who enter professional training, and the way in which training is carried out.

3. Mutual understanding can probably best be achieved through co-operation in clinical practice. Such understanding is not likely to follow the mere introduction of new courses of lectures into existing plans of professional training.

4. Good professional training in " team-work " is dependent upon the establishment of teaching centres where varied experience can be offered under skilled supervision. In the development of training schemes attention should therefore be given at an early stage to centres suitable for this purpose. A wide variety of such centres may be used for training purposes, e.g., mental hospitals, out-patient clinics, schools for delin-

quents, child guidance clinics, wards in general hospitals, or industrial clinics. The example of even a single centre of high excellence may lead to emulation and raising of standards in other institutions.

### 3. Education of the General Public

1. The purpose of mental health education is to help people in their relations with one another. This will be achieved in different ways for individuals of varied ability and education, and care should be taken to devise the best means for each group under consideration. It has been found that in this type of educative process it is generally most effective to start from the experiences of those to whom education is offered, and to help them to gain more understanding of these experiences. In this kind of learning the whole person is involved. It is therefore important to provide opportunities for the expression of feelings and attitudes as well as for the exchange of ideas. The offering of general information about human motives and mental disturbance needs to be handled with caution and responsibility since it may give rise to anxiety.

Mental health educators will do well in this matter to follow the lead given by psychotherapists in their professional relationships with their patients.

In mental health education, material should be selected with meticulous attention to its appropriateness for the audience for which it is intended. Every communication should be examined not only for the clarity with which it expresses what the practitioner means, but for the extent to which it is understood. Attention should also be given to the emotional implications as well as to the more obvious content. All these matters pertaining to the effectiveness of methods of " getting across " require serious technical study.

2. Leadership in mental health education should be undertaken by individuals with special skill in teaching in addition to their understanding of personality and social relationships. This is not the monopoly of members of any one profession. Education should take place on many fronts. There is an advantage in using varied agencies and organisations as teaching centres. These will naturally vary in different communities. Any of the mental health services may be used as teaching centres for the general public, but there are also advantages in using centres associated with other activities, such as infant welfare clinics, nursery schools, health and welfare agencies, schools, churches, and recreation centres.

3. The aim is to reach effectively as large a number of people as possible. Professional workers in the field of mental health are able to reach more people if they work through other professional and policy-making groups. For convenience the groups through whom mental health can be effectively interpreted can be divided into three classes :

(a) persons working in related professions, such as teachers, physicians, nurses, and ministers of religion.

38

(b) persons in policy-making positions such as administrators, legislators, leaders of labour and industry, influential citizens.

(c) persons in the field of communications to the public, such as editors, publishers, radio and film experts, writers, and artists, whose influence may eventually reach millions. Within these broad categories there are key groups likely to be particularly effective because of the area of their influence (for example, childhood), or because of their readiness to accept mental health teaching. In working with all these groups it is important for practitioners of mental health to strive constantly to improve their skills in consultation and their techniques of interpretation.

4. Education in mental health appears to be most successful if it reaches people at critical periods in their lives, e.g., when they are young and impressionable ; when they are in trouble ; when they are seeking advice, as, for example, mothers of infants ; during convalescence ; and during periods of transition, such as adolescence, or at the later stage of choosing a career.

5. The content of this teaching should emphasise mental health rather than mental illness. For the general public the subject is not pathology but why people behave as they do. Every well-informed citizen should be aware of a few simple facts about mental illness and the kind of services that are available, but this is less important than the kind of teaching about human behaviour which helps him to live successfully with other people. All teaching is likely to be more effective in the long run if it avoids using fear as a motive, if it allays anxiety, and encourages reasonable confidence.

