

NATIONAL
HEALTH
FORUM

mental health

**of
the
worker**

Mental health in industry was the subject of two panel sessions at the National Health Forum, held in Chicago, March 17-19, 1959, under the sponsorship of the National Health Council, with "The Health of People Who Work" as its general theme.

Participants in the panel discussion were: Dr. David H. Goldstein, medical director of the *New York Times*; Dr. Kenneth Munden, psychiatrist in the division of industrial mental health, Menninger Foundation; Richard C. Warren, director of education and personnel research, International Business Machines Corporation; Dr. Alan A. McLean, psychiatric consultant, International Business Machines Corporation; Dr. Ralph T. Collins, psychiatric consultant, Eastman Kodak Company; and Dr. James C. Conant, psychologist, Hanford Atomic Products Operations, General Electric Company. Dr. Collins and Dr. McLean were chairmen.

MENTAL HEALTH in industry presents a challenge to management. This challenge is no longer obscure. People have become quite familiar with the costs of treating the mentally ill, the shortage of trained psychiatrists, and the actions taken by many States in an attempt to improve the therapy of those stricken with mental illness and to further research into its causes.

Chairman Collins made these statements in opening a discussion of mental health in the industrial setting. He added the following facts:

- Emotional illnesses cause more absenteeism from work than any other illness except the common cold.

- Eighty to ninety percent of dismissals today are attributed to social incompetence, the inability to get along with people. Ten to twenty percent of dismissals are defined as technical incompetence.

- One of four workers, or 16 million of 65 million, manifest personality disturbances through absenteeism, accidents, alcoholism, illness, job dissatisfactions, or trouble with co-workers and supervisors.

- Off-the-job stresses loom large in the causation of on-the-job dissatisfactions, ineffectiveness, poor work habits, ineffectual relations, and faulty attitudes.

- The cost to industry of the disruption resulting from emotional disturbances among workers, supervisors, and executives runs into hundreds of millions of dollars annually.

- Leadership in the office and factory is a vital force in the promotion and preservation of mental health in the environment of the worker at any level.

- If he is to be a good leader, the health of the executive must be conserved, and yet today there are many pressures, frustrations, fears, and feelings of insecurity in his life. Consider the titles of some recent articles in business and popular magazines relating to the hazards of being an executive, such as "Slow Up or Blow Up," "Your Next Promotion Can Kill You," and "Must Executives Die Young?"

Collins underscored the importance of the total health of the worker, both physical and emotional, to the worker himself, the company

which employs him, and to his family and community.

Occupational Medicine

The objective of occupational medicine is to keep the working force as healthy and therefore as effective as possible, Goldstein said. And he added that the keystone of health maintenance is preventive medicine and case-finding.

In casefinding covering the whole host of physical and mental diseases, the plant physician is concerned primarily with early detection, particularly in mental illness, Goldstein continued. He knows that the earlier detection is achieved, the more likelihood of cure or if not cure, substantial amelioration, and the less disruption in the industrial community.

Goldstein described the plant physician as an unusual combination of personal physician to the employees during their working hours and health officer for the plant as a whole. In both capacities, he observed, there is opportunity for early detection of mental illness. As personal physician, he can relate physical and emotional stress to the total medical problem as employees seek his assistance, and as health officer, records and statistics permit him to observe, epidemiologically, the areas of excessive absences, accident frequency, or increased frequency of visits to his department.

As a means of casefinding in mental illness, Goldstein emphasized the advantage of educating supervisors to recognize symptoms. Support for this program, he said, should include a halt for medical appraisal, after a reprimand and before disciplinary action. The appraisal should be preceded by an interview with the supervisor. Deterioration in worker performance, especially when associated with personality change, always warrants referral to the medical department. He also pointed out the advantages of screening morbidity data for depressions masquerading as spastic colon, palpitations, fatigue, and noticeable weight change.

But the responsibility of the physician in industry goes beyond detection of mental illness alone into the broader area of prevention, Goldstein continued. As a member of the plant

community, the physician is free to discuss work attitudes and climate and, through these discussions, obtain understanding of human relations in the various departments. He appreciates the importance of and observes group behavior. He is aware that many companies have a "plant personality" to which employees attempt to conform.

Company policy, according to Goldstein, may invite employees of the type who thrive in a dependency relationship. Disturbances in supervision or job assignment of these dependent personalities may well develop stresses or even breakdown. He suggested that anticipation of such situations permits preventive measures.

