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EDUCATION FOR MENTAL HEALTH

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The National Association for Mental Health

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There is probably no subject that engages the public interest as greatly as does mental health. Why not? Every one, minute by minute, in his feelings about himself in his dealings with other people, and in his relations with the realities of the world about him, is happy, congenial, and successful, or the opposite, depending in large part upon his own mental health.

At the same time there is no subject that is likely to meet with so much hesitation as mental illness. Again why not? Every one knows himself better than he knows other people. He knows his failures, he knows that he is sometimes unreasonable, and he often suspects that his mental processes may not be entirely sound. Since he does not know other people as well as himself, he does not know about their imperfections and their qualms and anxieties. To him they look sounder than they are. A comparison is always to his disadvantage. He hopes that his mental health is not too far off base, and usually it is not, but since he is not sure, he would rather steer clear of the whole disturbing business, including those who are trying to give him information about mental health and mental illness. He shudders at the thought of a mental hospital, but in reality he is shuddering at his own imperfections. Would he be so concerned if he could accept the fact that "to err is human" and that the right to make honest mistakes is one of the earmarks of democracy?

This combination of interest and aversion in the attitude of the public is a major problem to those who are attempting to advance understanding of mental health. It cautions slow progress. The average citizen likes to feel his way along, taking small doses of education and not investing too much emotional risk all at once.

Education, whether it be for mental health or for something else, is of two sorts. Sometimes education itself is the goal. Sometimes it is an instrumentality used to reach a well-defined goal of action that calls also for other approaches than those of education. But in general our schools and liberal-arts colleges follow the first purpose. They try to help a student to acquire a good understanding of the world without a clear definition of how this knowledge shall be used. They provide him with a foundation for dealing in an informed way with problems as they come along. In designing mental-health education, the first question that the educator asks himself is. "What knowledge have we?" and the second, "Which part of that knowledge has the more general use?"

* Presented as a radio broadcast on Station WNYC, New York City. April 2, 1954.

For the second purpose, the content of the education is chosen with a nearer and more visible goal in mind. In that case, the first question is, "What change or condition do we want to bring about?" and the second, "What knowledge is needed by those who are in a position to bring it about?"

These two purposes of education are not as clear-cut as this distinction may imply, for a curriculum of professional education is often designed to help the student carry out some pretty well-defined functions.

On the other hand, too often this distinction is forgotten and purposes become confused. Sometimes a person or a group that is interested in promoting mental health will say, "Let us have a program of education in mental health," or even more specifically, "Let us have some kind of film." They thus by-pass the first step. Instead, they had better make such definite statements as, "We need special provision for the mentally retarded or the mentally deficient in schools," or, "We need a child-guidance clinic," or "We need a psychiatric service in our general hospitals." It is clear that when the goal is set so specifically, one can begin to choose the knowledge that will best advance the purpose, but not before.

The evasion of a clear-cut purpose is not simply the result of a desultory approach to mental-health education. There is more depth and meaning to it than that. (Vagueness) is often (safe.) Education without a measurable goal cannot be checked up on, and so it can be (rather seductive). Long reports are often written about education that has been carried on, but one often has to guess the end that dictated particular lines of education. The results of such desultory education are so diffuse that they can never be measured. Education, therefore, can become a comfortable retreat. Since this confusion is more common with those who should be concerned with advancing community mental health than with those who are planning academic education, it may be well to look into education for social action. If such education is to be one part of a broader effort to reach a goal, certain steps may be followed to make sure that mental-health education has its proper place in the total scheme. What are these steps?

1. The first step is to decide what result is to be brought about. We shall call this the goal.

2. The second step is to design the strategy that will lead to the goal. We may call this the plan.

3. The third step is to identify the strategic persons that will be involved in the plan, and the roles that these persons will play in the movement toward the goal. We will call this the audience and its role.

4. The fourth step is to determine what knowledge and understanding these persons need for their task. This includes a determination both of their present preparation and of what they need in addition. This is the heart of the educational efforts — the message.

5. The message cannot be transmitted indiscriminately through any media. Certain media are better adapted than others to carry a certain message to certain persons, and these media must be decided on. We will call them channels.

6. Finally, having carried the first five steps into execution, there is need to test the results, to determine whether the plan, the audience, the message, and the channels were successful in achieving the goal. **Passage of Legislation.**

Now I would like to say something in detail about each of these steps and their bearing on mental-health education.

