The Mental Health Librarian:
A Member of the Team

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THIS PAPER WILL REVIEW current practices and emerging trends in mental health librarianship as they have developed with the growth of the mental health field. Mental health librarians are defined here as professionals who provide library service in both public and private mental health and/or health sciences institutions, agencies and organizations. The mental health field is here considered as the totality of the subject. The mental health system relates to the provision of services. "The challenge of providing quality care for the mentally ill is a major public health and social policy issue. The evolving design and structure of the mental health system results from the complex interplay of an array of political, social, fiscal, and professional forces."[1]

The Mental Health Field

The mental health field is multidisciplinary. It encompasses both psychiatry—a specialty of medicine—and the behavioral sciences, which include psychology, sociology, anthropology, political science, and economics. Ilse Bry brilliantly recognized the dilemma confronting the classifier of mental health when she wrote:

> Those who are developing a science of behavior, however, must cross boundaries intended to separate, not to link great realms of knowledge.
>
> In our universities, for example, departments of psychology and of psychiatry are separate administrative units, conferring different aca-

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demic degrees, and often physically miles apart, one being located on the main campus, the other in the medical school, which may even be in another city. Their literature and library resources are organized within the same framework that divided Philosophy from Medicine. This background creates a special problem for bibliographic and library services in "psychology-psychiatry," as the nucleus of the "behavioral sciences" is sometimes called....

There has been no more place for mental health than for the behavioral sciences on any existing map of the organization of knowledge. Thus in administrative arrangements, [it has been shifted] from the social sciences, the life sciences, or psychology, to medicine, psychiatry, or public health.[2]

There are no universally accepted definitions for mental health or illness. Campbell defines "health, mental" in his first definition as "mental hygiene, in which sense mental health is a field [of endeavor] based on [knowledge contributed by] the *behavioral sciences* (q.v.) and amplified with scientific, professional, and social applications."[3] It is the second definition that discusses psychologic well-being or adequate adjustment as it "conforms to community accepted standards of human relations." *The Diagnostic and Statistical Manual of Mental Disorders* states, "Although this manual provides a classification of mental disorders there is no satisfactory definition that specifies precise boundaries for the concept 'mental disorder' (also true for such concepts as physical disorder and mental and physical health)."[4] The term *mental health* is sometimes loosely applied to cover the areas both of prevention and treatment of mental illness. According to Forgays, "The scope of the mental health field extends beyond exclusive concern with the psychiatrically ill and the emotionally disturbed into virtually all areas of human behavior."[5]

A major study conducted by Regier et al. to determine the prevalence of mental disorders and where the identified mentally ill are being treated revealed that, conservatively, at least 15 percent of the population per year (31,955,000 persons in 1975) is affected by mental disorders.[6] Four major sectors in the mental health and general health services system were identified: the specialty mental health sector, the general hospital inpatient/nursing home sector, the primary care/outpatient medical sector, and the not-in-treatment/other human services sector. In 1975, 21 percent (3.1 percent of the total population) were served in the specialty mental health sector, while more than 9 percent of the population were treated in the primary care sector. Thus mental disorder represents a major U.S. health problem which cannot be managed solely in the specialty mental health sector. This finding has

important implications for collection developers in general health sciences libraries.

Although publicly supported hospitals have existed for more than 150 years, it is only in the past 35 years that public pressure to address the problem of the mentally ill led to the passage of federal legislation. The National Mental Health Act signed by President Harry S. Truman in 1946 created the National Institute of Mental Health (NIMH), the federal agency charged with setting national policy for research and training. The 1955 Health Study Act created the Joint Commission on Mental Illness and Health, whose landmark report proposed recommendations for a national mental health program.[7] The signing of the Community Mental Health Centers Act (CMHC) in 1963 by President John F. Kennedy heralded a "bold new approach" for improved care and treatment of the mentally ill and mentally retarded through community mental health services and facilities rather than in distant custodial institutions.[8] Subsequent legislation added new construction and staffing grants. By September 1978, 701 federally funded community mental health centers were operational.[9] These centers are charged with providing partial and full hospitalization and crisis intervention. Community-based facilities were also established under legislation to provide treatment for people suffering from alcoholism and drug abuse.

