

DEPARTMENT OF HEALTH SERVICES  
AND HOSPITAL INSURANCE

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# Mental Health Services Branch

PROVINCE OF BRITISH COLUMBIA

ANNUAL REPORT  
FOR TWELVE MONTHS ENDED  
MARCH 31<sup>ST</sup>  
1961



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in right of the Province of British Columbia.  
1962





*To Major-General the Honourable GEORGE RANDOLPH PEARKES,  
V.C., P.C., C.B., D.S.O., M.C.,  
Lieutenant-Governor of the Province of British Columbia.*

MAY IT PLEASE YOUR HONOUR:

The undersigned respectfully submits the Annual Report of the Mental Health Services Branch, Department of Health Services and Hospital Insurance, for the year ended March 31st, 1961.

ERIC MARTIN,  
*Minister of Health Services and Hospital Insurance.*

*Office of the Minister of Health Services and Hospital Insurance,  
Victoria, B.C., December 4th, 1961.*

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE,  
MENTAL HEALTH SERVICES BRANCH,  
VANCOUVER, B.C., December 1st, 1961.

*The Honourable Eric Martin,  
Minister of Health Services and Hospital Insurance,  
Victoria, B.C.*

SIR,—I have the honour to submit the Annual Report of the Mental Health Services Branch for the twelve months ended March 31st, 1961.

A. E. DAVIDSON, B.A., M.D., F.A.P.A.,  
*Deputy Minister of Mental Health Services.*



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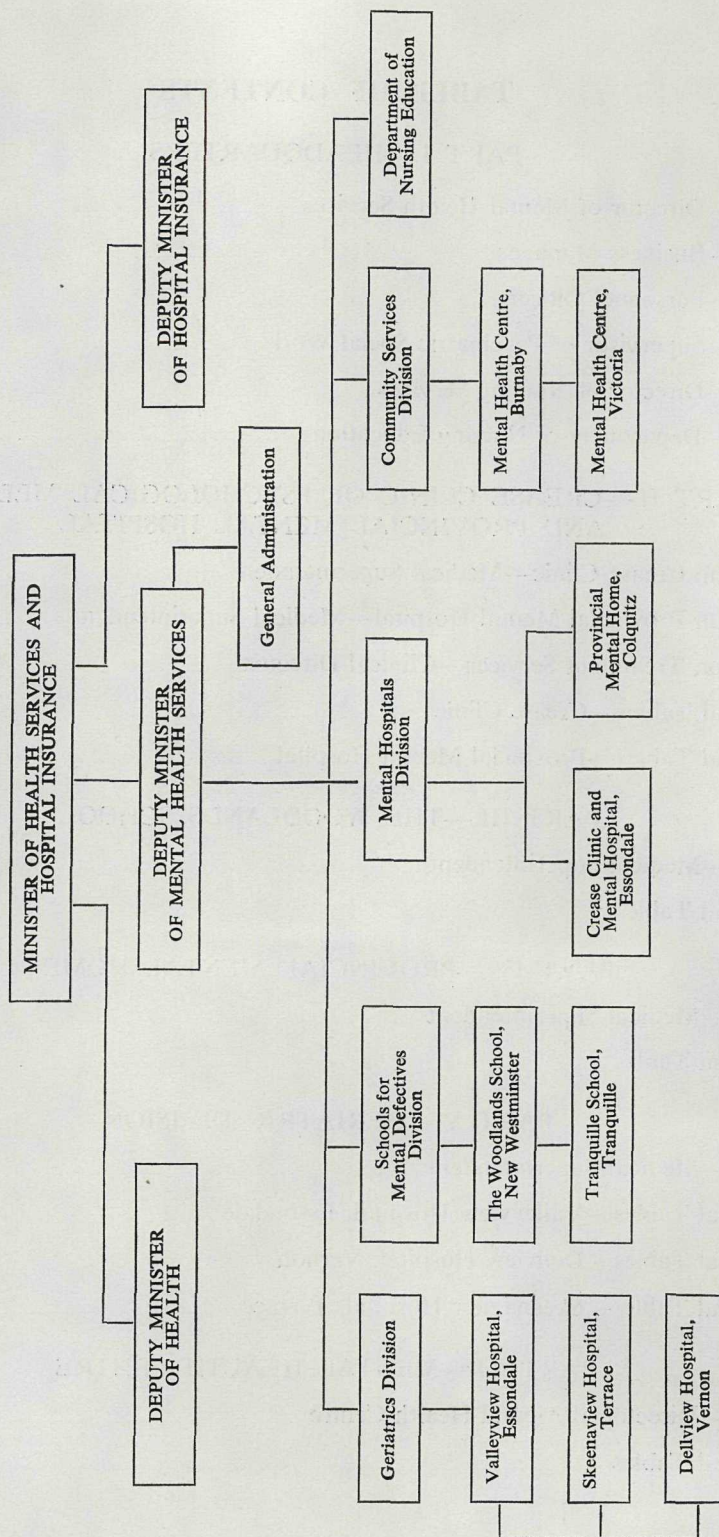
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# MENTAL HEALTH SERVICES BRANCH ORGANIZATION





# Report of Mental Health Services Branch

For the Twelve Months Ended March 31st, 1961

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## PART I.—HEADQUARTERS

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### REPORT OF DIRECTOR OF MENTAL HEALTH SERVICES

A. E. DAVIDSON, M.D., DEPUTY MINISTER OF MENTAL HEALTH SERVICES  
AND DIRECTOR OF MENTAL HEALTH SERVICES

General developments recorded in the Annual Reports for the last two years have continued this year. Whereas in previous years the major emphasis has been placed on the care of patients in the in-residence institutions of the Branch, there is now developing a greater interest and responsibility for the mental-health care of those who continue to live in the community. The care of patients in mental hospitals and schools for the retarded is still regarded as of great importance. It is, however, recognized that mental-health involvement in areas outside the institutions requires greater consideration than it has received. The treatment of patients in their home communities, preventive aspects of mental health, mental-health education, diagnostic and consultative services to agencies dealing with human problems are all of concern to the Mental Health Services Branch and are accepted as part of its function.

In this context the move of the Branch office from the Crease Clinic, Essondale, to the Provincial Health Building, 828 West Tenth Avenue, Vancouver, has real significance. The move, which was made in June of 1960, has facilitated an increase in contacts with the community and has thereby permitted new developments along the lines indicated above.

The American Psychiatric Association has completed the study of the mental-health needs and resources of British Columbia. The report of the survey was received in the spring of 1960. There are many worth-while suggestions contained in this study which this Branch will be able to follow during the course of the next few years.

Following the comprehensive survey by the central inspection board, the American Psychiatric Association awarded its certificate of approval to the Provincial Mental Hospital and Crease Clinic. The geriatric services of the Valleyview Hospital are included in the approval since they were considered as the geriatric wing of the Mental Hospital at the time of the survey. The full accreditation granted by the American Psychiatric Association indicates that the care and treatment of psychiatric patients in the approved hospitals is of high standard, comparing favourably with similar institutions in Canada and the United States. It is of interest to note that only twenty-seven other public mental hospitals on this continent have been awarded the American Psychiatric Association certificate of full approval.

In 1951 a similar inspection was made by the central inspection board, following which the facilities at Essondale received conditional approval. The many changes and improvements that have been made since 1951 have resulted in the central inspection board granting full approval in 1960.



Also in 1960, following the survey of the central inspection board, conditional approval was granted to The Woodlands School, New Westminster. This was the first occasion that The Woodlands School had been inspected, and it indicates that a satisfactory and high standard of care is maintained in this institution.

### STATISTICAL COMMENTS

Some idea of the amount of service provided by the units of the Mental Health Services may be obtained by studying the tables covering movement of population of the Mental Health Services Branch. It will be noted that the number of people receiving service is showing a steady and progressive increase.

During the past year 3,923 patients were admitted to the various units of the Mental Health Services, compared with 3,296 admissions in the previous year. An increase in admissions has been noted in all divisions.

In the Psychiatric Division (that is, the Provincial Mental Hospital and Crease Clinic) 1,860 patients were first admissions while 1,517 patients were readmissions. This compares with 1,737 first admissions and 1,252 readmissions for the year 1959/60.

The rate of voluntary admissions to the Psychiatric Division and the number of admissions by Order in Council has increased significantly.

It will be noted that separations totalled 4,225. This figure gives an indication of the active therapeutic programme which is being provided by the service.

At the end of the year there was an increase of forty-two in the resident population of the institutions. This increase occurred in the schools for mental defectives and the Geriatric Division. Actually, there was a decrease of ninety-two patients in residence in the Psychiatric Division. The Provincial Mental Hospital alone decreased in population by eighty patients by the year's end.

The total number of patients receiving care in the various units of the Mental Health Services in 1960/61 was 10,831, compared to 10,362 patients in 1959/60.

The Mental Health Centre provided a service to both adults and children who did not require hospitalization. Five hundred and twenty adults and 1,260 children, making a total of 1,780, received help. The Mental Health Centre provides diagnostic, assessment, consultative, therapeutic, and follow-up services.

The details of the operation of each institution may be studied in the various separate unit reports hereunder.

*Table 1.—Showing Patients in Residence in the Various Institutions of the Provincial Mental Health Services, April 1st, 1960, and March 31st, 1961, Together with Increase or Decrease.*

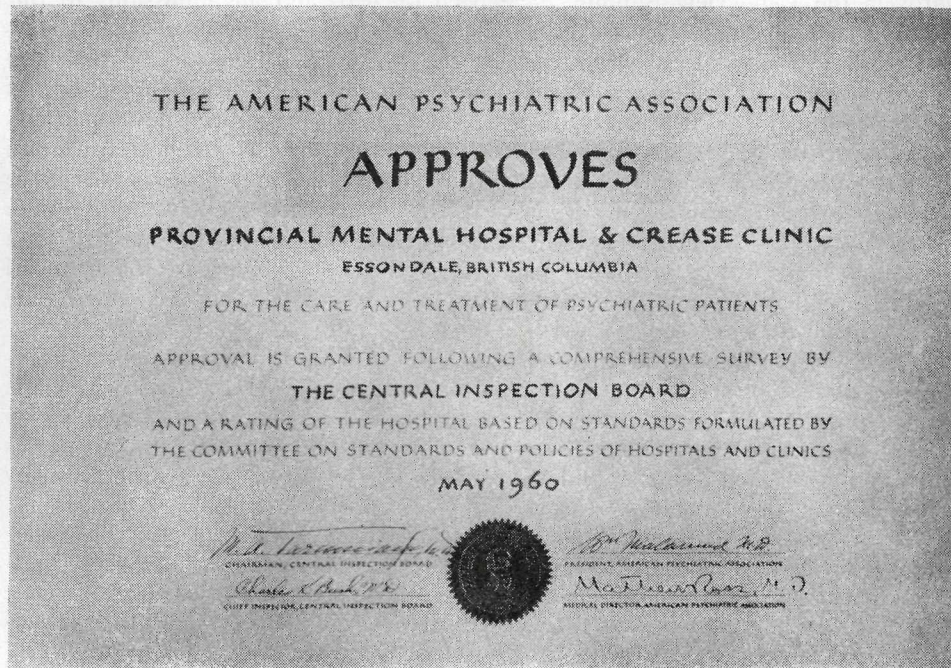
Institution	In Residence, Apr. 1, 1960			In Residence, Mar. 31, 1961			Increase (+) or Decrease (—)
	Men	Women	Total	Men	Women	Total	
Crease Clinic.....	120	145	265	108	136	244	—21
Mental Hospital, Essondale.....	1,608	1,411	3,019	1,608	1,340	2,948	—71
Mental Hospital, Colquitz.....	288	.....	288	288	.....	288	.....
The Woodlands School.....	752	635	1,387	758	640	1,398	+11
Tranquille School.....	109	.....	109	147	26	173	+64
Valleyview Hospital, Essondale.....	206	451	657	246	484	730	+73
Dellview Hospital, Vernon.....	106	128	234	105	124	229	—5
Skeenaview Hospital, Terrace.....	288	.....	288	279	.....	279	—9
Totals.....	3,477	2,770	6,247	3,539	2,750	6,289	+42



*Table 2.—Showing in Summary the Admissions and Population Increase of the Provincial Mental Health Services for the Thirteen-year Period April 1st, 1948, to March 31st, 1960.*

Year	Total Admissions	Admissions 65 Years and Over	Admissions 15 Years and Under	Voluntary Admissions	Population Increase	Index of Increase <sup>1</sup>
1948/49.....	1,260	270	63	165	354	28.09
1949/50.....	1,415	230	72	297	306	21.62
1950/51.....	1,811	262	148	504	235	12.98
1951/52.....	2,175	306	97	637	285	13.05
1952/53.....	2,518	357	179	768	290	11.54
1953/54.....	2,437	347	169	834	215	8.82
1954/55.....	2,492	348	71	884	88	3.53
1955/56.....	2,855	392	58	1,153	26	0.91
1956/57.....	2,720	385	57	1,083	-78	-2.87
1957/58.....	2,936	442	106	1,012	38	1.29
1958/59.....	2,993	425	135	1,118	-90	-3.00
1959/60.....	3,296	506	182	1,316	20	0.61
1960/61.....	3,294	580	254	1,695	42	1.07
Totals.....	34,829	4,923	1,591	11,466	1,731	-----

<sup>1</sup> Percentage ratio of increase in population to admissions.



### MAJOR EVENTS AND TRENDS

Continued efforts have been made to expand the open-door policy to additional wards of the Crease Clinic and Provincial Mental Hospital. It is recognized that this removal of restraint and this increased freedom are of definite therapeutic value. By the end of the year the entire Crease Clinic was functioning on an open hospital basis. In the Mental Hospital, fifteen of the twenty men's wards were open and seventeen of the twenty-four women's wards were open. It is very gratifying to note that the emphasis on custody is rapidly disappearing, and that the main accent is now on the treatment of the patient's illness.



During the year, significant progress was made in developing a boarding-out care programme for patients from the long-term treatment units of the Mental Hospital. This programme has been developed in close collaboration with the Department of Social Welfare. Suitable boarding homes have been selected for this programme. The homes and the patients selected for placement therein are supervised by the social workers of the Mental Health Services Branch. During the year some eighty patients were placed in boarding homes. This is a very worthy programme, which it is hoped will expand.

A most regrettable incident occurred at the Provincial Mental Home, Colquitz, in April. A patient who had had ground privileges for a number of years was able to obtain possession of a gun and ammunition. During the search that was conducted to apprehend him, one of the police officers was shot and killed. This is the first time that any serious accident of this nature has occurred in the Mental Health Services. This incident was thoroughly studied and reviewed. Adjustments have been made in the operation of the Mental Home at Colquitz with a view to preventing a similar occurrence in the future.

The development of Valleyview Hospital as a separate unit for the care of geriatric patients suffering from mental symptoms has continued. The admitting wards in the Valleyview Building have been opened, and all admissions to this hospital are now direct from the community rather than through the Mental Hospital wards at Essondale, as was previously the case. The *Home for the Aged Act* has been repealed. Valleyview Hospital now operates under the *Mental Hospitals Act*. Departments of dentistry, pharmacy, and religion have been developed and staffed there this year. A social service department for the unit has been organized and has started to operate. This makes possible better screening processes for those patients seeking admission. In certain cases consultative help facilitates other more suitable arrangements being made for those seeking admission. It has also been possible to make arrangements for boarding- and nursing-home care for a limited number of patients from the Valleyview Hospital. It is hoped that this service may be further developed.

This year, arrangements were made for the opening of a tuck-shop at Valleyview Hospital. The renovation of the building to be used for this purpose was made by the Public Works Department. The operation of the tuck-shop is carried out by the volunteers of the Canadian Mental Health Association. This new service is much appreciated by the many elderly patients who are able to use it and also by the relatives of the patients who visit.

It is necessary to transfer patients between Valleyview Hospital at Essondale and Skeenaview at Terrace periodically. Heretofore these patients have been transferred by train, and the trip has taken some two days. This year it has been possible to arrange for this transportation to be effected by air. The new arrangement is much more satisfactory and convenient to both patients and staff involved.

The development of the Tranquille School for the care of the mentally retarded has continued. This year additional space has been prepared and additional staff provided for the care of mentally retarded girls. The girls have been transferred from The Woodlands School, and this transfer has provided accommodation for additional admissions to The Woodlands School. Gradually the school at Tranquille is being transformed into a multi-purpose hospital-school for the mentally retarded. It is planned that direct admission to the School from the community will be possible eventually.

A travelling diagnostic team was established this year at The Woodlands School. The team consists of psychiatric, psychological, and social-work staff. Its purpose will be to visit various communities where mentally retarded children



may be seen for assessment and consultative purposes. It is felt that this additional service will be of great benefit to retarded children in the community, many of whom are being considered for admission to a school for the retarded.

The thirty-day admission programme at The Woodlands School has functioned quite actively this year. The programme provides for the admission of mentally retarded children to the School on a temporary basis, thereby giving some relief to parents who are bound down by the need to provide constant care for their retarded children. It also gives The Woodlands School staff an opportunity for adequate clinical assessment of these children. During the year some 206 patients were admitted to The Woodlands School on this temporary basis.

Definite steps have been taken to increase the treatment facilities at the Mental Health Centre, Burnaby. A start has been made in a day treatment centre for children. This service was initiated in the fall of 1960. A teacher was seconded from the Burnaby School Board to assist. A limited number of children with emotional problems in the pre-school age-group and in the primary-school age-group have attended the day treatment centre. The new service is meeting a well-recognized need.

The Mental Health Centre has extended its services in the community by providing professional help directly to several health and welfare agencies in the City of Vancouver. A psychiatrist visits these agencies and is able to offer immediate diagnostic and consultative advice. Seven agencies have been serviced in this manner during the year. This type of service enables the staff from the Mental Health Centre to offer direct consultative help in the programme of care which is being carried on in the agencies.

The travelling clinic service from the Mental Health Centre has been organized to provide diagnostic and consultative services to many outlying areas of the Province. It is the only source of professional psychiatric help available for people in these areas presenting emotional disturbances. The visits have of necessity not been frequent enough to meet all the needs and to see all cases requiring help. Increasing demands have been made for more frequent service and for more follow-up care. It is clear that these demands can only be met in the long run by the establishment of regional clinics close to the communities where the needs must be served.

In anticipation of the development of regional services, a modification has been made in the travelling clinic programme to the Okanagan area, which includes the North Okanagan Health Unit, the South Okanagan Health Unit, and the South-Central Health Unit. Major urban centres in these units have been visited more frequently and more regularly in order to provide a better service. At the same time an attempt has been made to increase the amount of diagnostic and consultative service to the Kootenay areas and also to the Upper Fraser Valley Health Unit.

### GENERAL COMMENTS

The thirtieth graduation exercises of the School of Psychiatric Nursing were held in the Vincent Massey Junior High School auditorium on the evening of April 28th. Dr. J. Ranton McIntosh, Professor and Director of Secondary Education, University of British Columbia, gave the graduation address. One hundred and eleven students graduated, consisting of eighty-three women and twenty-eight men. These nurses were presented with their diplomas in psychiatric nursing.

This year the period of training in psychiatric nursing which the affiliate nurses from the general hospitals have been receiving has been increased from two months to three months. These nurses, who are taking their general nursing training in



general hospitals, receive their psychiatric training in the Department of Nursing Education of the Mental Health Services Branch. The increase in time spent with the mental health units will enable this group of nurses to receive more adequate training and experience in this special nursing field. The number of affiliate nurses in the programme has also been increased.

A clinical course for graduate nurses was initiated in October, 1960. The training is for six months. Eight nurses were enrolled in the first class. The course enables the registered nurse to increase her knowledge and skill in the specialty of psychiatric nursing.

Continued effort has been made to familiarize the public with the problem of mental illness and with the functions of the various units of the Mental Health Services. To this end, many individuals, both singly or in groups, visited the different units of the Mental Health Services and have been taken on tours to familiarize them with what is taking place in this field. On May 7th, during Mental Health Week, all units of the Mental Health Services Branch in the Lower Mainland held open house. Units participating were the Crease Clinic, the Provincial Mental Hospital, the Valleyview Hospital, The Woodlands School, the Mental Health Centre, and the Department of Nursing Education. Many interested visitors were able to view the facilities and programmes of care.

On January 23rd, 1961, a special tour of these same facilities was arranged for members of the Legislature. Some twenty-five members, fourteen of whom were accompanied by their wives, visited. This type of visit is very beneficial in that it is possible to familiarize many people with the varied services provided by the Mental Health Services Branch.

The Council of Psychiatric Nurses held its annual meeting on May 18th, 1960. New members serving on the council are Mr. L. J. Wallace, Deputy Provincial Secretary, appointed by the Mental Health Services Branch, and Mrs. S. Mackenzie, psychiatric nurse, appointed by the British Columbia Psychiatric Nurses Association. This year the Council awarded two bursaries to psychiatric nurses to assist them in further study in the field of psychiatric nursing. Mrs. S. Mackenzie and Mr. M. Doran were the recipients of the bursaries. Both attended a course in group development given by the Laboratory of Human Relations in Bethel, Maine.

Acknowledgment is made of the contribution which is being made to the Mental Health Services Branch by the Canadian Mental Health Association and the Association for Retarded Children of British Columbia. These organizations continue to provide their helpful contacts with the patients of the various units of the service. The many volunteers from the Canadian Mental Health Association provide services to patients in the mental hospitals by their regular visiting, through fashion shows, the Christmas gift programme, and other activities. The Association for Retarded Children of British Columbia has organized auxiliaries to The Woodlands School and the Tranquille School. The contributions of these organizations are truly appreciated by both patients and staff of the Mental Health Services Branch. Their dedication is unfailing.

The therapeutic and economic roles of the institutional farms were studied this year. It has been recommended that the farms be transferred to the jurisdiction of the British Columbia Department of Agriculture, to be used for experimental and demonstration purposes. This reorganization will become effective on April 1st, 1961.

The Alcoholism Foundation and the Narcotic Addiction Foundation have continued to have representation on their boards of directors from the Mental Health Services Branch. Dr. F. G. Tucker has served on the board of the Alcoholism Foundation and Dr. A. E. Davidson has served as a board member of the Narcotic Addiction Foundation.



## MENTAL HEALTH GRANT

The Government of Canada, through the Department of National Health and Welfare, made available to this Province a Mental Health Grant "to assist in an extended programme for the prevention and treatment of mental illness, including rehabilitation and free treatment." This is the thirteenth year that the Mental Health Grant has been available.

The grant provided for 1960/61 was \$790,742. Projects to the total value of \$712,264.57 were submitted to and approved by the Department of National Health and Welfare. Expenditures made and claims submitted to the Federal Treasury by March 31st totalled \$656,220.02.

The major areas of expenditure are detailed hereunder.

## PROFESSIONAL TRAINING

Dr. Anthony Greiner, of the Mental Hospital staff, commenced a year of graduate study in internal medicine at Shaughnessy Hospital in July.

Dr. Gordon Kirkpatrick, Senior Psychiatrist of the Children's Clinic at the Mental Health Centre, took a six months' refresher course in child psychiatry at the Montreal Children's Hospital.

Nine physicians were granted bursaries to enable them to enrol for graduate specialist training in the Department of Psychiatry, Faculty of Medicine, University of British Columbia. These bursaries, tenable for one year, commenced in July.

Another physician was granted a bursary to permit him to enrol in the Department of Psychiatry, McGill University, Montreal, for similar training.

Ten social workers were granted bursaries to permit them to enrol in the School of Social Work, University of British Columbia, for an advanced course during the academic year beginning in September.

Five registered nurses were granted bursaries tenable for one year of advanced training in the School of Nursing, University of British Columbia.

Two clinical psychologists were awarded bursaries to allow them to enrol for an academic year of postgraduate study in their specialty at the University of British Columbia.

All the persons granted these bursaries have signed agreements to give a return in service to the Mental Health Services Branch of the Province at the conclusion of their training periods.

A number of short courses and institutes for staff personnel were supported by the Mental Health Grant as follows:—

Three social workers attended the Pacific Northwest Regional Institute of the Family Service Association at Maple Valley, Wash., in September.

Four social workers attended the Medical Social Work Institute convened by the National Association of Social Workers at Maple Valley, Wash., in September.

Dr. F. E. McNair, Dr. F. G. Tucker, and Mr. C. B. Watson attended the Twelfth Mental Hospital Institute of the American Psychiatric Association, held in Salt Lake City, Utah, in October.

Twenty-five members of the institutional cooking staff attended a course in hospital kitchen management for cooks given under the auspices of the School of Home Economics, University of British Columbia. The course was given on twenty evenings in the period January to March.

## EQUIPMENT AND SUPPLIES

*Provincial Mental Hospital, Essondale.*—The Surgical Department was provided with a defibrillator and the medical ward was provided with a cardiac resuscitator.



The psychophysiological research chassis previously provided for the Department of Psychology was expanded by the provision of an electromyogram, pneumograph, and an electronic timer and stimulus controller.

The Physiotherapy Department of the Centre Lawn Building was equipped with two treatment tables, a standing-table, a set of walking parallel bars, and a Guthrie-Smith frame.

*The Woodlands School.*—The clinical laboratory was supplied with a Coleman custom junior spectrophotometer complete with accessories.

*The Tranquille School.*—Three weaving-loom were supplied for the Occupational Therapy Department.

*Dellview Hospital.*—Eight wheelchairs and one complete oxygen tent were supplied.

*Skeenaview Hospital.*—Two Stryker turning-frames were provided.

#### COMMUNITY MENTAL-HEALTH PROGRAMMES

The mental-hygiene programme of the Metropolitan Health Committee of Greater Vancouver was again supported by a grant, which this year totalled \$34,986. This sum provided the salaries for one psychiatrist, two clinical psychologists, two psychiatric social workers, and one clerk-stenographer.

The Vancouver School Board was assisted in providing an advanced in-service training course in mental hygiene for senior school counsellors. This year ten trainees were enrolled. The salary and travelling allowance of the course director are derived from a Mental Health Grant.

The Esther Irwin Home for Emotionally Disturbed Children, organized by the Children's Foundation of British Columbia, commenced operations this year. Assistance is provided from a Mental Health Grant, which supplies three-fifths of the salary of the psychiatrist, who is the executive director of the home.

The programme of the British Columbia Epilepsy Society was assisted with a grant of \$11,500 to assist in the payment of professional personnel.

#### PSYCHIATRIC SERVICES IN GENERAL HOSPITALS

The psychiatric division of the out-patients' department of the Vancouver General Hospital was assisted by a grant to provide the salaries for two psychiatric social workers, a psychiatric senior clerk, and a medical stenographer.

#### DEPARTMENT OF PSYCHIATRY, UNIVERSITY OF BRITISH COLUMBIA

The Department of Psychiatry of the University of British Columbia was aided in the establishment of a graduate training programme for ten students in order to ensure a supply of well-trained psychiatrists for the public service in British Columbia. A Mental Health Grant of \$46,475 was made available this year. The grant provided salaries for a clinical psychologist, social worker, and a secretary. Stipends for psychiatrists engaged in the tutorial supervision of the ten residents were included. Honoraria and travel expenses for visiting lecturers were supplied. Equipment, such as tape recorders, dictation machines, and basic office furniture, was authorized. Professional books and journals to the value of \$2,000 were provided.

#### PERSONNEL FOR MENTAL HEALTH SERVICES

The stipends of the consultants in neurosurgery, general surgery, orthopaedic surgery, internal medicine, and dermatology are derived from a grant to the Provincial Mental Hospital. These consultants provide services to all the institutions of the Branch in the Lower Mainland as required.



The hospitals and clinics of the Branch have again received assistance in the provision of salaries for members of the treatment staff, including such specialists as psychiatrists, psychiatric nurses, laboratory technicians, clinical psychologists, social workers, and dieticians. In all, 108 personnel are involved in these grants.

#### RESEARCH PROJECTS

Several major research projects continue to be supported with funds obtained from the Mental Health Grant. The studies are conducted in the Faculty of Medicine of the University of British Columbia. The departments conducting the research are Department of Pharmacology and Department of Neurological Research. The sum of \$74,756 was appropriated for research studies this year.

#### COMPARATIVE SUMMARY OF INCREASES AND DECREASES IN RESIDENT POPULATION BY MAJOR DIVISIONS OF MENTAL HEALTH SERVICES BRANCH, 1952/53 TO 1960/61.

Fiscal Year	Provincial Mental Hospitals	Schools for Mental Defectives	Geriatric Division	Crease Clinic	Total
1952/53	-64	+277	+49	+28	+290
1953/54	+62	+104	+50	-1	+215
1954/55	+44	+19		+25	+88
1955/56	+2	+19	+15	-10	+26
1956/57	-70	+14	+9	-31	-78
1957/58	-49	+76	-15	+26	+38
1958/59	-135	+86	-30	-11	-90
1959/60	-253	+93	-30	+24	+20
1960/61	-71	+75	+156	-21	+42

#### COMPARATIVE SUMMARY OF TOTAL PATIENTS UNDER CARE FOR MAJOR DIVISIONS OF MENTAL HEALTH SERVICES BRANCH BY FISCAL YEARS 1952/53 TO 1960/61.

Fiscal Year	Provincial Mental Hospitals	Schools for Mental Defectives	Geriatric Division	Crease Clinic	Total
1952/53	5,227	1,130	1,202	1,436	8,995
1953/54	5,040	1,278	1,255	1,499	9,072
1954/55	5,051	1,263	1,292	1,606	9,212
1955/56	5,247	1,278	1,330	1,894	9,749
1956/57	5,335	1,275	1,287	1,721	9,618
1957/58	5,408	1,373	1,349	1,714	9,844
1958/59	5,377	1,481	1,373	1,744	9,975
1959/60	5,458	1,740	1,459	1,705	10,362
1960/61	5,530	1,868	1,587	1,846	10,831



# MOVEMENT OF POPULATION IN INDIVIDUAL INSTITUTIONS, APRIL 1st, 1960, TO MARCH 31st, 1961

## PSYCHIATRIC DIVISION

	Crease Clinic			Provincial Mental Hospitals				Total		
				Essondale			Colquitz			
	M.	F.	T.	M.	F.	T.	M.	M.	F.	T.
In residence, April 1st, 1960.....	120	145	265	1,608	1,411	3,019	288	2,016	1,556	3,572
On probation, carried forward from 1959/60.....	-----	-----	-----	110	197	307	1	111	197	308
On escape, carried forward from 1959/60.....	-----	-----	-----	8	4	12	1	9	4	13
Total as at April 1st, 1960.....	120	145	265	1,726	1,612	3,338	290	2,136	1,757	3,893
Admissions—										
First admissions to Mental Health Services.....	466	595	1,061	499	300	799	-----	965	895	1,860
Readmissions to different institutions.....	21	39	60	93	153	246	-----	114	192	306
Readmissions to same institution.....	190	266	456	389	366	755	-----	579	632	1,211
Total admissions.....	677	900	1,577	981	819	1,800	-----	1,658	1,719	3,377
Transfers in.....	4	-----	4	42	46	88	14	60	46	106
Total admissions to individual institution.....	681	900	1,581	1,023	865	1,888	14	1,718	1,765	3,483
Total under care.....	801	1,045	1,846	2,749	2,477	5,226	304	3,854	3,522	7,376
Separations—										
Discharged in full.....	666	872	1,538	825	751	1,576	3	1,494	1,623	3,117
Died.....	3	1	4	76	52	128	5	84	53	137
On probation but not discharged.....	-----	-----	-----	121	308	429	1	122	308	430
Escaped but not discharged.....	-----	-----	-----	4	1	5	1	5	1	6
Total separations.....	669	873	1,542	1,026	1,112	2,138	10	1,705	1,985	3,690
Transfers out.....	24	36	60	115	25	140	6	145	61	206
Total separations from individual institution.....	693	909	1,602	1,141	1,137	2,278	16	1,850	2,046	3,896
Net increase or decrease.....	-12	-9	-21	-----	-71	-71	-----	-12	-80	-92
In residence, March 31st, 1961.....	108	136	244	1,608	1,340	2,948	288	2,004	1,476	3,480

## SCHOOLS FOR MENTAL DEFECTIVES

	The Woodlands School, New Westminster			Tranquille School, Tranquille			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
In residence, April 1st, 1960.....	752	635	1,387	109	-----	109	861	635	1,496
On probation, carried forward from 1959/60.....	16	6	22	1	-----	1	17	6	23
Total as at April 1st, 1960.....	768	641	1,409	110	-----	110	878	641	1,519
Admissions—									
First admissions to Mental Health Services.....	101	82	183	-----	-----	-----	101	82	183
Readmissions to different institutions.....	4	-----	4	-----	-----	-----	4	-----	4
Readmissions to same institution.....	33	41	74	-----	-----	-----	33	41	74
Total admissions.....	138	123	261	-----	-----	-----	138	123	261
Transfers in.....	13	2	15	47	26	73	60	28	88
Total admissions to individual institution.....	151	125	276	47	26	73	198	151	349
Total under care.....	919	766	1,685	157	26	183	1,076	792	1,868
Separations—									
Discharged in full.....	95	77	172	1	-----	1	96	77	173
Died.....	6	9	15	-----	-----	-----	6	9	15
On probation but not discharged.....	12	11	23	-----	-----	-----	12	11	23
Total separations.....	113	97	210	1	-----	1	114	97	211
Transfers out.....	48	29	77	9	-----	9	57	29	86
Total separations from individual institution.....	161	126	287	10	-----	10	171	126	297
Net increase or decrease.....	+6	+5	+11	+38	+26	+64	+44	+31	+75
In residence, March 31st, 1961.....	758	640	1,398	147	26	173	905	666	1,571



## HEADQUARTERS

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## GERIATRIC DIVISION

	Valleyview Hospital, Essondale			Dellview Hospital, Vernon			Skeena- view Hospital, Terrace	Total		
	M.	F.	T.	M.	F.	T.	M.	M.	F.	T.
In residence, April 1st, 1960.....	206	451	657	106	128	234	288	600	579	1,179
Admissions—										
First admissions to Mental Health Services.....	50	134	184	47	25	72	13	110	159	269
Readmissions to different in- stitutions.....	2	7	9	3	1	4	—	5	8	13
Readmissions to same institu- tion.....	1	1	2	—	1	1	—	1	2	3
Total admissions.....	53	142	195	50	27	77	13	116	169	285
Transfers in.....	79	24	103	1	—	1	19	99	24	123
Total admissions to in- dividual institution.....	132	166	298	51	27	78	32	215	193	408
Total under care.....	338	617	955	157	155	312	320	815	772	1,587
Separations—										
Discharged in full.....	5	2	7	1	—	1	1	7	2	9
Died.....	71	116	187	47	30	77	39	157	146	303
On probation but not dis- charged.....	3	8	11	—	—	—	—	3	8	11
On escape but not discharged.....	—	—	—	1	—	1	—	1	—	1
Total separations.....	79	126	205	49	30	79	40	168	156	324
Transfers out.....	13	7	20	3	1	4	1	17	8	25
Total separations from individual institution.....	92	133	225	52	31	83	41	185	164	349
Net increase or decrease.....	+40	+33	+73	—1	—4	—5	—9	+30	+29	+59
In residence, March 31st, 1961.....	246	484	730	105	124	229	279	630	608	1,238

MOVEMENT OF POPULATION OF MENTAL HEALTH SERVICES,  
APRIL 1st, 1960, TO MARCH 31st, 1961

	Psychiatric Division			Schools for Men- tal Defectives			Geriatric Division			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
In residence, April 1st, 1960.....	2,016	1,556	3,572	861	635	1,496	600	579	1,179	3,477	2,770	6,247
On probation, carried forward from 1959/60.....	111	197	308	17	6	23	—	—	—	128	203	331
On escape, carried forward from 1959/60.....	9	4	13	—	—	—	—	—	—	9	4	13
Total as at April 1st, 1960.....	2,136	1,757	3,893	878	641	1,519	600	579	1,179	3,614	2,977	6,591
Admissions—												
First admissions to Mental Health Services.....	965	895	1,860	101	82	183	110	159	269	1,176	1,136	2,312
Readmissions to different institu- tion.....	114	192	306	4	—	4	5	8	13	123	200	323
Readmissions to same institution.....	579	632	1,211	33	41	74	1	2	3	613	675	1,288
Total admissions.....	1,658	1,719	3,377	138	123	261	116	169	285	1,912	2,011	3,923
Transfers in.....	60	46	106	60	28	88	99	24	123	219	98	317
Total admissions to indi- vidual institution.....	1,718	1,765	3,483	198	151	349	215	193	408	2,131	2,109	4,240
Total under care.....	3,854	3,522	7,376	1,076	792	1,868	815	772	1,587	5,526	4,988	10,514
Separations—												
Discharged in full.....	1,494	1,623	3,117	96	77	173	7	2	9	1,597	1,702	3,299
Died.....	84	53	137	6	9	15	157	146	303	247	208	455
On probation but not discharged.....	122	308	430	12	11	23	3	8	11	137	327	464
Escaped but not discharged.....	5	1	6	—	—	—	1	—	—	6	1	7
Total separations.....	1,705	1,985	3,690	114	97	211	168	156	324	1,987	2,238	4,225
Transfers out.....	145	61	206	57	29	86	17	8	25	219	98	317
Total separations from in- dividual institution.....	1,850	2,046	3,896	171	126	297	185	164	349	2,206	2,336	4,542
Net increase or decrease.....	—12	—80	—92	+44	+31	+75	+30	+29	+59	+62	—20	+42
In residence, March 31st, 1961.....	2,004	1,476	3,480	905	666	1,571	630	608	1,238	3,539	2,750	6,289

<sup>1</sup> Total under care for all Mental Health Services includes total as at April 1st, 1960, plus the total admissions to individual institutions minus transfers out.





MENTAL HEALTH SERVICES BRANCH CONFERENCE

Front, left to right: Miss B. Mitchell, R.N., B.S.N., Director of Nursing Services; Miss A. K. Carroll, B.A., M.S.W., Provincial Supervisor, Psychiatric Social Work; Miss A. Dingle, Consultant, Medical Records and Statistics.

Back, left to right: F. E. McNair, B.A., M.D., C.M., Director, Mental Health Centre, Burnaby; C. B. Watson, M.A., Assistant to the Deputy Minister; J. Dowling, Personnel Officer; T. G. Caunt, M.D., F.A.P.A., Medical Superintendent, Provincial Mental Hospital and Crease Clinic of Psychological Medicine, Essondale; A. E. Davidson, B.A., M.D., F.A.P.A., Deputy Minister and Director of Mental Health Services; B. F. Bryson, B.A., M.D., C.M., F.A.P.A., Medical Superintendent, Valleyview Hospital, Essondale; L. A. Kerwood, M.D., D.P.M., Medical Superintendent, The Woodlands School, New Westminster; F. A. Matheson, Business Manager.

Absent from this photograph are L. G. C. D'Easum, M.D., Medical Superintendent, Provincial Mental Home, Colquitz, and F. G. Tucker, M.B., B.S., Clinical Director, Provincial Mental Hospital and Crease Clinic of Psychological Medicine, Essondale.



**BUSINESS MANAGER'S REPORT**

F. A. MATHESON, BUSINESS MANAGER

Attached hereto are the financial reports of the in-patient care units of the **British Columbia Mental Health Services** together with those of the community services in Burnaby and Victoria for the fiscal year ended March 31st, 1961.

Table A shows a daily average population for all institutions of 6,292.37, an increase of 121.15 over the previous year. This increase is accounted for mainly by an increase at The Woodlands School and the Tranquille School of 92.13 and at the Valleyview Hospital of 135.25. The population of the Provincial Mental Hospital shows a decrease of 127.46.

Partly as a result of the above-mentioned increase in the population of the institutions, the gross operating costs increased from \$14,531,218.39 in 1959/60 to \$15,409,097.08 for 1960/61, an increase of \$877,878.69.

The gross daily *per capita* cost for the year is \$6.71, an increase of 28 cents over the previous year. The net *per capita* cost is \$5.88 per day, an increase of 25 cents over last year.

Maintenance revenue for 1960/61 was \$1,906,847.71, as compared to collections of \$1,821,810.53 for 1959/60, an increase of \$85,037.18.

Dairy produce, meats, fruit, vegetables, and canned goods valued in excess of \$450,000 were purchased from the institutional farms at Essondale, Colquitz, and Tranquille during the year.

Expenditures totalling \$656,220.02 for equipment, personnel, and staff-training were made under approved projects of Federal health grants during this fiscal year. A detailed statement covering these expenditures is attached.

It should be noted that in Tables C, D, E, F, G, H, I, and J a number of changes in the breakdown of expenditures have been made, and also that salaries are now shown as a separate item instead of being included along with the expenses under the various sub-headings.

The financial statements for the Community Services Section also reflect the changes made this year in the administrative set-up by combining the Child Guidance Clinic, Burnaby, and the Mental Health Centre, Burnaby, into one operation.

Separate statements on the operation of The Vista Rehabilitation Centre and The Venture Rehabilitation Centre have also been prepared. In previous years the cost of the operation for these two units has been included in the statements of the Provincial Mental Hospital, Essondale.

The new general administration offices in the Provincial Health Building, Vancouver, were completed, and the Deputy Minister and his staff moved from Essondale to their new quarters on June 1st, 1960.

During this year a major change was made in the operation of the business offices with the patients' maintenance accounts and trust accounts being transferred from the general administration business office at Essondale to the various branches.

