DEPARTMENT OF HEALTH SERVICES
AND HOSPITAL INSURANCE

Mental Health Services Branch

PROVINCE OF BRITISH COLUMBIA

ANNUAL REPORT

FOR TWELVE MONTHS ENDED

MARCH 31

1963

Printed by A. SUTTON, Printer to the Queen's Most Excellent Majesty
in right of the Province of British Columbia.
1964

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 31, 1963.

ERIC MARTIN,
Minister of Health Services and Hospital Insurance.

Office of the Minister of Health Services and Hospital Insurance,
Victoria, B.C., January 23, 1964.

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE,
MENTAL HEALTH SERVICES BRANCH,
VANCOUVER, B.C., January 22, 1964.

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 31, 1963.

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

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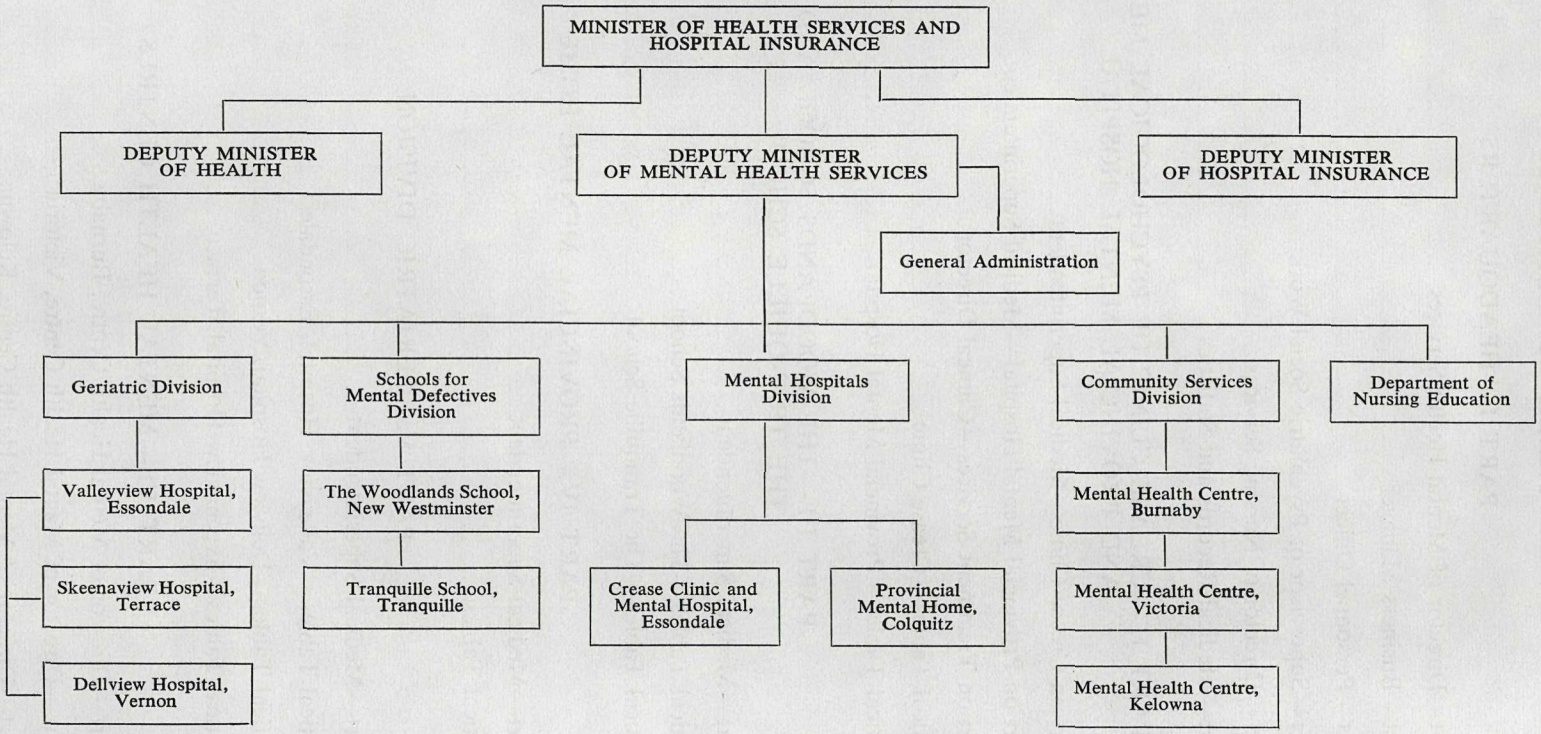
MENTAL HEALTH SERVICES BRANCH ORGANIZATION
AS OF MARCH 31, 1963



Report of Mental Health Services Branch

For the Twelve Months Ended March 31, 1963

PART I.—HEADQUARTERS

REPORT OF DIRECTOR OF MENTAL HEALTH SERVICES

A. E. Davidson, M.D., Deputy Minister of Mental Health Services and Director of Mental Health Services

The various units of the Mental Health Services Branch have continued to provide an effective service for an increasing number of patients during the fiscal year 1962/63. At the same time there has been an increase in the amount of services provided in these units together with improvement and modification in many of the programmes and treatment procedures. In addition, there have been many increases of service at the community level, some of these within the structure of the branch organization and some at the local or community level.

As indicated in the accompanying chart, there are four main divisions of service within the Mental Health Services Branch. These are the Mental Hospitals Division, the Geriatric Division, the Schools for Mental Defectives Division, and the Community Services Division. The first three of these divisions provide the in-patient or hospital-care programme for the majority of mentally ill and mentally retarded who are hospitalized in this Province. The Community Services Division provides diagnostic, consultative, and therapeutic services to many patients in various parts of the Province who do not require hospital care but who can attend and receive their attention on an out-patient basis.

STATISTICAL COMMENTS

During the fiscal year 1962/63, 4,248 patients were admitted to the units of these three divisions. This is an increase of 54 patients over 1961/62. It is to be noted, however, the yearly admissions to hospitals have been showing a gradual and steady increase over the past 10 years. This has occurred in spite of the increase in services to the mentally ill in the community by the provision of mental health clinics, private psychiatric services, patients admitted to psychiatric wards in general hospitals, etc.

Table 1.—Showing Patients in Residence in the Various Institutions of the Provincial Mental Health Services, April 1, 1962, and March 31, 1963, Together with Increase or Decrease.

Institution	In Residence, Apr. 1, 1962			In Residence, Mar. 31, 1963			Increase (+) or Decrease (—)
	Men	Women	Total	Men	Women	Total	
Crease Clinic	110	145	255	91	127	218	—37
Mental Hospital, Essondale	1,464	1,242	2,706	1,484	1,256	2,740	+34
Mental Hospital, Colquitz	283	.....	283	149	.....	149	—134
The Woodlands School	791	561	1,352	706	582	1,288	—64
The Tranquille School	153	139	292	275	143	418	+126
Valleyview Hospital, Essondale	248	472	720	252	477	729	+9
Dellview Hospital, Vernon	106	126	232	106	127	233	+1
Skeenaview Hospital, Terrace	293	.....	293	295	.....	295	+2
Totals	3,448	2,685	6,133	3,358	2,712	6,070	—63

Table 2.—Showing in Summary the Admissions and Population Increase of the Mental Health Services Branch for the 10-year Period April 1, 1953, to March 31, 1963.

Year	Total Admissions	Admissions 65 Years and Over	Admissions 15 Years and Under	Voluntary Admissions	Population Increase	Index of Increase
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	2,270	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	3,924	580	254	1,695	42	1.07
1961/62	4,193	557	200	2,023	—156	—3.72
1962/63	4,248	554	213	2,086	—63	—1.48
Totals	32,094	4,536	1,445	13,204	42	.....

The types of patients admitted to the various units of the Mental Health Services Branch include those who are more seriously ill and require a longer period of care and treatment, and also many for whom active and intensive therapy will enable them to return very quickly to the community. The separation rate from the hospitals is one indication of the very active programme carried out in these institutions. During the year 4,311 patients were separated from our various hospitals. This resulted in a net decrease of 63 patients in the total resident population in all institutions during the year. We are gratified that it is possible to provide the standard of programme and care and still be able to maintain our total accommodation at this level.

The total resident population of the three units of the Mental Hospitals Division—namely, the Crease Clinic, Provincial Mental Hospital at Essondale, and Provincial Mental Home at Colquitz—at the end of the year was 3,107. This is a reduction of 137 patients compared to the figure at the end of the previous fiscal year.

Admissions to the Crease Clinic and Provincial Mental Hospital continued to be very high. A total of 3,717 patients was admitted during the year 1962/63, compared with 3,661 in 1961/62. This is an increase of 56 over the previous year. However, it is to be noted that this figure, compared to the admission rate in the year 1952/53 of 2,512 and to the admission rate in 1957/58 of 2,739, indicates a very rapid increase in the treatment programme in these institutions.

Of the total admissions to the Provincial mental hospitals, 1,953 were first admissions and 1,770 were readmissions. The ratio of patients admitted to hospital on a voluntary basis continues to be very high. Approximately 70 per cent of all admissions to the Crease Clinic during this past year were admitted voluntarily, whereas about 44 per cent of those admitted to the Provincial Mental Hospital do so of their own volition. A considerable increase is noted in the number admitted from penal institutions or from the Court to the Provincial Mental Hospital. One hundred and twenty-one such patients were admitted under these arrangements during 1962/63. These patients require an increased amount of supervision in order to cover the security aspects. The majority of these are treated and returned to the penal institution as soon as possible. When this figure is compared to the figure of 10 patients admitted by Order in Council 10 years ago, it gives some indication of the increase in service in this area.

During the year the gradual transfer of patients from the Provincial Mental Home at Colquitz continued. The policy to eventually close out this institution has been pursued. One hundred and thirty-four patients were transferred from Colquitz to the various institutions on the Mainland. This left 149 patients resident at Colquitz at the end of March, 1963.

The two units of the Schools for Mental Defectives Division—namely, The Woodlands School and The Tranquille School—have shown a total increase of 62 in the resident population this year. This has been made possible by the gradual increase in accommodation at The Tranquille School and the transfer of patients there from The Woodlands School. This has enabled an increasing number to be admitted to The Woodlands School from the waiting list. At present all admissions are direct to The Woodlands School. Altogether, 210 patients were admitted during the fiscal year. An increased amount of service is provided in the area of mental retardation through the 30-day admission programme, enabling patients to be admitted for observation, assessment, and consultative purposes.

The Geriatric Division, consisting of Valleyview, Skeenaview, and Dellview Hospitals, continues to provide a very active and useful service for psychiatric patients in the aged population. At the end of the year there were 1,257 patients in these three units. This total shows an increase of only 12 more in residence than at the beginning of the year. Altogether, 321 patients were admitted during the past fiscal year. The demand for admission to these units continues to be quite high, but it has been possible to accommodate all those urgently requiring care in these facilities.

The three units of the Community Services Division have provided an increasing amount of service to the areas which they serve. Some of these areas are served by the travelling clinic working out of each of the three stationary mental health clinics. Patients seen by these clinics do not require active hospital care. A total of 1,496 patients was seen in the three clinical areas. Of this total, 930 of the patients seen were adults and 566 were children. Nine hundred and forty-six of these patients were accepted into the treatment programme, this total consisting of 660 adults and 286 children.

MAJOR EVENTS AND TRENDS

Expansion and modification of existing services and development of new services have taken place during the fiscal year 1962/63.

The open-ward policy has continued to develop in all institutions. This programme provides an opportunity for patients to enjoy freedom and privileges comparable to those which they are used to under normal home circumstances. At the Crease Clinic and Provincial Mental Hospital, 34 wards out of a total of 44 wards are now open. Over 2,000 patients of approximately 3,000 patients in residence have this privilege. At The Woodlands School six wards are entirely open. There are a number of locked wards where many of the patients have the privilege of going out on the grounds by themselves. In Valleyview Hospital two wards operate entirely on an open-ward basis, while at Dellview and Skeenaview Hospitals one ward each functions in this manner.

The after-care programme at the Provincial Mental Hospital has been operative actively this past year. This programme provides a follow-up service to patients who are discharged from hospital to the Metropolitan Vancouver area. The patients are supported during their period of adjustment from hospital to community life. This enables patients to be discharged from the hospital earlier than they otherwise might. In some instances, patients who could not otherwise

leave hospital have the opportunity of being given a trial. At the end of the year, 863 patients were registered in the after-care programme, compared to the 381 who were registered at the beginning of the fiscal year. There are plans to try to increase and expand this service so that patients discharged to other areas of the Province will receive similar service.

The boarding-home care programme is very closely associated with the after-care programme. Patients who do not require continuation of their hospital care have the opportunity of being placed in the community with some measure of supervision. Many of these patients continue to show improvement following their placement in boarding homes and are eventually able to be discharged from boarding home to resume their life in their own community. At the year's end approximately 180 patients from hospital were living in boarding homes located in various centres in the Lower Mainland.

Further expansion is being undertaken in the development of a more active rehabilitation programme. With a more active-treatment programme, the ordinary hospital chores do not provide adequately for job training in preparation to leave hospital. Many patients require planned programmes while they are in hospital to prepare them for their eventual return to the community. It is necessary to plan the working programme in keeping with the individual patient's personality make-up and background and also in keeping with what is being planned for the patient after he leaves hospital. This programme may include working situations about the hospital or various types of work and training in the hospital industrial therapy department and occupational therapy department. A co-ordinator of rehabilitation was appointed to the staff of the Provincial Mental Hospital, effective February, 1963, to develop and co-ordinate this rehabilitation programme.

The gradual abandonment of the Provincial Mental Home at Colquitz has been proceeding satisfactorily during the past fiscal year. No patients have been transferred to Colquitz for the past 18 months, and patients in this institution have been gradually transferred to other hospital units on the Mainland. Transfers are gradual as it is desired to effect this move without increasing the accommodation problems in these other institutions. The Provincial Mental Home at Colquitz originally accommodated 298 patients. At the end of the fiscal year 149 patients were in residence. This movement will continue, and it is hoped it will be possible to complete the closure of Colquitz within the next fiscal year.

At the same time that this move is taking place, planning is proceeding for the development of improved psychiatric facilities in Victoria for the people of Vancouver Island. These facilities will provide accommodation for modern diagnosis, care, and treatment of patients on an out-patient and in-patient basis.

Expansion of facilities of The Tranquille School has continued with a view to developing a multi-purpose type of hospital-school facility. It will thus be possible to provide care for an increasing variety of patients in this School. At present, patients are not admitted directly to The Tranquille School but are transferred from The Woodlands School. Mentally retarded patients are admitted directly to The Woodlands School, where facilities for diagnosis, assessment, treatment, education, and programming exist. When assessment is completed and the resources at The Tranquille School are considered adequate, then these patients may be transferred to Tranquille. This expansion at The Tranquille School has enabled an increasing number of mentally retarded patients to be accepted from the waiting list.

The new Okanagan Mental Health Centre was opened at Kelowna in August of 1962. This service is located in office space provided in the Health Centre in Kelowna. This space was officially opened in December of 1962. The staff for

this clinic consists of a psychiatrist, psychologist, social worker, mental health nurse, and the necessary clerical staff. Dr. F. E. McNair, formerly Director of the Mental Health Centre in Burnaby, was appointed to be the first Director of this new Okanagan Mental Health Centre. This is the first instance where psychiatric personnel have been located in areas of the Province outside of the Vancouver and Victoria areas.

This clinic presently serves three health units—namely, the North Okanagan Health Unit, the South Okanagan Health Unit, and the South Central Health Unit. It provides a variety of services, mainly consultative and therapeutic services, for those who do not require hospitalization. The clinic visits regularly the cities of Penticton, Kelowna, Kamloops, Vernon, Salmon Arm, and Revelstoke.

Since the clinic has been operative, a psychiatric ward has been developed at the Kelowna General Hospital. This provides a facility for the treatment of many patients requiring a short period of hospitalization. Thus it is possible for patients who would formerly have been treated only at facilities in the Lower Mainland to now enjoy the opportunity of receiving the necessary treatment for their condition in their own community. It is hoped that the developments in the mental health field in the Okanagan area will serve as a model for the development of programmes in other areas of the Province. Plans are presently developed to proceed with similar mental health centres. One is planned for the Kootenay region, to be centered in Trail. This clinic will serve three health units—namely, the East Kootenay, West Kootenay, and Selkirk Health Units. In addition, our planning has been proceeding for the development of the North Island Mental Health Centre, to be located in Nanaimo, and which will serve in a similar way the Upper Island Health Unit and the Central Vancouver Island Health Unit.

The new *Patients' Estates Act* was proclaimed and became effective in July of 1962. While this Act is not administered by the Mental Health Services Branch, nevertheless it does apply to and affect many of the patients who are admitted and resident in the units of this Branch. Formerly all patients admitted to mental institutions were considered mentally incompetent. Under this new Act, persons admitted to mental institutions are only declared incompetent when the Medical Superintendent considers the patient's mental condition to be such as to make it desirable to apply for a certificate declaring him to be mentally incompetent. It is thus possible for a person who is unfortunate enough to develop a mental illness to be admitted to hospital for treatment without losing all of his civil rights. This is certainly in keeping with modern psychiatric thinking and is a definite step forward in mental health legislation.

Some of the major items of renovation and construction carried out by the Public Works Department for our Branch were as follows:—

(1) The renovation of the Riverside Annex Building at the Provincial Mental Hospital, Essondale. This building was partially destroyed by fire in January, 1962. A complete renovation was carried out in this building. Patients were able to reoccupy this facility in April of 1962.

(2) The reconversion of the building formerly known as Nurses Home 2 at The Woodlands School. These renovation changes produced a building containing satisfactory office accommodation and was designed to accommodate the administrative and medical staff at The Woodlands School. In addition, the research laboratory and beauty-parlor are located in this building. This building was occupied in October of 1962.

(3) Construction of a new building at the Provincial Mental Hospital, Essondale, to accommodate the telephone exchange and the employees'

credit union offices. The portion of the building utilized by the credit union was occupied June 19, 1963, and the portion of the building accommodating the telephone exchange was occupied on November 4, 1962.

(4) Construction of the new Industrial Therapy Building at the Provincial Mental Hospital, Essondale. The work on this building has continued throughout the year, and at the end of the fiscal year was nearing completion. Plans were being arranged to occupy this building early in the next fiscal year.

Opening of the Industrial Therapy Building, Provincial Mental Hospital, Essondale, May 30, 1963. Left to right: R. Herring, Supervisor, Industrial Therapy; Dr. T. G. Caunt, Medical Superintendent; Dr. A. E. Davidson, Deputy Minister of Mental Health Services; the Honourable E. C. F. Martin, Minister of Health Services and Hospital Insurance.

GENERAL COMMENTS

Active efforts have been made through the year to orientate the public to activities being carried on in the various units of the Mental Health Services by arranging for visits of groups to such institutions. Such visits include various groups from the university, schools, service organizations, P.-T.A. groups, etc. By these multiple visits, a large number of the public become more familiar with the activities and services of the Mental Health Services Branch. In addition, they also become more aware of the nature and some of the aspects of mental illness and mental health. More specifically a tour of the Provincial Mental Home at Colquitz was arranged for members of the press on January 18, 1963. The first open house was held at The Tranquille School on June 27, 1962. Carnival day

was held at the Provincial Mental Hospital at Essondale. This event gave the opportunity for a large representation from the public to attend and to observe at first hand some of the activities within a mental hospital.

The services rendered by members of the Canadian Mental Health Association and the Association for Retarded Children of British Columbia are very valuable and very much appreciated. Many members of both groups serve in a voluntary capacity in the mental hospitals and schools for retarded. These members work very closely with patients in these hospitals and bring to these patients an interest which is otherwise not available. Their work and contribution, particulary in regard to their Christmas gift programme, are very noteworthy. They have also participated in the various visits and tours of big groups to these institutions. In this and in their many other activities they are able to promote and stimulate interest and concern in the problem of the mentally ill and the mentally retarded.

The 32nd graduation exercises of the Department of Nursing Education were held in the Vincent Massey Junior High School auditorium in New Westminster on the evening of April 25, 1962. One hundred and sixteen student nurses, consisting of 92 women and 24 men, received their diplomas in psychiatric nursing. This diploma signifies their successful completion of the two-year training programme in the field of psychiatric nursing and qualifies them for registration with the Council of Psychiatric Nurses. The graduation speaker, Dr. William C. Gibson, Professor of the Department of the History of Medicine and Science, University of British Columbia, gave a very stimulating address to the graduating class.

The annual meeting of the Council of Psychiatric Nurses was held on April 30, 1962, and a special meeting of the council was held on September 28, 1962. One hundred and forty-eight psychiatric nurses have been licensed by the council during the fiscal year. At the present time 1,251 nurses are licensed under the *Psychiatric Nurses Act*. This includes 1,239 psychiatric nurses and 12 nurses in mental deficiency.

The Council of Psychiatric Nurses has agreed to the establishment of a travelling bursary in honour of the distinguished work of the council's first chairman, Dr. A. M. Gee, in furthering the interests and professional stature of the psychiatric nurse and nurse in mental deficiency in British Columbia. The purpose of this bursary will be to provide a worthy representative of the psychiatric nursing profession of British Columbia with an opportunity to acquire and exchange knowledge and skills through study, training, and observation in an outstanding training and research centre which will be of value to him and his colleagues in providing improved nursing care for the mentally and emotionally disturbed.

The in-service training programme for special school counsellors, which is arranged by the Vancouver School Board, continued to receive support from the Mental Health Services Branch. Financial assistance for this programme is provided through mental health grants. Many staff members of various disciplines from the various units of the Mental Health Services Branch contribute to this programme by providing lectures, clinics, demonstrations, etc. During this past year 10 teachers have taken this course. Since this training programme was commenced eight years ago, 73 teachers, mostly from Metropolitan Vancouver, have received their training in this area.

The Mental Health Services Branch continues to participate in the activities of the Alcoholism Foundation of British Columbia and the Narcotic Addiction Foundation of British Columbia by having representation on the board of directors

of each foundation. Dr. R. W. Harrington has been the representative on the Alcoholism Foundation and Dr. A. E. Davidson on the Narcotic Addiction Foundation. These two foundations deal specifically with the problems relating to alcohol and drug addiction. In both of these there is the opportunity to give consideration and assistance to the psychiatric implications.

There have been many important changes in professional staff throughout the service. The following senior staff appointments were made during the year: Dr. K. J. Davies appointed to the position of Director of the Mental Health Centre, Burnaby, June 1, 1962; Dr. F. E. McNair appointed to the position of Director of the Okanagan Mental Health Centre, Kelowna, July 1, 1962; Dr. C. Gregory appointed to the position of Director of the Mental Health Centre, Victoria, July 11, 1962; Dr. F. G. Tucker returned from New York after a year's study in the field of administrative psychiatry to reassume the position of Clinical Director at the Crease Clinic and Provincial Mental Hospital, Essondale.

There has been a number of resignations and retirements of staff members from the Service, but special mention should be made of the following. Miss V. M. Sanders, Superintendent of Nurses at The Woodlands School, retired from the Service in October of 1962. Miss Sanders joined the nursing service 31 years ago and served as Superintendent of Nurses at The Woodlands School for 22 years. Mr. John Fraser, Postmaster at the Crease Clinic and Provincial Mental Hospital at Essondale, retired on superannuation, May, 1962. Mr. Fraser joined the staff of the Provincial Mental Hospital 37 years ago and had been employed in the position of Postmaster for some 32 years. Mr. Charles Bradford retired on superannuation in January, 1963, after having completed 38 years of service. Mr. Bradford had been employed as a physiotherapist in the Centre Lawn Building, Provincial Mental Hospital at Essondale. These three employees were all presented with a certificate of meritorious service by the Honourable Eric Martin. Over the many years these three had made a considerable contribution to the programme carried out in the Mental Health Services. The experience which they have had in the performance of their work in the different areas of the Mental Health Services is difficult to replace.

MENTAL HEALTH GRANT

The Government of Canada, through the Department of National Health and Welfare, made available to British Columbia a Mental Health Grant " to assist in an extended programme for the prevention and treatment of mental illness, including rehabilitation and free treatment." This was the 15th year that this Mental Health Grant had been made available.

The Mental Health Grant provided for 1962/63 was $791,004. In common with all the agencies utilizing health grants, the officers of the Mental Health Services Branch met with senior officials of the Provincial Health Branch and the Department of National Health and Welfare in August, 1962, to reduce project proposals for 1962/63 in accordance with the decreased funds which the Federal officials indicated were then available for allocation. This accounts for the fact that the Branch did not utilize the same high proportion of the Federal allocation as in previous occasions. Projects to the value of $657,116.77 were submitted to and approved by the Department of National Health and Welfare. Expenditures vouchered by the year's end totalled $625,319.68. The details of these expenditures are provided in tabular form in the Business Manager's report on page 33.

Of the 19 active projects this year, nine provided assistance to the programme of the Mental Health Services Branch of the Province. At the University of British Columbia there were four research projects supported, including a new one under the ægis of the Department of Psychiatry devoted to epidemiologic studies of hospitalized psychiatric illness.

The graduate programme of the Department of Psychiatry at the University continued to receive support for various clinical supervisors, together with some secretarial assistance. The psychiatric out-patient department of the Vancouver General Hospital, which is associated with the University Department of Psychiatry and its teaching programme, continued to receive support in the payment of salaries of selected professional and clerical members of the staff.

The mental hygiene programme of the Metropolitan Health Committee of Greater Vancouver continued along previous lines without any significant change. A new project was approved this year to permit the establishment of a mental hygiene programme for the Greater Victoria Metropolitan Board of Health. This programme is now well established.

The study of the combined course in psychiatric and general nursing, which was conducted under the ægis of the Mental Health Services Branch, was concluded, and the final report was compiled and submitted to the Department of National Health and Welfare.

The British Columbia Epilepsy Society received funds to assist in defraying the salaries required to operate its clinical service. The Children's Foundation received a grant to assist in the payment of salaries to two professional members of its staff.

The usual short-term courses for professional members of the Mental Health Services Branch were provided. The funds for these are now obtained from the Professional Training Grant, which is administered by the Health Branch.

An important development this year was the provision of a bursary to permit Mr. John W. Borthwick, a psychologist employed at the Provincial Mental Hospital, to attend the two-year course in hospital administration given by the University of Toronto. The funds for this bursary have been allocated from the Professional Training Grant.

COMPARATIVE SUMMARY OF INCREASES AND DECREASES IN RESIDENT POPULATION BY MAJOR DIVISIONS OF MENTAL HEALTH SERVICES BRANCH, 1953/54 TO 1962/63.

Fiscal Year	Provincial Mental Hospitals	Schools for Mental Defectives	Geriatric Division	Crease Clinic	Total
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	+156	+24	+20
1960/61	−71	+75	+59	−21	+42
1961/62	−247	+73	+7	+11	−156
1962/63	−100	+62	+12	−37	−63

COMPARATIVE SUMMARY OF TOTAL PATIENTS UNDER CARE FOR MAJOR DIVISIONS OF MENTAL HEALTH SERVICES BRANCH BY FISCAL YEARS, 1953/54 TO 1962/63.

Fiscal Year	Provincial Mental Hospitals	Schools for Mental Defectives	Geriatric Division	Crease Clinic	Total
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
1961/62	5,803	1,960	1,642	1,876	11,281
1962/63	5,853	2,023	1,677	1,912	11,465

MOVEMENT OF POPULATION OF MENTAL HEALTH SERVICES, APRIL 1, 1962, TO MARCH 31, 1963

	Psychiatric Division			Schools for Mental Defectives			Geriatric Division			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
In residence, April 1, 1962	1,857	1,387	3,244	944	700	1,644	647	598	1,245	3,448	2,685	6,133
On probation, carried forward from 1961/62	213	407	620	12	10	22	9	16	25	234	433	667
On escape, carried forward from 1961/62	7	1	8	.....	.....	.....	.....	.....	.....	7	1	8
Total as at April 1, 1962	2,077	1,795	3,872	956	710	1,666	656	614	1,270	3,689	3,119	6,808
Admisisons—												
First admissions to Mental Health Services	1,043	910	1,953	64	66	130	159	150	309	1,266	1,126	2,392
Readmissions to different institutions	128	204	332	3	1	4	5	5	10	136	210	346
Readmissions to same institution	699	733	1,432	45	31	76	1	1	2	745	765	1,510
Total admissions	1,870	1,847	3,717	112	98	210	165	156	321	2,147	2,101	4,248
Transfers in	124	52	176	133	14	147	66	20	86	323	86	409
Total admissions to individual institution	1,994	1,899	3,893	245	112	357	231	176	407	2,470	2,187	4,657
Total under care	4,071	3,694	7,765	1,201	822	2,023	887	790	1,677	5,840	5,216	11,056[1]
Separations—												
Discharged in full	1,848	1,741	3,589	82	64	146	15	15	30	1,945	1,820	3,765
Died	108	66	174	9	4	13	190	133	323	307	203	510
On probation but not discharged	189	448	637	15	10	25	22	22	44	226	480	706
Escaped but not discharged	4	1	5	.....	.....	.....		.....	.....	4	1	5
Total separations	2,149	2,256	4,405	106	78	184	227	170	397	2,482	2,504	4,986
Transfers out	198	55	253	116	17	133	7	16	23	321	88	409
Total separations from individual institution	2,347	3,311	4,658	222	95	317	234	186	420	2,803	2,592	5,395
Net increase or decrease	−133	−4	−137	+37	+25	+62	+6	+6	+12	−90	+27	−63
In residence, March 31, 1963	1,724	1,383	3,107	981	725	1,706	653	604	1,257	3,358	2,712	6,070

[1] Total under care for all Mental Health Services includes total as at April 1, 1962, plus the total admissions to individual institutions minus transfers out.

MOVEMENT OF POPULATION IN INDIVIDUAL INSTITUTIONS, APRIL 1, 1962, TO MARCH 31, 1963

PSYCHIATRIC DIVISION

	Crease Clinic			Provincial Mental Hospitals				Total		
				Essondale			Colquitz			
	M.	F.	T.	M.	F.	T.	M.	M.	F.	T.
In residence, April 1, 1962	110	145	255	1,464	1,242	2,706	283	1,857	1,387	3,244
On probation, carried forward from 1961/62	.....	.....	.....	212	407	619	1	213	407	620
On escape, carried forward from 1961/62	.....	.....	.....	6	1	7	1	7	1	8
Total as at April 1, 1962	110	145	255	1,682	1,650	3,332	285	2,077	1,795	3,872
Admissions—										
First admissions to Mental Health Services	518	575	1,093	525	335	860	.....	1,043	910	1,953
Readmissions to different institutions	31	45	76	97	159	256	.....	128	204	332
Readmissions to same institution	212	270	482	487	463	950	.....	699	733	1,432
Total admissions	761	890	1,651	1,109	957	2,066	.....	1,870	1,847	3,717
Transfers in	4	2	6	120	50	170	.....	124	52	176
Total admissions to individual institution	765	892	1,657	1,229	1,007	2,236	.....	1,994	1,899	3,893
Total under care	875	1,037	1,912	2,911	2,657	5,568	285	4,071	3,694	7,765
Separations—										
Discharged in full	765	877	1,642	1,082	864	1,946	1	1,848	1,741	3,589
Died	3	1	4	99	65	164	6	108	66	174
On probation but not discharged	.....	.....	.....	189	448	637	.....	189	448	637
Escaped but not discharged	.....	.....	.....	3	1	4	1	4	1	5
Total separations	768	878	1,646	1,373	1,378	2,751	8	2,149	2,256	4,405
Transfers out	16	32	48	54	23	77	128	198	55	253
Total separations from individual institution	784	910	1,694	1,427	1,401	2,828	136	2,347	2,311	4,658
Net increase or decrease	−19	−18	−37	+20	+14	+34	−134	−133	−4	−137
In residence, March 31, 1963	91	127	218	1,484	1,256	2,740	149	1,724	1,383	3,107

MOVEMENT OF POPULATION IN INDIVIDUAL INSTITUTIONS, APRIL 1, 1962, TO MARCH 31, 1963—*Continued*

SCHOOLS FOR MENTAL DEFECTIVES

	The Woodlands School, New Westminster			The Tranquille School, Tranquille			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
In residence, April 1, 1962	791	561	1,352	153	139	292	944	700	1,644
On probation, carried forward from 1961/62	12	10	22	.....	.....	.....	12	10	22
Total as at April 1, 1962	803	571	1,374	153	139	292	956	710	1,666
Admissions—									
First admissions to Mental Health Services	64	66	130	.....	.....	.....	64	66	130
Readmissions to different institutions	3	1	4	.....	.....	.....	3	1	4
Readmissions to same institution	45	31	76	.....	.....	.....	45	31	76
Total admissions	112	98	210	.....	.....	.....	112	98	210
Transfers in	7	5	12	126	9	135	133	14	147
Total admissions to individual institution	119	103	222	128	7	135	245	112	357
Total under care	922	674	1,596	281	146	427	1,201	822	2,023
Separations—									
Discharged in full	81	64	145	1	.....	1	82	64	146
Died	9	4	13	.....	.....	.....	9	4	13
On probation but not discharged	14	10	24	1	.....	1	15	10	25
Total separations	104	78	182	2	.....	2	106	78	184
Transfers out	112	14	126	4	3	7	116	17	133
Total separations from individual institution	216	92	308	6	3	9	222	95	317
Net increase or decrease	−85	+21	−64	+122	+4	+126	+31	+25	+62
In residence, March 31, 1963	706	582	1,288	275	143	418	981	725	1,706

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 1, 1962	248	472	720	106	126	232	293	647	598	1,245
On probation, carried forward from 1961/62	8	16	24	1	.....	1	.....	9	16	25
Total as at April 1, 1962	256	488	744	107	126	233	293	656	614	1,270
Admissions—										
First admissions to Mental Health Services	113	113	226	33	37	70	13	159	150	309
Readmissions to different institutions	3	5	8	2	.....	2	.....	5	5	10
Readmissions to same institution	1	1	2	.....	.....	.....	.....	1	1	2
Total admissions	117	119	236	35	37	72	13	165	156	321
Transfers in	31	19	50	10	1	11	25	66	20	86
Total admissions to individual institutions	148	138	286	45	38	83	38	231	176	407
Total under care	404	626	1,030	152	164	316	331	887	790	1,677
Separations—										
Discharged in full	11	11	22	4	4	8	.....	15	15	30
Died	117	105	222	39	28	67	34	190	133	323
On probation but not discharged	18	18	36	3	4	7	1	22	22	44
Total separations	146	134	280	46	36	82	35	227	170	397
Transfers out	6	15	21	.....	1	1	1	7	16	23
Total separations from individual institution	152	149	301	46	37	83	36	234	186	420
Net increase or decrease	+4	+5	+9	.....	+1	+1	+2	+6	+6	+12
In residence, March 31, 1963	252	477	729	106	127	233	295	653	604	1,257

BUSINESS MANAGER'S REPORT

F. A. MATHESON, BUSINESS MANAGER

Attached hereto are the financial reports of the British Columbia Mental Health Services Branch for the fiscal year ended March 31, 1963.