Efforts to address the problem of mental illness continued. The President's Commission on Mental Health published its comprehensive findings in 1978,[10] one year after President Carter assumed office. The report, referring to the pervasiveness of mental illness, formed the basis for the Mental Health Systems Act passed in October 1980. This act, Public Law 96-398, extended the Community Mental Health Centers Act through September 1981.[11] It also targeted underserved and unserved populations: the chronically mentally ill, severely disturbed children and adolescents, the elderly, racial and ethnic minorities, women, and rural residents. The law contains provisions for giving the states greater authority in the administration of funds for the mentally ill through block grants and for linkage between health care systems and personnel. It created a unit for the *prevention* of mental illness and the promotion of mental health within the NIMH. This attention to prevention is an historic event. Implementation of the law will, of course, depend on economic and political conditions.

Mental Health Libraries

The universe of mental health libraries has yet to be explored. It remains an uncharted constellation in the galaxy of health sciences

libraries. The *Mental Health Directory, 1977* lists approximately 3495 facilities serving the mentally ill.[12] However, no separate mental health libraries directory has been published to identify the hundreds of mental health librarians and their support staffs and where they serve mental health care personnel, the primary library users considered in this paper.

Mental health librarians serve in a variety of settings: in the libraries of federal and state mental institutions and of private psychiatric hospitals, in federal and state mental health agencies, in professional societies and associations, in psychiatric departments of medical schools and university research institutes, in various psychoanalytic societies and training institutes (not all of which are affiliated with the American Psychoanalytic Association), in community mental health centers, and in mental retardation or developmental disabilities centers. Comparable to the patterns in general health sciences libraries, a larger number of librarians are to be found in mental hospitals than in other types of mental health institutions. However, not every state hospital has a library, and not every library is staffed by a professional librarian.

Education, Training, Manpower

Preparation for mental health librarianship usually begins with a bachelor's degree and an interest in the subject. How candidates acquire subject competence varies. Some earn a bachelor's or master's degree in psychology, or acquire a broad background in the social sciences. In 1965, Strauss urged medical librarians to get some training in the social sciences. He pointed out that sociologists and anthropologists who fund work in hospitals and medical schools entered through departments of psychiatry.[13]

O'Mara, late chief librarian of the Library of the Western Psychiatric Institute and Clinic, and adjunct professor of bibliography in the Department of Psychiatry, School of Medicine, University of Pittsburgh, in 1964 called for the establishment of a new curriculum for the education of "psychiatric information specialists."[14] His program required three years of formal instruction at the graduate level. The subjects included neurophysiology, neurochemistry, psychopharmacology, psychoanalytic theory, general psychiatry, social and forensic psychiatry, the history of psychiatry and the behavioral sciences, and theories of psychopathology. He also articulated the need for formal courses in identification and proper utilization of bibliographies and other research tools, since data banks were not retrospective in scope.

In 1965 Wooten and Easterling described a unique pilot project in preprofessional training for mental health librarianship at Central Louisiana State Hospital.[15] This project was designed to help solve the problem of recruitment and training of competent personnel. After completion of the training program, the state would pay the library school tuition in exchange for eighteen months of library service on the hospital staff following graduation. The course objective states: "An introduction to the library as it operates in the hospital setting through a survey of the mental health sciences and the needs for library resources and services, with special emphasis upon the librarian as a member of the hospital team."[16] One librarian was trained through this plan at the University of Illinois Graduate School of Library and Information Science in 1965. Unfortunately, neither of these historic proposals for training was developed for the profession.

According to Hanke and Benzer, the scarcity of trained entry-level medical librarians ended with the incorporation of medical library and bibliography courses in the curricula of many library schools.[17] They suggested that the present need is to train experienced librarians in techniques of management and administration. Who speaks for mental health librarians? A coordinated manpower program is needed for the recruitment and training of mental health librarians. Perhaps in its assessment of need for training programs in health sciences librarianship, the National Library of Medicine (NLM) will consider the manpower needs of mental health libraries.