I regret to advise that on January 14th and 15 extensive flooding took place in the lowlands around Essondale. There were four breaks in the dykes of the Wilson Ranch section of Colony Farm, flooding the Wilson Ranch to a depth equal to the top of the dykes. As a precautionary measure, some 250 patients were evacuated from the Colony Farm area to the Crease Clinic and the Valleyview Hospital. Fortunately there was no serious damage as a result of this flooding.

Plans were completed during the year for the transfer of the Colony Farm, the Colquitz Farm, and the Tranquille Farm to the Department of Agriculture on April 1st, 1961.

The buildings, grounds, equipment, and furnishings at all institutions have been well maintained during this year, and in addition we were also able to make a number of improvements in all areas.



## FINANCIAL TABLES

TABLE A.—SHOWING THE AVERAGE NUMBER OF PATIENTS IN RESIDENCE EACH YEAR, THE TOTAL AMOUNTS SPENT FOR MAINTENANCE, AND THE GROSS YEARLY AND DAILY PER CAPITA COST, 1951/52 TO 1960/61.

Institution	Average Number in Residence	Maintenance Expenditure	Yearly per Capita Cost	Daily per Capita Cost
1951/52				
Provincial Mental Hospital, New Westminster	799.47	\$1,284,649.25	\$1,606.88	\$4.39
Provincial Mental Hospital, Essondale	3,485.14	4,021,001.69	1,153.75	3.15
Provincial Mental Home, Colquitz	282.68	407,123.16	1,440.23	3.94
Home for the Aged, Port Coquitlam	381.03	504,668.17	1,324.48	3.62
Home for the Aged, Vernon	216.43	309,649.05	1,430.71	3.91
Home for the Aged, Terrace	208.97	265,697.50	1,271.46	3.47
Crease Clinic	188.82	689,466.11	3,640.85	9.95
Totals for the year	5,562.54	\$7,482,254.93	\$1,345.11	\$3.68
1952/53				
Provincial Mental Hospital, New Westminster	949.24	\$1,590,703.00	\$1,675.76	\$4.59
Provincial Mental Hospital, Essondale	3,440.34	4,441,278.38	1,290.94	3.54
Provincial Mental Home, Colquitz	284.79	433,108.50	1,520.80	4.17
Home for the Aged, Port Coquitlam	442.94	617,445.55	1,393.97	3.82
Home for the Aged, Vernon	224.18	384,971.73	1,717.24	4.70
Home for the Aged, Terrace	292.07	325,842.57	1,115.63	3.06
Crease Clinic	230.77	759,406.04	3,290.75	9.02
Totals for the year	5,864.33	\$8,552,755.77	\$1,458.44	\$4.00
1953/54				
The Woodlands School	1,150.76	\$1,768,922.31	\$1,537.18	\$4.21
Provincial Mental Hospital, Essondale	3,491.15	4,393,682.65	1,258.52	3.45
Provincial Mental Home, Colquitz	285.28	421,622.61	1,477.93	4.05
Home for the Aged, Port Coquitlam	469.13	683,511.48	1,456.98	3.99
Home for the Aged, Vernon	228.26	378,006.20	1,656.03	4.54
Home for the Aged, Terrace	293.19	330,968.40	1,128.85	3.09
Crease Clinic	235.16	788,302.36	3,352.20	9.18
Totals for the year	6,152.93	\$8,765,016.01	\$1,424.53	\$3.90
1954/55				
The Woodlands School	1,204.60	\$1,811,848.81	\$1,504.11	\$4.12
Provincial Mental Hospital, Essondale	3,517.75	4,685,444.76	1,331.94	3.65
Provincial Mental Home, Colquitz	285.74	426,786.04	1,493.62	4.09
Home for the Aged, Port Coquitlam	527.33	739,859.92	1,403.03	3.84
Home for the Aged, Vernon	230.72	368,726.10	1,598.15	4.38
Home for the Aged, Terrace	296.42	328,553.97	1,108.41	3.04
Crease Clinic	238.63	860,673.73	3,606.73	9.88
Totals for the year	6,301.19	\$9,221,893.33	\$1,463.52	\$4.01
1955/56				
The Woodlands School	1,219.45	\$2,032,263.32	\$1,666.54	\$4.55
Provincial Mental Hospital, Essondale	3,508.79	5,377,708.34	1,532.64	4.19
Provincial Mental Home, Colquitz	285.30	428,248.27	1,501.05	4.10
Home for the Aged, Port Coquitlam	539.27	797,392.10	1,478.65	4.04
Home for the Aged, Vernon	229.62	371,438.14	1,617.62	4.42
Home for the Aged, Terrace	287.30	351,087.68	1,222.02	3.34
Crease Clinic	257.96	935,501.07	3,626.54	9.91
Totals for the year	6,327.69	\$10,293,638.92	\$1,626.76	\$4.44
1956/57				
The Woodlands School	1,232.48	\$2,246,193.06	\$1,822.50	\$4.99
Provincial Mental Hospital, Essondale	3,503.60	5,851,370.53	1,670.10	4.58
Provincial Mental Home, Colquitz	284.81	446,497.91	1,567.70	4.30
Home for the Aged, Port Coquitlam	541.83	831,370.73	1,534.38	4.20
Home for the Aged, Vernon	232.58	402,867.14	1,732.17	4.75
Home for the Aged, Terrace	288.45	350,880.96	1,216.43	3.33
Crease Clinic	232.85	996,288.31	4,278.67	11.72
Totals for the year	6,316.60	\$11,125,468.64	\$1,761.31	\$4.83



TABLE A.—SHOWING THE AVERAGE NUMBER OF PATIENTS IN RESIDENCE EACH YEAR, THE TOTAL AMOUNTS SPENT FOR MAINTENANCE, AND THE GROSS YEARLY AND DAILY PER CAPITA COST, 1951/62 AND 1960/61—*Continued.*

Institution	Average Number in Residence	Maintenance Expenditure	Yearly per Capita Cost	Daily per Capita Cost
<b>1957/58</b>				
The Woodlands School .....	1,266.21	\$2,484,024.86	\$1,961.78	\$5.37
Provincial Mental Hospital, Essondale .....	3,410.79	5,716,745.90	1,676.08	4.59
Provincial Mental Home, Colquitz .....	285.36	460,863.85	1,615.03	4.42
Home for the Aged, Port Coquitlam .....	538.56	898,225.93	1,667.83	4.57
Home for the Aged, Vernon .....	231.34	395,584.86	1,709.97	4.68
Home for the Aged, Terrace .....	288.63	379,826.63	1,315.96	3.61
Crease Clinic .....	235.31	1,077,897.96	4,580.76	12.55
Totals for the year .....	6,256.20	\$11,413,169.99	\$1,824.30	\$5.00
<b>1958/59</b>				
The Woodlands School .....	1,377.31	\$2,968,725.50	\$2,155.45	\$5.91
Provincial Mental Hospital, Essondale .....	3,301.84	6,088,091.20	1,843.84	5.05
Provincial Mental Home, Colquitz .....	282.99	488,028.69	1,724.55	4.72
Home for the Aged, Port Coquitlam .....	539.13	961,921.63	1,784.22	4.89
Home for the Aged, Vernon .....	226.33	410,529.00	1,813.86	4.97
Home for the Aged, Terrace .....	282.92	386,804.84	1,367.19	3.75
Crease Clinic .....	236.88	1,149,344.46	4,852.01	13.29
Totals for the Year .....	6,247.40	\$12,453,445.32	\$1,993.38	\$5.46
<b>1959/60</b>				
Crease Clinic .....	226.80	\$1,233,254.59	\$5,437.63	\$14.86
Provincial Mental Hospital, Essondale .....	3,135.48	6,672,849.09	2,128.17	5.81
The Woodlands School .....	1,395.44	3,443,231.64	2,467.49	6.74
Tranquille School, Tranquille .....	53.74	400,957.24	7,461.06	20.39
Provincial Mental Home, Colquitz .....	283.50	523,480.74	1,846.49	5.05
Valleyview Hospital, Port Coquitlam .....	560.16	1,400,239.30	2,499.71	6.83
Dellview Hospital, Vernon .....	230.92	444,975.54	1,926.97	5.26
Skeenaview Hospital, Terrace .....	285.18	412,230.25	1,445.51	3.95
Totals for the year .....	6,171.22	\$14,531,218.39	\$2,354.68	\$6.43
<b>1960/61</b>				
Crease Clinic .....	237.72	\$1,313,678.32	\$5,526.16	\$15.14
Provincial Mental Hospital, Essondale .....	3,008.02	6,775,567.11	2,252.50	6.17
The Woodlands School .....	1,415.30	3,637,555.12	2,570.17	7.04
Tranquille School, Tranquille .....	126.01	542,556.16	4,305.66	11.80
Provincial Mental Home, Colquitz .....	287.16	518,591.72	1,805.93	4.95
Valleyview Hospital, Port Coquitlam .....	695.41	1,754,500.08	2,522.97	6.91
Dellview Hospital, Vernon .....	232.05	448,792.02	1,934.03	5.30
Skeenaview Hospital, Terrace .....	290.70	417,856.55	1,437.41	3.94
Totals for the year .....	6,292.37	\$15,409,097.08	\$2,448.85	\$6.71



TABLE B.—SUMMARY STATEMENT SHOWING THE GROSS AND NET PER CAPITA COST OF PATIENTS IN ALL MENTAL HEALTH SERVICES INSTITUTIONS FOR THE YEAR ENDED MARCH 31ST, 1961.

## Gross operating costs—

Crease Clinic .....	\$1,313,678.32
Provincial Mental Hospital, Essondale .....	6,775,567.11
The Woodlands School, New Westminster .....	3,637,555.12
Tranquille School, Tranquille .....	542,556.16
Provincial Mental Home, Colquitz .....	518,591.72
Valleyview Hospital, Port Coquitlam .....	1,754,500.08
Dellview Hospital, Vernon .....	448,792.02
Skeenaview Hospital, Terrace .....	417,856.55

Gross costs of all institutions ..... \$15,409,097.08

Less collections remitted to Treasury ..... 1,906,847.71

\$13,502,249.37

Daily average population ..... 6,292.37

Gross *per capita* cost, one year ..... \$2,448.85

Gross *per capita* cost, one day ..... 6.71

Net *per capita* cost, one year ..... 2,145.81

Net *per capita* cost, one day ..... 5.88

*Revenue (Patients' Maintenance Collections) of the Mental Health  
Services for the Past Ten Years*

1951/52 .....	\$928,398.83	1956/57 .....	\$1,546,266.32
1952/53 .....	1,147,831.65	1957/58 .....	1,724,046.70
1953/54 .....	1,300,056.89	1958/59 .....	1,838,158.33
1954/55 .....	1,343,848.02	1959/60 .....	1,821,810.53
1955/56 .....	1,358,708.26	1960/61 .....	1,906,847.71

TABLE C.—EXPENSE STATEMENT OF THE CREASE CLINIC OF PSYCHOLOGICAL MEDICINE, ESSONDALE, FOR TWELVE MONTHS ENDED MARCH 31ST, 1961

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Actual Cost of Operations	Yearly <i>per Capita</i> Cost
Salaries .....	\$981,827.23	.....	\$981,827.23	\$4,130.18
Office expense .....	5,673.73	.....	5,673.73	23.87
Travelling expense .....	2,393.78	.....	2,393.78	10.07
Office furniture and equipment .....	925.26	.....	925.26	3.89
Heat, light, water, and power .....	24,000.00	.....	24,000.00	100.96
Medical care .....	79,167.24	.....	79,167.24	333.03
Dietary .....	117,355.30	.....	117,355.30	493.67
Laundry .....	9,600.00	.....	9,600.00	40.38
General supplies .....	24,664.14	.....	24,664.14	103.75
Transportation .....	4,200.00	.....	4,200.00	17.67
Occupational and recreational therapy .....	12,964.26	.....	12,964.26	54.54
Incidentals and contingencies .....	736.55	.....	736.55	3.10
Buildings, grounds, etc. ....	.....	\$51,643.93	51,643.93	217.25
Totals .....	\$1,262,034.39	\$51,643.93	\$1,313,678.32	\$5,526.16



TABLE D.—EXPENSE STATEMENT OF THE PROVINCIAL MENTAL HOSPITAL, ESSONDALE, FOR TWELVE MONTHS  
ENDED MARCH 31ST, 1961

Salaries, Supplies, and Operating Expenses	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly Per Capita Costs
			Plus on Hand, Mar. 31, 1960	Less on Hand Mar. 31, 1961		
Salaries <sup>1</sup> .....	\$3,914,128.56	.....	.....	.....	\$3,914,128.56	\$1,301.23
Office expense.....	55,766.60	.....	.....	.....	55,766.60	18.54
Travelling expense.....	8,961.81	.....	.....	.....	8,961.81	2.98
Office furniture and equipment.....	8,416.21	.....	.....	.....	8,416.21	2.80
Heat, light, water, and power.....	288,861.56	.....	\$25,011.39	\$18,746.78	295,126.17	98.11
Medical care.....	376,497.34	.....	159,885.52	160,459.57	375,923.29	124.97
Dietary.....	1,067,891.60	.....	63,845.65	80,321.31	1,051,415.94	349.54
Laundry.....	31,206.09	.....	.....	.....	31,206.09	10.37
Transportation.....	6,855.96	.....	.....	.....	6,855.96	2.28
General supplies.....	402,045.55	.....	149,534.99	146,177.28	405,403.26	134.77
Occupational and recreational therapy.....	4,927.45	.....	.....	.....	4,927.45	1.64
Audio-visual.....	10,616.20	.....	.....	.....	10,616.20	3.53
Patient education.....	169.31	.....	.....	.....	169.31	.06
Motor-vehicles and accessories.....	824.48	.....	.....	.....	824.48	.27
Incidentals and contingencies.....	31,511.08	.....	.....	.....	31,511.08	10.47
Buildings, grounds, etc.....	.....	\$653,874.27	498,484.55	515,631.94	636,726.88	211.68
Totals.....	\$6,146,267.62	\$653,874.27	\$896,762.10	\$921,336.88	\$6,775,567.11	\$2,252.50

<sup>1</sup> Less \$12,416 for Venture salaries.TABLE E.—EXPENSE STATEMENT OF THE WOODLANDS SCHOOL, NEW WESTMINSTER, FOR TWELVE MONTHS  
ENDED MARCH 31ST, 1961

Salaries, Supplies, and Operating Expenses	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly Per Capita Costs
			Plus on Hand, Mar. 31, 1960	Less on Hand Mar. 31, 1961		
Salaries.....	\$2,409,288.33	.....	.....	.....	\$2,409,288.33	\$1,702.32
Office expense.....	10,127.98	.....	.....	.....	10,127.98	7.16
Travelling expense.....	3,078.14	.....	.....	.....	3,078.14	2.17
Office furniture and equipment.....	3,340.03	.....	.....	.....	3,340.03	2.36
Heat, light, water, and power.....	108,842.75	.....	\$943.95	\$1,335.90	108,450.80	76.63
Medical care.....	91,413.41	.....	19,365.46	20,305.84	90,473.03	63.92
Dietary.....	503,647.60	.....	.....	.....	503,647.60	355.86
Laundry.....	36,000.00	.....	.....	.....	36,000.00	25.44
Transportation.....	4,644.26	.....	.....	.....	4,644.26	3.28
General supplies.....	176,315.92	.....	.....	.....	176,315.92	124.58
Occupational and recreational therapy.....	12,690.91	.....	.....	.....	12,690.91	8.97
Patient education.....	1,107.30	.....	.....	.....	1,107.30	.78
Incidentals and contingencies.....	20,418.08	.....	.....	.....	20,418.08	14.43
Buildings, grounds, etc.....	.....	\$256,341.74	47,423.00	45,792.00	257,972.74	182.27
Totals.....	\$3,380,914.71	\$256,341.74	\$67,732.41	\$67,433.74	\$3,637,555.12	\$2,570.17



TABLE F.—EXPENSE STATEMENT OF THE TRANQUILLE SCHOOL, TRANQUILLE, FOR TWELVE MONTHS  
ENDED MARCH 31ST, 1961

Salaries, Supplies, and Operating Expenses	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly Per Capita Costs
			Plus on Hand, Mar. 31, 1960	Less on Hand Mar. 31, 1961		
Salaries.....	\$166,355.90	.....	.....	.....	\$166,355.90	\$1,320.18
Office expense.....	6,514.67	.....	.....	.....	6,514.67	51.70
Travelling expense.....	303.24	.....	.....	.....	303.24	2.41
Office furniture and equipment.....	414.82	.....	.....	.....	414.82	3.29
Heat, light, water, and power.....	58,110.57	.....	\$63.63	\$329.52	57,844.68	459.04
Medical care.....	3,162.39	.....	.....	.....	3,162.39	25.10
Dietary.....	60,377.88	.....	1,371.21	2,671.62	59,077.47	468.83
Laundry.....	6,493.23	.....	.....	.....	6,493.23	51.53
Transportation.....	1,574.37	.....	65.60	28.60	1,611.37	12.79
General supplies.....	38,492.45	.....	10,265.17	14,832.51	33,925.11	269.23
Occupational and recreational therapy.....	2,829.22	.....	298.67	504.72	2,623.17	20.82
Incidentals and contingencies.....	6,069.51	.....	.....	.....	6,069.51	48.17
Buildings, grounds, etc.....	.....	\$223,286.08	.....	.....	223,286.08	1,771.97
Totals.....	\$325,572.77	\$223,286.08	\$12,064.28	\$18,366.97	\$542,556.16	\$4,305.66

TABLE G.—EXPENSE STATEMENT OF THE PROVINCIAL MENTAL HOME, COLQUITZ, FOR TWELVE MONTHS  
ENDED MARCH 31ST, 1961

Salaries, Supplies, and Operating Expenses	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly Per Capita Costs
			Plus on Hand, Mar. 31, 1960	Less on Hand Mar. 31, 1961		
Salaries.....	\$316,833.66	.....	.....	.....	\$316,833.66	\$1,103.34
Office expense.....	1,043.15	.....	.....	.....	1,043.15	3.63
Travelling expense.....	590.96	.....	.....	.....	590.96	2.06
Heat, light, water, and power.....	30,279.73	.....	\$1,156.06	\$703.84	30,731.95	107.02
Medical care.....	5,910.02	.....	.....	.....	5,910.02	20.58
Dietary.....	94,999.03	.....	9,517.73	9,576.91	94,939.85	330.62
Laundry.....	827.34	.....	.....	.....	827.34	2.88
Transportation.....	836.24	.....	.....	.....	836.24	2.91
General supplies.....	22,569.82	.....	8,845.67	6,280.39	25,135.10	87.53
Occupational and recreational therapy.....	1,579.44	.....	.....	.....	1,579.44	5.50
Incidentals and contingencies.....	1,368.46	.....	3,895.75	3,717.37	1,368.46	4.76
Buildings, grounds, etc.....	.....	\$38,617.17	\$23,415.21	\$20,278.51	38,795.55	135.10
Totals.....	\$476,837.85	\$38,617.17	\$23,415.21	\$20,278.51	\$518,591.72	\$1,805.93



TABLE H.—EXPENSE STATEMENT OF THE VALLEYVIEW HOSPITAL, PORT  
COQUITLAM, FOR TWELVE MONTHS ENDED MARCH 31ST, 1961

Salaries, Supplies, and Operating Expenses	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Actual Cost of Operations	Yearly <i>per</i> <i>Capita</i> Cost
Salaries.....	\$1,247,714.50	_____	\$1,247,714.50	\$1,794.21
Office expense.....	4,740.52	_____	4,740.52	6.82
Travelling expense.....	749.34	_____	749.34	1.08
Heat, light, water, and power.....	62,400.00	_____	62,400.00	89.73
Medical care.....	72,637.46	_____	72,637.46	104.45
Dietary.....	211,745.09	_____	211,745.09	304.49
Laundry.....	18,000.00	_____	18,000.00	25.88
Transportation.....	4,800.00	_____	4,800.00	6.90
General supplies.....	62,934.69	_____	62,934.69	90.50
Occupational and recreational therapy.....	4,073.84	_____	4,073.84	5.86
Audio-visual.....	15.79	_____	15.79	.03
Incidentals and contingencies.....	5,126.59	_____	5,126.59	7.35
Buildings, grounds, etc.....	_____	\$59,562.26	59,562.26	85.65
Totals.....	\$1,694,937.82	\$59,562.26	\$1,754,500.08	\$2,522.97



TABLE I.—EXPENSE STATEMENT OF THE DELLVIEW HOSPITAL, VERNON, FOR TWELVE MONTHS ENDED MARCH 31ST, 1961

Salaries, Supplies, and Operating Expenses	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly per Capita Cost
			Plus on Hand, Mar. 31, 1960	Less on Hand Mar. 31, 1961		
Salaries.....	\$265,824.03	.....	.....	.....	\$265,824.03	\$1,145.55
Office expense.....	1,388.87	.....	.....	.....	1,388.87	5.99
Travelling expense.....	591.67	.....	.....	.....	591.67	2.55
Heat, light, water, and power.....	19,698.65	.....	\$1,340.00	\$2,473.90	18,564.75	80.00
Medical care.....	11,928.14	.....	2,994.91	2,961.08	11,961.97	51.55
Dietary.....	64,677.39	.....	1,970.51	2,362.24	64,285.66	277.03
Laundry.....	3,292.73	.....	.....	.....	3,292.73	14.19
General supplies.....	21,614.34	.....	13,474.40	13,882.96	21,205.78	91.38
Occupational and recreational therapy.....	364.95	.....	.....	.....	364.95	1.57
Incidentals and contingencies.....	2,954.06	.....	.....	.....	2,954.06	12.73
Buildings, grounds, etc.....	.....	\$55,923.29	8,667.00	6,232.74	58,357.55	251.49
Totals.....	\$392,334.83	\$55,923.29	\$28,446.82	\$27,912.92	\$448,792.02	\$1,934.03

TABLE J.—EXPENSE STATEMENT OF THE SKEENAVIEW HOSPITAL, TERRACE, FOR TWELVE MONTHS ENDED MARCH 31ST, 1961

Salaries, Supplies, and Operating Expenses	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly per Capita Cost
			Plus on Hand, Mar. 31, 1960	Less on Hand Mar. 31, 1961		
Salaries.....	\$217,369.66	.....	.....	.....	\$217,369.66	\$747.75
Office expense.....	867.54	.....	.....	.....	867.54	2.98
Travelling expense.....	575.12	.....	.....	.....	575.12	1.98
Office furniture and equipment.....	751.19	.....	.....	.....	751.19	2.58
Heat, light, water, and power.....	27,457.76	.....	\$1,300.00	\$1,170.00	27,587.76	94.90
Medical care.....	11,332.73	.....	6,114.54	6,057.32	11,332.73	38.98
Dietary.....	79,676.32	.....	.....	.....	79,733.54	274.28
Laundry.....	2,885.98	.....	.....	.....	2,885.98	9.93
Transportation.....	1,247.36	.....	15,055.16	15,436.47	17,343.66	4.29
General supplies.....	17,724.97	.....	.....	.....	17,343.66	59.66
Occupational and recreational therapy.....	244.89	.....	.....	.....	244.89	.84
Incidentals and contingencies.....	4,295.68	.....	.....	.....	4,295.68	14.78
Buildings, grounds, etc.....	.....	\$53,563.44	11,347.00	11,289.00	53,621.44	184.46
Totals.....	\$364,429.20	\$53,563.44	\$33,816.70	\$33,952.79	\$417,856.55	\$1,437.41



TABLE K.—EXPENSE STATEMENT OF THE COMMUNITY SERVICES FOR  
TWELVE MONTHS ENDED MARCH 31ST, 1961*Mental Health Centre, Burnaby*

Salaries .....	\$351,271.18
Office expense .....	4,900.70
Travelling expense .....	10,113.70
Office furniture and equipment .....	
Heat, light, water, and power .....	18,381.74
Medical care .....	9,008.30
Dietary .....	8,440.76
Laundry .....	1,500.00
Transportation .....	3,360.30
General supplies .....	3,467.42
Occupational and recreational therapy .....	2,444.63
Incidentals and contingencies .....	2,445.87
Buildings, grounds, etc. ....	31,461.14
Total .....	<u>\$446,795.74</u>

*Mental Health Centre, Victoria*

Salaries .....	\$42,292.32
Office expense .....	372.71
Travelling expense .....	1,644.29
Office furniture and equipment .....	193.43
Incidentals and contingencies .....	227.07
Total .....	<u>\$44,729.82</u>

Grand total, \$491,525.56.



TABLE L.—EXPENSE STATEMENTS OF THE REHABILITATION CENTRES FOR  
TWELVE MONTHS ENDED MARCH 31ST, 1961

<i>Vista Rehabilitation Centre</i>	
Salaries .....	\$10,461.60
Office expense .....	202.00
Heat, light, water, and power .....	907.93
Medical care .....	2.09
Dietary .....	2,501.34
General supplies .....	86.87
Incidentals and contingencies .....	176.49
Buildings, grounds, etc. ....	1,842.86
Total .....	<u>\$16,181.18</u>
<i>Venture Rehabilitation Centre</i>	
Salaries <sup>1</sup> .....	\$12,416.00
Office expense .....	330.96
Travelling expense .....	21.28
Heat, light, water, and power .....	1,013.63
Dietary .....	2,800.22
General supplies .....	4.78
Incidentals and contingencies .....	175.11
Buildings, grounds, etc. ....	2,488.88
Total .....	<u>\$19,250.86</u>

Grand total, \$35,432.04.

<sup>1</sup> Included with Provincial Mental Hospital, Essondale, salaries in Public Accounts.



EXPENDITURE MADE UNDER FEDERAL HEALTH GRANTS FOR PROVINCE OF  
BRITISH COLUMBIA, YEAR ENDED MARCH 31ST, 1961

Assistance to Provincial Mental Hospitals—	
Equipment .....	\$2,406.10
Staff salaries .....	277,432.61
	<hr/> \$279,838.71
The Woodlands School, New Westminster—	
Equipment .....	\$2,643.85
Staff salaries .....	116,807.37
	<hr/> 119,451.22
Valleyview Hospital, Essondale—	
Equipment .....	\$766.00
Staff salaries .....	3,060.00
	<hr/> 3,826.00
Dellview Hospital, Vernon—Equipment .....	1,810.60
Mental Health Centre, Burnaby—Staff salaries .....	11,345.00
School of Psychiatric Nursing .....	5,400.00
Study of combined course in psychiatric and general nursing—	
Equipment .....	\$23.80
Staff salaries .....	1,266.14
	<hr/> 1,289.94
Assistance to the Department of Psychiatry .....	25,994.11
Neurophysiological Research Unit at University of British Columbia—	
Identification and quantitation of aromatic compounds in schizophrenic urine .....	\$19,747.24
Central effect of biologically active factors in the urine extracts of normals and schizophrenics ..	21,653.56
Disturbed metabolic pathways as causal factors in schizophrenia .....	17,974.98
Electroencephalographic effects of psychic energizers and their possible relationships to adrenergic mechanisms in the brain .....	15,380.77
	<hr/> 74,756.55
Vancouver General Hospital, Department of Psychiatry .....	13,748.54
Metropolitan Health Committee—	
Mental-hygiene programme .....	\$28,027.00
Training of senior school counsellors .....	9,540.00
	<hr/> 37,567.00
Assistance to epileptic programme in British Columbia .....	8,564.40
Assistance to The Children's Foundation .....	7,200.00
General personnel training—	
Short courses in mental health .....	\$2,032.88
Postgraduate training .....	63,395.07
	<hr/> 65,427.95
Total .....	<hr/> \$656,220.02



## PERSONNEL REPORT

J. DOWLING, PERSONNEL OFFICER

During the fiscal year the number of persons, excluding students, employed by the Mental Health Services has risen from 2,927 to 3,101, an increase of 174. The increase has been distributed over the several units as follows:—

Crease Clinic .....	15
The Woodlands School .....	39
Tranquille School .....	21
Valleyview Hospital .....	62
Other units .....	37
<hr/>	<hr/>
Total .....	174

The monthly staff average, excluding students, has risen from 2,841 in the preceding fiscal year to 3,058, an increase of 217. The fact that the increase in the monthly staff average exceeds the expansion figure for the fiscal year is accounted for by higher short-term relief requirements, due mainly to the revision of vacation regulations.

Over-all staff turnover has increased slightly, as shown in Table C.

Recruitment into professional classifications has been easier, and the department's position has improved in all but a few categories, as shown in Table B. As of March 31st, 1961, the department had on staff ninety-nine more psychiatric nurses than on the same date a year earlier, including thirty-nine who were employed on a part-time three-day-per-week basis. This has relieved the acute shortage of psychiatric nurses for the time being at least. There has been no significant change in the rate of turnover in the psychiatric nursing classifications.

The department's programme of professional training under Mental Health Grant bursaries continued. This is fully covered in the report of the Director of Mental Health Services.

Twenty-four senior cooks, employed in various units of the Mental Health Services, enrolled in and completed a course in hospital kitchen management given by the Extension Department of the University of British Columbia.

The Personnel Officer participated in the following matters of some importance during the year:—

- (1) A study of the Medical Records Section of The Woodlands School, including related clerical and stenographic activities. A report was presented, and most of its recommendations have been implemented.
- (2) Implementation of amendments to the various "leave" regulations, which became effective April 1st, 1960.
- (3) Implementation of the group life insurance plan, which became effective July 1st, 1960. The plan was enthusiastically received.
- (4) Introduction of payroll deductions to facilitate contributions to the United Good Neighbour Fund.
- (5) The transfer of institutional farm staff to the Department of Agriculture, effective April 1st, 1961.
- (6) Staffing action, in conjunction with the Civil Service Commission, to open additional patient facilities as follows:—
  - (a) The admitting ward in the Valleyview Hospital:
  - (b) The main building at the Tranquille School to accommodate female patients.



The Personnel Officer acted as secretary to the monthly meeting of Business Managers.

The departmental personnel office was established in 1954. In the intervening period, considerable expansion in treatment facilities has taken place, accompanied by a staff increase of 1,025 persons, or 44 per cent. This rapid growth has presented problems throughout the Branch, but particularly so at points of central administrative control. Accordingly, the Personnel Department was included in the over-all plan for administrative decentralization, and it was reorganized, effective April 1st, 1960. New quarters were provided in the Provincial Health Building and occupied on June 1st, 1960. Under the reorganization certain personnel authorities and responsibilities were delegated to Unit Business Managers. The objectives were:—

- (1) To develop more acceptable arrangements between the unit administrators and General Administration in respect to personnel matters:
- (2) To improve efficiency by shortening lines of communication and accelerating the routine paper-flow.

By the end of the fiscal year substantial improvement had been achieved.



## STATISTICAL TABLES

TABLE A.—SUMMARY SHOWING OVER-ALL STAFF TOTALS IN RELATION TO SEPARATION AND RECRUITMENT

Staff recruited, excluding students.....	899		
Staff separated, excluding students.....	725		
Increase.....	174		
Total staff, excluding students, as of March 31st, 1961.....	3,101		
Total staff, excluding students, as of March 31st, 1960.....	2,927		
Increase.....	174		
Monthly staff average, excluding students, 1960/61.....	3,058		
Monthly staff average, excluding students, 1959/60.....	2,841		
Increase.....	217		
	Male	Female	Total
Student enrolment as of March 31st, 1961.....	82	193	275
Student enrolment as of March 31st, 1960.....	89	214	303
Change.....	—7	—21	—28
Student monthly average, 1960/61.....			267
Student monthly average, 1959/60.....			261
Change.....			+6



TABLE B.—BREAKDOWN BY CLASSIFICATION OF RECRUITMENT AND SEPARATION ACTIVITY FOR THE MENTAL HEALTH SERVICES, EXCLUDING STUDENT PSYCHIATRIC NURSES.

	Recruited	Separated
Physicians .....	28	21
Medical interns .....	18	18
Registered nurses .....	33	24
Female psychiatric nurses .....	198	131
Male psychiatric nurses .....	73	41
Female psychiatric aides .....	165	134
Male psychiatric aides .....	92	89
Teachers .....	5	4
Occupational therapists .....	12	13
Recreational therapists .....	2	2
Industrial therapists .....	3	4
Psychologists .....	10	10
Social workers .....	20	11
Dieticians .....	1	2
Cooks .....	6	10
Kitchen helpers .....	44	34
Clerks .....	14	13
Stenographers .....	41	34
Trades .....	—	1
Laundry-workers .....	24	22
Miscellaneous professional .....	21	18
Miscellaneous technical .....	10	10
Miscellaneous .....	66	64
Farm labour .....	13	15
Totals .....	899	728



TABLE C.—SUMMARY OF STAFF TURNOVER  
By Major Classification

Classification	1959/60	1960/61	Change
	Per Cent	Per Cent	Per Cent
Over all.....	19.7	23.8	+4.1
Student psychiatric nurses.....	21.8	22.1	+0.3
Male psychiatric nurses.....	8.4	9.1	+0.7
Female psychiatric nurses.....	27.2	26.4	-0.8
Registered nurses.....	32.5	26.1	-6.4

NOTE.—Items 1 and 2 have been calculated against the monthly average and other items have been calculated against the year-end staff totals.

By Pay Division

Pay Division	1959/60	1960/61	Change
	Per Cent	Per Cent	Per Cent
Crease Clinic and Provincial Mental Hospital, Essondale.....	18.5	23.4	+4.9
Provincial Mental Home, Colquitz.....	6.0	19.7	+13.7
The Woodlands School.....	25.4	16.6	-8.8
Tranquille School.....		15.5	-----
Valleyview Hospital.....	10.0	30.9	+20.9
Dellview Hospital.....	37.6	21.3	-16.3
Skeenaview Hospital.....	24.5	20.3	-4.2
Mental Health Centre.....	27.7	28.0	+0.3

NOTE.—Percentages calculated against year-end staff totals.

TABLE D.—COMPARISON OF STAFF TOTALS BY UNIT WITH TOTALS FOR THE PRECEDING FISCAL YEAR

Unit	Fiscal Year 1959/60		Fiscal Year 1960/61	
	Positions in Establishment as of Mar. 31, 1960	Number on Staff as of Mar. 31, 1960	Positions in Establishment as of Mar. 31, 1961	Number on Staff as of Mar. 31, 1961
General Administration.....	30	29	37 <sup>1</sup>	36
Collections Office (transferred).....	3	3	-----	-----
Department of Nursing Education.....	24	21	55 <sup>1</sup>	49
Mental Health Centres.....	98	83	98	85
Sub-totals.....	155	136	190	170
In-patient care—				
Crease Clinic.....	285	270	282 <sup>1</sup>	285
Provincial Mental Hospital, Essondale.....	1,151	1,139	1,113 <sup>1</sup>	1,137
Provincial Mental Home, Colquitz.....	80	82	80	81
The Woodlands School.....	740	704	742	743
Tranquille School.....	61	50	95	71
Valleyview Hospital.....	408	329	409	391
Dellview Hospital.....	77	77	77	80
Skeenaview Hospital.....	59	57	59	59
Total of vote.....	2,861	2,708	2,857	2,847
Farms—				
Colony Farm.....	52	52	52	52
Colquitz Farm.....	8	8	8	8
Tranquille Farm.....	29	23	28	24
Total of vote.....	89	83	88	84
Total Civil Service positions.....	3,105	2,927	3,135	3,101
Student psychiatric nurses.....	325	303	325	275
Totals.....	3,430	3,230	3,460	3,376

<sup>1</sup> Changes from preceding year, due mainly to reorganizational inter-unit staff transfers.



TABLE E.—COMPOSITION OF NURSING STAFFS BY UNIT AS OF MARCH 31ST, 1961

Unit	Registered Nurses			Psychiatric Nurses			Aides			Students			Unit Total	Per Cent of Total			
	Number	Per Cent	Total	Female	Male	Total	Per Cent	Female	Male	Total	Per Cent	Female			Male	Total	Per Cent
Provincial Mental Hospital, Esson- dale	46	4.87	372	174	198	372	39.41	210	145	355	37.61	171	944	39.92			
Crease Clinic	20	8.00	94	47	47	94	37.60	46	34	80	32.00	56	250	10.57			
Valleyview Hospital	10	3.16	95	95	59	154	48.73	98	36	134	42.40	18	316	13.36			
Delview Hospital	1	1.72	11	11	6	17	29.31	26	14	40	68.96	—	58	2.45			
Skeenaview Hospital	1	2.22	11	—	11	11	24.44	8	25	33	73.33	—	45	1.90			
The Woodlands School	7	1.10	162	162	87	249	39.27	192	156	348	54.89	19	634	26.81			
Tranquille School	—	—	5	5	5	10	24.39	9	22	31	75.61	—	41	1.73			
Provincial Mental Home, Colquitz	—	—	37	—	37	37	56.92	—	28	28	43.07	—	65	2.75			
Mental Health Centre	7	58.33	3	2	1	3	25.00	2	—	2	16.67	—	12	0.51			
Totals	92	3.89	947	496	451	947	40.04	591	460	1,051	44.44	275	2,365	—			
Totals, March 31st, 1960	83	3.68	848	—	—	848	37.61	—	—	1,021	45.27	303	2,255	—			
Difference (+ or -)	+9	+0.21	+99	—	—	+99	+2.45	—	—	+30	-0.83	-28	+110	—			



## REPORT OF THE PROVINCIAL SUPERVISOR OF PSYCHIATRIC SOCIAL WORK

MISS A. K. CARROLL, PROVINCIAL SUPERVISOR

Throughout the psychiatric hospital admission areas there has been a great rise in social service intake case loads during the fiscal year. This situation is attributable primarily to higher rates of admission and discharge of patients in these areas. Because of the fact of a fixed social-work establishment, the situation has had to be managed by the introduction of social services, brief enough in nature to cover some aspect of the need of the increased number of patients being admitted to and discharged from these areas and referred at these points to social service. As a result, the case loads of social workers in these areas have increased 29.5 per cent. From the research findings of social workers engaged in these areas, it is indicated that they are dealing with over 54 per cent of the total patient-group hospitalized in the psychiatric hospital division; that the average length of hospitalization of this group is nine and one-half weeks, with the disposition of some 73 per cent being discharged in full. Because of the fact that a notable percentage of this group being admitted to and discharged from the admission areas was without resources of any kind in the nature of interested family or friends, a job to return to, or an interested employer, and totally without financial resources, the social workers in these areas additionally engaged in accelerated referrals of large numbers of patients to public welfare agencies for material help. The processing of the aforementioned referrals and similar types of brief social services accounted for a large proportion of all social workers' time in the psychiatric hospitals' admission and discharge areas. From the experience of social workers in these areas, it is possible to recommend the need for a more effective organization, administration, and staffing of reception and discharge areas of the psychiatric hospitals, as well as the working-out of definitive policies for effective referral to community agencies of the large group of patients who, on discharge, are in need of some form of social assistance and interim accommodation.

Throughout the psychiatric hospital units of the Mental Health Services there has been a significant increase, over that of the previous year, in the numbers of patients and their families to whom it has been possible to extend social services. This is partly due to the reorganization of administrative and clinical services in the psychiatric hospitals division, on the unit plan. This has resulted in a closer integration of social services with other clinical disciplines and contributed markedly to a further strengthening of the team approach to the study and treatment of patients in hospital. To illustrate the latter, it is interesting to note that 1,283 more patients were helped this year, and that the increased incidence of contact through therapeutic interview with individual patients and family members was 8.6 over the last year in comparison with 2.1 in the fiscal year 1953/54. There has been an increased incidence of contact through therapeutic interview with individual patients out of hospital and family members over this period from 1.5 in 1953/54 to 2.8 in the last year. Reflected in this increase in numbers of patients given social services and in the increase in incidence of interviews per patient are the higher qualifications held by social workers in the psychiatric hospital units (55.6 per cent now have basic minimal training) and the increases in the establishment for social work in this division over the last nine years. In 1953/54 the establishment for social workers in the psychiatric hospitals division stood at sixteen; to-day it stands at thirty-six. However, preceeding 1953/54 the development of the Crease Clinic of Psychological Medicine doubled the admissions of patients. Recently the develop-



ment of boarding- and foster-home care in the long-term treatment units of the Provincial Mental Hospital has made such demands on the social workers that less than 50 per cent of their total monthly in-patient man-hours are now spent in services to patients during their hospitalization. This is due to the fact that the administration of the present boarding-home programme (180 patients) demands 52 per cent of the total monthly in-patient man-hours of social work. It is respectfully recommended that the social-work establishment be increased in order to develop this valuable and already well-justified programme, as evidenced by the increasing capacity for both satisfactory adjustment in the boarding home and for independent activity on the part of the improved chronically mentally ill patients who have been placed to date. Additionally, this programme will need to be extended to cover the needs of the aged and mentally sub-normal patient, and will care for increased establishments in the social service departments of Valleyview Hospital and The Woodlands School.

In the out-patient divisions of the Mental Health Services, the increased development of travelling clinic services and sustaining evening clinic services has demanded 25 per cent of the social workers' total monthly out-patient man-hours. With the extensions into community-based psychiatric services there has occurred a sometimes unmanageable disequilibrium throughout the service in the ratio of social workers to the psychiatrists. A few years ago the ratio of social workers to psychiatrists in out-patient divisions of the Mental Health Services was 4 to 1. To-day in all divisions of the Mental Health Services the ratio is 1½ to 1. The American Psychiatric Association recommends a staff pattern of two or three social workers to one psychiatrist.