The reports of the in-patient care units, comprising Crease Clinic, Provincial Mental Hospital, The Woodlands School, The Tranquille School, Provincial Mental Home, Valleyview Hospital, Dellview Hospital, and Skeenaview Hospital, are included in Tables A through J, inclusive, while Tables K, L, M, and N present those of the Community Services, Department of Nursing Education, and General Administration respectively.

The over-all daily average population as illustrated in Table A reads 6,095.15, a decrease of 112.15 from the previous year. Population decrease is most marked in the Provincial Mental Hospital, Essondale, where the average population dropped from 2,824.58 in 1961/62 to 2,719.32 in 1962/63, or a total of 105.26.

Maintenance expenditures continue to rise, the 1962/63 total of $16,354,-798.43 indicating an increase of $521,799.29 over the $15,832,999.14 recorded in 1961/62, and is made up of $493,685.81 in salaries and the balance of $28,113.48 in supplies and operating expenses. As a result of the upward trend in maintenance expenditure, the gross and net daily *per capita* costs rose to $7.35 and $6.44 respectively, or increases of 36 and 40 cents over 1961/62.

Maintenance revenue, on the other hand, decreased from $2,150,802.56 in 1961/62 to $2,025,854.46, or a drop of $124,948.10 between the two-year totals.

Produce valued at approximately $500,000 was purchased during the year from the Department of Agriculture farm operations at Essondale, Colquitz, and Tranquille.

A detailed statement is also appended to this report listing assistance from the Federal Government totalling $625,319.68 in the form of health grant projects. The expenditure of these funds assisted our programme appreciably in providing equipment, personnel, and staff-training.

On October 12, 1962, a severe windstorm hit the Lower Mainland. As a result of this storm, the Essondale area and The Woodlands School were without power from 12.40 a.m. on October 13th to 2.30 p.m. on October 14th, approximately 26 hours. The lack of power caused a great deal of inconvenience in the operation of the institutions concerned, but fortunately without any serious consequences.

On the afternoon of Sunday, Decmber 30, 1962, a transite water-line in the service tunnel of the West Lawn Building at the Provincial Mental Hospital, Essondale, broke, flooding the tunnel to a depth of 9 feet. As a result, the power and lights were off in the Centre Lawn Building, and power only in the West Lawn Building from 2.30 to 11.30 p.m. Ventilation in both these buildings was off until the following Friday. Water service, however, was off for only one hour. Fortunately the flooding was confined to the tunnel, and no water was in any of the patient areas, kitchens, or dining-rooms on the ground floor.

The Safety Committee for the Essondale area was reorganized, and it now includes representatives from the Provincial Mental Hospital, Valleyview Hospital, Colony Farm, and the Department of Public Works.

Our facilities for the handling and storage of garbage at the Provincial Mental Hospital, Essondale; Valleyview Hospital, Essondale; and The Woodlands School, New Westminster, have been a matter of concern, not only to us, but also to the Medical Health Officer, for some time. I am happy to be able to report that the

Public Works Department has appointed an architect to study this problem and to draw up plans for the improvement of these facilities.

Mr. D. R. McCallum, of the business office at The Woodlands School, was appointed to the position of Business Manager at the Mental Health Centre, Burnaby, on October 1, 1962, succeeding Mr. T. L. Brown, who resigned.

Plans have been completed for the closure of the Provincial Mental Home, Colquitz, by transferring the patients to other institutions. The first transfer of patients was made on April 2, 1962, and by March 31, 1963, the patient population had been reduced by 134 patients.

I regret to advise that on October 19, 1962, a fire occurred in a room in the staff house at the Provincial Mental Home, Colquitz. This room was occupied by a male nurse who had just retired. He was severely burned as a result of this fire. This matter was turned over to the police.

I am pleased to be able to report that again this year, in addition to maintaining the buildings, grounds, equipment, and furnishings of all our institutions in a satisfactory manner, and the purchase of a considerable amount of furniture and equipment, both new and replacement, a great deal of planning and major improvements were also carried out. Some of the main items of interest in this regard are as follows:—

Provincial Mental Hospital, Essondale.—The new Credit Union and Telephone Exchange Building was completed and the change-over to the automatic telephone system for the Essondale area was made on November 30, 1962. The Honourable W. N. Chant, Minister of Public Works, officially opened this new building on December 4, 1962.

Plans and specifications for the renovation of the West Lawn Building kitchen and dining areas have been completed and approved.

Plans and specifications for new fire-escapes for the Centre Lawn Building have been completed and approved.

Work in connection with the new incinerator at Colony Farm has been completed, and it is now operating.

After careful consideration, it was decided that the Hillside Building was not worth renovating, and tenders have been called for its demolition. The Public Works Department is presently working on plans for a replacement building.

Work in connection with the planning for the new medical clinic is proceeding.

Pay phones have been installed in public areas and in nurses' homes.

A new suite of offices for the Social Service Department was constructed on East 1 in the Crease Clinic.

Ward D 3 in the Centre Lawn Building was completely renovated.

The contractor completed the construction of the new Industrial Therapy Building, and it will be put into operation during April, 1963.

Three replacement drying tumblers have been purchased and installed in the laundry.

Valleyview Hospital.—Contract, in the amount of $275,308, was let by the Public Works Department for the renovation of Valleyview Buildings 1, 2, and 3. Work in connection with this contract was started during March, 1963.

Requisitions for the furnishings and equipment for Valleyview Buildings 1, 2, and 3 have been completed and forwarded to the Purchasing Commission.

New dish-washers have been installed on Wards V.V. 4 and 5.

Dellview Hospital.—Contract was let by the Department of Public Works for the installation of a new fire-alarm system.

Skeenaview Hospital.—A new telephone system was installed.

The installation of a new fire-alarm system was completed.

The Woodlands School.—The conversion of Nurses' Home No. 2 to administrative offices was completed.

The Tranquille School.—New fire-escapes have been constructed for the Beaverdell Building and the Main Building.

The old stores section in the Central Building has been converted to a patients' dining-room and new furniture purchased for this area.

All work in the Greaves Building has been completed, and this unit is now ready to receive patients.

A new stairway to the tunnel in the Main Building was constructed.

Tenders were called for the renewal of the mechanical equipment in the boiler-house.

A new station wagon was purchased to replace the old ambulance.

Mental Health Centre, Kelowna.—Alterations to the Public Health Building, Kelowna, to provide facilities for our Mental Health Centre were completed, and it was officially opened on December 28, 1962.

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, 1953/54 TO 1962/63.

Institution	Average Number in Residence	Maintenance Expenditure	Yearly *per Capita* Cost	Daily *per Capita* Cost
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, 1953/54 TO 1962/63—*Continued.*

Institution	Average Number in Residence	Maintenance Expenditure	Yearly *per Capita* Cost	Daily *per Capita* Cost
1957/58				
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
1958/59				
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
1959/60				
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
The 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
1960/61				
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
The 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
1961/62				
Crease Clinic	241.92	$1,344,906.48	$,5559.30	$15.23
Provincial Mental Hospital, Essondale	2,824.58	6,927,591.07	2,452.61	6.72
The Woodlands School	1,351.62	3,639,782.25	2,692.90	7.38
The Tranquille School, Tranquille	250.33	657,736.27	2,627.47	7.20
Provincial Mental Home, Colquitz	284.90	507,315.85	1,780.68	4.88
Valleyview Hospital, Port Coquitlam	736.29	1,848,097.68	2,510.01	6.88
Dellview Hospital, Vernon	230.38	464,314.47	2,015.43	5.52
Skeenaview Hospital, Terrace	287.28	443,255.07	1,542.94	4.23
Totals for the year	6,207.30	$15,832,999.14	$2,550.71	$6.99
1962/63				
Crease Clinic	236.68	$1,371,120.17	$5,793.14	$15.87
Provincial Mental Hospital, Essondale	2,719.32	7,058,027.01	2,595.51	7.11
The Woodlands School	1,365.03	3,817,685.18	2,796.78	7.66
The Tranquille School, Tranquille	307.13	779,642.07	2,538.48	6.95
Provincial Mental Home, Colquitz	214.18	478,229.75	2,232.84	6.12
Valleyview Hospital, Port Coquitlam	724.07	1,939,191.04	2,678.18	7.34
Dellview Hospital, Vernon	232.55	469,458.08	2,018.74	5.53
Skeenaview Hospital, Terrace	296.21	441,445.13	1,490.31	4.08
Totals for the year	6,095.15	$16,354,798.43	$2,683.25	$7.35

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 31, 1963.

Gross operating costs—	
Crease Clinic	$1,371,120.17
Provincial Mental Hospital, Essondale	7,058,027.01
The Woodlands School, New Westminster	3,817,685.18
The Tranquille School, Tranquille	779,642.07
Provincial Mental Home, Colquitz	478,229.75
Valleyview Hospital, Port Coquitlam	1,939,191.04
Dellview Hospital, Vernon	469,458.08
Skeenaview Hospital, Terrace	441,445.13
Gross costs of all institutions	$16,354,798.43
Less collections remitted to Treasury	2,025,854.46
	$14,328,943.97
Daily average population	6,095.15
Gross *per capita* cost, one year	$2,683.25
Gross *per capita* cost, one day	7.35
Net *per capita* cost, one year	2,350.88
Net *per capita* cost, one day	6.44

Revenue (Patients' Maintenance Collections) of the Mental Health Services for the Past 10 Years

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
1956/57	1,546,266.32	1961/62	2,150,802.56
1957/58	1,724,046.70	1962/63	2,025,854.46

TABLE C.—EXPENSE STATEMENT OF THE CREASE CLINIC OF PSYCHOLOGICAL MEDICINE, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1963

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Actual Cost of Operation	Yearly *per Capita* Cost
Salaries	$1,025,248.22		$1,025,248.22	$4,331.79
Office expense	4,211.17		4,211.17	17.79
Travelling expense	3,636.95		3,636,95	15.37
Office furniture and equipment	2,299.00		2,299.00	9.71
Heat, light, power, and water	24,000.00		24,000.00	101.40
Medical care	82,713.25		82,713.25	349.47
Dietary	117,629.75		117,629.75	497.00
Laundry	9,600.00		9,600.00	40.56
Gratuities	2,637.50		2,637.50	11.15
Patients' library	640.81		640.81	2.71
Transportation	4,051.05		4,051.05	17.12
General supplies	26,383.71		26,383.71	111.48
Occupational and recreational therapy	18,176.94		18,176.94	76.80
Burials	60.00		60.00	.25
General expense	497.66		497.66	2.10
Buildings, grounds, etc.		$52,926.34	52,926.34	223.62
Less rent deductions[1]	*3,592.18*		*3,592.18*	*15.18*
Totals	$1,318,193.83	$52,926.34	$1,371,120.17	$5,793.14

[1] Formerly applied to general expense section.

TABLE D.—EXPENSE STATEMENT OF THE PROVINCIAL MENTAL HOSPITAL, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1963

Salaries, Supplies, and Operating Expense	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, 1962	*Less* on Hand Mar. 31, 1963		
Salaries	$4,178,448.95	.....	.....	.....	$4,178,448.95	$1,536.58
Office expense	33,904.79	.....	.....	.....	33,904.79	12.46
Travelling expense	10,984.56	.....	.....	.....	10,984.56	4.04
Office furniture and equipment	2,220.44	.....	.....	.....	2,220.44	.81
Heat, light, power, and water	325,491.06	.....	$23,737.39	$33,006.08	316,222.37	116.29
Medical care	407,141.34	.....	173,686.99	170,810.20	410,018.13	150.80
Dietary	1,025,444.91	.....	89,145.34	95,828.14	1,018,762.11	374.64
Laundry	*34,094.83*	.....	.....	.....	*34,094.83*	*12.54*
Gratuities	11,488.51	.....	.....	.....	11,488.51	4.22
Grants to trustees of Patients' Comfort Fund	5,000.00	.....	.....	.....	5,000.00	1.84
Patients' library	1,576.36	.....	.....	.....	1,576.36	.58
Grants to Department of Neurological Research, University of British Columbia	7,500.00	.....	.....	.....	7,500.00	2.76
Maintenance and operation of equipment	8,197.97	.....	.....	.....	8,197.97	3.01
Transportation	18,148.71	.....	.....	.....	18,148.71	6.67
General supplies	333,118.32	.....	135,945.81	129,141.76	339,922.37	125.00
Occupational and recreational therapy	2,683.26	.....	.....	.....	2,683.26	.99
Audio-visual department	11,622.70	.....	.....	.....	11,622.70	4.27
Patients' education	98.17	.....	.....	.....	98.17	.04
Motor-vehicles and accessories	23,855.64	.....	.....	.....	23,855.64	8.77
Burials	5,460.00	.....	.....	.....	5,460.00	2.01
Council of Psychiatric Nurses Bursary Trust Fund	1,200.00	.....	.....	.....	1,200.00	.44
Administration of *Psychiatric Nurses Act*	1,678.58	.....	.....	.....	1,678.58	.62
General expense	19,613.64	.....	.....	.....	19,613.64	7.21
Buildings, grounds, etc.	.....	$608,652.97	384,483.00	305,592.00	687,543.97	252.84
Less rent deductions[1]	*24,029.39*	.....	.....	.....	*24,029.39*	*8.84*
Totals	$6,376,753.69	$608,652.97	$806,998.53	$734,378.18	$7,058,027.01	$2,595.51

[1] Formerly applied to general expense section.

TABLE E.—EXPENSE STATEMENT OF THE WOODLANDS SCHOOL, NEW WESTMINSTER, FOR 12 MONTHS ENDED MARCH 31, 1963

Salaries, Supplies, and Operating Expense	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, 1962	*Less* on Hand Mar. 31, 1963		
Salaries	$2,673,464.35				$2,673,464.35	$1,958.54
Office expense	12,251.16				12,251.16	8.98
Travelling expense	3,467.15				3,467.15	2.54
Office furniture and equipment	3,453.18				3,453.18	2.53
Heat, light, power, and water	114,444.68		$1,309.58	$1,676.70	114,077.56	83.57
Medical care	90,752.60		30,575.07	32,688.21	88,639.46	64.94
Dietary	438,132.21				438,132.21	320.97
Laundry	36,000.00				36,000.00	26.37
Gratuities	1,211.50				1,211.50	.89
Maintenance and operation of equipment	4,972.24				4,972.24	3.64
Transportation	2,153.08				2,153.08	1.58
General supplies	179,488.24				179,488.24	131.49
Occupational and recreational therapy	5,161.67				5,161.67	3.78
Patient education	3,480.11				3,480.11	2.55
Motor-vehicles and accessories	3,077.33				3,077.33	2.25
Burials	420.00				420.00	.31
General expense	18,209.96				18,209.96	13.34
Buildings, grounds, etc.		$232,903.63	64,066.00	63,600.00	233,369.63	170.96
Less rent deductions[1]	*3,343.65*				*3,343.65*	*2.45*
Totals	$3,586,795.81	$232,903.63	$95,950.65	$97,964.91	$3,817,685.18	$2,796.78

[1] Formerly applied to general expense section.

TABLE F.—EXPENSE STATEMENT OF THE TRANQUILLE SCHOOL, TRANQUILLE, FOR 12 MONTHS ENDED MARCH 31, 1963

Salaries, Supplies, and Operating Expense	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, 1962	*Less* on Hand Mar. 31, 1963		
Salaries	$313,644.31	.....	.....	.....	$313,644.31	$1,021.21
Office expense	3,519.94	.....	.....	.....	3,519.94	11.46
Travelling expense	850.88	.....	.....	.....	850.88	2.77
Office furniture and equipment	37.66	.....	.....	.....	37.66	.12
Heat, light, power, and water	57,588.88	.....	$14,758.01	$11,623.50	60,723.39	197.71
Medical care	20,638.98	.....	.....	.....	20,638.98	67.20
Dietary	119,701.61	.....	2,984.20	4,300.12	118,385.69	385.46
Laundry	*1,678.82*	.....	.....	.....	*1,678.82*	*5.46*
Gratuities	1,585.04	.....	.....	.....	1,585.04	5.16
Maintenance and operation of equipment	1,046.65	.....	.....	.....	1,046.65	3.41
Transportation	*107.83*	.....	12.65	.....	*95.18*	*.31*
General supplies	54,263.92	.....	21,859.10	18,484.52	57,638.50	187.67
Occupational and recreational therapy	4,393.85	.....	152.90	139.63	4,407.12	14.35
Motor-vehicles and accessories	2,435.42	.....	.....	.....	2,435.42	7.93
General expense	3,143.11	.....	.....	.....	3,143.11	10.23
Buildings, grounds, etc.	.....	$204,899.80	.....	.....	204,899.80	667.14
Less rent deductions[1]	*11,540.42*	.....	.....	.....	*11,540.42*	*37.57*
Totals	$569,523.18	$204,899.80	$39,766.86	$34,547.77	$779,642.07	$2,538.48

[1] Formerly applied to general expense section.

TABLE G.—EXPENSE STATEMENT OF THE PROVINCIAL MENTAL HOME, COLQUITZ, FOR 12 MONTHS ENDED MARCH 31, 1963

Salaries, Supplies, and Operating Expense	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, 1962	*Less* on Hand Mar. 31, 1963		
Salaries	$307,361.01	.....	.....	.....	$307,361.01	$1,435.06
Office expense	1,295.92	.....	.....	.....	1,295.92	6.05
Travelling expense	222.58	.....	.....	.....	222.58	1.04
Heat, light, power, and water	33,446.48	.....	$719.04	$364.40	33,801.12	157.82
Medical care	4,407.61	.....	.....	.....	4,407.61	20.58
Dietary	80,017.19	.....	5,096.02	5,480.11	79,633.10	371.80
Laundry	467.82	.....	.....	.....	467.82	2.18
Maintenance and operation of equipment	749.69	.....	.....	.....	749.69	3.50
General supplies	13,596.04	.....	6,332.87	5,264.36	14,664.55	68.47
Occupational and recreational therapy	978.12	.....	.....	.....	978.12	4.57
Burials	1,202.70	.....	.....	.....	1,202.70	5.62
General expense	2,826.17	.....	.....	.....	2,826.17	13.19
Buildings, grounds, etc.	.....	$32,971.36	.....	.....	32,971.36	153.94
Less rent deductions[1]	*2,352.00*	.....	.....	.....	*2,352.00*	*10.98*
Totals	$444,219.33	$32,971.36	$12,147.93	$11,108.87	$478,229.75	$2,232.84

[1] Formerly applied to general expense section.

TABLE H.—EXPENSE STATEMENT OF THE VALLEYVIEW HOSPITAL, PORT COQUITLAM, FOR 12 MONTHS ENDED MARCH 31, 1963

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Actual Cost of Operation	Yearly *per Capita* Cost
Salaries	$1,396,446.35	----------	$1,396,446.35	$1,928.61
Office expense	7,334.71	----------	7,334.71	10.13
Travelling expense	2,000.69	----------	2,000.69	2.76
Heat, light, power, and water	62,800.00	----------	62,800.00	86.73
Medical care	81,174.35	----------	81,174.35	112.11
Dietary	231,677.70	----------	231,677.70	319.97
Laundry	19,000.00	----------	19,000.00	26.24
Gratuities	216.00	----------	216.00	.30
Maintenance and operation of equipment	5,002.00	----------	5,002.00	6.91
General supplies	76,739.67	----------	76,739.67	105.98
Occupational and Recreational therapy	1,507.14	----------	1,507.14	2.08
Burials	1,500.00	----------	1,500.00	2.07
General expense	2,462.34	----------	2,462.34	3.40
Buildings, grounds, etc.	----------	52,551.22	52,551.22	72.58
Less rent deductions[1]	*1,221.13*	----------	*1,221.13*	*1.69*
Totals	$1,886,639.82	$52,551.22	$1,939,191.04	$2,678.18

[1] Formerly applied to general expense section.

TABLE I.—EXPENSE STATEMENT OF THE DELLVIEW HOSPITAL, VERNON, FOR 12 MONTHS ENDED MARCH 31, 1963

Salaries, Supplies, and Operating Expense	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, 1962	*Less* on Hand Mar. 31, 1963		
Salaries	$289,412.45	.....	.....	.....	$289,412.45	$1,244.52
Office expense	1,580.57	.....	.....	.....	1,580.57	6.80
Travelling expense	368.83	.....	.....	.....	368.83	1.59
Heat, light, power, and water	18,098.26	.....	$1,395.00	$1,129.70	18,363.56	78.97
Medical care	11,032.45	.....	3,808.53	4,401.64	10,439.34	44.89
Dietary	63,854.77	.....	2,280.63	2,307.77	63,827.63	274.46
Laundry	2,986.74	.....	.....	.....	2,986.74	12.84
Transportation	53.85	.....	.....	.....	53.85	.23
General supplies	17,700.54	.....	13,261.95	12,268.23	18,694.26	80.39
Occupational and recreational therapy	493.83	.....	.....	.....	493.83	2.12
Burials	2,124.85	.....	.....	.....	2,124.85	9.14
General expense	1,754.85	.....	.....	.....	1,754.85	7.55
Buildings, grounds, etc.	.....	$60,585.57	.....	.....	60,585.57	260.52
Less rent deductions[1]	*1,228.25*	.....	.....	.....	*1,228.25*	*5.28*
Totals	$408,233.74	$60,585.57	$20,746.11	$20,107.34	$469,458.08	$2,018.74

[1] Formerly applied to general expense section.

TABLE J.—EXPENSE STATEMENT OF THE SKEENAVIEW HOSPITAL, TERRACE, FOR 12 MONTHS ENDED MARCH 31, 1963

Salaries, Supplies, and Operating Expense	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, 1962	*Less* on Hand Mar. 31, 1963		
Salaries	$235,882.31	.....	.....	.....	$235,882.31	$796.33
Office expense	1,033.53	.....	.....	.....	1,033.53	3.49
Travelling expense	645.61	.....	.....	.....	645.61	2.18
Office furniture and equipment	129.15	.....	.....	.....	129.15	.44
Heat, light, power, and water	26,440.36	.....	$1,920.00	$750.00	27,610.36	93.21
Medical care	11,823.25	.....	.....	.....	11,823.25	39.92
Dietary	82,773.71	.....	6,337.34	6,231.82	82,879.23	279.80
Laundry	2,284.58	.....	.....	.....	2,284.58	7.71
Maintenance and operation of equipment	1,127.09	.....	.....	.....	1,127.09	3.81
Transportation	2,150.75	.....	.....	.....	2,150.75	7.26
General supplies	19,011.30	.....	12,721.61	15,372.79	16,360.12	55.23
Occupational and recreational therapy	101.43	.....	.....	.....	101.43	.34
Audio-visual department	1,366.39	.....	.....	.....	1,366.39	4.61
Burials	4,749.00	.....	.....	.....	4,749.00	16.03
General expense	1,734.93	.....	.....	.....	1,734.93	5.86
Buildings, grounds, etc.	.....	$55,604.90	.....	.....	55,604.90	187.72
Less rent deductions[1]	*4,037.50*	.....	.....	.....	*4,037.50*	*13.63*
Totals	$387,215.89	$55,604.90	$20,978.95	$22,354.61	$441,445.13	$1,490.31

[1] Formerly applied to general expense section.

TABLE K.—EXPENSE STATEMENT OF THE COMMUNITY SERVICES FOR 12 MONTHS ENDED MARCH 31, 1963

Mental Health Centre, Burnaby

Salaries	$392,735.97
Office expense	3,345.12
Travelling expense	9,799.19
Office furniture and equipment	1,004.56
Heat, light, power, and water	17,309.12
Medical care	13,794.68
Dietary	5,961.76
Laundry	1,500.00
Transportation	2,240.77
General supplies	2,239.64
Occupational and recreational therapy	1,420.71
Incidentals and contingencies	2,529.83
Buildings, grounds, etc.	38,701.14
Total	$492,582.49

Mental Health Centre, Victoria

Salaries	$49,822.06
Office expense	518.68
Travelling expense	1,647.04
Office furniture and equipment	1,769.59
Medical care	4,423.56
Incidentals and contingencies	565.50
Total	$58,746.43

Mental Health Centre, Kelowna

Salaries	$16,410.60
Office expense	1,189.72
Travelling expense	1,544.88
Office furniture and equipment	7,989.10
Medical care	3,795.15
General supplies	800.57
Incidentals and contingencies	1,456.99
Total	$33,187.01

Grand total, $584,515.93.

TABLE L.—EXPENSE STATEMENTS OF THE REHABILITATION CENTRES FOR 12 MONTHS ENDED MARCH 31, 1963

Vista Rehabilitation Centre

Salaries	$10,059.25
Office expense	*52.91*
Heat, light, power, and water	885.56
Dietary	3,951.49
General supplies	263.12
Incidentals and contingencies	330.93
Buildings, grounds, etc.	358.83
Total	$15,796.27

Venture Rehabilitation Centre

Salaries	$7,364.05
Office expense	680.84
Travelling expense	212.51
Heat, light, power, and water	1,950.13
Dietary	8,124.51
General supplies	1,354.35
Incidentals and contingencies	468.49
Buildings, grounds, etc.	1,685.13
Total	$21,840.01

Grand total, $37,636.28.

TABLE M.—EXPENSE STATEMENT OF GENERAL ADMINISTRATION, MENTAL HEALTH SERVICES BRANCH, FOR 12 MONTHS ENDED MARCH 31, 1963

Salaries	$168,249.73
Office expense	4,532.13
Travelling expense	6,996.57
Office furniture and equipment	306.92
Incidentals and contingencies	1,484.35
Subscription, Social Service Index	284.72
Total	$181,854.42

TABLE N.—EXPENSE STATEMENT OF THE DEPARTMENT OF NURSING EDUCATION, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1963

Salaries	$730,252.40
Office expense	6,717.43
Travelling expense	572.17
Office furniture and equipment	814.14
Medical care	63.14
Dietary	7,518.96
Laundry	5,000.00
General supplies	14,136.89
Incidentals and contingencies	1,615.37
Less rent deductions	*18.99*
Total	$766,671.51

EXPENDITURE MADE UNDER FEDERAL HEALTH GRANTS FOR PROVINCE OF BRITISH COLUMBIA, YEAR ENDED MARCH 31, 1963

Assistance to Provincial Mental Hospitals—		
Equipment	$2,939.75	
Staff salaries	295,330.29	
		$298,270.04
The Woodlands School, New Westminster—		
Equipment	$4,069.82	
Staff salaries	126,463.59	
		130,533.41
Assistance to the Geriatric Division (Valleyview, Dellview, and Skeenaview)—Staff salaries		1,330.00
Mental Health Centre, Burnaby—Staff salaries		5,050.00
Division of Nursing Education—Staff salaries		2,450.00
Study of combined course in psychiatric and general nursing—Staff salaries		1,100.00
Consultant staff, Mental Health Services Branch—Staff salaries		4,476.00
Assistance to the Department of Psychiatry		19,346.58
Neurological Research Unit at University of British Columbia—		
Electroencephalographic effects of psychic energizers and their possible relationships to adrenergic mechanisms in the brain	$18,400.00	
Epidemiologic studies in hospitalized psychiatric illness	4,922.61	
Neurobiological analysis of behaviour	17,413.49	
Central amines of psychoactive drugs	12,980.58	
		53,716.68
Vancouver General Hospital, Department of Psychiatry		10,315.00
Metropolitan Health Committee, Vancouver—Mental hygiene programme		39,396.28
Greater Victoria Board of Health—Mental hygiene programme		2,240.00
Assistance to the epileptic programme in British Columbia		7,589.88
Assistance to the Children's Foundation		12,200.00
Medical film library		437.26
General personnel training—Postgraduate training		36,868.55
Total		$625,319.68

PERSONNEL REPORT

J. DOWLING, PERSONNEL OFFICER

The approved establishment of the Mental Health Services Branch increased by 19 positions in the fiscal year. The quarterly average of persons on staff, excluding students, rose from 3,061 to 3,107, an increase of 46 persons actually on the payroll. Recruitment has kept pace with separations in all classifications. The position of the Branch in respect to numbers of employees in the various professional classifications has improved.

Over-all staff turnover has increased fractionally, but this is attributable to closure action in the Provincial Mental Home, Colquitz. The rate of turnover in the psychiatric nursing classifications is practically the same as in the preceding fiscal year, but the rate of turnover amongst registered nurses has decreased.

Detailed figures are provided in Tables A to E following.

The general shortage of psychiatric nurses is being relieved by the employment of nurses on a part-time (three days per week) basis. Fifty-one nurses were so employed as of March 31, 1963.

A review of all senior nursing supervisory positions was conducted by the Civil Service Commission and facilitated by Branch officials.

Difficulty in recruiting senior professional staff has delayed the expanded use of The Tranquille School facility. Staff was, however, provided for one additional ward, and the outlook is good to staff for capacity operation in the next fiscal year.

An extensive training programme was carried on throughout the year. Full particulars are given elsewhere in this Report. The Personnel Officer participated in a post-basic course offered to Charge and Assistant Charge Nurses by the Department of Nursing Education. Sixty-four nurses received this supervisory training.

Arrangements were made to accommodate 10 occupational therapy interns from Eastern universities, as well as 18 from the University of British Columbia.

The Personnel Officer participated in the following:—

(1) A survey of technical staff in the radiology services of the Branch.

(2) A survey of staff requirements as related to the needs of an ageing patient population in the Dellview Hospital at Vernon.

(3) A revision of administrative procedures arising out of

(*a*) the decentralization of the community services;

(*b*) a further decentralization of the pay and personnel functions, which were formerly concentrated in the Crease Clinic and Provincial Mental Hospital administration.

(4) Planning for the disposition of staff which will become redundant upon the closure of the Colquitz institution.

(5) A reorganization of the food-service function in the Provincial Mental Hospital. This action displaced 13 male nurses engaged in food-service work. The men were returned to the nursing service, and a retraining programme for them was undertaken.

(6) A review of the clinical psychology classification structure with a view to providing some recognition to those having the doctorate degree.

(7) A review of pay procedures in effect for student psychiatric nurses and the implementation of a number of changes.

(8) A study of the medical records admission procedures in all units of the Branch. A committee report recommending a new system was presented and accepted.

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

Staff recruited, excluding students	844
Staff separated, excluding students	802
Increase	42
Total staff, excluding students, as of March 31, 1963	3,095
Total staff, excluding students, as of March 31, 1962	3,053
Increase	42
Quarterly staff average, excluding students, 1962/63	3,107
Monthly staff average, excluding students, 1961/62	3,061
Increase	46

	Male	Female	Total
Student enrolment as of March 31, 1963	74	172	246
Student enrolment as of March 31, 1962	64	181	245
Change	+10	−9	+1

Student monthly average, 1962/63	237
Student monthly average, 1961/62	251
Change	−14

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

	Recruited	Separated
Physicians	27	24
Medical interns	12	12
Registered nurses	28	23
Female psychiatric nurses	170	144
Male psychiatric nurses	45	47
Female psychiatric aides	137	173
Male psychiatric aides	122	123
Teachers	3	3
Occupational therapists	11	9
Recreational therapists	6	3
Industrial therapists	7	8
Psychologists	14	12
Social workers	18	16
Dieticians	1	1
Cooks	3	6
Kitchen helpers	61	51
Clerks	15	17
Stenographers	43	43
Trades	2	3
Laundry-workers	22	19
Miscellaneous professional	10	10
Miscellaneous technical	5	3
Miscellaneous	82	52
Totals	844	802

TABLE C.—SUMMARY OF STAFF TURNOVER

By Major Classification

Classification	1961/62	1962/63	Change
	Per Cent	Per Cent	Per Cent
Student psychiatric nurses	22.4	15.6	−6.8
Male psychiatric nurses	9.4	9.8	+.4
Female psychiatric nurses	29.8	29.7	−.1
Registered nurses	30.0	21.2	−8.8

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

By Pay Division

Pay Division	Temporary Relief Staff Included, 1961/62	Temporary Relief Staff Excluded, 1962/63
	Per Cent	Per Cent
General Administration	------	11.4
Department of Nursing Education[1]	------	23.2
Crease Clinic and Provincial Mental Hospital, Essondale	19.0	15.1
Provincial Mental Home, Colquitz	12.3	47.7
The Woodlands School	16.4	18.2
The Tranquille School	16.6	19.4
Valleyview Hospital	23.1	23.6
Dellview Hospital	18.5	26.2
Skeenaview Hospital	22.5	14.5
Mental Health Centres	19.7	25.8
Over-all turnover	18.0	18.6

[1] Student nurses not included.
NOTE.—Percentages calculated against year-end staff totals.