The Goal — The goal of mental-health education may sometimes be easily determined because it grows out of an acute current situation. This may be some form of delinquency. It may be an excessive amount of school failure. Is the situation, the need etc. created to arouse the public to rise to the defense. It may be a program that entails the separation of a large number of children from their families. On the other hand, the goal may be determined more deliberately. A review of the full field is then necessary in order to arrive at priorities. Priorities are, as a rule, influenced by the relative seriousness of a need — serious both to the individuals involved and to society generally; by the extent of the need; by the state of our present knowledge about dealing with the need; and by the readiness of the public to give backing to the effort.

The Plan — Planning calls for a study of where we are with respect to the goal. What factors are at work in furthering or retarding progress? Research and experimentation may be needed. Planning may call for the organization of a committee or a group of citizens. It may require the enlistment of professional support. It may call for raising money either by public appropriations or by contributions from individuals and foundations. Education is often necessary before these steps can be taken. Is that what the 500 million grant from Ford Foundation.

The Audience — Every phase of strategy calls for the participation of people, sometimes singly, sometimes in groups. From step to step, they may be very different people — general citizens, teachers, clergymen, doctors, and others. This means that all the people who need to be moved to think, feel, and act in a certain way in favor of the program cannot be identified by any rule of thumb. For each phase of the program they are different and differently timed. For some goals the major effort may be focused on a broad citizenry, or on the parents of babies or of school children, or professional bodies or leaders, or executive authorities such as governors. However, if the strategy is well laid out, the strategic people will soon become evident. One cannot, as a rule, simply pour a wealth of mental-health education into these strategic people and then hope that they will turn their efforts in the direction that will be in line with the goal. The education must be tailor-made, and it must make clear what these people can do. Further, two people or groups may be expected to perform similar roles, but the backgrounds of the two may be so different as to require very different motivation. For

some, other forms of **motivation** than education may be needed.

I stress this because of the importance of **tuning the educational effort to other motivational efforts, such as lobbying.**

The Message — This is the heart of education. What should education deal with? What funds of knowledge have we to choose from? How definite is that knowledge? Since this is the heart of the task, I am going to return to it after a few words about the channels.

The Channels — The media of education are sometimes simple, sometimes quite technical. People talk with one another in everyday, informal ways, but there is an organized body of knowledge about such media as addresses and lectures, films, stage plays, radio, television, news reports, and other channels. There are also specialists who should be called upon to advise on the use of these channels, so that valuable resources will not be wasted in the educational effort.

And now back to the message. In this particular program of WNYC, the goal is well-defined. The effort is to do something important to help people to grow up steadily and healthfully, so that they can be (1) at ease with themselves; (2) helpful to and capable of being helped by other people with whom they may be in touch; and (3) capable of dealing with the conditions of life realistically and constructively. That, in a nutshell, is **maturity.**

The first of these signs of maturity, being at ease with oneself, is the key to the second and the third, for the attitude that one has toward oneself determines very much how one will react to other people and to life's conditions. For example, a person who is continuously suspicious of others, who sees an enemy, perhaps a communist, lurking behind every acquaintance who differs with himself, is a person who is very unsure of himself. He will be apt to try to control the world about him in such a way that it will be least threatening.

The task of education for sound emotional development toward maturity is, then, essentially one of building up one's ability to feel appropriately comfortable about oneself. This does not call for perfection. The person who has achieved maturity is neither overdemanding of himself nor complacent about his shortcomings to the point of ignoring the possibilities of improvement.

How is this goal of maturity to be reached? How do people advance their maturity and what blocks them? Are there any particular stages in their life when they are most apt to be blocked? Progress toward maturity comes in part from the effects of the world about us, our environment, and in part from the conditions that exist within us, our constitutions. More and more evidence is coming to the fore to show that it is impossible to separate these internal or constitutional and external or environmental forces, they are so closely intertwined. Constitutional and environmental forces play upon each other to the point where it is often hard to distinguish which is which. One's bodily make-up begins at birth to be shaped by the world about one and

in very subtle ways. The regulation of bowel and bladder functions, the schedule of eating, the use of certain muscles more than others — all of these make for structural changes that in turn influence one's behavior.

At the same time each person tries to shape the world about him in accordance with his bodily needs. The structure and equipment of his home are influenced in that way. When the body suffers, the whole routine of life may be changed and lasting psychological changes may result. Much has been written lately about the damage that may be done to a child by careless separation of the child from the parents in time of illness. Many hospitals have come to realize that children who come in as patients are especially sensitive, and as a result many hospitals have changed their visiting rules in order that the child may be assured of a continuing relation with his parents.

But this change of rules involves the education of a good many people, not only to get the rules changed, but to have them carried out in the spirit that was intended. The child who is physically or mentally handicapped is especially vulnerable, and the wise doctor, nurse, teacher, or parent needs to be strengthened through education to deal with the whole child as well as with his handicap.