6. Varied methods of education are regularly used : speaking, writing, group discussion, supervised experience. The time has now come for using the techniques of press, film, radio and drama in order to reach larger numbers of people. These media of mass communication offer great possibilities for enlarging the educational field. Some of the most promising media are those evoking aesthetic experiences, such as the novel and the drama, through which the individual may gain new understanding. In utilising the mass media, the mental health practitioner needs to be familiar with at least some of the technical considerations as well as with the problems, limitations, and objectives peculiar to each field. Where co-operation is attempted with experts in communications and in the Arts, it should extend throughout the activity. The effort is likely to fail if the mental health practitioner merely gives directions or is asked to eliminate errors in the final product.

### 4. Research

1. The scientific integrity and social responsibility of research should be safeguarded and emphasised.

2. In all studies of human beings those carrying out the research should take responsibility for the effect upon individuals or upon groups of the methods that are used.

3. There is an urgent need in all countries for further studies of human personality, of social relationships, and of social institutions, as well as for the further study of problems of mental ill-health and defect.

4. It should be part of the function of governments to ensure continuous and long-term research into problems of human welfare.

5. In each country there is a need for a co-ordinating body to assist in the promotion of research in this field, to act as a channel of information about studies in progress and to link together existing research organisations such as universities, Foundations, and professional associations. Such a body could serve as a means of exchange on matters of research between different countries through international organisations.

6. This co-ordinating body would co-operate in research projects of wide import which require comparative methods sponsored by international organisations.

7. All possible means should be found for facilitating communication and co-operation between research workers, for example, promoting the exchange of journals, the publication of abstracts and the holding of regional and national meetings.

8. Team-work between those trained in medical, social and psychological sciences is urgently needed for certain kinds of study. In practice, this has been found difficult. An attempt should be made to discover from experiments so far undertaken what methods have been favourable or unfavourable to success.

9. Training in methods of research, particularly in the best means of combining hitherto separated subjects of study in the human sciences is a matter of immediate importance. In the granting of fellowships for national and international study, priority should be given to persons likely to be capable of this type of research.

10. The need for further endowment both of individual and group research in the human sciences should be urged on those who have funds at their disposal.

11. The attention of universities and research Foundations should be drawn to the cogent reasons for bringing together the various faculties and departments concerned with the study of man in co-ordinated research effort (law, economics, anthropology, psychiatry, sociology, psychology, etc.).

12. Research should be directed not only towards an understanding of human problems, but also towards the practical methods and services designed to remedy these problems.

13. Priority of research plans should be assigned to those projects which have a bearing on problems with which people are greatly preoccupied at present. The sciences concerned with mental health can only hope to be supported and respected by a community to the degree to which they prove their capacity for understanding its needs and their efficacy in helping to release creative potentialities for health and happiness, now tragically wasted or perverted.

## A. United Nations

1. That immediate steps be taken to plan and establish mental health services in the occupied territory of Germany, in order to deal with the disastrous effects of present conditions there, which are a threat not only to the welfare of that country, but also to the world. Such services should include advisers to the highest authority, and working teams representing the appropriate disciplines from the occupying and neutral nations and the German people.

2. (a) That the specialised agencies of the United Nations continue to give urgent consideration to the mental health problems of displaced persons, transferred and migrating populations, homeless children, and others constituting the human aftermaths of war ;

(b) That recognition be given to the initiative shown and the enormous amount of work accomplished by national and local governmental and voluntary agencies in this matter ;

(c) That this work be encouraged and extended.

(d) That close contact be maintained with all such local agencies, and arrangements be made for continuous exchange of information, so that activities may become part of a co-ordinated effort ;

(e) That immediate steps be taken to provide basic living requirements for all displaced persons, and protective measures adopted to minimise the adverse effects of social disturbances on mental health ;

(f) That national agencies be urged to do everything possible along these lines in their own countries.

