PROGRAM DEVELOPMENT

From Child Guidance to Community Mental Health:
Problems in Transition

Mental health concepts in the United States are undergoing one of the most profound changes since Beers evolved the philosophy of mental hygiene at the turn of the century and fostered the growth of the child guidance movement. Child guidance clinics which proliferated during the 40's and 50's focused their attention primarily upon the diagnosis and treatment of mental and emotional disorders in children. While aware of the problems of mental retardation, lower class populations, school dropouts, juvenile delinquency, early identification of emotional disorders in children, etc., these clinics in general restricted their activities to the confines of the clinic and usually had only limited direct contact with important nonpsychiatric agencies in the community.

With the increasing acceptance in the field of mental health of the public health concepts of primary and secondary prevention, it is evident that the traditional role of the child guidance clinic will have to undergo marked modifications if it is to keep pace with the current community mental health revolution. The exact nature of these changes will vary from community to community, but the ultimate goal of the new programs is to provide broadly based community mental health services emanating from a "comprehensive" or "all-purpose" community mental health center.

The exact nature of these changes will vary from community to community, but the ultimate goal of the new programs is to provide broadly based community mental health services emanating from a "comprehensive" or "all-purpose" community mental health center.

This paper will describe the experience of one agency, over a 12-year period, in adding community mental health functions onto an existing child guidance clinic. It should be emphasized that the child diagnostic and treatment unit, although modified and updated during this period, still remains the core program around which the community mental health services revolve. In fact, with the expansion of our community program, the children's clinical services have actually been strengthened and enlarged.

THE CENTER

The South Shore Mental Health Center in Quincy, Massachusetts, is presently dedicated to the concept of comprehensive community mental health care. It serves the mental health needs of nine cities and towns south of Boston, together comprising a population of over a quarter of a million people. With its professional staff of 30 full-time and 13 part-time persons, it endeavors to offer a wide variety of services to the community while at the same time maintaining a high level of clinical services to children and adults. Over the past decade, this agency has evolved from a small part-time child guidance clinic to a broad-ranged community mental health facility. Its roots, however, extend back over 40 years to the time when the mental hygiene movement took hold in Massachusetts.

History

In 1922, the Commonwealth of Massachusetts passed legislation setting up a Division of Mental Hygiene, whose purpose it was to establish and finance child guidance clinics. The Quincy Habit Clinic was opened in 1926. Its stated purpose was to aid in the prevention and treatment of emotional disturbances and scholastic problems which the normal child may experience in the process of growing up. This was to be brought about by the "cor-
rection of certain physical habits, mental conditions, personality traits, and social conduct.” It is interesting to note that even 40 years ago the concept of prevention of emotional disturbances was considered an integral part of the clinic function.

The Quincy Habit Clinic, later known as the Quincy Child Guidance Clinic, operated on a part-time basis and in several locations until 1953 when it began full-time operations with a professional staff consisting of one half-time psychiatrist, one half-time psychologist, and one full-time social worker. Two years later, in 1955, it was decided to extend its services to seven additional South Shore communities and to change the clinic’s name to the South Shore Guidance Center. It was during this period that the expanding programs such as mental health consultation and mental health education were beginning to be offered to the community.

By 1958, the Center had enlarged its staff to 15 full-time and 15 part-time professional persons. It had expanded community mental health activities to include: increased mental health consultation to the schools; extensive research and service programs with the juvenile court, local police, and probation officers; and the initiation of collaborative functions with the Medfield State Mental Hospital, which serves part of the South Shore community.

The continued expansion of the Center’s community mental health programs was accompanied by an increase in the full-time and part-time professional staff to 43 persons plus 12 consultants. The current personnel represent such diverse specialties as rehabilitation counseling, psychiatric nursing, nursery school education, pediatrics, occupational therapy, group work, and public health, as well as the traditional clinical fields of psychiatry, psychology, and social work. Several sections or units now comprise the mental health facility. These include the children’s diagnostic and treatment section, the adult diagnostic and treatment section, the aftercare services section, the mental retardation education and services section, the court program and law enforcement education section, the professional training section, the research section, and, finally, the community consultation services section. The Center has administrative responsibility for two nurseries for the preschool mentally retarded, one nursery for the emotionally disturbed child, an occupational training center for the adult mentally retarded, and a half-way house. Thus, it is far along the road to providing comprehensive community mental health services within both a public health and mental health framework. Currently on the drawing board are such additional services as inpatient and day care programs, and projects dealing with broad social issues involving alcoholics, school dropouts, the Commonwealth Service Corps, and the antipoverty program.

The Center works closely with the South Shore Mental Health Association, which is the community partner with the Massachusetts Division of Mental Hygiene in promoting mental health in the South Shore area. The Association’s Executive Director has an office in the Center.

This accelerated expansion of personnel and mental health services, and a changing philosophy of mental health goals have created problems both in the administration of the Center and in the establishment of appropriate relations with the community. The following is an attempt to delineate the successes and the difficulties and frustrations encountered during this evolutionary period, which can be divided into three stages.

**Stage 1: The Reluctant Community**

In 1953, the Center, with the equivalent of two full-time professional staff and a rather lengthy waiting list, decided to alter its traditional approach of servicing the mental health needs of the community and began to focus increasingly on new approaches to prevention of mental illness in the community and on “crisis intervention.” The staff began to reach out directly to every referring source in an attempt to determine each agency’s unconscious as