To find relevant mental health courses offered in library schools, the writer sent a letter of inquiry in November 1980 to the sixty-two ALA graduate library schools in the United States (approved as of October 1980). This elicited forty-eight reponses, a 77 percent return. Twenty-six schools (42 percent) offer courses in biomedical or health sciences librarianship. Eleven schools (17 percent) offer a unit of some aspect of mental health librarianship or resources within the context of courses in medical librarianship, biomedical communication, or special libraries: University of Arizona (offered in fall 1981), UCLA, Columbia, University of Illinois at Urbana-Champaign, Louisiana State University, North Carolina Central University, University of Pittsburgh, North Texas State University, San Jose State University, Texas Woman's University, and the University of Texas at Austin.

One library school in the country offers a course in mental health. The School of Library and Information Science at the University of Pittsburgh has been offering a three-credit course, "Resources in Mental Health," since 1979. This course, taught by Lucile S. Stark and Barbara

Epstein of Western Psychiatric Institute, includes collection develop-
ment, reference tools in the behavioral sciences, psychoanalysis and
history of psychiatry, social work, drug abuse and alcoholism, testing,
liaison-medicine, clinical librarianship in the psychiatric setting,
patient education and patient libraries, audiovisuals, and grants.[18]

For the most part, professional training occurs on the job. Thus,
both entry-level and other librarians entering the field spend from six
months to a year becoming familiar with the subject and learning the
specialized reference tools and information resources. Internships or
work-study programs analogous to those offered by the NLM generally
have not been available to persons interested in working in mental
health libraries. The University of Pittsburgh School of Library and
Information Science might consider a work-study program with West-
ern Psychiatric Institute, like that which Case Western Reserve devel-
oped with the Cleveland Health Sciences Library in its medical
librarianship program. Library schools offering health sciences courses
might consider appropriate field placements for students interested in
mental health.

Both the novice and experienced librarian must look to continuing
education for continued growth and development. According to Eliza-
beth Stone:

> The objective of continuing education is the specific enhancement of
> the competence of the individual as a practitioner....However, viewed
> on a broader level...continuing education encompasses...the shared
> responsibility, the cooperation, and the interaction of at least seven
> relevant groups—the employing institutions, academic institutions,
> professional associations, state library agencies, relevant federal agen-
> cies, individual practitioners in libraries, and users of library
> services."[19]

The areas of responsibility are clearly defined between the Medical
Library Association (MLA) and the Regional Medical Libraries
(RMLs). "MLA concentrates on CE for professional librarians, while
RMLs emphasize training for library personnel without a formal back-
ground in library and information sciences."[20]

The MLA has sponsored two continuing education courses pre-
pared by members of the Mental Health Librarians Section. CE-27, *The
Literature of Mental Health*, first appeared in 1977 as a committee
effort.[21] It is geared toward both entry-level librarians and generalists
who want specific subject information. However, experienced librar-
ians have also taken the course to update their knowledge. The course is
now being revised. CE-64, *Online Searching in Psychiatry*, developed

by Barbara Epstein of Western Psychiatric Institute and Clinic Library, made its debut in Montreal in 1981.[22] This is intended to acquaint librarians who have online searching experience in the National Library of Medicine data bases with techniques of searching the literature of psychiatry. It examines the *American Psychiatric Association's Diagnostic and Statistical Manual* (DSM-III) as it relates to Medical Subject Headings (MeSH).[23] Approved continuing education courses are taught at annual meetings of MLA and in various regions throughout the country during the year.

The writer surveyed the eleven RMLs in November 1980 to determine the scope of continuing education activity through that group's support of workshops or seminars, and received a 100 percent response. Major activity occurred in Region XI, the Pacific Southwest Regional Medical Library Service (PSRMLS). PSRMLS had developed a workshop on mental health literature in 1975 that was offered six times during 1976-80. The workshops were taught by full-time staff members of PSRMLS's Consulting and Training Section. However, PSRMLS does not anticipate offering this again now that the MLA sponsors continuing education courses in these specialized subjects.[24]

A letter sent to the fifty state departments of mental health in March 1981 to ascertain the number of mental health libraries and the status of mental health librarians brought forty-three replies or an 86 percent response. Four questions were asked: Does the State Department of Mental Health have its own library? If so, is it staffed by a librarian with an MLS degree? Does the State Department of Mental Health sponsor any continuing education workshops or seminars for librarians working in state mental health agencies or state institutions? Is there an organization of mental health librarians in the state?