3. (a) That United Nations' organisations do everything possible to co-ordinate their activities in the interest of developing adequate mental health programmes within each member nation ;

(b) That a demonstration of the integration of mental health with public health activities in a specific area, and related to a specific problem (such as child care) be undertaken, the implications of which should render more effective the extension of such combined operations ;

(c) That aid in the establishment of mental health services be available to all nations, including those who by reason of limitations of size, population, or professional personnel have special need for technical advice and assistance.

| | | |
|---|---|---|
| *UN* | : | *United Nations* |
| *UNESCO* | : | *United Nations Educational Scientific and Cultural Organisation.* |
| *WHO* | : | *World Health Organisation.* |
| *FAO* | : | *Food and Agricultural Organisation.* |
| *ILO* | : | *International Labour Office.* |

4. That in order to furnish information required by agencies such as WHO, FAO, ILO, UNESCO, studies be made to reveal cultural and national characteristics of the countries involved.

5. (a) That in order to ensure the best possible use of educational methods in carrying out a unified health programme, co-operation be strengthened between WHO and UNESCO ;

(b) Similarly in the mental health aspects of its educational work, the ILO should enlist the co-operation of WHO and UNESCO.

6. (a) That, in view of the proven value of group discussion of inter-personal and inter-group tensions, systematic study be made as to the best methods of using this technique at the higher levels of international diplomacy.

(b) That there be convened a conference of technically qualified representatives of the social sciences and psychiatry, appointed by their governments, to enquire into existing international tensions and to make relevant proposals.

7. That a team of social scientists and psychiatrists should conduct in various parts of the world a series of conferences and study periods on human relations, to which local, governmental, educational, public health and mental health leaders would contribute.

8. (a) That the various U.N. organisations, working in co-operation with private Foundations and universities, extend further the provision for international contacts among mental health specialist personnel. This could take the form of an increase in the number of international fellow-ships, exchange of consultants and visiting professorships.

(b) That WHO be asked to utilise some of its fellowships for this purpose.

(c) That action be taken to evaluate the results of such procedures.

9. That in order to stimulate and to recognise outstanding leadership in the field of mental health, the United Nations consider the award of prizes for major contributions in research, scientific publication, adminis-trative initiative, and excellence of mental health services.

10. That the UN organisations consider all possible means of integrating national loyalties to the United Nations and to the world community.

11. (a) That international as well as national governmental organisa-tions make provision for the application of professional techniques to the selection of civil servants, especially those who play an important part in the conduct of affairs ; and that provision be made for the constant improvement of these techniques.

(b) That those responsible for decisions in human affairs make use of the knowledge and methods developed by the social sciences and psychiatry ; and that, to this end, governments be encouraged to incor-

porate into appropriate departments, teams of social scientists and psychiatrists as advisors or as members of the staff.

12. That UN organisations encourage all professional schools to give appropriate emphasis in their training programmes to mental health principles and to the contributions of the social sciences. This applies not only to those schools dealing directly with health, such as medicine and education, but also to those concerned with the circumstances of health, such as engineering and architecture.

13. (a) That studies be made of social institutions which are in process of rapid change, in order to clarify the factors contributing to, and resulting from, such change as, for example, the introduction of a system of universal education, or of personal income tax, re-housing a bombed town, industrialisation.

(b) That advantage be taken of conditions of rapid change to introduce mental health principles into the development of new services.

14. That the UN organisations encourage the inclusion of mental health activites in government education departments, in view of the established value of this practice.

15. That it be recognised that organisations or persons who display bias on the basis of race, colour, creed or economic status, are apt to be unsuitable as advisers in matters pertaining to mental health.


## B. World Health Organisation

1. The successful administration of any public health programme involves the acceptance of the programme by the people on whose behalf it is administered ; and hence must take into account the attitudes, varying in different cultures, which may assist or obstruct the application of scientific knowledge. This is a point at which mental health principles can find direct and useful application.

Accordingly it is recommended that adequate attention be given to mental health principles in connection with the undertakings of the World Health Organisation, in promoting maternal and child welfare, and in the control of venereal disease, tuberculosis, and malaria, all of which have mental implications in respect to causative factors, effects, and control.

