PSYCHIATRIC ADVICE IN INDUSTRY *

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Psychiatric advice is not the same thing as advice by psychiatrists. It is wider than that and covers all advice which has as its aim furtherance of mental health. If it were to be given only by psychiatrists it would be unduly restricted. The main people to give such advice to the worker will be, besides the psychiatrist and the psychologist, the industrial medical officer and the personnel manager or welfare director. There are certain phases in the life of the worker at which such advice may be particularly called for—when he is about to leave school to begin his industrial career; when he shows signs of maladjustment, such as frequent absence or changes of job; when he develops neurotic symptoms; when he is about to return to industry after having been ill for a fairly long time with either a physical or mental disorder; and when, for medical reasons, a change of job is necessary. Before discussing the psychiatric advice that can be given in such circumstances I would stress that although under modern conditions industry may be taken to include all organized employment of men and women, for convenience I will consider only those industries which are organized in such a way as to have adequate medical and social services within them. It is, moreover, obvious that the mental health of the worker in industry may be impaired or furthered by influences working on him elsewhere, for example at home; industrial effects may be due to non-industrial causes. There must therefore be a close nexus between the psychiatric advice which is deliberately intended for the worker at work, and the more personal services available to him in the rest of his daily life. There can be no sharp cleavage between intra- and extra-industrial psychiatric advice. The former will, however, put more emphasis on prevention, and the latter on treatment.

The School Leaver

The first stage at which psychiatric advice may have a direct and intentional bearing on industry is when the future worker is about to leave school. Vocational advice given him then or at any subsequent entry into a new industry will have an important preventive function or, to put it more positively, may serve to advance his psychological well-being. Too often in the past this has been conceived as a question purely of vocational selection in the interests of the job, and popular notions of psychological and psychiatric work in the services had confirmed this dangerous view. Selection implies rejection, and often some degree of physical or psychological incapacity has meant rejection from employment in those industries or firms where every effort was made to get the best employees possible. In the days of restricted employment and surplus labour this policy was feasible, but it is clear that, in the future, placement rather than selection and rejection must be the chief concern of those who advise the entrant into industry. It is as important to decide what jobs are suitable for the defective, the obsessively neurotic, the schizoid or the

epileptic as to ensure that they are not encouraged to embark on careers to which they are unequal. Obviously it is advice and not compulsion that is in order here, but there is ample evidence that disinterested vocational advice to school leavers will have great influence, especially where it pays due regard to the wishes of the worker. It would not be proper to discuss in a few minutes the principles and scope of vocational advice. It enters, however, into many other phases of industrial life, for example the retraining of the disabled.

Resettlement of Psychiatric Casualties

At this point it is fitting to ask whether advice about the resettlement in industry of the psychiatrically handicapped deals with the same problem as the resettlement of the physically handicapped. Leaving aside for the moment the psychological aspect of physical disability (if one can ever leave aside so large a part of rehabilitation and resettlement) the answer must be that the differences are at least as important as the similarities. The physically handicapped, especially those who have a surgical disability or who are partially deprived of one of their special senses, have a well-defined and constant limitation of function; for a wide variety of specified jobs they can be trained as readily as a man or woman of the same age could be trained for any new task of comparable difficulty. But psychiatric handicaps, which are so often personality handicaps, are not limited: they may fluctuate, and may themselves greatly interfere with retraining for any job at all. These differences need not be taken as implying that resettlement of the psychiatrically handicapped is in general harder to effect than that of the physically handicapped. There are, however, practical consequences which flow from them. It would be out of the question to compile an Operations Manual for the neurotically handicapped, as one can for the blind, the deaf or the people with an amputated limb; in this respect persons with medical disabilities fall midway between the psychiatrically and the surgically handicapped. It would likewise be entirely undesirable to provide on any large scale within an industry sheltered occupations for the neurotically handicapped or for those convalescent after a period of treatment in a mental hospital. There is probably a case for the sheltered occupation, as specified in the Disabled Persons Employment Act, for the defective and for those who require institutional care, but the bulk of the psychiatrically handicapped must be fitted into the ordinary places and styles of work. It is, however, also true that the bulk of the physically handicapped do not require sheltered occupations but only appropriately designed tools or machines.

Where the neurotically ill are concerned the precise psychiatric diagnosis may be taken to be of great importance. This is, of course, an error; valuable as diagnosis may be in certain instances or for other purposes, it cannot by itself be as important from the industrial point of view as the personality and the morbid anomalies of behaviour which the worker exhibits. Judgment of the latter is sometimes said to be beyond the competence of the non-psychiatrist. I do not think it should be. No

* A series of papers read at a joint meeting of the Association of Industrial Medical Officers and the Section of Psychiatry, Royal Society of Medicine, London, on November 14th, 1944.

one, however dubious about the psychiatrist's place in rehabilitation, disputes that the psychological aspect of rehabilitation is very important. The psychiatrist would certainly not claim that he is the only person who should attend to this; he would rather see all those who handle sick people pay due regard to the psychological aspects of their restoration to health. Conversely, the industrial medical officer would wish the psychiatrist when handling the sick worker to pay informed regard to the man's restoration to work.

