

A Community Underwrites Mental Health

DOROTHY WALLER

As in the case of physical health, a community program for mental health involves the cooperation and services of experts other than those commonly called educators. Dorothy Waller, visiting teacher in the Atchison, Kansas, public schools, relates the story of how a relatively small Mid-West community worked together to organize a mental health clinic for children.

ARE YOU the superintendent of schools in a small community, hoping that some day there will be resources available in your town to provide a mental hygiene clinic for those children who will become casualties if they and their parents are not given competent instruction in mental hygiene principles or psychiatric help now?

Psychiatric service for children in small communities is usually considered out of the realm of the possible. However, a successful child guidance center has been operating for over ten years in the city and county of Atchison, Kansas, which has a combined population of only 24,000. School personnel, social workers, and interested lay persons, recognizing the reality of the emotional needs of children, worked together to establish clinic service which was offered monthly for several years to children of school age and under. Because additional funds are made available by the National Mental Health Act, it has been possible during the current year to have weekly clinics.

The Community Takes Over

The Atchison Child Guidance Clinic is an excellent example of the accom-

plishments possible with organized community effort. No one agency was able to furnish the funds or personnel necessary to carry on the project. The functioning of the clinic has been possible through the cooperation of several public and private agencies. From the clinic's beginning, the County Red Cross has made available to all the schools and parents the services of a psychiatrist to diagnose and treat children who were not making satisfactory adjustments at home and at school.

The staff has also always included a psychometrist and a social worker provided through the cooperation of several agencies, which have varied. For instance, case work and stenographic services, once provided by the state and the county child welfare departments, are now made possible by a private, child-caring agency. The clinic receptionist, formerly a volunteer from the Red Cross, is now a paid worker. The Board of Education, the city through its community chest, and the County Medical Society have each contributed an important share to this county-wide clinic.

The superintendent of schools is often asked how it was possible to secure

collective action in establishing and maintaining a child guidance center. His answer usually is, "There were good, interested people backing the clinic."

All Share in the Program of Study

In the early days of the clinic much credit was due to the work of a volunteer board of five lay and four professional members appointed by the Red Cross chapter. Its members fostered a publicity program to educate the public to the need for the type of services which could be offered. Volunteer leaders introduced study programs on parent-child relationships into clubs all over the county and in towns. During the evening following a clinic the psychiatrist delivered public lectures based on the same book that the club members were studying and he answered questions which had arisen in the study groups. These study groups were discontinued during the war but were extremely beneficial in acquainting the public with the problems which could be met by the child guidance clinic.

Parents learned that the difficulties which they experienced in raising their children were shared by parents everywhere. Reluctance on the part of some parents to having their child participate in psychiatric interviews usually disappeared after discussing mental hygiene principles with neighbors and friends in an informal group setting.

The psychiatrist has also met from time to time with teacher groups to consider behavior causation and personality de-

velopment. Teachers have been made partners in the study and treatment of children's problems, thus extending the services of the clinic not only to children admitted for service but to those who may have been affected by the teachers' increased understanding of their opportunities to contribute to better personality development.

Referrals Come from All Sources

The annual reports of the clinic indicate that by far the greatest percentage of child referrals come from the schools. Does this mean that the teachers are more aware of a child's difficulties than his parents, doctor, recreational leader, or other persons who help mold his development? Not necessarily. Parents recognize when they are having difficulties in raising their John or Mary according to preconceived ideas of child care, and other persons recognize deviations in his behavior. However, they may not recognize the seriousness nor extent of maladjustment.



The cause of referral is different for each child

The parents may feel it is a reflection upon their adequacy to admit perplexity and unhappiness over their child's adjustments and to seek outside help.

Besides parents and school personnel, other referral agents have been relatives, child welfare workers, clergymen, public health nurses, and doctors. Referrals by doctors have increased during recent years. In a larger community there would be referrals by the juvenile court and other agencies and institutions unknown to Atchison.