Table 1 shows that eighteen states (42 percent) have department of mental health libraries; nine states (21 percent) share interdepartmental libraries or operate out of the libraries of nearby state hospitals (South Dakota uses the State Library); 16 states (37 percent) employ MLS librarians to head their department libraries; eight states (19 percent) sponsor continuing education workshops or seminars—or sponsor travel to workshops; and eleven states (26 percent) have informal groups of mental health librarians participating in consortia or attending continuing education courses through state or regional MLA groups. Twelve states (28 percent) reported having no mental health library services of any kind at the administrative level (although some of their state hospitals may employ MLS librarians): Alaska, Colorado, Idaho, Kentucky, Missouri, New Hampshire, New Jersey, South Dakota, Tennessee, Utah, Washington, and Wyoming.

TABLE 1
ACTIVITIES OF STATE MENTAL HEALTH LIBRARIANS

State	State Dept. Mental Health Library	Library Shared with other Agcy./St. Hosp.	MLS Librarian	State Sponsored CE	State Librarians Organized
Alabama	X				
Alaska†					
Arizona		X	X		
Arkansas	X				
California		X			
Colorado†					
Connecticut**		X	X		X
Delaware		X	X		
Florida		X	X		
Georgia**			X		X
Hawaii		X	X		
Idaho†					
Illinois				X	X
Indiana				X	
Iowa	X		X	X	
Kansas	X		X		X
Kentucky†					
Louisiana	X				
Maine		X	X	X	X
Maryland*				X	
Massachusetts	X		X		X
Michigan	X		X		X
Minnesota	X		X	X	X
Mississippi	X				
Missouri†					
Montana	X				
Nebraska*					
Nevada*					
New Hampshire†					
New Jersey†					
New Mexico*					
New York	X		X		X
North Carolina*					
North Dakota*					
Ohio				X	
Oklahoma	X				
Oregon	X				
Pennsylvania*					
Rhode Island	X		X		
South Carolina	X		X	X	X
South Dakota†		X			
Tennessee†					
Texas	X			X	X
Utah†					
Vermont		X			
Virginia	X				
Washington†					
West Virginia**					
Wisconsin	X		X		
Wyoming†					

* = no reply
† = no library services reported
** = each institution has its own library

The movement toward decentralization evidenced by the Mental Health Systems Act clearly demonstrates the need for strong leadership at the state level. State libraries through their consultants can provide expertise to state departments of mental health by helping to organize needed libraries, by informing interested mental health departments about the resources and programs of the regional medical libraries, by inviting library schools to help solve problems through class projects, and by providing opportunities for continuing education for those single-person staff librarians in state mental hospitals who are unable to travel to professional meetings. However, until state legislatures provide for the funding of libraries in state institutions, the status quo will prevail.

Professional Status and Standards

Zachert states that "professionalism" has been the most pervasive value of medical librarians during most of the past century.[25] She also found other values in the literature: cooperation, a sense of community with health sciences practitioners, and knowledge orientation, or knowledge gained through scientific study. There are six characteristics based on Moore's "scale of professionalism": full-time occupation, the professional's commitment to a calling, organization, specialized education, service orientation, and autonomy.

While mental health libraries have increased and developed during the past several decades, it is noteworthy that they are not mentioned in the 1946, 1955, 1963, or 1978 landmark mental health laws. Jeremiah O'Mara, then librarian of the American Psychiatric Association, spoke at the fall meeting of the Joint Commission on Mental Health and Illness in 1962. The psychiatric librarians were requesting standards for accreditation in their libraries.[26] Sixteen years later, no librarian was included on the task panels of the President's Commission on Mental Health. The commission's report contains no index term for libraries.