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

	Fiscal Year 1961/62		Fiscal Year 1962/63	
	Positions in Establishment as of Mar. 31, 1962	Number on Staff as of Mar. 31, 1962	Positions in Establishment as of Mar. 31, 1963	Number on Staff as of Mar. 31, 1963
General Administration	37	37	38	35
Department of Nursing Education	55	56	55	56
Mental Health Centres	106	91	106	93
Sub-totals	198	184	199	184
In-patient care—				
Crease Clinic	285	273	284	277
Provincial Mental Hospital, Essondale	1,152	1,129	1,153	1,137
Provincial Mental Home, Colquitz	80	81	80	63
The Woodlands School	763	760	766	777
The Tranquille School	174	90	189	113
Valleyview Hospital	413	393	413	402
Dellview Hospital	80	81	80	80
Skeenaview Hospital	62	62	62	62
Total of vote	3,009	2,869	3,027	2,911
Total Civil Service positions	3,207	3,053	3,226	3,095
Student psychiatric nurses	325	245	325	246
Totals	3,532	3,298	3,551	3,341

TABLE E.—COMPOSITION OF NURSING STAFF BY UNIT AS OF MARCH 31, 1963

Unit	Registered Nurses		Psychiatric Nurses				Psychiatric Aides				Students				Unit Total	Per Cent of Total
	Number	Per Cent	Female	Male	Total	Per Cent	Female	Male	Total	Per Cent	Female	Male	Total	Per Cent		
Provincial Mental Hospital, Essondale	47	5.55	153	207	360	42.50	169	137	306	36.13	97	37	134	15.82	847	36.73
Crease Clinic	21	7.98	44	51	95	36.12	40	27	67	25.48	50	30	80	30.42	263	11.40
Valleyview Hospital	11	3.49	95	59	154	48.89	95	42	137	43.49	11	2	13	4.13	315	13.66
Dellview Hospital	1	1.64	14	6	20	32.79	25	15	40	65.57	.....	.....	.....	.....	61	2.65
Skeenaview Hospital	1	2.22	.....	11	11	24.44	9	24	33	73.33	.....	.....	.....	.....	45	1.95
The Woodlands School	10	1.56	167	100	267	41.59	187	159	346	54.89	14	5	19	2.96	642	27.84
The Tranquille School	1	1.39	10	14	24	33.33	18	29	47	65.28	.....	.....	.....	.....	72	3.12
Provincial Mental Home, Colquitz	.....	.....	.....	29	29	60.42	.....	19	19	39.58	.....	.....	.....	.....	48	2.08
Mental Health Centres	7	53.84	2	2	4	30.77	1	1	2	15.38	.....	.....	.....	.....	13	0.56
Totals	99	4.29	485	479	964	41.80	544	453	997	43.23	172	74	246	10.67	2,306	.....
Totals, March 31, 1962	90	3.88	483	465	948	40.92	572	462	1,034	44.63	181	64	245	10.57	2,317	.....
Difference (+ or —)	+9	+0.41	+2	+14	+16	+0.88	—28	—9	—37	—1.40	—9	+10	+1	+0.10	—11	.....

Figures include part-time (three days per week) psychiatric nurses: Provincial Mental Hospital, Essondale, 21; The Woodlands School, 30.

REPORT OF THE PROVINCIAL SUPERVISOR OF PSYCHIATRIC SOCIAL WORK

MISS A. K. CARROLL, PROVINCIAL SUPERVISOR

The year 1962/63 has been an active and challenging one for all social workers in the social service departments of the divisions of the Mental Health Services. The dynamic growth and development of the concept of community-centred psychiatric services and the application of its principles to mental health social work has resulted in much refocusing in relation to services and also in an extensive relocation of social services and social-work staffs. In addition, a re-emphasis of social-work purposes, contribution, and services in the mental health field has been necessary. Such major changes have involved some experimentation with organizational and administrative structures in social service departments and has required the development of new and related procedures.

Notable in regard to refocus in social service has been the activity in preadmission work evident throughout all the institutions as well as those social service activities related to after-care and family and boarding-home care services. All these services are largely community-based. As a result, staff has been relocated to after-care, boarding-home, and consultative responsibilities.

During the past year the work of the consultant has been concerned largely with services related to study and analysis of programme elements and advisement and direction related to programme-planning organization and services, and the utilization, development, and procurement of staff.

FUNCTIONAL DISTRIBUTION OF CONSULTATIVE RESPONSIBILITIES

PROVINCIAL MENTAL HOSPITAL AND CREASE CLINIC

The chief social worker in this division requested consultative services in relation to integrating the brief services and admissions sections in both the Crease Clinic and Centre Lawn Building of the Provincial Mental Hospital into an interdisciplinary team approach to an intake and discharge service. This has already begun to function in the Crease Clinic, and services at intake are now being extended to cover the preadmission phase. Services during this phase are directed toward assessing the priority for admission and treatment and, wherever possible, to using community resources to prevent a precipitate or unnecessary admission.

In a recent study, completed by the admission and discharge section of the social service department in Centre Lawn, it was ascertained that the intake of patients into this unit numbered 2,454 and that social workers in this section completed full social studies on 25 per cent of intake. Additionally, they reviewed the case files on all patients being admitted. Thus they isolated the social problems and dealt with those situations which could be alleviated, ameliorated, or solved by offering brief services. Those patients having complex and problematical social situations were referred to the social service section extending sustained services to patients and their families. Social problems which could not be isolated at the point of the patient's admission were usually picked up later at ward rounds or by referral from the psychiatrist, nurse, relative, or the patient himself. This section of the social service department in addition covered, by offering some form of brief social services, 90 per cent of all patients discharged from this unit.

In addition to discharge social services, social workers in Centre Lawn unit covered on an average of 40 patients per month in after-care social services in the

After Care Clinic. Additionally, after-care social services were extended to an average of 15 patients per month who for valid reasons could not attend the After Care Clinic.

The consultant and the chief social worker, Provincial Mental Hospital and Crease Clinic, have undertaken to study the organization and utilization of social services in this large admission and discharge unit of the Provincial Mental Hospital.

The services of the consultant in relation to social work in the long-term units of East and West Lawn have been concerned with after-care and boarding-home social services and related to advice, reorganization, the standard possible under present conditions, and the utilization of the present staff. The activity of social workers in these units in the areas of after-care and boarding-home care is worthy of note. East Lawn social workers followed 306 patients of 667 discharged to After Care. Of this number, 89 patients were given social services on a regular basis and 105 on an emergency basis; 81 patients were prepared for transfer to boarding-home placement and 26 patients discharged on six months' probation were placed in boarding homes with follow-up services, comprising two or three interviews before transfer to municipal social service departments. West Lawn social workers were active, with 64 per cent of all patients discharged and followed up on an average of 32 patients per month.

Responsibility for co-ordination of the family care and boarding-home programme has rested with this officer since the inception of the programme. The appointment of the co-ordinator and the able planning and services which she has brought to the programme has helped crystallize standards, policies, services, and procedures. Also, the programme has been considerably expanded. Since its inception, 420 patients have had planned placements made for them, in some instances with a foster family and in the larger instance in boarding homes.

The Woodlands School

In close working relationship with the Medical Superintendent and the chief social worker, the consultant has submitted for administrative approval and implementation two projects: one to provide foster-home care in co-operation with the Department of Social Welfare for mildly retarded children resident in The Woodlands School; the other for boarding out of the trained and socialized adult retardate resident in The Woodlands School. It is hoped that both projects may be implemented within the next fiscal year.

Valleyview Hospital

Consultative services to this division have concerned the organization of social services, particularly in relation to preadmissions and discharge services. The boarding-home programme has continued in development. Programme policy and procedures in relation to the use of these particular resources and the relationship of these to the office of the Public Trustee are being developed. The readily available services of the co-ordinator of the boarding-home programme have helped to elevate standards of care and supervision in the boarding homes used by the Mental Health Services. Co-operative policies in community health and welfare agencies have begun to be defined. This is resulting in more appropriate referrals for admission and better co-operation between Valleyview Hospital and community health and welfare agencies. This is a positive movement toward the development of community-based and more comprehensive services for aged persons in the community.

After Care Clinic

During the fiscal year the patient population in After Care doubled from 400 to over 800 patients in attendance and in receipt of social services, some of which were brief in nature and others of a more sustaining quality. These services are brought to the patients by the social workers in the Provincial Mental Hospital and Crease Clinic under the supervision of the chief psychiatrist of the After Care Clinic and the supervisor of After Care Social Services, who, with a public health nurse, function as a stationary after-care team. Last year 46 per cent of patients registered in After Care received social services.

The social work supervisor in this clinic, under the chief psychiatrist, has assumed responsibility for the formulation of policies in relation to co-operative services with Provincial Mental Hospital and Crease Clinic, City of Vancouver Social Service Department, Medical Section, and the Department of Social Welfare, Burnaby and North Vancouver. Direct administrative responsibility has been assumed for supervision of the clinical clerical detail, filing, format of case files, the compilation of lists of patients daily in attendance at the clinic, and the follow-up of patients failing to keep their clinical appointment. As the clinic proceeds to develop, much of the latter detail would be the responsibility of an augmented clerical staff. During the past year, consultation was afforded on a relatively continuing basis to the Metropolitan Health Committee and the Victorian Order of Nurses. Co-operative services were carried on between the aforementioned health agencies as well as with the Y.W.C.A. for groups of patients.

The contribution of the consultant has been in relation to social service organization, administration, and standards of services in after-care clinics.

Mental Health Centres, Victoria, Burnaby, and Kelowna

The services of the consultant have been requested in some instances in regard to the structuring of social-work positions, intake facilities and procedures, policy formulation, manual revision, and utilization, development, and procurement of staff.

The consultant service to divisions as referred to above entailed an expenditure of 51.8 per cent of the consultant's monthly man-hours of work.

Personnel and Recruitment for Social Service Departments, Mental Health Services

Whereas in the past recruitment of social workers to the Mental Health Services has been contingent upon the availability of Federal mental health bursaries, this year six social workers were recruited on graduation from schools of social work. Additionally, social workers who were recipients of Federal mental health bursaries returned to staff. Of this group of 10 workers, 6 bursary students were drawn from the social service staffs of the Mental Health Services and 4 were recruited from outside the service. The values of this aid to postgraduate social-work education are inestimable as 90 per cent of senior social-work personnel in the Mental Health Services had all, or a portion, of their postgraduate education through receipt of these Federal bursaries.

Professional Education and Staff Development Programme

A responsibility of the consultant in this area is to develop a variety of field-work placements in the Mental Health Services to be used in the training of social-work students in the School of Social Work, University of British Columbia. Last

year a total of 16 students was placed within the Mental Health Services—11 in the Provincial Mental Hospital, Crease Clinic, and the After Care Clinic, and 5 in the Mental Health Centre, Burnaby. Altogether 11 social workers in the Mental Health Services participated as instructors. Of the 11 students placed in the Provincial Mental Hospital and Crease Clinic, 5 were recruited to positions on staff.

It was possible during the year to send 17 of the social service staff of the Mental Health Services to institutes and seminars.

REPORT OF THE DIRECTOR OF NURSING SERVICES

MISS B. J. MITCHELL, DIRECTOR OF NURSING SERVICES

THE DEPARTMENT OF NURSING EDUCATION

The Department of Nursing Education continued its efforts to improve the nursing educational programme. Mrs. E. Paulson capably acted as Associate Director of Nursing Education during the absence of Miss M. Lonergan at the University of Washington. I found it a rewarding challenge to again become involved with the on-going educational programmes through my closer association with the instructors. Lectures were given to the psychiatric nursing students and post-basic students, and the usual orientation and interviews were held with the clinical course students.

PSYCHIATRIC NURSING PROGRAMME

Student census—	
April 1, 1962	245 (181 women and 64 men)
March 31, 1963	253 (178 women and 75 men)
Enrolled	154 (108 women and 46 men)

One hundred and seven students (81 women and 26 men) completed the programme, an increase of 13 over the previous year. It is to be noted that the withdrawals dropped to 37 (27 women and 10 men) from a high of 55 last year.

A few changes were made in the curriculum content in an attempt to improve the correlation of the theory in psychiatric nursing with ward practice. Medical nursing was introduced in the Second Term Block since students are assigned to geriatric wards following classes. The classroom course which deals with the students' responsibilities in regard to administrative routines and formerly given in the Third Term Block was incorporated into the First and Second Term Blocks.

Individual clinical assignments for the greater part of the next academic year were planned for each student. The number of placements for women students on night duty was reduced from 11 to 6. Vacation periods and statutory holiday adjustments were stabilized. These changes simplified record-keeping and made it possible for students to plan ahead for their vacation.

AFFILIATE PROGRAMME

The instructor in charge of the affiliate programme attended the Schools of Nursing Conference. She discussed with the Directors of Nursing Education (general hospital schools) a change in the enrolment dates, whereby there would be two four-week periods when no affiliates would enrol. These would be times when instructors and senior staff are on vacation.

Two hundred and twenty-seven students completed the 12-week programme.

CLINICAL PROGRAMME FOR REGISTERED NURSES

Ten registered nurses enrolled in October, 1962, and all completed the programme. Four obtained nursing positions at the Crease Clinic and Mental Hospital, Essondale.

PSYCHIATRIC AIDE PROGRAMME

During the period October 15, 1962, to March 1, 1963, six two-week orientation courses for psychiatric aides were offered to 74 aides (46 women and 28 men) from Valleyview Hospital and the Crease Clinic and Mental Hospital.

Post-basic Programme for Senior Nursing Staff

A refresher course which commenced in March, 1962, continued for eight months. The nurses received 64 hours of classes. Guest lecturers from the community assisted, with emphasis on the care and training of mentally retarded and physically handicapped, the geriatric patient and the psychiatric patient in the community. Of the 85 men and women who enrolled, 65 completed the course.

Another refresher course was given to 11 psychiatric nurses previously employed as kitchen stewards. The course consisted of 70 hours of instruction in psychiatric nursing, medical nursing, pharmacology, and nursing procedures and four weeks of guided experience in two clinical areas.

Faculty

During the year clinical instructors were actively engaged in studying and reviewing the present course content and methods of classroom and clinical instruction. Three committees involved were concerned with (*a*) developing a student experience record; (*b*) unifying ward teaching programmes; (*c*) integration of curriculum content; and (*d*) evaluation of effectiveness of present teaching methods.

Consultation visits were made to the units in the Lower Mainland as usual, and during May I spent one week visiting the units in Kelowna, Vernon, and Tranquille. As a result of a concern of senior nursing personnel at the Crease Clinic and Mental Hospital with the increased need and demand for nursing services, a study of various nursing activities was begun in order to compile data and recommendations for the more effective use of nursing personnel. The participation of all levels of staff will enhance the value of the project. Since the Superintendent of Nurses at The Woodlands School was attending the University of British Columbia, more time was spent with the Acting Superintendent and her staff in an advisory capacity.

COMMITTEE AND EDUCATIONAL ACTIVITIES

The Unit Nursing Conference was held monthly, and the members concentrated on more efficient use of standing and task committees for special projects, such as reviewing the eligibility list policies, changing the uniforms for nursing personnel, and revising nursing procedures.

The Nursing Liaison Committee's major achievement was the mutual orientation programme for senior nursing and other personnel between the public health agencies and the Mental Health Services.

Thirty-six nurses attended institutes, and 67 nurses participated in one-day orientation programme to a public health agency. Four senior nurses were enrolled in a university programme with the assistance of mental health bursaries.

Employment of Psychiatric Nurse Graduates

	August, 1962, Class			February, 1963, Class		
	Women	Men	Total	Women	Men	Total
Number in class	50	10	60	39	17	56
Number employed in Mental Health Services—						
Crease Clinic and Provincial Mental Hospital	14	5	19	15	3	18
Valleyview Hospital	16	1	17	6	9	15
The Woodlands School	10	2	12	13	5	18
Totals	40	8	48	34	17	51

COMMUNITY AND PROFESSIONAL ACTIVITIES

The number of well-known nurses who visited the Mental Health Services for an orientation was noteworthy. They included Dr. Muriel Uprichard and Dr. Helen Mussalem for the Royal Commission on Health, Miss Lyle Creelman of the World Health Organization, and the nursing directors from the Mental Health Division, Washington State.

As a result of several general hospitals' concern for expanding and (or) developing psychiatric units, I was encouraged to increase my knowledge of psychiatric services in general hospitals and to share my experience with the nursing personnel in the Kelowna General, Royal Jubilee, and Lions Gate Hospitals.

The Mental Health Grant Project No. 609-5-136 was concluded this year. During the spring and early summer, meetings of the Advisory and Steering Committees were held, and the final report written by the co-ordinator, Miss Alice Wright, was reviewed. In February I was invited to attend a meeting of the Sub-committee on Personnel, Mental Health Division, in Ottawa for a discussion of the report.

REPORT OF THE CONSULTANT IN MEDICAL RECORDS AND STATISTICS

MISS A. D. DINGLE, CONSULTANT IN MEDICAL RECORDS AND STATISTICS

Since the position of Consultant in Medical Records and Statistics was established in 1961 and the appointment made on June 1, 1961, increasing use has been made of the services thus available.

An interesting development in the medical records area was the acceptance of the Medical Records Supervisor of the Provincial Mental Hospital and Crease Clinic for a year's training in the School for Medical Record Librarians of the Royal Columbian Hospital, New Westminster, under a Federal grant. It is anticipated that this training will provide basic medical record knowledge and an increased understanding in personnel management. It should also provide a source for staff in-service training in the future.

CONSULTATION TO UNITS

PROVINCIAL MENTAL HOSPITAL AND CREASE CLINIC

Due to the absence of the Medical Records Supervisor, considerable time was spent in this area in consultation with the Hospital Administrator and others regarding staff changes and proposed reorganizations.

At the request of the Deputy Minister, a review was made of all admissions to the Provincial Mental Hospital and Crease Clinic, for a period of six months, to ascertain the type of escort service used to bring patients to the hospitals.

Data sheets were designed for a study of patients admitted to the Crease Clinic. The study is being made by the admitting officer and will be continued for one year on a sample group of patients.

THE WOODLANDS SCHOOL AND THE TRANQUILLE SCHOOL

A brief visit was made to The Tranquille School in September, 1962, to learn something of the function of this unit and to advise regarding the maintenance of the medical records. As the number of patients is increased, it is hoped that medical records staff will be provided. At present these duties are being performed by a switchboard operator who is also a typist.

GERIATRIC UNITS

A review of the statistical data collected on the patients in Valleyview Hospital was made. The form used was revised to conform to the new requirements of the Dominion Bureau of Statistics and to provide more meaningful data.

MENTAL HEALTH CENTRES

At the request of and with the assistance of the Directors of the three Mental Health Centres, a review was made of the statistical material being gathered at the Burnaby Centre, and a revision was commenced. New monthly return forms were designed and put into use. The basic statistical material was given close study, and new forms are being designed.

A visit was made to the Mental Health Centre in Victoria to review the functions of this unit and to discuss the records of the newly opened adult clinic.

Following the opening of the Mental Health Centre at Kelowna, a brief orientation was given to the secretary.

STATISTICS

The Dominion Bureau of Statistics revised its forms for collection of statistics from in-patient mental hospitals in Canada. To conform to this change, which was effective January 1, 1963, new cards had to be designed for use in British Columbia.

Assistance was provided for two studies being made by members of the Department of Psychiatry, University of British Columbia.

Co-operation is being given to Dr. A. Barbeau, Director of the Neurogenetic Centre, University of Montreal, in a research project on Huntington's chorea.

With the development of planning for community mental health facilities, requests are being received for statistics regarding admissions to the Mental Health Services from various local areas.

All planning, review, and revision of statistical procedures are done with the assistance of Miss A. E. Scott, Research Officer, Division of Vital Statistics, whose guidance and advice are invaluable. Excellent co-operation is also received through Miss Scott from the staff of the Division of Vital Statistics in Victoria in the use of their I.B.M. equipment. In all the work entailed in the collection of statistical data, the medical records staff in all units have given willing co-operation.

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 12th year of service to the mentally ill of British Columbia with the fiscal year ended March 31, 1963. The treatment policy has continued as established originally, mainly to provide residential intensive treatment care for those patients who are believed capable of benefiting from four months or less of psychiatric treatment.

We continue to screen prospective patient admissions to the Crease Clinic, first by the community doctor, then by the Crease Clinic admitting doctor, regarding their suitability for treatment. Crease Clinic social service workers are providing an additional community preadmission screening service in limited areas to further assist in the proper selection of patients considered suitable for treatment in the Crease Clinic.

All departments of the Crease Clinic have operated efficiently and at capacity, with improvements noted in each area.

Each year more of the mentally ill of British Columbia make use of the special psychiatric services provided by the Crease Clinic. Again it is noted that the voluntary patient admission rate to the Crease Clinic shows an increase, as does the number of patients admitted who retained their civil rights while receiving treatment in the Clinic. The number of patients who were discharged fit to return to the community on completion of their treatment also shows an increase.

Examination of the following table, which is a summary of population in the Crease Clinic for the year, shows that the number of patients admitted was 1,657. The previous year's total was 1,632 admissions.

	Male	Female	Total
In residence, April 1, 1962	110	145	255
Admissions—			
First admissions	518	575	1,093
Readmissions to a different institution of Mental Health Services	31	45	76
Readmissions to same institution	212	270	482
Admissions direct from Provincial Mental Hospital, Essondale	4	2	6
Total admissions	765	892	1,657
Total under care	875	1,037	1,912
Separations—			
Discharged in full	765	877	1,642
Discharged direct to Provincial Mental Hospital, Essondale	14	32	46
Discharged direct to Valleyview Hospital	2	------	2
Died	3	1	4
Total separations	784	910	1,694
Net increase or decrease	—19	—18	—37
In residence, March 31, 1963	91	127	218

There were 1,170 voluntary patient admissions to the Crease Clinic during the year. This is 70.6 per cent of the admissions and is 0.8 per cent more than in the previous year.

A total of 1,694 separations is noted for the year. Of these, 46 patients (14 men and 32 women) were admitted to the Provincial Mental Hospital, Essondale, for continued treatment, or 2.72 per cent of the discharges. This compares with 3.55 per cent in the previous year. One thousand six hundred and forty-two or 97.15 per cent of the Crease Clinic patients were discharged directly to the community.

One thousand four hundred and twenty-three or 85.88 per cent of the 1,657 patients accepted for treatment in the Crease Clinic retained and were capable of exercising their full civil rights during the course of their treatment.

Only 234 patients (107 men and 127 women) or 14.12 per cent were, in the opinion of the Clinical Director, too sick mentally to look after themselves or their own affairs.

Dr. W. J. G. McFarlane continued as admitting officer throughout the year. Dr. A. R. Yarrow has been acting director of the rehabilitation and after-care programme at 445 West 13th Avenue, Vancouver, replacing Dr. R. W. Harrington, who left the Provincial Mental Health Service.

Operating-room

Miss A. Parsons, supervisor of this department, reports an average number of surgeries and consultations during the year.

Surgical Procedures

General major surgeries	106
General minor surgeries	175
Neurological surgeries	18
Orthopædic surgeries	104
Genito-urinary surgeries	95
Ear, nose, and throat surgeries	8
Eye surgeries	38
Plastic surgeries	47
Chest surgeries	17
Dental surgeries	51
Application of plaster casts with anæsthetic	10
Blocks	4
Examinations under anæsthetic	2
Total number of consultations done in the operating-room	3,079
Follow-up care consultations done at Valleyview	245

Arrangements were made for the resident surgeon to complete consultations at The Woodlands School since the beginning of this year. These have numbered 56.

The Bird respirator, which was purchased early in the year, has been used extensively for post-operative patients.

Department of Neurology

Dr. Kenneth Berry, who was appointed director of this department on October 15, 1962, reports expansion of activities during the year.

The Department of Neurology continues to provide a basically consultative service in clinical neurology, electroencephalography, and neurosurgery to the Provincial Mental Hospital, Crease Clinic, Mental Health Centre (Burnaby), and The Woodlands School. New activities initiated in this year include regular weekly brain-cutting sessions in conjunction with the Department of Pathology and attendance and occasional participation in neurology, neurosurgery, and neuropathology rounds and clinico-pathological conferences at the Vancouver General Hospital.

As in previous years, lectures and demonstrations have been given to students in nursing and to a group of electroencephalography technicians, a total of six lectures having been given.

Clinical neurological consultations in the year totalled 344, a 2.8-fold increase over the previous year.

Investigative procedures carried out in the departments subsequent to clinical investigation included 14 lumbar punctures, 75 pneumoencephalograms, 11 perimetric examinations, 2 myelograms, and 2 caloric tests.

A total of 1,313 electroencephalograms were carried out, 34 more than in the previous year. Of these, 463 were from the Provincial Mental Hospital, 425 from the Crease Clinic, 215 from The Woodlands School, 91 from the Mental Health Centre (Burnaby), and the remainder from Oakalla Prison, the British Columbia Penitentiary, the Haney Correctional Institution, New Haven, the Brannan Lake School, the Girls' Industrial School, and some hospital outpatients.

Neurosurgical consultations done by Dr. Frank Turnbull numbered 43, a 3.9-fold increase over the previous year, and these led to operative procedures in 21 cases, including 5 exploratory burr-holes, 10 arteriograms, 1 thalamotomy, 3 craniotomies, 1 removal of an infected tantalum plate, and 1 removal of degenerated polyethylene shunt-tubing.

Library

The librarian, Mrs. Reeves, has made efforts this year to co-ordinate the Crease Clinic library with other Mental Health Services libraries. The medical-book collections of Mental Health Centre and The Woodlands School were shipped to Crease Clinic for cataloguing, and card catalogues were set up. A union catalogue is being maintained at Crease Clinic, including holdings of all three libraries. Assistance was also given to the School of Nursing library, where a new librarian had been appointed who required instructions in cataloguing and indexing. Improvements in the library office were made by the installation of a new lighting system and a reference desk for the abstracts and indexes.

An attempt was made to provide the outlying areas with more reading material from the patients' library. Books were shipped to Skeenaview and Dellview Hospitals, and deposits of books were placed in different areas at Essondale. Patients at Crease Clinic library have made increasing use of reference material and the newly started picture file.

Medical Library

Book collection	2,877
Books bought	144
Total collection	3,021

Patients' Library

Book collection	4,294
Books bought	231
Books donated	229
Total collection	4,754
Current journal subscriptions	21
Circulation of books	6,029

REPORT OF THE PROVINCIAL MENTAL HOSPITAL, ESSONDALE

REPORT OF THE MEDICAL SUPERINTENDENT

T. G. CAUNT, MEDICAL SUPERINTENDENT

The year ended March 31, 1963, saw the completion of the 90th year of continuous service provided for the mentally ill of British Columbia by the Provincial Mental Hospital.

MOVEMENT OF POPULATION

The number of patients who were admitted, treated, and discharged has again increased and is greater than in any previous year. A total of 2,066 patients was admitted directly from the community. This figure does not include patients transferred to this Hospital from other units of the Mental Health Services Branch or patients who were returned from probation. It will be noted 97 patients were transferred from the Provincial Mental Home, Colquitz, which is being closed.

The following table gives a summary of the movement of population for the Provincial Mental Hospital for the year ended March 31, 1963:—

	Male	Female	Total
In residence, April 1, 1962	1,464	1,242	2,706
On probation, carried forward from 1961/62	212	407	619
On escape, carried forward from 1961/62	6	1	7
Total as at April 1, 1962	1,682	1,650	3,332
Admissions—			
First admissions	525	335	860
Readmissions to a different institution of Mental Health Services	97	159	256
Readmissions to the same institution	487	463	950
Admissions direct from Crease Clinic	14	32	46
Transfers from Provincial Mental Home, Colquitz	97	.....	97
Transfers from geriatric units	4	15	19
Transfers from The Woodlands School	5	3	8
Total admissions	1,229	1,007	2,236
Total under care	2,911	2,657	5,568
Separations—			
Discharged in full	1,082	864	1,946
Discharged direct to Crease Clinic	4	2	6
Died	99	65	164
Transferred to geriatric units	30	19	49
Transferred to schools for mental defectives	20	2	22
On probation and still out	189	448	637
On escape but not discharged	3	1	4
Total separations	1,427	1,401	2,828
Net increase or decrease	+20	+14	+34
In residence, March 31, 1963	1,484	1,256	2,740

Although the year saw the greatest number of patients admitted to the Provincial Mental Hospital during the past 90 years, the short- and long-term patient-treatment programmes have been actively continued. The rate of patient discharge to the community has continued to be excellent.

The total number of patients in residence at March 31, 1962, was 2,706, and the total in residence on March 31, 1963, was 2,740, an increase of 34 patients. There would have been a reduction in the number of patients in residence, as there has been during the past seven years, but for the patients transferred from the Provincial Mental Home, Colquitz.

The percentage of deaths to the number under treatment was 2.9. The percentage of discharges to admissions (exclusive of deaths) was 119.6. The average daily patient population was 2,719.32. This is a reduction of 105.26 from the previous year, when the daily average population was 2,824.58.

This year 100 Order in Council patients were admitted. In addition, patients are admitted for short periods by warrant from the Courts for treatment, evaluation, or assessment. British Columbia Penitentiary inmates are accepted as patients at the Provincial Mental Hospital, Essondale, when duly certified under the *Mental Hospitals Act* of British Columbia.

A new service has been instituted whereby Dr. McGregor, of the Provincial Mental Hospital medical staff, visits Oakalla Prison Farm weekly to screen inmates regarding their suitability for admission for treatment at the Provincial Mental Hospital.

During the year the admission of Federal cases requiring psychiatric treatment increased from the previous year's total of 176. As in previous years, the Department of Veterans Affairs and the Department of Indian Affairs were the Federal Government departments most frequently requesting our services. On March 31, 1963, the following Federal cases were in residence:—

Department of Veterans Affairs	132
Imperial veterans (D.V.A.)	1
Indian Health Services	41
Yukon Territorial Government	7
British Columbia Penitentiary	*Nil*
Total	181

The monthly rate of patient admissions from the community to the Provincial Mental Hospital continues to increase, although the number of psychiatrists in community private practice and the psychiatric facilities in the community are gradually increasing.

The average monthly admission rate, which was 113.91 in 1959, 133.25 in 1960, 150 in 1961, and 169 in 1962, is now 172.16 in 1963.

All departments have functioned efficiently and at capacity, and all proven and accepted types of therapy are available and continue to be used.

General Comments

I wish to take this opportunity of expressing my deep appreciation for the splendid co-operation and assistance I have received at all times from the Honourable Eric Martin, Minister of Health Services and Hospital Insurance; Dr. A. E. Davidson, Deputy Minister of Mental Health Services; all the divisions of the Mental Health Services Branch; all departments of Government and community services associated with the welfare of our patients. I wish to thank all staff members of the Crease Clinic of Psychological Medicine and the Provincial Mental Hospital, Essondale, for their loyalty and devotion to duty.

I wish to commend the Clinical Director, Dr. F. G. Tucker, the medical staff, and the members of the treatment team for the high level of skills exhibited in their treatment of patients. The high level of psychiatric nursing now practised at Essondale would be difficult to surpass anywhere.

We have an excellent medical-specialist consultant service, and I would like to thank these 16 physicians for the superior type of medical services they have provided.

The After Care Centre at 445 West 13th Avenue, Vancouver, has continued to be a useful and successful operation, caring for hundreds of patients who otherwise might have had to be returned to hospital. Dr. A. R. Yarrow is Acting Director. The unit provides an after-care service for probated or discharged patients. The unit staff and treatment teams from the Crease Clinic and Provincial Mental Hospital, Essondale, find the demand for this service in the community is constantly increasing. Dr. Yarrow also supervises the " Vista " and " Venture," female and male half-way houses located in Vancouver. These units provide a useful service and assist in patient rehabilitation.

Grounds privileges are extended wherever this is indicated and is possible, in keeping with the patients' physical and mental conditions. Today 34 of the total of 44 male and female wards are open.

At present over 2,150 of the male- and female-patient population at the Crease Clinic and Provincial Mental Hospital, Essondale, have free access to the hospital grounds. This figure includes over 80 per cent of the male patients who enjoy this privilege.

Tremendous impetus has been given to our patient rehabilitation services with the appointment of Mrs. A. E. Coppard as Co-ordinator of Rehabilitation.

Many of our departments are recognized as training centres for students. We are pleased to report that this year the Department of Laboratories (Dr. G. A. Nicolson, Director) received commendation for the laboratory facilities and staff by a committee from the Canadian Medical Association, and our training-school for technicians received the commendation and full approval for the training of laboratory technologists.

The Essondale Pharmacy Department shows some expansion, and a useful monthly bulletin of information for our medical and nursing staff is now issued by the Chief Pharmacist, Mr. K. Woolcock.

The completion of the new, fully modern and equipped Industrial Therapy Building this year at Essondale will again enable Mr. R. Herring, Supervisor, to gather his many departments under the one roof. The Industrial Therapy Department makes a great contribution to the Hospital in the training of patients as well as in the manufacture and repair of thousands of items of Hospital property.

The patients' relatives and friends are encouraged to visit the Hospital, and each year larger numbers visit the Hospital and larger numbers of patients visit the community, especially during week-ends and holidays. Their visiting is much appreciated by the patients and staff. In addition, we are appreciative of the visits to Hospital made by community groups, ex-servicemen's organizations, and the splendid job done at Essondale by the hospital volunteers of the Canadian Mental Health Association.

It is a pleasure for me to report at this time that, in addition to the many improvements made in psychiatric treatment and care, improvements are constantly being made in the patients' housing, shelter, and surroundings through building alterations, painting, decorating, furnishings, and beautification of the surrounding many acres of Hospital grounds.

1963 has indeed been a full year, an eventful year, and a successful year.

Women's Nursing Division

For the Women's Division of Nursing, under the direction of Mrs. M. L. McKay, Superintendent of Nurses, the year which ended March 31, 1963, has been one in which the tempo of activities has increased and diversified, particularly in the ward situation. It has also been a period in which consolidation of organiza-

tional changes has occurred, as well as a reassessment of the goals of patient-care. This has been necessary due to a changing philosophy within the Hospital, which has stressed the rehabilitative aspect of treatment and has involved more and more the community outside the Hospital, as well as more fully utilizing the facilities within.

In keeping with this trend, the five senior nursing supervisors are attempting to build up programmes, specific to their areas, which lead toward more independence of patients through teaching them to care for themselves and to take greater responsibility for their own actions. Patients of long-term hospitalization are involved in groups who concern themselves with current events, beauty culture, sewing, cooking, dramatics, etc. They are also taken to visit department stores, post offices, libraries, the art gallery, and to events at the Queen Elizabeth Theatre. These programmes are designed with the objective in view of increasing the self-confidence and consequently the ability of each to interact comfortably in social situations.