The Worker at Work

There remains the very large group of those still actively working. Some among them will be in the incipient stages of psychological maladjustment, others may be showing frank psychiatric symptoms; still others may be putting out signals of maladjustment which are construed as physical disease, for example, cardiac neurosis. Here again the psychiatric advice will be less often given by psychiatrists than by the doctors and others who deal directly with the worker. The psychiatrist, like the psychologist, will be available for advice and for consultation about those matters on which expert guidance is necessary, and for the treatment of individual cases his help will have to be invoked. But the main work of preventive psychiatry and the handling of minor maladjustments will be carried out by others. In a word, the preventive psychiatry of industry will not be the work of the psychiatrist but of the industrial doctor and the personnel manager. In America they have what they call 'counsellors,'¹ some of whom apparently aim at administering psychotherapy or something like it. The recent papers by Professor Hamilton² and by Miss McGowan³ of the Civilian Personnel Division in Washington make it clear, however, that authoritative people do not regard this as their proper field, and that these counsellors are in the main trained social workers fulfilling the functions which in this country are performed by good welfare and personnel managers.

The industrial medical officer occupies the key position in giving psychiatric advice in the sense in which I am using the term. He sees the workers, he has their confidence, and he knows his industry. It may be said that I am describing an ideal industrial medical officer. I do not think so. There are many such, and it would not be difficult to provide them with what many of them would like, namely, a better understanding than their ordinary medical education offered of the psychological aspects of health and disease, especially in regard to industry. The industrial medical officer, in conjunction with the personnel manager, is in a stronger position than a psychiatrist can be to give helpful advice and to spot incipient maladjustment. By his contacts with workers exhibiting maladjustment he can discover where are the trouble spots in his industry, and can bring about their elimination far better than any outside specialist could. His effectiveness will therefore depend on the extent to which he has the confidence of the workers and of the management, especially those in charge of job allocation and promotion. He is not likely to succeed to the full unless he trains himself to utilize his medical interview for psychiatric ends; in other words unless he can combine sympathy, detachment and guidance, and can avoid the hasty direct questioning or 'hand out' advice which are sometimes all that the hurried practitioner can give to those with non-physical troubles. Similarly he needs to use his helpers, especially the industrial nurse, as much for psychiatric as for physical troubles. The nurse can tell him who are the workers who sustain frequent minor

injuries or who make mountains out of traumatic molehills—not that all the accident-prone workers are psychologically in need of attention, or that those who make a great song about a sprain or a pain are in need of close medical scrutiny; but these may be useful pointers.

Industry's Link with the Psychiatrist

In thus stating what I believe to be the psychiatric functions of the industrial medical officer, I am not unmindful of his present deficiencies, if I may say so. I suppose many of them have as little acquaintance with psychiatry as psychiatrists, by and large, have with industry. There must therefore be considerable interchange of experience between these two specialists. It seems to me that much would be gained if in industrial areas the psychiatrist could make it his business not merely to receive sundry patients referred to him at his hospital clinic but also to arrange regular visits to the larger workplaces within the area, where he could see special cases on which his opinion was desired and could discuss on the spot the problems arising out of these cases with the medical officer, personnel manager and others concerned. The reciprocal benefit would be very great, and the proper balance would eventually be attained between cases which are referred to him and cases handled directly by the industrial doctor; it would depend on how helpful he was and what contacts were established between him and those within the industry. There are of course great practical difficulties, especially administrative and financial, in arranging any such scheme, particularly where it concerns small firms or such industries as those concerned with distribution and catering; but where it is practicable it seems to me to be the ideal method on many counts—not least because of its educational advantages.

Refresher courses in industrial medicine are likely to be made available for medical officers. It would be profitable to ensure that in these due attention should be paid to the psychological side of the work. By due attention I do not mean the offer of a bird's-eye view of modern psychiatry nor a hasty outline of the theory and technique of psychotherapy. There are some less ample matters, touching on causation, detection of incipient trouble, and prompt adjustment, which could usefully be singled out and explained in a few terse lectures or frank discussions. Of course these could not supply all that it would be helpful for the industrial medical officer to know of preventive psychiatry: only a reorganized undergraduate curriculum and a systematic post-graduate course in industrial medicine could be expected to put the psychiatric aspect of industrial medicine in its proper place and perspective among the many things which the medical officers of the future will need and wish to learn. But in the meantime refresher courses could provide useful *ad hoc* information about psychiatry as about other topics.

This is a favourable time for ensuring that psychiatric advice in industry shall be made available on wide and sensible lines. The war has seen the introduction of ancillary services and the enlargement of such services where they already existed; the skeleton is available for providing a good psychiatric service; and in many places the skeleton is already clothed with healthy flesh and exercises healthy functions. In the Services preventive industrial psychiatry and rehabilitation are being vigorously carried out; the E.M.S. similarly provides object lessons in how psychiatric advice may be required and used for industrial rehabilitation. It would be a grave error, of course, to imagine that Service experience or even war-time experience is in all respects applicable to the problems of civilian industry; there are great differences which it would be perilous to ignore. But the times are propitious. Men's minds are receptive to the need, and great social measures are being turned into law which will aid and simplify our task.

¹ *Counselling and Psychotherapy*, by Carl Rogers. New York. Houghton Mifflin, 1942.

² *Counselling as Social Case Work*. Proc. Nat. Conf. Soc. Work. New York. Columbia Univ. Press, 1944.

³ *Counselling in Industry*. Proc. Nat. Conf. Soc. Work. New York. Columbia Univ. Press, 1944.