A search of the major indexes basic to the mental health field reveals no terms or headings for psychiatric or mental health libraries. One will find nine subject headings relating to libraries in the *Cumulated Index Medicus*, 1980.[27] These include "Libraries, Hospital" and "Libraries, Medical." The January-June 1980 cumulation of *Psychological Abstracts* contains a cross-reference for "Libraries (School)" to the heading "School Libraries." This heading has appeared since 1973; as of May 1980 it received thirty-two postings.[28] *The Chicago Psychoanalytic Literature Index* cumulation for 1979 contains the index term

"psychoanalytic libraries."[29] A computer search in February 1981 of the current file of MEDLINE and its backfile to 1966 using the terms "library services," "mental health" and "hospitals, psychiatric" produced thirty citations. *Library Science: A Dissertation Bibliography* lists no titles on mental health librarianship.[30] The subject awaits study by a doctoral candidate. That comparatively so little has been written by librarians about mental health libraries may partly be attributed to the single librarian/no clerk staffing policy prevalent in so many mental health institutions across the land.

Without strong standards for libraries in mental health facilities, professional staff and service delivery will suffer. A comparison of the *Accreditation Manual for Psychiatric Facilities* of 1972[31] with the *Consolidated Standards Manual* of JCAH (1981)[32] shows a marked deterioration in standards for libraries. The 1981 standards no longer include the 1972 provisions that called for reference service, document delivery and audiovisuals. Further, the 1972 manual stated: "There should be evidence of a continuing effort to study the psychiatric facility's need for professional library services and to ascertain that provisions exist for such services. These studies should result in the development of short- and long-term goals, the support of a realistic annual budget, and recommendations for the addition and deletion of books, journals and audio-visual materials."[33] The Joint Commission on Accreditation of Hospitals has no librarian consultant. A national committee representing librarians, administrators and the medical profession is needed to address the problem. Promulgation and implementation of meaningful standards in mental health libraries are long overdue.

Professional Organizations

Mental health librarians belong to several professional library organizations. There is no single umbrella organization composed solely of mental health librarians. Paralleling the advances of the mental health movement, two groups appeared in the 1960s. The Society of Mental Health Librarians was founded in September 1964 at the 16th Mental Hospital Institute following a round table discussion of librarians, administrators and psychiatrists on the subject of psychiatric librarians and the information explosion. It was at this landmark meeting that Dr. Walter E. Barton, then Medical Director of the American Psychiatric Association, expressed the interest "of the Association in working with psychiatric librarians on solutions to mutual problems, and offered them Association leadership and support within the

framework of the Mental Health Institute."[34] The society has been meeting annually as an affiliated group at the Hospital and Community Psychiatry Institutes concurrently with other professional groups. The annual meetings offer continuing education through in-depth seminars and feature prominent speakers. In 1980 the group elected to change its name to the Association of Mental Health Librarians.

The second major group is the Mental Health Librarians Section, which organized and joined MLA as a special interest group in 1965. This section publishes a newsletter, the *Mental Health Librarians Communicator.* Activities center on establishing standards for mental health libraries, maintaining continuing education courses offered by MLA, publishing a directory of libraries, and producing a survey.

Comparison of the bylaws of both groups reveals similar objectives. Both discuss standards for training and improved library service. Many librarians belong to both groups; many, however, cannot attend two major national meetings a year, sometimes located at opposite ends of the country. The annual MLA meeting is held early in June; the Hospital and Community Psychiatry Institute meets in the fall.

Another group is the psychoanalytic librarians. Eighteen psychoanalytic societies and training institutions affiliated with the American Psychoanalytic Association were counted in a survey of health sciences libraries in 1969.[35] They accounted for 0.6 percent of libraries, and held an average number of 3165 bound volumes and 111 serials. For inclusion in the survey, libraries had to satisfy at least two of three criteria: a minimum of 500 bound volumes, a minimum of 25 current serial subscriptions, or some designated staff to administer the collection. The collections are small because: analytic "training institutes were not usually committed to maintaining comprehensive collections of general psychiatric materials. The core literature of psychoanalysis is not extensive in comparison with that of other specialties...."[36]

The Consortium of Psychoanalytic Libraries was established in 1971. It meets at the annual meetings of the American Psychoanalytic Association, conducts workshops, and exchanges "want" lists. A current project of the consortium is the acquisition of a computer terminal, to be based in Chicago. "Having its own computer is the final step in a program begun over 10 years ago when the consortium was started to encourage a team approach toward building a network of psychoanalytic libraries in the U.S."[37] The Chicago, New York and Topeka psychoanalytic institutes employ full-time professional librarians.