A "boarding home" project was organized in East Lawn Building in Decemver with the Social Service Department. This consisted of simulating, on one ward, the less restricting atmosphere of a community boarding home. In this area 10 patients were given limited supervision and as much as possible the responsibility for their own actions and decisions. At this date, seven patients have been placed in boarding homes as a result of this project, and nursing staff are convinced of the merit of such programmes.

In all buildings, male and female patients continue to mix at different entertainments on the wards of each. As a result, there is a continued improvement in their appearance and social behaviour.

Due to these changes and along with them is the development of different concepts of nursing care. Team nursing is now employed on all wards of the Crease Clinic and is proving a very satisfactory medium for providing the patients with the greater security of individual care. It also provides more satisfaction for nursing personnel in terms of patient-staff relationships, in providing better guidance and supervision of junior staff members, as well as serving as a means of drawing the total Hospital team into a more unified type of planning for the treatment of each individual patient.

In Centre Lawn this type of nursing assignment is being developed on the admission ward, and it is expected to be implemented on the other wards in this building in the future.

In North Lawn the two infirmary wards continue to have a small number of patients on a more or less permanent basis, with movement in and out on an average of approximately 60 guests a month, who come from all other areas within the Mental Hospital, Valleyview, and The Woodlands School.

The patients come to these wards with a variety of conditions; many are acutely ill and require expert nursing care. This presents many problems, and to meet the demands of this situation a continuing informal programme of day-to-day teaching has been necessary.

During the year the Central Supply Department has continued to expand its services, and these have extended to all Hospital areas, with the exception of Riverside and the Crease Clinic. As a result of this department, standards of patient-care are considerably safer, equipment is used more economically and is kept in good repair. Examples of the volume passing through the department are the 16,377 sterile trays which are processed during the year or the 60,247 needles processed, 13,708 of this number requiring to be sharpened.

A central linen room was opened in the Crease Clinic in the past year, bringing the total to two at this Hospital. It has already been proved to be a most efficient as well as economical way of handling and distributing supplies, and consequently was welcomed by nursing staff.

This department continues to be deeply concerned with the preparation of all personnel, and every effort is made to encourage its members to increase their knowledge, whether through in-service lectures, short courses at institutes, or to seek the broader preparation offered in universities. In the past year 11 psychiatric nurses attended the post-basic course of 64 hours presented by the School of Nursing. Five psychiatric nurses attended the five-day institute in group psychotherapy sponsored by the British Columbia Psychiatric Nurses' Association. One head nurse completed the course in unit administration offered by the Registered Nurses' Association, in which another is currently enrolled, while a third will commence the course in the coming year. One head nurse also completed the three-month affiliation course presented at this Hospital. One supervisor attended the six-month clinical course in psychiatric nursing, also presented at the Hospital, while a second supervisor has been on leave to attend the 10-month diploma course presented by the University of British Columbia.

It is interesting to note that in 1952 the Director of Nursing, with a Bachelor of Nursing degree, was the only staff member within the nursing service to have university preparation. At this date, out of a supervisory group of 24 (including the Superintendent of Nurses) two have a Bachelor of Nursing degree and seven have had a 10-month diploma course from a university. This interest in education has further extended to the ward level, where one head nurse has completed a 10-month diploma course in teaching and supervision at university, and, as mentioned previously, another head nurse has received a diploma for completion of the course in administration of nursing units, in which two others are currently enrolled. There is also one staff nurse within the department who has her Bachelor of Science in Nursing.

Men's Nursing Division

Mr. R. H. Strong, Chief Psychiatric Nurse, reports steady advances in knowledge of mental illness and its treatment, with more emphasis on group therapies.

Various forms of therapy with mixed patient groups and mixed nursing treatment teams have been carried out.

In the Crease Clinic a progressive relaxation group and a young adult group have been treated under medical supervision.

In the acute-treatment areas of the Provincial Mental Hospital, nursing staff have been involved in mixed therapeutic groups in art and crafts, and gardening.

Group therapy in the continued-treatment areas of West Lawn and Riverside emphasizes remotivation, reactivation, and resocialization. At Riverside 19 psychiatric nurses provide leadership to 19 groups involving a total of 225 patients.

The supervisory psychiatrist and nursing supervisor meet the group leaders regularly to assess progress. An evaluation of a group of 218 patients showed that 43 per cent had been discharged to the community or to boarding homes and 52 per cent had shown considerable improvement. These results were believed to be attributable to the interest and concentrated attention of the nursing staff.

The appointment of Mr. D. Smith as Job Placement Officer from the male nursing staff in November, 1962, and the later appointment of Mrs. Coppard as Co-ordinator of Rehabilitation have already produced results in the more effective and planned use of patients' capabilities.

The nursing staff are more acutely aware of changing concepts and philosophies and are continually seeking more information through participation in in-service lectures as well as making more use of library facilities. Charge and assistant charge nurses attended a series of post-basic lectures to a total of 64 hours offered by the School of Psychiatric Nursing. In addition, a psychiatric aide orientation programme was offered by the School. Each group attended 10 days of lectures, and to date 36 male aides who had no previous training have completed the course. Their obvious interest and improvement in their service has more than justified the efforts of their instructors.

Six of our psychiatric nurses were fortunate to receive leave of absence in order to attend an institute on group psychotherapy at Harrison Hot Springs Hotel from October 3 to 9, 1962. The institute was sponsored by the British Columbia Psychiatric Nurses' Association and was led by Dr. Bach, from California. This was an exhausting but interesting and valuable experience, and the participants are looking forward to attending the second half of the institute, scheduled for May 5 to 10, 1963.

Eleven former dining-room stewards were reorientated to the nursing service after an absence from this service for periods ranging from 10 to 18 years. Lectures were conducted for this group specifically for two weeks in the classroom, followed by an intensive four-week period of ward experience and clinical lectures by supervisors. They are due to be ready for duty on April 16, 1963.

All nursing staff continue to participate in fire lectures as offered by the Fire Department.

Twenty-nine escorts from the male nursing service were provided to escort 15 patients throughout the year to various other hospitals across Canada or other agencies who would be responsible for the patients. This required 174 working-days. In addition, numerous other patients were escorted by this department to boats, trains, aeroplanes, and buses.

The grounds supervisor interviewed 2,974 patients for grounds privileges during the year (1,584 male and 1,384 female).

Orientation periods and tours were provided for several groups of public health nurses to Provincial Mental Hospital and Crease Clinic. This was part of a reciprocal arangement with the Metropolitan Health Services of Greater Vancouver, in which they provided four sessions of orientation for Mental Health Services senior nursing personnel to their various units in the Greater Vancouver health area.

The ambulance service requirements exceed by more than double the 8 hours daily that it is staffed.

Department of Psychology

At the end of September Mr. John Borthwick, Director, was granted leave of absence to take training in hospital administration. Mr. Alan Clark took over the direction of the department. Because of a relatively favourable number of well-qualified staff, the department has been able to provide more comprehensive services in group psychotherapy and expanded research activity in addition to its commitments in psychological testing, nursing education, and staff orientation.

During the year a total of 139 lectures was given, mostly within the framework of instructional programmes for nurse trainees but included as well talks delivered to other Hospital personnel and visiting groups.

A total of 3,645 psychological tests was administered, the great majority being used in the preparation of written reports about patients. In all, 690 such reports

were prepared, representing a slight decrease over the number submitted during the previous year. This small decline was in part attributable to more realistic criteria being established for the acceptance of referrals for testing and in part due to the department's extended application in the areas of group psychotherapy and research.

Altogether, 844 group meetings were conducted. This year saw the continuation of an intensive group programme for young acutely ill schizophrenic patients in Crease Clinic. As an additional service in this unit, a second programme of group therapy was established for the neurotically ill patients. This year also saw some expansion of therapeutic services within the Provincial Mental Hospital in the further establishment of nurse-led groups and in the development of group discussions and activation sessions for patients thought suitable for discharge.

As indicated, interest in the area of research has also increased. A total of eight studies was undertaken during the year—three examining the efficacy of therapeutic measures, two relating to the utility of certain psychological tests, two others concerning the elaboration of specific psychiatric defects, and one assessing various actuarial data available on the mental hospital patient.

The department has continued an affiliation with the University of British Columbia in repeating, for a third summer, an internship programme designed to familiarize the prospective graduate clinical student with the duties and demands facing the psychologist working in a clinical setting.

Social Services

The Social Service Department, under the direction of Miss Dorothy R. Begg, reports a year of activity for social workers in all units of the Provincial Mental Hospital and Crease Clinic. Two developments within the institutional services which had marked implications were the increasing use of the after-care facilities for treatment of discharged patients and the growth and expansion of the boarding-home programme. Social workers were involved in both programmes—in the After Care Clinic as members of the psychiatric teams which were assigned from the various Hospital units on an average of one-half day a week for follow-up services, and in the boarding-home project for the selection, assessment, and preparation of patients for placement. The appointment of a co-ordinator to this latter service was important in consolidating social-work responsibilities.

During the previous year the Brief Services and Admissions Sections in both the Crease Clinic and the Centre Lawn Building had been reorganized under senior social-work personnel with a view to more adequate distribution of social services within the units. This arrangement has been particularly effective in the Centre Lawn Building. By assuming responsibility for brief and accelerated social services related largely to admission and discharge needs of patients and also by undertaking responsibility for admission studies and evaluations, this section facilitated treatment and rehabilitation planning for many patients. Furthermore, it enabled other social-work staff to offer continuing services to the complex social problems frequently encountered in this area.

In all units the need to engage in skilful assessments, to give social services (both case and group), and to offer appropriate referral services to children and adolescent patients remained of primary importance.

In the Centre Lawn Building, social services to this group were co-ordinated by a senior member of the staff who, in addition to regular interviews concerned with individual problems of adjustment, conducted weekly sessions with the group. Results to date have been satisfactory in terms of generally improved morale on the part of group members.

Similarly in the Crease Clinic, the social group worker was active with a group of teen-aged patients who were experiencing problems associated with adolescence, such as immaturity, school and career difficulties, and difficulties in relationships with parents. In addition to discussion periods on a twice-weekly basis, the group participated in recreational activities assisted by the recreational-therapy staff.

In addition to the above, other groups were conducted by various members of the Crease Clinic social-work staff, generally, however, on a ward basis at the request of the ward physician. Reality oriented, the groups provided an opportunity for discussions on problems on in-hospital adjustment and discharge.

As in former years, some groups were concerned with services to relatives. Group-work services were extended to patients registered in after-care, which programme developed as a continuation of groups originating within Hospital or Crease Clinic. Worthy of note is one group comprised of housewives who met regularly with the social group worker to discuss problems associated with return to home and community. For some members who were experiencing difficulty in renewing social relationships, the group provided the only regular contact outside their families.

In the long-term treatment areas, considerable emphasis was placed on the assessment and preparation of patients for placement in boarding care under the supervision of the Hospital.

The results of the programme concerned with the boarding-out of socially acceptable but mentally disabled persons were highly satisfactory. Work during the year was directed toward solidifying earlier experimentation and demonstration together with expansion within well-defined policies established co-operatively with other government departments and community resources. Service responsibilities included supervision of both patients and boarding-home proprietors, in the latter instance to ensure an equable standard of patient-care as well as to enhance understanding of the needs of mentally handicapped persons.

As of March 31st, 145 patients, many of whom had histories of lengthy hospitalization, were accommodated in 23 boarding homes located throughout the Lower Mainland. It is to be noted that the rate of return to hospital for members of this group for either physical or psychiatric reasons was below that of the national average of 15 per cent, and, furthermore, that in certain instances patients were enabled, following fairly prolonged periods in supervised boarding care, to advance to more independent living situations in which they were partially self-supporting.

The work of the department with respect to its major function of providing social and casework services to or on behalf of patients is numerically illustrated in the statistical summaries for the year.

Social-work staff located throughout the various units of the Provincial Mental Hospital were active with 2,974 patients, of which total 527 were brought forward from the previous year and 2,447 were opened during the year. Contact was terminated with 2,657 cases, leaving a total of 317 patients who were carried forward. This is fairly consistent with the 1961/62 statistics, the only difference being an increase of 94 patients during 1962/63. Work with this group entailed approximately 11,000 interviews on the part of social-work staff.

In the Crease Clinic 1,454 patients received social services, representing a reduction of 37 cases in comparison with the previous year. Of this total, 140 were brought forward from 1961/62, 1,314 were opened to service during the year, 1,323 were closed, and 131 were carried forward. The provision of services to this group involved the Crease Clinic staff in some 8,000 interviews.

Educational responsibilities toward the community, personnel from other clinical disciplines, and the profession itself were assumed by members of the social-work staff through speaking engagements, lectures, and orientation sessions. Nine students from the School of Social Work, including five who were enrolled in the B.S.W. or first year of professional training and four M.S.W. or second-year students were accepted for field-work instruction and experience. The inclusion of a qualified social group worker within the departmental establishment made it possible for the first time to offer field-work practice to students interested in that particular aspect of the job. The over-all programme which was devised for the orientation and training of this group of students received the full approval and support of the School of Social Work and, in addition, proved to be of considerable recruitment value in attracting applications from the student body.

Occupational Therapy

The Occupational Therapy Department, under the leadership of Miss June Archer, has experienced a year of steady progress and a continued sense of growth within the Hospital.

Programming has largely focused on group activities, and efforts have been made to increase the social competence of patients. In developing programmes, the occupational therapist has utilized all forms of group techniques to facilitate the maximum group participation and communication.

Nursing staff accompanying patients to the department have been encouraged to participate in such activities, and this has led to better understanding between the various disciplines.

Orientations in the therapeutic use of activities have been scheduled on a regular basis for groups of affiliate and Provincial and Mental Hospital student nurses. Practical participation has proved a valuable means of acquainting the students with basic principles and has led to more effective involvement in the department setting.

The activities of daily living programme has continued to show good results. It is now considered a valuable source as an assessment and retraining area for patients requiring intensive domestic rehabilitation before discharge to their homes or to boarding-home care.

An essential part of the programme is the opportunity patients have to visit the shops in the community and other community facilities, such as the library, post office, or laundromat. We are indebted to the volunteer organization for making their station wagon available for these excursions.

During the year 33 patients attended the activities of daily living programme. Of this number, 9 have been discharged to their homes, 13 have been discharged to boarding homes, and 1 patient found her own apartment before leaving Hospital. Six patients returned to wards and 4 still remain in the unit.

In connection with the boarding-home programme, the Occupational Therapy Department has been pleased to have several of the boarding-home operators visit the departments. These visits have enabled them to seek advice regarding activity and crafts available for patients in their homes.

At a request from the Tuberculosis Society in Vancouver, patients from the Provincial Mental Hospital undertook the task of helping with the society's Christmas seal project. Three hundred and fifty thousand seals were folded and boxed by patients in ward and department groups. It was felt that this was an excellent project for the more regressed patients, for whom it is often difficult to find useful and meaningful activities.

The second stage of the project was carried out at the society's headquarters in Vancouver, where patients stuffed and stuck addressed labels on the mailing envelopes. Since the society's headquarters accommodated only 30 patients, the groups rotated daily to allow the maximum number of patients the opportunity of working in such a setting. The project was completed in five weeks by over 100 male and female patients from various rehabilitation groups in the Hospital. The value of this undertaking can be measured by the enthusiastic response and interest shown by all involved. It is hoped that other projects of this kind, particularly community-orientated work, will assist the patients to make the transition from hospital to community life.

In November widespread interest was shown in the first fall art exhibition, which was organized by representatives of the occupational therapy and nursing staff. Paintings, ceramics, and wood carvings, many of them achieving a high standard of craftsmanship, were on display for two days. The exhibits provided an opportunity for staff and patients to contribute to the community life of the Hospital by sharing a common interest.

The annual sale held in Pennington Hall on Wednesday, December 5th, was again successful and realized $2,762.

During the year educational responsibilities have involved staff members in lectures, demonstrations, and orientations to allied disciplines and to many visiting groups. Miss Ogden gave a series of six lectures to the students at the School of Rehabilitation Medicine, University of British Columbia, on the application of occupational therapy in a psychiatric setting.

As in previous years, seven graduate students from the Universities of Toronto, McGill, and Manitoba were accepted for clinical training. Each student spent nine weeks gaining experience in the practical application of occupational-therapy techniques. It is encouraging to note that three of these students have subsequently accepted positions on staff.

Recreational Therapy

The Recreational Therapy Department, under the directorship of Mr. G. G. Maxwell, has experienced a period of change and adjustment to new trends in patients' therapy. Further development of the unitization plan, establishment of unit activities committees, and greater interest in and use of socio-recreation techniques by occupational therapy, psychologist, nursing staffs, and the Canadian Mental Health Association volunteers have altered and in some respects enhanced the role of the department.

Just as the opening of wards and the extension of ground privileges to more and more patients have increased participation in casual, voluntary recreational opportunities, so growth in the number of therapy groups has brought about a considerable addition to the number of scheduled sessions planned for specific groups.

Picnics, special outings, Stanley Park trips, fishing expeditions, car rides, mystery bus trips, cook-outs, exhibition ball games between patient and visiting community teams, and regular recreation swimming periods made the spring and summer season especially exhilarating.

Two hundred patients attended the Shrine circus at the Pacific National Exhibition. More than twice that number paid day-long visits to the Pacific National Exhibition. Free group admission to numerous special exhibits and events was arranged through the courtesy of the Vancouver Exhibition Association.

The appointment of a part-time music therapist relieved the department of the necessity of providing music for church services.

During the year a new sports field, located between the Lougheed Highway and Pitt River Road, was opened.

The pitch-putt golf course has been extended, and a new backstop and softball diamond have been erected on the grounds west of Crease Clinic.

Two shuffleboards have been installed—one at Riverside and one at Pennington Hall—through the courtesy of the Ladies' Auxiliary of the Canadian Legion. Two pianos have been purchased through the Patients' Comfort Fund for the East Lawn Building.

Delegates attending the Pacific Northwest Conference of the National Parks and Recreation Association made a special tour of the Hospital.

Co-operation with neighbouring Provincial institutions brought visiting inmate groups from Oakalla and the Haney Correctional Institution to perform in variety concerts and dance orchestras for Hospital events.

The Hospital swimming-pool has been made available to the Coquitlam Recreation Commission for community leadership and water-safety activities.

Patients' School

The patients' school has continued to provide a very useful service under the direction of the teacher, Mr. G. Williamson. It was open from 8 a.m. to 4 p.m. on regular school-days for a total of 228 days. Seventy-two patients—42 adults and 30 adolescents, 40 male and 32 female—were enrolled during this period. Fifty-five of these attended the regular daily classes, and the 17 who were unable to do so received instruction on the wards. The average daily attendance was 15 students, with an average period of attendance of 7.4 weeks per patient. During the year 28 students were discharged.

The school continued to provide a diversified programme of teaching designed to meet the individual needs of the patient. This included regular classroom instruction for the 8 students enrolled in the primary grades, for the 14 in the intermediate grades, and for the 8 in the senior grades. A class for new Canadians was also maintained for the 3 patients who wished to improve their English. Wherever possible, emphasis was placed on a course of studies that would aid the patient after discharge.

The number of those who took advantage of the many correspondence courses available increased appreciably. Thirty-nine patients, or more than half the total enrolment, advanced their education by this means. Courses leading toward high-school graduation were undertaken by the majority.

In June, 1962, and with the approval of the Department of Education in Victoria, the school was set up as a special examination centre for departmental examinations. This greatly facilitated matters for those students writing June finals and August supplementals for their accredited academic year.

Physiotherapy

The Physiotherapy Department, under Mr. Borge Dahl, reports reorganization of service facilities during the past year.

Mr. C. Bradford, chiropodist, retired on December 31, 1962. On March 1, 1963, he was appointed part time to meet the great need for chiropody treatment for two days each week.

Physiotherapy services for Crease Clinic, Centre Lawn (male), West Lawn, and Riverside were concentrated in the Crease Clinic.

A small physiotherapy unit was established in North Lawn to meet the increased demands for service, since the infirmary wards were established there.

The East Lawn unit has been expanded to serve this building and Centre Lawn (female).

New and improved equipment has enhanced the value and increased the range of service provided by this department.

A total of 12,976 treatments to 1,897 patients has been given during the year.

Department of Radiology

This department, under the direction of Dr. J. W. Jackson, continues to provide a wide-range diagnostic service.

The change of two wards in the North Lawn Building to infirmary wards has increased the number of examinations done at this unit by almost 1,000.

The total number of films taken in the department during the year was 16,243; this includes 2,667 staff chest films.

Department of Laboratories

This department, under the direction of Dr. G. A. Nicolson, reports increased activity during the past year.

The total number of procedures performed is 62,283, an increase of 3,955 over the previous year. This increase was fairly evenly distributed throughout the departments of chemistry, bacteriology, hæmatology, and histology. In chemistry there was a significant increase in the number of liver-function tests, serum electrolyte, serum iron, and ceruloplasmin determinations performed. In bacteriology there was a sharp increase in the number of miscellaneous smears and tuberculosis cultures carried out. In hæmatology there was an increase in the number of serological tests for syphilis performed. The incidence of positive tests remains at approximately 1 per cent. The histology department showed increased activity due to renewed interest in neuropathology, necessitating the performance of a markedly increased number of special staining procedures. Routine sections remained high, reflecting the fact that 223 autopsies were performed. This produced an autopsy rate of 75 per cent, which is exceptionally high.

The technician training programme has produced an additional candidate for certification by examination by the Canadian Society of Laboratory Technologists. During the year our laboratory facilities and the competence of our technical staff were investigated by a committee from the Canadian Medical Association, and our training-school for technicians received their commendation and full approval for the training of laboratory technologists.

Pharmacy Department

The Pharmacy Department, under the direction of Mr. K. Woolcock, has been active in meeting increasing demands for service.

Ten sub-units now enjoy a pharmaceutical programme, governed by a Council on Therapeutics. The most recent drugs—particular emphasis being placed on ataractics—are evaluated for efficiency. Having passed this extensive study and approved of by the Council, they are made available throughout the services.

Through the co-operation of the Council of Therapeutics, Mr. Woolcock has devised a bulletin on a monthly basis. It comprises information of general interest to all medical and nursing areas. In it is contained factual statements regarding

the over-all policies, additions, deletions, and information pertinent to pharmaceutical activities.

Optical Department

Mr. H. H. Woodbridge, optometrist, reports an increased demand for optical services.

During the year a total of 1,127 procedures were carried out, consisting of 639 refractions, 308 major repairs, and 180 minor repairs and adjustments.

Dental Department

The Dental Department, under the direction of Dr. W. C. Cusack, has been active in all fields of dentistry during the year. Every effort was made to keep up with the demands for fillings, treatments, extractions, and dentures that came into the dental clinic.

The demand for dentures for discharge cases increased considerably. The majority of the cases were completed prior to discharge, but the remainder were handled as out-patients.

There were a number of calls for ward visits, about 12 in all for the year. Thirty-five problem cases were handled at the operating-room for extractions, making a total of 416 extractions being performed. Four oral-surgery cases requiring preparation of the mouth for dentures were also handled in the operating-room.

An autoclave was obtained to add to our equipment in the dental clinic.

The details of dental procedures for the year is as follows:—

Total number of patients seen	3,906
Number of recorded examinations	702
Number of extractions	2,146
Number of fillings	1,580
Number of prophylaxis and treatments	851
Number of denture fittings	1,221
Number of X-rays	199
Number of processed dentures	244
Number of repairs	263
Number of dentures marked	577
Number of gold castings	65

Chaplain

Rev. John O'Neil, E.D., B.A., L.Th., the Protestant chaplain, has continued to provide regular services. He has been of great help and comfort to our patients. A certified professional hospital chaplain, he has completed 10 years' full-time service.

Rev. R. J. Filer, the chaplain from Valleyview Hospital, has provided weekly Protestant services, visiting and counselling, and comfort to the critically ill patients in the North Lawn area of the Provincial Mental Hospital.

Rev. W. S. Lacko, S.J., has continued to come in from New Westminster and to provide a service for the Roman Catholic patients of the Crease Clinic, the Provincial Mental Hospital, and Valleyview Hospital every Sunday. In addition, he has continued to visit the patients regularly and to provide last rites and comfort to all critically ill patients. During the year Father Lacko conducted the service of dedication for the graduating class of the School of Nursing.

During the year two new services were provided and have been of real help both in the religious field and otherwise in the Hospital. The first was that when the musical therapist retired from the service and the Recreational Therapy Department was no longer able to provide music for the church services, a part-time organist was engaged. This has proved to be far more satisfactory than any previous arrangement. The second was when one of the ladies of the volunteers of the Canadian Mental Health Association took on the task of arranging for various choirs from churches in the Greater Vancouver area to attend every Sunday morning at either the Roman Catholic or the Protestant service and assist with the music. This has been greately appreciated both by the chaplains and by the patients.

The work of the chaplains has been greately facilitated by the ready co-operation and help of all members of the Hospital staff.

Business Administration

The Hospital Administrator, Mr. N. K. Barr, reports a year during which some major and many minor changes have taken place. The major changes have included the opening of the Automatic Switchboard Building and the bringing into operation of the new garbage-disposal unit.

The opening of the automatic switchboard has greatly facilitated communication within the Hospital and has enabled the switchboard operators to render much improved service to both incoming and outgoing callers, a result of which has been a noticeable improvement in public relations. The introduction of pay telephones has been highly successful and has met particularly with the approval of members of our staff.

We have, during the year, tried to improve the appearance of our patient areas by introducing more attractive furniture and by using more imagination in the use of colour, not only by painting, but by the installation of new floors and fibreglass drapes. The latter have so far met with unqualified success both with respect to their colour and appearance and with respect to the way in which they are standing up.

The inauguration of a second shift in the laundry has done much to overcome some of the problems arising from the volume of linen to be processed. This second shift has enabled the laundry to be closed on Sundays. The setting-up of a central linen room in the Crease Clinic continues a pattern which, it is hoped, will be followed in each of our buildings, since the control of linen usage and the satisfying of ward demands are virtually solved by these linen rooms. In the business office the introduction of a posting-machine has done much to smooth out and streamline the posting of accounts. Physical changes in the office enable us to give an improved service to our patients.

It was on October 13th that the severe storm hit Greater Vancouver and hit our Hospital. The Hospital suffered from power stoppages and large fallen trees. The excellent work done by members of our staff did not in any way curtail essential services to our patients.

The installation of radio receivers in our vehicles has done much to improve the efficiency of our Transportation Department. The increased rate of admissions and discharges has imposed a considerable burden on this department, such that, notwithstanding the economies effected by the radios, there has been a 15-per-cent increase in gas consumption over the past three years without any corresponding increase in staff.

Audio-Visual Department

Mention was made in the previous Annual Report of reorganizing the 16-mm. recreation shows. This has brought about excellent results due to the careful selection of films. It is particularly true of The Woodlands School area, where more children's programmes have been selected. Educational films are in great demand. These are being provided not only from our own library, but also from outside agencies, with a view to aiding in teaching.

During the year 144 35-mm. movies were shown to 35,155 patients at Pennington Hall, and 50 such movies were shown at The Woodlands School to 11,584 patients. The 16-mm. ward shows at Essondale, Riverside, and Valleyview were shown 331 times to 19,121 patients. In addition to this, there was also a weekly 16-mm. show given at The Woodlands School, Allco Infirmary, Haney, Provincial Home at Kamloops, and Tranquille by our own staff.

The educational film library now has 400 registered borrowers, who used 1,750 films from our library.

Industrial Therapy Department

Mr. R. Herring, the department head, has had a busy year and has watched with eager anticipation the building of the new Industrial Therapy Building. The old building was burned down in 1955, at which time the department was spread throughout the Hospital. Now, with the exception of the uniform and linen repair sections, the department will be concentrated in this one magnificent building. The new building will not only provide much improved space, equipment, and facilities, but will also provide a new electronics department and a new spray-painting booth with its bake ovens.

The following are the significant statistics for the year:—

Total patients employed in trade-shops	2,168
Patients progressed to hospital work level	74
Patients discharged to community	102

The following figures indicate the productivity of this department:—

	Manufactured Items	Repaired Items
Dry-goods Section	58,202	----------
Mending Section	----------	101,046
Tailoring Section	6,897	15,795
Mattress and Canvas Section	6,641	1,652
Printing Section	1,622,284	----------
Machine and Metalsmithing Section	2,271	945
Cabinet-shop	391	1,822
Upholstery Section	219	1,087
Uniform Section	8,330	11,968
Shoe Section	677	10,881

Laundry

This department, under Mr. R. T. Lewis, the laundry manager, has continued to operate smoothly under the two-shift six-day work-week. During the year 9,560,770 pounds of linen went through the department and 110,500 pounds of dry cleaning were processed. This amounted to 5.3 pounds per patient-day for Essondale, The Woodlands School, Valleyview, and Mental Health Centre.

Considerable efforts have been made to improve the laundry service to all areas, and many small changes have been made in Laundry Department procedures

to effect this. The creating of a central linen room in the Crease Clinic has resulted in an excellent linen service in this building, proving this to be the best system of linen distribution.

The close liaison between the laundry manager and the wards has enabled the finding of simple solutions to numerous problems.

Medical Records

This department is under the direction of Mrs. P. West, who this year attended the medical record librarians' course at the Royal Columbian Hospital.

With the opening of the Mental Health Centre at Kelowna and the adult clinic in Victoria, the Medical Records Department has provided these centres with copies of discharge summaries relating to patients returning to those areas.

It was necessary during the year to perform some changes made by the Dominion Bureau of Statistics with respect to providing statistical data; this involved the revision of our statistical cards.

Research projects during the year included a survey of the use of escorts accompanying patients on admission to our Hospital and a continuing survey on 170 admissions to the Crease Clinic covering a period of one year from the date of the patient's admission. In addition, the department assisted a medical student undertaking a research project.

The new legislation with respect to the *Patient's Estates Act* involved the review of active patients' records by medical staff to determine the patient's capability. A procedure was set up calling for a prompt assessment of all patients being admitted in so far as the requirements of this Act are concerned.

The continued increase in the rates of admission and discharge necessitated the addition of one staff member to the department.

Dietary Department

Mrs. M. E. Marr, our dietetics administrator, is in charge of this department. During the year the following volume of meals wase served:—

Total general-menu meals served to Crease Clinic and Provincial Mental Hospital patients	2,834,159
Total special-diet meals served to Crease Clinic and Provincial Mental Hospital patients	277,267
Total general-menu meals served to Crease Clinic and Provincial Mental Hospital staff	173,824
Total special-diet meals served to Crease Clinic and Provincial Mental Hospital staff	2,437
Total of all meals served	3,287,687

Total raw-food cost per meal was 33.30 cents, an increase over last year of raw-food costs amounting to .06 cent per meal.

During the year the last of the nursing staff seconded as stewards to this department was replaced by dietary personnel. Planning for the complete takeover of dietary functions by the Dietary Department continued during the year, and plans for effecting this completely in the East Lawn Building were approved at the end of the year. These plans will relieve the Nursing Department in this building of dietary functions, and it is anticipated that this will prevail eventually throughout the Hospital.

Efforts continue to be made to improve the food service to patients both with respect to the variety of food served and to the physical facilities available to patients in the kitchens and dining-room areas. To this end, tray service to patients has been implemented in the Centre Lawn Building, a heated food-wagon service has been extended in one of the West Lawn dining-rooms, the use of brighter paint colours has been implemented, and floors have been retiled.

Efforts are made to improve the equipment in the kitchens and, during the year a considerable amount of equipment was installed. This has been particularly noticeable in the Riverside Building, where major pieces of equipment installed included a griddle range, deep fryers, and an electric bake oven, thus making it possible to improve upon the variety of food served in this area. The purchase of new dining-room furniture in some areas has done much to enhance their appearance.

Volunteer Services

The volunteer service, through its co-ordinator, Mr. G. Dodsworth, has maintained a high standard of service throughout the year.

Although the number of volunteers has shown a slight reduction, the services provided have expanded and the quality has increased. We have had 139 volunteers visiting a minimum of one day per week, giving a total of 28,000 hours of their time. In addition to this, we now have 40 students from Lester Pearson High School visiting in Crease Clinic, Centre Lawn, and Valleyview Hospital one day or evening per week. There are also several organizations who provide service, although not one of direct contact with the Hospital.

Apparel-shops.—It is significant to note that while the shops are now open five days per week, the volume of business has decreased. With the shorter hospitalization, patients are not requiring as much clothing supplied.

663	male patients received	1,773 articles
1,732	female patients received	9,275 articles
2,395	patients received	11,048 articles

In addition to this, approximately 5,000 prizes were provided to wards for parties and the annual carnival day.

Volunteer service is provided in every unit of the Mental Hospital and the Crease Clinic, as well as Valleyview Hospital. In addition to this service, two wards, A 3 and A 4, have been adopted throughout the year by the Lake Cowichan Branch of Canadian Mental Health Association and the Vancouver Association of Insurance Women respectively. These organizations provide gifts, prizes, games, and refreshments regularly for the residents of the wards.

The special volunteer visiting programme developed with the Nanaimo branch of the Canadian Mental Health Association has worked out extremely well, with much preadmission contact now being made in the community. Plans are now being formulated to develop this or a similar service in other community areas.

During the year, members of nine community organizations visited the Hospital under the auspices of this department for a total of 275 persons.

Two large meetings of the volunteers were held in April and September. The first was held in the Crease Clinic, where Dr. Walsh spoke about the "Action for Mental Health" report. This was followed by a tour of Crease Clinic. The second was held in the Queen Elizabeth Theatre, where Dr. Gibson, of the University of British Columbia, was the key speaker. One hundred volunteers from all over British Columbia attended.

The Christmas gift programme this year was the biggest success to date. Twelve thousand Christmas gifts were received at the Volunteer Centre for distribution to all the patients. In addition to this, we co-operated with the staff of the Hospital in planning the unit Christmas parties. This was the first such venture involving the community and inviting relatives and friends to participate, and it went very well.