#### PERSONNEL AND RECRUITMENT SOCIAL SERVICE DEPARTMENTS, MENTAL HEALTH SERVICES

The recruitment of social workers to the Mental Health Services is facilitated almost entirely by the bursaries which can be offered to graduate university students through the auspices of the National health grant. For the past two years the Mental Health Services has not managed to recruit social workers graduating from schools of social work or available from the pool of practising social workers. This year eight students were recruited to the Mental Health Services by the award of bursaries for postgraduate study in social work; two bursaries were awarded to members of staff holding a Bachelor of Social Work degree. In February of this fiscal year an additional six university graduates (three holding B.S.W. degrees and three holding B.A. degrees) were recruited to the Mental Health Services through application for National health grant bursaries. Four staff members holding B.S.W. degrees applied for bursaries to complete the Master of Social Work training course. The broad recruitment programme, developed in collaboration with the Personnel Officer of the Civil Service Commission, continues to go forward with the use of media of education, interpretation, advertisement, contacts (personal and through correspondence) with graduate schools of social work across Canada, and the Provincial and National bodies of the Canadian Association of Social Work.

#### PROFESSIONAL EDUCATION AND STAFF DEVELOPMENT PROGRAMMES, SOCIAL SERVICE DEPARTMENTS, MENTAL HEALTH SERVICES.

The training programme for student social workers who are placed for field-work experience in the Mental Health Services, affording, as it does, opportunities for contact with professional field supervisory personnel and student personnel of the



University of British Columbia, is an excellent medium for the development of staff, as well as recruitment to staff of the Mental Health Services. The students, for their part, contribute much to the staff as a whole, and in particular to the professional growth and development of their social-work supervisors in the Mental Health Services. For many of the latter, student supervision was a new and stimulating experience this year. Altogether, fourteen School of Social Work students had their field-work placements in the Mental Health Services. The students appeared to be well satisfied with their field-work experiences as ones which were good in terms of new learning and in terms of practical application of theoretical knowledge.

As in previous years, education responsibilities with respect to other disciplines continued to be carried out throughout the social service departments of the Mental Health Services, as well as to those directly related to social work. In the former regard, medical staff meetings, nursing education, and occupational therapy have been oriented to the contribution, functions, and responsibilities of social work in clinical settings; in the latter regard, groups of in-service trainees from the Department of Social Welfare were oriented to the various divisions of the Mental Health Services. Additionally, groups of relatives, parents, volunteers, members of church organizations, and service and professional groups in the community were oriented to the various divisions of the Mental Health Services, whether through the means of conducted tours or formal lectures, including educational lectures concerning mental-health principles and practices.

The regular weekly meetings of medical and nursing personnel which take place within the units of the Provincial Mental Hospital, and in the clinics concerned with diagnoses, treatment, and rehabilitation which are active throughout the Mental Health Services, are of great value in the professional development of social-work personnel.

It was possible during the year to arrange for representation at such conferences and institutes as the Canadian Conference of Social Work, the National Conference on Social Welfare, the Northwest Regional Conference of the Medical Social Work section of the National Association of Social Workers, Pacific Northwest Regional Institute of the Family Service Association of America, Second British Columbia Conference on Ageing, and Field Instructors' Institute, University of British Columbia. The aforementioned educational opportunities provided by administration indicate a belief in the importance of opportunities for the continuing development of staff on the job. Attendance at these institutes promotes professional growth and development and improves standards of practice throughout the social service departments.

Other forms of staff development have constituted the planning and formulation of orientation programmes for beginning social workers employed in the various divisions of the Mental Health Services. Still others have taken the form of papers prepared and submitted on the various functions of the social-work job—administration, supervision, direct services, community education, and social-work research. In the out-patient division, four papers focused on the clarification of theory and the development of practice were written concerning border-line personality, character disorder, psychosomatic problems, and aspects of the psychoses. The School of Social Work has since sought permission to prepare this material for use of second-year students, as the papers contained material and a point of view which the School wishes to teach.



## SOCIAL-WORK CONSULTANT SERVICE

## CONSULTATION

Consultation services were requested by the following divisions of the Mental Health Services: Provincial Mental Hospital, Crease Clinic of Psychological Medicine, Mental Health Centre, The Woodlands School, and Valleyview Hospital, entailing an expenditure of 35 per cent of the consultant's monthly man-hours. During the year a social service department was established in Valleyview Hospital—the Geriatrics Division of the Mental Health Services—which engaged approximately 41 per cent of the consultant's monthly man-hours of work. Direct consultative services to all divisions concerned the following matters: Recruitment, staffing and staff patterns; organizational and functional changes to permit expansion of services; development of casework supervisory skills; intake and discharge functions in social service departments of the psychiatric hospitals; the development of statistical forms for social service in Valleyview Hospital; revision of statistical forms for the social service department of The Woodlands School; and the beginning of a procedure manual and brochure for boarding-home and family care.

## CENTRAL BRANCH RESPONSIBILITIES

The consultant has also prepared special reports for the Branch administration concerning the financing and administration of the boarding-home and family care programme in the psychiatric hospitals division; report of the interdepartmental committee on the problems of mental deficiency; special reports regarding the needs of individual children with behavioural and emotional disorders; special reports regarding the needs of individual mentally sub-normal children and their families.

## COMMUNITY ORGANIZATIONAL AND DEVELOPMENTAL SERVICES

The consultant has taken responsibility in the community development and social policy activities of the following voluntary bodies: Division of the Handicapped and the Welfare and Recreational Council of the Community Chest and Council, the scientific planning committees of the Association for Retarded Children of British Columbia, the Children's Foundation, and the Canadian Mental Health Association. Meetings with the Medical Services Section of the Vancouver City Social Service Department, the social welfare administrators of municipalities adjacent to the Mental Hospitals Division, the Superintendent of Child Welfare, and the Metropolitan Health Committee took place during the year for the purposes of defining co-operative services and delineating service responsibilities and agency function.

The consultant gratefully acknowledges the contribution and signal effort of all social-work staffs throughout the Mental Health Services. These staffs have exhibited singular courage, resourcefulness, and professional discipline in facing the expanding demands of a growing mental-health service.



## REPORT OF THE DIRECTOR OF NURSING SERVICES

MISS B. J. MITCHELL, DIRECTOR OF NURSING SERVICES

Work with the senior nursing personnel in the four units of the Lower Mainland was centred largely on the need for improved and increased nursing services. Changes in the therapeutic programmes precipitate and enhance changes in nursing goals and organization. A major study of the reorganization of a nursing department is well under way. Three units conducted in-service educational programmes for their nursing staffs. A number of nursing personnel attended institutes and educational programmes conducted in Vancouver, Seattle, Fredericton, New Brunswick, and Bethel, Maine. Five nurses are attending the School of Nursing, University of British Columbia, with the assistance of Federal Mental Health Grant bursaries.

On April 1st Miss Margaret Lonergan returned from postgraduate studies at the University of Washington and assumed her position as Associate Director of Nursing Education. As will be noted in her report, the nursing educational programmes were strengthened; the faculty and nursing service personnel were helped to identify and develop learning opportunities; and the nursing students were aided in their growing ability to assume responsibility for their own activities. The need for skilled nursing personnel continues to increase. Provided that an adequate number of instructors can be recruited, the Department of Nursing Education will be prepared to offer increased learning opportunities for nurses, both student and graduate.

The Mental Health Services continues to work closely with the School of Nursing, University of British Columbia, in providing clinical experience in psychiatric nursing for twenty-four nursing students enrolled in the basic degree programme and senior field experience for twelve nursing students. The educational programmes are controlled and conducted by the University faculty, but various staff members of the Mental Health Services also participate. The placement of the students on the long-term wards for men patients has had beneficial effects.

The Unit Nursing Conference, organized in December, 1959, proved to be an effective vehicle for permitting the Superintendents of Nurses and Chief Psychiatric Nurses to share information, ideas, and problems. Within the structure of the conference, a Nursing Procedure Committee was formed, with representatives from the units in the Lower Mainland. The nurse representative is also chairman of a sub-committee in his own unit, and in this way work on nursing procedures is shared between the units. Revision of the forms used in the patients' ward chart is the first task of the Committee. An Institute on Nursing Administration will be held for all members of the Unit Nursing Conference on April 20th and 21st at Rockwoods centre.

Mr. Alan Thomas, from the Extension Department of the University of British Columbia, has assisted the Planning Committee to develop a programme which will enable the participants to consider actual nursing administrative problems.

In October the Mental Health Services Branch, with the assistance of a Federal Mental Health Grant, began a study which would explore the need for and the feasibility of establishing a combined course (experimental in nature) in psychiatric and general nursing in British Columbia and, if feasible, to set forth the objectives of such a course and the means by which these objectives might be achieved. Advisory and executive committees were formed, with broad representation from the Registered Nurses' Association, Psychiatric Nurses' Association, University of British Columbia, Mental Health Services, and consultants from the fields of medicine, education, sociology, social work, psychology, and others. A project co-ordinator was appointed to facilitate the work of the committees. The project is proceeding according to schedule, and the interest and generous assistance from all members are greatly appreciated.



## DEPARTMENT OF NURSING EDUCATION

MISS M. LONERGAN, ASSOCIATE DIRECTOR OF NURSING EDUCATION

The purpose of the Department is to assist in meeting the health needs of the people of British Columbia by preparing nursing personnel with varying degrees of skill in the prevention, care, and rehabilitation aspects of mental illness. The Department carries out this purpose by conducting four nursing programmes.

### 1. THE PSYCHIATRIC NURSING PROGRAMME

Number of students, March 31st, 1961 .....	271 (191 women, 80 men)
Number graduated, April 27th, 1960 .....	111 (83 women, 28 men)
Number accepted, 1960/61 fiscal year .....	168 (123 women, 45 men)
Number withdrew, 1960/61 fiscal year .....	58

Academic requirement for entrance remains a minimum of Grade X. Nevertheless, the average academic level for each class is steadily rising: 50 per cent of the August, 1962, class and 33 per cent of the February, 1963, class hold University Entrance standing. The entrance age requirement for men has been reduced from 19 to the 18 years required of women applicants.

Men students acquired a new uniform in December, 1960. The uniform is received upon entering the programme and distinguishes the student from other nursing personnel.

Curriculum work included an assessment of ward learning experiences available for preliminary students and the placement of these students following first-term block classes on selected wards for a four-week controlled programme.

Prior to each of the three blocks of classes, instructors met to plan the programmes and schedules concerned and, following each block, to evaluate the progress of students. Evaluation is on the basis of academic and clinical performance and assessment of the individual student's personality and health. In respect to this evaluation, the assistance of supervisors, deputy chiefs, and charge nurses through ward reports, participation in meetings, and written comments is gratefully acknowledged.

For many students the psychiatric nursing programme has been strengthened considerably through ward classes, clinics, interviews, and discussion periods offered by clinical instructors in the Crease Clinic and the Provincial Mental Hospital. The instructors in turn have relied upon and received support from the nursing staff by the latter's assistance and co-operation in clinical supervision.

Graduation week, commencing April 24th, 1960, saw 111 students (83 women and 28 men) welcome relatives and friends at a tea in Residence XI, followed by an evening church service at Queens Avenue United Church with the Reverend Fullerton officiating. A dinner-dance at Capilano Gardens was dignified by the presence of the Honourable Eric Martin, Dr. and Mrs. A. E. Davidson, and Miss Beverly Mitchell. The graduation ceremony at Vincent Massey High School in New Westminster was highlighted by the guest speaker, Dr. J. R. McIntosh, Professor and Director of Secondary Education, University of British Columbia.

### 2. THE AFFILIATE PROGRAMME

Two hundred General Hospital students received a twelve-week affiliation programme in psychiatric nursing through this Department during the fiscal year. Students are in the second year of their home-school programmes and are becoming accepted as contributing members of the ward staff, as opposed to their previous



roles of observers. Classroom lectures are being rapidly reduced in number as clinical instructors are able to offer regular ward classes and teaching becomes patient-centred.

Home schools have been encouraged to become more familiar with the programme offered to their students. This has been promoted through meetings with home-school representatives, questionnaires, and course descriptions. Instructors from home schools now visit their students once during the affiliation, observe their activities, and are more informed concerning progress and changes occurring in the wards and in patient-care.

### 3. CLINICAL PROGRAMME FOR GRADUATE NURSES

The programme, with eight students enrolled, commenced October 3rd, 1960, and is six months in length. Its purpose is to enable the registered nurse to increase her knowledge and skill in psychiatric nursing so that she may be able to accept her role and function effectively in the psychiatric setting and in the field of mental health. Courses in psychiatry and the social sciences are offered largely through the medium of group discussion and are supplemented by field-trips, assignments, and seminars. Clinical experience focuses on the nurse-patient relationship in acute and long-term areas of the Crease Clinic, the Provincial Mental Hospital, the Mental Health Centre, and The Woodlands School.

An advisory committee with representation from the Mental Health Services (medical and nursing staff and the Department of Psychology), the University of British Columbia School of Nursing, and the Registered Nurses' Association of British Columbia has offered valuable assistance and guidance in establishing this programme and evaluating its effectiveness.

### 4. THE AIDE-TRAINING PROGRAMME

The purpose of this programme is to orient the new lay employee to the Mental Hospital, its personnel and policies, and to the duties of the psychiatric aide. The programme is offered several times yearly as a group of new aides is employed. It consists of classes, practice periods, and tours.

A second purpose of this programme is to provide a short training course for aides currently employed in the Mental Health Services. Two one-week courses were offered in February, 1961, to Valleyview Hospital employees.

### FACULTY

In March, 1961, the faculty numbered fourteen. In July, 1960, Miss Willy Van Est returned to the Department, having earned her teaching and supervision certificate with the University of British Columbia. Mr. F. Tudgay commenced duties in April and was assigned to North Lawn. Mrs. J. Busslinger transferred from a nursing supervisor position and was assigned as clinical instructor to Centre Lawn in November. The Department regrets the departure of Mrs. C. Upton and Miss O. Darcovich.

The faculty was fortunate in being able to attend a two-day curriculum workshop sponsored by the Registered Nurses' Association of British Columbia at the School of Nursing, University of British Columbia, and directed by Miss Florence Elliot, a National League of Nursing consultant. Mrs. I. Smith, senior instructor responsible for the affiliate programme, attended a one-week workshop at the University of New Brunswick on mental-health concepts in nursing.



The post-basic course, extending over three months, was completed in June. Ninety-two hours of lectures, films, and discussion periods were directed by Mrs. I. Smith, and considered by the eighteen senior staff attending to be a useful refresher programme.

A total of 230 Department examinations, with material based on administration and supervision, medical-surgical nursing, pharmacology, and psychiatric nursing, were prepared and corrected by a faculty committee. The examinations were prepared for nurses qualifying for licensure and nurses applying for promotion.

The faculty undertook various projects designed to lay a foundation for improving the educational structure of the Department. Of these, the establishment of a group consisting of the clinical instructors and the supervisors, deputy chiefs, and charge nurses with whom these instructors work has been most helpful in promoting understanding and communication between the students' clinical areas and this Department.

In January, 1961, Miss C. Murray was appointed faculty adviser to psychiatric nursing students. Her function is to promote healthy communication between students and faculty and to assist the student council in the discharge of its responsibilities.

It is appropriate to conclude this report of the 1960/61 fiscal year with an expression of appreciation to all those in the many departments of the Mental Health Services whose interest, co-operation, and assistance are making it possible for students to become better nurses.



## PART II.—CREASE CLINIC OF PSYCHOLOGICAL MEDICINE AND PROVINCIAL MENTAL HOSPITAL

### REPORT OF THE CREASE CLINIC OF PSYCHOLOGICAL MEDICINE

#### REPORT OF THE MEDICAL SUPERINTENDENT

T. G. CAUNT, MEDICAL SUPERINTENDENT

The Crease Clinic of Psychological Medicine completed its tenth year of service to the mentally ill of British Columbia with the fiscal year ended March 31st, 1961.

The Crease Clinic has operated at capacity and efficiently in all departments. Residential intensive treatment care continues to be provided for those patients who are believed capable of benefiting from four months or less of psychiatric treatment.

The community doctor first screens incoming patients and may be assisted by the Clinic admitting doctor regarding the suitability of the patients being considered for admission.

More use is being made of the Crease Clinic service, as the following table indicates, and more of the mentally ill of British Columbia are seeking this service voluntarily.

Examination of the following table, which is a summary of population in the Crease Clinic for the year ended March 31st, 1961, shows that the number of patients admitted (1,581) was 117 more than the previous year's total of 1,464 patients.

	Male	Female	Total
In residence, April 1st, 1960.....	120	145	265
Admissions—			
First admissions.....	466	595	1,061
Readmissions to a different institution of Mental Health Services.....	21	39	60
Readmissions to same institution.....	190	266	456
Admitted direct from Provincial Mental Hospital, Essondale.....	4	—	4
Total admissions.....	681	900	1,581
Total under care.....	801	1,045	1,846
Separations—			
Discharged in full.....	666	872	1,538
Discharged direct to Provincial Mental Hospital, Essondale.....	24	36	60
Died.....	3	1	4
Total separations.....	693	919	1,602
Net increase or decrease.....	—12	—9	—21
In residence, March 31st, 1961.....	108	136	244

The voluntary admission rate to the Crease Clinic shows a further increase from 886 or 61 per cent in the previous fiscal year to 1,077 or 65.8 per cent of admissions for the year ended March 31st, 1961.

The table indicates 677 male and 900 female patients were admitted; that is 223 or 33.08 per cent more female patients. This compares with 35.74 per cent the previous year. An increase of fifty six male patient admissions over the previous year is noted.

January and May were again the months of the highest number of admissions.



A total of 1,602 separations is noted for the year ended March 31st, 1961. Of these, sixty patients—twenty-four men and thirty-six women—were admitted to the Provincial Mental Hospital for continued treatment, or 3.74 per cent of the discharges. This compares with 3.7 per cent in the previous year. One thousand five hundred and forty-two or 96.26 per cent of the patients were discharged directly to the community.

The Crease Clinic has six wards for patient treatment and care—three for men and three for women. All wards are now classed as open wards, thus permitting the patients further freedom and more free access to the hospital grounds. No complications have been noted during the year.

Previous reports have indicated that all patients admitted to the Crease Clinic, whether voluntarily or certified, retain their civil rights, with the exception of those few who, in the opinion of the Clinical Director, are too sick to properly look after themselves or their own affairs. During the year ended March 31st, 1961, when 1,581 patients were admitted to the Crease Clinic, 68.12 per cent, or all, with the exception of 266 patients, were capable of exercising their full civil rights during the course of their treatment.

Among further changes and improvements at the Crease Clinic noted this year, patients may be admitted directly to various wards now in the Clinic, each area having complete clinical treatment teams available.

The Men's and Women's Occupational Therapy Departments were combined by moving both departments to the west side of the Clinic. This move improved patient treatment and the efficiency of the department.

Team nursing was instituted in the Crease Clinic and it is proving to be useful.

Dr. R. W. Harrington, specialist in psychiatry, rejoined the Clinic staff and was appointed Admitting Officer.

As a result of an inspection by the central inspection board of the American Psychiatric Association, the Crease Clinic, Provincial Mental Hospital, Essondale, and Valleyview Hospital were fully approved. It was indicated that only fifty-three hospitals were fully approved in North America and, of these, only twenty-seven were public hospitals.

#### OPERATING-ROOM

The standard of service provided has been maintained at an excellent level by our surgical residents and consultant staff. The surgical residents were Dr. G. Clay and Dr. A. C. Tanner. During their six-month rotations each resident has provided examination of patients requiring surgical investigation and follow-up of all patients who had surgical procedures.

The department continues to be very active, providing specialized service to the several units of the Provincial Mental Health Services. The operating-room and surgical ward were used efficiently and close to their capacity during the year. The operative procedures in summary were:—

General surgery, major .....	131
General surgery, minor .....	179
Neurological surgery .....	27
Orthopædic surgery .....	99
Genito-urinary surgery .....	92
Chest surgery .....	23
E.N.T. surgery .....	19
Eye surgery .....	25
Plastic surgery .....	28
Dental surgery .....	23



Plasters with anæsthetics .....	13
Blocks .....	3
<hr/>	
Total surgical procedures .....	662
Total number of consultations and examinations done in the operating-room .....	2,939

This is the first year that it has been necessary to perform major chest surgery and have the need to do two endarterectomies.

Arrangements were made for the residents to visit the Valleyview Hospital to do follow-up care of surgical consultations, which averages thirty to forty cases per month.

The small surgical-ward bed occupancy has averaged 94 per cent this year.

The placement of the stenographer within the department has made a great improvement in the completion of records.

The programme established with the appointment of the Oxygen Therapist has shown an appreciable saving in the use of oxygen.

#### DEPARTMENT OF NEUROLOGY

The Department of Neurology has functioned efficiently under the able direction of Dr. W. P. Fister and has contributed a very valuable service to the branches of the Provincial Mental Health Services and other Provincial institutions.

This department has undergone a reorganization in that patients with organic involvement of the central nervous system have been given complete clinical supervision and treatment instead of the previously established consultative advice. This has entailed considerably more clinical and clerical work.

The out-patient follow-up studies of former patients have continued. An increasing number of patients from The Woodlands School and the Mental Health Centre have had both laboratory and consultative procedures carried out on them. The Willingdon Avenue School for Girls, Oakalla Prison Farm, and Haney Correctional Institution have availed themselves, as before, of our facilities.

Twenty-eight neurosurgical procedures were carried out by Dr. Frank Turnbull, who had seen a further thirty-nine cases in consultation.

Dr. E. V. Mellor has been actively engaged in clinical assessments, electroencephalogram interpretations, and carrying out of pneumoencephalograms. As before, lectures and clinical demonstrations were arranged for medical students, students of abnormal psychology, nurses-in-training, and affiliate nurses.

A detailed account of the laboratory studies for the year is tabulated herewith:—

Electroencephalograms .....	1,367
Pneumoencephalograms .....	243
Neurosurgical operations .....	28
Lectures .....	18

The 1,367 electroencephalograms were done for the following groups:—

Provincial Mental Hospital .....	458
Crease Clinic .....	511
The Woodlands School .....	199
Out-patients .....	57
Oakalla Prison Farm .....	34
Haney Correctional Institution .....	7
Girls' Industrial School .....	28
Staff .....	12



British Columbia Penitentiary .....	2
New Haven .....	2
Mental Health Centre and Child Guidance Clinic .....	57

## LIBRARY

Miss Helen Walsh, librarian, resigned in July, 1960, and the vacancy was filled in October by Mrs. Silvia Reeves. Mrs. E. Killeen is assistant to the librarian. A library committee was formed, with Dr. F. G. Tucker as chairman, Miss D. R. Begg and Mr. J. W. Borthwick as members, and Mrs. S. Reeves as secretary. Mr. W. Ireland, Provincial Librarian and Archivist, attended the first meeting.

The main purpose of the Library Committee is the selection of professional literature in psychiatry and allied fields. A number of useful reference works have been purchased, amongst others the Cumulated Catalog of the National Library of Medicine in Washington, which is invaluable in cataloguing and book ordering. Psychological abstracts have been bound, and the staff is being encouraged to make use of these abstracts in locating articles in professional journals. A list of new acquisitions is being issued periodically and distributed amongst the staff. Some new shelving has been installed to provide more space for the growing collection, and all the current journals are displayed on handy low shelves, which has resulted in a much wider use of current medical periodicals.

Circulation of books to patients from the Crease Clinic was increased by over a thousand books over the previous year. Library service to Valleyview Hospital and to two of the units of the Provincial Mental Hospital was improved through the establishment of rotating deposit collections of 200 to 300 books in each place.

*Medical Library*

Book collection .....	2,722
Books bought .....	83
	<hr/> 2,805
Losses .....	25
	<hr/> 2,780
Total collection .....	2,780
Current journal subscriptions .....	111
Circulation of books .....	998
Circulation of journals .....	229
Interlibrary loans received .....	77
Interlibrary loans sent .....	7

*Patients' Library*

Book collection .....	3,998
Books bought .....	268
Books donated .....	188
	<hr/> 4,454
Discards .....	75
Losses .....	89
To North Lawn .....	350
To Skeenaview .....	150
To Dellview .....	115
	<hr/> 779
Total collection .....	3,675
Current journal subscriptions .....	15
Circulation of books .....	10,231



## REPORT OF THE PROVINCIAL MENTAL HOSPITAL, ESSONDALE

### REPORT OF THE MEDICAL SUPERINTENDENT

T. G. CAUNT, MEDICAL SUPERINTENDENT

The year ended March 31st, 1961, saw the completion of the eighty-eighth year of continuous service provided for the mentally ill of British Columbia by the Provincial Mental Hospital.

### MOVEMENT OF POPULATION

The table shows that more patients were admitted, treated, and discharged than in the previous year.

I have received and have appreciated the fullest co-operation and support from all staff members in all departments of both the Crease Clinic and Provincial Mental Hospital, Essondale. The Deputy Minister's office and other divisions of the Mental Health Services Branch have been co-operative and helpful, as have all departments of Government and community services associated with the welfare of our patients.

All accepted and proven types of therapy are available and continue to be used for the benefit of the patients in the Provincial Mental Hospital.

There has been a marked increase in admissions and discharges in the Provincial Mental Hospital area of approximately 50 per cent in the past six years. This has greatly increased the work load of every department of the hospital. Advances have been made in many areas, with improved operation, and unitization in some areas with closer integration of departments.

The open-door policy is followed wherever this is possible. Fifteen of the twenty men's wards are open, as are seventeen of the twenty-four women's wards. This policy has resulted in further improvement in patient and staff morale. The supervision of the hospital grounds has been reorganized and improved.

Changes and improvements are being made in many areas of the hospital. The following are some of these.

Visiting hours to the Crease Clinic and Provincial Mental Hospital have been increased from 1.30 p.m. to 4 p.m. every day of the week, and in addition from 7 to 8 p.m. Tuesdays and Thursdays.

The direct admission of aged patients to the Valleyview Hospital, instead of admitting them to the Provincial Mental Hospital, Essondale, and then transferring them to the Valleyview, has proved more efficient and provides a better service to these patients.

The Social Service Department has vastly improved service to the West Lawn men's building with two more psychiatric social workers. This service has greatly assisted the doctors in that area with the treatment and care of these patients.

More patients this year were granted day, night, week-end, or longer leave in the community. This is therapeutic for them and has assisted in their rehabilitation in many instances.

The reorganization of the Crease Clinic and Provincial Mental Hospital on a unit basis has contributed to improved service. The Unit Director's morning meetings with unit staff officers vastly improves treatment, patient-care, communication and supervision within the unit.



There was a noticeable improvement in nursing techniques and a greatly increased interest in staff lectures with in-service and community study. A further improvement was the addition of more University of British Columbia and general hospital affiliate nurses.

More patients this year have been placed in boarding homes. This has worked to the patients' advantage and freed hospital space required for the more acutely ill.

The following table gives a summary of the movement of population of the Provincial Mental Hospital for the year ended March 31st, 1961:—

	Male	Female	Total
In residence, April 1st, 1960.....	1,608	1,411	3,019
On probation, carried forward from 1959/60.....	110	197	307
On escape, carried forward from 1959/60.....	8	4	12
Total as at April 1st, 1960.....	1,726	1,612	3,338
Admissions—			
First admissions.....	499	300	799
Readmissions to a different institution of Mental Health Services.....	93	153	246
Readmissions to the same institution.....	389	366	755
Admitted direct from Crease Clinic.....	24	36	60
Transfers from Provincial Mental Home, Colquitz.....	6	—	6
Transfers from geriatric units.....	11	7	18
Transfers from The Woodlands School.....	1	3	4
Total admissions.....	1,023	865	1,888
Total under care.....	2,749	2,477	5,226
Separations—			
Discharged in full.....	825	751	1,576
Discharged direct to Crease Clinic.....	4	—	4
Died.....	76	52	128
Transferred to Provincial Mental Home, Colquitz.....	14	—	14
Transferred to geriatric units.....	93	23	116
Transferred to The Woodlands School.....	4	2	6
On probation and still out.....	121	308	429
On escape but not discharged.....	4	1	5
Total separations.....	1,141	1,137	2,278
Net increase or decrease.....	—	—71	—71
In residence, March 31st, 1961.....	1,608	1,340	2,948

The admission services have again been extremely busy and show a further considerable increase in patient admissions, when 1,800 patients were admitted directly. This is an increase of 201 over the preceding year's figure of 1,599. In addition to the direct admissions, eighty-eight patients were transferred from other units of the Mental Health Services branch. Thus a total of 1,888 patients was admitted to the Provincial Mental Hospital this year.

The male admissions increased by 188 to total 1,023, and the female admissions increased by 101 to total 865. This total of admissions is 289 greater than the record reported in 1959/60.

Although the number of admissions to the Provincial Mental Hospital was the highest on record, the total treatment programme was such that it has again been possible to reduce the number of patients in residence. The total in residence at March 31st, 1960, was 3,019, and the total in residence at March 31st, 1961, was 2,948, a reduction of seventy-one.

This is an excellent separation rate, which reflects credit on the treatment team. This reduced in-residence figure of 2,948 on March 31st, 1961, is especially noteworthy in view of the increased number of patient admissions noted above, which in effect means the total patient count was reduced 360.

The percentage of patients recovered or improved, as compared to admissions, was 75.1 per cent. This compares with 76.2 per cent the previous year. The percentage of deaths to the number under treatment was 2.4 per cent. The percentage of discharges to admissions (exclusive of deaths) was 113.9 per cent.



The average daily patient population was 3,008.02. This is a reduction of 150.78 from the previous year, when the daily average population was 3,158.8.

During this year 126 Order in Council patients were admitted. This is an increase over the previous year, when ninety-five such patients were admitted.

On March 31st, 1961, there were forty-six Order in Council patients in this Hospital.

During the year the admission rate of Federal cases requiring psychiatric treatment declined. The Department of Veterans' Affairs and the Department of Indian Health Services most frequently requested our service. On March 31st, 1961, the following Federal cases were in residence:—

Department of Veterans' Affairs	172
Imperial veterans (D.V.A.)	1
Indian Health Services	40
Yukon Territorial Government	9
British Columbia Penitentiary	1
<hr/> Total	<hr/> 223

#### WOMEN'S NURSING DIVISION

The Women's Nursing Division has completed a busy year, in which much energy has been directed toward improving patient-care.

One of the gratifying trends has been the increasing interest and communication between this Hospital and the community. During Mental Health Week in May, 1960, "open house" was attended by many visitors, who displayed a growing awareness of mental health and illness and demonstrated a keen interest in the benefits offered the patients within the Hospital.

The summer of 1960 was the first year in which the assignment of affiliate students from the general hospitals was maintained throughout July and August. Their participation in patients' activities is most enthusiastic and stimulating.

In July, Ward H 4, one of the few closed women's wards, in East Lawn, was divided into two areas, resulting in one group of patients receiving open-ward privileges.

In East and North Lawn a complete case review has been in progress during the year. This reassessment of long-term patients was helpful in planning for eventual discharge of the patients to both families and boarding homes.

Additional staff has been assigned daily to grounds supervision to care for the increasing numbers of patients on grounds privileges.

In November reorganizational changes within the Crease Clinic established each of the three wards as admitting and treatment, as well as open wards. This has resulted in more individual and consistent patient-care, as well as better ward administration.

The value of ward clerks in relieving nursing staff of much clerical detail has been recognized by Ward East 3 in the Crease Clinic. This service was initiated on a trial basis in November, and it is hoped it may be developed on other wards.

The staff rostering for nursing service is now decentralized as a step toward future planning for unitization. The supervisor assigns the staff within her area.

The post basic course offered to a small group of supervisors and charge nurses by the Department of Education was considered outstanding and of great benefit.

An oxygen therapist was appointed in September. This service has proven to be most helpful throughout the Hospital as instruction and assistance are provided at ward level in all buildings.



Staff members continue to benefit from instruction in fire prevention and the handling of related emergency situations.

During the year, representatives of nursing staff have been granted the opportunity to attend the workshop on group processes at the University of British Columbia, courses of lectures on tuberculosis nursing at Willow Chest Centre in Vancouver, and two institutes offered by the School of Nursing, University of Washington. One of the senior psychiatric charge nurses attended a three-week course at the Laboratory of Human Relations in Bethel, Maine. These opportunities are of much value to the individual, and other staff members receive the interesting reports presented on their return to the Hospital.

This spring the supervisory staff has been engaged in an in-service programme for their own group. Through a study of their work in all shifts in the four buildings, they have been able to write job descriptions. These define and clarify their responsibilities and provide a basis for orienting new supervisors.

Again this year, four staff members, including the Superintendent of Nursing Service, are on leave of absence to attend the University of British Columbia.

The enthusiasm and interest in in-service education was again noted in the record attendance at planned lectures for all levels of staff. Questionnaires following each series of lectures indicated the general opinion that much benefit had been derived, as well as the desire for future programmes.

The prevailing interest and enthusiasm in further nursing abilities and qualifications noted throughout all levels of staff is most encouraging. It is indeed a favourable omen for the future of the psychiatric nursing service.

#### MEN'S NURSING DIVISION

In the past year there has been a steady advance in the treatment of the mentally ill and also in staff education. The philosophy and clinical policy have taken on a different aspect. The nursing staff are more involved than previously and have derived much benefit, not only because they have taken new interest and satisfaction from this type of work, but also they are constantly being educated informally and now feel that they are more and more an important part of a treatment team.

Two major changes which have caused this were the establishment of Unit Directors and the appointment of two additional Chief Psychiatric Nurses—Grade 2 (Mr. T. L. Knight and Mr. N. Clare) on November 1st, 1960. With a senior supervisor in each of the four male nursing service areas now, plus a Unit Director, it has now been possible to have closer teamwork and correlate more effectively the efforts of various members of the team, which represent several departments in the Hospital.

The introduction of a psychotherapeutic team in Crease Clinic is more concentrated and effective than the previous method team approach and is more demanding of staff's time but does provide a very effective service.

Eighteen senior nursing staff completed a 100-hour post basic course in June to better prepare them for more senior positions.

With the appointment of two Chief Psychiatric Nurses—Grade 2 in November, 1960, we now have a constant clinical supervisor with authority in each of the four male service areas. The value of this move has manifested itself in better co-ordination of staff and activities, better co-operation, closer teamwork, more adequate informal staff education, and ultimately in better nursing care for our patients in each area.



Liaison nurses are functioning very effectively and have become almost indispensable to medical and other staffs. They are rotated every four months; that is, prospective liaison nurses are four months on the wards understudying, then four months as liaison nurses, four months back on the same ward to act in case of illness of liaison nurses, then they are removed to another area and three new nurses are brought in to repeat the cycle.

In August, Riverside Annex was changed to an open ward; thus we have fifteen of twenty wards open in male services.

Mail privileges similar to those of open wards have been extended to all wards.

A number of male patients went on several berry-picking expeditions with escorts, in the Langley area, by arrangement with the farmers. This experiment was very successful, therapeutic, and helpful to the patients concerned.

A special therapeutic programme was set up this year, specifically for insulin-therapy patients, male and female. In this programme they have group therapy, occupational therapy and recreational therapy, together as a group, apart from other patients. This programme keeps them busy all day.

Remotivated groups of patients have been very active in West Lawn Building, and particularly Riverside Building. Many small projects, such as picnic tables, benches, painting, gardening, etc., have been carried out. A picnic shelter is being constructed in the old airing-court and a park-site is still under development at Riverside. Mr. Finnie's Farm-view garden project, behind West Lawn Building, is steadily progressing, with more land being cleared and more gardens being formed. A picnic shelter is also being erected in this area.

Six additional nurses have completed a remotivation course with the help of the Psychology Department. They are helping to train others now as well.

The Riverside area held open house on two wards for patients and families and friends between Christmas and New Year's. This new experiment was very successful and was another means used to involve the community in Hospital functions.

Due to potential danger from the flooding of the Coquitlam River in January, the Disaster Committee went into action and moved 106 Riverside Annex patients to temporary quarters in East 1, twenty to A 1, eight from R 2 to D 2. Also, fifty-six patients were moved from Riverside Cottage to Valleyview 1. Plans were made to move the balance of the patients in that area if necessary. The whole operation went off very smoothly due to planning of the Committee and the co-operation of many people. Two days later, the danger being over, the patients were returned to their home area.

The grounds supervisors interviewed a total of 2,801 patients for privileges during the year (1,463 male and 1,338 female). Due to the large area to be supervised, it was decided that additional staff be assigned to assist in counselling and supervision of this group, and that they should have a senior person acting as charge nurse. In February, 1961, Mr. Webb, psychiatric nurse, was put in an Acting Charge Nurse position, and to his staff of three men we added three more male aides and two women, plus relief. With Daylight Saving time in effect, two more women were added to the staff.

By arrangement with the Medical Superintendent, three officers of the Vancouver Police Academy each spent a week at the Hospital over a period of three weeks. Their time was spent chiefly on wards and with heads of other departments concerned with treatments. This was a move to better acquaint police with the



Hospital and its function. It is hoped this practice can be extended to include other police departments. The officers were appreciative of their opportunity.

A formal in-service programme has been conducted for nurses throughout the year and has now been extended to include aides. Various forms of in-service education are being carried out at every opportunity by means of films, clinics, conferences, group meetings, lectures, etc.

Mr. Doran (psychiatric nurse) was fortunate in getting a bursary to attend a group development course in Bethel, Maine, last August.

Mr. Huddleston (psychiatric nurse) attended a two-day conference on alcoholism at the University of Washington.

Thirteen male and five female staff completed a post basic course in June, 1960. The course was set up by the School of Nursing for senior psychiatric nurses to prepare them more adequately for more senior positions. One of the graduates, Mr. N. Clare, was appointed a Chief Psychiatric Nurse—Grade 2 on November 1st, 1960.

We have had several groups of students for short periods, from other hospitals, on male wards working with our staff this year. There have been University of British Columbia students taking postgraduate studies, affiliates from other hospitals, and a selected postgraduate group under the supervision of Miss Van Est, of the School of Nursing at this Hospital.

#### PSYCHOLOGICAL SERVICES

The Department of Psychology in the Crease Clinic and Provincial Mental Hospital at the end of the year reached its best level of staffing for several years. Recruitment has been improved by better liaison with the University and through the use of Federal training grants. For the first time this year, four students, graduating with honours from the University of British Columbia and proceeding on to graduate work, were hired for four months during the summer. During this time the students were occupied with special research and group activity projects. Two graduate students were sponsored by us to take Federal training grants in graduate psychology at the University of British Columbia. They will be joining our department at the beginning of the 1961/62 fiscal year.

During the year 1,001 psychological reports on patients were made, based on interviews and the administration of 2,612 psychological tests. A new routine admission battery was administered to those patients capable of being examined upon their admission to Crease Clinic. The tests were administered with the co-operation of the nursing staff, and reports and interpretations were made by the Psychology Department.

Lectures and discussions on a variety of psychological topics were given to many groups from within and outside the Hospital. The largest single groups were the classes in psychiatric nursing, who receive a formal course and are examined in the principles of psychology. The increasing activities of nursing education in areas of affiliate training, the new graduate clinical programme, and various in-service training programmes have added several new demands for guest speakers from this department. These lectures are time-consuming, not so much in their actual delivery, but in their preparation. Altogether 110 hours of lectures, talks, and discussions were given.

Activities in group work were curtailed somewhat this year, but began again near the end of the year when our numbers increased. During the summer the four students from the University of British Columbia conducted about forty sessions with patients in the West Lawn Building. Our own staff conducted forty-two



group sessions, and near the end of the fiscal year became more active when one member began acting as co-ordinator of the coma insulin group. There were forty-two sessions of group therapy during the year and ninety-six sessions of individual therapy and counselling.

A number of duties of a psychological nature but not strictly related to clinical psychology were completed. During Mental Health Week the department co-ordinated the preparations and activities of the hospital "open house." Press releases concerning activities within the Hospital are now gathered through the Psychology Department. The department conducted a number of tours for visitors during the year, including students from the University. The department has taken part in a number of committees, ranging from the Library Committee and a committee looking into the development of rehabilitation resources.

Research has continued in co-operation with psychiatry in the evaluation of new drugs and their effects on behaviour. The department itself has been gathering data on the usefulness in the hospital setting of certain group and short-form tests for the assessment of personality variables and intellectual functioning.

#### SOCIAL SERVICES

The increased admission and separation rate is reflected in all Hospital departments, but is especially noticeable in the clinical treatment services such as the social service.

One of the programmes with which the Social Service Department has been active during the year 1960/61 was the placement in boarding-home care of patients in the long-term treatment units of the Hospital. Similar programmes are in existence throughout the North American Continent, including several Canadian Provinces. Their purpose is to give care and supervision for those patients whose primary need is for domiciliary care of a more individualized nature than can be provided on large mental hospital wards.

As of March 31st, eighty patients, mainly from the East and West Lawn Buildings, have been placed in boarding care under the continuing supervision of Hospital services. This programme entails well-integrated clinical services, together with close co-operation with the Department of Social Welfare, which in most instances provides and finances the boarding-home placement. It has also required that the Hospital social workers devote an increasing proportion of time to these services. Already, however, there are indications that the programme is well justified, as evidenced by the increasing capacity for independent activity on the part of many of the patients so placed. In the majority of instances they have adjusted satisfactorily to the boarding-home setting, although, as could be anticipated, certain patients have found it necessary to return to the Hospital periodically for short-term treatment, following which they have again been able to carry on under this type of care.