In discussing the present emphasis on the executive position as a health hazard, Goldstein said scare headlines are "a bit overdone." He cited the results of a recent study by a large corporation, using heart disease, hypertension, and arteriosclerosis as stress manifestations, which showed an incidence somewhat lower in executives than in rank and file workers of comparable age and sex. He prefaced his remarks in this regard, however, by saying there is a rather extensive executive health program in operation at his plant and mentioning the value of the health appraisal and counseling part of these examinations.

In adopting what he termed a tangible and concrete approach to possible solution of certain mental health problems in industry, Goldstein discussed some of the specific procedures used by his company.

We must realize that throughout the United States the predominant occupational health service in industry is provided by the nurse, working alone, Goldstein said. It would be blind indeed, he added, to concentrate on the large plant medical service with an elaborate staff.

Through recognition, the nurse can take the first steps in handling employees with mental illness, he continued. If a doctor is available, either on call or on a part-time basis, she gives him a history of her reasons for referral. If she does not have a plant physician available, she can reach the employee's family physician, alert him to the situation, and at the same time encourage the employee to see his doctor. Both elements were considered essential by Goldstein.

The nurse has a variety of community resources available, he added, if the family physician is unwilling to assist or feels unequipped to handle psychiatry, if there is no family physician, or if the employee cannot pay for help. But her fundamental role is to recognize emotional disturbance and to encourage the employee to seek help.

He emphasized that the employee with mental illness must reach out for help; he cannot be directed to seek it.

In citing specific examples of help given by a medical department, Goldstein discussed first the "ever-present and too common" problem of alcoholism. In his plant, he said 2½ percent of the employees are identifiable alcoholics. He added that there are probably more, unknown to him.

Alcoholics have a tremendous need to see themselves in relation to people, he said, and we try to harness this motivation through a firm yet gentle approach, saying "Let's be realistic, you have a problem. Here are the avenues of help." In the case of a recognized problem drinker, Goldstein continued, job jeopardy is used in a system of warnings, in the hope this will motivate the man to seek assistance.

Sources of help suggested by Goldstein were the family doctor, Alcoholics Anonymous, and community resources. While listing the family physician as the frontline of defense in considering community aspects of depressions and severe psychoneuroses, Goldstein added that for the most part he will not assist in treatment of alcoholism.

Preventive psychiatry appropriately used was discussed by Goldstein as another example of good mental health practices in industry. Retirement shock is a familiar term today, he said, stating that it is his belief that the dazed, apathetic, and withdrawn attitude of individuals verging on retirement or newly retired can be avoided through counseling. His organization, he said, routinely schedules informal discussions with employees between 6 months to 2 years prior to retirement. The individuals without resources outside their job are the most likely candidates for retirement shock, and it is these individuals who can be helped through counseling.

Goldstein explained his company's procedures in the return to the work area of a patient cured of a mental illness. He elaborated on the consultative techniques between the hospital psychiatrist and the plant physician in evaluating the demands of the job, saying that the advice of the psychiatrist is followed in most instances, in modifying either the work itself or the hours of work. He pointed out that these efforts are not always successful, but without these techniques, the patient might never be returned to work.

Goldstein recognized that there are only a handful of industries in the United States employing a psychiatrist full time. Recognizing that it would not be practical for many to do so, he advocated use of the part-time psychiatrist on a consultative basis.

Considering that the use of community resources is dictated by cost and the limitation of employee's funds, he saw encouraging developments in the area of insurance, such as major medical care programs and group policies, taken out by labor and management or management alone or paid cooperatively.

Goldstein stressed the importance of preserving the confidential nature of medical information in a company setting. Obvious outbreaks cannot be concealed, but referrals for subtle manifestations must be preserved as a confidence. The value of maintaining this information as privileged was related by Goldstein to the number of employees coming to his department for help.

While it is axiomatic that the industrial medical department appreciate its responsibility in the area of mental health, Goldstein said, it is equally axiomatic that if the whole program is to succeed, management must endorse and support the medical department.

Research

There are two ways of looking at mental health problems in industry, Munden said.

We can enumerate symptoms, such as those implied in alcoholism, absenteeism, accident proneness, promotion neurosis, and occupational reactive depressions—a palliative and purely symptomatic approach not in keeping

with medical tradition that diagnosis precedes treatment.