Mrs. M. Larson and Mrs. J. Humphreys (volunteers) have been responsible for over 300 patients from East Lawn going out to lunch in private homes in Vancouver and district. Many of these patients have not been out of hospital for years, and their responses to having lunch in a home have been most interesting.

In addition to this, Mr. Hugh Pickett, manager of Famous Artists, has provided us with 240 free tickets for our patients to attend concerts and shows at the Queen Elizabeth Theatre, Orpheum, and Theatre Under the Stars. He has remarked subsequently that our patients are a pleasure to have in attendance, and our staff are very good and well organized

We have managed to provide transportation facilities for patients at the Activities of Daily Living Unit to go shopping, as well as weekly drives for the patients of the North Lawn Building.

Two ethnic groups are functioning satisfactorily in the Hospital. A group of Polish volunteers visit their countrymen in the Colony Farm unit twice a month, and the Japanese Unit church women entertain the majority of our Japanese patients once a month, bringing with them films from their homeland and special delicacies which are normally unavailable in hospital.

The most significant development with the volunteer service area has been the acquisition of Mrs. Mildred Franklin as supervisor of volunteers for the Canadian Mental Health Association. She has an office within the Volunteer Centre at Essondale and has been an enormous help in managing the many and varied details of such a large and extensive programme.

Civil Defence

The Essondale Civil Defence Planning Committee continued to hold regular monthly meetings.

Orientation lectures continued to be given to incoming student classes.

Following a report on a survey of Hospital buildings with relation to their value as a protection against blast and fallout, plans have been completed for emergency evacuation to safe areas within the Essondale area.

Through attendance at meetings with the Greater Vancouver Target Area, contact with community civil defence organizations has been maintained.

More locally, special personnel have been allotted as a contribution to the organization of Civil Defence Sector No. 2, which covers the Essondale area.

One member of the Committee attended an Institute on Emergency Welfare Services at Victoria.

TREATMENT SERVICES

F. G. TUCKER, CLINICAL DIRECTOR

There has been a continuing and expanding demand upon the treatment facilities at Essondale during the year. Admissions from the community to the Provincial Mental Hospital and Crease Clinic were 2,066 and 1,651 respectively, and together represent an increase of 50 per cent in our admission rate over the past five years.

Such simple statistics belie the problem with which such an increase in admissions confronts us; for example, it is both desirable and necessary that the period of hospitalization be short. During this time, not only must arrangements be made by family or social agency to meet the immediate crisis in the family, but efforts may be required to be directed to modify the patient's environment and planning must be undertaken for his early return and follow-up.

During the past year the after-care programme inaugurated in November, 1961, under Dr. R. W. Harrington, and presently directed by Dr. A. R. Yarrow, has continued to expand in order to deal in part with this problem. Thirteen visiting teams, consisting of two doctors, a social worker, and psychiatric nurse, spend a half-day session each at the After Care Clinic each week, whilst the resident team continues to give emergency treatment and act as consultants and educators in mental health for the community. At the year's end 863 patients were registered in after-care, compared with 381 on March 31, 1962, and were seen on an average of once or twice a month. Prescriptions dispensed for medically indigent patients in after-care and on probation rose from 506 to 917 a month in the past year. It is impossible to assess objectively the success of this programme, but there is little doubt the patients have been maintained in the community and have functioned at a higher level than would have been possible without these sustaining services. " Venture " as a facility is now overcrowded, and alternative accommodation for after-care will have to be found. It is also most desirable that these services be extended into the Lower Fraser Valley region. Further, a much closer liaison with the public health service and the social agencies both before, during, and after admission of patients to Hospital is essential.

The high admission rate to Hospital probably results from a simple increase in the population of the Province, improved case-finding by general practitioners and other agencies, extension of public knowledge of mental illness, and a high rate of return to Hospital. If the latter figures are to cease to climb, and if we are to continue to discharge our long-term patients, it is apparent that considerable retraining of patients must be undertaken. We were therefore happy to have Mrs. A. Coppard appointed to the new position of Co-ordinator of Rehabilitation in December, 1962. Mrs. Coppard brought with her from the United Kingdom considerable experience in rehabilitation of long-term mental hospital patients, and by the year's end we were in an advanced stage in planning a comprehensive rehabilitation programme. Developing community interest and Federal and Provincial Government financial participation, together with the new Industrial Therapy Building and Hillside Buildings, augur well for providing the wherewithal to develop new concepts in the rehabilitation of our patients. It is anticipated that the focus of long-term areas will be working with the " well part of the patient " and the development of improved vocational and social skills in a realistic setting. In providing the therapeutic hospital milieu for long-stay patients, every attempt must be made to have the patient's day resemble a realistic day of work and recreation, of obligation and reward, similar to that which he would expect in

the community. Two prime objectives of the rehabilitation programme will be the fusion of resources for psychiatric and physically disabled persons and a very close involvement in the total Provincial rehabilitation developments.

We have received excellent co-operation from many of the physicians of the Province in making prior arrangements and providing information on patients to be admitted. However, a mental hospital cannot maintain an open door for admissions in the ill-defined field of psychiatric practice without being swamped. Some form of preadmission screening and observation would be most advantageous. The following categories of patients posed special difficulties—the emotionally disturbed adolescent, the criminally insane, and the alcoholic. One hundred Order in Council patients were admitted during the past year in spite of the provision of weekly consultant services by Dr. McGregor to the Oakalla Prison, a service which has been of mutual benefit to both parties. Our resident Order in Council patients on March 31, 1963, were 42.

One hundred and thirteen patients under 18 years of age were admitted to the Provincial Mental Hospital and Crease Clinic, 46 of whom were under 14 years. Their special needs have been met in a limited way by special group activities, and mention must be made of the excellent work of Mr. Williamson, our schoolteacher, in this regard. However, separate facilities are necessary for their adequate treatment. Alcoholism for its part with other forms of addiction remains a major social and psychiatric problem, requiring special consideration in the coming year.

Development of North 3 and South 3 wards in the North Lawn Building as infirmary areas has provided better nursing facilities for these patients. Medical and surgical care is of high order in spite of this, and our consultants have provided the Hospital with outstanding service. Further consolidation of infirmary patients in North Lawn is planned.

The traditional therapeutic services have been well maintained or improved. Occupational therapy and recreational therapy have been imaginative and creative in many new projects. Amongst them may be mentioned the Activity and Daily Living Unit, in which severely regressed patients again become accustomed to everyday living. Thirty-three patients attended this unit, of whom 9 were discharged to their own homes and 13 to boarding homes, a most rewarding result. The nursing services continue to develop increasing insights, new skills, and versatility in care of patients. Heavy demands have been made upon the Social Service Department. However, they have taken an active part in after-care, and the boarding-home programme continues to be a success under their ægis, and group work continues in addition to other routine duties. Physiotherapists continue to be difficult to recruit, but a good service was provided by outstanding efforts of our two therapists and by some reorganization of the department.

This year the volunteer services have been further refined to meet the specific needs of the patients, and their help has been invaluable. Perhaps special commendation should go to the teen-age groups from Lester Pearson High School working with our adolescent patients. These young girls have demonstrated a remarkable aptitude for work in the mental health field.

In all it has been a year of heavy demands and high expectations for the therapeutic team, which at times must have seemed overwhelming. If we are to keep pace with evolving concepts of social psychiatric practice, we must be prepared to adapt constantly and if necessary revolutionize existing services to meet demands.

STATISTICAL TABLES

CREASE CLINIC

TABLE 1.—MOVEMENT OF POPULATION, CREASE CLINIC, APRIL 1, 1962, TO MARCH 31, 1963

	Male	Female	Total
In residence, April 1, 1962	110	145	255
Admissions—			
First admissions	518	575	1,093
Readmissions to a different institution of Mental Health Services	31	45	76
Readmissions to same institution	212	270	482
Admissions direct from Provincial Mental Hospital	4	2	6
Total admissions	765	892	1,657
Total under care	875	1,037	1,912
Separations—			
Discharged in full	765	877	1,642
Discharged direct to Provincial Mental Hospital, Essondale	14	32	46
Discharged direct to Valleyview Hospital	2	.....	2
Died	3	1	4
Total separations	784	910	1,694
Net increase or decrease	—19	—18	—37
In residence, March 31, 1963	91	127	218

TABLE 2.—FIRST ADMISSIONS TO CREASE CLINIC BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

Health Unit	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 1	----	1	1
" " " 2	6	2	8
" " " 3	2	5	7
" " " 4	2	2	4
" " " 5	1	----	1
Selkirk, Nelson—			
School District No. 7	5	2	7
" " " 8	1	1	2
" " " 10	2	1	3
West Kootenay, Trail—			
School District No. 11	4	7	11
" " " 13	1	----	1
South Okanagan, Kelowna—			
School District No. 14	4	1	5
" " " 15	5	5	10
" " " 17	----	1	1
" " " 23	4	----	4
North Okanagan, Vernon—			
School District No. 19	1	1	2
" " " 20	3	5	8
" " " 22	4	3	7
South Central, Kamloops—			
School District No. 24	12	10	22
" " " 26	----	2	2
" " " 29	1	----	1
" " " 30	2	1	3
" " " 31	4	1	5
Cariboo, Williams Lake—			
School District No. 27	1	7	8
" " " 28	3	6	9
" " " 55	2	1	3
Northern Interior, Prince George—			
School District No. 56	3	2	5
" " " 57	11	7	18
" " " 58	----	1	1
Upper Fraser Valley, Chilliwack—			
School District No. 32	6	3	9
" " " 33	5	11	16
" " " 34	10	9	19
Boundary, Cloverdale—			
School District No. 35	3	4	7
" " " 36	44	52	96
" " " 37	4	6	10
Metropolitan Health Committee, Vancouver—			
School District No. 38	11	24	35
" " " 39	166	194	360
" " " 41	34	48	82
" " " 44	23	38	61
Simon Fraser, New Westminster—			
School District No. 40	21	32	53
" " " 43	20	18	38
North Fraser Valley, Mission—			
School District No. 42	16	5	21
" " " 75	7	6	13
" " " 76	3	3	6
Upper Island, Courtenay—			
School District No. 47	7	10	17
" " " 71	3	5	8
" " " 72	4	4	8
Skeena, Prince Rupert—			
School District No. 50	----	1	1
" " " 51	----	1	1
" " " 52	3	4	7
" " " 53	5	6	11
" " " 54	2	1	3
Peace River, Dawson Creek—			
School District No. 59	3	----	3
" " " 60	2	5	7
" " " 81	1	----	1
Greater Victoria Metropolitan Board of Health—			
Greater Victoria—School District No. 61	15	18	33
Saanich and South Vancouver Island—			
School District No. 62	3	2	5
" " " 63	3	----	3
" " " 64	2	----	2
Central Vancouver Island, Nanaimo—			
School District No. 65	3	1	4
" " " 66	2	1	3
" " " 67	2	3	5
" " " 68	14	8	22
" " " 69	1	----	1
" " " 70	9	11	20
School districts not covered by health units—			
School District No. 46	2	2	4
" " " 73	1	----	1
" " " 80	4	1	5
Unorganized	----	5	5
Unknown	1	----	1
Ex-Province	4	4	8
Totals	553	621	1,174

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO CREASE CLINIC BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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.	
First Admissions																													
Voluntary	3	2	27	29	42	63	48	52	57	50	48	51	36	54	44	44	33	29	18	25	14	16	1	16	7	9	378	440	818
Certification	8	—	15	20	21	18	30	22	17	25	15	22	19	19	13	17	8	14	12	7	6	7	4	5	5	5	173	181	354
Other	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Totals	11	2	42	49	63	81	79	74	74	75	63	73	56	73	57	61	41	43	30	32	20	23	5	21	12	14	553	621	1,174
Readmissions																													
Voluntary	—	—	8	6	11	15	17	18	22	16	31	28	9	32	12	26	19	18	9	17	11	11	5	8	3	6	157	201	358
Certification	—	—	4	—	6	7	5	9	10	13	4	8	8	10	7	8	5	5	3	3	2	1	—	2	1	4	55	70	125
Totals	—	—	12	6	17	22	22	27	32	29	35	36	17	42	19	34	24	23	12	20	13	12	5	10	4	10	212	271	483

TABLE 4.—FIRST ADMISSIONS TO CREASE CLINIC BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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.	
Schizophrenic disorders—																													
Simple type	—	—	2	1	1	4	—	1	3	—	1	1	1	1	1	—	1	—	—	—	—	—	—	—	—	—	10	8	18
Hebephrenic type	—	—	1	—	1	1	—	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2	4	6
Catatonic type	—	—	2	3	1	1	3	2	2	—	1	1	1	1	—	—	1	—	—	—	—	1	—	—	—	—	11	9	20
Paranoid type	—	—	2	1	8	1	17	4	14	8	9	4	14	10	9	1	6	1	4	—	1	—	2	1	—	—	86	31	117
Acute schizophrenic reaction	—	—	4	8	10	10	8	6	5	3	1	5	—	2	—	1	—	—	—	—	—	—	—	—	—	—	28	35	63
Latent schizophrenia	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
Schizo-affective psychosis	—	—	—	1	2	4	2	3	—	3	1	4	2	—	—	2	2	—	—	—	—	—	—	—	—	1	9	18	27
Schizophrenic childhood type	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Other and unspecified	—	—	1	2	4	5	3	5	3	7	2	3	1	1	1	—	—	4	—	3	—	—	—	—	—	—	15	30	45
Manic-depressive reaction—																													
Manic and circular	—	—	—	—	—	—	—	1	—	1	2	—	1	3	1	—	1	2	3	—	—	1	—	—	—	—	8	8	16
Depressive	—	—	—	—	—	—	1	—	—	2	1	1	2	1	3	—	2	2	—	3	—	2	—	1	—	—	9	12	21
Other	—	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	2	4
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	2	—	3	3	15	6	7	2	9	4	1	—	3	1	1	16	41	57
Paranoia and paranoid states	—	—	—	—	1	—	1	1	1	1	1	4	—	4	1	1	1	2	—	—	2	—	—	—	—	—	8	13	21
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Alcoholic psychosis	—	—	—	—	1	—	—	—	1	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	5	—	5
Psychosis of other demonstrable etiology—																													
Secondary or due to infective or parasitic diseases	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	2

Secondary or due to allergic, endocrine, metabolic, and nutritional diseases	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Secondary or due to diseases of the blood-forming organs and circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Secondary or due to diseases of the nervous system and sense organs	—	—	—	—	—	—	—	1	—	—	—	1	1	—	3	—	—	—	—	—	—	—	—	—	—	—	4	2	6
Secondary or due to other diseases	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Other and unspecified psychoses—																													
Psychosis with psychopathic personality	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	3	3
Psychotic depressive reaction	—	—	—	—	—	—	2	1	2	1	1	1	3	—	1	—	1	1	1	—	1	2	1	2	—	1	13	9	22
Anxiety reaction without mention of somatic symptoms	—	—	—	1	5	5	3	7	6	8	4	9	6	13	2	6	—	3	1	4	2	1	—	2	1	2	30	61	91
Hysterical reaction without mention of somatic symptoms	—	—	—	3	1	3	1	3	—	—	4	3	1	3	1	3	—	3	—	—	—	—	—	—	—	—	8	21	29
Phobic reaction	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Obsessive-compulsive reaction	—	—	—	1	1	—	1	2	—	1	1	1	2	—	—	1	—	—	—	1	—	—	—	—	—	—	5	7	12
Neurotic-depressive reaction	1	—	1	12	8	29	15	23	12	28	9	20	5	23	11	26	6	13	5	7	3	10	—	5	4	5	80	201	281
Psychoneurosis with somatic symptoms (somatization reaction) affecting circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	3	4
Psychoneurotic disorders, other mixed and unspecified types	—	—	1	—	—	—	—	1	2	1	—	—	—	1	2	1	1	—	—	—	1	1	—	—	1	1	8	6	14
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	1	1	2	3	2	2	2	1	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	9	9	18
Paranoid personality	—	—	—	—	—	—	1	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
Inadequate personality	—	1	—	—	—	3	—	1	—	2	1	1	1	—	—	—	—	—	2	—	1	—	—	—	—	—	5	8	13
Anti-social personality	—	—	1	1	6	—	2	—	3	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	16	1	17
Asocial personality	—	—	—	1	—	2	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	3	5
Sexual deviation	1	—	1	—	1	—	2	—	1	—	4	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	12	—	12
Other and unspecified	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Immature personality—																													
Emotional instability	—	—	—	—	2	3	—	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2	6	8
Passive dependency	—	—	—	—	—	—	1	—	2	—	4	—	2	—	1	—	—	—	1	—	—	—	—	—	—	—	11	—	11
Other and unspecified	—	—	—	—	—	2	1	—	1	1	—	1	—	1	—	1	—	—	2	—	—	—	—	—	—	—	4	6	10
Alcoholism—																													
Chronic	—	—	1	—	1	—	1	—	2	—	2	1	2	—	5	—	6	1	3	—	2	—	—	—	—	—	25	2	27
Unspecified	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	3	—	3
Other drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Primary childhood behaviour disorders	5	1	12	8	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17	10	27
Mental deficiency—																													
Moron	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Border-line intelligence	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Other and unspecified character, behaviour, and intelligence disorders—																													
Acute situational maladjustment	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	3	3
Adult situational reaction	—	—	—	2	2	2	3	3	4	1	1	3	4	1	4	—	1	—	—	1	—	—	—	—	—	—	19	13	32
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	1	1	—	2	1	5	6
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	—	—	2	—	—	1	—	—	—	—	2	—	1	3	—	2	3	—	8	6	14
Epilepsy	—	—	2	—	1	—	—	1	—	1	—	—	1	1	—	—	—	1	—	1	—	—	—	—	—	—	4	5	9
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Observation without need for further medical (psychiatric) care	2	—	1	—	—	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	6	—	6
Other, unknown, and unspecified conditions	—	—	5	—	3	1	7	—	5	—	3	—	2	—	1	—	3	—	4	1	1	1	1	1	2	1	37	5	42
Totals	11	2	42	49	63	81	79	74	74	75	63	73	56	73	57	61	41	43	30	32	20	23	5	21	12	14	553	621	1,174

TABLE 5.—READMISSIONS TO CREASE CLINIC BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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.	
Schizophrenic disorders—																													
Simple type	—	—	—	—	1	1	—	—	1	—	2	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	5	3	8
Hebephrenic type	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Catatonic type	—	—	—	—	—	—	1	—	—	1	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	4	1	5
Paranoid type	—	—	1	—	4	—	1	1	12	3	3	—	2	5	5	2	2	1	—	—	—	—	—	—	—	—	30	12	42
Acute schizophrenic reaction	—	—	4	1	5	1	1	1	1	5	2	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	14	10	24
Latent schizophrenia	—	—	—	—	—	1	1	—	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3	2	5
Schizo-affective psychosis	—	—	—	2	—	8	1	1	1	1	1	2	—	2	—	8	1	2	1	—	—	—	—	—	—	—	5	26	31
Other and unspecified	—	—	1	—	1	1	3	6	2	6	5	4	1	3	—	4	—	1	1	1	—	—	—	—	—	—	14	26	40
Manic-depressive reaction—																													
Manic and circular	—	—	—	—	—	1	—	3	—	1	—	2	1	2	1	1	1	1	—	1	—	—	—	—	1	—	4	12	16
Depressive	—	—	—	—	—	1	—	—	—	—	1	1	2	1	2	—	2	1	—	1	—	1	—	1	—	1	7	8	15
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	2	1	3
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2	4	6	3	2	2	1	1	1	—	—	12	14	26
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	—	1	2	—	1	—	—	—	—	—	—	—	1	—	—	—	—	1	4	5
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	2
Alcoholic psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Psychosis of other demonstrable etiology—																													
Resulting from brain tumour	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Secondary or due to diseases of the nervous system and sense organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	1	2
Other and unspecified psychoses—Psychotic depressive reaction	—	—	—	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	2	1	—	—	1	1	—	1	3	6	9
Anxiety reaction without mention of somatic symptoms	—	—	1	—	—	1	3	2	—	2	4	5	1	5	2	3	2	2	—	5	2	—	3	2	1	1	19	28	47
Hysterical reaction without mention of somatic symptoms	—	—	—	—	—	—	—	—	—	2	—	1	—	1	—	—	—	2	—	—	—	1	—	—	—	—	—	7	7
Obsessive-compulsive reaction	—	—	—	1	—	—	—	—	—	—	1	2	2	1	—	—	—	1	—	—	—	—	—	—	—	—	3	5	8
Neurotic-depressive reaction	—	—	—	—	—	4	4	8	4	7	7	8	3	9	3	10	7	6	3	6	5	7	—	2	2	6	38	73	111
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	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
Syphilis and its sequelæ—General paralysis of insane	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1

Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	—	—	1	1	1	—	—	—	1	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	4	3	7
Paranoid personality	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Inadequate personality	—	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Anti-social personality	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3	—	3
Asocial personality	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Sexual deviation	—	—	—	—	—	—	—	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Immature personality—																													
Emotional instability	—	—	—	1	—	1	—	1	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	6
Passive dependency	—	—	—	—	1	—	2	—	1	—	—	1	1	—	—	—	—	—	1	—	1	—	—	—	—	—	7	1	8
Other and unspecified	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Alcoholism—																													
Chronic	—	—	—	—	—	—	1	—	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	4
Unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Other drug addiction	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Primary childhood behaviour disorders	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Mental deficiency—Moron	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified character, behaviour, and intelligence disorders—Adult situational reaction	—	—	—	—	—	—	1	2	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	5
Chronic brain syndrome with behavioural reaction	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	2	3
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	2	1	3
Epilepsy	—	—	2	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	4
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Observation without need for further medical (psychiatric) care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Other, unknown, and unspecified conditions	—	—	—	—	1	—	1	—	—	—	—	—	1	1	—	—	1	—	—	1	—	—	—	—	—	1	4	3	7
Totals	—	—	12	6	17	22	22	27	32	29	35	36	17	42	19	34	24	23	12	20	13	12	5	10	4	10	212	271	483

TABLE 6.—FIRST ADMISSIONS TO CREASE CLINIC BY MARITAL STATUS, MENTAL DIAGNOSIS, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

TABLE 7.—READMISSIONS TO CREASE CLINIC BY MARITAL STATUS, MENTAL DIAGNOSIS, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

TABLE 8.—FIRST ADMISSIONS TO CREASE CLINIC BY RELIGION AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

TABLE 9.—FIRST ADMISSIONS TO CREASE CLINIC BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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

TABLE 10.—LIVE DISCHARGES FROM CREASE CLINIC BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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.	
Schizophrenic disorders—																													
Simple type	—	—	2	3	2	5	2	2	6	—	1	1	1	1	—	1	1	—	—	—	—	—	—	—	—	—	15	13	28
Hebephrenic type	—	—	—	—	2	1	1	—	—	1	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	4	4	8
Catatonic type	—	—	2	3	3	1	2	2	2	1	4	2	1	—	1	—	1	—	1	—	1	2	—	—	—	—	18	11	29
Paranoid type	—	—	2	1	17	2	20	8	31	12	22	11	8	13	14	3	9	1	5	1	—	—	2	1	—	—	130	53	183
Acute schizophrenic reaction	—	—	10	7	11	9	9	8	4	11	1	9	2	—	1	—	2	—	—	1	—	—	—	—	—	—	40	45	85
Latent schizophrenia	—	—	—	—	—	—	2	1	—	1	1	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	4	4	8
Schizo-affective psychosis	—	—	—	1	3	11	3	6	1	4	3	4	2	5	1	7	6	3	1	1	—	1	—	—	—	1	20	44	64
Schizophrenic childhood type	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified	1	—	3	2	8	9	6	10	5	11	5	9	1	5	1	8	1	5	—	3	—	1	—	—	—	—	31	63	94
Manic-depressive reaction—																													
Manic and circular	—	—	1	1	—	—	—	4	1	3	2	2	1	8	2	1	3	5	2	1	—	—	—	—	—	—	12	25	37
Depressive	—	—	—	—	—	2	1	2	—	4	2	4	4	2	4	—	5	5	—	4	—	2	—	1	—	1	16	27	43
Other	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	2	—	—	1	—	—	—	—	1	—	4	2	6
Involutional melancholia	—	—	—	—	—	—	—	—	—	1	—	1	1	4	5	15	9	15	4	8	4	5	2	5	2	1	27	55	82
Paranoia and paranoid states	—	—	—	—	—	—	1	—	—	2	1	4	1	6	1	1	—	1	—	—	1	2	—	—	—	—	5	16	21
Presenile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	3	3
Alcoholic psychosis	—	—	—	—	1	—	—	—	—	—	3	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	6	1	7
Psychosis of other demonstrable etiology—																													
Resulting from epilepsy and other convulsive disorders	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Secondary or due to infective or parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Secondary or due to allergic, endocrine, metabolic, and nutritional diseases	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Secondary or due to diseases of the blood-forming organs and circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	1	1	2
Secondary or due to diseases of the nervous system and sense organs	—	—	—	—	—	—	—	1	—	1	—	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	2	3	5
Secondary or due to other diseases	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Other and unspecified psychoses—																													
Psychosis with mental deficiency	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Psychotic depressive reaction	—	—	—	—	—	1	1	1	1	4	3	1	2	3	4	2	2	2	2	5	—	4	2	2	—	3	17	28	45
Anxiety reaction without mention of somatic symptoms	—	—	1	2	9	6	8	9	9	13	11	16	6	13	9	6	—	4	2	11	6	1	2	3	2	3	65	87	152
Hysterical reaction without mention of somatic symptoms	—	—	—	2	1	4	2	3	—	1	3	5	3	3	—	3	—	3	2	—	—	—	—	—	—	—	11	24	35
Phobic reaction	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	1	—	1	—	—	—	—	—	—	—	2	2	4

TABLE 10.—LIVE DISCHARGES FROM CREASE CLINIC BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963—*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.	
Obsessive-compulsive reaction	—	—	1	—	—	—	3	5	—	1	2	1	2	2	—	1	—	1	—	1	—	—	—	—	—	—	8	12	20
Neurotic-depressive reaction	1	—	1	9	7	29	16	28	15	37	13	29	9	35	13	34	13	14	12	17	9	13	—	6	3	8	112	259	371
Psychoneurosis with somatic symptoms (somatization reaction) affecting circulatory system	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	1	1	2
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	—	1	—	—	—	1	—	—	1	4	5
Psychoneurotic disorders, other mixed and unspecified types	—	—	—	—	1	—	1	—	2	—	1	1	—	2	1	—	2	1	1	—	1	—	—	—	1	—	11	4	15
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	4	—	2	—	8	8
Syphilis and its sequelæ—General paralysis of insane	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	2	1	1	4	4	—	4	4	1	2	2	1	2	—	—	—	—	—	—	—	—	—	—	—	16	12	28
Paranoid personality	—	—	—	—	1	—	1	—	1	—	2	1	1	1	2	—	—	—	—	1	1	—	—	—	—	—	9	3	12
Inadequate personality	—	—	1	—	3	2	2	1	2	—	—	1	1	—	—	—	1	—	—	—	1	—	—	—	—	—	11	4	15
Anti-social personality	—	—	4	1	7	—	3	—	5	—	4	—	4	—	1	—	1	—	1	—	1	—	—	—	—	—	31	1	32
Asocial personality	—	—	—	1	—	2	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	5
Sexual deviation	—	—	—	—	1	—	1	—	2	—	2	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	9	—	9
Immature personality—																													
Emotional instability	—	—	—	7	1	5	1	3	—	—	—	3	1	—	—	—	—	—	—	1	—	—	—	—	—	—	3	19	22
Passive dependency	1	—	—	1	3	—	2	1	2	—	4	1	2	—	1	—	1	—	3	—	1	—	—	—	—	—	20	3	23
Other and unspecified	—	—	—	—	1	1	2	—	1	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—	—	—	4	4	8
Alcoholism—																													
Chronic	—	—	—	—	1	1	3	—	4	—	4	—	1	—	5	—	6	1	3	—	4	—	—	—	—	—	31	2	33
Unspecified	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Other drug addiction	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Primary childhood behaviour disorders	5	1	16	8	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	11	32
Mental deficiency—																													
Idiocy and imbecility	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Moron	—	—	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Border-line intelligence	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2

Other and unspecified character, behaviour, and intelligence disorders—																													
Other and unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	1	2	3
Adult situational reaction	—	—	—	2	2	3	4	4	5	1	2	3	3	1	3	—	—	—	—	1	—	—	1	—	1	21	15	36
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	1	1	1	3	4	7
Chronic brain syndrome N.O.S.	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	2	2	—	3	3	—	1	1	8	7	15
Epilepsy—Other and unspecified	—	—	2	—	1	1	—	2	1	1	—	—	1	—	—	—	—	1	1	1	—	—	—	—	—	6	6	12
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
Observation without need for further medical (psychiatric) care	2	—	1	—	—	—	—	—	—	—	—	—	1	1	1	—	1	—	—	—	—	—	—	—	—	6	1	7
Other, unknown, and unspecified conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	4	1	5	1	6
Totals	10	1	53	53	89	102	103	104	105	118	99	119	64	111	83	87	70	65	44	61	33	37	11	28	17	23	781	909	1,690

TABLE 11.—LIVE DISCHARGES FROM CREASE CLINIC BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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

TABLE 12.—DEATHS OCCURRING IN CREASE CLINIC BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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.	
Psychosis of other demonstrable etiology	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Anxiety reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Neurotic-depressive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Totals	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	1	3	1	4

TABLE 13.—DEATHS OCCURRING IN CREASE CLINIC BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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.	F.	
Arteriosclerotic heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	2	1	3
Pulmonary fibrosis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	1	3	1	4

PROVINCIAL MENTAL HOSPITAL, ESSONDALE

TABLE 1.—MOVEMENT OF POPULATION, PROVINCIAL MENTAL HOSPITAL, ESSONDALE, FROM APRIL 1, 1962, TO MARCH 31, 1963

	Male	Female	Total
In residence, April 1, 1962	1,464	1,242	2,706
On probation, carried forward from 1961/62	212	407	619
On escape, carried forward from 1961/62	6	1	7
Total as at April 1, 1962	1,682	1,650	3,332
Admissions—			
First admissions	525	335	860
Readmissions to a different institution of Mental Health Services	97	159	256
Readmissions to the same institution	487	463	950
Admissions direct from Crease Clinic	14	32	46
Transfers from Provincial Mental Home, Colquitz	97	.....	97
Transfers from geriatric units	4	15	19
Transfers from The Woodlands School	5	3	8
Total admissions	1,229	1,007	2,236
Total under care	2,911	2,657	5,568
Separations—			
Discharged in full	1,082	864	1,946
Discharged direct to Crease Clinic	4	2	6
Died	99	65	164
Transferred to geriatric units	30	19	49
Transferred to schools for mental defectives	20	2	22
On probation and still out	189	448	637
On escape but not discharged	3	1	4
Total separations	1,427	1,401	2,828
Net increase or decrease	+20	+14	+34
In residence, March 31, 1963	1,485	1,255	2,740

TABLE 2.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1962, TO MARCH 31, 1963.

