Psychiatric advice, in the view of the industrial medical officer, includes both advice to persons with psychiatric disorders and advice to avoid its development; and whether the industrial medical officer initiates the advice or not he can often implement it. Psychiatric disorder is frequently an indication that the unaided patient is failing to cope with his environment. Concerning psychiatric patients the question often arises whether they are merely the useless members of industry or the work-shy. In any case the problem is becoming increasingly important because of the impossibility of dealing with such individuals merely by dismissal.

The extent of this problem has been indicated by study of the incidence of definite and of minor neurosis among random groups of industrial workers, separated according to skill required for the job. We have found that the disorder is spread throughout all groups without any great difference; this suggests no excessive concentration among the less useful members. It also indicates that minor disorders demand greater attention.

Method of Examination

The industrial medical officer comes across psychiatric cases by post-sickness examinations, examinations of new entrants, of workers with disabilities or recent illness, of employees referred for job-change or by the foreman because of indications of illness or inefficiency. To elicit evidence of psychiatric disorder a relevant method of examination is required. It is useful first to attempt to transfer the complaint from symptoms to a description of what disability is involved: a workmate’s or a foreman’s report on behaviour and efficiency may often help in this. Then while assessing physical status it is important to assess the worker’s attitudes to the main environmental features—his job, his workmates, his foreman, his social life outside the factory (its interests, scope for contacts, and responsibilities), and to indications of future prospects. Then it is also useful to elicit any present dissatisfactions, nor merely worries. Finally, it is useful to assess his abilities and other assets as indicated circumstances. Advice or other treatment will be possible only when the focus of his disability in adjustment and the extent and nature of his main physical and mental assets are clear. It is often more important to think of satisfying interests or of giving scope to untapped abilities than merely to relieve worries or dissatisfactions.

‘Group Atmosphere’ at Work

In order to adjust working environment to suit the needs of such patients, and so to minimize any adverse effect, the industrial medical officer should be familiar with the main psychological factors of working environment, namely, the personal contacts that it involves and the actual job that has to be done. It would be absurd to minimize the importance of ‘working conditions,’ but it would be equally unwise for a doctor to confine his attention solely to this aspect of the problem. Attention has already been drawn to the importance of the environment provided by the supervisor and how indications of their shortcomings may become apparent in the worker’s health and output. However, supervisors have also a potential usefulness in helping with rehabilitation and after-care of patients who have returned to work.

This is but one aspect of what might be called the ‘group atmosphere’ which is so important in the working environment. In ascertaining the most suitable job to which any individual may be assigned knowledge of the

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* For the Industrial Health Research Board.

may be as important as the more obvious features of the job. Wage and bonus systems, similarly, cannot be ignored. They colour job preferences in the worker’s mind and are an important contribution towards or against the happiness and integration of the group. Unreasonable or unintelligible differences in rates may appear among the worker’s dissatisfactions, and these often merit examination by those interested in environmental hygiene. While no one questions the need to foster maximum factory output, it may be questioned whether the trend for bonus systems to become so closely related to individual output is not becoming extreme. Maximum output depends both on individual effort and on cooperation, and a wage rate too closely related to the former may defeat its objective by diminishing the latter. In any case it enhances the potential harm from errors in rate-fixing and the need for their correction.

Job Analysis

In the realm of studying the actual job there is still a largely open field which calls for study by the industrial medical officer, particularly as he is becoming increasingly involved in job allocation. At a minimum he will participate in this for the new unfit worker, for the returning disabled worker, and for those requesting a change of job. The general discredit of the term ‘light work,’ and the recognition that the disabled worker needs to be placed according to his abilities rather than his disabilities have focused the need for appropriate job analyses. Pending any wider studies, the following headings may be of value in this respect:

1. Skill requirements. Several subdivisions (3–5) are probably required and if foremen or other technicians are asked to state the training period required for the average inexperienced adult this should form a useful basis. Finer details of the aptitudes required are probably less important but might be subdivided as follows:
   (a) Background knowledge (e.g. toolroom worker, machine fitter, etc.)
   (b) Hand or other dexterity.
   (c) Vision (fine, medium, little: constant or occasional).

2. Exertion or Muscular Requirements. This is difficult to classify, but maximum effort involved (in pounds of pull or push), an estimate of the usual daily load in comparison with other jobs in the factory (e.g. foremen may grade all jobs into heavy, medium and light from this point of view), and whether some limbs are not required, might be assessed under this category.

3. Other Points. Responsibility: whether any charge over other persons or unusual technical responsibility is involved. Initiative: whether or not a requirement. Changes involved: whether changes of product or type of work are to be anticipated, and whether operation cycle is short or long. Group aspects: whether solitary, part of a group, mobile, etc. Wage: general level, bonus system, etc. Contingent features: any particular risks or other features (e.g. dirt, heat) not common to the factory. That all the environmental influences which contribute to mental health or ill-health do not arise in the factory needs no emphasis. Recognition of this has led to the development of welfare activities by management interested in maintaining the best health among their workers. Extra-factory circumstances are a common background to neurosis in women, and a frequent background in men. Many of these people are living under circumstances in themselves unalterable, but this rarely means that the individual’s adaptation to such circumstances cannot be assisted by sympathetic and relevant welfare work or by other advice.