The cause of referral is different for each child brought to the clinic; usually there is a combination of reasons. Delinquency as a cause of referral to the clinic is rare, possibly because the pressures and temptations of life in a large city are often generally lacking in a smaller community. A high proportion of children referred suffer from poor inter-personal relationships at home and school, and poor school adjustments. Other symptoms of disturbance are truancy, incorrigibility, nervous habits, enuresis, extreme masturbation, stealing, and sex misbehavior.

Service Is of a High Standard

Perhaps the reader may wonder what can be accomplished by clinics held only monthly—or even weekly, as is now the case. Admittedly, the service is limited, but in view of the general unavailability of psychiatric facilities all over the country the clinic compares favorably with the services offered in many larger centers. A Mid-West city with a school population of 60,000 children has just this year employed a psychiatrist on a full-time basis. Atchison has a school population of about 2,000; and, although the psy-

chiatrist comes only once a week, the average daily service is about six times more favorable to Atchison children than that available to the children of the larger community.

The child guidance clinic is conducted so far as the limitations of the program permit according to the standards recommended by the National Committee of Mental Hygiene. This means a coordinative program in which the child is studied from the psychiatric, neurologic, psychological, medical, and social angles, requiring the services of individuals trained in various specialized fields.

The director of the Division of Mental Health, under the Kansas State Board of Health, is in charge of the present clinic. Psychological service is furnished by the public schools and the Kansas Receiving Home for Children, a state agency located in Atchison. A clinic social worker, provided by the Kansas Children's Service League, serves as intake worker, arranges appointments, and is largely responsible for follow-up treatment. School referrals are made by the visiting teacher or school social worker, who follows up some cases.

Consultant Service Is Rendered

After a child has received clinic treatment over a period of time, the psychiatrist calls a staff meeting of professional personnel including the child's teacher, principal, and the visiting teacher. Efforts on behalf of the child are reported and the group's combined knowledge of the case is shared. Interpretation of the child's behavior is made in light of the findings.

The clinic operates on the theory that adults working with children have

a right to expect consultative service from the clinic personnel. Problems in child training are discussed. It is often less time-consuming to work with an adult who can treat a child under direction than to attempt to help the child gain insight into his own personality problems.

The Program Has Served Atchison

An evaluation of the work of the clinic during the past ten years would be difficult. In some cases the beneficial

effect of clinic treatment has been hampered by limited community resources such as lack of adequate training facilities for the superior or the mentally retarded child, or the dearth of foster homes. However, most persons who have had extensive contacts with the clinic are agreed that it has rendered invaluable community service through its program of mental hygiene education, its advisory service, its work as a referring agency, and by its direct therapy to many emotionally disturbed children.

*Sex Instruction in the Classroom*_____

MARCILLE HARRIS, BERLAN LEMON and LESTER F. BECK

Results of recent research and opinion polls answer some questions concerning sex education in the classroom: When should authentic information be given to children? What mediums are most effective in presenting biological facts? How can parents be conditioned to accept classroom instruction in sex for their children? At the time this article was written, Marcille Harris and Berlan Lemon were graduate students in the Department of Psychology at the University of Oregon, Eugene, where Lester F. Beck is associate professor of psychology.

MOST PARENTS readily admit that it is important for children to understand that growing up, getting married, establishing a home, and having offspring are all a natural, normal part of living. But parents have divergent views about the question of how much children should be told concerning sexual aspects of growing up, getting married, and having children.

A survey of 404 Oregon families, representing a 100 percent sample in two school communities, revealed that about a fifth of the parents are in favor of

keeping sex knowledge from children as long as possible. Approximately half feel that nothing should be told about sex until the children raise the question themselves—if they ever do. Nearly a fifth are opposed to the suggestion that children should be allowed to help prepare for the arrival of a new baby and that this event might be used by the parents as an opportunity to teach facts of human reproduction. About two-fifths feel that it is improper for parents to dress or undress in the presence of their children. These results suggest

Copyright © 1949 by the Association for Supervision and Curriculum Development. All rights reserved.