2. That long-term plans for comparative studies in the field of mental health be envisaged, and steps taken immediately to facilitate such studies as :—

(a) determining the criteria by which mental ill-health might be assessed by a nation or region ;

(b) securing and maintaining agreement on terminology, nomenclature, methods of survey, statistical procedures ;

43

(c) recognising factors which are general to all countries, and those which are specific to certain regions.

In this connection, the World Federation for Mental Health and other international and national professional associations should be invited to furnish expert help where needed.

3. That the World Health Organisation call on appropriate international professional organisations (e.g., World Federation for Mental Health) for co-operation in the formulation and promulgation of principles important in promoting the healthy development of children.

4. (a) That pilot studies and demonstrations in mental health education be undertaken ;

(b) That provisions be made for the widespread dissemination of mental health information, including the results of research and demonstrations ;

(c) That there be international and interdisciplinary co-ordination in research effort.

5. That international congresses in all fields of health be facilitated with representation from the various professions.

6. That, as soon as is practicable, an advisory Expert Committee be established, composed of professional personnel in the field of mental health and human relations.

7. That in co-operation with professional associations in various countries, further international surveys of standards of professional training be undertaken along lines already carried out in relation to social workers, with a view to the raising of these standards throughout the world ; such professional training being interpreted in the widest sense, to include as many as possible of the professions regarded as responsible for mental health.

8. That a definite minimum proportion of the total funds available for fellowships be devoted to fellowships for mental health personnel.

9. That there be undertaken studies of the differences in approach to mental health education, for each of the four groups :

(a) persons working in professions related to health ;

(b) policy-making bodies ;

(c) persons in the fields of radio, press, films, etc. ;

(d) the general public.

C. United Nations Educational, Scientific and Cultural Organisation

1. That the establishment be encouraged of international organisations for the social sciences and psychiatry, in order that research may be co-ordinated and the results made known.

2. That the Tensions Project serve as a co-ordinating agency in the field of group relations by :

    (a) collecting the results of research in this field in various countries ;

    (b) making available such results to all interested ;

    (c) co-ordinating research along international lines ;

    (d) inviting the co-operation of the World Federation for Mental Health in carrying through any investigations in which both organisations are interested.

3. That co-operative surveys of national cultures look particularly for characteristics which hold promise as aids to world citizenship.

4. (a) That since the value of including mental health activities in education departments is recognised, such inclusion be encouraged and strengthened wherever possible.

(b) That similar encouragement be given to scientists in the field of education in their efforts to base educational practice on the principles of human development.

### D. World Federation for Mental Health

1. That this Statement be reviewed from the standpoint of various cultures and national groups, in order to assess its universality and to suggest modifications for its improvement.

2. That this Statement be reviewed in order to define possibilities of action and to modify it in keeping with scientific advance and changing needs,

3. That continuing attention be given to advances in the social sciences and psychiatry, and to social change, so that these may continuously be brought to bear upon the improvement of mental health services.

4. That the mental health aspects of wide and important issues be promptly interpreted to the public, in part in the interest of stimulating a higher level of international thinking in journalism and public information.

5. That the possibilities of scientific contribution to the prevention of war be ceaselessly explored ; and that every effort be made to infuse a scientific spirit into matters of reform and reconstruction.

6. That social scientists and psychiatrists who are concerned with the problems of industry be stimulated to turn their skill and knowledge toward the solution of the contributing factors, as well as to the alleviation of the more immediate difficulties ; and similarly with other social institutions.

7. That every safeguard be given to the constructive application of the social sciences and psychiatry.

8. That special facilities for training in group technique and human relations be encouraged in all countries where possible, for persons holding positions of responsibility in government and industry, and for persons

who might be appointed as advisers or " clarifiers " to governing and other administrative bodies.

