

**3. Patient/Client-Centred Approach.** We would like to see less emphasis on role distinctions when distributing patient/client care amongst members of the Primary Health Care Team. (G.P's, district nurses, health visitors, social workers, midwives etc.) Professional roles should not be allowed to shape recognition of patients needs.

**4. Personal Responsibility for Health.** Once we stop perceiving needs in the light of preconceived ideas of resources available, we will discover that these needs are infinite. We can never satisfy them by trying to take responsibility away from the patient/client. We should aim at facilitating individual and group self-help.

### References

- (1). **Menzies, I.** *'Functioning of social systems as a defence against anxiety'*. University Quarterly. Vol. 24, Spring 1970.
  - (2). **Price and Johnson,** *'Integrated client centering in community health planning'*. Health Visitor. Oct. 1976.
  - (3). *With a little help from my friends'*. Community Outlook section of Nursing Times, 13. 6.78.
  - (4). **Katherine Mansfield** quoted in *'An investigation into the principles of health visiting'*. Council for the Education and Training of Health Visitors. 1977.
  - (5). **Hargreaves, I.** *The Nursing Process.* Nursing Times Occasional paper. Nursing Times 28.8.75.
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## The Laisteridge Centre.

A catalyst for mental health?

Before we look at true 'mental health' we must look at its shadow 'mental illness', which is seen as "dirty", "incurable", "dangerous", etc. in our present day society.

**So what is "mental illness"?**

Firstly, a seemingly vast area of psychoses and neuroses caused by the individual's inability to cope with 'normal' society. Secondly - or a chronic illness of organic origin which can be maintained by regular drug treatment. Thirdly - or a lapse in behaviour traits which can be modified.

Or is it, in fact, a point to the fact that something is very wrong with society and that society needs to change to accommodate this? Coupled with this is the possibility that mental trauma are, in fact, the upheavels of a new awakening of awareness in which old mental frameworks can no longer work - hence the "break-down" and "freak-out" of the ego.

It is very much the premise we take which determines the treatment and potential 'cure' of "mental illness".

### **Mental Health and Humanistic Psychology.**

As Maslow said, Humanistic Psychology aims to provide the healthy side to psychology. Obviously the traditional psychological approach (1, 2, 3, above) fall very much into the sick category in their analysis and treatment of mental trauma or unsociable behaviour patterns.

So in the field of psychiatry, adherents to the Humanistic Psychology approach have a head start. Not only can mental illness be cured, which traditional psychiatry hardly dare hope, but it is perfectly natural in the first place. Furthermore, we do not have to modify our behaviour to fit in to how we are supposed to be - we can happily be who we are, we can become freer than we ever imagined, or that society would let us imagine!

### **The Laisteridge Centre.**

It is basically my disillusionment with orthodox approaches to mental illness through working in psychiatric hospital and re-habilitation unit for the mentally ill, coupled with my own previous psychoses, cured without psychiatric treatment, which led me to assess the possibilities of new approaches to helping people who had real problems in relating to themselves and the world around them.

I had left psychiatric nursing and started a degree in Peace Studies at Bradford University to re-think my approach to curing mental illness through consciousness raising. I discovered some vacant rooms in a house belonging to the University union, and was given permission to use them. After discussion with John Gorton, a social worker friend, who had done some groups at the University, we decided that the initial approach should be a 'Day Centre' for people who had received some sort of psychiatric treatment. It was arranged that the Social Services would refer people to us. So we opened in February, 1978, one Wednesday a week, simply as an informal meeting place for people who had experienced mental illness. We did have some ideas about structures, but we soon saw that people did not really want them. About six or seven people were coming each week. We noticed that those who came regularly were not those who had been referred, but came of their own free will, having heard about the Centre from some other source. It has also become clear that almost all the people who have come along to "help" have themselves experienced some mental trauma in the past, often necessitating some form of psychiatric treatment. The boundaries between helpers and helped are hardly definable. So, in fact, the Wednesday sessions have been a meeting place for all sorts of people to come, and be, and talk - and whilst maybe six or seven people each week have been "clients" the four to five "helpers" have themselves benefited from the whole process. It has, in fact, been a learning process for about twelve people each week.

One deficiency with the Wednesday sessions is that the informality has not allowed for a true exploration of potential and self-awareness amongst the group. We saw that there is a need for a deeper, more meaningful communication and have just set up a "Creative Group" which meets every Tuesday, specifically to help people discover, assess and utilize their own potential. This can take the form of creative craft work, learning to cook, sew, knit, photography, yoga and so on.

We have been aware that the centre exists specifically to help people who need more than psychiatric treatment offers at this time. We feel the need to develop and present open-ended therapy and counselling services which can really help the individual to help himself or herself grow and unfold. It has been this understanding that has really been the core of our endeavours here, and is central to each of our aims set out below.

- To facilitate personal growth and renew health of individuals who have been suffering from problems which have been diagnosed and treated as 'mental illness'.
- To provide an advisory and counselling service for individuals who have been suffering from problems which perhaps in certain cases normally necessitate psychiatric treatment.
- To facilitate research into causes, prevention, and treatment of 'mental illness'.

**Statutory Organizations.** We have endeavoured to maintain a good working relationship with the Area Health Authority, the Social Services and other statutory bodies, and have a psychiatrist, a clinical psychologist, social workers and other professionals sympathetic with our aims as our support group. We feel this is both necessary and positively helpful for all concerned.

**Towards The Future.** Much of our plans for the future rest on funding, since without committed people who also have some income to live on we cannot grow and develop our services here. It is paradoxical that whilst Social Services and Area Health Authority are very willing to send us people, they are not willing to offer us financial support. Unless financial support is forthcoming, we cannot plan to do much more than what we are doing now, and for how long we do not know. With grants, we could really develop, find larger premises and really offer facilities to help those people who need it. - and environment in which the principles of human growth and happiness, inherent in humanistic psychology, come face to face with actual human needs.

#### **The future of Humanistic Psychology and Mental Health.**

It is obvious to us that the people who really need the help are not getting it. The Growth Movement has really developed some excellent approaches to human growth. Modern psychiatry is no more successful in "curing" people than it was twenty years ago. As the Senior Nursing Officer at the hospital I last worked in said to me - "With the development of medication we have taken the bars off the windows and put them in people's minds". - surely that is not the essence of psychiatry? People into Humanistic Psychology, therefore can and must work towards the betterment of our human conditions. The system is corrupted by power hierarchies and many sincere people get trampled on and leave, whilst the power elite get stronger. What can we do outside? - very little, I feel. Perhaps a new training in Humanistic Psychotherapies could help somewhat, and training that is available to the people that need it, and not just to those who can afford the high expense involved and live in London. As for growth centres, etc., let's see them open to the people who really need them.

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