Other major library organizations with similar subject-related groups are functioning. Organized under the aegis of the American

Library Association, the Education and Behavioral Sciences Section has a permanent active Psychology/Psychiatry Committee. The American Society for Information Science (ASIS) has a special interest group (SIG) of Behavioral and Social Sciences. It, too, produces a newsletter. The Social Sciences Division of the Special Libraries Association (SLA) includes a Section on Social and Human Services. Prior to 1980 this was called the Social Welfare Section.

The newest group, the Substance Abuse Librarians and Information Specialists (SALIS), held its first meeting in October 1978. Within three years, the group was proposing networking or resource sharing. SALIS has fifty members; ten are from foreign countries. Most members are in institutions relating to research and prevention; only a few are employed in clinical settings. The group has produced a directory and publishes *SALIS News*.

Such splintering or fragmentation results in a dilution of the efforts of mental health librarians to establish and project an effective group identity. Activities focused solely on annual meetings may result in diminished participation in the organization. If these related groups were to merge and ally themselves with an already established association, they would have a greater group identity and more clout. If the groups met locally during the year, either regionally or within the state, members would not have so far to travel. They would have a greater feeling of group participation and could achieve goals more easily. Their group identity would be enhanced.

In the literature area, a relatively recent journal geared to mental health librarians in academic and clinical settings is the *Behavioral and Social Sciences Librarian*. Cross-disciplinary in scope, the journal is indexed in *Excerpta Medica, Social Work Research & Abstracts* and *Library Literature*.

The Library Collection

Basic to all libraries is a collection development policy manual. The manual includes a statement of the goals and objectives of the library, which in turn reflects the aims and purpose of the parent institution. Sources for examples of manuals are regional medical libraries or state library agencies. A comprehensive and succinct manual is that developed by Hesslein at the State University of New York at Buffalo.[38] While it was developed for a large medical school, its structure can be extrapolated for mental health libraries. The purpose, coverage, selection guidelines by form or type of material, and selection

guidelines by subject are clearly spelled out. In all libraries it is essential that the collection be geared to quality and user needs rather than quantity and basic lists alone.[39] Programs, curricula, purpose of the organization and budget, type and levels of education of staff, clinical programs, research activities, types of patients—all help determine the library collection. Of course, it is important also to have competent professional librarians to ensure proper development and use of the collection.

In a thoughtful and insightful paper, "Materials and Collections," Hinseth presents the following comments on selection in mental hospitals:

> These institutions may have selection problems which cover the print materials waterfront, even though they may be considered highly specialized and out of the mainstream by those who relegate the whole concept of mental illness to the "boonies" (as society did physically not so long ago). Physical illness among the mentally ill, especially among the aged, means that the librarian may have to pay attention to the...biomedical network as much as many acute-care hospital librarians....
>
> Selection...requires a day-to-day, high level of professional skill in...itself and in interlibrary relations. The MLA Mental Health Librarians Interest Group has prepared a "Literature of Mental Health" CE course. Its syllabus...constitutes an extensive bibliography useful as a selection tool, and the annotations in the instructor's manual which are given in the course itself are even more helpful. ...Far from being able to survive in isolation with an esoteric collection, the mental hospital librarian may really need a part of everyone's action—and may be able to make a unique contribution in more than one place in his/her surrounding area.[40]

Mental health libraries must be prepared to meet the information needs of postdoctoral researchers, clinicians, faculty, and students who range in education and training from paraprofessional or technician levels to psychology doctoral interns to practicing psychiatrists, clinical psychologists and psychiatric social workers. Other members of the team may be psychiatric nurses, clergymen, psychopharmacologists, and activity therapists.

Subject areas for collections may include: administration, aging, alcoholism, anthropology, borderline personality disorder, child abuse, child development and child psychiatry, community mental health, crime and delinquency, crisis intervention and suicide prevention, deinstitutionalization, depression, developmental disabilities, diagnosis, divorce, drugs and drug abuse, epidemiology, family therapy, forensic psychiatry, genetics, group therapy, hospitalization, individual therapy, liaison psychiatry, marriage, neuroanatomy, neurology, neuro-

physiology, psychoanalysis, psychology, psychiatry, psychopharma-
cology, rehabilitation, research, schizophrenia (among a myriad of
mental disorders), sexuality, sheltered workshops, social casework,
social problems, statistics, technology, training, transcultural psy-
chiatry, treatment of minorities, vocational adjustment, and others.