In line with current efforts to establish closer liaison between the Mental Hospital and the community, a small group of interested male patients from the West Lawn Building was given an opportunity during the past summer to take short-term employment under Hospital supervision on berry-farms located in the Fraser Valley. Through co-operation with the National Employment Service, the Hospital social workers were in direct contact with those farmers interested in employing Hospital patients at current rates of pay. The greatest success was experienced with the blueberry-crop, the farmer in question expressing marked satisfaction with the work done. Such a project seems to have provided definite therapeutic benefits for the patients concerned in that it not only took them closer to the community, but also



gave them a sense of accomplishment and productivity, which in five instances would appear to have been a motivating factor in their subsequent discharge. Future programmes of this type might well include women patients in the long-term treatment group.

The reorganization of the Provincial Mental Hospital and Crease Clinic during the past year on a unit basis has contributed to a closer integration of social services with other clinical disciplines within the units. Consequently there has been an increase in social-work participation in matters concerning individual units, and more specifically in the planning and carrying-out of team projects designed to improve patient services and treatment. At the same time, however, higher admission rates to both the Hospital and the Clinic as compared with the previous year have pointed to increased demands on social-work time generally and has resulted in a need for more accelerated services throughout the department and an increase in the provision of brief rather than sustained services. This situation applied particularly to the Centre Lawn Building, where a significant percentage of those patients discharged to the community was entirely without employment or financial resources and, therefore, in urgent need of referral to public welfare agencies for material help. The processing of such referrals and similar types of brief services accounted for a large proportion of social-work time in this unit.

Additionally, the reorganization of clinical services on a more definite team basis in the Crease Clinic seems to have contributed markedly to the development of a team approach. Again, because of the rapid patient turnover in this unit, and also because of their location on specific wards and resulting proximity to the patient, the social workers have been much more actively engaged with in-hospital services than in the provision of these on an out-patient basis. This is illustrated by the fact that the average number of in-hospital interviews ranged from 105 to 115 per social worker per month, whereas the out-of-hospital average for discharged patients ranged between ten and twenty-five interviews per social worker per month.

As in previous years, educational responsibilities with respect to other disciplines continued to be carried out, as well as those related directly to the profession of social work. In this latter regard, arrangements were made to orient groups of in-service trainees from the Department of Social Welfare to hospital and clinical services and to provide supervised field-work placements for eight students—(five first year (that is, B.S.W. degree) and three second year (that is, M.S.W. degree)—from the School of Social Work, University of British Columbia. In addition, four members of the social service staff of the Clinic and Hospital were granted educational leaves in order to complete the requirements for the master's degree in social work under Federal mental-health bursary. Although staff shortages incurred by such leaves constituted a temporary handicap to the department, the use of training grants in furthering educational qualifications has been of the utmost value in terms of better services to the patients.

The statistical summaries of the Social Service Department indicate that 1,736 patients in the Provincial Mental Hospital and 1,409 patients in the Crease Clinic were in receipt of social services during 1960/61, as compared with 1,342 and 1,194 respectively in the previous year. It would seem, therefore, that the greater rise in intake to Mental Hospital case loads within the past year is primarily attributable to the higher rates of admission and discharge which have prevailed particularly in the Centre Lawn Building and which have been met by an increase in the provision of brief social services.

In addition, a total of 5,920 casework interviews was held with Provincial Mental Hospital patients and 4,115 with Crease Clinic patients. These figures include both in-patients and out-patients. Similarly, in the Provincial Mental Hos-



pital, interviews with relatives totalled 1,755 and were largely concerned with interpretive and supportive services to some 809 individuals, whereas in the Crease Clinic a total of 1,772 casework interviews were associated with 701 individual contacts for the same purpose. A third important group with whom the social workers in psychiatric institutions usually maintain contact are those collateral persons in the community who are interested in individual patients and whose help is so necessary in effecting satisfactory social and vocational rehabilitation. During the year 4,114 interviews were held with 1,803 such persons concerning Provincial Mental Hospital patients and 1,368 interviews with 655 persons in regard to Crease Clinic patients.

Despite such collateral contacts, the community on the whole has still insufficient resources to meet the needs of discharged patients. The proposed development of further rehabilitation services directly concerned with the mentally ill should do much to compensate for this lack.

#### OCCUPATIONAL THERAPY

This department has had a very successful year, which can be attributed in a large measure to the leadership of Miss O. M. Curtis, O. T. (Reg.), Supervisor, Occupational Therapy Department.

The year has been one of steady progress, made possible by the greater understanding and co-operation of all departments. It has been a year of discussion and experiment, with an increased interest in the scientific and more complete treatment of our patients, understanding and meeting their needs to a much greater extent than was possible previously. The concept of the team approach has done much to facilitate and speed this.

The relocation of the Occupational Therapy Department in West 1 at the beginning of the year, divided into separate areas for the treatment of the patients of individual services, helped establish a team approach. Members of the team are now able to see their patients in the activity setting, while the patients have a greater feeling of continuity between treatment on the ward and in the department. Largely as a result of this change, more thought has been given to the effectiveness of certain techniques, with the result that greater use has been made of play-reading, discussions, dancing classes, panel games, etc., all of which increase interpersonal relationships. Other areas of treatment are also being discussed both by the treatment team and by occupational-therapy staff groups.

In conjunction with other clinical departments, the Occupational Therapy Department has examined its programmes for long-stay patients, particular consideration being given to the needs of those patients being rehabilitated to boarding-home and other forms of sheltered care. In East Lawn Building a basic rehabilitation programme was inaugurated. It has been developed to include a wider variety of basic skills essential to all patients returning to the community after prolonged hospitalization. A beginning was also made in designing more specific rehabilitation programmes. The first is an Activities of Daily Living unit, which has been delayed due to structural alterations needed in the present department. However, a temporary area has been found, and the unit is scheduled to go into operation at the beginning of the new fiscal year. Efforts have been made to integrate the rehabilitation programme in East Lawn Building with both Riverside unit and West Lawn Building programmes whenever possible, as the patients in these areas receive less treatment and tend to be more isolated. To this end, various social functions have been arranged, including picnics, lunches (cooked and arranged by the female patients), and social afternoons of various types.



Following the reassessment of the Crease Clinic and Provincial Mental Hospital as training centres for occupational-therapy students, six interns at various levels of training were sent from the Universities of Toronto and Montreal during the summer months, most of them staying for periods of two months. The co-operation shown by all departments in instructing the interns was most appreciated, and it is gratifying to feel that the experience gained by those students was thought valuable enough for the Canadian Association of Occupational Therapists to assign the Hospital five graduate students in the next year.

Much time has been given to increasing the liaison between this department and the Department of Nursing Education. Lectures have been given at the School of Psychiatric Nursing and in the individual buildings. Great efforts have been made to assist the affiliate students to develop skills in activating patients on the ward. In some areas now the therapists meet on a regular basis with the nursing groups to discuss programming for the ward. This system is working well. There has been maximum co-operation between the two departments.

The annual sale of work was most successful, raising a record total of \$3,559.86. The standard of work was, on the whole, better, and with the extra space afforded by the use of the coffee-shop in Pennington Hall more room was available to display articles.

At Christmas the department produced a short Nativity play, in which patients and staff from all parts of the Hospital participated.

#### RECREATIONAL THERAPY

"People in hospitals and institutions are troubled people. Their need for the happiness that is best maintained through wholesome recreation is even greater, and harder to satisfy, than is the need of the average person who lives at home and is in good health."—*Joseph Prendergast, Executive Secretary, National Recreation Association.*

This brief excerpt from a recruiting brochure for recreation personnel indicates the purpose, the scope, and the challenge motivating the continuing activities of the Recreational Therapy Department. The year has been notable chiefly as a period of consolidation following the rapidly changing pattern of programme developments experienced in recent years. As attached statistics will show, most regular phases of the activities programme outlined in previous Reports have continued to develop on a desirable level.

For the first time in memory, personnel and the related area assignments have remained unchanged throughout the year, while the establishment of the new unitization plan has gone a long way toward providing a means of better communications and integration within the various areas. As a result of these continuing relationships, recreational-therapy staff members are finding it possible to develop better understanding of the needs of the patients and greater appreciation of the problems and limitations imposed by varying clinical requirements and procedures. Continuity, in turn, is helping them gain fuller understanding, acceptance, and co-operation among nursing and other personnel.

More frequent planning, evaluation, and a co-operative assessment of programme desires, needs, and possibilities on a unit level have made for a marked extension and enrichment of opportunities for the patient-group as a whole. This new development, taken together with the established pattern of ground-privileged activities, has made possible real progress toward the realization of the concept of providing a truly therapeutic community.



*Crease Clinic.*—Continuation of regular five-day-a-week sessions throughout the year has seen a considerable gain in total patient attendance. In addition, establishment of special recreational programmes for insulin patients and group therapy groups in co-operation with the related special leadership has seen considerable increase in total patient participation in this area. Regular patterns of ward, interward, and building-wide social recreation programming continues to be most popular. Swimming, outdoor sports, special outings and events have been organized with increasing frequency and with highly desirable results in terms of helping patients adjust to necessary institutional and treatment disciplines.

*East Lawn.*—Here, based both on energetic, imaginative leadership and the availability of a special recreational area within the building, it has been possible to maintain and extend the desirable patterns developed over the past three years. In particular, the situation has made possible the enlistment of the voluntary participation and support of a corps of selected patients who have made extensive progress in terms of regained confidence and developing personal skills through leadership opportunities afforded in an extensive and varied programme. Here, too, close co-operation with Canadian Mental Health Association volunteers has brought about most active and constructive results.

*West Lawn and Riverside.*—The developing "unitization" plans, together with the appointment of deputy nursing supervisors in these areas, are serving to provide a recreational service in response to requests rather than attempting to superimpose programmes which meet indifferent response. Increase in the age level and involvement of an even larger percentage of the patient-group in daily work assignments has necessitated a gradual change in emphasis toward more evening social and recreational endeavours. On this basis a number of areas, such as Riverside Annex and Cottage, are becoming much more active. Special attractions offered to patients in these areas included fishing trips and weekly visits to the New Westminster arena for the hockey games.

*Centre Lawn.*—Considerable gain in the total level of activity and the degree of staff and patient involvement was noted during the year. Regular report and planning sessions convened by the Unit Director have been of material help in this regard, but the general feeling is that much more may be expected following the transfer of infirmary wards from this building and the allocation of suitable recreational space. Regular publication of a news bulletin by and for patients of Centre Lawn has been an interesting development during the year.

*North Lawn.*—In addition to the programmes regularly offered in and for this area, the Recreational Therapy Department has been pleased to be able to co-operate with an intensive programme of activation initiated by the Unit Director. Daily activation programmes for men and women are supplemented by swimming and bowling sessions held twice weekly, weekly dancing and games periods, year-round mystery bus trips, and weekly outings and picnics throughout the summer.

*Billiard-rooms, Bowling-alleys.*—Attendance figures continue to reflect the great increase in the number and enthusiasm of ground-privilege patients able to seek recreational opportunities on their own initiative. The fall and winter season saw the successful completion of the first official patient bowling league—thirty men and women organized in four teams who bowled regularly throughout a nineteen-week season, complete with recorded scores and averages and finished off in traditional fashion with a closing banquet in Pennington Hall featuring a presentation of trophies to the winning team, male and female high average, and high three games.

Horseshoe-pits, archery-range, tennis-courts, regular drop-in swimming periods, and particularly the pitch-putt golf-course have been other areas reflecting this more active independent participation.



*Patient Orchestra.*—In terms of its contribution to the pleasure and entertainment of total patient-groups in every area of the Hospital, this new programme feature, made possible through the enthusiastic leadership of Mr. Jack Lynes, rates special mention. More than a score of patient musicians have taken part at some time during the year, and the orchestra has performed on invitation on a total of 147 occasions, an average of three or more ward or area parties each week, and for a host of special events. Desire to share in this popular musical activity has put real determination into individual and group practice sessions, in addition to the formal rehearsals held weekly.

*Special Events.*—While Carnival Day, because of its scope and colour and the number of patients and staff involved, must always lead the parade under this heading, a very considerable range of events was carried out during the year. Special outings to attend or participate in plays, exhibits, musical and sports events were supplemented by sixteen major entertainments provided by outside groups in Pennington Hall and on the outdoor stage. Mystery trips, Stanley Park outings, fishing expeditions, etc., continued to add interest to the lives of many hundreds of the patients.

Co-operation with the Department of Nursing Education programme through provision of lectures, workshops, demonstrations, and orientation tours, in addition to encouragement of personal recreational participation for the student-group, was continued and expanded during the year.

Opportunities for further education, in-service training, and growth experiences for Recreational Therapy Department staff were sought on all possible levels. Through reading, conference attendance, lectures, discussions, and regular staff meetings, staff members were given encouragement toward sharpening their tools and techniques for the important work we are privileged to share.

The statistical report continues to show great increases in every type of activity. The number of group sessions, 4,072, increased by 511 over the previous year, and the total patient attendance of 177,056 is an increase of 29,312. The sessions and attendance were made up as follows:—

	Sessions	Attendance
Crease Clinic .....	677	21,906
Provincial Mental Hospital, Essondale .....	2,399	151,161
Music therapy .....	734	3,989
Staff recreation .....	262	8,216
Totals .....	4,072	185,272

#### PHYSIOTHERAPY

The Physiotherapy Department, under the direction of Mr. Borge Dahl, reports an active year.

The remodelling of the department in the Centre Lawn Building was completed, with the result that there is now a special hydrotherapy unit and a gymnasium equipped with standard apparatus. A portion of the main clinic has been divided into three curtained cubicles, which is a great improvement since it gives the patients a feeling of privacy and security.

The opening of a small clinic in new quarters in the West Lawn Building is proving to be of great assistance to the patients domiciled there.

The staff consists of physiotherapists, psychiatric aides, and chiropodist. There continues to be a considerable demand for physiotherapy for the treatment of many types of physical disabilities. The chiropody section provides a very useful service to our older patients especially and those requiring continued treatment.



Hydrotherapy, infra-red, short-wave diathermy, massage, exercise, ultraviolet light, wax baths, faradic, and galvanic were included in the types of treatments given.

Six hundred and nineteen male patients received 5,309 treatments and 681 female patients received 5,503 treatments, making a total of 1,300 patients receiving a total of 10,812 treatments.

#### DEPARTMENT OF RADIOLOGY

This department, under the direction of Dr. J. M. Jackson, reports that the X-ray Department at the Valleyview Hospital is this year reported separately. This new department has saved the transport of some 2,300 patients to the Crease Clinic for X-ray services in the past year.

We also note over the past three years a steadily progressive increase in work done by the Surgical Department, for which we supply diagnostic X-ray services. The increase is in the order of the following figures from the operating theatre: 1958/59, 266 patients; 1959/60, 318 patients; 1960/61, 372 patients.

There has also been a steady increase in specialized X-ray examinations requiring anaesthetic and usually consultant surgeons: 1958/59, 58 cases; 1959/60, 73 cases; 1960/61, 81 cases. These would include retrograde pyelograms, bronchograms, cerebral arteriograms, O.R. cholangiograms, etc.

#### DEPARTMENT OF LABORATORIES

Dr. G. A. Nicolson, Director of Laboratories, in his summary of the procedures carried out in the laboratories of the Crease Clinic and Provincial Mental Health Services, reports an increasing demand for the services provided by his department.

The total number of tests performed is 57,641, an increase of 390 over the previous year. This increase was fairly evenly distributed throughout the departments of chemistry, bacteriology, hematology, and histology. A greater number of the more complex procedures in chemistry were undertaken, such as seventeen ketosteroid determinations, chromatograms, and electrophoretograms. Serum electrolytes and blood cross-matching procedures have increased to correspond with the increased activity of the surgical service. Surgical specimens examined totalled 402, and autopsies performed totalled 203, more than in any previous year for the Provincial Mental Health Services. This has produced a rate of 84 per cent, which is exceptionally high.

The technician-training programme has produced two more successful candidates for certification by the Canadian Society of Laboratory Technologists, and three other students have completed a year of training and have thereby become eligible to write the Canadian Society of Laboratory Technologists examinations. Although this training programme exerts considerable extra pressure on our senior laboratory personnel, it has provided us with a source of replacements for staff separations. It is now fifteen years since we first received approval as a training-school for laboratory technologists, and during this period we have trained more than thirty student technicians, all of whom were successful in the examinations.

The autopsy rates reported for the year ended March 31st, 1961, were 84 per cent for the Provincial Mental Hospital and 100 per cent for the Crease Clinic.

#### PHARMACY DEPARTMENT

The setting-up of a formulary last year has proved to be highly successful, and the standardization of drugs has enabled this department to make savings. The Pharmacy Committee has been active and has made every effort to keep up with the new medications and to evaluate their effectiveness.



The department has continued to serve the pharmacy needs for the whole of the Mental Health Services both on an in-patient and out-patient basis.

We had, as has been customary, a pharmacy student who worked in the department between May and September.

#### OPTICAL DEPARTMENT

Mr. H. H. Woodbridge, optometrist in charge of the Optical Department, reports on the completion of another year of active service to our patients.

The following figures indicate a further increase in work in this department since the previous year. The previous year he had a total of 1,038 procedures. For the fiscal year ended March 31st, 1961, a total of 1,131 procedures was carried out, consisting of 646 examinations, 285 major repairs, and 200 minor repairs.

#### DENTAL DEPARTMENT

The year brought some changes in the staff of the Dental Department. Dr. W. C. Cusack was appointed Director when Dr. Campbell transferred to the Geriatric Division. Dr. Smithurst was taken on the staff, keeping the number of operators to two, as was formerly the case. Dr. Campbell, however, still operates part time for the Mental Hospital; two-fifths of his time is spent at the North Lawn Building. Some additional programmes are in progress to make for more efficient services to the patients. At the present time a programme of examinations of all patients is being carried out. One half-day a week is set aside for examinations and recording of mouth conditions. These findings are entered in a ledger opposite each patient's name, and appointments are made, giving priority to the more urgent cases. By this means it is expected to cut down considerably the emergency requisitions that come in. All cases are followed up until work is completed. Eventually all patients will be examined and charted. To date, two wards are completed.

Another service being done is visiting the wards where patients are in wheelchairs and confined to bed, and doing the necessary extractions there. This eliminates the difficult and time-consuming task of transporting these patients to the Dental Clinic. This service will be continued wherever it is practical and feasible to operate. The patient's welfare is always paramount in this regard. Although there was lost time because of sickness in the staff, the dental services were kept to a high degree of efficiency, and by the end of the year 10,729 operations were performed. There is still a great demand for dentures, with many new patients being admitted to hospital without dentures and for those patients who have had their extractions completed here. However, our dental laboratory is operating efficiently, and there are fewer make-over cases and fewer dentures being lost than in previous years.

#### CHAPLAIN

Rev. John F. O'Neil, E.D., B.A., L.T.A., the resident chaplain, and Rev. Father A. Frechette, B.A., O.F.M., and visiting clergy have provided a very valuable service to the patients in providing opportunities for worship.

The year has been normal with respect to the work of the chaplain with two major exceptions. Opportunities for worship have been regularly provided for all Protestant patients and for most of the Roman Catholic patients who were well enough and wished to avail themselves of these opportunities.

The main effort has been the providing of two services each Sunday in Pennington Hall auditorium so that the patients would have the feeling of leaving their place of residence and actively going to church. Almost one-quarter of these ser-



vices in Pennington Hall were Roman Catholic and just over three-quarters of them were Protestant services.

To try to meet the needs of those patients who through illness, infirmity, or legal restrictions cannot go to Pennington Hall, Protestant services were conducted regularly but with varying frequency on six of the wards and in North Lawn auditorium.

The first of the two major events of the year was when the Protestant chaplain took sick and was away for two months, from the middle of October to the middle of December, and relief had to be arranged through the Anglican Synod office.

The second event was the requisitioning and the filling of the establishment for a chaplain at Valleyview Hospital, thus relieving the chaplain at the Provincial Mental Hospital from having to cover Valleyview Hospital. The immediate result of this has been, first, that opportunities for worship have been provided for a wider range of patients who could not leave their wards; second, that the seriously ill patients have been more frequently visited and ministered to by the chaplain; third, that most of the newly admitted patients are seen very briefly by the chaplain within their first week in Hospital; and, fourth, that more patients can now be given individual help by the chaplain.

#### BUSINESS ADMINISTRATION

In June, 1960, the business administration offices of the Crease Clinic and Provincial Mental Hospital, Essondale, were completely reorganized. Mr. W. E. Gueho, formerly supervisor of the general office, became responsible to the Hospital Administrator for the operation of the general office, the pay office and personnel section, and the information desk.

Unitization of pay and personnel functions had been completed by this time, and the unitization of general office functions was completed on January 1st, 1961, with the transfer of all patients' hospital billing records, patients' trust account records, and staff meal-ticket sales to the individual units of the Mental Health Services. The relative bank accounts were closed out to the Treasury, and a voucher system was instituted for receipts and expenditures of trust account and revenue funds.

A number of physical improvements were made, including a new wicket-type counter in the general office for better service and cash control.

During the year the pay and personnel offices handled payroll functions for a staff of around 1,800 employees and raised approximately 600 staff requisitions covering 450 hirings and 150 promotions, reclassifications, and transfers.

In this period the general office collected \$1,751,286.34 in-patient maintenance charges, \$5,871.51 for staff long-distance telephone calls, \$45,057 from meal-ticket sales, \$1,792.50 from staff for transportation services, and received trust funds on behalf of individual patients totalling \$237,545.10.

Three thousand two hundred and twenty-eight lots of patients' personal valuables were received, checked, and stored. Pension applications on behalf of patients totalled ninety-three, of which approval was received for seventy-five.

#### AUDIO-VISUAL DEPARTMENT

During the year, motion-picture shows gained considerable popularity with patients. The educational film library was well used by borrowers both from outside the Hospital and from within the Hospital. With the appointment of a film council, we will be augmenting this library with additional films and renewing older ones.



We are now taking pictures of patients on admission with a Polaroid camera and film, thus reducing the time and work involved by 70 per cent. These pictures are developed in a few seconds and turned over to the records office on the same day that they are taken.

The Mental Health Centre is making a 16-millimetre film on child activities, for which, on their request, we are providing them with help through the use of our equipment. We are, furthermore, providing assistance to the Department of Neurological Research of the University of British Columbia. It is making a film record of the evaluation of various agents in the control of drugs used in Parkinsonism.

The four-channel sound system is now augmented with a record request programme. This is handled by patients, who do all the programming and selecting.

The Sports Day Festival held on July 13th, 1960, taxed our resources nearly to the limit, since we supplied ten complete public address units used for the main platform stage, the dance, and all the smaller activities.

The following statistics will give an indication of the regular activities of this department:—

The 35-millimetre films at Pennington Hall were shown 146 times to a total of 45,281 patients, and in The Woodlands School they were shown sixty-one times to 20,214 patients.

The 16-millimetre ward shows shown at Essondale, Riverside, and Valleyview were shown 431 times to 35,388 patients. There was also a weekly 16-millimetre show at The Woodlands School; Dellview Hospital, Vernon; Allco Infirmary, Haney; and at the Provincial Home, Kamloops, and at Tranquille, which was run by their own staff. The educational film library now has 329 registered borrowers, who used 1,383 films from our library.

#### INDUSTRIAL THERAPY DEPARTMENT

Mr. R. Herring, supervisor of the Industrial Therapy Department, reports a successful year from the point of view of both therapy and productivity. This has been accomplished through the manufacture and repair of hospital goods and through the enrolment to capacity of male and female patients, who have gained many benefits in the nature of trade training and rehabilitation.

A greater number of female patients are being enrolled into the masculine arts, such as metalsmithing, printing, and mattress and canvas manufacture; further encouragements will be directed toward the electronics, furniture-finishing, and automotive fields.

The following statistics indicate the volume of patients working in and through this department:—

Total patients employed in trade-shops during year .....	2,549
Patients progressed to hospital work level .....	73
Patients discontinued, returned to ward .....	14
Patients discharged to community .....	139

The following figures are indicative of the productive results of the department, sponsored by a large patient training and rehabilitation programme:—

	Manufactured Items	Repaired Items
Printing Section .....	1,864,867	
Canvas and Mattress Section .....	6,617	2,415
Cabinet Section .....	388	2,071
Shoe Section .....	327	5,652
Upholstery Section .....	412	1,131



Metalsmithing and Machine Section .....	2,106	1,024
Tailoring .....	6,705	12,679
Uniform Section .....	11,603	9,168
Mending Section .....		106,674
Dry-goods Section .....	89,827	
Hospital magazine issued .....		15,480 copies

#### FIRE DEPARTMENT

Mr. A. P. Lowry, Fire Chief, and his staff are to be commended in the efficient operation of their department. Due to their effectiveness, there was no injury or loss of life due to fire suffered by patients or staff. The Essondale fire-prevention staff-training programme is of very great value to the several divisions of the Provincial Mental Health Services, and over 1,600 staff members have now received the benefit of this training.

During the year 1960 this department attended four fires in buildings housing patients or staff, seven fires in other buildings, seven grass and brush fires, eight rubbish fires, eight false alarms, two car fires, and one inhalator call, for a total of thirty-seven emergency calls.

There were sixteen fires in mattresses, couches, garbage-cans, etc., extinguished by members of the staff, and twenty-nine smoke calls were investigated.

Our training programme is proceeding as planned. There were fifteen fire drills held for both patients and staff, twenty-six one-hour lectures were given, and forty four-hour classes were held. The four-hour training periods were attended by 435 people, and by the end of the year this training had been given to a total of 1,014 persons. During the week of September 12th this four-hour class was carried on at Dellview Hospital in Vernon, and during the week of October 3rd it was held at Skeenaview Hospital in Terrace. A total of sixty hours was spent instructing volunteer firemen, and 141 practices of one to two hours' duration were held for both volunteers and paid firemen.

All buildings and shops at Essondale, The Woodlands School, and the Mental Health Centre were inspected, and 700 fire-extinguishers in the three hospitals were checked quarterly, tested, and given annual recharge. Firemen supervised the work of the chimney-cleaning contractor, and continuous maintenance work on all fire-fighting trucks and equipment was carried out.

#### LAUNDRY DEPARTMENT

During the year there was an increase in the volume both of laundry and dry cleaning through this department. There was an increase of 1,586,382 pounds of linen as compared with the previous year, such that 8,963,880 pounds were processed during the year. There was an increase in dry cleaning of 7,295 pounds, giving a total for the year of 132,320 pounds processed.

A study of the department was made by a committee consisting of the Hospital Administrator, the Business Manager for The Woodlands School, and the Business Manager for Valleyview Hospital. The study confirmed the fact that the existing quota system should be continued and, further, confirmed the fact that, with figures that were available, the poundage per patient-day and the cost per pound compared favourably with costs from other Provinces in Canada.

#### MEDICAL RECORDS

During the year this department was reorganized and consolidated, such that now it consists of members doing essentially medical records work. Stenographic



staff performing work for departments, such as social service, nursing, and individual doctors, are under their respective department heads.

There was a marked increase in admissions and discharges, particularly during the last three months of the year, and this has reflected in an increased work load for the staff involved with Provincial Mental Hospital patients. As a result of the pressure, filing procedures were reviewed and changes were made to lessen the amount of stenographic time being taken for reports from the various departments.

With the appointment of Unit Directors, daily staff meetings have been held; these are attended by members of the medical records staff in each unit and are providing a helpful means of communication.

Improvements in office facilities and provision of dictating equipment have increased the efficiency of the medical records staff of the West Lawn Building.

A study has been undertaken with a view to improving the routine for the collection and distribution of census figures on patient movement. The object of this is to obtain accurate figures and to provide departments with these on a daily basis in a standardized form.

During the year, assistance was given to a social-work student and to medical students on research projects in connection with their university studies.

In the operating-room in the Crease Clinic, the provision of improved dictating equipment has proved helpful. The relocating of one of the Crease Clinic stenographers into the operating-room area has enabled us to provide a better service in this area.

#### DIETARY DEPARTMENT

Aside from the daily duties and many catering services, both large and small, performed by our department, several changes and innovations have taken place.

Probably the most interesting item to cooks and dieticians throughout the service was the formation of the British Columbia Food Technicians' Association. This is comprised of cooks from The Woodlands School, Valleyview Hospital, Crease Clinic, and Provincial Mental Hospital. Because of their initiative, they were successful in securing a special course in hospital kitchen management covering all phases of food service in institutions, including diet therapy. Evening lectures were given at the University of British Columbia by University instructors. So successful was this course that it is to be included in the 1961 night-school curriculum of the University Extension Department.

The year saw the opening of a staff coffee-room in the Crease Clinic kitchen block, the further planning for West Lawn dining-room renovations, and a programme for the provision of night nourishment in East Lawn Building.

The complete revision of an eight-week rotation menu, together with accompanying diets, was undertaken. Now our daily menus not only provide patients and staff with a greater variety of foods, but also permit of revisions that may be due to medical and dietary advancements.

#### VISITORS TO THE HOSPITAL

This year there have been many visitors to the Hospital, coming individually or as members of visiting organizations. Visiting of patients is permitted every day and is encouraged by Hospital staff. Such visiting is therapeutic and helpful to both our patients and to their relatives in the community.

The Honourable Eric Martin, Minister of Health Services and Hospital Insurance, visited on many occasions.

Dr. A. E. Davidson, Deputy Minister of Mental Health Services, and members of his staff visited this Hospital quite frequently during the fiscal year.



Many branches of the Canadian Legion, through their Women's Auxiliary, visited patients. The Women's Auxiliary of the Army and Navy Veterans' Association of Canada visited frequently. Dr. E. Johnson, Director of the Provincial Mental Health Services of Manitoba, visited Essondale.

University of British Columbia and Western Washington College of Education students of abnormal psychology were given classes by our Psychology Department on several occasions.

Surgical-ward rounds were held on two occasions by Dr. A. D. McKenzie, Professor of Surgery, University of British Columbia School of Medicine, with our Hospital consultants specialist staff.

On January 23rd, 1961, we were fortunate in having twenty-five members of the Twenty-sixth Legislative Assembly visit Essondale.

Professor Dennis-Brown, Professor of Neurology, Harvard University, lectured to the Hospital staff.

#### VOLUNTEER ACTIVITIES

Mr. T. G. Dodsworth, the Essondale co-ordinator for the volunteer service of the British Columbia Division of the Canadian Mental Health Association, again reports a very active year. The number of men and women volunteers contributing their time and skills is increasing, and many hospital volunteer activity areas show considerable expansion of service.

This large group of volunteers who faithfully visit the Hospital, in all weathers, is making a valuable contribution to the welfare of the patients. The very fact of the volunteers' presence in the Hospital is visible proof to the patients that they are not forgotten and that the community does care and is willing to help.

During the year approximately 250 men and women volunteers have visited. Most of the volunteers visit each week, and thereby cover every day and evening. They donated some 50,000 hours of their time to the service of the mentally ill.

The apparel-shops have been able to continue their high standard of operation. The women's shop is open an extra day per week. It is now open four days per week. During the year 6,000 articles of clothing were distributed to over 2,000 patients. Several people who had been discharged on probation have come back to get additional clothing. The men's apparel-shop moved into its new quarters on the main thoroughfare of the Hospital. Since this time the number and quality of the donations of men's clothing has improved considerably, although the shop is open only one day per week.

Several hundred patients have been taken out to private homes and restaurants for luncheons this year. We have sent male and female patients both separately and together to these luncheons all over the Lower Mainland. Many more patients have been taken to concerts, shows, picnics, drives, fishing, bowling, and camping out overnight.

On three occasions this past year, volunteers have had a barbecue on Ward A4. These patients are not able to get out, so the volunteers brought the barbecue in.

Once again at Christmas time, gifts were distributed to the patients by volunteers. Every woman in Hospital received at least one Christmas gift, and most of the men received one. Unfortunately we did not receive quite enough gifts for every man, but all those who have been in Hospital for some time received one.

In December the volunteer headquarters moved into new quarters in a large house which provides a good lounge, a meeting-room, kitchen facilities, and storage area for the apparel-shops.



## GIFTS

Sister Superior Mary Augustine, of Little Flower Academy, Vancouver, with forty girl students, prepared and equipped the powder-room in East Lawn Building for the use of patients. The room was turned over to Ward F3 on November 12th, on which occasion the students of Little Flower Academy presented a very excellent concert to the patients.

Tickets were received for our patients from Pacific National Exhibition officials. The Vancouver Shriners donated many tickets and transportation, enabling many of our patients to attend the Shrine Circus at the exhibition.

Athletic organizations donated gifts of tickets to hockey games in New Westminster.

The following list of entertainers donated their time and talent for the benefit of our patients:—

West Vancouver Boys' and Girls' Band (ninety pieces)—Mr. Bryson.

Oakalla Players, "Three Men on a Horse"—Warden Hugh Christie.

West Gate "Rhythmnares" Dance Band (three times)—Warden H. Christie.

South Cambie Community Concert Association (director, Mrs. Frame)—

sponsored by New Westminster Lions Club, Mr. Don Blad, president.

Jack Bourne Accordion Band—Mr. Jack Bourne.

Haney Correctional Institutional Variety Concert Party—Warden John Braithwaite.

International Dancing School—Miss Hunt, director.

The "Rhythmnares" Handicapped Group Dance Band—Mr. John Dehring.

Billy Jones Dance Band, Patients' Christmas Party—Mr. Billy Jones.

Billy Jones Dance Band, Annual Staff Dance—Mr. Billy Jones.

Dolores Kirkwood School of Dancing, Variety Group—Miss Kirkwood.

School Choir, District No. 43—Mr. R. B. Stibbs.

South Cambie Group, Patients' Christmas Parties—Mrs. Frame.

Burnaby Boy Scout Group, Christmas Concert—Mr. A. DeLange.

Oakalla Dance Band, Hallowe'en Party—Warden Hugh Christie.

Queens Park Arena, Weekly Hockey Games—Mr. William Phillips.

Vancouver Firemen's Band, Outdoor Concert—Mr. Hugh Bird.

Oakalla Players, "Command Decision"—Warden Hugh Christie.

Kitsilano Community Concert Association (director, Mr. Ted Gandy)—sponsored by Burrard Lions Club.

Capilano Stadium, patients' league players see Mounties—Mr. L. M. Littlejohn, manager.

Marge Berry School of Dancing, Outdoor Concert—Mrs. Marge Berry.

H.M.C.S. "Discovery" Band (Commander A. W. Ross)—sponsored by Musicians' Union Trust Fund—Mr. Jack Townsend.

15th Field Regiment, R.C.A., Band Concert—Lieut.-Colonel Garrett.

Collingwood Community Concert Party—Mrs. R. J. Sivertson.

West Vancouver Boys' and Girls' Band—Mr. Ken Arnott.



## TREATMENT SERVICES

F. G. TUCKER, CLINICAL DIRECTOR

In the realm of mental health our psychiatric armamentarium at times seems woefully inadequate in the face of mounting demands and increasing pressures for the prevention, diagnosis, and treatment of mental illness. It would seem often that we have reached an impasse which can only be overcome by a continual and careful examination of our accepted psychiatric concepts and a flexibility in the use of our present treatment methods. There should be a constant attempt to out-flank the problems besetting us, with increased emphasis on neurophysiology at one end of the spectrum and a new awareness of the philosophical aspects of mental illness at the other end. The Third World Congress of Psychiatry held in Montreal this year seems to promise advances along these lines in the years immediately ahead. Meantime a remustering of our resources takes place, and while broad strategy is developed, tactical moves within the Provincial Mental Hospital and Crease Clinic continue.

The large number of patients admitted to the Crease Clinic and Provincial Mental Hospital over the year have made heavy demands upon the treatment services. This has been noted especially in the admitting services of the Provincial Mental Hospital, where admissions have increased 17 per cent over 1959/60. The treatment load was accentuated by a high intake of Order in Council patients during the latter months of the year. These patients continue to be a confusing and disturbing influence in the admitting and treatment wards. The increased demand upon the clinical staff was further compounded by high levels of expectation in the form of patient-care and psychiatric treatment. There has been an improved quality of recruitment to the treatment services this year. We have been fortunate in gaining the services of a number of experienced psychiatrists. These gains in recruitment, together with an intensive in-service training programme, continue to raise the level of skill demonstrated by treatment teams in all areas.

In order that we might deal more effectively with the three basic types of patient described in my report of 1959/60, unitization of treatment services took place in September, 1960. This has allowed for more individualized treatment programmes and simplifies the medico-administrative problems of a large hospital.

The Crease Clinic has become one treatment unit geared to give relatively intensive short-term treatment to acute neurotic and psychotic patients. There has been an increasingly successful attempt to involve private physicians in the patient's hospitalization to the extent that good liaison exists between our Admitting Officer and many physicians in the community, so that adequate ward assignment of the patient on admission can be arranged. Liaison with physicians of discharged patients has improved. Relatives, too, are becoming more involved in the treatment procedures and in the ward recreational events. Monthly parties are held in many wards, at which the patients are encouraged to entertain their friends and relatives. It is hoped that the limited development of group psychotherapy for relatives can be expanded during the coming year. A further refinement in the Crease Clinic has resulted from the establishment of each female ward as a self-contained sub-unit. The three wards are staffed by a senior and junior psychiatrist and a social worker, and have allocated to them one occupational therapist. This has enabled the staff to develop a considerable sense of identification in their treatment area, to understand their failings, their assets, and their obligations in a treatment team, and it is hoped that it has allowed the individual ward to develop a sense of individuality and purpose. Team nursing is being developed, so that each doctor can work



closely with his own group of nurses and thereby offer highly individualized treatment to all patients. The Crease Clinic patient is admitted to one ward, where he remains until his discharge, on an average of four to six weeks later. Administratively this has simplified many procedures and has added to the patients' well-being in that they no longer have constantly to adjust to the new patients and nurses as they move from one ward to another. In this setting the clinical services are functioning efficiently. As yet no similar procedure has been adopted in the male wards. All wards are now open, and with increasing co-operation from referring physicians the Crease Clinic has handled efficiently a large number of admissions in spite of the necessity of maintaining a short waiting-list of female patients.

The second unit is that of the admitting services in Centre Lawn Building of the Provincial Mental Hospital. An increase of admissions to this unit, coupled with economic problems in the community, has resulted in considerable difficulty in rehabilitation. As many as 70 per cent of patients admitted to the Centre Lawn unit appear to have no resources available to them in the community. Their relocation in society presents almost insuperable problems to the Social Service Department in many cases.

The remaining units are those of the male and female continued-treatment areas, which have been defined as separate units by reason of their size. It has been possible to increase and stabilize the medical staff in these areas during the year, with considerable improvement in our ability to give more intensive therapy to selected patients. The appointment of a Grade 2 Superintendent of Nurses for the West Lawn and Riverside area has greatly increased the nursing efficiency and co-ordination of treatment in these units. West Lawn Building demonstrates the high returns in therapeutic results which can derive from relatively minor renovations and alterations to the buildings. These also produce increases in staff and patient morale.

We have noted particularly gratifying results from the placement of patients in boarding-home care. Over eighty patients have been placed to date, and it is hoped that this programme will continue to expand during the coming year. Preparation of the institutionalized patient for life in the community has been undertaken by the basic rehabilitation programme set up by the Occupational Therapy Department and has been enhanced by many other departments of the Hospital. It has been particularly helped by the work of the volunteers, who continue to provide the main contact with the "world outside" for many patients. Visits to theatres and to volunteers' homes, together with the many other outings, have proven invaluable.

During the year a thorough survey of patients in both the male and female continued-treatment areas has been undertaken and has allowed for accurate assessment of their needs. The discharge rate has remained satisfactory, but the provision of after-care and the availability of medication to the needy discharged patient remains a problem.

"The Venture" and "The Vista" have continued to provide a useful service. One hundred and nineteen patients were transferred to these half-way homes from the Crease Clinic and Provincial Mental Hospital during the year. The difficulty in obtaining employment, particularly for male patients, made for many difficulties in rehabilitation planning.

The four Unit Directors have assumed a functional control of their staff. Administrative control remains vested in the appropriate department head. Such unitization is merely a beginning, but it is hoped will set the stage for further reorganization which will enable us to elaborate more specific programmes of treatment.



In the coming year we hope to unitize and co-ordinate those services dealing with acute medical, surgical, and infirmary cases.

No new treatments have been instituted. Somatotherapies continue to be used in the form of electroconvulsive therapy and, in decreasing measure, coma insulin therapy. There has been considerable success in the treatment of a limited number of resistant cases of paranoid schizophrenia with the use of prolonged sleep therapy. The phenothiazine and anti-depressant drugs continue to play a useful part in the treatment of disturbed and depressed patients. Prime interest, however, centres around group and milieu therapy, and it would seem that these, together with developing community and after-care programmes, will offer the greatest possibility of success in the treatment of the mentally ill in the immediate years to come.