Health Unit	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 1	4	1	5
" " " 2	5	6	11
" " " 3	2	—	2
" " " 5	2	—	2
" " " 18	1	1	2
Selkirk, Nelson—			
School District No. 7	2	2	4
West Kootenay, Trail—			
School District No. 9	3	2	5
" " " 11	2	2	4
" " " 12	2	—	2
South Okanagan, Kelowna—			
School District No. 14	3	2	5
" " " 15	3	3	6
" " " 17	1	—	1
" " " 23	2	2	4
" " " 77	2	1	3
North Okanagan, Vernon—			
School District No. 19	3	—	3
" " " 20	3	3	6
" " " 21	1	—	1
" " " 22	2	3	5
" " " 78	2	—	2
South Central, Kamloops—			
School District No. 24	11	8	19
" " " 26	—	3	3
" " " 29	1	—	1
" " " 30	1	2	3
" " " 31	3	2	5
Cariboo, Williams Lake—			
School District No. 27	5	6	11
" " " 28	1	1	2
Northern Interior, Prince George—			
School District No. 55	2	1	3
" " " 56	1	1	2
" " " 57	11	7	18
Upper Fraser Valley, Chilliwack—			
School District No. 32	1	3	4
" " " 33	9	6	15
" " " 34	10	7	17
Boundary, Cloverdale—			
School District No. 35	5	4	9
" " " 36	24	31	55
" " " 37	1	1	2
Metropolitan Health Committee, Vancouver—			
School District No. 38	7	15	22
" " " 39	319	204	523
" " " 41	23	33	56
" " " 44	15	22	37
" " " 45	2	6	8
Simon Fraser, New Westminster—			
School District No. 40	25	17	42
" " " 43	6	10	16
North Fraser Valley, Mission—			
School District No. 42	13	11	24
" " " 75	6	6	12
" " " 76	2	2	4
Upper Island, Courtenay—			
School District No. 47	2	5	7
" " " 71	2	7	9
" " " 72	1	4	5
Skeena, Prince Rupert—			
School District No. 50	2	1	3
" " " 51	—	1	1
" " " 52	3	1	4
" " " 53	4	4	8
" " " 54	—	1	1
Peace River, Dawson Creek—			
School District No. 59	7	3	10
" " " 60	4	5	9
" " " 81	—	1	1
Greater Victoria Metropolitan Board of Health—			
Greater Victoria—School District No. 61	14	14	28
Saanich and South Vancouver Island—			
School District No. 62	2	1	3
" " " 63	4	1	5
" " " 64	1	1	2
Central Vancouver Island, Nanaimo—			
School District No. 65	7	2	9
" " " 66	—	1	1
" " " 67	1	1	2
" " " 68	11	9	20
" " " 70	8	11	19
School districts not covered by health units—			
School District No. 46	1	—	1
" " " 48	—	1	1
" " " 49	—	2	2
" " " 73	—	2	2
" " " 74	2	—	2
" " " 80	2	2	4
Unorganized	1	—	1
Unknown	1	1	2
Ex-Province	16	5	21
Totals	645	524	1,169

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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.	
First Admissions																													
Voluntary	—	—	3	7	14	22	18	19	33	35	43	27	34	27	41	17	44	18	16	15	9	8	6	6	2	6	263	207	470
Warrant	—	—	16	2	7	1	5	—	5	1	3	1	7	—	4	1	2	—	2	—	1	—	1	—	3	—	56	6	62
Certification	4	—	12	14	20	23	39	15	38	37	45	37	29	42	19	28	20	33	19	15	32	15	22	20	16	25	315	304	619
Urgency	—	—	—	—	1	1	1	—	3	—	—	2	1	—	—	1	2	—	—	—	—	—	—	—	1	—	9	4	13
Other	—	—	—	—	—	—	—	1	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	5
Totals	4	—	31	23	42	47	63	35	80	74	91	68	72	69	64	47	68	51	37	30	42	23	29	26	22	31	645	524	1,169
Readmissions																													
Voluntary	—	—	1	—	8	10	13	20	27	21	31	42	34	34	40	31	27	26	22	22	7	15	18	11	2	5	230	237	467
Warrant	—	—	4	—	6	—	5	1	9	1	8	3	3	—	9	—	7	—	2	—	—	1	—	—	2	—	55	6	61
Certification	—	—	6	6	10	8	15	21	37	27	39	26	47	37	39	32	27	35	22	11	17	10	10	13	21	11	290	237	527
Urgency	—	—	—	—	1	—	1	—	2	1	2	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	7	3	10
Other	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Totals	—	—	11	6	25	18	35	42	76	50	80	72	84	72	89	63	61	61	46	33	24	26	28	24	25	16	584	483	1,067

TABLE 4.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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.	
Schizophrenic disorders—																													
Simple type	—	—	—	1	—	2	—	2	—	1	1	2	3	—	—	2	—	—	2	—	—	—	—	—	—	—	6	10	16
Hebephrenic type	—	—	—	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Catatonic type	—	—	1	—	3	2	5	1	2	4	1	1	—	—	—	4	—	—	1	—	1	—	—	—	—	—	14	12	26
Paranoid type	—	—	1	2	4	5	12	1	10	19	10	20	9	20	9	10	3	14	5	4	2	—	1	—	1	—	67	95	162
Acute schizophrenic reaction	—	—	1	1	2	2	5	2	3	3	1	4	2	2	—	1	—	1	—	—	—	—	—	—	—	—	14	16	30
Latent schizophrenia	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Schizo-affective psychosis	—	—	—	—	1	2	1	1	2	6	3	3	—	1	3	—	1	1	1	—	—	—	—	—	—	—	12	14	26
Schizophrenic childhood type	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified	1	—	4	1	3	3	9	5	9	8	3	4	5	8	5	2	5	1	1	3	—	—	—	—	—	—	45	35	80
Manic-depressive reaction—																													
Manic and circular	—	—	—	—	—	—	—	2	1	—	1	1	—	3	—	2	1	1	—	—	—	—	—	1	—	—	3	10	13
Depressive	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	1	1	—	1	—	1	—	—	—	—	1	6	7
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	4	1	6	—	4	—	3	—	—	1	21	22
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	3	2	5
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	3	7	3	10	13
Presenile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	—	2
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	3	4	10	8	8	11	23	24	47
Alcoholic psychosis	—	—	—	—	—	—	3	1	9	—	8	1	11	1	12	—	13	3	6	—	6	—	2	—	2	—	72	6	78
Psychosis of other demonstrable etiology—																													
Resulting from epilepsy and other convulsive disorders	—	—	1	1	2	—	1	1	2	—	4	1	—	1	—	1	1	—	—	—	1	—	—	—	—	—	12	5	17
Secondary or due to infective or parasitic diseases	—	—	—	—	1	1	—	—	—	—	—	—	2	—	—	—	—	—	1	—	—	1	—	—	—	—	4	2	6
Secondary or due to allergic, endocrine, metabolic, and nutritional diseases	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Secondary or due to diseases of the blood-forming organs and circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	3	—	—	—	—	—	3	1	4
Secondary or due to diseases of the nervous system and sense organs	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Secondary or due to accidents and violence	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	3	—	3
Secondary or due to other diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	1	—	—	—	5	—	5
Other and unspecified psychoses—																													
Psychosis with psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Psychosis with mental deficiency	—	—	1	—	1	2	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	4	4	8
Psychotic depressive reaction	—	—	—	—	—	—	—	1	—	1	1	6	—	2	2	1	—	1	2	3	2	2	1	4	—	—	8	21	29

Anxiety reaction without mention of somatic symptoms	—	—	—	—	1	1	—	2	2	1	2	2	1	1	—	—	—	—	—	1	—	—	2	—	—	1	8	9	17
Hysterical reaction without mention of somatic symptoms	—	—	—	2	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	6	6
Phobic reaction	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Obsessive-compulsive reaction	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	2	3
Neurotic-depressive reaction	—	—	—	1	—	5	1	5	6	13	3	9	3	7	1	9	5	12	2	5	5	7	1	5	2	4	29	82	111
Psychoneurotic disorders, other mixed and unspecified types	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1	1	—	—	—	—	—	1	3	4
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	2	—	4	4
Syphilis and its sequelæ—General paralysis of insane	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	—	—	—	2	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	4
Paranoid personality	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	2	2
Cyclothymic personality	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Inadequate personality	—	—	1	—	—	2	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	4	5
Anti-social personality	—	—	12	5	6	6	4	1	7	2	7	1	6	1	2	—	1	—	—	—	—	—	—	—	—	—	45	16	61
Asocial personality	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Immature personality—																													
Emotional instability	—	—	—	2	1	3	1	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	7	10
Passive dependency	—	—	—	—	2	1	3	—	3	—	4	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	14	3	17
Alcoholism—																													
Chronic	—	—	—	—	2	—	12	3	15	8	27	5	20	8	24	5	28	1	7	3	2	—	1	1	—	—	138	34	172
Unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	—	1	—	1	1	—	—	4	2	6
Other drug addiction	—	—	—	—	—	3	—	2	—	2	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	8	10
Primary childhood behaviour disorders	—	—	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	5	7
Mental deficiency—																													
Moron	—	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	3	1	4
Border-line intelligence	—	—	1	1	1	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2	7
Other and unspecified	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified character, behaviour, and intelligence disorders—																													
Acute situational maladjustment	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Adult situational reaction	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	2	2	—	1	5	1	7	—	4	2	19	7	26
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	1	—	1	—	—	—	1	1	1	1	—	2	—	1	2	2	2	1	1	—	9	8	17
Epilepsy	1	—	2	—	2	2	—	—	—	1	—	—	—	—	1	—	1	—	—	—	1	—	—	—	—	—	8	3	11
Observation without need for further medical (psychiatric) care	1	—	2	—	1	3	3	1	2	2	3	—	4	2	1	2	3	—	1	—	3	—	—	—	1	1	25	11	36
Other, unknown, and unspecified conditions	—	—	—	—	3	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	5	2	7
Totals	4	—	31	23	42	47	63	35	80	74	91	68	72	69	64	47	68	51	37	30	42	23	29	26	22	31	645	524	1,169

TABLE 5.—READMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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.	
Schizophrenic disorders—																													
Simple type	—	—	—	—	1	1	2	3	4	1	1	1	4	3	—	4	2	1	—	1	—	—	—	—	1	—	15	15	30
Hebephrenic type	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	1	—	—	—	—	1	—	1	—	2	—	5	3	8
Catatonic type	—	—	2	—	1	—	—	1	8	2	1	2	2	1	1	—	1	3	1	1	—	—	—	—	1	—	18	10	28
Paranoid type	—	—	—	—	4	3	10	4	14	10	17	19	22	20	20	23	14	15	12	9	5	7	5	3	7	1	130	114	244
Acute schizophrenic reaction	—	—	—	—	3	—	2	2	2	1	—	3	—	—	—	—	—	1	—	—	—	—	—	—	—	—	7	7	14
Latent schizophrenia	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	2
Schizo-affective psychosis	—	—	—	—	1	1	4	—	2	1	5	4	—	5	1	6	1	1	1	—	—	—	—	—	—	—	15	18	33
Other and unspecified	—	—	2	—	6	2	6	9	11	13	20	19	16	19	6	8	6	10	3	7	1	1	1	1	3	1	81	90	171
Manic-depressive reaction—																													
Manic and circular	—	—	—	—	1	—	—	1	—	4	—	1	1	3	—	2	2	2	1	2	2	—	2	3	1	3	10	21	31
Depressive	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	3	2	—	—	1	—	2	—	—	2	10	12
Other	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	3	3
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	4	—	2	—	2	2	2	—	—	2	12	14
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	3	2	3	5	4	3	10	11	21
Alcoholic psychosis	—	—	—	—	—	—	—	3	3	1	6	2	10	4	9	1	2	3	5	1	2	—	—	—	—	—	37	15	52
Psychosis of other demonstrable etiology—																													
Resulting from epilepsy and other convulsive disorders	—	—	1	—	—	—	—	1	—	1	1	1	1	—	3	—	1	—	—	—	—	—	—	1	—	—	7	4	11
Secondary or due to infective or parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Secondary or due to allergic, endocrine, metabolic, and nutritional diseases	—	—	—	—	—	—	—	—	—	1	1	—	—	2	—	—	—	—	—	1	—	—	—	—	—	—	1	4	5
Secondary or due to diseases of the blood-forming organs and circulatory system	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	2
Secondary or due to diseases of the nervous system and sense organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	2	—	2
Secondary or due to accidents and violence	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	2
Other and unspecified psychoses—																													
Psychosis with psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Psychosis with mental deficiency	—	—	—	—	—	—	1	4	—	2	—	—	1	—	1	—	—	2	—	—	—	—	—	—	—	—	3	8	11
Psychotic depressive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	2	—	1	—	4	1	1	—	—	2	10	12
Anxiety reaction without mention of somatic symptoms	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	1	1	—	—	—	—	1	—	—	1	5	6
Hysterical reaction without mention of somatic symptoms	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	2	3
Obsessive-compulsive reaction	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1

Neurotic-depressive reaction	—	—	—	—	2	2	—	—	—	4	1	1	—	4	2	3	2	5	1	1	2	4	4	3	—	1	14	28	42
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Psychoneurotic disorders, other, mixed, and unspecified types	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	5	5
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	2
Syphilis and its sequelæ—																													
General paralysis of insane	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	2	—	2
Other syphilis of central nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Cyclothymic personality	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Inadequate personality	—	—	—	—	—	—	1	1	—	—	1	—	2	1	1	—	—	3	1	—	—	—	—	—	—	1	6	6	12
Anti-social personality	—	—	2	—	3	4	4	2	5	—	7	—	5	—	4	—	1	—	1	—	1	—	—	—	1	—	34	6	40
Asocial personality	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Sexual deviation	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Immature personality—																													
Emotional instability	—	—	—	—	—	—	—	3	2	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	3	5	8
Passive dependency	—	—	—	—	—	1	—	—	2	—	2	—	—	1	—	—	1	—	—	1	1	—	—	—	—	—	6	3	9
Other symptomatic habits except speech impediments	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Alcoholism—																													
Chronic	—	—	—	—	—	1	—	3	13	1	11	10	14	1	35	5	18	2	11	2	1	1	7	—	—	1	110	27	137
Unspecified	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	2	—	—	1	—	—	2	—	4	3	7
Other drug addiction	—	—	—	—	—	—	—	2	1	1	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	6	8
Primary childhood behaviour disorders	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	4
Mental deficiency—																													
Imbecility	—	—	—	—	—	—	—	—	—	1	1	—	—	1	—	—	1	—	—	—	1	—	—	—	—	—	3	2	5
Moron	—	—	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	—	1	—	—	—	4	2	6
Border-line intelligence	—	—	—	—	1	—	2	—	1	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	7	1	8
Other and unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Other and unspecified character, behaviour, and intelligence disorders—Adult situational reaction	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	—	—	—	1	1	3	4
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	—	—	—	—	—	—	—	—	—	1	2	3
Epilepsy	—	—	2	1	—	—	1	—	2	—	2	—	1	—	3	—	3	1	1	1	—	—	—	—	1	—	16	3	19
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Observation without need for further medical (psychiatric) care	—	—	—	—	1	—	1	—	3	—	2	—	2	—	—	—	—	—	1	1	—	—	—	—	—	—	10	1	11
Other, unknown, and unspecified conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	3
Totals	—	—	11	6	25	18	35	42	76	50	80	72	84	72	89	63	61	61	46	33	24	26	28	24	25	16	584	483	1,067

TABLE 6.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

TABLE 7.—READMISIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

TABLE 8.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY RELIGION AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

TABLE 9.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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

TABLE 10.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1962

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.	
Schizophrenic disorders	1	—	10	2	25	25	53	34	90	66	115	116	121	136	142	129	126	128	140	97	110	90	62	91	66	98	1,061	1,012	2,073
Manic-depressive reaction	—	—	—	—	1	—	—	2	—	—	1	2	1	4	1	9	4	8	8	13	5	5	4	11	11	26	36	80	116
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	3	2	5	2	3	1	6	2	6	8	26	34
Paranoia and paranoid states	—	—	—	—	—	—	—	—	2	1	1	1	—	—	1	—	2	—	5	—	—	2	4	—	3	3	18	7	25
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2	4	8	19	12	25	37
Presenile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1	2	1	2	1	2	1	2	6	9	15
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	6	4	5	5	16	13	15	24	42	48	90
Alcoholic psychosis	—	—	—	—	—	—	1	—	2	—	2	1	7	3	4	4	6	3	10	4	14	4	6	1	—	2	52	22	74
Psychosis of other demonstrable etiology	—	—	2	—	3	3	1	3	3	3	12	3	6	14	5	7	10	9	5	7	9	5	4	7	3	3	63	64	127
Other and unspecified psychoses	—	—	2	—	2	1	2	6	3	4	1	4	2	2	4	3	1	7	2	1	2	5	3	3	—	—	24	36	60
Anxiety reaction without mention of somatic symptoms	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	1	—	—	—	—	—	1	5	3	7	10
Hysterical reaction without mention of somatic symptoms	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	1	3	4
Obsessive-compulsive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	1	2	3
Neurotic-depressive reaction	—	—	—	—	2	2	—	2	1	5	—	4	1	1	—	4	—	4	3	2	5	2	3	8	1	5	16	39	55

Psychoneurotic disorders, other mixed and unspecified types	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	1	—	2	2	4
Chronic brain syndrome with neurotic reaction	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—	1	1	1	—	1	3	6	9
Syphilis and its sequelæ	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	1	9	6	12	5	10	8	7	4	5	5	45	30	75
Pathological personality	—	—	3	3	1	7	2	2	4	3	2	—	3	1	2	1	1	1	3	1	—	1	—	—	—	—	21	20	41
Immature personality	—	—	—	—	—	2	1	—	1	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	4	3	7
Alcoholism	—	—	—	—	—	—	—	1	1	2	4	4	2	1	5	4	5	6	7	3	2	3	1	—	—	—	27	24	51
Other drug addiction	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	1	3	4
Primary childhood behaviour disorders	—	—	4	4	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	5	9
Mental deficiency	—	—	1	2	4	1	3	5	21	18	18	24	21	23	12	24	16	14	11	12	11	15	8	3	1	4	127	145	272
Other and unspecified character, behaviour, and intelligence disorders	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	2
Chronic brain syndrome with behavioural reaction	—	—	—	1	—	—	—	1	—	—	—	1	—	1	—	—	1	1	—	1	2	1	5	2	1	4	9	13	22
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	1	—	3	1	—	—	—	2	1	3	7	2	7	2	2	3	3	3	3	2	27	18	45
Epilepsy	1	—	5	1	1	2	1	2	3	2	2	3	3	2	3	—	6	—	2	1	—	1	3	1	1	—	31	15	46
Others diseases of central nervous system not associated with psychosis	—	—	—	—	1	1	—	—	1	—	—	—	—	1	3	2	3	2	2	2	1	2	—	—	—	—	11	10	21
Observation without need for further medical (psychiatric) care	—	—	1	—	—	1	1	1	1	1	1	—	1	—	1	1	2	—	1	—	1	—	—	—	1	1	11	5	16
Other, unknown, and unspecified conditions	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	1	1	4	3	6	9
Totals	2	—	28	14	42	47	66	60	137	107	162	163	169	195	189	197	202	199	229	165	185	161	134	163	125	215	1,670	1,686	3,356

TABLE 11.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, NUMBER OF PREVIOUS ADMISSIONS, AND SEX, DECEMBER 31, 1962

TABLE 12.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, 25 YEARS OF AGE AND UNDER, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1962

TABLE 13.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, 26 TO 49 YEARS OF AGE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1962

TABLE 14.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, 50 YEARS OF AGE AND OVER, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1962

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

TABLE 15.—LIVE DISCHARGES FROM PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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.	
Schizophrenic disorders—																													
Simple type	—	—	1	—	1	3	1	4	4	1	5	—	3	1	1	3	3	1	2	—	1	—	—	1	1	—	23	14	37
Hebephrenic type	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	2	4
Catatonic type	—	—	—	—	2	1	6	3	2	7	3	8	1	1	2	2	1	3	—	1	—	—	—	—	1	—	18	26	44
Paranoid type	—	—	2	—	8	5	16	7	26	24	26	35	33	34	27	27	10	21	13	11	4	3	5	2	6	5	176	174	350
Acute schizophrenic reaction	—	—	—	2	8	2	10	4	4	6	3	6	4	6	2	—	—	1	—	1	1	—	—	—	—	—	32	28	60
Latent schizophrenia	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
Schizo-affective psychosis	—	—	1	1	—	2	2	5	6	4	2	11	—	11	2	7	—	3	—	2	—	—	—	—	—	—	13	46	59
Schizophrenic childhood type	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified	—	—	5	—	6	7	13	10	17	13	25	17	23	18	9	15	14	9	5	10	—	3	1	3	1	3	119	108	227
Manic and circular	—	—	—	—	1	—	—	1	1	6	1	1	—	5	—	4	2	4	—	2	1	1	1	1	1	3	8	28	36
Depressive	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	1	—	1	3	2	—	1	1	1	—	—	4	9	13
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	1	—	14	—	6	1	4	2	5	—	1	4	34	38
Paranoia and paranoid states	—	—	—	—	—	—	1	—	—	2	—	2	—	—	1	—	1	—	—	—	—	—	—	—	—	—	3	4	7
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2	2	4
Presenile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3	2	3	4	6	6	12	13	25
Alcoholic psychosis	—	—	—	—	—	2	3	2	10	1	11	3	16	2	20	2	12	5	9	—	3	—	—	1	2	1	86	19	105
Psychosis of other demonstrable etiology—																													
Resulting from brain tumour	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Resulting from epilepsy and other convulsive disorders	—	—	—	—	—	—	—	2	—	1	2	1	1	3	1	—	—	—	—	2	1	—	—	—	1	1	6	10	16
Secondary or due to infective or parasitic diseases	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Secondary or due to diseases of the blood-forming organs and circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	3	—	3
Secondary or due to diseases of the nervous system and sense organs	—	—	—	—	—	—	—	—	1	1	1	—	1	1	—	—	—	1	1	—	—	—	—	—	—	—	4	3	7
Secondary or due to other diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	2	—	—	—	—	1	2	4	6
Other and unspecified psychoses—																													
Psychosis with psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	1	2	1	3
Psychosis with mental deficiency	—	—	—	—	—	—	2	1	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—	—	—	—	2	4	6
Psychotic depressive reaction	—	—	—	1	—	—	—	2	1	4	2	2	—	5	2	2	—	4	1	2	6	8	1	6	—	3	13	39	52
Anxiety reaction without mention of somatic symptoms	—	—	—	—	—	3	1	3	1	1	2	5	—	1	—	1	—	3	1	1	—	—	1	—	—	1	6	19	25
Hysterical reaction without mention of somatic symptoms	—	—	—	1	1	1	—	1	—	—	—	1	—	2	—	3	—	—	—	—	—	—	—	—	—	—	1	9	10

Phobic reaction	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Obsessive-compulsive reaction	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	2
Neurotic-depressive reaction	—	—	1	1	—	9	1	3	7	13	6	10	4	12	3	9	9	11	3	6	4	8	4	1	1	4	43	87	130
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	—	3	—	3	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	10	10
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	1	—	1	3	4	4	8
Syphilis and its sequelæ—General paralysis of insane	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	3	—	3
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	—	1	1	—	1	2	1	1	1	—	3	—	2	1	4	—	—	—	—	—	1	—	—	—	14	5	19
Paranoid personality	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	2
Cyclothymic personality	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Inadequate personality	—	—	2	—	2	4	1	3	1	1	1	—	3	5	1	1	1	5	1	2	—	—	—	—	—	—	13	21	34
Anti-social personality	—	—	10	1	13	5	8	5	13	1	11	1	7	—	2	—	1	—	—	1	1	—	1	—	—	—	67	14	81
Asocial personality	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Sexual deviation	—	—	—	—	—	—	—	1	—	—	—	—	1	—	3	—	—	—	—	—	—	—	—	—	—	—	4	1	5
Immature personality—																													
Emotional instability	—	—	2	2	1	3	3	2	3	1	3	2	1	2	2	—	—	—	—	—	—	—	—	—	—	—	15	12	27
Passive dependency	—	—	—	1	1	2	4	2	4	—	6	—	3	2	2	2	2	—	1	—	1	1	—	—	—	—	24	10	34
Other symptomatic habits except speech impediments	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	2	3
Alcoholism—																													
Chronic	—	—	—	—	3	2	9	4	31	10	38	16	48	10	58	11	41	2	21	5	7	1	7	—	—	—	263	61	324
Unspecified	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	1	1	4	—	3	—	—	—	1	—	10	2	12
Other drug addiction	—	—	—	—	—	2	1	2	2	2	—	4	3	—	1	—	—	—	—	—	—	—	—	—	—	—	7	10	17
Primary childhood behaviour disorders	1	—	4	5	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	6	11
Mental deficiency—																													
Imbecility	—	—	—	—	—	—	1	—	—	—	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	3	1	4
Moron	—	—	1	1	3	—	2	—	5	2	5	1	5	—	2	—	—	—	—	—	—	—	—	—	—	1	23	5	28
Border-line intelligence	—	—	3	—	1	—	2	1	2	—	2	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	10	3	13
Other and unspecified	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified character, behaviour, and intelligence disorders—Adult situational reaction	—	—	—	1	—	—	—	—	—	2	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	4	6
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	2	—	—	—	1	—	6	—	4	1	15	2	17
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	—	—	2	1	3	1	—	—	—	—	1	—	5	1	—	1	3	—	14	4	18
Epilepsy	—	—	5	2	6	2	1	—	4	1	5	1	3	—	4	1	2	1	1	—	—	—	—	—	—	—	31	8	39
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Observation without need for further medical (psychiatric) care	—	—	—	—	1	1	2	1	1	—	2	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	9	2	11
Other, unknown, and unspecified conditions	—	—	—	—	—	—	—	—	2	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	3	2	6	3	9
Totals	1	—	41	20	61	58	92	76	152	113	169	138	169	129	152	97	110	99	68	57	48	35	37	26	36	39	1,136	887	2,023

TABLE 16.—LIVE DISCHARGES FROM PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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

TABLE 17.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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.	
Schizophrenic disorders	—	—	1	—	—	—	1	—	—	—	1	—	1	—	—	2	4	4	3	4	5	2	5	4	11	7	32	23	55
Manic-depressive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	5	5
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	1	5	3	7	10
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	5	—	4	3	12	7	22	10	32
Alcoholic psychosis	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	3	1	4
Psychosis of other demonstrable etiology	—	—	—	—	—	—	1	—	—	—	—	—	2	—	—	—	1	1	—	1	1	1	—	—	2	1	7	4	11
Other and unspecified psychoses	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	2
Obsessive-compulsive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	1	2
Syphilis and its sequelæ	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	2	1	3
Pathological personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Alcoholism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Other drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Mental deficiency	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	—	—	1	1	—	—	—	—	2	3	5
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	2	2	2	1	6	4	10
Chronic brain sydrome, N.O.S.	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	2	—	—	4	—	1	—	2	—	9	2	11
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Other diseases of central nervous system not associated with psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	1	—	—	1	2	—	5	2	7
Totals	—	—	1	—	—	—	3	1	—	1	1	1	3	—	1	2	9	11	7	5	20	6	17	12	37	26	99	65	164

TABLE 18.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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

TABLE 19.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

Cause of Death	Age-group (Years)																								Total		Grand 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				
	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.	
Pulmonary tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Staphylococcus infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Malignant neoplasm	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	1	1	—	1	—	—	—	2	1	7	2	9
Asthma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Disease of the pituitary gland	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
Presenile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Chronic alcoholism	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Cerebral hæmorrhage and embolism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	1	2	3	3	6
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Other diseases of the central nervous system	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	2	1	3
Rheumatic heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
Arteriosclerotic heart disease	—	—	—	—	—	—	—	—	—	—	2	—	—	—	3	2	1	2	9	1	8	6	22	11	45	22	67
Heart failure	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	3	—	3
Hypertensive heart disease	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1	—	—	4	—	2	1	3	2	10	5	15
Disease of the circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	2	—	2	1	6	2	8
Malformation of the circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Pneumonia	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—	1	2	2	1	3	—	4	3	13	16
Other diseases of the respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	1	2
Disease of the digestive system	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	2	1	2	4	6
Disease of the genito-urinary system	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	2	—	1	—	1	—	3	1	8	2	10
Cellulitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Accidental death	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	2	—	1	3	3	6
Suicide	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	2	1	3
Totals	1	—	—	—	3	1	—	1	1	1	3	—	1	2	9	11	7	5	20	6	17	12	37	26	99	65	164

TABLE 20.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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

PART III.—THE WOODLANDS SCHOOL, NEW WESTMINSTER, AND THE TRANQUILLE SCHOOL, TRANQUILLE

REPORT OF THE MEDICAL SUPERINTENDENT

L. A. KERWOOD, MEDICAL SUPERINTENDENT

PATIENT POPULATION

The Woodlands School.—On March 31, 1963, the total cases on register, including cases on probation, was 1,312. There were 1,288 cases in residence at The Woodlands School.

The Tranquille School.—On March 31, 1963, there were 419 cases in residence at The Tranquille School.

ADMISSIONS

A table showing admissions and discharges is given below. The table also indicates transfers to Tranquille. A total of 118 pupils was transferred from The Woodlands School to Tranquille, and 7 pupils were transferred back from Tranquille to The Woodlands School. The net total transferred to Tranquille was therefore 111. Of this total, 107 were male pupils and 4 were female pupils.

Admissions—	1961/62	1962/63
Temporary (30-day admissions)	125	189
Certified	52	42
Permanent	44	26
	221	257
Extensions to 30-day admissions	261	435
Transfers to Tranquille	225	124

Temporary admissions (including summer 30-day admission programme)—

	30-day Admissions	Extensions to 30-day Admissions
April	10	28
May	11	24
June	24	25
July	48	31
August	25	54
September	11	34
October	13	35
November	4	38
December	12	38
January	9	40
February	11	40
March	11	48
Totals	189	435

	1960/61	1961/62	1962/63
30-day admissions during year	207	177	189
Extensions to 30-day admissions	136	261	435
Total 30-day admission patient-months	343	438	624

	1960/61	1961/62	1962/63
Summer 30-day admissions during June, July, and August	109	62	97
Extensions to summer 30-day admisisons	5	47	110
Total 30-day admission patient-months during summer 30-day admission	114	109	207

HOSPITAL ADMINISTRATOR'S REPORT

The following accomplishments and improvements are singled out for attention:—

(1) The renovation of Nurses Home 2 to Administration Building and the occupancy of this building in October, 1962. This facility is a great asset to administration. There are still problems of heat control on warm days, but we hope that this will soon be remedied.

(2) The establishment of the patients' gratuity programme, which has been a great boon to the patients and to the therapeutic programme of patients' training.

(3) The filling of the position of Supervisor of Industrial Therapy and Trades instruction, which position was very sorely needed. Mr. F. Pecenka was appointed to this position on February 18, 1963.

(4) The renovation of the Medical Superintendent's former suite into a new dental suite.

(5) A new serving counter and renovations in the Fraserview dining-room.

(6) Installation of storage cupboards in the Occupational Therapy Department.

(7) New staff toilets in J and K wards.

(8) The setting-up of metal shelving in the former V.T.B. dayroom for a central linen supply for the Centre Building.

Mention must be made of the retirement of some staff members with long-term service.

Mr. Carl Hauck, Chief Engineer, retired on December 31, 1962, and was presented with a certificate of meritorious service. We much regret having to report that he passed away within a month and a half of his retirement.

Miss Violet Sanders, who entered service on October 1, 1931, resigned on superannuation due to ill health on October 15, 1962. Miss Sanders had the deepest respect of all her staff and associates. She was an excellent administrator with a very warm personality. Upon her retirement, she was honoured with the presence of the Deputy Minister and the Honourable Eric Martin, Minister of Health Services and Hospital Insurance, who presented her with a certificate of meritorious service.

Mr. A. L. Bowes, Chief Cook, resigned after 24 years of service. Mr. Bowes was well liked by the patients at the School and by the staff.

Other items of interest occurring during the year are summarized as follows:—

(1) Typhoon "Frieda," which caused approximately $3,700 damage and uprooted many of the large trees.

(2) The establishment by the Deputy Minister of an Admission-Discharge Committee to review admission-discharge procedures.

(3) The appointment by the Deputy Minister of a Uniform Committee to review staff uniform regulations.

(4) The change of name of our return address from P.O. Drawer 70 to The Woodlands School, New Westminster. This is a step forward and an indication of public acceptance of our institution.
(5) The continual patient exodus to Tranquille and the establishment of the Greaves Building.
(6) The appointment of a joint committee to review garbage-handling facilities at The Woodlands School and Provincial Mental Hospital.

INDUSTRIAL THERAPY

This division, which consists of the Uniform and Mending Department, Metal Repair Shop, Shoe-shop, and Upholstery-shop, has been very active during the year in the making and repairing of uniforms, clothing, furniture, hospital equipment, orthopædic shoes, patients' shoes, and the preventive maintenance of appliances. Some of the production figures are as follows:—

Uniform and Mending Department—		
New items made		11,130
Items repaired		50,089
Metal-shop—		
New items made		12
Items repaired		1,192
Upholstery-shop—		
New items made		210
Items repaired		1,192
Shoe-shop—		
Shoe repairs	pairs	3,728
New fittings	"	1,186
Orthopædic shoes	"	115
Orthopædic requirements	"	535

HAIRDRESSING

Service to patients through the beautician's shop was as follows:—

Boys' haircuts	1,423
Girls' haircuts	3,674
Shampoos	2,216
Sets	2,265
Permanents	183
Scalp treatments	149
Hair treatments	51
Manicures	4

During the year the barber, Mr. S. Biro, averaged 50 haircuts per day.

DIETARY

The Fraserview staff dining-room was renovated and enlarged. A new serving counter has been installed to make service more convenient for the patrons.

Food was supplied for numerous parties and picnics throughout the year. The largest event was the carnival in September, when food for 1,000 persons was provided.

Many of the pupils who remained at The Woodlands School during the Christmas season were entertained by the Dietary Department with a special dinner in the staff dining-room.

MEDICAL RECORDS

There have been a number of changes in the Medical Records during the year, including new records accommodation, which is much appreciated by the staff.

Revised medical consultant services were instituted at The Woodlands School on January 25, 1963, involving five physicians. A total of 118 cases was seen during the period from January 25th to March 31st. This service has increased the work load of the Medical Records Department considerably.

There were 118 patients' records transferred to The Tranquille School during the year.

New procedures introduced were: (1) Dominion Bureau of Statistics (D.B.S.) cards were introduced in January, 1963, by Ottawa, and (2) revised daily census sheet for The Woodlands School.

The following functions have been centralized in Medical Records: (1) Routing of X-ray films; (2) routing of files from other mental health centres to all areas of The Woodlands School; and (3) duplicating and stationery.

DEPARTMENT OF PUBLIC WORKS

Major projects completed by the Public Works Department during the year are as follows: (1) Relocation of dental offices to existing Medical Superintendent's suite; (2) central linen supply in the Administration Building; (3) alterations to staff dining-room in Fraserview Building; (4) acoustic tile on Ward 7 dayroom ceilings and lecture-room in the Fraserview Building; (5) staff toilets on J and K wards; (6) cupboards and sink in Occupational Therapy Department; and (7) renovation of Nurses Home 2 (Nurses Home 2 is now the Administration Building).

PHARMACY

The pharmacy has been operating efficiently under the direction of Mr. C. Wells during the past fiscal year.

The Pharmacy Committee has met monthly to discuss pharmaceutical items, pharmacy problems and requirements.

DEPARTMENT OF DENTISTRY

Summary of work in the Department of Dentistry comprises the following:—

Number of patients	1,539
Examinations	517
Prophylaxis	266
Scalings	288
Periodontal treatments	233
Fillings	1,170
Dentures	30
Dentures repaired or relined	36
Extractions	534
X-rays	46
Miscellaneous treatments	356
Number of dental procedures	3,476
Number of patients treated on wards	102

EDUCATIONAL DEPARTMENT

There were 12 members on the teaching staff during the year.

Extra-curricular activities include participation by all teachers in clubs. Those operating during the year have been badminton, drama, art, cooking for senior boys, typing, games, country dancing, creative dancing, train club, and production woodwork. Members of the school staff have been active on committees, such as the Carnival Committee, preparing materials for conventions, evening activities with the choirs and the band, acting as panelists at conventions held on Saturdays, speaking to P.-T.A. and other similar groups. Many of the teachers volunteered to take pupils "trick-or-treating" on Hallowe'en night. Exhibits were entered in evening hobby shows. Catholic catechism classes are held twice a week after school, and supervision and discipline are provided by school staff. Visitors continue to come to the school in large numbers, and during the year four teachers spent a one-week observation period in the classrooms, six teachers spent one-day periods observing, and five student teachers came one-half day each week for observing and practice teaching. Seventy-five different groups toured the school during the year. The school band and choir performed on six occasions in the community, and a number of class picnics were held in June. The annual Christmas concert involved 117 pupils and was a great success.