Development progresses rapidly in the earlier years. Some cultural anthropologists have indicated that the ways of life that are characteristic of different peoples and different nationalities become fairly well fixed before the age of five — in some countries as early as six months. If a child is switched off on a wrong cultural track for any length of time, a great deal of effort may have to be expended in order to undo this deviation, and the return may be only partial and leave a residue as a permanent problem. Therefore, most crucial in the development of a child toward maturity are those people who bring influences to bear upon him in his earliest years. These are the main audience for education for mental health. They are the parents, the public-health nurse, the physician, and the clergyman in particular. Coming along later, after many attitudes and habits have become fairly fixed and after a good deal of good or bad development has taken place, is the teacher; and still later come those with whom one works and plays in the home, in the neighborhood, and in industry. The role of each of these is different. Each is in a position to do more than he is now doing. Each has limitations that have to be taken into account. For example, with the parent both affection and anxiety have to be considered in an educational program because they involve both positive values and risks.

There is a rapidly growing body of scientific knowledge that can be used in an educational program with all of these groups. Too much stress cannot be laid upon the importance of maintaining a family atmosphere that permits the child to progress toward more and more dependence upon himself. You may note that I said permits rather than helps because the child has the possibilities of growth within him if given a chance to move

steadily toward greater maturity. The danger lies in his **retreating** into **immaturity** as a result of being hurt, or of taking a side track that **leaves him at odds with others**. Some of this side-tracking may occur as early as the first two weeks, when the nurse rather than the mother becomes the source of the **child's food** and close **personal, comfortable** relationship.

Many years ago Margaret Ribble wrote a book called, *The Rights of Infants*, in which the damage to children as a result of awkward separation from the mother was high-lighted. This possibility of **damaging** children was carried further by Rene Spitz who showed how seriously children can **regress** if hospitalized and cut off from their parents. The **World Health Organization** took this problem so seriously that it delegated Dr. John Bowlby to make an international study of the **emotional development of children**. His book, *Maternal Care and Mental Health*, has already become a **classic**.

Handicapped children are often dealt with in ways that give full consideration to the handicap, but little to the child. Children who are underweight, and particularly those with a tuberculous parent, are often taken away from the home for as much as a six-months period for upbuilding. Often they are taken so far away from home that they lose contact with the parents completely.

Cultural anthropologists have shown us how the handling of young children prepares them for the customs and attitudes of the folk to which their families belong. But it is quite clear from the anthropologists' work that the attitude of the parents and the kind of rearing that helps the child to mature in one country may be quite the reverse of what is needed for his adjustment in another. For a community with as varied national backgrounds as New York, it is obvious that **special safeguards** need to be developed to protect children from the hazards of conflicting customs, especially when the parents themselves are emotionally overwhelmed by the customs of this country that are new to them.

It has long been recognized that children from broken homes face a special hazard. Many children struggle to find a comfortable solution to these confusions of their growing-up period. They may find it in **deviant behavior such as delinquency**. Other children, by **sheer luck** or outside help, find a happier solution. But the chances for an **unhappy outcome** can be reduced by education that helps parents, doctors, teachers, social workers, and courts to do a **better job**.

Curriculum to be geared to "oppressed" and "foreign" born whose goals are different than our middle-class teachers—Benedia Gunenberg Child Study Association.

From what I have said it sounds as if the only way that one could carry on a program of mental-health education would be to **beam the message to every parent**, and this is **more or less the case**. But it is so large a task that we cannot hope that it will be beamed from **one point**. All of those who deal with families, especially when the child is young, but also when he is in school,

are in a position to be messengers. Health, education, and welfare agencies, clergymen, and courts are strategically situated both to learn and to teach, but they have a role to play that is even more basic than being messengers to the parents, for they are often in a position to influence the conditions under which families live and in which children grow up. Still, at best the results of their efforts to influence the child's progress toward maturity in his early years will be imperfect.

For that reason the schools stand in an especially strategic position. They are in a position to buffer some of the adverse influences that bear upon the child. They are in a position to provide a good atmosphere within the school that can counterbalance the reverse at home and in the neighborhood. The least that one can expect of a school is that it should not hurt the child further, and to this end that it should take into account that children differ and need different kinds of help from the school.

All of this calls for the education of school boards and school administrators. It calls for the education of teachers' colleges and the public that supports them. It calls for an understanding of the importance of selecting teachers so that the child may live in an atmosphere in which the teacher is encouraging rather than discouraging to his development toward maturity.

Education for mental health, it is obvious, is a tremendous task. It is not a task that can be shoved off on any one person or group. It is everybody's business.