## STATISTICAL TABLES

## CREASE CLINIC

TABLE 1.—MOVEMENT OF POPULATION, CREASE CLINIC, APRIL 1ST, 1960,  
TO MARCH 31ST, 1961

	Male	Female	Total
In residence, April 1st, 1960.....	120	145	265
Admissions—			
First admissions.....	466	595	1,061
Readmissions to a different institution of Mental Health Services.....	21	39	60
Readmissions to same institution.....	190	266	456
Admitted direct from Provincial Mental Hospital, Essondale.....	4	—	4
Total admissions.....	681	900	1,581
Total under care.....	801	1,045	1,846
Separations—			
Discharged in full.....	666	872	1,538
Discharged direct to Provincial Mental Hospital, Essondale.....	24	36	60
Died.....	3	1	4
Total separations.....	693	909	1,602
Net increase or decrease.....	—12	—9	—21
In residence, March 31st, 1961.....	108	136	244



TABLE 2.—FIRST ADMISSIONS TO CREASE CLINIC, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Health Unit	Male	Female	Total	Health Unit	Male	Female	Total
East Kootenay, Cranbrook—				Metropolitan Health Committee,			
School District No. 1.....	1	2	3	Vancouver—Continued			
" " " 2.....	5	1	6	School District No. 44.....	17	32	49
" " " 3.....	2	2	4	" " " 45.....	4	14	18
" " " 4.....	—	1	1	Simon Fraser, New Westmin-			
" " " 5.....	1	1	2	ster—			
Selkirk, Nelson—				School District No. 40.....	26	26	52
School District No. 7.....	4	6	10	" " " 43.....	20	20	40
" " " 8.....	—	2	2	North Fraser Valley, Mission—			
" " " 10.....	1	—	1	School District No. 42.....	4	9	13
West Kootenay, Trail—				" " " 75.....	3	8	11
School District No. 9.....	1	3	4	" " " 76.....	2	3	5
" " " 11.....	8	5	13	Upper Island, Courtenay—			
" " " 12.....	5	1	6	School District No. 47.....	1	6	7
" " " 13.....	4	2	6	" " " 71.....	4	6	10
South Okanagan, Kelowna—				" " " 72.....	1	2	3
School District No. 14.....	7	3	10	Skeena, Prince Rupert—			
" " " 15.....	2	7	9	School District No. 50.....	1	—	1
" " " 16.....	—	2	2	" " " 52.....	7	6	13
" " " 23.....	10	6	16	" " " 53.....	2	2	4
" " " 77.....	2	2	4	" " " 54.....	2	1	3
North Okanagan, Vernon—				Peace River, Dawson Creek—			
School District No. 19.....	5	2	7	School District No. 59.....	2	2	4
" " " 20.....	5	6	11	" " " 60.....	3	3	6
" " " 21.....	1	—	1	Victoria-Esquamalt Union Board			
" " " 22.....	7	4	11	of Health—			
South Central, Kamloops—				School District No. 61 (part <sup>1</sup> )..	8	9	17
School District No. 24.....	7	14	21	Saanich and South Vancouver			
" " " 25.....	1	1	2	Island—			
" " " 26.....	—	1	1	School District No. 61 (part <sup>2</sup> )..	6	3	9
" " " 29.....	1	1	2	" " " 62.....	1	1	2
" " " 30.....	1	2	3	" " " 63.....	1	3	4
" " " 31.....	3	1	4	" " " 64.....	1	1	2
Cariboo, Prince George—				Central Vancouver Island, Na-			
School District No. 27.....	3	1	4	naimo—			
" " " 28.....	1	6	7	School District No. 65.....	1	5	6
" " " 55.....	1	—	1	" " " 66.....	1	1	2
" " " 56.....	—	3	3	" " " 67.....	2	2	4
" " " 57.....	8	8	16	" " " 68.....	7	8	15
" " " 58.....	2	1	3	" " " 69.....	1	1	2
Upper Fraser Valley, Chilliwack—				" " " 70.....	7	9	16
School District No. 32.....	3	—	3	" " " 79.....	1	2	3
" " " 33.....	10	18	28	School districts not covered by			
" " " 34.....	10	13	23	health units—			
Boundary, Cloverdale—				School District No. 46.....	—	5	5
School District No. 35.....	4	8	12	" " " 48.....	2	1	3
" " " 36.....	36	39	75	" " " 49.....	—	2	2
" " " 37.....	2	9	11	" " " 61 (part <sup>3</sup> ).....	2	5	7
Metropolitan Health Committee,				" " " 73.....	1	—	1
Vancouver—				" " " 74.....	2	—	2
School District No. 38.....	14	23	37	" " " 80.....	2	2	4
" " " 39.....	139	181	320	Unorganized.....	1	2	3
" " " 41.....	24	42	66	Unknown.....	1	—	1
				Ex-Province.....	3	2	5
				Totals.....	491	634	1,125

<sup>1</sup> Includes Victoria and Esquamalt only.<sup>2</sup> Excludes Victoria, Esquamalt, and Oak Bay.<sup>3</sup> Includes Oak Bay only.



TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO CREASE CLINIC BY METHOD OF ADMISSION,  
AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Method of Admission	Age-group (Years)																								Total				Grand Total	
	0-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65-69		70 and Over					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
<i>First Admissions</i>																														
Voluntary		2	2	26	20	27	47	38	48	55	48	41	64	31	40	28	46	24	32	28	31	10	18	14	13	5	8	329	417	746
Certification		2	4	16	16	20	25	23	26	22	28	23	24	12	28	6	19	16	24	7	8	7	7	5	3	3	5	162	217	379
Totals		4	6	42	36	47	72	61	74	77	76	64	88	43	68	34	65	40	56	35	39	17	25	19	16	8	13	491	634	1,125
<i>Readmissions</i>																														
Voluntary		-----	5	4	15	10	11	18	15	20	16	24	10	18	16	26	15	24	10	18	10	10	7	10	12	7	142	189	331	
Certification		1	-----	2	2	7	3	3	8	8	13	5	12	3	13	3	11	6	8	2	2	3	2	4	1	2	48	77	125	
Totals		1	-----	7	6	22	13	14	26	23	33	21	36	13	31	19	37	21	32	12	20	13	12	11	13	9	190	266	456	







Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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TABLE 5.—READMISSIONS TO CREASE CLINIC BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Mental Diagnosis	Age-group (Years)														Total		Grand Total
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 and Over	M. F.			
<i>With Psychosis</i>																	
Schizophrenic disorders—																	
Simple type.....	1	1	1	1	1	1	1	2	1					1	6	7	
Hebephrenic type.....	2	1	1	1	1	2	4	4	1					2	4	6	
Catatonic type.....			3	1	4	5	6	4	4	8	1			25	26	51	
Paranoid type.....	1	3	3	1	1	1	1	2	1	2	4	1		8	5	13	
Acute schizophrenic reaction.....	1	1	3	4	3	4	3	2	2	4	1	3		8	24	32	
Schizo-affective psychosis.....	1	1	4	3	1	6	4	5	7	1	3	4	2	1	1	46	
Other and unspecified.....																	
Manic-depressive reaction—																	
Manic and circular.....	1	2	1	1	2	2	1	4	1	3	2	2	4	1	13	27	
Depressive.....								3	2	3	1	1	1	1	11	19	
Other.....																	
Involitional melancholia.....																	
Paranoia and paranoid states.....								1	4	1	2	4	1	1	3	12	
Psychosis with cerebral arteriosclerosis.....								1	1	1	2	1		4	3	7	
Alcoholic psychosis.....												2		2	2	2	
Psychosis of other demonstrable etiology—														1	1	1	
Secondary or due to diseases of the blood-forming organs and circulatory system.....																	
Secondary or due to other diseases.....									1					1	1	1	
Other and unspecified psychoses—Psychotic-depressive reaction.....																	
Anxiety reaction without mention of somatic symptoms.....								2	1	2	1	2	3	1	9	10	
Hysterical reaction without mention of somatic symptoms.....			2	1	1	6	1	6	1	3	4	3	2	3	12	27	
Phobic reaction.....	1	1	1	1	1	4	1	1	1	1	1	1	1	5	4	9	
Obsessive-compulsive reaction.....														2	2	2	
Neurotic-depressive reaction.....	1	1	4	2	1	2	7	2	12	2	7	5	11	4	29	70	
Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system.....														3	4	99	
Psychoneurotic disorders, other, mixed, and unspecified types.....															6	1	
Chronic brain syndrome with neurotic reaction.....															3	1	
Total with psychosis.....	4	6	16	12	11	21	16	32	20	35	11	30	19	37	19	254	
															414	414	



[illegible]



TABLE 6.—FIRST ADMISSIONS TO CREASE CLINIC BY MARITAL STATUS, MENTAL DIAGNOSIS, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 7.—READMISSIONS TO CREASE CLINIC BY MARITAL STATUS, MENTAL DIAGNOSIS, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 8.—FIRST ADMISSIONS TO CREASE CLINIC BY MENTAL DIAGNOSIS, YEARS OF SCHOOLING, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 9.—READMISSIONS TO CREASE CLINIC BY MENTAL DIAGNOSIS, YEARS OF SCHOOLING, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 10.—FIRST ADMISSIONS TO CREASE CLINIC BY CITIZENSHIP, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 11.—FIRST ADMISSIONS TO CREASE CLINIC BY RELIGION AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 12.—FIRST ADMISSIONS TO CREASE CLINIC BY PREVIOUS OCCUPATION AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Detailed information for the above tables may be obtained on request.

TABLE 13.—LIVE DISCHARGES FROM CREASE CLINIC BY CONDITION ON DISCHARGE, DISPOSITION TO, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Condition	Disposition to—												Total		Grand Total
	Home		Clinic Agency		General Hospital		Welfare Institution		Other Mental Hospital		Other				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Recovered	63	46	—	—	—	—	—	—	—	—	—	—	63 <sup>1</sup>	46	109
Much improved	60	47	—	—	—	—	—	—	—	—	1	—	61	47	108
Improved	471	716	—	1	—	—	—	—	8	6	3	6	482	729	1,211
Unimproved	66	56	—	—	—	—	—	—	17	30	1	—	84	86	170
Totals	660	865	—	1	—	—	—	—	25	36	5	6	690	908	1,598

<sup>1</sup> Includes one probationary case returned to Essondale for release.



TABLE 14.—LIVE DISCHARGES FROM CREASE CLINIC BY MENTAL DIAGNOSIS, CONDITION ON DISCHARGE, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Mental Diagnosis	Condition on Discharge								Total		Grand Total
	Recovered		Much Improved		Improved		Unimproved				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
<i>With Psychosis</i>											
Schizophrenic disorders.....	12	25	27	22	151	236	26	22	216	305	521
Manic-depressive reaction.....	11	4	4	1	24	28		3	39	36	75
Involitional melancholia.....	1		1	6	13	35	2	3	17	44	61
Paranoia and paranoid states.....		2			6	7		1	6	10	16
Senile psychosis.....			1		1	3			2	3	5
Psychosis with cerebral arteriosclerosis.....				1	1	6		1	1	8	9
Alcoholic psychosis.....	3		1		8	4			12	4	16
Psychosis of other demonstrable etiology.....	5	1	2		8	10		2	15	13	28
Other and unspecified psychoses.....	16	3	3	2	14	38	1	2	34	45	79
Anxiety reaction without mention of somatic symptoms.....	1	3	3	2	46	59	2	7	52	71	123
Hysterical reaction without mention of somatic symptoms.....	3	1	2		14	21	4	6	23	28	51
Phobic reaction.....	1				1	2	1	1	3	3	6
Obsessive-compulsive reaction.....	1				5	6	2	1	8	7	15
Neurotic-depressive reaction.....	6	6	5	12	76	201	4	4	91	223	314
Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system.....					2	3		1	2	4	6
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems.....						5				5	5
Psychoneurotic disorders, other, mixed, and unspecified types.....		1	5	1	17	2		1	22	5	27
Chronic brain syndrome with neurotic reaction.....					7	8			7	8	15
Total with psychosis.....	60	46	54	47	394	674	42	55	550	822	1,372
<i>Without Psychosis</i>											
Pathological personality.....			2		17	14	19	14	38	28	66
Immature personality.....			2		15	12	3	2	20	14	34
Alcoholism.....					13	1	1	2	14	3	17
Other drug addiction.....					2	1			3	1	4
Primary childhood behaviour disorders.....	1		2		6	2	3	3	12	5	17
Mental deficiency.....					1	1	2		3	1	4
Other and unspecified character behaviour and intelligence disorders.....	2				11	6			13	6	19
Chronic brain syndrome with behavioural reaction.....			1		7	6	2	2	10	8	18
Chronic brain syndrome, N.O.S.....					2	3	5	4	7	7	14
Epilepsy.....					13	9	3	3	16	12	28
Other diseases of central nervous system not associated with psychosis.....					1				1		1
Observation without need for further medical (psychiatric) care.....							3	1	3	1	4
Total without psychosis.....	3		7		88	55	42	31	140	86	226
Grand totals.....	63	46	61	47	482	729	84	86	690	908	1,598







Obsessive-compulsive reaction		1	2	3	7	18	2	9	19	2	13	15	8	35	1	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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TABLE 16.—LIVE DISCHARGES FROM CREASE CLINIC BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX,  
APRIL 1ST, 1960, TO MARCH 31ST, 1961

Detailed information for the above table may be obtained on request.

TABLE 17.—DEATHS OCCURRING IN CREASE CLINIC BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX,  
APRIL 1ST, 1960, TO MARCH 31ST, 1961

Mental Diagnosis	Age-group (Years)													Total			Grand Total
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders			1													1	1
Neurotic-depressive reaction									1							2	2
Totals			1						1			1			3	1	4

TABLE 18.—DEATHS OCCURRING IN CREASE CLINIC BY CAUSE OF DEATH, AGE-GROUP, AND SEX,  
APRIL 1ST, 1960, TO MARCH 31ST, 1961

Cause of Death	Age-group (Years)													Total			Grand Total
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Arteriosclerotic heart disease									1					1	1		
Cirrhosis of liver			1											1	1		
Infection of kidney												1		1	1		
Suicide									1					1	1		
Totals			1						1	1		1		3	4		



## PROVINCIAL MENTAL HOSPITAL

TABLE 1.—MOVEMENT OF POPULATION, PROVINCIAL MENTAL HOSPITAL, ESSONDALE, APRIL 1ST, 1960, TO MARCH 31ST, 1961

	Male	Female	Total
In residence, April 1st, 1960.....	1,608	1,411	3,019
On probation, carried forward from 1959/60.....	110	197	307
On escape, carried forward from 1959/60.....	8	4	12
Totals as at April 1st, 1960.....	1,726	1,612	3,338
Admissions—			
First admissions.....	499	300	799
Readmissions to a different institution of Mental Health Services.....	93	153	246
Readmissions to the same institution.....	389	366	755
Admitted direct from Crease Clinic.....	24	36	60
Transferred from other units.....	18	10	28
Total admissions.....	1,023	865	1,888
Total under care.....	2,749	2,477	5,226
Separations—			
Discharged in full.....	825	751	1,576
Discharged direct to Crease Clinic.....	4	—	4
Died.....	76	52	128
Transferred to other units.....	111	25	136
On probation and still out.....	121	308	429
On escape but not discharged.....	4	1	5
Total separations.....	1,141	1,137	2,278
Net increase or decrease.....	—	—71	—71
In residence, March 31st, 1961.....	1,608	1,340	2,948



TABLE 2.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Health Unit	Male	Female	Total	Health Unit	Male	Female	Total
East Kootenay, Cranbrook—				Metropolitan Health Committee,			
School District No. 1.....	1	1	2	Vancouver— <i>Continued</i>			
" " " 2.....	5	3	8	School District No. 44.....	16	18	34
" " " 3.....	1	2	3	" " " 45.....	8	3	11
" " " 4.....	1	1	2	Simon Fraser, New Westmin-			
" " " 5.....	2	3	5	ster—			
" " " 18.....	1	—	1	School District No. 40.....	32	16	48
Selkirk, Nelson—				" " " 43.....	14	11	25
School District No. 6.....	—	1	1	North Fraser Valley, Mission—			
" " " 7.....	2	—	2	School District No. 42.....	13	7	20
" " " 8.....	1	1	2	" " " 75.....	1	6	7
" " " 10.....	—	1	1	" " " 76.....	—	3	3
West Kootenay, Trail—				Upper Island, Courtenay—			
School District No. 9.....	1	2	3	School District No. 47.....	3	3	6
" " " 11.....	1	3	4	" " " 71.....	2	3	5
" " " 12.....	1	2	3	" " " 72.....	—	1	1
" " " 13.....	1	—	1	Skeena, Prince Rupert—			
South Okanagan, Kelowna—				School District No. 50.....	2	2	4
School District No. 14.....	1	2	3	" " " 52.....	4	6	10
" " " 15.....	2	2	4	" " " 53.....	2	1	3
" " " 16.....	2	1	3	Peace River, Dawson Creek—			
" " " 23.....	2	7	9	School District No. 59.....	3	4	7
" " " 77.....	—	4	4	" " " 60.....	3	2	5
North Okanagan, Vernon—				" " " 81.....	—	1	1
School District No. 19.....	4	1	5	Victoria-Esquamalt Union Board			
" " " 20.....	4	1	5	of Health—			
" " " 21.....	—	1	1	School District No. 61 (part <sup>1</sup> )	19	13	32
" " " 22.....	11	7	18	Saanich and South Vancouver			
" " " 78.....	1	1	2	Island—			
South Central, Kamloops—				School District No. 61 (part <sup>2</sup> )	10	7	17
School District No. 24.....	5	9	14	" " " 62.....	1	1	2
" " " 25.....	—	2	2	" " " 63.....	4	1	5
" " " 26.....	1	1	2	" " " 64.....	1	—	1
" " " 30.....	1	1	2	Central Vancouver Island, Na-			
" " " 31.....	2	—	2	naimo—			
Cariboo, Prince George—				School District No. 65.....	2	1	3
School District No. 27.....	6	7	13	" " " 66.....	2	2	4
" " " 28.....	3	3	6	" " " 67.....	—	2	2
" " " 56.....	1	—	1	" " " 68.....	8	5	13
" " " 57.....	10	5	15	" " " 69.....	5	—	5
" " " 58.....	—	1	1	" " " 70.....	8	2	10
Upper Fraser Valley, Chilliwack—				" " " 79.....	—	1	1
School District No. 32.....	4	2	6	School districts not covered by			
" " " 33.....	9	11	20	health units—			
" " " 34.....	10	4	14	School District No. 46.....	5	3	8
Boundary, Cloverdale—				" " " 48.....	1	1	2
School District No. 35.....	3	4	7	" " " 49.....	1	—	1
" " " 36.....	25	26	51	" " " 61 (part <sup>3</sup> )	1	5	6
" " " 37.....	1	3	4	" " " 73.....	1	2	3
Metropolitan Health Committee,				" " " 74.....	1	1	2
Vancouver—				" " " 80.....	1	—	1
School District No. 38.....	5	10	15	Unorganized.....	4	—	4
" " " 39.....	262	177	439	Ex-Province.....	11	5	16
" " " 41.....	33	32	65	Totals.....	615	484	1,099

<sup>1</sup> Includes Victoria and Esquamalt only.<sup>2</sup> Excludes Victoria, Esquamalt, and Oak Bay.<sup>3</sup> Includes Oak Bay only.



TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1ST, 1960 TO MARCH 31ST, 1961

Method of Admission	Age-group (Years)															Total						Grand Total							
																70 and Over							Not Stated						
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69																	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.									
<i>First Admissions</i>																													
Voluntary	2	1	6	13	10	13	21	21	18	24	33	15	26	18	22	14	8	12	6	9	5	9	3	6	169	164	333		
Warrant	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	66	15	81	
Certification	2	10	11	31	19	33	25	32	32	34	31	31	42	28	31	29	29	18	19	28	19	28	27	64	16	368	301	669	
Urgency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	3	13	
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3	
Totals	2	2	22	20	62	31	57	50	65	52	60	70	57	59	51	54	43	28	32	34	28	34	36	68	22	615	484	1,099	
<i>Readmissions</i>																													
Voluntary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	142	131	273
Warrant	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	41	7	48
Certification	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	221	239	470
Urgency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	4	8
Totals	—	4	4	32	20	40	42	47	32	74	52	55	57	47	64	44	45	23	30	18	10	18	14	7	—	408	381	789	







[illegible]







[illegible]



TABLE 6.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

TABLE 7.—READMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

TABLE 8.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, YEARS OF SCHOOLING, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

TABLE 9.—READMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, YEARS OF SCHOOLING, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

TABLE 10.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY CITIZENSHIP, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

TABLE 11.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY RELIGION AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 12.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY PREVIOUS OCCUPATION AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Detailed information for the above tables may be obtained on request.







TABLE 13.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX,  
DECEMBER 31ST, 1960—Continued

Mental Diagnosis	Age-group (Years)														Total			Grand Total											
	0-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65-69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>Without Psychosis—Continued</i>																													
Epilepsy.....																													
Other diseases of the central nervous system, not associated with psychosis.....																													
Other, unknown, and unspecified conditions.....																													
Total without psychosis.....																													
Grand totals.....																													



TABLE 14.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, NUMBER OF PREVIOUS ADMISSIONS, AND SEX, DECEMBER 31ST, 1960.

TABLE 15.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, 25 YEARS OF AGE AND UNDER, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31ST, 1960.

TABLE 16.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, 26 TO 49 YEARS OF AGE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31ST, 1960.

TABLE 17.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, 50 YEARS OF AGE AND OVER, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31ST, 1960.

Detailed information for the above tables may be obtained on request.

TABLE 18.—LIVE DISCHARGES FROM PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY CONDITION ON DISCHARGE, DISPOSITION TO, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Condition	Disposition to—												Total		Grand Total
	Home		Clinic Agency		General Hospital		Welfare Institution		Other Mental Hospital		Other				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Recovered.....	10	20	-----	-----	-----	-----	-----	-----	-----	-----	1	1	11	21	32
Much improved.....	15	12	-----	-----	-----	-----	-----	-----	1	-----	2	-----	18	12	30
Improved.....	611	629	-----	-----	3	-----	1	2	9	5	77 <sup>1</sup>	20 <sup>2</sup>	701	656	1,357
Unimproved.....	71	51	-----	-----	-----	-----	-----	-----	106	26	33 <sup>3</sup>	10 <sup>4</sup>	210	87	297
Totals.....	707	712	-----	-----	3	-----	1	2	116	31	113	31	940	776	1,716

<sup>1</sup> Includes 5 escapees.

<sup>2</sup> Includes 11 escapees.

<sup>3</sup> Includes 15 escapees.

<sup>4</sup> Includes 5 escapees.



TABLE 19.—LIVE DISCHARGES FROM PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, CONDITION ON DISCHARGE, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Mental Diagnosis	Condition on Discharge								Total		Grand Total	
	Recovered		Much Improved		Improved		Unimproved					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
<i>With Psychosis</i>												
Schizophrenic disorders	4	7	11	8	311	349	54	31	380	395	775	
Manic-depressive reaction	1	1	—	1	8	33	2	—	11	35	46	
Involitional melancholia	—	4	—	—	3	26	—	1	3	31	34	
Paranoia and paranoid states	—	—	—	—	7	2	1	—	8	2	10	
Senile psychosis	—	—	—	—	4	1	13	3	17	4	21	
Psychosis with cerebral arteriosclerosis	—	—	—	1	7	11	17	7	24	19	43	
Alcoholic psychosis	2	3	1	—	48	26	4	1	55	30	85	
Psychosis of other demonstrable etiology	—	—	1	—	5	20	1	1	7	21	28	
Other and unspecified psychoses	1	2	—	—	2	15	—	—	3	17	20	
Anxiety reaction without mention of somatic symptoms	—	—	1	—	12	10	—	3	13	13	26	
Hysterical reaction without mention of somatic symptoms	3	2	—	—	3	8	—	2	6	12	18	
Obsessive-compulsive reaction	—	—	—	—	1	1	1	1	2	2	4	
Neurotic-depressive reaction	—	—	1	—	18	40	1	1	20	41	61	
Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system	—	—	—	—	—	1	—	—	—	1	1	
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems	—	—	—	—	—	—	1	—	1	—	1	
Psychoneurotic disorders, other, mixed, and unspecified types	—	—	—	—	1	5	—	—	1	5	6	
Chronic brain syndrome with neurotic reaction	—	—	—	—	5	3	1	—	6	3	9	
Syphilis and its sequelæ	—	—	1	—	1	—	2	1	4	1	5	
Total with psychosis	11	19	16	10	436	551	98	52	561	632	1,193	
<i>Without Psychosis</i>												
Pathological personality	—	—	—	—	60	33	34	11	94	44	138	
Immature personality	—	—	1	1	12	10	3	2	16	13	29	
Alcoholism	—	—	1	1	160	26	21	5	182	32	214	
Other drug addiction	—	1	—	—	3	6	—	5	3	12	15	
Primary childhood behaviour disorders	—	—	—	—	—	5	—	1	—	6	6	
Mental deficiency	—	—	—	—	9	8	11	3	20	11	31	
Other and unspecified character, behaviour, and intelligence disorders	—	1	—	—	—	2	1	—	1	3	4	
Chronic brain syndrome with behavioural reaction	—	—	—	—	7	4	18	4	25	8	33	
Chronic brain syndrome, N.O.S.	—	—	—	—	6	1	5	—	11	1	12	
Epilepsy	—	—	—	—	8	9	3	1	11	10	21	
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	15	3	15	3	18	
Observation without need for further medical (psychiatric) care	—	—	—	—	—	1	1	—	1	1	2	
Total without psychosis	—	2	2	2	265	105	112	35	379	144	523	
Grand totals	11	21	18	12	701	656	210	87	940	776	1,716	







TABLE 20.—LIVE DISCHARGES FROM PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX,  
APRIL 1ST, 1960, TO MARCH 31ST, 1961

Mental Diagnosis	Age-group (Years)														Total		Grand Total													
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 and Over	M.	F.															
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.															
<i>With Psychosis—Continued</i>																														
Obsessive-compulsive reaction				2										2	2															
Neurotic-depressive reaction		2	1	3										20	41															
Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system				3	3	4	5	2	2	1	3																			
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems							1								1															
Psychoneurotic disorders, other, mixed, and unspecified types				1		1	1	1						1																
Chronic brain syndrome with neurotic reaction			2																											
Syphilis and its sequelae—																														
General paralysis of the insane														1																
Other syphilis of central nervous system														6	3															
Total with psychosis	1	11	6	42	33	53	51	84	72	84	84	65	70	48	86	33	75	32	58	25	33	32	31	52	32	560	633	1,193		
<i>Without Psychosis</i>																														
Disorders of character, behaviour, and intelligence—																														
Pathological personality—																														
Schizoid personality			2				2	1		1	1																3	5	8	
Paranoid personality							1		1	3																	7	2	9	
Cyclothymic personality																											2		2	
Inadequate personality			1	4	1	2	1	3	2	5	2	2	4														22	16	38	
Anti-social personality		1	2	16	3	12	3	10	1	8	1	1	1	2													52	11	63	
Asocial personality		1	1	2	3	1	1			1	3																6	8	14	
Sexual deviation				1				1																			2	2	2	
Other and unspecified								2																			2		2	
Immature personality—																														
Emotional instability			1	4	2	1	1			1	1	1	1														7	6	13	
Passive dependency		1	1	1	1	2	2			1	2	1	1	1													8	7	15	
Other and unspecified																											1		1	
Alcoholism—																														
Chronic				3	1	12	6	20	3	22	1	35	6	32	7	23	3	10	2	8							172	29	201	
Unspecified																											10	3	13	
Other drug addiction			1	1	3		2	1	2	1	1	1	2				3	1	1	2							3	12	15	
Primary childhood behaviour disorders																													6	
Mental deficiency—		1		4	1																									
Imbecility			2	1		1						1																4	2	6
Moron																												8	4	12
Border-line intelligence	1		2	3	1		2	1				2	1				1	1									8	4	12	
Other and unspecified																												1		1



[illegible]







TABLE 23.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Detailed information for the above table may be obtained on request.

TABLE 24.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Cause of Death	Age-group (Years)														Total			Grand Total										
	0-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65-69		70 and Over			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	M.	F.	M.	F.	M.	F.	M.
Tuberculosis																												1
Malignant neoplasms												1							1									7
Benign neoplasms																												8
Diabetes																												2
Asthma																												1
Vascular lesions affecting central nervous system																												1
Other diseases of central nervous system																												1
Chronic rheumatic heart disease																												4
Arteriosclerotic and degenerative heart disease																												1
Hypertensive heart disease																												1
Heart disease unspecified																												1
Diseases of the circulatory system																												3
Pneumonia																												2
Other diseases of the respiratory system																												8
Diseases of the digestive system																												1
Diseases of the genito-urinary system																												2
Diseases of the skin and cellular tissue																												5
Congenital malformations																												1
Accidental deaths																												1
Suicides																												1
Homicide and injury purposely inflicted by other persons																												4
Totals																												128

TABLE 25.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Detailed information for the above table may be obtained on request.



### PART III.—THE WOODLANDS SCHOOL, NEW WESTMINSTER

#### REPORT OF THE MEDICAL SUPERINTENDENT

L. A. KERWOOD, MEDICAL SUPERINTENDENT

#### PATIENT POPULATION

*The Woodlands School.*—On March 31st, 1961, the total cases on register, including cases on probation, were 1,421. There were 1,398 cases in residence at The Woodlands School.

*Tranquille School.*—On March 31st, 1961, there were 173 in residence at the Tranquille School.

#### ADMISSIONS

During the year a Bed Bureau Section has been established in the Deputy Superintendent's department. The Social Service Department has the function of investigating and assessing family situations and indicating priority ratings, but the maintenance of the official waiting-list and the heavy correspondence on the patients' prospects of admission are now handled by the Bureau, which also controls all admissions and discharges and all internal and external transfers.

The summer thirty-day admission programme provided a temporary stay at The Woodlands School for 109 children. This programme was made possible by using the beds of those pupils who returned to their homes during the summer holiday period. It will be appreciated that these vacancies are mostly in our less severely retarded wards.

The following table shows the movements of population during the fiscal year:—

	Male	Female	Total
In residence, April 1st, 1960.....	752	635	1,387
On probation, carried forward from 1959/60.....	16	6	22
Total as at April 1st, 1960.....	768	641	1,409
Admissions—			
First admissions.....	101	82	183
Readmissions to a different institution of Mental Health Services.....	4	—	4
Readmissions to the same institution.....	33	41	74
Transfers from Tranquille School.....	9	—	9
Transfers from Provincial Mental Hospital, Essondale.....	4	2	6
Total admissions.....	151	125	276
Total under care.....	919	766	1,685
Separations—			
Discharged in full.....	10	8	18
Discharged in full from temporary care.....	85	69	154
Died.....	6	9	15
Transferred to Tranquille School.....	47	26	73
Transferred to Provincial Mental Hospital, Essondale.....	1	3	4
On probation and still out.....	12	11	23
Total separations.....	161	126	287
Net increase or decrease.....	+6	+5	+11
In residence, March 31st, 1961.....	758	640	1,398

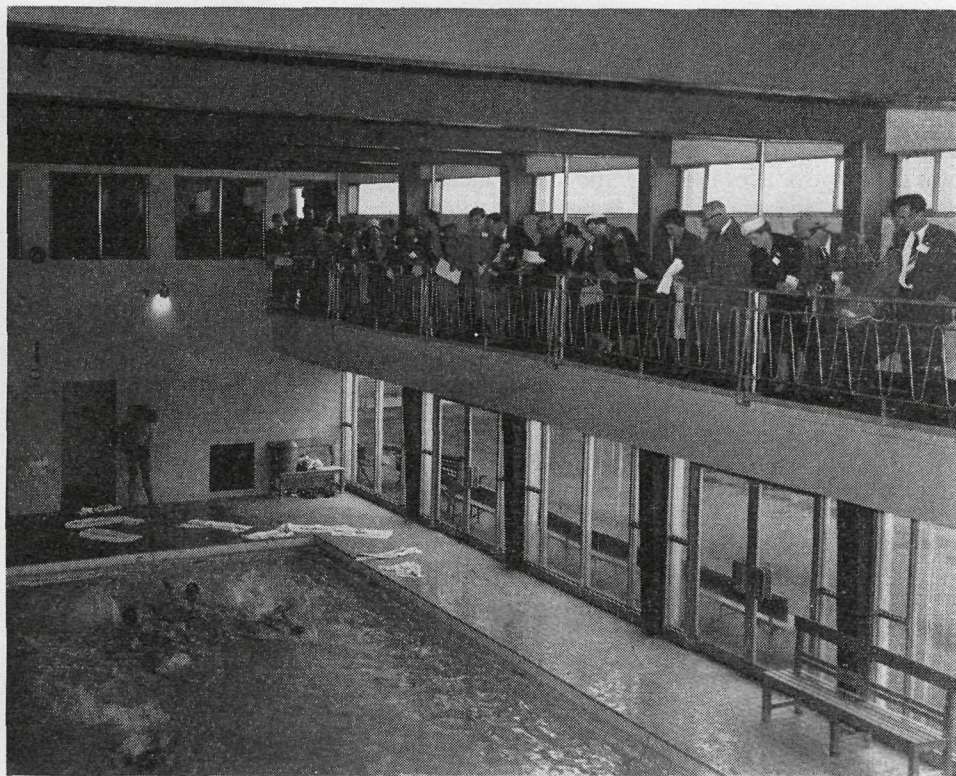
It should be noted that temporary admissions have not been identified within the total admission group, although a separate entry has been made under "separations of cases discharged from temporary care." One hundred and thirty-six of these



temporary admissions were granted an extension to their thirty-day stay (sixty-nine males and sixty-seven females) and thirty-one thirty-day admission cases were eventually certified (seventeen males and fourteen females). I would like to point out the increasing use that is being made of the beds at the School. It should be noted that with a total resident population of approximately 1,400, 663 patient movements (admissions, discharges, and transfers) have occurred during the year. This has been achieved on a basic staff calculated on long stay and slow turnover, and it is my opinion that the medical and nursing divisions and the Social Service Department are very fully occupied in keeping up with such a large patient-flow.

With the continuing expansion of the Provincial population, provision should be made for increased bed facilities for those mentally subnormal individuals who cannot be maintained in community or home without grave disturbance either to the family or the community.

The development of other specialized facilities, such as residential homes for the maladjusted, residential schools for the educationally subnormal, short-stay hostels, day occupation centres, sheltered workshops, slow learners' classes in the public school system, adequate diagnostic and counselling services to parents and community, the utilization of foster homes, boarding homes, and group home care, are all facilities which must be developed if there is not to be continuing pressures on the residential school beyond the possibility of these being met. All these developments are necessary for the proper management and control of the problem of subnormality in this Province.



On January 23rd, 1961, a party of thirty-nine, including twenty-five members of the Legislative Assembly and fourteen wives, accepted an invitation from the Minister of Health Services and Hospital Insurance to visit the hospitals of the Mental Health Services branch located in the Lower Mainland area. They are shown here as they watched a swimming demonstration at The Woodlands School, New Westminster.



### BUSINESS MANAGEMENT

The policy of decentralization of unit administration is reflected in the operations of this department during the last fiscal year. The establishment of Unit Business Administrators, the establishment of monthly Business Managers' conferences, reorganization of many administrative policies and procedures have been moves in the direction of unit administrative responsibility.

I am pleased to report that Mr. W. O. Booth, Business Manager, successfully graduated from the Canadian Hospital Association extension course in hospital organization and management with high credits.

During the past year a review of the administrative area has been made, and many constructive recommendations and certain staff alterations have ensued. Organizational charts showing line and function have been formulated, and these will serve as the background for effective planning and better administration. A payroll clerk was promoted to office supervisor and a casual Clerk—Grade 2 hired to handle the payroll responsibilities. A casual clerk-typist was hired to assist in the personnel area.

The Business Manager has now been relocated in a temporary new office, and the general business section has been enlarged. Our reception and switchboard area has been completely renovated, and the special psychiatric nurse has been replaced by a clerk-receptionist. A considerable extra load of work was incurred by the transfer of certain personnel functions, vouchering, and patients' accounts from headquarters during October and December, 1960.

### DIETARY DEPARTMENT

I am pleased to report that Mrs. J. Fremont, dietician, commenced duty on July 11th, 1960. Her appointment has improved the dietary section considerably. She has been active in in-service training programmes, rostering of staff, changing of menus, introduction of new diets, and increasing the number of salads and baked desserts for the pupils. In September, 1960, Mrs. Fremont set up a course in quantity cookery instruction for the dietary staff. This is given in conjunction with the Vancouver Vocational Institute and British Columbia Dietetics Association. In January, 1961, we held our first course in "Sanitation for Food Service Workers," carried on in conjunction with the Medical Health Officer of the Simon Fraser Health Unit. Seven hours of instruction were given to the kitchen helpers.

### PHARMACY

The supervisory control of the pharmacy was transferred from the Medical Superintendent's office to the Business Manager during the fiscal year 1960/61. Mr. C. C. Wells was appointed to the position of Pharmacist on November 1st, 1960, and subsequently a Stockman—Grade 3 position was approved. Security measures were recommended and structural alterations in the pharmacy area have been carried out. The Woodlands School Pharmacy Committee was established, consisting of both medical and administrative heads. This relates to the Mental Health Services Branch Pharmacy Council, and we may look forward to a more efficient pharmacy operation as a result.

### CENTRAL SUPPLY

This department was established in 1959 as it was realized that internal control at The Woodlands School needed strengthening. All requisitions, invoices, bills of lading, purchase orders, and other supply media flow through the Central



Supply area. Physical inventories and spot checks are made by the Central Supply clerk on all wards and various departments. Inventory control is now centralized in this area.

### LAUNDRY

A Laundry Committee, established at the request of the Deputy Minister and consisting of the Administrator, Provincial Mental Hospital, Essondale, the Business Manager of the Valleyview Hospital, Essondale, and the Business Manager of The Woodlands School, reviewed the Mental Health Services laundry problems and made recommendations for improvements to the service. It is hoped that hereby the best possible use can be made of the existing facilities of the laundry at the Provincial Mental Hospital.

### HOUSEKEEPING

Many of the day-to-day housekeeping activities in The Woodlands School were carried out with the help of the less severely retarded pupils, but with the transfer of large numbers of these persons to Tranquille, difficulties were first experienced in maintaining housekeeping services. The Building Service Worker staff has been increased by the addition of one service worker to maintain all the stairwells, tunnels, etc., one addition to the office area, one window-washer, and two wall-washers. Our housekeeping staff now totals eight persons, under the leadership of Mr. W. Newman.

Consideration is being given to introducing housekeeping at the ward level, and surveys and time studies have been made and proposals put forth for the inauguration of this service.

### TRANSPORTATION

The Transport Division, under the head of Mr. W. Wilson, has continued to give maximum service during the past year.

The Co-ordinating Committee of the Auxiliary to The Woodlands School kindly donated a land train for the School, which was completely overhauled and put in good order under the direction of the transport supervisor with the helpful co-operation of the Public Works Department. This has to date given much pleasure to many of the pupils at The Woodlands School.

### MEDICAL RECORDS

Medical records were transferred from the line supervision of the Medical Superintendent to that of the Business Manager during 1960. Miss E. Henshaw has been reclassified and placed in charge of Medical Records Division. Statistical surveys have been undertaken, files have been reorganized, and a considerable general procedural reorganization effected in this area. Much effort was put forth by the supervisor of this department, together with the Unit Business Manager, in assisting the Committee on Admissions and Discharges, which has been set up at the request of the Deputy Minister, for review of procedures.

### DENTAL DEPARTMENT

There were 3,929 dental procedures completed for the year ended March 31st, 1961. Summary of work is as follows:—

Number of patients .....	1,674
Examinations .....	623
Prophylaxis and scaling .....	382



Fillings .....	1,221
Extractions .....	937
Dentures .....	61
Dentures repaired or relined .....	22
Periodontal treatments .....	163
X-rays .....	93
Miscellaneous treatments .....	427
Patients treated on wards .....	68

### EDUCATIONAL

During the year there was a maximum of 255 pupils enrolled in the school classes. A complex arrangement had to be entered into between School Occupational Therapy and Recreational Therapy Departments so as to make the best possible use of available rooms and teachers. Certain children in the imbecile range had to be excluded from school under a policy decision to make available to those less severely retarded a fuller school-day. The school principal and her staff responded very well to this challenging alteration of time-table and put in a very considerable amount of time and effort in trying to achieve the maximum utilization of teachers and staff to cover the maximum number of pupil-patients.

I am pleased also to report that after-school classes were instituted during the year, the following clubs and attendances being started. These certainly enriched the lives of the pupils here very much and were well worth while.

Girls' Glee Club .....	32
Country Dancing .....	16
Junior Boys' Choir .....	16
Girls' Orchestra .....	30
Boys' Orchestra .....	16
Drama Club (mixed) .....	10
Personal Development (girls) .....	6
Woodwork (boys) .....	9
Badminton (mixed) .....	13
Social Games (mixed) .....	8
Art (mixed) .....	12
Square Dancing (mixed) .....	16
Boys' Cooking Club .....	6
Rhythms (girls) .....	25
Fluteophone Band (boys) .....	12

### LABORATORY

A total of 17,083 tests was performed by The Woodlands School laboratory during the year March 31st to April 1st. The Coleman junior spectrophotometer, received through a Federal health grant, is now in full operation and has added to the value of the work of this department. The department has also increased its range of work to include urinary excretion of xanthurenic acid and metachromatic granules, quantitative faecal fats, serum chlorides, and carbon dioxide combining power.