Or we can look beneath the surface at the forces in industry which tend to impair mental health, such as failure to provide identification models, interference in interpersonal relationships, or demands on people beyond their individual capacities or skills with a resultant failure to come to psychological fruition.

Munden related these forces, which he said precipitate symptoms through deflating self-esteem to a feeling of worthlessness, to three factors: reluctance to act, power relationships, and the impact of change.

He mentioned perceptive executives, who understand the effects of motivation very well but who hesitate or are reluctant to put their knowledge to use by satisfying the desire to be heard, to be recognized. The classic denial of opportunity for individual recognition persists along with the custom of giving a watch for 30 years of service, even under an informed management.

Failure to recognize the meaning of power held over others creates another problem area, Munden indicated.

Living is a system of power relationships and dependencies, he said. We start life dependent upon those more powerful than we—our parents. From then on, any person in a position of authority is the "father figure."

People have conscious expectations of being protected, helped, supported, and guided by the authority figure. They also have unconscious expectations of which neither they nor the person in power is aware. Knowledge of such power relationships and their proper use means that a supervisor appreciates his role fully.

Technological changes are occurring so rapidly that it is difficult to keep up with them, Munden said. It is assumed that people can change as easily, accepting the dictum, for example, that automation does not mean loss of a job and that there will be no fears and anxieties or disbeliefs of such a dictum.

He pointed out the example of the difficulties of middle-aged people in accepting changes in job techniques or increased responsibilities, their feeling being that they cannot change, even while they complain.

The Health of People Who Work

Sponsored by the National Health Council and its more than 65 member agencies, the National Health Forum on "The Health of People Who Work," held in Chicago, March 17-19, 1959, was attended by approximately 600 persons from the States, Hawaii, Puerto Rico, and Canada.

Seventeen groups discussed such areas of occupational health as provision of a healthful working environment, preparation for retirement, mental health, health education, communication, mobilization of resources, programs for small plants, and costs relating to worker health. At the close of the 3-day meeting, representatives of labor, management, the professions, and the voluntary and official agencies summarized suggestions for improving the health of workers, their families, and their communities.

Throughout the sessions, an underlying theme was the need for new colleagues—from management, labor, the health professions, and the voluntary and official health agencies—to join the

industrial physician, hygienist, and nurse in the common interest of occupational health.

It was forcefully brought out that official agencies, national, State, and local, have not yet developed adequate programs in the field of occupational health. Among other recommendations, speakers urged that sufficient funds be allocated; that all official agencies, as employers, provide occupational health programs for their employees, thereby setting an example for voluntary agencies and for private industry; that official agencies take a more active part in conducting multiple-industry, large-scale epidemiological studies; and that guidance be given especially to the development of occupational health programs for employers with relatively small numbers of employees.

A full report, entitled "The Health of People Who Work," based on transcript records of discussions by the more than 200 specialists attending the forum and edited by Albert Q. Maisel, is scheduled for publication by the National Health Council in October 1959.

Munden stressed the error of treating symptoms as problems. He emphasized that this in itself is one of the biggest hazards to good mental health practices in industry.

He warned industry against placing matters of human relations in the hands of nonexperts. These nonexperts have lives entrusted to them, holding power over the occupational future of individuals, he said.

Get help when interested in employees who come to you with troubles, Munden urged. Mental health problems cannot be tackled alone.

As a typical situation, he cited the industrial nurse who has to deal with employees drifting in and out, obviously seeking something and taking up her time in aimless conversation. She can't change the world and the plant by herself, he said, but she respectfully can demand aid. He said local mental health agencies would respond, naming State hospitals as a source of psychiatric assistance on a consultative basis.

Munden admitted that few psychiatrists are

interested in the industrial area, since their first interest is in cases. They will take a referral but are reluctant to visit a plant and discuss mental health practices.

Techniques used to stimulate interest in industrial psychiatry at the Menninger Foundation were described by Munden. He said that about 10 percent of psychiatric residents in this country are trained at the Menninger School of Psychiatry. A seminar on industrial psychiatry was initiated in 1955 and has been held yearly since then. Interest was shown but the reaction was negative on the whole. In 1957, visits by residents to nearby plants were begun, with the cooperation of the medical departments. Most residents were amazed and responded positively to this new program orientation.

Munden suggested that this approach would be useful in stimulating interest among local psychiatrists and mental health associations.