"Play-to-Learn" Classes

Number of pupils in daily attendance for the year was 72.

Additional equipment this year included a cash register for the grocery-store, fire-hydrant, chimes for the door, a bicycle, and a record-player.

During Easter week many students visited "Old MacDonald's Farm" and enjoyed playing with the baby chickens, ducklings, lambs, rabbits, and pony. A pet corner has been introduced, which includes many budgies, canaries, chipmunks, and a talking mynah bird.

Field trips included visits to CHAN television "Carousel Show," Stanley Park, and a special summer project in which 30 boys enjoyed a "play-to-learn" holiday home at White Rock. Groups of six boys at a time attended the holiday home for a 10-day period during the months of July and August. The boys enjoyed their experience and were able to put into practice much that they had learned in the classroom. The residents of White Rock wrote to the administration indicating that they had been pleased to have the boys in their neighbourhood and expressing the wish for their return.

LABORATORY

The move from Pine Cottage to the Administration Building has proved an inestimably happy one for the laboratory. The excellent layout, the inclusion of the automatic sterilizer in the wash-up room, and the extra telephone in the working area have all facilitated the efficient functioning of the laboratory.

The drop in bacteriological work, due in part to the control of Shigella in the institution and in part to the disruption of this service between May and November when the old laboratory was semi-dismantled, has permitted the concentration of time spent in other areas. Thus we have managed to take and examine 305 buccal smears for sex chromatin. In the region of genetic studies we have assisted the Department of Genetics, University of British Columbia, by taking 49 blood samples for chromosome studies.

Total number of tests carried out during the year was 17,016.

MEDICAL STAFF

I wish to acknowledge the high degree of competence, skill, and interest demonstrated by my medical colleagues at The Woodlands School. This continues to be of a very high order.

NURSING SERVICES

The nursing staff continued to develop their skills and interest in the training programmes and are bringing much helpful advice on management to the parents whose children are admitted on a temporary basis. The general level of nursing care is good.

Female Nursing Division

Education Programmes

1. *Psychiatric Students.*—From April 1, 1962, to March 31, 1963, 122 student nurses received training at The Woodlands School (38 male and 84 female).

2. *Post-basic Clinical Programme for Registered Nurses in Psychiatric Nursing.*—In March, 1963, 10 registered nurses affiliated for one week of their six-month course at The Woodlands School.

3. *Post-basic Course for Psychiatric Nurses.*—Psychiatric nurses enrolled in the post-basic programme at Essondale attended lectures in the Fraserview lecture-room at The Woodlands School. Many assistant charges and charges not enrolled in the course also attended.

4. *Visiting Nurses.*—(*a*) Student nurses from the various general hospitals in British Columbia spend a three-month affiliation period in psychiatric nursing at Essondale. During this period they spend one day at The Woodlands School. There is an average of 25 nurses visiting every six weeks.

(*b*) Six student nurses from The Royal Columbian Hospital, New Westminster, continue to visit The Woodlands School each month. This is part of a two-week leadership programme.

(*c*) Public health nurses and nursing groups from the University of British Columbia tour The Woodlands School on various occasions.

Reorganization of Wards

Ward 9, a 41-bed ward, was exchanged with the Men's Division for Ward 2, a 65-bed ward.

Ward 9 has been changed from a cerebral palsy unit to a male infirmary ward.

Ward 14 was changed from a completely active kindergarten group of 73 cribs to a combined crib and bed ward.

Summary

We feel the nursing division is improving steadily in both quantity and quality of service to patients this past year.

This could not have been accomplished without the co-operation of the entire nursing division and allied departments.

Male Nursing Division

Staff movement this past year shows 19 placements and 15 separations of permanent-staff members.

Activities have been kept to a good level of participation by all wards. This has been a constant challenge to staff as we have had an ever-increasing number of

more severely retarded pupils being admitted as vacancies occur on the movement of the better pupils to Tranquille.

The Cub and Scout groups have been held together even though we lost one of our more valued staff in the resignation of Mr. Webb. Mr. Webb was senior leader of the Cub group, and we lost a further junior leader on the resignation of Mr. Counseiller on his transfer to the Highways Department.

We require more general interest in the Cub and Scout movement as the leaders are left to carry too much of the load in programming for their activities. At the present time we could use some good volunteer help and a more active committee. This is one area for correction this current year.

Teaching and training within the institution has taken on new significance, and I think every ward can truthfully report gains in every facet of pupil education; no longer do the ward staffs await pupil activities being constructed for them by other departments; they are all now exploring ways and means of increasing training, social and educational experiences for their pupil population.

The Ward 8 group programme, with an equal division of teaching, self-care, recreation, and occupational therapy, is truly an outstanding experiment and a leading programme that brings praise and acknowledgment for this programme from some of the leading authorities on education, and has been subject to a constant stream of interested observers.

PSYCHOLOGY DEPARTMENT

The functions of the Department of Psychology are many and complex. It can be broken down under certain headings, of which " psychodiagnostic " traditionally occupies an important position.

The department members are involved in some group psychotherapy under the supervision and direction of Dr. Hughes, and are involved in pupil-training and advising the staff upon the abilities of pupils and their emotional status.

The department has also been involved in some clinical research projects involving correlational studies on tests. The department is interested in comparing the stages of development of the retardates with those described by Piaget for the normal child.

OCCUPATIONAL THERAPY

Work Programme

Treatment in the Occupational Therapy Department on a monthly basis totals approximately 2,000.

The arts and crafts being taught in this department continue as follows: Leathercraft, copper tooling, weaving, pottery, cord-knotting, basketry, knitting, crochet, embroidery, some dressmaking, and soft-toy making. New crafts introduced are lapidary and tincraft.

New Programmes

New programmes include sense training, cooking, good grooming, good posture, and diversional occupational therapy for the cerebral palsy group.

Sense training is being conducted by occupational therapy staff. This programme involves Ward 14, with 144 pupil-hours being given per month. Satisfactory progress has been noticed in the majority of the pupils.

Good-posture classes are provided for Ward 2 and Ward 3.

Diversional occupational therapy classes are being conducted on a daily basis for our cerebral palsy groups on Ward 1. Four periods a week are being devoted to crafts, and one period to good grooming. This latter activity is carried out by staff for the purpose of stimulation.

The exhibits from the Occupational Therapy Department in the Pacific National Exhibition hobby section won a second-place award. This was in competition with non-handicapped people, and the entries came from all over Canada. Some 250,000 people viewed this display, and the director of the hobby show informed us by letter that the work was highly commended by judges and visitors alike.

Sale of items from occupational therapy was held for the first time in conjunction with carnival day in September, 1962; net proceeds were approximately $185.

PHYSIOTHERAPY DEPARTMENT

The following number of treatments were given in this department during the year ended March 31, 1963:—

Individual treatments—	
Male	1,933
Female	1,932
Staff	2
Total	3,867
Group exercises on Wards 3 and 4—	
Number of classes	95
Number of patients	90
Number of attendances	958

Assistance with cerebral palsy swimming was given up until October, when group classes were growing and cerebral palsy swimming was cancelled.

Dr. Outerbridge has seen 33 cases during the year and performed surgery on 5. The rest have had shoe correction or braces.

Dr. Pinkerton has visited on seven occasions, generally to discuss some cases with the doctors and on one occasion to visit the cerebral palsy classroom.

Miss Watkins has given illustrated slide lectures on the subject of cerebral palsy and the work of The Woodlands School on eight separate occasions.

Several parents have been advised regarding treatment on discharge of cerebral palsy children, and blueprints of the relaxing-chair as used on Fraserview have been supplied.

Ward rounds have been made and advice has been given. Two members of the nursing and female aide staff have drawn large posters to illustrate the use of sandbags in treatment, and these are now in a prominent position where staff can see them.

RADIOLOGY DEPARTMENT

The following is a tabulation of the work performed in this department:—

Chests X-rayed	2,458
Extremities	371
Skulls	227
Spines	60

Pelvis	19
Mastoids	18
Knees	17
Noses	13
Abdomens	13
Intravenous pyelograms	9
Hips	6
Clavicles	5
Shoulders	5
Nasal sinuses	4
Ribs	4
Jaws	3
Total	3,232

RECREATIONAL THERAPY DEPARTMENT

Recreational therapy has introduced certain creative activities during the past year, such as dancing, painting, rythmn band, and crafts, and feels that the results have been encouraging.

Mention must be made of the aircraft " Blue Angel," which is placed in the playground; this was done by the auxiliary. A picnic shelter is also under construction, the material and labour being donated by the community.

Three pupils demonstrated their skill on the trampoline at the District of Coquitlam May Day festivities. One pupil had a painting shown at the Lower Fraser Valley Arts Council, and a collection of pupils' paintings was placed in The Woodlands School display at the Pacific National Exhibition. One of the senior boys successfully passed and obtained his badge for Red Cross Senior Swimmer, the examination having taken place at Moody Park swimming-pool in New Westminster.

Members of the Recreational Therapy Department have participated in the Northwest Recreation Conference, at which Mrs. E. Thornton participated as a panel member and the recreation staff from The Woodlands School hosted a workshop session.

Staff from the department also attended leadership training sessions, which are sponsored by community recreation departments, who, in return, send their playground leaders to The Woodlands School for orientation and programming with retarded children. We are pleased to be able to offer the facilities of the swimming-pool to the Beacon Services and School, which uses them during its lunch period.

SOCIAL SERVICE DEPARTMENT

Staffing

As of May, 1962, the appointment of four social workers with Bachelor of Social Work degrees and the return of Mr. Arthur Chapple, who successfully completed the M.S.W. year at the University of British Columbia, brought the staff, for the first time, to the full complement of supervisor and seven line workers. In September, 1962, Miss May Kirkham was granted educational leave to return to university to obtain her Master of Social Work degree.

Preadmission and Admission

The most fruitful development during the year was the extension and strengthening of our working relationship with the metropolitan public health units who are providing supportive services to families of retarded children and adults. Four members of our social service staff who are involved in this programme are working closely with the Medical Health Officers and the public health nurses and make regular visits to the health units. Now many families in the metropolitan health unit area are benefiting from home visits by public health nurses, who can give them practical advice concerning the care of their mentally retarded child and in this way ease some of the strain on the family. Eventually this service will, we hope, do much to contribute to the mental and physical health of the community, prevent many family breakdowns, and enable more retardates to remain in their own homes. The nurses are also assisting the social service staff in assessing the need and priority for admission to The Woodlands School, attend and contribute to diagnostic clinics, help interpret clinic findings and recommendations to families, and continue their supportive service following discharge. We are most pleased with the development of this programme, and with the wonderful co-operation we have received from the metropolitan public health staff.

As a result of the services provided to families in the Greater Vancouver area by the health nurses, the total number of home visits made by our social service staff has declined from 363 last year to 321 this year, some of which were in the Fraser Valley area, which is still serviced directly by one of our social workers. An interesting trend is the increase in office interviews from 146 to 547 in the same period. The number of orientations of parents to the institutions has also increased, from 55 to 82. As our staff is relieved of some of the preliminary home-visiting work, more time becomes available to interview parents at the time of admission and discharge. During the past year, social workers participated in every admission, with the exception of some of the summer-holiday admissions. The purpose of these interviews has been to help relieve the emotional reactions occasioned by the admission, to clarify what the family expects from the institution, and to interpret the services of the institution. The social workers, too, usually take the parents on the ward to which the child is admitted, where they can meet the nursing staff.

Services to Pupils and Families

During the year, 265 pupils were interviewed, an average of four interviews for each pupil. This is in accordance with our goal to provide more intensive short-term casework services to more pupils. It will be noted in contrast that a year ago 181pupils had an average of nine interviews each.

During the year we received an increasing number of referrals from medical and nursing staff to visit or to write to families or patients. This was with a view to encouraging more contact with the patients, promoting holidays or week-end visits, or exploring home situations when there was some question about the advisability of home visits. On the whole, the response of parents who have been contacted has been very good.

The social service staff has been active on the Summer Camping Committee and the Summer Employment Committee. The latter took almost the full time of one worker during the summer months. It was an outstanding success. This year 67 boys and 16 girls participated in harvesting strawberries, blueberries, beans, and potatoes. Gross earnings totalled $2,483.21. One young man earned enough to pay for a holiday trip to the Peace River country to see his family for the first time since he had been admitted seven years ago. They were so pleased with the improve-

ment in his attitude and behaviour that plans are now being made for his return home on discharge. Both these programmes have done much to reduce ward management problems, particularly during the summer months.

Orientations to Professional Groups

During the year the Social Service Department arranged and conducted orientation tours for professional groups who requested this service, as follows: Vancouver General Hospital, Children's Aid Society, and Catholic Children's Aid Society, 60 persons (2 tours); B.S.W. year, University of British Columbia, 45 persons; Pre-medical, University of British Columbia, 12 persons; Department of Social Welfare (in-service training), 40 person (2 tours); Pre-social work students, University of British Columbia, 60 persons (2 tours); New Westminster Ministerial Association, 30 persons.

Community Interest

There is a growing awareness in the community of the problems associated with mental retardation and interest in the services provided. The social service staff, which, in the course of its duties, has established liaison with all those public and private agencies who are working with retardates and their families, or who could be used as a resource for them, is doing all possible to encourage and foster this interest.

It is interesting to note the very favourable reaction of the White Rock people, particularly the neighbours, to the Ward 8 White Rock holiday home. A subsequent survey by a member of our staff indicated that the initial acceptance of these boys was due to the interpretation by the teacher and the social worker before the camp was set up.

Two community organizations—the Big Sisters and Big Brothers—deserve special mention here. The sincere interest and friendship they offer those of our young adults who have been selected for this service is giving these young people a new hope and new outlook on life. As they identify and share community and family experiences with their Big Brothers and Sisters, they are becoming better prepared to live in the community and meanwhile are much happier residents of our institution.

CO-ORDINATOR OF VOLUNTEER SERVICES

Community interest in and contributions to The Woodlands School treatment programme during 1962 were most gratifying. The Provincial Auxiliary to The Woodlands and The Tranquille Schools, under the able direction of President C. R. Scott, performed the following services for the benefit of all residents at both The Woodlands School and The Tranquille School:—

Through close liaison with the Association for Retarded Children of British Columbia, the Auxiliary was granted an annual budget of nearly $6,000 to finance training equipment and recreational activities for which no Government funds are available; for example, weekly bowling for 35 male pupils at a community bowladrome, providing an instructor-caller for a weekly square dancing class for 40 male and female pupils, television sets, new records (12-inch long-play) and record-players, renting summer camping facilities, bus sightseeing trips, colour slides and prints of the "play to learn" training programme, "child guidance" toys, prizes and candy for special events such as carnival day at The Woodlands School and Tranquille, renting a Shetland pony for a one-day presentation of "Old Macdon-

ald's Farm " at The Woodlands School, underwriting a pilot project in the summer employment programme, providing 417 birthday cakes, of which 95 were baked by an Auxiliary-sponsored project on " The Lodge " female rehabilitation ward.

With the co-operation of Mr. George Williamson, of the B.N.P. Airways, and some 32 Government and community agencies and business firms, the Association for Retarded Children presented to The Woodlands School a Beachcraft A.T. 11 transport aeroplane, suitably equipped for play activities and installed firmly in cement but in flying position.

The West Vancouver Association for Retarded Children of British Columbia and the North Vancouver Association for Retarded Children of British Columbia, through close co-operation with the committee at The Woodlands School, completely equipped a " play to learn " classroom for trainable girls in Pine Cottage. The equipment was chosen by Mr. Julius Erdelyi, based on his wide experience in this field.

The Auxiliary contributed over 2,000 hours of personal services conducting 90 ward birthday parties, 12 summer picnics, 5 special social events, manned our Pacific National Exhibition booth, and, despite being unable to operate for three months of the year, the apparel-shop distributed 6,950 articles of clothing.

The Association for Retarded Children of British Columbia provided transportation to and from ships, aeroplanes, and buses for children on vacation, trips to Stanley Park for 36 pupils, and, with the co-operation of the New Westminster Kiwanis, special arrangements have been made for a monthly outing to the Burnaby Indoor Sports Club social meeting for one adult spastic resident of The Woodlands School.

THE TRANQUILLE SCHOOL

Population

Population as at March 31, 1962, was 292; as at March 31, 1963, 419.

Staff

Staff increased from 90 to 113 (72 nursing and 41 other).

Public Works

1. New 16- and 14-inch transite water replacement main, C.N.R. tracks to filter-house, and a start on decentralization of the hot-water system.
2. New distribution tank placed in the basement of the main building.
3. New awnings on the Greaves Building.
4. New floor placed in a portion of the power-house, and major alterations and renovations carried out involving the heating plant, steam-lines and pumps, etc.
5. New stores area arranged in the basement of the services area of the Central Building, and the old stores area converted into a new patients' dining-room.
6. Extensive alterations, renovations, and painting to various buildings, including the major renovations to the Handicraft Building, new stairway to the tunnel from first floor to Main Building, new fire-escapes for Main Building, and new shower and washroom facilities as well as clothing cupboards, etc., in the Central Building.

Patient Treatment

Medical

For the first six months, medical services were provided primarily by the Irving Clinic; for the last six months both the Burris and Irving Clinics provided medical services.

Dental

Dental service was provided by Drs. Nabata, Lavery, and Martin. While the quality of the dental service provided has been good, the problem of being able to arrange for service remains. We have been able to provide for the treatment of acute cases, but no routine examinations have been carried out.

Optical

Dr. Bennett, optometrist, has provided service and optical supplies, and repairs have been supplied by Imperial Optical Company. Both of these services continue to be very good.

X-ray

All former tuberculosis patients receive routine X-rays under the direction of the Division of Tuberculosis Control. The travelling X-ray Clinic, sponsored by the Division of Tuberculosis Control, visited on October 25, 1962. Other X-ray service is provided by the Royal Inland Hospital.

South Central Health Unit provided a team for administering oral polio vaccine; 135 male and 125 female patients received this vaccine.

A number of patients received minor surgery either at the Royal Inland Hospital on an out-patient basis or at one of the clinics.

Patient Movement

Male

One hundred and eleven male patients were transferred from The Woodlands School to The Tranquille School; 4 male patients were transferred from The Tranquille School to The Woodlands School; 17 male patients were admitted to The Tranquille School from the Provincial Mental Hospital, Essondale.

Female

Seven female patients were transferred from The Woodlands School to The Tranquille School; 3 female patients were transferred to The Woodlands School from The Tranquille School.

Pharmacy

Pharmacy stores operated satisfactorily. Supplies were requisitioned from the Provincial Mental Hospital pharmacy stores via the Medical Superintendent at The Woodlands School. Emergency drug purchases were made locally.

Patient Employment

The contribution made by the patients toward the operation of the School has continued to improve.

General Remarks

One of the boys received official permission to act as assistant scoutmaster for the Boy Scout troop at The Tranquille School.

A Girl Guide troop has been organized and continues to function very well.

One boy was discharged in full and continues to make his own living in the Vancouver area. One other boy is on six months' probation, and it is expected that he will be discharged in care of his mother.

Approximately 50 to 60 boys and girls went on summer holidays, and we used our own bus to transfer those from the Lower Mainland and on the Island to The Woodlands School for dispersal, and later picked them up there for return. This was over a two-month period.

At Christmas time over 20 per cent of our total population was out for Christmas holidays all over the Province. Again, much of this was worked out in liaison with The Woodlands School, transportation by train being used.

Beaverdell

The opening of Beaverdell for boys appears to have been a successful move. Continued improvement in the general performance of these boys can be expected.

Fire Protection

Two new pumper-capacity hydrants were installed in connection with redesigning of the water distribution system. Regular fire drills are carried out, and the volunteer fire-fighters continue to assist the paid personnel. Continued improvement is under way to fire-fighting equipment and facilities, and this has been a source of great satisfaction to all concerned.

General Supplies (Stores)

This area, with the continued expansion, has become a very heavy area for one man, and some help has been sought from the building service workers in receiving and issuing. Generally we have received very good service on our ordering and receiving of the necessary articles for the operation of the School.

Laundry

Amount of linen and clothing processed was as follows: Tranquille School, 328,970 pounds; Provincial Home, 50,945 pounds at 12 cents per pound, $6,113.40; Provincial Gaol, 20,085 pounds at 9 cents per pound, $1,807.65; a total of 400,000 pounds.

One hundred and eighty blankets were washed for the Provincial Forest Service at 50 cents each, for a total of $90. There were 597 pieces of dry cleaning sent out by the laundry at a cost of $619.56. The laundry for this year was operated with a paid staff of 7 (an increase of 1) and a staff of 33 male and female working patients, an increase of 8 over the previous year.

The central linen and central clothing system seems to be working well.

Dietary

Due to the considerable increase in patient population it has been necessary to add a new dining area, which has its own dish-washing area. Some improvements are still needed, and these will be undertaken shortly. The number of staff has continued to increase. The service and the quality of food continues to be very satisfactory.

Building Service

Building service staff carry out all the routine cleaning and maintenance for the School except in the patients' wards, and in these areas they are responsible for instructing nursing staff on cleaning techniques. They have taken over all cleaning

supplies from the stores and now do the issuing to all areas weekly on an exchange basis. They are assisted by five patient-workers.

CHAPLAINCY

Protestant

The previous senior Protestant chaplain, Rev. W. G. Crane, left last year, and his place was taken by the associate chaplain, Dean J. C. Jolley, who is now assisted by Rev. R. D. Macrae. Sunday services continue the first four Sundays in the month and counselling is held on Tuesday and Wednesday evenings. Special services are held at periodic intervals during the year.

Roman Catholic

Under the direction of Bishop Harrington, assisted by two of the sisters of St. Ann's Academy, the workshop type of programme continues to expand the knowledge and interest of the patients.

HANDICRAFT

During the year, attention was given to the making of decorations and cards for special occasions. A large number of articles have been completed and placed on the wards; that is, runners, tablecloths, pictures, etc.

RECREATION

During the first part of the year a programme, which included the majority of the students, was started under the direction of Mr. Clay. This programme included evening socials, outside activities, indoor activities, special activities, and choir.

AUXILIARY

The Auxiliary to the School was formed during the year and has done an outstanding job under the direction of Mrs. Friesen, president, and Mrs. Carscadden, secretary. Mr. Scott and Mr. Hoban, from the Lower Mainland, have been most helpful and have visited The Tranquille School on a number of occasions.

STATISTICAL TABLES

THE WOODLANDS SCHOOL

TABLE 1.—MOVEMENT OF POPULATION, THE WOODLANDS SCHOOL, NEW WESTMINSTER, APRIL 1, 1962, TO MARCH 31, 1963

	Male	Female	Total
In residence, April 1, 1962	791	561	1,352
On probation, carried forward from 1961/62	12	10	22
Total as at April 1, 1962	803	571	1,374
Admissions—			
First admissions	64	66	130
Readmissions to a different institution of Mental Health Services	3	1	4
Readmissions to same institution	45	31	76
Transfers from Tranquille School	4	3	7
Transfers from Provincial Mental Hospital, Essondale	3	2	5
Total admissions	119	103	222
Total under care	922	674	1,596
Separations—			
Discharged in full	8	6	14
Discharged in full from temporary care	69	62	131
Died	9	4	13
Transferred to The Tranquille School	111	7	118
Transferred to Provincial Mental Hospital, Essondale	5	3	8
On probation and still out	14	10	24
Total separations	216	92	308
Net increase or decrease	—85	+21	—64
In residence, March 31, 1963	706	582	1,288

TABLE 2.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

Health Unit	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 3	1	1	2
" " " 5	1	3	4
Selkirk, Nelson—			
School District No. 7	2	1	3
" " " 10	2	----	2
West Kootenay, Trail—			
School District No. 11	3	1	4
South Okanagan, Kelowna—			
School District No. 14	1	----	1
" " " 15	1	1	2
" " " 23	2	----	2
North Okanagan, Vernon—			
School District No. 20	1	----	1
" " " 22	3	----	3
South Central, Kamloops—			
School District No. 24	1	1	2
" " " 25	----	1	1
" " " 30	1	1	2
Cariboo, Fort William—			
School District No. 28	2	1	3
Upper Fraser Valley, Chilliwack—			
School District No. 32	1	----	1
" " " 33	----	2	2
" " " 34	2	----	2
Boundary, Cloverdale—			
School District No. 35	2	2	4
" " " 36	6	4	10
Metropolitan Health Committee, Vancouver—			
School District No. 38	1	4	5
" " " 39	12	13	25
" " " 41	5	4	9
" " " 44	3	2	5
" " " 45	1	2	3
Simon Fraser, New Westminster—			
School District No. 40	2	2	4
" " " 43	----	2	2
North Fraser Valley, Mission—			
School District No. 42	----	2	2
" " " 75	2	----	2
Upper Island, Courtenay—			
School District No. 47	1	----	1
" " " 71	----	1	1
" " " 72	----	1	1
Skeena, Prince Rupert—			
School District No. 52	1	----	1
" " " 53	1	1	2
Peace River, Dawson Creek—			
School District No. 59	----	2	2
" " " 60	1	----	1
Greater Victoria Metropolitan Board of Health—			
Greater Victoria—School District No. 61	6	6	12
Saanich and South Vancouver Island—School District No. 64	1	----	1
Central Vancouver Island, Nanaimo—			
School District No. 68	2	----	2
" " " 70	1	3	4
" " " 79	----	1	1
School districts not covered by health units—			
School District No. 46	1	----	1
" " " 48	----	3	3
Unorganized	1	----	1
Totals	74	68	142

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO THE WOODLANDS SCHOOL BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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		40–49		50–59		60–69				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
First Admissions																									
Warrant	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	—	—	—	—	3	—	3
Certification	—	—	2	3	—	—	2	—	1	—	1	—	4	—	1	—	—	—	1	—	—	—	12	3	15
Temporary	1	—	5	7	14	22	12	11	15	11	6	7	3	2	2	2	1	2	—	1	—	—	59	65	124
Totals	1	—	7	10	14	22	14	11	16	11	9	7	7	2	4	2	1	2	1	1	—	—	74	68	142
Readmissions																									
Certification	—	—	—	—	2	—	3	1	3	—	—	—	—	1	1	1	—	1	—	—	—	—	9	4	13
Urgency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Temporary	—	—	2	3	7	6	10	8	12	7	4	3	1	2	—	1	—	—	—	—	—	—	36	30	66
Totals	—	—	2	3	9	6	13	9	15	7	4	3	1	3	1	2	—	1	—	—	—	1	45	35	80

TABLE 4.—FIRST ADMISSIONS AND READMISSIONS TO THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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.	
First Admissions																					
Mental deficiency—																					
Idiocy and imbecility	1	—	5	7	7	13	5	3	4	6	1	—	2	—	1	—	1	—	27	29	56
Moron	—	—	—	2	3	6	5	3	9	2	4	5	3	1	1	1	—	2	25	22	47
Border-line intelligence	—	—	—	—	2	—	—	2	1	1	3	2	2	—	1	—	1	1	10	6	16
Mongolism	—	—	2	1	2	3	4	2	2	1	1	—	—	1	1	1	—	—	12	9	21
Other and unspecified types	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	2	2
Totals[1]	1	—	7	10	14	22	14	11	16	11	9	7	7	2	4	2	2	3	74	68	142
Readmissions																					
Mental deficiency—																					
Idiocy and imbecility	—	—	2	3	5	5	9	3	3	1	—	—	—	—	—	—	—	1	19	13	32
Moron	—	—	—	—	3	—	1	5	11	4	2	2	1	3	1	1	—	1	19	16	35
Border-line intelligence	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Mongolism	—	—	—	—	1	1	3	1	1	2	1	1	—	—	—	1	—	—	6	6	12
Totals[2]	—	—	2	3	9	6	13	9	15	7	4	3	1	3	1	2	—	2	45	35	80

[1] Includes 30 cases with epilepsy: 15 imbeciles, 13 morons, and 2 border-line intelligence.
[2] Includes 23 cases with epilepsy: 9 imbeciles, 13 morons, and 1 mongol.

TABLE 5.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY RELIGION AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

TABLE 6.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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

TABLE 7.—RESIDENT POPULATION OF THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1962

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.	
Mental deficiency—																					
Idiocy and imbecility	1	—	9	8	34	38	47	44	102	75	78	77	80	60	39	31	42	35	432	368	800
Moron	—	—	2	1	4	7	18	8	27	16	57	28	34	30	17	9	17	13	176	112	288
Border-line intelligence	—	—	—	—	2	—	1	1	10	7	17	2	17	7	5	1	3	4	55	22	77
Mongolism	—	—	—	—	6	3	27	16	31	25	29	13	21	8	11	9	6	3	131	77	208
Schizophrenic disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	6	—	6
Other and unspecified types	—	—	—	—	—	1	—	1	3	4	3	4	5	3	—	—	3	—	14	13	27
Totals	1	—	11	9	46	49	93	70	173	127	184	124	157	108	72	50	77	55	814	592	1,406[1]

[1] Includes 158 males and 155 females with epilepsy.

TABLE 8.—RESIDENT POPULATION OF THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1962

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

TABLE 9.—LIVE DISCHARGES AND DEATHS FROM THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963.

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.	
Live Discharges																					
Mental deficiency—																					
Idiocy and imbecility	1	—	3	5	10	12	10	6	5	5	11	3	23	—	13	—	10	3	86	34	120
Moron	—	—	—	—	3	3	4	5	15	5	11	7	10	4	9	3	5	2	57	29	86
Border-line intelligence	—	—	—	—	2	—	—	3	—	—	1	2	4	1	1	—	1	—	9	6	15
Mongolism	—	—	1	1	1	2	3	2	3	2	11	1	15	—	5	1	2	—	41	9	50
Totals[1]	1	—	4	6	16	17	17	16	23	12	34	13	52	5	28	4	18	5	193	78	271
Deaths																					
Schizophrenia, simple type	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Mental deficiency—																					
Idiocy and imbecility	—	—	3	2	—	—	2	1	—	1	—	—	—	—	—	—	—	—	5	4	9
Moron	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	2
Mongolism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Totals[2]	—	—	3	2	—	—	2	1	—	1	—	—	—	—	—	—	4	—	9	4	13

[1] Includes 42 cases with epilepsy: 19 imbeciles, 19 morons, 3 border-line intelligence, and 1 mongol.
[2] Includes 7 cases with epilepsy: 6 imbeciles and 1 mongol.

TABLE 10.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963.

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

TABLE 11.—DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

Cause of Death	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.	
Malignant Neoplasm	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Cerebral palsy, infantile	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Arteriosclerotic heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Acute bronchitis	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Bronchopneumonia	—	—	1	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	2	2	4
Congenital malformations	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	2
Accidental suffocation	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	2	—	2
Totals	—	—	3	2	—	—	2	1	—	1	—	—	—	—	—	—	4	—	9	4	13

TABLE 12.—DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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

THE TRANQUILLE SCHOOL

TABLE 1.—MOVEMENT OF POPULATION, THE TRANQUILLE SCHOOL, APRIL 1, 1962, TO MARCH 31, 1963

	Male	Female	Total
In residence, April 1, 1962	153	139	292
Admissions—			
Admissions direct from Provincial Mental Hospital, Essondale	17	----	17
Transfers from The Woodlands School	111	7	118
Total admissions	128	7	135
Total under care	281	146	427
Separations—			
Discharged in full	1	----	1
Transferred to The Woodlands School	4	3	7
On probation and still out	1	----	1
Total separations	6	3	9
Net increase or decrease	+122	+4	+126
In residence, March 31, 1963	275	143	418

TABLE 2.—TRANSFERS TO THE TRANQUILLE SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

Mental Diagnosis	Age-group (Years)								Total		Grand Total
	15–19		20–29		30–39		40 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Mental deficiency—											
Idiocy and imbecility	8	1	23	----	12	----	9	2	52	3	55
Moron	8	----	10	1	16	1	8	1	42	3	45
Border-line intelligence	----	----	2	----	----	----	1	----	3	----	3
Mongolism	10	1	14	----	5	----	2	----	31	1	32
Totals	26	2	49	1	33	1	20	3	128	7	135

NOTE.—Of the above cases, 5 had epilepsy: 1 imbecile, 3 morons, and 1 border-line intelligence.

TABLE 3.—RESIDENT POPULATION OF THE TRANQUILLE SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1962

Mental Diagnosis	Age-group (Years)										Total		Grand Total
	10–14		15–19		20–29		30–39		40 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Mental deficiency—													
Idiocy and imbecility	----	----	1	4	25	9	27	12	16	19	69	44	113
Moron	----	----	4	1	25	23	8	15	15	17	52	56	108
Border-line intelligence	----	----	----	----	3	----	4	5	1	1	8	6	14
Mongolism	1	----	3	6	15	18	4	7	2	5	25	36	61
Other and unspecified types	----	----	----	----	----	----	----	----	----	1	----	1	1
Totals	1	----	8	11	68	50	43	39	34	43	154	143	297[1]

[1] Includes 11 males and 10 females with epilepsy.

TABLE 4.—RESIDENT POPULATION OF THE TRANQUILLE SCHOOL BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1962

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

PART IV.—PROVINCIAL MENTAL HOME, COLQUITZ

REPORT OF THE MEDICAL SUPERINTENDENT

L. G. C. d'Easum, Medical Superintendent

With the impending closure of this institution, several staff changes occurred. As of April 1, 1962, there were 65 nursing staff, and on March 31, 1963, the nursing staff numbered 48, a reduction of 17. Of these, 29 are psychiatric nurses and 19 psychiatric aides. Three psychiatric nurses left the institution during the year, having reached the age of retirement. Of the nurses leaving the institution, only 2 at the end of the year had been placed in other mental health units. The percentage of psychiatric aides to the total nursing staff is approximately 40 per cent.

The patient population on April 1, 1962, was 283, and on March 31, 1963, had been reduced to 149, a reduction of 134 patients. Ninety-seven patients were transferred to the Provincial Mental Hospital, Essondale; 23 to Skeenaview Hospital, Terrace; 8 to Dellview Hospital, Vernon; and there were 6 deaths during the year.