### MEDICAL STAFF

It was reported in last year's Annual Report that Dr. P. Hughes resigned on January 31st, 1960. On October 17th, 1960, Dr. W. W. Laughland joined the staff as Deputy Medical Superintendent. Since that time he has made a valuable contri-



bution by operating the Bed Bureau, arranging all interward and interhospital transfers, supervising the physicians' rostering, and many other medical administrative duties.

### MENTAL RETARDATION TRAVELLING CLINIC

This clinic was established under Federal Mental Health Grants; it began to function from November 17th, 1960. Its primary purpose was to provide diagnostic and counselling services in connection with cases on the waiting-list. By means of a team operating as an out-patient clinic at the School and as a travelling clinic elsewhere throughout the Province, several aims were defined:—

- (1) Full evaluation and diagnosis of all cases on the waiting-list for proper administration of admissions to the School.
- (2) Examination of needs (medical, psychological, education, social, etc.) of the individual cases on the waiting-list for appropriate service and assistance to the families concerned.
- (3) Review of community facilities in order to stimulate development of additional resources which might
  - (a) relieve some of the pressures for admission;
  - (b) extend the work of caring for the mentally subnormal in the community;
  - (c) realize more of the assets of the mentally subnormal citizens in British Columbia.

### FEMALE NURSING DIVISION

#### EDUCATION PROGRAMMES

From April 1st, 1960, to March 31st, 1961, 119 psychiatric student-nurses have received instruction and training at The Woodlands School. Forty-three full-time and ten part-time psychiatric graduates have come on staff during this time. This is almost double the quantity employed during the previous fiscal year. It is felt, therefore, that the teaching programme organized at The Woodlands School has been a benefit in staff recruitment. Student-nurses from the Royal Columbian Hospital, New Westminster, spend two weeks of their senior year in a leadership programme and one afternoon is spent at The Woodlands School.

*Clinical Programme for Registered Nurses.*—In January, 1961, five of these nurses spent two weeks of their six months' training programme in psychiatric nursing, organized at Essondale, gaining experience in the care and development of the retarded child at The Woodlands School.

#### REGISTERED NURSES

Three positions were reclassified from Head Nurse to Superintendent of Nurses—Grade 1 in April, 1960. Miss Pratt came on staff as Superintendent of Nurses—Grade 1 to replace Mrs. A. McClymont, whose tragic death in a car accident occurred in April, 1960. Miss R. Tinkiss was employed as Head Nurse for our infectious-diseases area in November, 1960.

#### PATIENT MOVEMENTS

Seventy-five female pupils have been transferred to Tranquille subsequent to March 22nd.

*Community Placement Programme at the Lodge (Girls' Rehabilitation Unit.)*—Cooking classes commenced in October, 1960, under the direction of Mrs. R. Brand-



ner, psychiatric charge nurse. Eighteen girls were involved in projects, making small cakes for vending-machines for employee groups in communities and catering for organizations as required. Cakes, sandwiches, and cookies were made by this young adult group of patients.

#### KNITTING FOR ST. MARY'S HOSPITAL AUXILIARY

The Superintendent of Nurses reports that there has been more emphasis placed on the activation and motivation of pupils and an ever-increasing interest is shown by the nursing staff. I would like to acknowledge the indebtedness of the administration to the enthusiasm and dedication of the nursing divisions, who are undoubtedly contributing a much richer and more satisfying programme each year for the children at The Woodlands School. This is due, in great measure, to the enthusiasm and leadership shown by the senior nursing personnel.

#### MALE NURSING DIVISION

Mr. William Russell left our service after eighteen years in the Government service, and Mr. Harvey Sayer died, having given twenty-seven years of service.

Repetitive training classes have developed in various areas. The training programme in Ward 8, under the direction of Mr. Julius Erdelyi, has developed into one of the outstanding such training programmes in British Columbia and is being studied by many authorities in this field. In Ward 5, classes in self-care and diversified activities for cerebral-palsied pupils are progressing satisfactorily. In Ward 7 a programme in personal hygiene and self-care and the H Ward part-time classes for junior severely retarded are developing satisfactorily.

Mention is also made by the Chief Psychiatric Male Nurse of the need for occupational therapy being developed for the more severely retarded adult pupils.

#### OCCUPATIONAL THERAPY

I regret to report that Mrs. P. Eydmann, M.A.O.T., who entered service in July, 1960, resigned March 24th, 1961. Very good work has been done by the two handicraft instructors in this department and by Miss Somers in the Cerebral Occupational Therapy Department. Arts and crafts of a diversional nature occupy a considerable amount of time and output of this department. The annual sale of the Occupational Therapy Department was held in November. Net proceeds were approximately \$170.

#### PHYSICAL CARE AND THERAPEUTIC PROGRAMME

*Infectious Diseases.*—During the year the following infectious diseases were notified to the public health authorities: *Shigella sonnei*, 77 cases; scarlet fever, 6 cases; mumps, 18 cases; chicken-pox, 30 cases; *Shigella flexneri*, 21 cases; paracolon, 1 case; erysipelas, 1 case.

#### PHYSIOTHERAPY

The following number of treatments were given in this department during the year:—

Male	2,717
Female	2,389
Staff	30
Total	5,136



The consultant in orthopaedics has seen forty-nine patients during the year, and three of these have received elective surgery. In January of 1961 we were fortunate to secure the honorary consultant services of Dr. Pinkerton, Director of the G. F. Strong Rehabilitation Centre, as a consultant in the cerebral palsy area, and his services have been much appreciated.

### PSYCHOLOGY

With the return of Miss H. Walter on May 1st, 1960, from her leave of absence for study at the University of British Columbia, where she successfully completed all her course work for her M.A. degree, the activities in the department showed a general increase. I am pleased to report that Mr. Nuttall has continued his close association with the Department of Psychology at the University and was also invited to join the Faculty of the University of British Columbia summer session. A statistical breakdown of the operation of this department is appended.

#### *Patient Testing Programme*

	1960/61	1959/60	1958/59
Reports on referrals—			
Written reports .....	79		
Verbal reports .....	28		
	— 107	106	87
Reports for diagnostic clinics .....	134	104	82
Reports for community placement and assessment clinics .....	35	31	32
Other reports .....	22	11	11
	—	—	—
Total reports completed .....	298	252	212

#### *Miscellaneous Duties*

	1960/61	1959/60
Diagnostic clinics attended .....	83	115
Community placement and assessment clinics attended .....	69	33
Noon conferences .....	149	113
Interdepartmental meetings .....	39	22
Lectures, tours, etc. ....	23	28

#### *Tests Administered*

	1960/61	1959/60
Vineland Social Maturity Scale .....	180	154
Peabody Picture Vocabulary Test .....	92	—
Revised Stanford Binet Forms L and M .....	48	—
Stanford Binet Intelligence Scale Form LM .....	40	—
	— 88	127
Draw a Person Test .....	63	47
Bender Gestalt Test .....	53	22
Goodenough Test of Intelligence by Drawing .....	49	73
Rorschach .....	48	21
Wechsler Adult Intelligence Scale .....	23	—
Wechsler Bellevue Intelligence Form I .....	10	—
Wechsler Intelligence Scale for Children .....	7	—
	— 40	50
Cattell Infant Intelligence Scale .....	32	23
Arthur Point Scale .....	32	12
Progressive Matrices (1938 and 1947) .....	20	18



Thematic Apperception Test .....	13	1
Weigl-Goldstein-Scheerer Colour Form Sorting Test.....	6	7
Mill Hill Vocabulary Scale .....	5	8
Griffiths Mental Development Scale .....	5	8
Symonds Picture Story Test .....	4	2
Kent Emergency Scales .....	3	1
Los Angeles Diagnostic Tests .....	3	---
Make a Picture Story Test .....	2	14
Children's Apperception Test .....	1	---
Kent-Rosanoff Word Association Test .....	1	---
Other .....	---	6
Total tests administered .....	740	594

## PUBLIC WORKS DEPARTMENT

We are pleased to report that the following major projects have been commenced or completed during the past year:—

- (1) Plans for the renovation of Nurses' Home 2 and its utilization as administrative and laboratory facility.
- (2) J Ward has been completely renovated.
- (3) Playground fences have been installed.
- (4) A start has been made on toilet access and playground toilets.
- (5) Fire regulations have been prepared by management and procedures printed by the Department of Public Works.
- (6) A major sewage blockage occurred in September, 1960, which resulted in the replacement of our main sewer-line through the British Columbia Penitentiary property.
- (7) Street-lighting was installed.
- (8) Storm-sewers were installed at the auditorium.
- (9) Curbing was installed at the back entrance road.

## RADIOLOGY DEPARTMENT

The following work was accomplished during this past year:—

Chests survey .....	768
Chests X-rayed .....	2,405
Shoulders .....	7
Pelvis .....	13
Abdomens .....	36
Spines .....	41
Hips .....	3
Gall-bladders .....	3
Mandibles .....	9
Extremities .....	275
Nasal sinuses .....	3
Skulls .....	186
Noses .....	11
Ribs .....	6
I.V.P.s .....	9
Total .....	3,773



## RECREATIONAL THERAPY DEPARTMENT

Staff changes in this area were as follows: Mr. C. A. Balfry, Chief Instructor, resigned at the beginning of July, 1960, at which time Mrs. H. Lindo took over in this position; Mrs. Lindo resigned on April 10th, 1961, and Mrs. E. Thornton came on staff as Chief Instructor on June 1st, 1961. In the intervening few weeks Mr. R. Poll was Acting Chief Instructor.

In general this has been a successful year in the Recreational Therapy Department, and good use has been made of the physical facilities.

Recreation has been carried further forward into the more severely retarded areas with the active participation of nursing staff.

## SOCIAL SERVICE DEPARTMENT

The complement of this department has been increased from two to five social workers, and the amount of service that we have been able to give, both to pupils and to persons on the waiting-list, has increased proportionately. A representative month for comparison might be of some interest. For example, February, 1960, compared with February, 1961, is as follows:—

	Feb., 1960	Feb., 1961
Families contacted directly .....	32	106
Type of contact—		
Home visits .....	12	42
Orientations .....	6	—
Office interviews .....	2	17
Telephone calls .....	12	138
Collateral interviews .....	—	35



Visitors to The Woodlands School are always impressed when they see the various training programmes demonstrated. Here, Mr. Julius Erdelyi, a teacher, and a few of the boys in his classes show some of their achievements.



The supervisor of the Social Service Department, in his annual report, makes certain comments which I think are relevant and which will therefore be quoted:—

"A careful selection of pupils for casework services has been adopted. This selection is provided through the community placement programme, which is a series of weekly team sessions for the review and assessment of pupils who are likely candidates for return to their own homes, foster or boarding care. . . . This committee has reviewed 128 pupils (59 men and 69 women) whose intellectual ability is in the high imbecile range or better. With each review, a plan of treatment and the date to report progress is established; thus these pupils are kept before the vision of administration. The pupils we have reviewed in this programme are predominantly older, and their families have either lost interest in them or are too elderly to give them care in the family home. For these pupils we need boarding homes with programmes of financial maintenance, occupation, and recreation. These are not available, and the lack of them is a serious handicap to rehabilitation. Many of the pupils are of an intellectual ability comparable to many citizens who are financially independent. Our pupils need the opportunity of being trained in vocations commensurate with their aptitude. . . . The training-on-the-job programme of the Provincial rehabilitation office is our most appropriate training plan, but it is dependent upon finding a willing employer. . . . Employment of a director of training who would co-ordinate the potential areas of training and set standards of vocational training that would be comparable to commercial demands is urgently needed."

### THE TRANQUILLE SCHOOL

#### PATIENT-CARE (NURSING DEPARTMENT)

*Male Division.*—Total establishment, twenty-nine. The staff has been increased by one psychiatric aide, making a total of five nurses and twenty-two psychiatric aides.

*Female Division.*—Total establishment, twenty-nine. During the latter part of March the Female Nursing Division was opened. The present complement for this department, with the first floor in the main building in use, is made up as follows: One charge nurse; two assistant charge nurses; four psychiatric nurses; eight psychiatric aides.

#### PATIENT POPULATION

*Male.*—At the beginning of the year there was a total population of 109; at the end of the year, a total of 147.

*Female.*—Twenty-six female patients were transferred from The Woodlands School on March 22nd, 1961, with further groups to be received on the 5th and 19th of April.

#### PATIENT MOVEMENT

*Male.*—During the year nine patients were returned to The Woodlands School for medical, surgical, or behaviour problems. Forty-seven were transferred from The Woodlands School during the year.

#### MEDICAL AND DENTAL ATTENTION

At Tranquille School medical and dental services are given by local arrangements with physicians and dentists in the community.



## STATISTICAL TABLES

## THE WOODLANDS SCHOOL

TABLE 1.—MOVEMENT OF POPULATION, THE WOODLANDS SCHOOL, NEW WESTMINSTER, APRIL 1ST, 1960, TO MARCH 31ST, 1961

	Male	Female	Total
In residence, April 1st, 1960.....	752	635	1,387
On probation, carried forward from 1959/60.....	16	6	22
Total as at April 1st, 1960.....	768	641	1,409
Admissions—			
First admissions.....	101	82	183
Readmissions to a different institution of Mental Health Services.....	4	—	4
Readmissions to the same institution.....	33	41	74
Transfers from Tranquille School.....	9	—	9
Transfers from Provincial Mental Hospital, Essondale.....	4	2	6
Total admissions.....	151	125	276
Total under care.....	919	766	1,685
Separations—			
Discharged in full.....	10	8	18
Discharged in full from temporary care.....	85	69	154
Died.....	6	9	15
Transfers to Tranquille School.....	47	26	73
Transfers to Provincial Mental Hospital, Essondale.....	1	3	4
On probation and still out.....	12	11	23
Total separations.....	161	126	287
Net increase or decrease.....	+6	+5	+11
In residence, March 31st, 1961.....	758	640	1,398



TABLE 2.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Health Unit	Male	Female	Total	Health Unit	Male	Female	Total
East Kootenay, Cranbrook—				Simon Fraser, New Westminster—			
School District No. 3	—	2	2	School District No. 40	4	4	8
" " " 5	1	—	1	" " " 43	4	1	5
" " " 18	1	—	1	North Fraser Valley, Mission—			
Selkirk, Nelson—				School District No. 42	1	3	4
School District No. 7	1	1	2	" " " 75	—	1	1
" " " 10	2	—	2	Upper Island, Courtenay—			
West Kootenay, Trail—				School District No. 47	1	1	2
School District No. 9	—	1	1	" " " 72	—	1	1
" " " 11	5	2	7	Skeena, Prince Rupert—			
South Okanagan, Kelowna—				School District No. 50	—	1	1
School District No. 15	3	—	3	Peace River, Dawson Creek—			
" " " 16	—	2	2	School District No. 59	1	—	1
" " " 77	1	—	1	" " " 60	1	—	1
North Okanagan, Vernon—				Victoria - Esquimalt Union			
School District No. 21	1	1	2	Board of Health—			
" " " 78	—	1	1	School District No. 61 (part <sup>1</sup> )	3	5	8
South Central, Kamloops—				Saanich and South Vancouver			
School District No. 24	4	2	6	Island—			
Cariboo, Prince George—				School District No. 61 (part <sup>2</sup> )	3	1	4
School District No. 27	—	1	1	" " " 62	1	1	2
" " " 57	1	3	4	" " " 63	2	—	2
Upper Fraser Valley, Chilliwack—				Central Vancouver Island, Nanaimo—			
School District No. 33	—	3	3	School District No. 67	1	—	1
" " " 34	4	1	5	" " " 68	4	1	5
Boundary, Cloverdale—				" " " 70	2	1	3
School District No. 35	1	—	1	" " " 79	—	1	1
" " " 36	7	3	10	School districts not covered by			
" " " 37	1	—	1	health units—			
Metropolitan Health Committee, Vancouver—				School District No. 46	—	1	1
School District No. 38	2	2	4	" " " 48	1	1	2
" " " 39	25	24	49	" " " 61 (part <sup>3</sup> )	2	2	4
" " " 41	7	5	12	Unorganized	3	—	3
" " " 44	8	2	10				
" " " 45	1	1	2	Totals	110	83	193

<sup>1</sup> Includes Victoria and Esquimalt only.

<sup>2</sup> Excludes Victoria, Esquimalt, and Oak Bay.

<sup>3</sup> Includes Oak Bay only.



TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO THE WOODLANDS SCHOOL BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Method of Admission	Age-group (Years)															Total		Grand Total	
	Under 1		1-3		4-6		7-9		10-14		15-19		20-29		30-39				40 and Over
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.
<i>First Admissions</i>																			
Warrant														1				1	
Certification		2	5	4	3	4	1	1	1	3	3	3	3		1		2	19	17
Urgency							1											1	1
Temporary admission		1	16	11	29	22	17	6	13	15	7	8	2	1	3	2	2	89	66
Totals		3	21	15	32	26	19	7	14	18	10	11	6	1	4	2	4	110	83
<i>Readmissions</i>																			
Warrant															1			1	1
Certification			2		3	7	4			3	1	1	5	2	2		3	20	13
Temporary admission			1	1	6	10	5	2	6	15	2	1						20	29
Totals			3	1	9	17	9	2	6	18	3	2	5	2	3		3	41	42

TABLE 4.—FIRST ADMISSIONS AND READMISSIONS TO THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Mental Diagnosis	Age-group (Years)																		Total		Grand Total
	Under 1		1-3		4-6		7-9		10-14		15-19		20-29		30-39		40 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
<i>First Admissions</i> <sup>1</sup>																					
Mental deficiency—																					
Idiocy and imbecility		1	15	13	19	16	9	3	2	5	2	2						47	40	87	
Moron			3	1	8	5	7	2	9	10	3	4	3		2		2	16	8	24	
Border-line intelligence		1	1	1	1	2	1	2	1	1	4	4	2	1		1		10	13	23	
Mongolism		1	2		4	3	2		2	2	1	1	1		2	1	2	16	8	24	
Totals		3	21	15	32	26	19	7	14	18	10	11	6	1	4	2	4	110	83	193	
<i>Readmissions</i> <sup>2</sup>																					
Mental deficiency—																					
Idiocy and imbecility			3	1	6	14	5	2	1	3	1	1	1		1		1	19	21	40	
Moron					1	1	3		4	11	2	1	1	2	1		1	13	15	28	
Border-line intelligence						1			1				2		1		1	5	1	6	
Mongolism					2	1	1			4			1					4	5	9	
Totals			3	1	9	17	9	2	6	18	3	2	5	2	3		3	41	42	83	

<sup>1</sup> Of the first admissions, 68 had epilepsy: 37 idiots and imbeciles, 20 morons, 7 border-line intelligence, and 4 mongols.

<sup>2</sup> Of the readmissions, 40 had epilepsy: 20 idiots and imbeciles, 16 morons, 2 border-line intelligence, and 2 mongols.



TABLE 5.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, YEARS OF SCHOOLING, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 6.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY CITIZENSHIP, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 7.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY RELIGION AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 8.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY PREVIOUS OCCUPATION AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Detailed information for the above tables may be obtained on request.

TABLE 9.—RESIDENT POPULATION OF THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31ST, 1960

Mental Diagnosis	Age-group (Years)																Total		Grand Total
	Under 1		1-3		4-6		7-9		10-14		15-19		20-29		30-39				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Mental deficiency—																			
Idiocy and imbecility			1	20	16														
Moron					1	11	6	12	1	36	20	43	29	43	39	8	16	20	17
Border-line intelligence					1		1	2	1	2	10	4	12	6	12	3	7	4	3
Mongolism					1						15	6	31	17	19	23	28	17	18
Other and unspecified types																			
Schizophrenic disorders							1	1	2	2	2	5	3	1	4	3			3
																		7	
Totals			1	22	17	60	55	96	59	154	129	165	122	144	129	63	70	79	82

<sup>1</sup> Includes 135 males and 147 females with epilepsy.

TABLE 10.—RESIDENT POPULATION OF THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31ST, 1960

Detailed information for the above table may be obtained on request.



TABLE 11.—LIVE DISCHARGES FROM THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, CONDITION ON DISCHARGE, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Mental Diagnosis	Condition on Discharge								Total		Grand Total
	Recovered		Much Improved		Improved		Unimproved				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Mental deficiency—											
Idiocy and imbecility.....							56	40	56	40	96
Moron.....					2	1	43	38	45	39	84
Border-line intelligence.....					5	4	15	7	20	11	31
Mongolism.....							22	16	22	16	38
Totals.....					7	5	136	101	143	106	249

NOTE.—Of the above cases, 76 had epilepsy; 36 idiots and imbeciles, 24 morons, 9 border-line intelligence, and 7 mongols.

TABLE 12.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Mental Diagnosis	Age-group (Years)																Total		Grand Total		
	Under 1		1-3		4-6		7-9		10-14		15-19		20-29		30-39					40 and Over	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
<i>Live Discharges</i> <sup>1</sup>																					
Mental deficiency—																					
Idiocy and imbecility			9	5	17	18	10	3	3	5	4	1	7	3	6	2	3	56	40	96	
Moron			2		5	5	6	2	10	12	7	3	10	6	2	6	3	45	39	84	
Border-line intelligence		1		1	2	1	1		1		5	1	6	3	4	3	1	1	20	11	31
Mongolism		1	2		6	3	1		1	6	7	1	1	2	3	3	1		22	16	38
Totals		2	13	6	30	27	18	5	15	23	23	6	24	14	15	14	5	9	143	106	249
<i>Deaths</i> <sup>2</sup>																					
Mental deficiency—																					
Idiocy and imbecility					1	2		1	2		1	3			1			5	6	11	
Moron						1							1					1	1	2	
Border-line intelligence												1							1	1	
Mongolism								1										1	1	1	
Totals					1	3		2	2		1	4	1		1			6	9	15	

<sup>1</sup> Of the live discharges, 76 had epilepsy; 36 idiots and imbeciles, 24 morons, 9 border-line intelligence, and 7 mongols.

<sup>2</sup> Of the cases who died, 6 idiots and imbeciles had epilepsy.



TABLE 13.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Detailed information for the above table may be obtained on request.

TABLE 14.—DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Cause of Death	Age-group (Years)														Total		Grand Total	
	1-3		4-6		7-9		10-14		15-19		20-29		30-39					40 and Over
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.
Benign neoplasms										1							1	1
Mental deficiency										1							1	1
Diseases of the central nervous system				1		1				1							3	3
Pneumonia							1			1							1	2
Diseases of the digestive system				1		1			1				1				2	4
Diseases of the musculo-skeletal system											1						1	1
Congenital malformations			1	1			1										2	3
Totals			1	3		2	2		1	4	1						6	15

TABLE 15.—DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Detailed information for the above table may be obtained on request.



## TRANQUILLE SCHOOL

TABLE 1.—MOVEMENT OF POPULATION, TRANQUILLE SCHOOL,  
APRIL 1ST, 1960, TO MARCH 31ST, 1961

	Male	Female	Total
In residence, April 1st, 1960.....	109	—	109
On probation, carried forward from 1959/60.....	1	—	1
Total as at April 1st, 1960.....	110	—	110
Admissions—Transfers from The Woodlands School.....	47	26	73
Total under care.....	157	26	183
Separations—			
Discharged in full.....	1	—	1
Transferred to The Woodlands School.....	9	—	9
Total separations.....	10	—	10
Net increase or decrease.....	+38	+26	+64
In residence, March 31st, 1961.....	147	26	173

TABLE 2.—TRANSFERS TO TRANQUILLE SCHOOL BY MENTAL DIAGNOSIS AND  
AGE-GROUP, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Mental Diagnosis	Age-group (Years)												Total		Grand total
	7-9		15-19		20-29		30-39		40-49		50-59				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Mental deficiency—															
Idiocy and imbecility .....	---	---	3	---	7	2	6	1	---	2	---	1	16	6	22
Moron .....	---	---	5	1	7	4	1	6	3	2	---	3	16	16	32
Border-line intelligence .....	---	---	---	---	3	---	3	---	---	---	---	---	6	---	6
Mongolism .....	1	---	4	---	1	1	2	3	1	---	---	---	9	4	13
Totals .....	1	---	12	1	18 <sup>1</sup>	7	12	10	4	4	---	4	47	26	73

<sup>1</sup> Includes 1 moron readmission.

NOTE.—Of the above cases, 4 had epilepsy: 1 imbecile and 3 morons.

TABLE 3.—RESIDENT MALE POPULATION OF TRANQUILLE SCHOOL BY MENTAL  
DIAGNOSIS AND AGE-GROUP, DECEMBER 31ST, 1960

Mental Diagnosis	Age-group (Years)				Total
	15-19	20-29	30-39	40 and Over	
Mental deficiency—					
Idiocy and imbecility.....	4	22	21	14	61
Moron.....	—	20	5	14	39
Border-line intelligence.....	—	3	2	1	6
Mongolism.....	4	11	2	1	18
Totals.....	8	56	30	30	124 <sup>1</sup>

<sup>1</sup> Includes 8 with epilepsy.TABLE 4.—RESIDENT MALE POPULATION OF TRANQUILLE SCHOOL BY MENTAL  
DIAGNOSIS AND LENGTH OF STAY, DECEMBER 31ST, 1960

Detailed information for the above table may be obtained on request.



## **PART IV.—PROVINCIAL MENTAL HOME, COLQUITZ**

### **REPORT OF MEDICAL SUPERINTENDENT**

L. G. C. D'EASUM, MEDICAL SUPERINTENDENT

In September, 1960, Mr. D. Logan, Chief Psychiatric Nurse—Grade 1, retired, having reached the age of superannuation after thirty-three years of service. Mr. J. Lowndes was promoted to Chief Psychiatric Nurse—Grade 1, replacing Mr. Logan. One psychiatric nurse and one psychiatric aide left the service during the year on transfer to another department. We were fortunate in being able to fill the nurse vacancy with a graduate from the nursing-school at Essondale. The other vacancy was filled by the engagement of a psychiatric aide. The percentage of psychiatric aides to the total nursing staff is approximately 40 per cent.

The patient population on April 1st, 1960, was 288, and on March 31st, 1961, it was 288.

During the year fourteen patients were transferred to this institution from the Provincial Mental Hospital, Essondale, and five patients were transferred from this institution to the Provincial Mental Hospital.

Two patients were discharged in full, one being discharged on transfer to the Ontario hospital at St. Thomas, Ont. Three patients were discharged on probation, and one was returned from probation.

During the year fourteen patients were seen by the Appeal Board. In each case the Board recommended the patients be detained.

There were five patient deaths during the year, most of these occurring in the old-age group, which now numbers over sixty patients.

During the year a number of patients were allowed to go home on leave for varied periods of time, from a week-end to two or three weeks. These patients have always returned on the appointed date and have not abused their privileges.

As always, the Vancouver Island Chest Clinic has been most co-operative and has made regular visits to the Home with a portable X-ray unit to X-ray both patients and staff.

Throughout the year the general health of the patients was good, and there were no epidemics of any kind to report. Dr. S. S. Avren and Dr. W. Dempsey continued to care for the physical and dental needs of the patients respectively.

### **INDUSTRIAL AND OCCUPATIONAL THERAPY DEPARTMENT**

These two departments were kept busy during the year, and both occupational-therapy shops were utilized to the fullest. In the various crafts of ceramics, art metalwork, leatherwork, and woodwork of all kinds, as well as maintenance of buildings, the two occupational-therapy shops had quite a busy year. A large number of toys were made, others repaired, and taken to the Cosmopolitan Club in Victoria for distribution to needy families at Christmas.

A group of patients was kept busy during the year, working under supervision, repairing and maintaining the buildings and equipment. A considerable amount of redecorating was also done.

A large book-case, a clothes-cabinet for patients' working-clothes in their outside sitting-room, a clothes-cupboard for cooks in the kitchen, a large cabinet for bread, a tool-cabinet for the greenhouse, plus other smaller cupboards in various



places of the buildings have been built, installed, and painted or varnished during the year.

The fire-escape at the east end of the main building, which was in very bad condition, was replaced with a metal one. The fire-fighting equipment was checked regularly and found to be in satisfactory condition when inspected by the Saanich Fire Department.

#### TAILOR AND SHOE SHOP

During the year five patients were kept occupied in the tailor and shoe shop, and many articles were made and supplied to the stores.

#### LAUNDRY

The laundry has continued to work to capacity. The amount of work done was around 3,500 pounds each week and approximately 1,000 blankets a year. Once again this department was called upon to launder the linen used in the legislative dining-room during the sitting of the Provincial Legislature.

Machinery in the laundry continued to give good service, and Mr. Devine, the laundryman, reports that he can see no need for added expenditures in the coming year.

#### RECREATION

A total of thirteen band and variety concerts was presented to the patients this year. These entertainments were put on by various groups of interested Victoria citizens, and all were very much appreciated and well attended. In addition to these concerts, the regular programmes of television, radio, and picture shows were continued.

Weather permitting, the recreation court was in daily use during the summer months, and in the winter months the more active patients were allowed outside to exercise on the cement sidewalks on the inside of the enclosure.

Three sightseeing bus tours were arranged for during the year, and these are always enjoyed very much by the patients participating.

The Canadian Legion and the Red Cross continued to supply comforts for the ex-servicemen monthly.

Christmas gifts for the patients were contributed by the Canadian Mental Health Association, Canadian Legion, the combined Women's Institutes, and the Salvation Army.

The Public Library Commission continued to supply a library for the institution, books being changed three times yearly.

The spiritual needs of the patients were cared for by the Salvation Army and Protestant churches on alternate Sundays.



## STATISTICAL TABLES

TABLE 1.—MOVEMENT OF POPULATION, PROVINCIAL MENTAL HOME, COLQUITZ,<sup>1</sup>  
APRIL 1ST, 1960, TO MARCH 31ST, 1961

	Number
In residence, April 1st, 1960.....	288
On probation, carried forward from 1959/60.....	1
On escape, carried forward from 1959/60.....	1
<hr/>	<hr/>
Total as at April 1st, 1960.....	290
Admissions—Transfers from Provincial Mental Hospital.....	14
<hr/>	<hr/>
Total under care.....	304
Separations—	
Discharged in full.....	3
Died.....	5
Transferred to Provincial Mental Hospital.....	6
On probation and still out.....	1
On escape but not discharged.....	1
<hr/>	<hr/>
Total separations.....	16
<hr/>	<hr/>
Net increase or decrease.....	
In residence, March 31st, 1961.....	288

<sup>1</sup> This institution cares for male patients only.TABLE 2.—TRANSFERS TO PROVINCIAL MENTAL HOME, COLQUITZ, BY HEALTH  
UNIT AND SCHOOL DISTRICT OF RESIDENCE, APRIL 1ST, 1960, TO MARCH  
31ST, 1961.

Detailed information for the above table may be obtained on request.

TABLE 3.—TRANSFERS TO PROVINCIAL MENTAL HOME, COLQUITZ, BY METHOD OF  
ADMISSION AND AGE-GROUP, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Method of Admission	Age-group (Years)												Total
	15- 19	20- 24	25- 29	30- 34	35- 39	40- 44	45- 49	50- 54	55- 59	60- 64	65- 69	70 and Over	
Warrant.....	1	1	---	2	---	---	---	1	1	---	---	1	7
Certification.....	---	2	2	---	1	---	1	---	---	---	---	1	7
Totals.....	1	3	2	2	1	---	1	1	1	---	---	2	14



TABLE 4.—TRANSFERS TO PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND AGE-GROUP, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Mental Diagnosis	Age-group (Years)												Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 and Over	
Schizophrenic disorders.....	1	1	2	2	---	---	1	1	1	---	---	---	9
Psychosis with cerebral arterio-sclerosis.....	---	---	---	---	---	---	---	---	---	---	---	1	1
Pathological personality.....	---	1	---	---	---	---	---	---	---	---	---	---	1
Immature personality.....	---	---	---	---	1	---	---	---	---	---	---	---	1
Mental deficiency.....	---	1	---	---	---	---	---	---	---	---	---	---	1
Epilepsy.....	---	---	---	---	---	---	---	---	---	---	---	1	1
Totals.....	1	3	2	2	1	---	1	1	1	---	---	2	14

TABLE 5.—TRANSFERS TO PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND MARITAL STATUS, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 6.—TRANSFERS TO PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND YEARS OF SCHOOLING, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 7.—TRANSFERS TO PROVINCIAL MENTAL HOME, COLQUITZ, BY CITIZENSHIP AND AGE-GROUP, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 8.—TRANSFERS TO PROVINCIAL MENTAL HOME, COLQUITZ, BY RELIGION, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 9.—TRANSFERS TO PROVINCIAL MENTAL HOME, COLQUITZ, BY PREVIOUS OCCUPATION, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Detailed information for the above tables may be obtained on request.



TABLE 10.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND AGE-GROUP, DECEMBER 31ST, 1960

Mental Diagnosis	Age-group (Years)											Total	
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	70 and Over		Not Stated
<i>With Psychosis</i>													
Schizophrenia disorders.....	2	2	11	12	16	16	27	25	40	19	38	1	237
Manic-depressive reaction.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	3	.....	6
Paranoia and paranoid states.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	2
Psychosis with cerebral arteriosclerosis.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	2
Alcoholic psychosis.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Psychosis of other demonstrable etiology.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	2
Other and unspecified psychoses.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1
Syphilis and its sequelae.....	.....	.....	.....	.....	.....	.....	.....	.....	3	1	.....	.....	1
Total with psychosis.....	2	2	11	12	16	16	28	26	45	21	43	1	255
<i>Without Psychosis</i>													
Pathological personality.....	.....	.....	1	.....	1	.....	1	.....	.....	.....	.....	.....	2
Immature personality.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Alcoholism.....	.....	.....	.....	.....	.....	.....	1	.....	2	.....	.....	.....	2
Mental deficiency.....	.....	1	2	.....	1	4	3	4	2	1	.....	.....	4
Chronic brain syndrome, N.O.S.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	3	.....	19
Epilepsy.....	.....	.....	.....	1	.....	2	.....	.....	1	.....	.....	.....	4
Total without psychosis.....	.....	1	3	2	2	6	5	4	5	2	3	.....	35
Grand totals.....	2	3	14	14	18	22	33	30	50	23	46	1	290



TABLE 11.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND NUMBER OF PREVIOUS ADMISSIONS, DECEMBER 31ST, 1960.

TABLE 12.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND LENGTH OF STAY, DECEMBER 31ST, 1960

Detailed information for the above tables may be obtained on request.

TABLE 13.—LIVE DISCHARGES FROM PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND CONDITION ON DISCHARGE, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Mental Diagnosis	Condition on Discharge		Total
	Improved	Unimproved	
Schizophrenic disorders.....	2	4	6
Manic-depressive reaction.....	---	1	1
Pathological personality.....	---	1	1
Immature personality.....	---	1	1
Totals.....	2	7	9

TABLE 14.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND AGE-GROUP, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Mental Diagnosis	Age-group (Years)											Total
	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 and Over	
<i>Live Discharges</i>												
Schizophrenic disorders .....	---	---	---	1	---	---	2	1	---	---	2	6
Manic-depressive reaction.....	---	---	---	---	---	---	---	---	---	---	1	1
Inadequate personality.....	1	---	---	---	---	---	---	---	---	---	---	1
Immature personality.....	---	---	---	1	---	---	---	---	---	---	---	1
Totals .....	1	---	---	2	---	---	2	1	---	---	3	9
<i>Deaths</i>												
Schizophrenic disorders.....	---	---	---	---	---	1	---	---	1	---	1	3
Syphilis and its sequelæ.....	---	---	---	---	---	---	1	---	---	---	---	1
Paranoia and paranoid states.....	---	---	---	---	---	---	---	---	---	---	1	1
Totals .....	---	---	---	---	---	1	1	---	1	---	2	5

TABLE 15.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND LENGTH OF STAY, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Detailed information for the above table may be obtained on request.



TABLE 16.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOME, COLQUITZ, BY CAUSE OF DEATH AND AGE-GROUP, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Cause of Death	Age-group (Years)						Total
	45-49	50-54	55-59	60-64	65-69	70 and Over	
Arteriosclerotic heart disease.....	---	1	---	1	---	1	3
Arteriosclerosis.....	---	---	---	---	---	1	1
Bronchopneumonia.....	1	---	---	---	---	---	1
Totals.....	1	1	---	1	---	2	5

TABLE 17.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOME, COLQUITZ, BY CAUSE OF DEATH AND AGE-GROUP, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Detailed information for the above table may be obtained on request.



## PART V.—GERIATRIC DIVISION

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### REPORT OF MEDICAL SUPERINTENDENT

B. F. BRYSON, MEDICAL SUPERINTENDENT

During the fiscal year 1960/61 the three units of the Geriatric Division of the Mental Health Services provided special medical and psychiatric care for over 1,500 elderly citizens of the Province.

The need for this special care is again reflected in the record number of new applications received for the admission of patients of 70 years or over. During the year a total of 406 requests was received, representing an increase of nineteen over the previous year, and averaging more than one new application per day. The greatest number, of course, was received from the Lower Mainland and Vancouver Island for admission to Valleyview Hospital and totalled 304, an increase of twenty-six over the previous twelve months. From the Okanagan and Kootenay areas of the Province, new applications for admission to Dellview Hospital increased only slightly, to a total of ninety-one. However, there was a significant decrease in requests for admission to Skeenaview Hospital, with a total of only eleven, compared to twenty for the previous year. Of the total number of applications received, 228 were for women and 178 for men.

The Medical Superintendent has continued to follow the policy of allotting vacancies in the three units to those most in need of the special environment and treatment facilities provided in each unit, and to arrange for admission to the unit which is closest to the home and family of each patient, wherever possible. In addition, every effort is made to obtain as much information as possible concerning each new application in order to evaluate the relative urgency of each case. A great deal of time has been spent by the Medical Superintendent through interviews with family members, or by telephone and correspondence with physicians, social agencies, boarding- and nursing-home proprietors, and general hospital authorities, in this respect. The appointment of a social service worker to the Valleyview staff in May has been of great help in this regard. In a significant number of cases, advice has been given, or assistance provided whereby alternate sources of care were found and, proving satisfactory, removed the need for admission to the Geriatric Division. The Medical Superintendent has also had the opportunity, by invitation, on several occasions during the year, to speak to various community agencies interested in the welfare and treatment of elderly citizens. These invitations were very welcome and provided opportunity to inform many interested persons as to the purpose and functions of the Geriatric Division, and to discuss the many ways that communities and individuals can carry out measures to reduce emotional problems in our aged population and reduce the need for hospitalization in many cases.

Increased accommodation provided at Valleyview Hospital during the year, along with greater pre-admission service and increased separations, made it possible to reduce the accumulation of applications on file to a significant degree. During the year 377 applicants were accepted from the community, of which 212 were required to wait for less than a month after receipt of application. All acutely urgent cases were accepted immediately. At the Terrace and Vernon units all requests for admission of men could be accommodated without delay. During the latter portion of the year the waiting-list for admission of women to the Dellview Hospital was eliminated for the first time since the opening of this unit. At the end



of the fiscal year there were no patients awaiting admission to the Skeenaview or Dellview Hospitals, and there were a few vacancies available at each unit.

As in past years, the number of direct admissions to Skeenaview did not utilize all the vacancies which occurred at that unit, so that a number of beds became available for the care of patients who had been admitted originally to the Essondale institutions. On June 28th, 1960, nineteen men were transferred from the Provincial Mental Hospital to the Terrace unit via Canadian Pacific Airlines, and constituted the first transfer of a patient-group of this number by air. No difficulties were encountered, and all patients enjoyed the experience. This method of transportation was found to be of distinct advantage over the long and tedious journey by rail, as patients were not fatigued with only a three-hour journey, escorting staff were able to return to duty the following day, and costs were reduced. The ready co-operation and courteous attention of all C.P.A. personnel involved in making the arrangements and during the flight made this transfer a pleasant and efficient experience for both patients and accompanying staff.

With the opening of the two admitting wards in the Valleyview Building during the latter part of the year, it was possible to increase the resident population at Valleyview by seventy-three. As will be noticed in the accompanying tables, the resident population in the three units totalled 1,238 as of March 31st, 1961, representing an over-all increase of fifty-nine. Total admissions to the Division numbered 408, including 215 men and 193 women. Of this number, 269 were first admissions directly from the community to the three units, while 116 were admitted for the first time to the Provincial Mental Hospital and later transferred to Valleyview Hospital. The remainder reflects the few readmissions and transfers to the three units of the Geriatric Division.

Separations due to death totalled 303, an increase of fifty-two compared to the previous year, and reflects the increasing debility and advanced age of many patients resident in the three units. The average age of our patients is slightly over 80 for both men and women. Although separations due to discharge in full, which numbered only nine, were much fewer than the previous year, it was possible to discharge on probation an additional eleven, which together bring a total of twenty men and women, a slight increase over the previous year, who were rehabilitated to their homes or other sources of community care. Again, as a result of the brief services of a social worker at Valleyview, it was possible to lay the groundwork for a probationary rehabilitative programme which will be developed extensively during the coming year when full-time social workers are available, and which will make possible the return of many more improved patients to the community.

A census of the resident population of the three units of the Geriatric Division was taken on December 31st. The results have been tabulated by mental diagnosis, age, and sex, as shown in Table 10 of each unit.

#### VALLEYVIEW HOSPITAL

The past year has again seen further progress in the provision of increased accommodation, additions of staff, and new services for the many elderly men and women resident at Valleyview Hospital.