Recognize the problem and get the help available, was his closing admonition.

Education

An industrial setting is not appropriate for direct psychotherapeutic activity, Conant said. It is a place where we can identify problems and see that proper care is prescribed. It is in the more important role of prevention that the psychologist makes his contribution, he stated. The industrial community inherits the problems of its society. Since mental health is one of society's major problems, so it is industry's. People bring to work their cares and anxieties, their alcoholism, and their concern about their children. The industrial social order can provide gratifications which reduce these stresses or it can nurture dissatisfactions, which become imbedded, take root, and flourish in the industrial soil. The objectives of an educational program are to aid in providing the knowledge and tools to create a desirable atmosphere.

Conant emphasized the importance of management decisions on the mental health climate. Even casual comments often are taken quite seriously. He cited the example of the manager who indicated to one group that their house-keeping could be improved. Several groups immediately set other work aside to clean house, irrespective of priority, because "the old man is on a house-cleaning kick."

Thought given to the effect of management decisions can be a powerful tool in improving the climate and lessening the aggravation of people's emotional problems.

Another problem area was labeled by Conant as that of "conflicting needs." He referred to management's attitude of "what's good for the organization is good for the people," without recognition of the divided loyalties and conflicting needs of people. In citing examples, he told of the manager who gave a low rating to employees who left exactly at closing time, thereby imposing an unrealistic standard in view of their responsibilities to their families and communities. He also mentioned the people who, though paid on a piecework basis, curtail their production rather than incur criticism by their peers.

We sometimes make people feel anxious and inordinately guilty, Conant said, oftentimes quite unnecessarily, by failure to recognize their conflicting needs and to help in resolving them.

Conant said the training program at his plant is aimed at three levels of understanding how people think, feel, and act.

The orientation course, labeled "Understanding People," includes seven 2-hour sessions once a week. An additional session at the initiation of members is called a "self-analysis experiment." With their full consent, members anonymously take a personality test. They also predict their individual scores on ten traits, based on guides that are provided. They then indicate what they wish they were like. The answers yield a self-concept and a concept of ideal self, in addition to the test results.

The test results provide a fairly accurate measure of what the individual members are like in relationship to people in general, he continued. It is followed by individual discussions to interpret the results. Personal problems can be discussed and counseling or referral for treatment given.

Conant stressed this is not a technique-oriented or "how to" type of training. Rather it aims at greater insight into behavior and allows for individualization of approach. As supervisors and managers understand human needs better, especially the impact of their own psychological makeup, they are better able to establish a work climate conducive to more effective adjustment. From management's viewpoint, increased productivity and creativity are significant by-products.

The second course, "Interviewing Techniques," is designed to improve skill in handling people, Conant continued. He said much of the work of supervisors and managers requires the ability to "bridge the perceptual chasms of our experience and their experience." The training given is designed to help people learn to listen, to help them realize when they are not listening, and, if possible, to understand why they have not listened. Interviews are role played, tape recorded, and then analyzed by the group. Recorded examples are also played to demonstrate how someone else handled the situation.

As a result, the group becomes extremely sensitive to the importance of interpersonal dynamics, not only to the words spoken but to the facial expression, gestures, and mannerisms

which indicate whether or not the other person is listening, Conant said. The course is very popular with management, he added, mainly because they feel they learn techniques in two-way communication and in giving emotional first aid. He said guidelines are given for not "getting in too deep," and emphasized that the medical department is always available for consultation and referral.

The third course, still in the trial stage with a volunteer group of 10 persons, Conant described as a workshop in self-understanding. It attempts to get even farther away from the "how to" type of presentation and more into the "why" of behavior. The course provides "situations" and then assesses reactions to each of them. Discussion is devoted to comparison of the different reactions among the group members. The purpose is to show the importance of a person's attitudes on his interpersonal relationships—his impact on others, and the impact of others on him; the role of unconscious motivations in behavior; and the effect of childhood experiences on the development of personality. Preliminary results are encouraging.

Conant said 60 percent of his time is spent in training, and he reviewed the various ways training leads him into consultation with management; assessment of employee morale, consultations about individuals, personal counseling, employee relations problems, and the like.

In summary, Conant said he feels psychologists within the industrial medical department are making pioneer strides in preventive mental health which in 10 years will bring advancement in this field throughout large industrial concerns.