9. That in the training of psychiatrists, psychologists, psychiatric social workers, and others devoted to the solution of human problems, experience be provided in the application of clinical findings to broad social issues.

10. That national mental hygiene organisations in association with societies representing various scientific and professional disciplines be urged to co-operate with national governmental health agencies in the preparation of reports to WHO.

11. That national mental hygiene organisations and professional societies be urged to co-operate for the purpose of special reports to WHO.

12. That the maintaining of national directories of special consultants in all professions concerned with health should be encouraged, from which an international directory could be compiled.

13. That national mental hygiene organisations be encouraged to invite representations from WHO and UNESCO at all important meetings bearing on the wider aspects of mental health.

14. (a) That national mental hygiene organisations be urged to maintain a close relationship with, and participate in the regional offices of WHO and UNESCO and of other world agencies concerned with any aspect of mental health.

(b) That national mental hygiene organisations encourage the creation of national commissions to co-operate with WHO and UNESCO

(c) That each national mental hygiene organisation keep itself informed so that, at the proper time, it may give support to government appropriations to WHO, in its own country.

15. That special study be made of the regional or international organisations that are now in operation so that their mental hygiene experience and future potentialities may be assessed.

16. That pilot studies and demonstrations be conducted in anticipation of the use of the relevant findings by agencies of the United Nations.

17. That the World Federation for Mental Health promote the awarding of prizes for such contributions as significant research, scientific publications, outstanding initiative and excellence of mental health services, in order to stimulate initiative, and to recognise outstanding leadership in the field of mental health.

18. That encouragement be given to the co-ordination of the social science disciplines.

19. That the World Federation for Mental Healrh encourage United Nations' societies by lending their support ; and encourage the organisation of such associations where they do not as yet exist.

20. That universities be encouraged to establish Chairs of Mental Health and, regionally, to establish Institutes of Mental Health for the purposes of research, training and public education.

# WORLD FEDERATION FOR MENTAL HEALTH

*This Federation was brought into being during the International Congress on Mental Health in London, August, 1948. It will take the place of the International Committee for Mental Hygiene.*

*The foundation of the Federation came about as the result of the unanimous agreement of delegates from 40 countries, and it is incorporated in Switzerland. Its main objective is: " to promote among all peoples and nations the highest possible level of mental health," which term is deemed to include mental health in its broadest biological, medical and sociological aspects. The members of the Federation are, and will be, societies or associations whose purpose in main or in part is the promotion of mental health or human relations or the study of problems in these fields. All such societies are eligible to be considered for membership if they are in countries which themselves are eligible for membership in the United Nations.*

*The first officers of the Federation are:—*

PRESIDENT .. .. J. R. REES, M.D. (GREAT BRITAIN).

VICE-PRESIDENT .. ANDRE REPOND, M.D. (SWITZERLAND).

TREASURER.. .. FRANK FREMONT-SMITH, M.D. (U.S.A.).

CHAIRMAN OF THE
  EXECUTIVE BOARD H. C. RUMKE, M.D. (NETHERLANDS).

HON. SECRETARY .. KENNETH SODDY, M.D. (GREAT BRITAIN).

ASSISTANT
  SECRETARY MISS E. M. THORNTON.

*The members of the International Preparatory Commission who produced the Statement in this book, have been appointed to form an Advisory Inter-professional Committee to the Executive Board of the Federation.*

*Funds are urgently needed for the establishment of the Federation, for the employment of an adequate secretariat, and to make possible the regular meeting of the Executive Board besides other necessary activities of a world organisation which will have consultative status with UNESCO and the World Health Organisation. Probably some £30,000 a year will be necessary.*

*As soon as funds permit, it is proposed that the permanent offices of the Federation and its secretariat shall be located in Geneva.*

*Copies of the regulations governing membership and all other information about the Federation, can be obtained from the Honorary Secretary at the London Office, which is temporarily at 19, Manchester Street, London, W.1.*