A few select resources available for selection and collection develop-
ment include one written by a librarian—Greenberg's *How to Find Out
in Psychiatry: A Guide to Sources of Mental Health Information*.[41] This
is a scholarly, comprehensive, well-annotated bibliography that dis-
cusses primary and secondary sources of information and basic reference
tools. Another title, a bit outdated in some areas, is *Guide to the
Literature of Psychiatry*[42] by Bernice Ennis, a psychiatrist. While the
core list of literature for mental health has not yet been compiled,
Woods et al. disseminated a core list of "Basic Psychiatry Literature" in
two parts in 1968.[43] This came from the recommended reading lists of
140 three-year approved residency training programs. From 3932 verifi-
able articles, 307 "most recommended" papers were identified. The
authors concluded that "the purchase of a relatively few works will
enable a small library to obtain a significant amount of the basic
material in psychiatry."[44] A list compiled today would have new subject
areas added.

One of the best sources for bibliographies has been the National
Clearinghouse for Mental Health Information (NCMHI). This is a
national center for the collection, storage and dissemination of scien-
tific information in mental health. The clearinghouse has three compo-
nent parts: (1) the mental health library; (2) a unique data base of
400,000 abstracts (covering research reports, child mental health, neu-
rosciences, psychopharmacology, biochemistry, services, family mental
health, manpower and training, schizophrenia, and affective disorders);
and (3) the public inquiries section. The clearinghouse has regularly
mailed the library's acquisitions list to more than 300 institutions and
has provided interlibrary loan service. Through the provision of
searches it has also provided support to those small libraries without
computer terminals; it has sent on request free copies of NIMH publica-
tions, such as *Abstracts of the Standard Edition of Freud, Abstracts of
the Psychoanalytic Study of the Child*, and *Bibliography on Racism*. As
of this writing the future of the library and the data base is uncertain.

Many of the professional organizations are also good sources for
bibliographies, including the American Psychiatric Association and the
Amerian Psychological Association—particularly its Journal Supple-
ment Abstract Service (JSAS), *Catalog of Selected Documents in Psy-*

chology. One can purchase bibliographies cited from abstracts in the catalog. This service is similar to that of ERIC in providing ephemera; it can be used as a selection tool.

The National Association of Social Workers publishes *Social Work Research and Abstracts.* The single journal devoted exclusively to book reviews in psychology is *Contemporary Psychology.* In April 1982 the first edition of a quarterly journal containing reviews of psychoanalytic books is scheduled to appear, *The Review of Psychoanalytic Books: An International Journal,* to be published by International Universities Press.

The Librarian as Instructor

One of the primary functions of the librarian is to provide instructional programs in the use of specialized resources: abstracts, indexes and data bases to library users. Among these specialized tools are: *Index Medicus* and its data base MEDLINE; *Psychological Abstracts* and its data base PsycINFO (the data base of NIMH which has no printed index); Grinstein's *The Index of Psychoanalytic Writings* and the *Chicago Psychoanalytic Literature Index; Resources in Education* and the ERIC data base; *Current Published Searches* and the data base of the National Technical Information Service (NTIS); *Science Citation Index* and *Social Sciences Citation Index,* and their respective data bases; *Sociological Abstracts,* which has no data base; the data bases of the National Institute of Alcoholism and Alcohol Abuse (NIAAA) and the National Institute of Drug Abuse (NIDA), and the Brain Information Service (BIS) at UCLA. A computer-based lithium program, "The Lithium Librarian," has been developed in response to the rapidly expanding lithium literature needed by clinicians and researchers at the University of Wisconsin.[45] For the librarian who wants to initiate an instructional program, a well-annotated, comprehensive source is Lockwood's *Library Instruction.*[46] The book is divided into three parts: state of the art, types of libraries and methods of instruction. While geared to the college level, it has wide application. The American Psychological Association recently produced and made available to all subscribers an audio slide kit for instruction in the use of *Psychological Abstracts.* The Institute for Scientific Information, Philadelphia, publisher of the *Social Sciences Citation Index,* also provides a slide presentation on the use of its indexes. In a paper on searching multiple data bases, Brand postulates that systems theory can be used to illustrate the behavioral sciences and their component levels: the biophysical, intra-