As of March 31st, 1961, the resident population totalled 730, including 246 men and 484 women. This represents an increase of seventy-three over the number in residence at the end of the previous fiscal year, and was a result of the opening of the final two wards in Valleyview Building. On April 5th, 1960, Ward X 4 became available as the first admitting ward at Valleyview and made possible the direct admission of female patients from the community to this unit. Following the



recruitment of further staff during the summer months, Ward Y 4 was opened as an admitting ward for male patients. Since that time all six wards in the Valleyview Building have been fully occupied.

With the opening of the admitting wards, it was possible to evacuate two of the older buildings, which are greatly in need of repair and renovation and, in their present state, are quite unsuitable for the care of elderly patients. Wards V.V. 1 and V.V. 10 have therefore remained empty pending plans for renovation, but will be available for further accommodation in the future when renovation has been completed.

The procurement of complete admitting services appropriate for the reception of geriatric patients has been a major advance, and it is felt that a high standard of geriatric care and treatment has been reached for the residents at Valleyview. The general health of this patient-group has remained very satisfactory throughout the year, and there have been no major medical problems or epidemics.

The Medical Superintendent has been ably assisted during the year by Dr. W. Lazorko and Dr. K. Greer, who have continued to show sincere interest in the health and general welfare of their patients. On May 9th Dr. G. Kovacs joined the Valleyview medical staff and has contributed loyally to the increasing medical needs of this expanding patient-group. Geriatric medicine is becoming increasingly important and demands skill and understanding on the part of physicians who are faced with the special medical and psychiatric problems of the elderly patients.

The services of the specialist consultant staff of the Mental Hospital have again played an important part in the care of Valleyview patients. During the year a total of 224 men and women was referred for consultation for a wide range of ailments. Nearly half of this number was for surgical problems of varying severity. A total of 134 surgical procedures was required, all of which were carried out in the Crease Clinic Surgical Department. A large number of major surgical procedures was successfully performed on patients of advanced age, indicating that age in itself is now no deterrent to surgeons, and our most elderly citizens can also benefit and be relieved of pain and distress by modern surgical skill.

Infectious illnesses have been minimal throughout the year, with only the usual seasonal increases of pneumonia and upper respiratory conditions during the fall and spring months. Several cases of *Salmonella* intestinal infection have been discovered in newly admitted patients, but with immediate isolation and treatment no outbreaks occurred among other patients. Due to improved infirmary facilities, increased medical and nursing services, and the general use of germicidal cleansing agents by the housekeeping and nursing staff, the previously difficult problem of staphylococcal skin infections has been reduced to a minimum.

The annual survey for tuberculous chest infection was also carried out during the year, and all patients received chest X-rays where indicated. Although the results in several cases were at first suspicious, and the patients transferred to North Lawn for further investigation, final assessment did not reveal any patients with active infection. This aspect of patient-care was carried out under the direction of Dr. Kilgour, of the Division of Tuberculosis Control.

The tranquillizing medications continue to be an important form of therapy in the treatment of geriatric patients, and are most useful in the care of newly admitted patients where anxiety, excessive restlessness, or marked depression is a prominent feature of their illness. Approximately 40 per cent of the patients are receiving this type of therapy for varying periods of time. In most cases this form of treatment can be discontinued as the patient becomes adjusted to the hospital environment.

The prime approach in the treatment of the emotionally disturbed elderly person, however, is directed toward assessment of the factors that contributed to



the problem necessitating admission, and the provision of an environment that will provide a sense of security and belonging for the individual, and which will provide opportunities for regaining a feeling of independence and a sense of accomplishment. Adequate diet, regularized living habits, correction of physical defects where possible, activity commensurate with physical ability, manual and social interests of varying degrees of complexity, and, primarily, the friendship and patient understanding of all who come in contact with the elderly person provide the therapeutic total environment which is required. This approach involves the close co-operation and teamwork of all departments and staff within the hospital, and which has been most evident and gratifying in Valleyview Hospital during the year.

An additional health service became available with the opening of the Valleyview Dental Department and the appointment of Dr. G. Campbell and his dental assistant, Miss J. Thompson, in December. Since that time many patients have benefited by dental care which could not be provided previously. Proper attention to denture care, fillings, and extractions of decayed teeth are often of prime importance in the maintenance of optimum health in elderly patients. Dr. Campbell also provides dental service to the patients in the North Lawn Building, thus reducing the pressure of work on the West Lawn Dental Department.

The Valleyview X-ray Department has operated efficiently under the technical direction of Dr. Jackson, Crease Clinic radiologist, and Miss G. Fuller, X-ray technician. During the year a total of 2,326 patients and staff was examined, involving the processing of 3,579 films, including many complex procedures, such as stomach and intestinal investigations with barium and kidney and gall-bladder visualization. Most staff X-rays were for routine annual chest examinations as recommended by the Division of Tuberculosis Control. A total of 1,794 films was taken for this purpose on staff and patients, and were referred to Dr. Kilgour for assessment and recording.

The Valleyview laboratory has also provided a comprehensive diagnostic service under the capable direction of Miss K. Piro, laboratory technician. During the year a wide range of diagnostic procedures was carried out, including 1,368 blood examinations, 205 biochemical estimations, 803 urinalyses, and 5,648 bacteriological examinations. Pathological service has been provided regularly by Dr. G. Nicolson, Crease Clinic pathologist, who performed eighty-three post-mortem examinations at Valleyview Hospital, representing an autopsy rate of 45 per cent.

The Physiotherapy Department was operative for only a portion of the year due to the unavailability of trained physiotherapists during the months of June, July, and August. However, during most of the fiscal year this important medical service was provided by Miss Sylvia Morissette, who resigned at the end of May, and Miss E. Roemmele, who took charge of this department in September. During the year a total of 2,936 treatments was given to 250 patients.

Valleyview nursing services have continued throughout the year at a high standard under the efficient and devoted leadership of Miss E. Johnstone, R.N., Superintendent of Nurses, and all patients have benefited from the skilled attention and sympathetic understanding provided by the Valleyview nursing staff. There are now nine female and five male wards in operation at this unit providing varying types of care, ranging from the special supervisory and investigative care on the admitting wards, the ambulant and semi-ambulant continued-treatment wards, and the infirmary wards where special nursing care is required. As nursing personnel are closely and constantly associated with the elderly residents, it is highly important that psychiatric nurses and aides be allocated to wards where their individual skills and personalities will best serve the needs of their patients. It is felt that this desirable goal has been closely approached throughout the year, although problems of



ward coverage have occurred due to shortage of staff through illness and other forms of absenteeism, delays in recruitment of staff, and disruption of routines as new staff become accustomed to new equipment and surroundings. In addition to the care of patients on the ward, many demands are made on the nursing department for escort service for patients leaving the wards for varying reasons, such as attendance at occupational and recreational programmes, Crease Clinic surgery, or Valleyview X-ray Department. Fortunately there have been very few occasions when off-the-ward activities have been cancelled due to lack of available nursing staff, and on many occasions nurses and aides have assumed added duties so that their patients could benefit from these auxiliary services.

Throughout the year every effort has been made to improve the efficiency of the nursing staff and to change standard routines or procedures in the light of new knowledge of geriatric nursing. In June, changes were made in patients' meal-hours, especially the serving of the breakfast meal at a later hour than has been the custom. With the assistance of Mr. Kelly, Valleyview pharmacist, a survey of all wards was made concerning the ward storage and dispensing of medications. As a result, new procedures were adopted, which have improved this aspect of patient-care a great deal, as well as initiating increased economy in the use of pharmaceutical supplies. A well-attended in-service training programme was again carried out for nurses and aides during the winter months. Valleyview nursing supervisors, medical staff, and various department heads co-operated willingly in the preparation of relevant instructive material for this course. Several fire drills were held during the year, and with the assistance of Mr. Lowry, Essondale Fire Chief, instruction was provided for staff members in fire-fighting and evacuation procedures. Special fire routines and regulations were drawn up for the new Valleyview Building. On January 25th the Valleyview staff actively assisted in the evacuation of patients from Colony Farm during the threat of flooding of the Coquitlam River. Ward V.V. 1, empty at that time, was used by the Provincial Mental Hospital Disaster Committee as temporary emergency housing of some of the patients from Riverside Building for several days. Medical and dietary services, as well as nursing supervision, were provided by Valleyview staff during this emergency period. In many other ways, too, the staff of the Nursing Department have demonstrated their eagerness to learn new methods and acquire new knowledge which will assist them in providing the best of care and comfort for their patients.

The religious needs of our patients have been met during most of the year by the continued devotion of Rev. J. O'Neil and Father Frechette. However, this important aspect of patient-care was greatly enhanced by the appointment of Rev. R. F. Filer as the first full-time chaplain at Valleyview Hospital on December 1st. Since that time, Reverend Filer has developed a comprehensive programme of weekly ward services and patient visitation, in addition to the regular Sunday chapel services. He has been assisted in his work by Mrs. Filer, who has given unstintingly of her time on a voluntary basis, and they have endeared themselves in the hearts of our elderly patients, who look forward to their visits and words of comfort. In addition, Reverend Filer serves in a similar way the needs of all patients at North Lawn Building, thus allowing Reverend O'Neil a greater devotion of his time to the special needs of the patients in the Crease Clinic and the Provincial Mental Hospital.

A further progressive step occurred with the appointment of Miss J. MacLean, B.S.W., as the first social worker to the Valleyview staff on May 30th. After a brief period of duty, during which time basic groundwork was laid for the Valleyview Social Service Department, she returned to the University of British Columbia on leave of absence to acquire her Master's degree. It is anticipated that full-time social service will be available for this area with the return of Miss MacLean in early



spring. Throughout the year, Miss Alice Carroll, Director of Psychiatric Social Services, has devoted many hours to the planning and initiation of social-work services for Valleyview, and during the absence of Miss MacLean carried out specific casework and liaison with community agencies and other potential sources for rehabilitation of improved patients.

The valuable services provided by the Occupational Therapy Department have played an important role in the total treatment programme at Valleyview throughout the year. The new facilities in the Valleyview Building and the additional staff for this department have made possible the development of an expanded and more varied programme, and many patients have benefited from this type of stimulating diversional activity. Miss Alice Anderson, O.T. (Reg.), ably directed this department during most of the year until she left the service at the end of November. Her assistant, Miss S. Groenewoud, handicraft worker, continued to direct the programme alone during the remainder of the fiscal year, although with some necessary curtailment in the numbers of patients participating. Special attention has been given to newly admitted patients in order to assess their needs and abilities for craft work with a view to providing an early and contented adjustment to hospital, and to remove the feeling of loneliness and uselessness that so frequently pervades the life of elderly people and so often is a major contributing factor in the emotional disturbances leading to the necessity for hospitalization. During the year a total of 457 men and women participated in occupational-therapy activities, many of whom were regular attenders throughout the year, during which time a total of 7,100 individual treatment sessions were provided, both in the department and on the wards. The occupational therapists and the recreational therapists have co-operated closely on many occasions, especially in preparing and conducting special activities, such as the provision of Christmas decorations and ward parties, Easter activities, and parade entries from Valleyview on Carnival Day.

Recreational therapy, too, has continued to provide a very important contribution to the welfare and treatment of Valleyview patients, under the skillful and enthusiastic direction of Mrs. Mildred Franklin and Mr. A. Massey, who was appointed to the second position of recreational therapist in November. During the year a total of 186 separate events was organized, which were enjoyed by the attendance of 9,346 patients. In developing programmes, special measures have been taken to encourage community participation in the hospital and to stimulate patients' interest in community life. Interest of community groups in Valleyview patients has been very evident throughout the year by the increased number of variety concerts, visiting choirs, dance groups, and other entertainers, who have so willingly given of their time and talents for the enjoyment of our residents, both in special concerts in the Valleyview auditorium or on the grounds during the summer months and in tours about the wards. Many opportunities have also been provided for groups of patients to be taken to theatrical productions, on car trips, and visits to various points of interest away from the Hospital. This community interest has been most appreciated and has contributed greatly toward our efforts to rekindle in our patients a realization that life can still be meaningful in spite of age and the handicaps that come with the later years.

The established social and recreational programmes within the Hospital continue to flourish both in the auditorium and on the wards. The weekly dances, bingo parties, mystery bus trips, ward socials, and, in the summer months, the picnics and lawn activities have continued to be most popular and well attended. The Happy Gang Club has been very active and has contributed much to the development of this type of programme by the elderly for the elderly. During the year outdoor checkerboards and a horseshoe-pitch were installed in the summer court areas. An



inter-ward checker tournament was carried out and will become an annual event with a trophy plaque which was graciously provided by the family of a deceased member of the nursing staff. Other activities available at the weekly open house in the auditorium also contributed to a very comprehensive programme of socializing interests which vary widely in complexity so that all patients can find satisfaction and friendships commensurate with their abilities and handicaps.

The Canadian Mental Health Association volunteers have continued to provide valuable assistance to the recreational therapists by their regular attendance and devoted interest in our patients. Through their ward visits, distribution of library books, assistance at social activities, and in many other ways, they have contributed greatly to the welfare and happiness of the Valleyview residents. Of special importance, however, was the opening of the Canadian Mental Health Association tea-room and visiting centre in Valleyview Lodge during October. This new facility provides a tuck-shop and two very attractive areas where visitors and patients may enjoy refreshment and a quiet period of relaxation amidst comfortable and homy surroundings. Although space and the necessary equipment were provided by the Hospital, the continued operation of the centre has been directed by the Canadian Mental Health Association through the volunteers and their efficient manager, Mrs. T. Barowny. This popular service has been a most welcome addition to Valleyview Hospital.

Under the skilled and conscientious direction of Mr. A. I. Smith, Valleyview Business Manager, the several departments responsible to his office have continued to operate efficiently throughout the year.

The Dietary Department, under the professional guidance of our dietician, Mrs. A. Frith, has maintained a high standard of dietary service to patients and staff. Kitchen and dietary aide staff have been increased as required to serve the newly opened wards and the increased patient population. Of special interest was the introduction of Aervoid food transport containers in April, 1960, and experience during the year has amply proven their worth in a greatly improved service of food to the outlying wards served by the central kitchen. Several studies have been conducted during the year concerning the use of various alternatives to the use of pork and mutton for geriatric patients and appropriate substitutes were made, including chicken, legs of pork, and turkey, which are more suitable from a dietary point of view, as well as being more economical.

The housekeeping staff, directed by Mrs. A. Warren, have also contributed to the health and welfare of patients in the Valleyview Building by their efficient and skilled programme of housekeeping duties on the wards and the public areas, and their regular attention and daily supplying of ward linens. During September a large order of ward dayroom furniture was received and placed on Wards V.V. 4 and 5, and was the first phase of a continuing programme to replace outmoded ward furniture with more efficient and colourful units, adapted to the needs of geriatric patients.

The Valleyview pharmacy has also contributed to serve the needs of this patient-group regularly and efficiently. Mr. G. Kelly, pharmacist, has been diligent in his efforts to maintain a constant supply of necessary pharmaceuticals and allied nursing and surgical supplies for the wards, and has aided the nursing and medical staff in many ways in developing controls and changes in routines which have improved the administration of medications more efficiently and economically.

The beauty-parlour, too, has continued to provide a very essential service to our elderly ladies. Many patients have taken an increased interest in their personal appearance and have experienced a new sense of well-being following the



professional attention of Mrs. M. Lutner. In November a male barber was added to the Valleyview staff, and his services have added greatly to the grooming of our male patients.

The staff of the medical records office have continued to carry out the many and varied duties required in the maintenance of adequate patient records and the provision of stenographic and clerical services for other departments as required. Miss Marlynn Jorgensen, senior clerk-stenographer, has carried out the secretarial duties of the Medical Superintendent's office in an efficient and courteous manner, and has also provided supervision and direction for the staff of the clinical office.

The general office assumed additional duties during the year with the completion of the transfer of personnel records and functions for the three units of the Geriatric Division to the jurisdiction of Mr. Smith. In addition, Valleyview patients' trust accounts were also transferred to this branch in November. Following the reclassification of several positions commencing February 1st, 1961, it was also possible to provide information desk service for twelve hours daily. These changes have greatly facilitated business-office service to patients and visitors, as well as increasing the efficiency of personnel and business-management functions. In October the Mental Health Services cemetery, recently established to the north of Valleyview Hospital, came under the jurisdiction of this branch, and a cemetery caretaker was appointed. At the end of the year marked progress had been made in the development of the grounds with flower-beds, lawn seeding, and road improvements.

The Public Works Department has attended to the maintenance needs of Valleyview Hospital in an efficient manner throughout the year. In addition to routine maintenance and repairs, several projects were completed, including the installation of safety rails over toilet cubicles and bathtubs of Valleyview Building, the redecoration and installation of equipment in the lower floor of Valleyview Lodge for the use of Canadian Mental Health Association tearoom, and the completion of the Valleyview Building parking-lot in July. Other projects included the installation of name-plates on all beds and the seeding of the large lawn area in front of Wards 2, 4, and 5. Modifications in the ventilation system servicing the main dish-washer were completed in October, and required modifications to electrical, drainage, and ventilation systems in the Valleyview laboratory were finished in December.

#### DELLVIEW HOSPITAL

The Vernon unit of the Geriatric Division, under the able direction of Mr. L. W. Fox, the unit Supervisor, and his deputy and Superintendent of Nurses, Miss H. O. Lipsey, R.N., was able to provide care and treatment for 312 elderly men and women during the past year.

As of March 31st, 1961, the resident population of Dellview Hospital stood at 229, including 105 men and 124 women, a slight reduction of five compared to the resident population of a year ago. Total admissions numbered seventy-eight, a reduction of fifteen compared to the previous year, and included fifty-one men and twenty-seven women. Of these, forty-seven men and twenty-five women were first admissions directly from the community; the remainder included five transfers from the Essondale institutions and one readmission. Separations were slightly increased for the year to a total of eighty-three, of which seventy-seven were due to deaths. One man was discharged in full, and five others were transferred to the Essondale area for special treatment.

A census of the resident population of the Dellview unit was taken on December 31st, 1960, and the results tabulated by mental diagnosis, age-group, and sex



(Table 10). It is interesting to note that of the 232 patients in residence at that time, a total of 208 were 70 years of age or over, and over half of these were 80 years of age or over.

Although the large majority of this patient-group is very elderly, it is felt that their general health has been very satisfactory, and there have been no major medical problems encountered in their care during the year. There has been a slight increase in the number of fractures due to accidental falls in feeble, unsteady patients, and there are now very few men and women who are physically or mentally capable of assisting with Hospital chores on a sustained basis.

Dr. J. Smith has continued to give medical care and supervision for the Dellview residents through regular visits to the wards, and has been on call at all times. During the year, only two patients required transfer to the Vernon Jubilee Hospital, where Dr. Smith performed mid-thigh amputations which were necessary because of severely impaired circulation of the limbs.

The administrative and technical staffs of the Vernon Jubilee Hospital have been most co-operative and have provided all required X-ray and laboratory services for our patients.

Auxiliary medical care provided during the year included eye examinations and corrective lenses, as required, by Mr. W. H. Franks, optometrist, and regular dental care by Dr. Bishop, who visited the Hospital regularly to perform examinations, extractions, and to fit dentures for those patients who can benefit from their use.

In December a new oxygen tent was added to the medical equipment of this Hospital through Federal health grant funds, making possible immediate oxygen therapy for both wards at all times.

During October the mobile unit of the Division of Tuberculosis Control visited Dellview Hospital and carried out the annual chest survey of patients and staff. No positive cases of pulmonary tuberculosis developed during the year.

Nursing services have continued without any major changes in staff or procedures, and a high standard of nursing care has been maintained under the direction and capable leadership of Miss H. O. Lipsey, R.N., Superintendent of Nurses. All members of the nursing staff have been conscientious in their efforts to give the best possible care to their elderly charges, and every effort has been made to keep the nursing staff informed regarding up-to-date knowledge in the field of geriatric and general nursing through the use of instructive reading material, group instruction on the wards, and by the viewing of appropriate films. During September Mr. A. Lowry, Essondale Fire Chief, conducted a three-day course in fire-fighting and hospital evacuation for all the staff at this unit. This very practical instruction was well received and appreciated.

The occupational and recreational programme, under the direction of Mrs. Sherlock, handicraft instructor, has continued to play an important role in the welfare of the Dellview residents. The interest of many patients is stimulated by the handicraft activities, and the monthly mixed socials, bingo parties, or special celebrations at Christmas and Easter-time serve to develop a sense of security and friendship among these elderly men and women.

Community organizations have also continued to maintain an active and very welcome interest in the welfare of the Dellview residents. The volunteer ladies, under the direction of Mrs. L. W. Fox and Mrs. Sherlock, have been most faithful in their regular visits to the Hospital during the year, and have provided valuable assistance in carrying out the various activities of the occupational and recreational programme. The ladies of the Royal Purple, the Lutheran Church ladies' group,



and the men of the I.O.O.F. lodge have been most generous of their time in providing car rides and other types of outings and entertainment for the patients. At Christmas the C.G.I.T., Girl Guide, and Boy Scout groups again contributed to the Yuletide festivities by their carol-singing in the wards. In addition, many other groups and individuals have contributed by generous gifts of fruit, flowers, and sweets. The members of the Vernon branch of the Canadian Mental Health Association have also maintained their interest in Dellview by visits, the provision of subscriptions to four popular magazines, and over eighty gifts at Christmas for patients without relatives or friends.

Religious services for our patients at this unit have been regularly provided by Rev. C. E. Reeve, Reverend Rumsey, Monsignor Miles, and Father Kenny. In addition, many patients received visits from ministers of congregations of which they were members before coming to Hospital.

All service departments have functioned efficiently throughout the year, with no change in senior personnel or routines of operation.

The food service personnel, under the direction of Mr. Owens, Chief Cook, have provided meals of high nutriment value and appetizing appearance with daily regularity, as well as special diets for medical purposes as required. During the year, changes in meal-hours were instituted, which removed the need for the very early wakening of patients for the breakfast meal as required by previous schedules. This change has also been of benefit to the kitchen and nursing staff.

The Laundry Department, under the supervision of Mr. Todd, has been conscientious in providing a regular supply of clean linen for the wards and has willingly worked additional hours and on statutory holidays when necessary to ensure a continuous supply during periods when linen needs of patients have increased because of the increased numbers of bed patients. An adequate and continuous supply of fresh linen is of the greatest importance in the care of feeble, incontinent, elderly patients, who are so prone to develop skin conditions when confined to bed. The Dellview laundry has processed an average of 45,155 pounds of soiled linen each month, for a yearly total of 541,860 pounds. A welcome addition to laundry equipment was received in December with the installation of a steam-heated drying-tumbler, which has speeded up the flow of work to the flatwork ironer.

The Stores and Supplies Department has been efficiently supervised by Mr. Baron, stockman, who has maintained at all times a full stock of supplies required by this unit. Suppliers have co-operated well in providing prompt deliveries, and no problems have occurred with respect to quality of goods received.

The many and varied duties in the general office, which includes the maintenance of medical records, have been carried out efficiently. The addition of a part-time clerk-typist to the staff of this office has been of great help in maintaining up-to-date business and medical records and in providing improved service to staff and visiting public.

The Public Works Department has also provided regular utility services and building maintenance under the supervision of Mr. Baker and Mr. Hornell, senior personnel in the Engineering and Maintenance Departments respectively. Only one interruption for a short period of less than an hour occurred during the year to the essential services of light, heat, and power, when a strong wind blew a tree against a power-line on the Hospital grounds.

In addition to routine maintenance, the engineers carried out changes in the boiler-room pumps which will ensure continuous service in the event of failure in either of the two water-feed pumps. A heating-coil has been installed in conjunction with the male ward dayroom air-cooling unit, which will automatically maintain adequate room temperatures irrespective of outside temperature. The installa-



tion of a fire-prevention sprinkler system throughout the main building and annex, and the provision of additional fire-extinguishers for other areas, greatly improves the fire-prevention facilities for this unit.

A major reroofing programme was started during the year to replace gradually the present cover with more durable and fire-resistant composition. A continuous project of redecorating and repainting has been carried out to preserve the buildings and maintain their appearance.

The efforts of the gardeners, Mr. Legg, who returned to duty in May, and Mr. Malowny, have been rewarded by the appreciation of patients and staff for the continuous supply of colourful flowers and plants for the wards throughout the year, and by the many complimentary remarks of visitors concerning the beautiful appearance of the grounds and flower-beds of Dellview Hospital.

#### SKEENAVIEW HOSPITAL

The Terrace unit of the Geriatric Division has also served the needs for care and treatment of many elderly men under the capable direction of Mr. W. E. Skillicorn, Supervisor, and his deputy, Mr. F. Stewart, Chief Psychiatric Nurse.

During the year the Skeenaview Hospital has cared for 320 patients and completed the year with a resident population of 279, a slight decrease of nine compared to the number in residence at the beginning of the year.

As will be noted in the accompanying tables, there has been a general decrease in the movement of patients through this unit due to fewer admissions and a decrease in the number of available vacancies through separations. Total admissions to the unit numbered thirty-two, including thirteen direct admissions from the community, a decrease of eleven from the previous year, and nineteen transfers from the Essondale area. Separations due to death also registered a decline from fifty-one the previous year to thirty-nine for the year covered by this report. Plans are under way, however, for the transfer of patients in the earlier part of the new year to utilize the existing vacancies.

There have been no major medical problems during the year, and the general health of the patients has been very satisfactory, although there has been a noticeable increase in the number of partially ambulant patients, especially among those who have been resident here for a number of years. Despite this increasing feebleness, very few patients required prolonged bed care. As usual during the spring and fall months, the incidence of respiratory infections increased, but there were no problems of an epidemic nature, and all cases responded well to early intensive treatment.

The annual chest X-ray survey of staff and patients by the travelling clinic of the Division of Tuberculosis Control took place during October, with a recheck of suspicious cases the following February. No incidence of tuberculosis infection occurred during the year.

The medical care and supervision of the Skeenaview residents have been conscientiously provided by Dr. R. E. Lee, specialist surgeon and Dr. J. R. Nicholson, his assistant. Seven patients required major surgery, including two men for whom leg amputations were performed because of circulatory difficulties, one received hernial repair, and four required abdominal operations. No patients required orthopaedic care. All operations were performed at the Terrace and District General Hospital, but the patients were returned to our unit on the following day for post-operative care. This has been possible through the institution by Dr. Lee of new procedures and staff instruction at the Skeenaview Hospital, and by the conversion



of previously unused space on the wards into special sick-bays with adequate equipment and Gatch-type hospital beds.

The administrative and technical staff of the Terrace and District General Hospital have been most co-operative and helpful in the care of our patients, and the opening of the new and very modern 50-bed hospital has provided the best of diagnostic facilities for Skeenaview residents.

Nursing services have been provided conscientiously and at a satisfactory standard by the nursing staff under the direction of Mr. F. W. Stewart, Chief Psychiatric Nurse. Four nursing aides left the service during the year, but were immediately replaced with female aides recruited from the local community, bringing the total female staff to ten. The presence of female nursing staff at this all-male unit, as inaugurated during the previous year, has continued to be appreciated and has further demonstrated the importance of a woman's touch in the day-to-day non-professional nursing care of elderly male patients and ward housekeeping procedures.

The occupational and recreational needs of the patients have been accelerated by the nursing staff during the year, and in addition to daily ward activities of deck-type shuffleboard, crokinole, bingo, and various card games, regular weekly tournaments have been instituted to further stimulate the interest and participation of more patients. Twice-weekly movie films and the library and reading-room have also contributed greatly to the total diversional programme for these men. During the summer months, car rides and lawn activities add to the various interests now available for the Skeenaview residents.

The interest and generosity of the community have continued through the donation of gifts of books and periodicals for the library and by visits and special entertainment for patients, especially during the Christmas season.

Religious services and patient visits were regularly conducted by Father Mohan and Archdeacon Hinchliffe, although the services of Archdeacon Hinchliffe were regrettably terminated early in the year by severe illness. His place has been ably filled by a student-minister, although the interest and many kindnesses of the Archdeacon have been missed by patients and staff alike.

The Dietary Department, under the direction of Mr. H. F. Piffer, Chief Cook, has maintained a stable staff, and has continued to provide nourishing and appetizing menus regularly throughout the year. Special emphasis has been given to little dietary extras on special occasions and holidays, to which patients look forward, and from which so much pleasure is derived.

The general office has effectively carried out the various routine business and medical-record duties required, and in addition has made a start toward implementing the decentralizing of certain business and accounting procedures affecting the operation of this unit, and which were previously carried out at the Crease Clinic Business Department. To accommodate the increased responsibilities of this office, the area was remodelled and enlarged and new clerical equipment provided. In July Miss H. Denbow, who has loyally and efficiently provided all clerk-stenographic services during the past five years, left the service, and her place has since been filled by Mrs. M. Schaeffer, on transfer from the local office of the Department of Highways.

The Stores Department has also experienced change with the transfer of Mr. J. Morgan to the Colquitz institution in July. His place has been taken by Mr. M. E. Olson, formerly of the Skeenaview engineering staff, who has maintained the efficient supply service formerly enjoyed by the Hospital. Supplies generally have been of good quality and kept at satisfactory levels.



The laundry staff have continued to supply regular service to the wards under the supervision of Mr. Norton, and the quality and quantity of work has been maintained, although with difficulty at times when patient help became minimal. On many occasions it has been necessary to assign nursing aides from ward staff to assist in the laundry during periods of increased laundry requirements.

The Public Works maintenance and engineering staff, under the direction of Mr. McLaughlan, Chief Engineer, have also operated efficiently throughout the year, and have carried out all routine maintenance requirements and maintained steady utility services. The staff painter completed the painting of the new fire-prevention sprinkler system which was installed in the main building during the year, and also completely redecorated the interior of five of the staff apartments. Redecoration of two ward dayrooms, as well as all dormitories and dayroom lavatories, beds and bedside tables, has greatly improved the appearance of these areas.

In addition to general repairs, the maintenance carpenter was able to complete the remodelling of the general office, convert unused space on the wards to efficient sick-bays, and to build staff washroom facilities in the laundry.

Several projects were undertaken during the year by contract, including surface repairs of all fire-walls and cement steps and the installation of the fire-prevention sprinkler system. A start was made on the exterior painting of all buildings, but inclement weather prevented the completion of work, except on the water tower and tank. A new entrance road from the main highway to the front of the hospital building, when finished early in the new year, will eliminate a hazardous corner situation previously existent with the former entrance road to the southern end of the property.



## STATISTICAL TABLES

## VALLEYVIEW HOSPITAL

TABLE 1.—MOVEMENT OF POPULATION, VALLEYVIEW HOSPITAL, ESSONDALE,  
APRIL 1ST, 1960, TO MARCH 31ST, 1961

	Male	Female	Total
In residence, April 1st, 1960.....	206	451	657
Admissions—			
First admissions.....	50	134	184
Readmissions to a different institution of Mental Health Services.....	2	7	9
Readmissions to same institution.....	1	1	2
Transfers from other geriatric units.....	2	1	3
Transfers from Provincial Mental Hospital, Essondale.....	77	23	100
Total admissions.....	132	166	298
Total under care.....	338	617	955
Separations—			
Discharged in full.....	5	2	7
Died.....	71	116	187
Transferred to Provincial Mental Hospital, Essondale.....	9	7	16
Transferred to other geriatric units.....	4	—	4
On probation and still out.....	3	8	11
Total separations.....	92	133	225
Net increase or decrease.....	+40	+33	+73
In residence, March 31st, 1961.....	246	484	730



TABLE 2.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Health Unit	Male	Female	Total	Health Unit	Male	Female	Total
East Kootenay, Cranbrook— School District No. 1.....	—	1	1	Simon Fraser, New Westminster— School District No. 40.....	7	6	13
" " " 4.....	1	—	1	" " " 43.....	3	5	8
Selkirk, Nelson— School District No. 7.....	1	—	1	North Fraser Valley, Mission— School District No. 42.....	5	2	7
West Kootenay, Trail— School District No. 11.....	1	—	1	" " " 76.....	1	1	2
South Okanagan, Kelowna— School District No. 15.....	2	2	4	Upper Island, Courtenay— School District No. 47.....	1	2	3
" " " 23.....	—	1	1	" " " 72.....	1	—	1
" " " 77.....	—	4	4	Skeena, Prince Rupert— School District No. 53.....	—	1	1
North Okanagan, Vernon— School District No. 19.....	—	1	1	Peace River, Dawson Creek— School District No. 59.....	1	—	1
" " " 20.....	2	—	2	" " " 60.....	—	1	1
" " " 22.....	—	1	1	Victoria - Esquimalt Union Board of Health— School District No. 61 (part) <sup>1</sup>	2	1	3
South Central, Kamloops— School District No. 24.....	—	3	3	Saanich and South Vancouver Island— School District No. 61 (part) <sup>2</sup>	4	—	4
" " " 30.....	1	—	1	" " " 62.....	1	1	2
Cariboo, Prince George— School District No. 57.....	—	2	2	" " " 63.....	2	—	2
Upper Fraser Valley, Chilliwack— School District No. 33.....	2	1	3	" " " 64.....	1	—	1
" " " 34.....	3	1	4	Central Vancouver Island, Nanaimo— School District No. 65.....	—	1	1
Boundary, Cloverdale— School District No. 35.....	1	1	2	" " " 67.....	—	1	1
" " " 36.....	6	6	12	" " " 69.....	2	—	2
" " " 37.....	—	2	2	School districts not covered by health units— School District No. 46.....	2	—	2
Metropolitan Health Committee, Vancouver— School District No. 38.....	2	5	7	Unknown.....	2	1	3
" " " 39.....	52	94	146				
" " " 41.....	14	10	24				
" " " 44.....	4	5	9				
" " " 45.....	4	2	6				
				Totals.....	131	165	296

<sup>1</sup> Includes Victoria and Esquimalt only.<sup>2</sup> Excludes Victoria, Esquimalt, and Oak Bay.



TABLE 3.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Method of Admission	Age-group (Years)														Grand Total		
	30-39		40-49		50-59		60-69		70-79		80-89		90 and Over			Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Voluntary.....									1						1	1	
Certification.....	2				3	1	9	6	68	78	45	74	4	7	131	166	297
Totals.....	2				3	1	9	6	69	78	45	74	4	7	132	166	298

The above includes 2 readmissions in the age-group 80-89 (1 male, 1 female).

TABLE 4.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Mental Diagnosis	Age-group (Years)														Grand Total		
	30-39		40-49		50-59		60-69		70-79		80-89		90 and Over			Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
<i>With Psychosis</i>																	
Schizophrenic disorders.....	2				2		4		4	6				12	6	18	
Manic-depressive reaction.....							3							3		3	
Involuntional melancholia.....										1					1	1	
Paranoia and paranoid states.....										2					2	2	
Senile psychosis.....									10	8	9	7		19	15	34	
Presenile psychosis.....										1					1	1	
Psychosis with cerebral arteriosclerosis.....							4	21	18	10	26	2	3	33	51	84	
Alcoholic psychosis.....					1	1				1				1	2	3	
Chronic brain syndrome with neurotic reaction.....							1							1		1	
Total with psychosis.....	2				3	1	8	4	35	37	19	33	2	3	69	147	
<i>Without Psychosis</i>																	
Pathological personality.....							1							1		1	
Alcoholism.....										1	1			1	1	2	
Chronic brain syndrome with behavioural reaction.....								1	23	22	17	24	2	3	42	50	92
Other diseases of central nervous system not associated with psychosis.....								1	11	18	8	17		1	19	37	56
Total without psychosis.....							1	2	34	41	26	41	2	4	63	88	151
Grand totals.....	2				3	1	9	6	69	78	45	74	4	7	132	166	298 <sup>1</sup>

<sup>1</sup> Includes 2 readmissions; 1 male (age-group 80-89), psychosis with cerebral arteriosclerosis; 1 female (age-group 80-89), chronic brain syndrome with behavioural reaction.



TABLE 5.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

TABLE 6.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, YEARS OF SCHOOLING, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

TABLE 7.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY CITIZENSHIP, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 8.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY RELIGION AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 9.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY PREVIOUS OCCUPATION AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Detailed information for the above tables may be obtained on request.

TABLE 10.—RESIDENT POPULATION OF VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31ST, 1960

Mental Diagnosis	Age-group (Years)														Grand Total
	59 and Under		60-64		65-69		70-74		75-79		80 and Over		Total		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
<i>With Psychosis</i>															
Schizophrenic disorders	20	6	4	2	5	6	2	17	3	24	1	9	35	64	99
Manic-depressive reaction				1	3					1	2	1	5	3	8
Involitional melancholia									1	1			1	1	2
Paranoia and paranoid states										2	1	1	1	3	4
Senile psychosis						2	5	13	12	45	36	103	53	163	216
Presenile psychosis								1						1	1
Psychosis with cerebral arteriosclerosis						3	10	20	15	37	29	62	54	122	176
Alcoholic psychosis	1			1				1					1	2	3
Psychosis of other demonstrable etiology								1						1	1
Other and unspecified psychoses								1				1		1	1
Anxiety reaction without mention of somatic symptoms								1		1				2	2
Obsessive-compulsive reaction									1				1		1
Neurotic-depressive reaction					1				1				2		2
Chronic brain syndrome with neurotic reaction										1				1	1
Syphilis and its sequelae	3												3		3
Total with psychosis	24	6	4	4	9	11	17	54	33	112	69	177	156	364	520
<i>Without Psychosis</i>															
Alcoholism								1			1		2		2
Mental deficiency	5	11			1		1			2			7	13	20
Chronic brain syndrome with behavioural reaction						1	7	11	8	7	12	25	27	44	71
Chronic brain syndrome, N.O.S.							5	3	4	6	12	8	21	17	38
Epilepsy												1		1	1
Other diseases of central nervous system not associated with psychosis							5	8	13	18	9	24	27	50	77
Total without psychosis	5	11			1	1	19	22	25	33	34	58	84	125	209
Grand totals	29	17	4	4	10	12	36	76	58	145	103	235	240	489	729



TABLE 11.—LIVE DISCHARGES FROM VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, CONDITION ON DISCHARGE, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Mental Diagnosis	Condition on Discharge				Total		Grand Total
	Improved		Unimproved				
	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders.....	1	2	5	1	6	3	9
Senile psychosis.....	1	---	3	1	4	1	5
Psychosis with cerebral arteriosclerosis.....	---	1	1	---	1	1	2
Alcoholic psychosis.....	---	---	---	1	---	1	1
Alcoholism.....	---	---	1	---	1	---	1
Mental deficiency.....	---	1	---	1	---	2	2
Chronic brain syndrome with behavioural reaction.....	1	1	3	---	4	1	5
Other diseases of the central nervous system not associated with psychosis.....	1	---	1	---	2	---	2
Totals.....	4	5	14	4	18	9	27

TABLE 12.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Mental Diagnosis	Age-group (Years)																Total		Grand Total
	20-29		30-39		40-49		50-59		60-69		70-79		80-89		90 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
<i>Live Discharges</i>																			
Schizophrenic disorders		1	1		2	2	3										6	3	9
Senile psychosis											4	1					4	1	5
Psychosis with cerebral arterio-sclerosis												1	1				1	1	2
Alcoholic psychosis								1										1	1
Alcoholism									1								1		1
Mental deficiency		1				1												2	2
Chronic brain syndrome with be-havioural reaction									1		3	1					4	1	5
Other diseases of the central nervous system not associated with psychosis							1						1				2		2
Totals		2	1		2	3	4	1	2		7	3	2				18	9	27
<i>Deaths</i>																			
Schizophrenic disorders												4		1				5	5
Manic-depressive reaction												1						1	1
Involuntional melancholia												1						1	1
Senile psychosis											4	9	6	24	3	5	13	38	51
Psychosis with cerebral arterio-sclerosis											7	17	6	19	1	4	14	40	54
Psychosis of other demonstrable etiology												1						1	1
Chronic brain syndrome with be-havioural reaction											12	10	13	11	1	1	26	22	48
Senility											8	2	10	6			18	8	26
Totals											31	45	35	61	5	10	71	116	187



TABLE 13.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Detailed information for the above table may be obtained on request.

TABLE 14.—LIVE DISCHARGES FROM VALLEYVIEW HOSPITAL, ESSONDALE, BY CONDITION ON DISCHARGE, DISPOSITION TO, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Condition on Discharge	Disposition to—						Total		Grand Total
	Home		Other Mental Hospital		Other				
	M.	F.	M.	F.	M.	F.	M.	F.	
Improved.....	4	1	-----	3	-----	1	4	5	9
Unimproved.....	1	-----	13	4	-----	-----	14	4	18
Totals.....	5	1	13	7	-----	1	18	9	27

TABLE 15.—DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Cause of Death	Age-group (Years)						Total		Grand Total
	70-79		80-89		90-99				
	M.	F.	M.	F.	M.	F.	M.	F.	
Malignant neoplasms.....	3	3	2	5	-----	-----	5	8	13
Asthma.....	-----	-----	-----	1	-----	-----	-----	1	1
Diabetes.....	-----	-----	1	-----	-----	-----	1	-----	1
Vascular lesions affecting the central nervous system.....	3	5	4	7	-----	1	7	13	20
Rheumatic heart disease.....	-----	1	-----	-----	-----	-----	-----	1	1
Arteriosclerotic heart disease.....	16	21	21	31	4	7	41	59	100
Hypertensive heart disease.....	3	-----	1	2	-----	-----	4	2	6
Diseases of the arteries and circulatory system.....	-----	5	-----	7	1	1	1	13	14
Pneumonia.....	6	1	4	4	-----	1	10	6	16
Abscess of lung.....	-----	1	-----	-----	-----	-----	-----	1	1
Diseases of the digestive system.....	-----	4	-----	3	-----	-----	-----	7	7
Diseases of the genito-urinary system.....	-----	2	2	-----	-----	-----	2	2	4
Congenital malformations.....	-----	-----	-----	1	-----	-----	-----	1	1
Accidents.....	-----	2	-----	-----	-----	-----	-----	2	2
Totals.....	31	45	35	61	5	10	71	116	187

TABLE 16.—DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Detailed information for the above table may be obtained on request.