The Management Viewpoint

I think every management development program is directed toward a climate conducive to minimum frustrations and maximum effectiveness on the job, Warren said. Certainly, efforts to define jobs, to determine areas of authority, to establish performance criteria, and to improve man-manager relationships are attempts to let the worker know where he stands and feel more secure in his position and in his

relationship with his co-workers in the plant and in the management hierarchy.

One of the questions plaguing management in its efforts to run a business with healthy people is, "How sick is sick?" he said. No one is completely healthy mentally: it is a matter of determining the optimal degree of mental health within any organization.

Warren challenged the assumption that 1 of 10 persons need treatment. Use of these figures is equivalent to lumping the common cold with tuberculosis, he said. In a preventive mental health program, we should address ourselves to cases that give evidence of being acute, rather than trying to be all things to all people.

He admitted the difficulty of providing guides to a manager in the early detection and referral of incipient mental illness. In so doing, he said, we must preserve the primary function of business, avoiding a climate of "mental hypochondria." We must not permit overtones of mental illness to so becloud personnel actions as to make administration all but impossible.

An educational program in the prevention of mental illness within his company was described by Warren, who credited McLean as its creator. Endorsement of the program by division general managers was obtained before it was inaugurated in plant areas, he said.

Essentially, the program seeks to alert management at all levels to the facilities which can be brought to bear in dealing with a disturbed worker and to provide guideposts for managers in referrals. Managers attended a series of conferences on mental health which included on the program the professional psychiatrist, the plant physician, the plant personnel manager, the psychologist, and the plant general manager. The desired result was obtained, he said, since they presented a concerted story on mental health with the backing of the professional staff and management.

Management can do much, he added, to improve mental health through internal research within the company and widespread dissemination and use of the results of research being conducted outside the company. By making full use of these experiences in decisions and establishment of policy, Warren said, management is leading from as much strength as it can.

Psychiatry's Role

Some mental health problems at work are obvious and easily recognized, McLean stated. Incidence of mental illness, environmental influence on the emotionally disturbed employee, and loss of productivity, income, and manpower are in this category, he said.

But there are other less clearly recognized factors, he added. They range from the meaning of work to the individual to the more subtle factors in a work situation which may trigger, not cause, symptoms of mental illness. They encompass the mental health of individuals at work but are not regarded ordinarily as doing so.

McLean referred to Conant's discussion of the anxiety aroused in employees through policies, procedures, situations, and even personalities within a company. He said promotions, demotions, job transfers, and assignments with a different supervisor can be contributory factors in mental illness.

As an example, McLean cited the case of an executive who, on returning to work after a physical illness, was promoted to a position of greater responsibility. He reacted with a major depression requiring months of hospitalization and care. The executive, insecure as a result of his physical illness, was given no alternative but to accept the promotion, which obviously contributed to his breakdown.

Learning a great deal more about why and how changes on the job influence mental health becomes one of the major problems in industry today, he said.

No psychiatrist in industry can function successfully without management's support. Neither can he function optimally without skilled and perceptive physicians in the medical department or medical consultants fulfilling this role in the community. And no mental health program can succeed without emphasis on both education and research, McLean concluded.

Psychiatry's role in industrial mental health is relatively new, Collins said.

Tracing the work of pioneers in the field, he said the first psychiatrist in industry, Dr. C. Charles Burlingame, started with the Cheney Silk Mills in Manchester, Conn., in 1914. Dr. E. E. Southard, professor of psychiatry at Harvard, worked with the Engineering Foundation

in 1920 on a number of surveys. And from 1925 to 1929, Dr. V. V. Anderson, as a consulting psychiatrist with Macy's Department Store, defined job qualifications and job placement, matching these factors to personality, job, and dexterity capabilities. He also did considerable work in emotional and followup therapy, with the assistance of visiting and public health nurses, and, at the same time, wrote "Industrial Psychiatry," the only textbook ever published on the subject.

During World War II, industry called on psychiatrists to assist in getting out the product and bolstering morale, Collins recalled. But this was a temporary expedient resulting in dismissals at war's end.

Later came the new era in mental health programs in industry, when psychiatrists were hired on a sound medical basis, he said.

Today the psychiatrist plays many roles in industry, with his own and other companies, with local and national mental health societies, with personnel and supervisors, Collins stated.