psychic, interpersonal, group, family, intergroup, social, and cultural.[47] Each component level has a body of literature. The searcher must decide which level is most relevant to the user's question before choosing the data base or index. It is often necessary to search multiple indexes and data bases to fill the user's needs. Port briefly describes a course developed by librarians at Mount Sinai Medical Center in New York City on information retrieval techniques for clinicians which provided them with continuing education credit. The course was enthusiastically received.[48]

Clinical librarianship is an innovative approach that places the librarian directly in the setting of patient care or teaching. Several criteria must be satisfied for this approach: acceptance by the chief of the department, the ability of the librarians to deliver information quickly and effectively, and their ability to influence the information-seeking behavior of the health care professional. The clinical librarian attends rounds and receives direct requests for information. Retrieval is manual or by MEDLINE, and the materials are delivered to the requester. Clinical librarianship in psychiatry has been practiced at several institutions: for example, Georgia Mental Health Institute, Southern Illinois University School of Medicine, Yale University Medical School, and Payne Whitney Psychiatric Clinic in New York. Some of these programs are in a state of suspension pending evaluation. While clinical librarianship has not been adopted as readily in psychiatry as in other disciplines, it has the potential of greater acceptance in the future.

A Look to the Future

Predicting the future can be a hazardous endeavor. Twenty years ago the prediction was made that "librarians who cannot program a digital computer will be archaic."[49] Other predictions are safer. Consortia are here to stay and will increase with time, given the constraints of the federal budget. Automated programs are adapted by large library systems, medical schools and large teaching hospitals, such as the "Integrated Library System" of NLM, which currently costs $2700 for version 2.0 (or $700 for libraries having access to version 1.0) from the National Technical Information Service. When smaller libraries join together to achieve common goals and to pool talent, space and budgets, they can and do enjoy the benefits of technology. For example, the Medical Library Center of New York has provided an opportunity for smaller libraries to obtain shared cataloging through entry in the OCLC system. Sometimes the sharing of resources may begin with the

production of union lists of serials or monographs, or even the exchange of journal "want" lists. Some groups share interlibrary loans and join in cooperative acquisitions.

Another predictable area of change is the adoption of microforms or an alternative for library collections. Lack of sufficient shelf space dictates that traditional formats of hardcover publications will give way to new micro-technology. Meiboom detailed her experience of conversion of journals to a microfilm collection in her hospital library.[50] While considerable space was saved and the integrity of the collection assured, many disliked having to use the readers for an appreciable length of time. Daghita corroborated Meiboom's experience with a microfilm journal collection in her community teaching hospital library, but also indicated that "once the initial negative reaction to the system wore off, the response to it became favorable."[51] However, microformat deteriorates "under less-than-ideal conditions." The National Archives and Records Service has launched a major study "to reassess microfilm as a preservation technique."[52]

In conclusion, this paper has reviewed the historical development, organization and current concerns of health sciences librarians who serve in mental health institutions. What will the future bring? This writer believes that librarians will become more active and more politically oriented. As described in the July 1981 *Bulletin of the Medical Library Association*, the efforts of the Ad Hoc Committee for the Promotion of Hospital Library Services, Western New York Library Resources Council to have the New York state legislature pass legislation that would encourage hospitals to establish and maintain minimum service libraries based on qualitative standards are an encouraging portent. These standards include criteria such as: (1) the professional health sciences library shall be a line department, (2) the library shall be *under the direction* of a trained medical librarian (if a full-time position is not feasible there should be a qualified librarian on a part-time or consulting basis), and (3) the library shall have a stated budget which is included in the annual organization budget.[53] The adoption of meaningful qualitative standards for mental health libraries on a nationwide basis would enhance patient care and would result in a closer alliance between librarians and members of the mental health service delivery team—" 'tis a consummation devoutly to be wish'd."[54]

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