## DELLVIEW HOSPITAL

TABLE 1.—MOVEMENT OF POPULATION, DELLVIEW HOSPITAL, VERNON,  
APRIL 1ST, 1960, TO MARCH 31ST, 1961

	Male	Female	Total
In residence, April 1st, 1960.....	106	128	234
Admissions—			
First admissions.....	47	25	72
Readmissions to a different institution of Mental Health Services.....	3	1	4
Readmissions to the same institution.....	—	1	1
Transfers from other geriatric units.....	—	—	—
Transfers from the Provincial Mental Hospital, Essondale.....	1	—	1
Total admissions.....	51	27	78
Total under care.....	157	155	312
Separations—			
Discharged in full.....	1	—	1
Died.....	47	30	77
Transferred to other geriatric units.....	1	1	2
Transferred to Provincial Mental Hospital, Essondale.....	2	—	2
On escape but not discharged.....	1	—	1
Total separations.....	52	31	83
Net increase or decrease.....	—1	—4	—5
In residence, March 31st, 1961.....	105	124	229

TABLE 2.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY HEALTH  
UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1ST, 1960, TO  
MARCH 31ST, 1961.

Health Unit	Male	Female	Total	Health Unit	Male	Female	Total
East Kootenay, Cranbrook—				North Okanagan, Vernon— <i>Con.</i>			
School District No. 3.....	—	1	1	School District No. 78.....	4	—	4
" " " 5.....	—	1	1	South Central, Kamloops—			
" " " 18.....	1	—	1	School District No. 24.....	4	3	7
Selkirk, Nelson—				Upper Fraser Valley, Chilliwack—			
School District No. 7.....	1	1	2	School District No. 32.....	—	1	1
West Kootenay, Trail—				" " " 33.....	2	—	2
School District No. 9.....	1	—	1	" " " 34.....	1	—	1
" " " 11.....	1	—	1	Metropolitan Health Committee, Vancouver—			
South Okanagan, Kelowna—				School District No. 39.....	6	—	6
School District No. 14.....	1	—	1	Saanich and South Vancouver Island—			
" " " 15.....	9	2	11	School District No. 61 (part <sup>1</sup> )	1	—	1
" " " 17.....	—	1	1	Central Vancouver Island, Nanaimo—			
" " " 23.....	4	3	7	School District No. 67.....	1	—	1
" " " 77.....	2	3	5	Unorganized.....	1	—	1
North Okanagan, Vernon—				Totals.....	51	26	77
School District No. 19.....	2	1	3				
" " " 20.....	2	5	7				
" " " 21.....	—	1	1				
" " " 22.....	7	3	10				

<sup>1</sup> Includes Victoria and Esquimalt only.



TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Method of Admission	Age-group (Years)								Total		Grand Total
	60-69		70-79		80-89		90-99				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Certification.....	3	1	18	12	25	13	5	1	51	27	78

The above includes 1 female readmission, age-group 70-79.

TABLE 4.—FIRST ADMISSIONS AND READMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Mental Diagnosis	Age-group (Years)								Total		Grand Total
	60-69		70-79		80-89		90-99				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
<i>First Admissions</i>											
Schizophrenic disorders.....	---	---	1	---	---	---	---	---	1	---	1
Chronic brain syndrome with behavioural reaction.....	3	1	15	11	22	12	5	1	45	25	70
Chronic brain syndrome, N.O.S.....	---	---	2	---	3	1	---	---	5	1	6
Totals.....	3	1	18	11	25	13	5	1	51	26	77
<i>Readmissions</i>											
Chronic brain syndrome with behavioural reaction.....	---	---	---	1	---	---	---	---	---	1	1

TABLE 5.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

TABLE 6.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, YEARS OF SCHOOLING, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

TABLE 7.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY CITIZENSHIP, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 8.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY RELIGION AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 9.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY PREVIOUS OCCUPATION AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Detailed information for the above tables may be obtained on request.



TABLE 10.—RESIDENT POPULATION OF DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31ST, 1960

Mental Diagnosis	59 and Under		60-64		65-69		70-74		75-79		80 and Over		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
<i>With Psychosis</i>															
Schizophrenic disorders			5		6	1	11	6	2	9		4	24	20	44
Manic-depressive reaction					1								1		1
Senile psychosis									2	8	8	24	10	32	42
Psychosis with cerebral arteriosclerosis							1	1	5		1		7	1	8
Alcoholic psychosis			1										1		1
Psychosis of other demonstrable etiology										1				1	1
Other and unspecified psychoses					1	1							1	1	2
Neurotic-depressive reaction											1		1		1
Syphilis and its sequelae			1				1						2		2
Total with psychosis			7		8	2	13	7	9	18	10	28	47	55	102
<i>Without Psychosis</i>															
Mental deficiency			1										1		1
Chronic brain syndrome with behavioural reaction					3		2	3	6	6	8	7	19	16	35
Chronic brain syndrome, N.O.S.			1		1	1	3	2	9	11	22	43	36	57	93
Other diseases of the central nervous system not associated with psychosis											1		1		1
Total without psychosis			2		4	1	5	5	15	17	31	50	57	73	130
Grand totals			9		12	3	18	12	24	35	41	78	104	128	232

TABLE 11.—LIVE DISCHARGES FROM DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, CONDITION ON DISCHARGE, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Mental Diagnosis	Condition on Discharge				Total		Grand Total
	Improved		Unimproved				
	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders.....	---	---	1	---	1	---	1
Senile psychosis.....	---	---	1	---	1	---	1
Chronic brain syndrome with beha- vioural reaction.....	1	---	1	1	2	1	3
Totals.....	1	---	3	1	4	1	5



TABLE 12.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Mental Diagnosis	Age-group (Years)								Total		Grand Total
	60-69		70-79		80-89		90-99				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
<i>Live Discharges</i>											
Schizophrenic disorders.....	---	---	1	---	---	---	---	---	1	---	1
Senile psychosis.....	---	---	1	---	---	---	---	---	1	---	1
Chronic brain syndrome with behavioural reaction.....	---	---	---	1	1	---	1	---	2	1	3
Totals.....	---	---	2	1	1	---	1	---	4	1	5
<i>Deaths</i>											
Schizophrenic disorders.....	---	1	---	1	---	---	---	---	---	2	2
Psychosis with cerebral arteriosclerosis.....	---	---	1	---	---	---	---	---	1	---	1
Chronic brain syndrome with behavioural reaction.....	1	---	13	4	19	15	6	8	39	27	66
Chronic brain syndrome, N.O.S.....	---	---	---	---	6	1	1	---	7	1	8
Totals.....	1	1	14	5	25	16	7	8	47	30	77

TABLE 13.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Detailed information for the above table may be obtained on request.

TABLE 14.—LIVE DISCHARGES FROM DELLVIEW HOSPITAL, VERNON, BY CONDITION ON DISCHARGE, DISPOSITION TO, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Condition on Discharge	Disposition to—				Total		Grand Total
	Home		Other Mental Hospital				
	M.	F.	M.	F.	M.	F.	
Improved.....	1	—	—	—	1	—	1
Unimproved.....	—	—	3	1	3	1	4
Totals.....	1	—	3	1	4	1	5



TABLE 15.—DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Cause of Death	Age-group (Years)								Total		Grand Total
	60-69		70-79		80-89		90-99				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Cerebral hæmorrhage.....					1				1		1
Arteriosclerotic heart disease.....	1	1	12	5	22	15	6	6	41	27	68
Bronchopneumonia.....			2		1				3		3
Other diseases of the respiratory system.....						1		2		3	3
Diseases of the digestive system.....					1				1		1
Diseases of the genito-urinary system.....							1		1		1
Totals.....	1	1	14	5	25	16	7	8	47	30	77

TABLE 16.—DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Detailed information for the above table may be obtained on request.



SKEENAVIEW HOSPITAL<sup>1</sup>TABLE 1.—MOVEMENT OF POPULATION, SKEENAVIEW HOSPITAL, TERRACE,  
APRIL 1ST, 1960, TO MARCH 31ST, 1961

	Number
In residence, April 1st, 1960 .....	288
Admissions—	
First admissions .....	13
Transfers from other geriatric units .....	4
Transfers from Provincial Mental Hospital, Essondale .....	15
Total admissions .....	32
Total under care .....	320
Separations—	
Discharged in full .....	1
Died .....	39
Transferred to other geriatric units .....	1
Total separations .....	41
Net increase or decrease .....	—9
In residence, March 31st, 1961 .....	279

<sup>1</sup> This institution cares for male patients only.TABLE 2.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY HEALTH  
UNIT AND SCHOOL DISTRICT OF RESIDENCE, APRIL 1ST, 1960, TO MARCH  
31ST, 1961.

Health Unit	Number	Health Unit	Number
East Kootenay, Cranbrook—		Simon Fraser, New Westminster—	
School District No. 2 .....	1	School District No. 40 .....	1
South Okanagan, Kelowna—		" " " 43 .....	1
School District No. 17 .....	1	Skeena, Prince Rupert—	
South Central, Kamloops—		School District No. 50 .....	1
School District No. 24 .....	1	" " " 51 .....	1
" " " 30 .....	1	" " " 52 .....	3
Cariboo, Prince George—		" " " 53 .....	2
School District No. 55 .....	1	" " " 54 .....	1
" " " 56 .....	1	Peace River, Dawson Creek—	
" " " 57 .....	2	School District No. 59 .....	1
Upper Fraser Valley, Chilliwack—		Victoria-Esquimalt Union Board of Health—	
School District No. 32 .....	1	School District No. 61 (part <sup>1</sup> ) .....	1
Metropolitan Health Committee, Vancouver—		Central Vancouver Island, Nanaimo—	
School District No. 39 .....	8	School District No. 79 .....	1
" " " 41 .....	1	Ex-Province .....	1
		Total .....	32

<sup>1</sup> Includes Victoria and Esquimalt only.



TABLE 3.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY METHOD OF ADMISSION AND AGE-GROUP, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Method of Admission	Age-group (Years)				Total
	60-69	70-79	80-89	90-99	
Certification.....	11	14	6	1	32

TABLE 4.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND AGE-GROUP, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Mental Diagnosis	Age-group (Years)				Total
	60-69	70-79	80-89	90-99	
<i>With Psychosis</i>					
Schizophrenic disorders.....	6	1	1	---	8
Senile psychosis.....	1	8	1	1	11
Psychosis with cerebral arteriosclerosis.....	---	2	1	---	3
Alcoholic psychosis.....	1	---	---	---	1
Psychosis of other demonstrable etiology.....	1	---	---	---	1
Syphilis and its sequelæ.....	---	2	---	---	2
Total with psychosis.....	9	13	3	1	26
<i>Without Psychosis</i>					
Alcoholism.....	1	---	---	---	1
Mental deficiency.....	1	---	---	---	1
Senility.....	---	1	3	---	4
Total without psychosis.....	2	1	3	---	6
Grand totals.....	11	14	6	1	32

TABLE 5.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND MARITAL STATUS, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 6.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND YEARS OF SCHOOLING, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 7.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY CITIZENSHIP AND AGE-GROUP, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 8.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY RELIGION, APRIL 1ST, 1960, TO MARCH 31ST, 1961

TABLE 9.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY PREVIOUS OCCUPATION, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Detailed information for the above tables may be obtained on request.



TABLE 10.—RESIDENT POPULATION OF SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31ST, 1960

Mental Diagnosis	Age-group (Years)						Total
	59 and Under	60-64	65-69	70-74	75-79	80 and Over	
<i>With Psychosis</i>							
Schizophrenic disorders .....	2	8	27	47	37	13	134
Manic-depressive reaction .....	---	1	---	1	1	---	3
Involuntional melancholia .....	---	---	---	---	1	---	1
Paranoia and paranoid states .....	---	---	---	---	1	---	1
Senile psychosis .....	---	---	2	14	24	35	75
Presenile psychosis .....	---	---	1	---	---	---	1
Psychosis with cerebral arteriosclerosis .....	---	2	2	5	8	8	25
Alcoholic psychosis .....	---	1	1	---	1	---	3
Psychosis of other demonstrable etiology .....	---	---	1	4	2	1	8
Other and unspecified psychoses .....	---	---	1	---	---	---	1
Syphilis and its sequelæ .....	1	2	---	5	3	---	11
Total with psychosis .....	3	14	35	76	78	57	263
<i>Without Psychosis</i>							
Alcoholism .....	---	2	1	1	---	---	4
Mental deficiency .....	1	---	1	2	---	1	5
Chronic brain syndrome with behavioural reaction .....	---	---	---	---	---	1	1
Chronic brain syndrome, N.O.S. .....	---	---	---	3	2	---	5
Other diseases of the central nervous system not associated with psychosis .....	---	---	---	1	1	4	6
Total without psychosis .....	1	2	2	7	3	6	21
Grand totals .....	4	16	37	83	81	63	284



TABLE 11.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND AGE-GROUP, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Mental Diagnosis	Age-group (Years)				Total
	60-69	70-79	80-89	90-99	
<i>Live Discharges</i>					
Senile psychosis.....	---	1	---	---	1
Psychosis with cerebral arteriosclerosis.....	---	1	---	---	1
Totals.....	---	2	---	---	2
<i>Deaths</i>					
Schizophrenic disorders.....	---	2	---	---	2
Paranoia and paranoid states.....	---	1	---	---	1
Senile psychosis.....	1	4	8	1	14
Psychosis with cerebral arteriosclerosis.....	2	11	6	---	19
Syphilis and its sequelæ.....	---	1	---	---	1
Senility.....	1	---	1	---	2
Totals.....	4	19	15	1	39

TABLE 12.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND LENGTH OF STAY, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Detailed information for the above table may be obtained on request.

TABLE 13.—DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY CAUSE OF DEATH AND AGE-GROUP, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Cause of Death	Age-group (Years)				Total
	60-69	70-79	80-89	90-99	
Malignant neoplasms.....	1	3	---	---	4
Cerebral hæmorrhage.....	1	1	1	---	3
Arteriosclerotic and degenerative heart disease.....	1	10	10	1	22
Pulmonary embolism.....	1	---	---	---	1
Pneumonia.....	---	3	4	---	7
Disease of digestive system.....	---	1	---	---	1
Accident.....	---	1	---	---	1
Totals.....	4	19	15	1	39

TABLE 14.—DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY CAUSE OF DEATH AND LENGTH OF STAY, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Detailed information for the above table may be obtained on request.



## PART VI.—MENTAL HEALTH CENTRE

### DIRECTOR'S REPORT

F. E. MCNAIR, DIRECTOR

The survey of the mental-health needs and resources in British Columbia conducted by the American Psychiatric Association and published after the close of this fiscal year says concerning the Mental Health Centre, "This Centre should be used as a model and a training source for the eventual establishment of other similar centres in all parts of the Province." The Centre is the vanguard of the community services which are now endorsed as the pattern upon which future mental-health facilities should be developed. In this year's annual report it seems appropriate, therefore, to review once again the services offered by the Centre so they may be generally understood.

Consultation and treatment services are offered to both children and adults. The Adult Clinic consists of out-patient facilities and a day-hospital, and is designed to treat emotionally disturbed adults. It offers a complete psychiatric service except twenty-four-hour care. About half of the treatment service is devoted to patients requiring follow-up care after hospitalization. The Children's Clinic is a resource for children with behaviour problems, social or scholastic difficulties, or psychosomatic complaints. During the child's contact at the Clinic, parents are also seen, since they are a vital part of the child's life and are in turn much affected by his problems and needs. It is to be expected that for every child under treatment there would be one or two parents under treatment as well.

All patients coming for treatment come as out-patients attending on a scheduled basis, either weekly or less frequently, principally for individual interviews, but in some instances for group psychotherapy. There is a day-hospital programme for some of the adult patients. The patient in this programme starts his day at 8.30 a.m. at the Centre and leaves at 4 p.m. to return home. He is required to find his own lodgings in the community while under treatment if his home is in another part of the Province. The treatment programme is individually planned according to the need of the patient. His prescribed programme includes any of the following treatments: treatments requiring bed rest for part of the morning in the nursing area, such as intravenous treatment, somnolent insulin, and electroshock; occupational therapy with workshop and recreational facilities; interviews with a psychiatrist or a social worker; physiotherapy with remedial or relaxation exercises, sedative baths, gymnasium class, etc.; interviews with the psychologist. There is opportunity and encouragement for patient participation in both large and small groups, as well as opportunity for the creative use of solitary time. Nurses and occupational therapists, as well as the patients, plan and work together on group projects and recreational activities.

There is also a Day Centre programme for children, which provides for children of the pre-school age in the morning and primary-school students in the afternoon. A teacher supplied by the Burnaby School Board assists with the programme for the school-age children. Their day provides for periods of creative play, learning, rest, and individual play therapy. Parents also have regular interviews, and sometimes family gatherings are planned.

A social club provides an intermediate step between the Adult Clinic and the community, offering a social and recreational programme, both of general interest



and also designed to meet special needs, on alternate Tuesday evenings. An executive committee of the members plans the programme for each meeting. Assistance is provided by Clinic staff and Canadian Mental Health Association volunteers.

An adequate modern programme to provide for the mental health of the community provides treatment resources with trained professional and technical personnel, and beyond that it provides a considerable preventive programme through the application of mental-health principles by family physicians and social agencies, both of whom require a considerable consultative service available to them in order to understand and meet the emotional needs of persons coming to them for help. Both the consultation resource and the treatment facility provided by a mental-health centre require skilled personnel with a variety of professional training. The psychiatrist, psychologist, and social worker can serve together or separately in the consultative function according to the problem presented. The professions of nurse and occupational therapist must be added to this group when a comprehensive treatment programme is provided.

Because of its location, the Mental Health Centre has served principally the metropolitan area of Greater Vancouver, but during the year it has endeavoured to give leadership to the anticipated regional development of mental-health services in other parts of the Province.

#### HIGHLIGHTS OF THE YEAR

##### 1. *Travelling Clinic Service*

In addition to the previous semi-annual service, a consultative clinic service was developed for seven cities of the Province—namely, Penticton, Kelowna, Vernon, Salmon Arm, Kamloops, Trail, and Chilliwack—every two months. The development of a local mental-health treatment group in each of these areas, consisting of the Medical Health Officer, the public health nurse, the family doctor, and the social worker, was encouraged. A consultative team, consisting of a psychiatrist and social worker with the periodic addition of a psychologist, acted as consultant to this group to discuss problems local personnel were having in case management, to see certain cases for diagnostic study, and to provide follow-up assistance and advice in cases being given treatment by local professional people. The cities were grouped so that the cities of the Okanagan were visited on consecutive days for one week every second month. In the alternate month, a comparable service was given Trail and Chilliwack. At the start of this service, the emphasis was on the child presenting problems within his family or within his school. However, there has been an increasing number of adult cases referred for either assessment or consultative services. Altogether, this new service has provided an assessment for twenty-two adults and fifty-one children and a consultative service for twelve adults and ninety-six children. There are active Mental Health Associations in several of these areas which have given expression to the need for further services. In Chilliwack a lay and professional advisory board has actively reviewed the work of the local mental-health committee, including the consultative assistance offered. As soon as it is known that a regular psychiatric service is available in the area, the demand for service grows very rapidly. Five cases which were referred for assessment to the new travelling service have in turn been referred to the Mental Health Centre or the Crease Clinic for appropriate treatment. Of course, local service will be better when full-time mental-health personnel are stationed in some regions, but for some time to come additional demands will be made on existing resources. It should not be forgotten, however, that there is need for additional training in the field of mental health for all persons engaged in the work of both health and welfare.



In particular there is a need for caseworkers skilled in personal and family counselling to be available as a resource in every community where preventive and therapeutic mental-health work is undertaken.

### *2. Diagnostic and Consultative Service*

A considerable diagnostic and consultative service is offered physicians, agencies, and other health resources. This agency diagnostic service was extended to 627 children and their families, and subsequent conferences were held with the referring community resource in each case. Three hundred and thirty-one adults were seen for diagnostic service, and reports sent to the referring physicians. Our diagnostic and consultative service goes out to the premises of seven health and welfare organizations in order to serve better the patients enrolled there and the professional workers attending them. When cases are identified that require more comprehensive study, they are given appointments at the Mental Health Centre, Burnaby, for full investigation. The service offered at the Children's Aid Society, Vancouver, by one of our psychiatrists was continued. There was an interruption in the service to the Catholic Children's Aid Society, Vancouver, due to the absence from the Clinic of Dr. Gordon Kirkpatrick, senior psychiatrist in the Children's Clinic, who was taking further studies in Montreal.

Our consultative service has been improved by a psychiatrist attending the Vancouver Juvenile Court regularly and a psychiatrist and social worker going one day each week to the several stations within the Boundary Health Unit.

### *3. The Out-patient Service*

Treatment by regular out-patient appointments at the Mental Health Centre, Burnaby, over a period of weeks or months was given 486 adult patients, 204 of whom were on treatment strength at the end of last year. Two hundred and eighty-two commenced treatment during the year. Treatment was completed in 242 cases, leaving 244 persons under treatment at the end of the fiscal year. Treatment service was given 486 children at the Mental Health Centre, Burnaby, and the Children's Clinic in Victoria, 157 of whom were in treatment at the end of last year; 329 cases were opened for treatment. Treatment was completed in 270 cases, leaving at the end of the year 216 children continuing in treatment, 147 of whom were in the Burnaby clinic and sixty-nine in the Victoria clinic. For each child patient, at least one parent was involved in the treatment programme. The duration of out-patient treatment at the Burnaby clinic averages six months for both the children's and adult service; the average treatment time is much shorter in the Victoria clinic.

About one-half of the 242 patients currently under treatment in the Adult Clinic have been discharged within the year from the Crease Clinic and Provincial Mental Hospital, Essondale, and the majority of these are given an after-care service by monthly contact with the Clinic for interview, review of their medication, and participation in social club. Progress in rehabilitation is not always smooth, however, and about 10 per cent at any one time require an intensification of service, including more regular interviews and use of Day Hospital.

### *4. The Day Hospital and Day Centre*

As the case load has risen, the usage of Day Hospital has risen from an average of about twenty-one to about twenty-six persons daily. The Day Hospital programme has been modified in two respects. A more structured programme has been offered in the early morning to stimulate patient initiative. The programme for this purpose has included gymnasium and exercise groups, demonstration of crafts, and topical discussion sessions. In the afternoons twice a week, group



therapy has been offered to all patients wishing to participate. These sessions have enabled patients to feel a part of the group more quickly, to understand what is expected of them to promote their recovery, and to provide better morale through stronger group cohesion and intellectual stimulation. One hundred and sixty-eight patients attended Day Hospital during the year. The 151 who completed their Day Hospital treatment had 4,582 days' care for an average of 30.3 days.

The Day Centre programme for children was commenced this year. Very satisfactory building alterations were provided by the Public Works Department in the group therapy area of the Children's Clinic. It had been recognized that a number of children who were coming for service were getting nowhere in their first year of school, or were pre-schoolers whose behaviour was manifestly unsuitable to a school setting. Twenty-two children attended the Day Centre during the year, thirteen altogether coming in the morning to the pre-school group and nine in the afternoon to the primary-school group. The capacity at any one time is for eight children in the morning and eight in the afternoon, the average usage being thirteen for the day. Ten children attended for six to twelve months. The Day Centre has provided a much better opportunity to observe the child's behaviour as the family sees him; it also provides opportunity for planned and supervised group experience and is an excellent field for staff-training.

#### *5. The Question of the Waiting-list*

This is the second year when no waiting-list has been kept. It has been felt that a waiting-list either for diagnostic assessment or for treatment is a source of much ill will and frustration. A study was made during the latter six months of the fiscal year of the applications for service in the Children's Clinic. A total of 255 applications for service was made during this period. In 136 cases, a senior social worker reviewed the problem with the applicant on the telephone or by interview and referred the applicant to another resource for help. One hundred and nineteen cases were brought in for diagnostic study, eighty-eight of whom were accepted for treatment and thirteen were told we could not provide them with a treatment service. The prospect of a development of further psychiatric clinical services is a very heartening one as the demand for service far exceeds the clinical facilities in all parts of the Province, including the Lower Mainland. It is altogether likely that with the development of regional consultative clinics in the Province additional cases will be found who require intensive out-patient care, day-centre-type care, and residential care.

#### *6. Staff Development*

Persistent efforts have been made to make educational opportunities available to staff and to thereby improve service. During the year four staff members were in receipt of Mental Health Grants for postgraduate education. Thus two recruits for social work and two for psychology were provided. Three of the four residents in psychiatry attached to the clinics have been in their final year of training prior to certification in the specialty, and one of these was in the University of British Columbia postgraduate training programme. Four students from the University of British Columbia School of Social Work in the M.S.W. programme took their field placement in the Mental Health Centre, and four registered nurses from the new postgraduate training course of the Mental Health Services had a field placement here. A tenure of one year has now been assigned one of our male psychiatric nursing positions, so that graduate male psychiatric nurses desiring further preparation for the position of charge nurse can come here on a transfer basis for in-service education. One postgraduate occupational-therapy student from McGill University had a three-month internship at the Centre.



Thirteen staff members have attended conferences both locally and at distant points throughout the year. There has been a gratifying increase in the number of workshop-type conferences, which offer greater benefits to participants because they require weeks of prior preparation. There have been increasing demands from various professional groups, such as the British Columbia Medical Association, public health nurses and Victorian Order of Nurses, social workers, University of British Columbia Extension Department, and special interest groups, for our staff to take part in seminars and discussions relative to mental health in general or for specific aspects of mental-health care. We have fulfilled as many of these demands as we could, as community education is part of our job as is the education of professional personnel.



## STATISTICAL TABLES

TABLE 1.—SUMMARY OF OPERATIONS, MENTAL HEALTH CENTRE, ADULT CLINIC, APRIL 1ST, 1960, TO MARCH 31ST, 1961

	Male	Female	Total
Total number pending at April 1st, 1960.....	8	13	21
Plus assessments—			
Provincial Mental Health Services hospital services.....	18	42	60
Children's Clinic, Mental Health Centre.....	2	—	2
Municipal health services.....	2	1	3
Community health services.....	10	23	33
Other institutions.....	11	9	20
From in-town general practitioners and other specialists.....	128	221	349
From out-of-town general practitioners.....	24	47	71
From in-town psychiatrists.....	40	33	73
	235	376	611
Totals.....	243	389	632
Disposition of assessments—			
Hospitalization recommended.....	16	30	46
Social agency recommended.....	1	5	6
Other medical care recommended.....	14	16	30
No case made—			
Advice, assessment only.....	98	125	223
Patient withdrew.....	11	15	26
Cases opened for treatment.....	93	189	282
	233	380	613
Total pending at March 31st, 1961.....	10	9	19
Patient load—			
Brought forward at April 1st, 1960.....	65	139	204
Total out-patient department cases opened.....	93	189	282
	158	328	486
Less out-patient department cases closed.....	89	153	242
Total under treatment, March 31st, 1961.....	69	175	244

Family members under treatment at March 31st, 1961: Parents, 2; spouses, 17; other, 1; total, 20.

TABLE 2.—MOVEMENT OF POPULATION, OUT-PATIENT DEPARTMENT, MENTAL HEALTH CENTRE, ADULT CLINIC, APRIL 1ST, 1960, TO MARCH 31ST, 1961

	Male	Female	Total
Case load as at March 31st, 1960.....	65	139	204
Total admissions.....	93	189	282
First admissions.....	80	142	222
Readmissions.....	13	47	60
Cases closed.....	89	153	242
Case load as at March 31st, 1961.....	69	175	244

TABLE 3.—FIRST ADMISSIONS TO MENTAL HEALTH CENTRE, ADULT CLINIC, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE, APRIL 1ST, 1960, TO MARCH 31ST, 1961.

Detailed information for the above table may be obtained on request.



TABLE 4.—FIRST ADMISSIONS TO MENTAL HEALTH CENTRE, ADULT CLINIC, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Mental Diagnosis	Age-group (Years)														Total			Grand Total									
	0-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65-69		70 and Over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>With Psychosis</i>																											
Schizophrenic disorders—																											
Simple type.....																											
Hebephrenic type.....																											
Paranoid type.....																											
Acute schizophrenic reaction.....																											
Schizo-affective psychosis.....																											
Other and unspecified.....																											
Manic-depressive reaction—																											
Manic and circular.....																											
Depressive.....																											
Other.....																											
Involitional melancholia.....																											
Paranoia and paranoid states.....																											
Psychotic-depressive reaction.....																											
Anxiety reaction without mention of somatic symptoms.....																											
Hysterical reaction without mention of somatic symptoms.....																											
Phobic reaction.....																											
Obsessive-compulsive reaction.....																											
Neurotic-depressive reaction.....																											
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems.....																											
Psychoneurotic disorders, other, mixed, and unspecified types.....																											
Total with psychosis.....																											
<i>Without Psychosis</i>																											
Disorders of character, behaviour, and intelligence—																											
Pathological personality—																											
Schizoid personality.....																											
Paranoid personality.....																											
Cyclothymic personality.....																											
Inadequate personality.....																											
Asocial personality.....																											
Sexual deviation.....																											
Other and unspecified.....																											















TABLE 7.—SEPARATIONS FROM MENTAL HEALTH CENTRE BY DIAGNOSIS ON SEPARATION, SEX, AND AGE-GROUP, APRIL 1ST, 1960, TO MARCH 31ST, 1961—*Continued*

Mental Diagnosis	Age-group (Years)													Total			Grand Total
														70 and Over			
	0-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
<i>Without Psychosis</i>																	
Disorders of character, behaviour, and intelligence—																	
Pathological personality—																	
Schizoid personality.....																	
Paranoid personality.....			1	1	2	1				1					3	3	
Cyclothymic personality.....										1					1	2	
Inadequate personality.....											1						
Asocial personality.....			2		1					2					2	1	
Sexual deviation.....					1										3	3	
Other and unspecified.....																	
Immature personality—					1					1							
Emotional instability.....					1	1	1	3							2	5	
Passive dependency.....				2	1	1	2	1	1						8	6	
Other and unspecified.....			1	1					1						2	2	
Alcoholism—Chronic.....																	
Primary childhood behaviour disorders.....															1	1	
Adult situational reaction.....	1	3	4												4	8	
Epilepsy.....															1	1	
Other diseases of the central nervous system not associated with psychosis.....			1														
Total without psychosis.....	1	5	6	4	6	4	4	7	6	3	2	2	4	3	1	30	
Grand totals.....	1	7	10	13	21	17	21	10	19	16	24	8	15	6	10	153	



TABLE 8.—MOVEMENT OF POPULATION, DAY-HOSPITAL UNIT, MENTAL HEALTH CENTRE, ADULT CLINIC, APRIL 1ST, 1960, TO MARCH 31ST, 1961

	Male	Female	Total
In day-hospital, April 1st, 1960 .....	4	12	16
Admissions .....	42	86	128
Readmissions .....	7	17	24
Totals .....	53	115	168
Less discharges .....	47	104	151
In day-hospital, March 31st, 1961 .....	6	11	17
Total patient-days of those discharged .....			4,582
Total discharges .....			151
Average stay in day-hospital .....			30.3

TABLE 9.—MOVEMENT OF POPULATION, CHILDREN'S CLINICS, BURNABY AND VICTORIA, APRIL 1ST, 1960, TO MARCH 31ST, 1961

	Burnaby					Victoria					Grand Total	
	New		Repeat		Total	New		Repeat		Total		
	M.	F.	M.	F.		M.	F.	M.	F.			
<i>Intake Section</i>												
Cases carried over from previous year.....	4				4						4	
Cases opened—												
Self-referral, friends, relatives.....	50	23	16	10	99	46	19	17	8	90	189	
Private physicians.....	30	25	7	2	64	32	18	1	1	52	116	
Schools.....	3	1	1		5	23	4	1	1	29	34	
Social agencies.....	5	2	3	2	12	11	3	2	1	17	29	
Other.....	2		2	1	5	2	2	2		6	11	
Total cases carried in intake during year.....	94	51	29	15	189	114	46	23	11	194	383	
Cases closed from intake section—												
Intake service only.....	{	15	6	2	4	27	5				5	32
Case withdrew.....		10	6		2	18						18
Referred outside resource.....												
Transferred to treatment for—												
(a) Brief service.....	{	66	39	26	9	140	109	46	23	11	189	329
(b) Continuing service.....												
Total cases closed from intake.....		91	51	28	15	185	114	46	23	11	194	379
Cases carried in intake at end of year.....		3		1		4						4
<i>Treatment Section</i>												
Cases carried over from previous year.....	35	13	11	10	69	43	24	12	9	88	157	
Cases transferred from intake.....	66	39	26	9	140	109	46	23	11	189	329	
Cases closed.....	22	21	13	6	62	103	63	28	14	208	270	
Cases carried in treatment at end of year.....	79	31	24	13	147	44	10	6	9	69	216	



TABLE 10.—SUMMARY OF DIAGNOSTIC SERVICE GIVEN TO AGENCIES BY BURNABY, VICTORIA, AND TRAVELLING CLINICS, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Place of Examination	New		Repeat		Total
	M.	F.	M.	F.	
Burnaby Clinic.....	75	58	19	16	168
Victoria Clinic.....	27	7	3	—	37
Burnaby travelling clinics—					
Cerebral Palsy Association.....	9	5	13	3	30
Children's Hospital.....	6	3	1	3	13
Health Centre for Children.....	15	13	6	3	37
G. F. Strong Rehabilitation Centre.....	2	2	—	1	5
Children's Aid Society.....	5	6	6	3	37
Catholic Children's Aid Society.....	3	2	2	—	7
Jericho Hill School.....	2	1	—	—	3
Vancouver Island travelling clinics.....	21	5	9	2	37
Mainland travelling clinics.....	137	67	29	20	253
Grand total.....	—	—	—	—	627



TABLE 11.—SUMMARY OF TRAVELLING CLINIC SERVICE, APRIL 1ST, 1960, TO MARCH 31ST, 1961

	Mainland																										Vancouver Island			Total
	Vancouver	Trail	Chilliwack	Abbotsford	Haney	Nelson	Vernon	Kamloops	Kelowna	Mission	Penticton	Salmon Arm	Cranbrook	Creston	Miller Bay Hospital	Powell River	Williams Lake	Prince Rupert	Prince George	Kitimat	Fort St. John	Terrace	Dawson Creek	Alberni	Brannen Lake	Courtenay				
Total number of children given full examination	132	31	25	12	7	22	6	12	12	11	14	10	7	4	4	9	6	24	6	11	2	9	9	9	19	9	422			
Other agency consultative cases	44	9	10	1	—	15	6	22	14	—	8	1	8	—	1	2	3	3	4	2	—	—	6	—	—	—	159			



TABLE 12.—SUMMARY OF SERVICES GIVEN BY THE CHILDREN'S CLINICS,  
APRIL 1ST, 1960, TO MARCH 31ST, 1961

	Stationary Clinics		Mainland Travelling Clinics	Vancouver Island Travelling Clinics	Totals
	Vancouver	Victoria			
Total number of children referred.....	383	315	544	37	1,279
Total number of children given full examination.....	353	231	385	37	1,006
Other agency diagnostic given full examination.....	168	37	385	37	627
Clinic direct-service cases given full examination.....	185	194	—	—	379
Other agency consultative cases.....	30	84	159	—	273
Clinic direct-service cases referred (private)—					
New.....	141	160	—	—	301
Repeat.....	44	34	—	—	78

TABLE 13.—SOURCES OF ALL CASES REFERRED TO CHILDREN'S CLINICS AND  
SERVICE GIVEN, APRIL 1ST, 1960, TO MARCH 31ST, 1961

Agency or Source	Number of Cases	Type of Service Given	
		Agency Diagnostic Study	Clinic Direct Service
1. Social Agencies—			
Children's Aid Society.....	37	37	—
Catholic Children's Aid Society.....	7	7	—
Jericho Hill School.....	3	3	—
Family and Children's Service.....	18	16	2
Department of Indian Affairs.....	2	2	—
Catholic Family Services.....	1	1	—
Alexander Neighbourhood House.....	1	1	—
Social Welfare branches.....	52	43	9
2. Institutions—			
Willingdon School for Girls.....	34	34	—
Brannen Lake School for Boys.....	19	19	—
3. Medical and Health agencies—			
Public health nurses.....	91	79	12
Cerebral Palsy Association.....	34	30	4
Cerebral Palsy Clinic.....	2	2	—
Children's Hospital.....	13	13	—
Health Centre for Children.....	45	37	8
G. F. Strong Rehabilitation Centre.....	6	5	1
Canadian National Institute for the Blind.....	1	1	—
Speech and Hearing Association.....	1	—	1
Central Vancouver Island Health Unit.....	9	9	—
Upper Island Health Unit.....	9	9	—
Skeena Health Unit.....	27	27	—
Cariboo Health Unit.....	6	6	—
Local public health services.....	11	11	—
Peace River Health Unit.....	11	11	—
West Kootenay Health Unit.....	24	24	—
Upper Fraser Valley Health Unit.....	37	37	—
North Fraser Health Unit.....	18	18	—
Selkirk Health Unit.....	22	22	—
North Okanagan Health Unit.....	16	16	—
South Central Health Unit.....	12	12	—
South Okanagan Health Unit.....	26	26	—
East Kootenay Health Unit.....	9	9	—
Miller Bay Hospital.....	4	4	—
Upper Island Health Unit.....	9	9	—
Cariboo Health Unit.....	6	6	—
4. Schools—			
St. Christopher's School.....	32	1	31
Kindergartens.....	1	1	—
Others.....	3	—	3
5. Juvenile Court.....	36	36	—
Probation Officers.....	3	3	—
6. Adult Court.....	1	—	1
7. Private physicians.....	116	—	116
8. Parents, relatives, self, friends.....	189	—	189
9. Other.....	2	—	2
Totals.....	1,006	627	379



TABLE 14.—DIAGNOSES OF ALL CASES ASSESSED BY THE CHILDREN'S CLINIC,  
APRIL 1ST, 1960, TO MARCH 31ST, 1961

	Male	Female	Total
Psychotic disorders—Schizophrenic reaction, catatonic type.....	1	—	1
Acute brain disorders—			
Acute brain syndrome associated with trauma.....	1	—	1
Acute brain syndrome associated with metabolic disturbance.....	—	1	1
Acute brain syndrome of unknown cause.....	4	1	5
Psychoneurotic disorders—			
Anxiety reaction.....	12	9	21
Dissociative reaction.....	—	2	2
Phobic reaction.....	5	3	8
Depressive reaction.....	3	4	7
Psychophysiologic gastro-intestinal reaction.....	1	2	3
Psychophysiologic genito-urinary reaction.....	1	3	4
Psychophysiologic nervous system reaction.....	1	—	1
Psychoneurotic reaction, other.....	60	23	83
Chronic brain syndrome with neurotic reaction.....	1	—	1
Disorder of character, behaviour, and intelligence—			
Schizoid personality.....	4	1	5
Paranoid personality.....	—	1	1
Inadequate personality.....	1	1	2
Anti-social reaction.....	8	2	10
Dyssocial reaction.....	2	2	4
Sexual deviation.....	1	—	1
Personality pattern disturbance, other.....	8	10	18
Emotionally unstable personality.....	39	22	61
Passive-aggressive personality.....	27	17	44
Enuresis.....	21	10	31
Other.....	7	7	14
Personality trait disturbance, other.....	9	4	13
Adjustment reaction of childhood.....	137	43	180
Adjustment reaction of adolescence.....	10	6	16
Mental deficiency—			
Severe.....	15	11	26
Moderate.....	22	16	38
Mild.....	14	16	30
Severity not specified.....	2	1	3
Mental deficiency (×4)—			
Severe.....	1	—	1
Moderate.....	2	3	5
Mild.....	2	1	3
Learning disturbance.....	20	3	23
Speech disturbance.....	6	—	6
Gross stress reaction.....	3	2	5
Other transient situational personality disturbance.....	7	4	11
Chronic brain syndrome with behavioural reaction.....	—	1	1
Chronic brain syndrome associated with trauma with behavioural reaction.....	2	—	2
Chronic brain syndrome of unknown cause associated with behavioural reaction.....	3	—	3
Other—			
Multiple sclerosis without qualifying phrase.....	2	—	2
Chronic brain syndrome associated with disturbance of metabolism or growth without qualifying phrase.....	—	2	2
Chronic brain syndrome associated with convulsive disorder without qualifying phrase.....	1	—	1
Chronic brain syndrome associated with convulsive disorder with behavioural reaction.....	1	1	2
No psychiatric diagnosis.....	69	35	104
Incomplete diagnosis.....	161	39	200
Totals.....	697	309	1,006

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