He emphasized the role of the psychiatrist as a teacher. Nurses, physicians, and supervisors learn to interpret employee behavior from the psychiatrist. They learn that it is not a personal attack when a patient glowers, is sarcastic, and shows hostility. They are taught they stand for something in the patient's life and experience which has brought on revolt. And they are taught to listen. Collins said professional medical personnel are trained to be active, to do things, and to order patients to do things, and they question the value of just listening. The psychiatrist teaches them to listen without prejudice or bias.

Counselors working in an ancillary capacity to supervisors urge troubled employees to seek the advice of the supervisor and the medical department. The psychiatrist does not see anyone unless referred by the medical department, he added. This avoids putting diagnostic responsibility on the shoulders of the supervisor. Otherwise word is likely to get around the department that "you'd better go easy, or Joe will send you to Collins and he'll pick your brains." This is not good mental health or education.

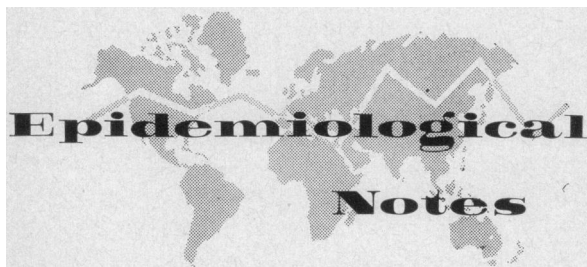
Collins said psychiatrists have a responsibility to further education in industrial

psychology outside the company area. A questionnaire sent out in a magazine asking for information from those interested in the subject brought more than 180 replies from psychiatrists working about 2 hours a week as consultants in industry.

The psychiatrist in a community is also a citizen, Collins stated. He illustrated the value of the assistance given local mental health societies by referring to the Camden Mental Health Association which invites supervisors to attend monthly meetings on such subjects as

“Understanding Your Emotions.” By methods such as this, psychiatrists help management to understand behavior.

Most psychiatrists agree there is need for greater awareness of individual needs by management and medical personnel in industry, McLean said. Understanding the fundamentals of normal personality functions can bring greater understanding of much unexplained behavior. And if applied, it can lead to a healthier company and a healthier individual within its organization.



Clostridium perfringens

A food poisoning episode occurring under nearly ideal conditions for expert investigation has yielded a clue which may enable health officials to determine the cause of similar outbreaks in the future. At present, the causes of about 100 of the more than 200 food poisoning episodes reported annually in this country are unknown.

A species of bacteria known as *Clostridium perfringens* was identified by the Public Health Service in both food and human specimens collected during the investigation of the episode. These bacteria are reported to account for about 25 percent of food poisoning cases in England but have not been considered a hazard here and consequently are not included among the bacteria most laboratories are equipped to identify.

The episode which yielded the new clue occurred on April 8, 1959, aboard a Washington-bound train from Toledo, when more than 100 delegates to an AFL-CIO conference on unemployment complained of stomach cramps and diarrhea several hours after eating a turkey dinner.

Because the outbreak occurred on an interstate carrier and thus came under Federal jurisdiction,

the Public Health Service as well as the District of Columbia Health Department sent specialists to the scene shortly after the first symptoms were reported.

Samples of food were sent to the milk and food research laboratories in the Robert A. Taft Sanitary Engineering Center in Cincinnati. Subsequently, specimens collected from crew members and several passengers were also tested in these laboratories.

At the same time, an epidemiological investigation was conducted by epidemic intelligence officers from the Communicable Disease Center in Atlanta. This investigation included a questionnaire which was sent to 450 passengers to obtain more details about the episode. Of the 300 who replied, 160 listed symptoms indicative of *C. perfringens* food poisoning.

Laboratory findings correlated almost exactly with the clinical findings. *C. perfringens* organisms, as well as large numbers of enterococci bacteria, were found in samples of the turkey dressing.

Since some authorities believe that large numbers of either of these organisms may cause the same type of food poisoning, the Service has arranged for additional tests by the Walter Reed Army Medical Center in Washington and by Dr. Barbara Hobbs, an expert on *C. perfringens*, in London, England.

It will be several months before these additional tests are completed. However, the findings of *C. perfringens* in this outbreak has led to speculation as to whether it may be a frequent cause of food poisoning in the United States. The Public Health Service has alerted health officials to use Service facilities to check suspect outbreaks. It is also developing information materials, since there is little on this subject in American medical and public health literature.