

experiences and training; (c) a study of the relationship between the occurrence of 'acting-out' behaviour by the children and the structure and character of staff shifts; and (d) the development of the Flanagan Critical Incident Technique as a means of time-sampling behaviour in terms of the Centre's objectives for the individual children. The ultimate aim is to be able to relate the progress of the individual children, in different senses, to their treatment experiences. Treatment experience is seen as including the impact on the children of changes in the character of the organization at a sociological level.

The purpose of this note is to invite participation in research at St. Charles by external bodies or individuals. This would be especially valuable if it supplemented existing work in relation to the overall research aims, although any research activity would in principle be welcome. The booklet *Youth Treatment Centres* (H.M.S.O., 1971) gives further information about St. Charles. Enquiries about research may be directed to the Research Psychologist.

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St. Charles Youth Treatment Centre,  
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### The National Association for Mental Health

The MIND Campaign, launched early in 1971, is now entering its second year of activity. The twin themes of the Campaign in 1972 and of MIND Week from 22–28 October will be 'A place to live' and 'A job to do'.

The Campaign will draw attention to the plight of thousands of patients in mental hospitals—perhaps as many as 10,000—who could be discharged if alternative forms of residential accommodation were provided in the community. Local associations of MIND/NAMH have established 45 group homes where former patients, many of whom may have spent 25 or more years in hospital, can, with support and care, live independent lives in the community. But this provision, valuable though it is, barely touches the problem. MIND Report No. 4 on community care provisions for the mentally ill, published last October, showed that 40 per cent of local authorities made no provision for hostels for discharged psychiatric patients and 60 per cent had no programme for the provision of group homes, family placement and subsidized lodging schemes.

The employment situation for many former patients is also a cause for concern. The higher the level of unemployment, the harder it is for disabled people—whatever the nature or degree of their disability—to get jobs. There are 50,000 registered disabled people out of work today. But this is an underestimate of the real total because many discharged mental patients are reluctant to register as disabled lest their employment prospects should be put in jeopardy. This is a problem MIND is pledged to tackle.

The MIND Campaign will, throughout this year, concentrate on the living and working situation of former patients.

MARY APPLEBEY, *Secretary*.

### CORRESPONDENCE

DEAR SIR,

In connection with the published comment in *News and Notes*, June 1972, on the need for proper representation of views on the etiology of mental illness, I wish to inform you that some discussion on this topic will take place in a programme entitled *Controversy* which is to be produced by Horizon, BBC 2. It will feature Dr. Thomas Szasz of the U.S.A., presenting the case for a social approach, and there will be three or four discussants expressing the more traditional views which you suggest should be put forward. Certain eminent psychiatrists have been invited to appear, and it is hoped that they will accept. I myself will be presenting a viewpoint which, though basically psychoanalytical,

has also been termed 'eclectically humanitarian'. The producer is Mr. Carl Sabbagh of BBC Science Features. The programme, which will be recorded at the end of July, may be transmitted a few weeks later.

I would stress the importance of senior members of our profession accepting the at times onerous duties of public presentation in order to perform the essential task of community education, preferably under their own names.

ISMOND ROSEN.

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