The use of the centre dormitories was discontinued on February 7, 1963, and at the end of February the West Ward was closed completely for daytime use. A few patients from the Lower East Ward sleep on the West Ward at night.

The general health of the patients throughout the year was satisfactory.

Dr. S. S. Avren and Dr. W. Dempsey continued to care for the medical and dental needs of the patients respectively.

The Vancouver Island Chest Clinic made regular visits to the hospital with a portable X-ray unit, and X-rayed both patients and staff. For the past several years they have been most co-operative, and this co-operation has been greatly appreciated.

INDUSTRIAL AND OCCUPATIONAL THERAPY

These two departments remained under the capable supervision of Mr. H. Helander, and both the indoor and outdoor Occupational Therapy Departments were utilized to the fullest. Various handicrafts were taught—woodwork, ceramics, leatherwork, art metalwork, wirework, and rug-hooking. With patient help, considerable maintenance work was done. One hundred and sixty-five feet of buried steam-line ducts had to be dug up for replacement of steam-pipes. A considerable amount of surface drain tile had collapsed at the back of the main building and was replaced with new tile. Due to clogging by tree roots, a portion of the sewer drain from the staff house had to be replaced and cemented over. A grease trap and rock pit plus new drain tile was installed at the Chief Nurse's residence. A large number of chairs were upholstered and repaired, and the new cloth was installed on the billiard table. The disposal plant was checked and cleaned daily, and the sump pump overhauled and other improvements made.

The paint gang, which consists of one staff member and three patients, was kept busy redecorating practically the whole year.

The fire-fighting equipment was checked regularly and hazards removed. The Saanich Fire Department, on its annual inspection, was well satisfied.

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. The patient who worked

in the shoe-repairing shop the previous year died, but we were fortunate in finding another patient who does excellent repair work.

LAUNDRY

The laundry has continued to work to capacity and satisfactorily. The amount of work has decreased slowly during the year due to the transfer of patients from this institution to Mainland units, from 3,500 pounds each week to approximately half that amount.

RECREATION

During the year three sightseeing bus trips were arranged for the patients, and as usual proved very enjoyable and much appreciated by the patients.

As in the past several years, various organized groups from the City of Victoria presented band and variety concerts for the enjoyment of the patients. In addition to the concerts, 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 sidewalk. The Public Library Commission continued to supply books for the patients, the books being changed every four months.

The Canadian Legion continued to supply comforts for the ex-servicemen monthly. Christmas gifts for the patients were contributed by the Canadian Mental Health Association, Salvation Army, Colwood Women's Institute, Vic-Van Isle Kinettes, Zone Council of the Canadian Legion, Sons of Norway, Lake Cowichan Legion Ladies' Auxiliary, and Strawberry Vale Women's Institute.

Except during midsummer months, the spiritual needs of the patients were cared for by the Salvation Army and the Protestant churches on alternate Sundays.

STATISTICAL TABLES

TABLE 1.—MOVEMENT OF POPULATION, PROVINCIAL MENTAL HOME, COLQUITZ,[1] APRIL 1, 1962, TO MARCH 31, 1963

In residence, April 1, 1962	283
On probation, carried forward from 1961/62	1
On escape, carried forward from 1961/62	1
Total as at April 1, 1962	285
Separations—	
Discharged in full	1
Died	6
Transferred to Provincial Mental Hospital, Essondale	97
Transferred to Dellview Hospital, Vernon	8
Transferred to Skeenaview Hospital, Terrace	23
On escape but not discharged	1
Total separations	136
Net decrease	—134
In residence, March 31, 1963	149

[1] This institution cares for male patients only.

TABLE 2.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND AGE-GROUP, DECEMBER 31, 1962

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	
Schizophrenic disorders	1	3	5	9	13	14	18	27	18	16	23	147
Manic-depressive reaction	—	—	—	—	—	—	—	1	—	—	3	4
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	1	1	2
Alcoholic psychosis	—	—	—	—	—	—	—	—	—	—	1	1
Other and unspecified psychoses	—	—	—	—	—	—	1	—	—	—	—	1
Syphilis and its sequelæ	—	—	—	—	—	—	—	—	3	—	—	3
Alcoholism	—	—	—	—	—	—	1	1	—	1	—	3
Mental deficiency	1	2	—	—	4	1	2	1	2	1	—	14
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	—	—	1	1
Epilepsy	—	—	1	—	1	—	—	1	—	—	1	4
Totals	2	5	6	9	18	15	22	31	23	19	30	180

TABLE 3.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND NUMBER OF PREVIOUS ADMISSIONS, DECEMBER 31, 1962.

TABLE 4.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND LENGTH OF STAY, DECEMBER 31, 1962

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

TABLE 5.—LIVE DISCHARGES AND DEATHS FROM PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND AGE-GROUP, APRIL 1, 1962, TO MARCH 31, 1963

Mental Diagnosis	Age-group (Years)										Total
	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70 and Over	
Live Discharges											
Schizophrenic disorders	6	8	7	9	9	8	11	12	7	25	102
Manic-depressive reactions	—	—	—	—	—	—	—	—	—	1	1
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	1	1
Alcoholic psychosis	—	—	—	—	—	—	—	1	—	1	2
Psychosis of other demonstrable etiology	—	—	—	—	—	1	—	—	—	—	1
Psychosis with mental deficiency	—	—	—	1	1	—	1	—	—	—	3
Syphilis and its sequelæ	—	—	—	—	—	1	—	1	—	—	2
Pathological personality	1	—	—	—	1	—	—	—	—	—	2
Immature personality	—	1	1	—	—	—	—	—	—	—	2
Alcoholism	—	—	—	—	—	—	1	—	—	1	2
Drug addiction	1	—	—	—	—	—	—	—	—	—	1
Mental deficiency	1	—	1	—	1	2	—	1	—	—	6
Chronic brain syndrome with behavioural reaction	—	—	1	—	—	—	—	—	—	1	2
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	1	—	—	1
Epilepsy	—	—	—	—	1	—	—	—	—	—	1
Totals	9	9	10	10	13	12	13	16	7	30	129
Deaths											
Schizophrenic disorders	—	—	1	—	—	1	—	—	1	3	6

TABLE 6.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND LENGTH OF STAY, APRIL 1, 1962, TO MARCH 31, 1963.

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

TABLE 7.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOME, COLQUITZ, BY CAUSE OF DEATH AND AGE-GROUP, APRIL 1, 1962, TO MARCH 31, 1963

Cause of Death	Age-group (Years)								Total
	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70 and Over	
Vascular lesion of the central nervous system	—	—	—	1	—	—	1	—	2
Arteriosclerotic heart disease	—	—	—	—	—	—	—	1	1
Pneumonia	—	—	—	—	—	—	—	1	1
Accidental death	1	—	—	—	—	—	—	—	1
Suicide	—	—	—	—	—	—	—	1	1
Totals	1	—	—	1	—	—	1	3	6

TABLE 8.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOME, COLQUITZ, BY CAUSE OF DEATH AND LENGTH OF STAY, APRIL 1, 1962, TO MARCH 31, 1963

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

PART V.—GERIATRIC DIVISION

REPORT OF THE MEDICAL SUPERINTENDENT

B. F. Bryson, Medical Superintendent

During the fiscal year 1962/63 a total of 1,652 elderly citizens of the Province received specialized medical and psychiatric care in the three units of the Geriatric Division of the Mental Health Services, which have operated to capacity throughout this period.

Requests for the admission of patients 70 years of age or over have been regularly received, but for the first time in several years there has been a slight decrease in the yearly total. During the past year 433 new applications were received, including 201 for men and 232 for women, representing a decrease of 43 compared to the previous 12 months. As in past years, the greatest number, totalling 342, was received from the Lower Mainland and Vancouver Island for admission to the Valleyview Hospital, while 76 requests emanated from the Okanagan and Kootenay areas for the Dellview Hospital and 15 from the northern portion of the Province for admission to Skeenaview Hospital. The reduction in the number of applications has been general throughout the Province and is encouraging as it is felt that it reflects the greater interest of community agencies in attempting to find alternate forms of care for the aged and perhaps an increase in preventive measures by physicians, social workers, and others dealing with our elderly citizens.

The Medical Superintendent has continued to follow the policy of accepting for admission first those applicants who are in the greatest need of the treatment and special facilities available in the three units or where alternate care in the community is unavailable or has proven inadequate. In addition, every attempt is made to accept patients into the unit which is closest to the family and friends of each patient. The assessment of need and urgency for admission is difficult and time-consuming, and many hours are spent in attempting to gather full information regarding the total problem of each application so that the most urgent cases are accommodated with the least delay. In this area of responsibility the Medical Superintendent has been greatly assisted through the preadmission services of the Valleyview Social Service Department. In many instances the social workers have been able to assist families and community agencies in locating alternate forms of care which solved the immediate problem and temporarily or permanently removed the need for admission to the Geriatric Division.

In the Lower Mainland and Vancouver Island area, the number of new applications received totalled 342, and it was possible to accept from the community 256, of which 133 were admitted the same month the application was received. In addition, all acutely psychotic or otherwise severely disturbed patients were accommodated immediately. In the areas served by the Dellview and Skeenaview Hospitals there have been very few delays, and at the end of the year there were no patients awaiting admission.

Actual admissions to the three units of the Geriatric Division totalled 407, including 231 men and 176 women. Of these, 321 were direct admissions from the community, the remaining 86 being transfers from other institutions of the Mental Health Services. During the year, patients in Valleyview Hospital and Crease Clinic who required special geriatric care included 30 men and 18 women. The Dellview unit received 2 men and 1 woman on transfer from the Provincial Mental Hospital and 8 men from the Colquitz Mental Home, while the Skeenaview unit was able to accept 23 male transfers from Colquitz.

There has been no change in the total bed accommodation in the Geriatric Division, and consequently no significant increases or decreases in the over-all patient population. As will be noted in the accompanying tables, the resident population in the three units totalled 1,257 as of March 31, 1963, an increase of 12 during the year. To this may be added, however, 44 patients who were on probationary discharge, thus giving a total on unit registers of 1,301 at the end of the year. Total patient-days of care provided by the Geriatric Division numbered 419,376.

Separations due to death totalled 323, an increase of 8 over the previous year. Separations on discharge to the community have increased to a total of 66, compared to 46 for the previous year.

VALLEYVIEW HOSPITAL

Valleyview Hospital, the Lower Mainland unit of the Geriatric Division, has functioned to capacity throughout the year and provided medical and psychiatric care for 1,030 elderly citizens, including 404 men and 626 women. The vast majority of patients suffered from varying degrees of senile or arteriosclerotic brain disease complicated by superimposed psychotic, neurotic, or behavioural reactions of varying intensity. At the end of the year the resident population at this unit totalled 729, including 252 men and 477 women, and represents a slight increase of only 9 over the number in residence one year ago. In addition, 36 patients were being carried on the unit register but were on probationary discharge to various homes in the community.

Medical care has continued to be of high standard, and there have been no major medical problems or serious infective illness of epidemic nature. Regular daily medical supervision and treatment have been efficiently provided by Dr. Walter Lazorko, Dr. Lillian Hutton, and Dr. Douglas Turner. The latter two physicians, however, served only a portion of the year, leaving the service to pursue other forms of medical practice. On August 1, 1962, Dr. Cameron Hunter replaced Dr. Turner, while on September 7, 1962, Dr. Hutton was replaced by Dr. Olive Sinclair. The Valleyview medical staff have been most diligent in their care of their elderly patients and have maintained the general health of this patient-group at a very satisfactory level in spite of the advanced ages of their charges and the frequent severity of physical and mental debility seen in many new admissions.

Throughout the year the services provided by the specialist consultant staff, the surgical resident, and the internist at the Mental Hospital and Crease Clinic have been regularly available to Valleyview patients, during which time a total of 182 referrals was made. Of this number, 126 required surgical treatment, including 77 general surgical procedures of varying nature and severity, 31 orthopædic repairs, 27 genito-urinary procedures, and 15 ophthalmologic operations, most of which were for cataract removal. The remainder were for minor dermatological and nose and throat operations.

The psychiatric treatment programme has continued to utilize ataractic medication where indicated, especially chlorpromazine, the various anti-depressants, and occasionally mood-elevating medications, which, when judiciously used in minimal dosage, have proven to be most helpful in alleviating the anxiety reactions and depressive states that are so commonly associated with the symptoms of chronic brain syndrome in elderly patients. The most important approach to the treatment of emotionally disturbed elderly persons, however, continues to be adequate assessment of the physical, mental, and emotional capabilities of each new patient, followed by the provision of a total environment and daily programme that will answer

the needs and promote a sense of security for the elderly patient. Adequate diet, regularized and supervised living habits, correction of physical defects, manual and social interests commensurate with physical and mental ability, and particularly the friendship and patient understanding of all who come in contact with the elderly person continue to be the primary therapeutic goals guiding the Valleyview staff.

Dr. George Campbell, Valleyview dentist, and his assistant, Mrs. Elizabeth McFarlane, have continued to provide a comprehensive dental service to patients at both Valleyview and North Lawn Building, and during this past year provided dental care for 2,068 patients. Although many newly admitted patients require emergency care, such as extractions or fillings, the majority of dental work is now confined to prophylactic and preventive treatment on a regular recall basis, as well as increased attention to the fitting and repair of dentures.

The Valleyview X-ray Department has also contributed greatly to patient-care through the diagnostic services provided by Dr. Jackson, Crease Clinic radiologist, and Miss G. Fuller, Valleyview X-ray technician. During the year a total of 2,454 patients and staff was examined, with the processing of 4,205 films in a wide range of radiological procedures. This also includes the annual tuberculosis chest survey of all patients and staff at Valleyview, the films for which were referred to Dr. Dewick, of the Division of Tuberculosis, North Lawn, for assessment and recording.

The Valleyview laboratory, in like manner, under the operation of Mr. A. Lee, laboratory technician, has continued to augment general medical care by the provision of a full range of diagnostic services. During the year 9,905 test procedures were carried out, including 740 urinalyses, 576 blood-chemistry estimations, 6,207 bacteriological procedures, 2,148 blood-cell counts, and 234 miscellaneous procedures. In addition, 625 various procedures were completed through the courtesy of the Crease Clinic and East Lawn laboratories during periods when medical needs for diagnostic services became greater than could be coped with by a single technician. A marked reduction in the number of requests for laboratory tests for staphylococcal organisms reflects the continued decrease in the problem of staphylococcal infections amongst this patient-group, and which has been minimal throughout the year. Dr. G. Nicolson, pathologist at the Crease Clinic, has continued to provide technical supervision of the Valleyview laboratory and has also performed 88 autopsy examinations at the Valleyview Hospital during the year, which represents an autopsy rate of 40 per cent.

Miss Edith Johnstone, Superintendent of Nurses, has continued to give loyal and devoted leadership to the nursing division, and with the assistance of her efficient supervisory staff has directed this department most ably throughout the year. All nursing staff have consistently directed their efforts to provide the best possible care for the elderly residents of this unit, all of whom require constant and patient understanding and supervision. Of all personnel, the ward nurses and aides, who are in close daily contact with patients, carry a primary role in the total treatment programme and, in spite of the constant burden of a difficult and time-consuming type of nursing care, have maintained a high standard throughout the year.

The protection of patients in the event of fire or other serious emergency has been of concern to all staff, and many Valleyview personnel, including physicians, housekeeping staff, nurses, and others, have willingly taken part in the instructional programmes given by Mr. A. Lowry, Essondale Fire Chief, and his staff in practical fire-fighting techniques and evacuation procedures. Several fire drills with practice evacuation of patients were held during the year.

The spiritual needs of our patients have been fully met by the devoted ministry of Reverend Filer, Valleyview chaplain, who has been unstinting in his efforts to

bring solace and comfort to all patients at Valleyview and North Lawn Building. Throughout the year formal Sunday services have been conducted in the Valleyview chapel for the many patients able to attend, with mid-week chapel and vesper services on all wards for those who are physically or mentally incapable of leaving the wards. In addition, regular pastoral visits to the bedridden and general visiting on the wards have brought great comfort to many. In this work Reverend Filer has been voluntarily assisted by a devoted resident of Riverside Building who has contributed regularly and faithfully by supplying organ music and helpful assistance wherever required.

Father Lacko, too, has responded readily to the religious needs of all patients of Roman Catholic faith, and Rev. J. O'Neil, resident chaplain at Essondale, has also continued his interest in the Valleyview area when relieving Reverend Filer during holiday absence.

The Valleyview Social Service Department has contributed greatly to the general welfare of Valleyview patients and to the welfare of many elderly citizens out of hospital. Mr. Lindsay McCormick, M.S.W., Social Work Supervisor, has been enthusiastic and efficient in directing the development of this relatively new department, and great progress has been made.

A most important phase of social work has been in the preadmission service, and during the year the Valleyview workers processed 128 formal applications, of which they were able to place 63 persons in some appropriate resource other than Valleyview, most of whom have continued to adjust quite satisfactorily. In addition, assistance has been given in a less formal manner to many others who telephoned or inquired regarding the admission of prospective patients.

In addition to the important preadmission and in-hospital services, the Social Work Department has expanded considerably the difficult and time-consuming programme of discharge planning and probationary follow-up. During the year, 50 residents were separated either on a probationary basis or discharged in full, an increase of 9 over the previous year. A total of 20 patients was discharged in full from probation during the year, and as of March 31, 1963, 36 patients were out on probation. Only 13 patients were returned from probation, their stay in the community ranging from 4 days to 2½ years, representing an average length of stay in the community of 10.3 months.

During the year important liaison has continued with social service departments in the various communities through the orientation visits to Valleyview of other social workers and through co-operative planning for the discharge of patients from hospital, as well as contacts made during preadmission assessment. The ready co-operation and understanding received from the various social welfare agencies and others concerning applicants for admission and the assistance received in planning discharge arrangements for Valleyview patients have been sincerely appreciated.

The Valleyview Occupational Therapy Department has continued to provide a service of major importance in the care of geriatric patients. Miss B. Balverson, O.T.(Reg.), has directed a comprehensive programme and, with her staff of two handicraft workers, has provided therapeutic occupations for 728 elderly men and women, representing 20,114 individual patient-treatment periods during the year. Special attention has been given to newly admitted patients in order to assess their needs and abilities for craft work, with a view to assisting toward early rehabilitation and contented adjustment to hospital, especially where a feeling of loneliness and uselessness has appeared to be a contributory factor in the emotional disturbances necessitating hospitalization. In addition to the many and varied handicraft projects available for patients in the workshop area and on the wards, outdoor gardening has

again been of great interest to many. The Vancouver Dahlia Society has continued its interest by again devoting a generous supply of tubers for the patients' garden and by frequent visits of its members to Valleyview to assist the patients in the cultivation of their plants. In addition, a special class was created in the Dahlia Society's annual show for the display of blooms in September, with the granting of prizes to a number of patients. This evidence of community interest has been sincerely appreciated.

The Recreational Therapy Department, in like manner, has continued to provide a very important contribution to the welfare and treatment of patients through a regular and varied programme of socializing activities in the auditorium, on the grounds, and on the wards. Special efforts have again been made toward encouraging community interest in the Hospital and its activities and to stimulating patients toward renewed interest in community life through visits and entertainment provided by concert groups, dance groups, and community choirs, as well as programmes such as mystery rides and Stanley Park picnics, which take patients into the community. In addition to the regular programmes of bingo parties, informal gatherings, concerts, and " Happy Gang " meetings in the auditorium, there has been considerable expansion in the weekly dayroom programmes on all wards, including sing-songs, film showings, and birthday socials for the benefit of the many patients unable to leave the wards.

The British Columbia Division of the Canadian Mental Health Association has again contributed regularly throughout the year toward the welfare of Valleyview patients through the visiting volunteer programme and the operation of the tearoom and tuck shop in Valleyview Lodge under the local direction of Mrs. Mildred Franklin and Mr. J. Dodsworth. Volunteer ladies have visited the wards regularly several days a week delivering magazines and books, assisting in the Occupational Therapy Department and at social activities on the wards and in the auditorium, and in many other ways have contributed immeasurably to the treatment and care of our patients. Of special interest has been the weekly Saturday visits to V.V. 3 organized under the volunteer programme by a small group of young ladies from the Lester Pearson High School in New Westminster. The youthful enthusiasm and spontaneity of these young people have been most stimulating and much appreciated by the many patients they have visited.

Pharmaceutical service has been maintained efficiently by Mr. George Kelly, Valleyview pharmacist, who has been most conscientious in his efforts toward keeping all wards well supplied with pharmaceuticals and other medical or nursing supplies normally supplied through this department. In addition, the pharmacist has been most helpful to nursing staff by readily giving advice concerning new medications and the handling and storing of such supplies on the ward. The Valleyview Pharmacy Committee, under the chairmanship of Dr. Lazorko, has convened regularly throughout the year to study the pharmaceutical needs of geriatric patients and to make recommendations to the Branch Pharmacy Council concerning new medications particularly applicable in the medical treatment of elderly persons.

The medical records of Valleyview patients have been maintained in good order throughout the year by the stenographic and clerical staff, under the supervision of Mrs. M. Anderson, in this office. In addition, stenographic services have been supplied to the other departments when required, especially the nursing and social service departments, each of which has required the full-time service of a stenographer. Mrs. M. Hardwick has continued to carry out the varied secretarial duties of the Medical Superintendent's office in an efficient and courteous manner.

In like manner, the clerical staff of the business office and information centre in the Valleyview Building have maintained a comprehensive service to patients, staff, and public, and have coped efficiently with a large volume of personnel matters and accounting procedures.

The Public Works Department has been most co-operative and understanding of the needs of this area, and in addition to maintaining utility services and prompt attention to general maintenance and repairs as required, a number of projects have been completed in the buildings and on the grounds which have been welcome improvements. Such projects have included development of additional parking space at the north end of V.V. 9; new sidewalks extending from V.V. 6 in front of V.V. 1 to the road, making easier access for patients; and the installation of attractive new chain link fencing around the airing-courts of V.V. 1 and V.V. 8. New surgery cupboards and work surfaces were completed in the surgeries of V.V. 5 and V.V. 9, and further floor-tile replacements have been carried out in the Valleyview Building, for which a special technique was developed for the seating of metal baseboards to guard against the entrance of moisture, causing rust and objectionable odours.

DELLVIEW HOSPITAL

The Vernon unit of the Geriatric Division has continued to function to capacity throughout the year under the capable administration of Mr. L. W. Fox, Supervisor, and his deputy, and Miss H. O. Lipsey, R.N., Superintendent of Nurses. This unit has provided a high standard of care and treatment for 316 elderly men and women, representing a total of 84,881 patient-days of care. The resident population as of March 31, 1963, stands at 233, just 1 more than on the same date a year ago.

Total admissions during the 12 months numbered 84, of which 72 were direct from the community and 12 transfers from other units of the Mental Health Services, of which 8 were from the Provincial Mental Home at Colquitz. Separations during the same period totalled 83, including 67 deaths, 1 by transfer to Valleyview, and 15 on discharge to the community. It is to be noted that deaths decreased by 19 compared to the previous year, while discharges increased significantly by 13, or 87 per cent.

The general health of this patient-group has been maintained at a very satisfactory level, although the great majority are feeble and require constant nursing care and supervision. Several pre-senile patients in their late fifties were admitted to Dellview during the year and tend to lower the mean age of its population. At the end of the fiscal year, however, the average age of male patients was 77.2 years and that for women 81 years. Of the 233 in residence at this time, 214 were over age 70, 110 over 80 years, 18 over 90 years, and 2 have exceeded 100 birthdays.

Medical care and supervision have again been provided regularly and efficiently by Dr. J. R. Smith through frequent ward visits and ready response to emergency calls whenever requested. There have been no major medical problems during the year, and general morbidity has been minimal for this patient-group. A slight increase in the incidence of fractures resulting from accidental falls has occurred, which is not unexpected where so many patients are feeble and unsteady. Seasonal increases in upper respiratory infections occurred during the winter months, but there have been no serious epidemic problems. Only one staphylococcal infection developed, but immediate isolation and treatment prevented spread to others.

Diagnostic and general X-ray and laboratory services have again been provided through the facilities of the Vernon Jubilee Hospital, whose technical and administrative staffs have continued to be most co-operative.

In conjunction with a community-wide programme of oral Sabine vaccination in the Okanagan area, a clinic was held at Dellview Hospital on June 1, 1962, during which this preventive protection was accepted by all patients except three women and four men, and most staff members also participated. During October the annual chest survey of all patients and staff was conducted by a mobile unit of the Division of Tuberculosis Control. No active cases of pulmonary infection were discovered.

Dental care has again been provided by Dr. B. Bishop, who has visited the Hospital regularly to conduct routine examinations on new patients, perform extractions or fillings, and to prepare dentures as required.

Visual-aid services have been supplied for a number of patients by Mr. W. H. Franks, a local optometrist who conducted refractions and supplied corrective lenses as required. Two patients were referred to Dr. L. A. Rook, ophthalmologist, for special examination and advice.

Nursing services have continued to be maintained at a very desirable standard, and Miss Lipsey has directed her nursing staff most capably and has motivated a teamwork spirit amongst them that has contributed immeasurably to the general happiness and welfare of this patient-group. There have been no major changes in nursing policy, although nursing procedures have been modified or revised where indicated. The increasing debility of many patients, especially those who have been physically and mentally able to assist the nurses on the ward or in other small ways around the Hospital, is placing additional demands on the present complement of nursing staff.

Throughout the year every opportunity has been taken to assist and encourage nursing staff to avail themselves of new knowledge or instruction available in the field of nursing, especially with reference to the care of emotionally disturbed elderly patients. To this end a centrally located room in the main building has been suitably prepared and designated as a library, wherein current periodicals and instructive literature are placed for the use of all staff. During October one psychiatric nurse attended an institute in group psychotherapy organized by the British Columbia Psychiatric Nurses' Association, and on her return reported on her experience and training to her colleagues. The Vernon chapter of the Psychiatric Nurses' Association has also sponsored the showing of educational films from the Essondale film library, and in other ways has stimuated nursing staff to keep abreast in their professions.

The occupational and recreational programmes have continued to play a very important role in the therapeutic care of Dellview patients and have been efficiently carried out by Mrs. J. Sherlock, handicraft instructor. It has also been possible to expand these activities as a building formerly known as Nurses' Home 2 became available and now provides much greater space for handicrafts and some social activities than was previously possible in former quarters. Many more patients are now able to benefit from these diversional activities, which are so helpful in dispelling feelings of uselessness and rejection, a common attitude amongst elderly persons, and in restoring confidence in their own abilities.

The Vernon branch of the Canadian Mental Health Association has contributed greatly to the welfare of the Dellview patients, not only through the generous gifts for the residents at Christmas, but particularly through the regular and willing attendance of volunteer ladies who assist with recreational activities in the Hospital and in the handicraft area.

The religious needs of Dellview residents have again been well attended to by regular services conducted in the Hospital by Monsignor Miles or Father Kenny and

by Reverend Reeve. Ministers of other denominations, too, often visit patients of their respective faiths.

SKEENAVIEW HOSPITAL

The Terrace unit of the Geriatric Division has continued to maintain a very satisfactory standard of care and has provided supervision and treatment for 331 elderly men. Direction of this unit has again been capably carried out by Mr. W. E. Skillicorn, Unit Supervisor, and his deputy, Mr. F. W. Stewart, Chief Psychiatric Nurse.

The facilities at Skeenaview have been utilized to near capacity throughout the year, and at March 31, 1963, the resident population totalled 295, an increase of 2 over those in residence on the same date of the previous year. Admission to the unit totalled 38, a decrease of 17 from the previous year, and included 13 first admissions from the community, 2 transfers from Valleyview, and 23 transfers from the Provincial Mental Home at Colquitz. Separations totalled 36, a decrease of 5, 1 being a transfer to Valleyview for specialized care, 1 patient was discharged on probation, with the remaining 34 being due to death.

The general health and welfare of this patient-group have been maintained at a very satisfactory level, and no major medical problems were encountered. General debility and feebleness are evident among a greater number of patients, necessitating closer personal attention and increased supervision of more patients than formerly. Seasonal increases in respiratory infection have been experienced, but early and intensive treatment has kept this problem to a minimum, and only a few of the most debilitated patients suffered secondary pneumonias.

During the month of May, in conjunction with the community-wide public health programme of Sabine oral vaccination, all patients and staff at Skeenaview received this important protection against poliomyelitis. During September the Division of Tuberculosis Control travelling clinic conducted the annual chest X-ray of all staff and half the patient-group, with a recheck of doubtful films and the balance of patients during February. No active cases of infection were found amongst patients or staff.

Dr. R. E. Lee and Dr. D. Black, who replaced Dr. Christensen, have continued to provide skilled general medical and surgical care and supervision to Skeenaview patients, with regular ward visits and ready response to emergency calls whenever required. Eight patients required major surgery, including five abdonimal operations, one leg amputation for severe circulatory disorder, and two repairs of fractured hips resulting from accidental falls. As in past years, the surgery has been performed by Dr. Lee at the Terrace and District General Hospital, now known as the Mills Memorial Hospital, in memory of the late Dr. and Mrs. Stanley Mills, who gave many years of devoted service to the people of the Terrace district. Our surgical cases are returned to Skeenaview immediately following anæsthetic recovery, and receive post-operative and convalescent care by staff who know them well. The administrative and technical staff have been most co-operative in supplying laboratory and diagnostic X-ray services to Skeenaview patients whenever required.

Under the direction of Mr. Stewart, Chief Psychiatric Nurse, all members of the nursing staff have been conscientious in maintaining a high level of nursing service by the application of the latest techniques together with patient and understanding response to the many problems and needs of their elderly charges. A continued interest has been shown by the nursing staff in lectures and instructive literature made available to them concerning general and psychiatric nursing, especially as applied to the care of the geriatric patient.

The inauguration of a volunteer ladies' group during the year has been of outstanding importance in the general welfare of Skeenaview patients. This enthusiastic and active group is gradually taking over the task of providing a varied recreational and occupational programme formerly carried out by the nursing staff when time became available from their basic nursing duties. This most welcome assistance from the community has been greatly appreciated by patients and staff alike, and the appearance of new faces, the kind and friendly approach of the volunteers as they assist patients with letter-writing, reading, or just visiting, in addition to conducting various forms of recreation have to a great degree dispelled the feelings of loneliness and rejection felt by most patients of this type. Through the interest and activities of the volunteer ladies, the general interest of the community has been more noticeable, as is evident by the increase in visits and entertainment provided by several church organizations, service clubs, as well as students from various local schools. The advent of television service to the Terrace area has been an additional source of pleasure for patients through the provision of television sets for each dayroom. In December the Kitimat Business and Professional Women's Club generously donated a beautiful television set for patients' use, which has been installed in " The Den," the small open ward.

Father Mohan and Rev. A. P. Horsefield have attended to the spiritual needs of the patients by regular services and mid-weekly visits with patients. Groups of residents continue to attend services at churches in downtown Terrace, and many also accompany relatives and friends to churches of their own choice. Representatives from the Salvation Army and ministers of other denominations regularly visit residents who formerly were members of their congregations.

STATISTICAL TABLES

VALLEYVIEW HOSPITAL

TABLE 1.—MOVEMENT OF POPULATION, VALLEYVIEW HOSPITAL, ESSONDALE, APRIL 1, 1962, TO MARCH 31, 1963

	Male	Female	Total
In residence, April 1, 1962	248	472	720
On probation, carried forward from 1961/62	8	16	24
Total as at April 1, 1962	256	488	744
Admissions—			
First admissions	113	113	226
Readmissions to a different institution of Mental Health Services	3	5	8
Readmissions to same institution	1	1	2
Admissions direct from Crease Clinic	2	.....	2
Transfers from other geriatric units	1	1	2
Transfers from Provincial Mental Hospital, Essondale	28	18	46
Total admissions	148	138	286
Total under care	404	626	1,030
Separations—			
Discharged in full	11	11	22
Died	117	105	222
Transferred to Provincial Mental Hospital, Essondale	4	15	19
Transferred to other geriatric units	2	.....	2
On probation and still out	18	18	36
Total separations	152	149	301
Net increase or decrease	+4	+5	+9
In residence, March 31, 1963	252	477	729

TABLE 2.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1962, TO MARCH 31, 1963.

Health Unit	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 1	1	.....	1
,, ,, ,, 2	1	.....	1
Selkirk, Nelson—			
School District No. 7	1	.....	1
South Okanagan, Kelowna—			
School District No. 17	1	.....	1
,, ,, ,, 23	2	.....	2
North Okanagan, Vernon—			
School District No. 22	1	.....	1
South Central, Kamloops—			
School District No. 31	1	.....	1
Cariboo, Williams Lake—			
School District No. 28	1	.....	1
Northern Interior, Prince George—			
School District No. 55	1	.....	1
,, ,, ,, 57	.....	1	1
Upper Fraser Valley, Chilliwack—			
School District No. 33	2	.....	2
,, ,, ,, 34	4	3	7
Boundary, Cloverdale—			
School District No. 35	3	2	5
,, ,, ,, 36	9	9	18
,, ,, ,, 37	1	.....	1
Metropolitan Health Committee, Vancouver—			
School District No. 38	.....	4	4
,, ,, ,, 39	44	67	111
,, ,, ,, 41	15	9	24
,, ,, ,, 44	5	7	12
,, ,, ,, 45	2	4	6
Simon Fraser, New Westminster—			
School District No. 40	7	9	16
,, ,, ,, 43	6	3	9
North Fraser Valley, Mission—			
School District No. 42	3	3	6
,, ,, ,, 75	2	.....	2
,, ,, ,, 76	1	.....	1
Upper Island, Courtenay—			
School District No. 47	1	1	2
Skeena, Prince Rupert—			
School District No. 50	1	1	2
,, ,, ,, 53	1	2	3
Peace River, Dawson Creek—			
School District No. 59	.....	1	1
Greater Victoria Metropolitan Board of Health—			
Greater Victoria—School District No. 61	15	4	19
Saanich and South Vancouver Island—School District No. 63	5	.....	5
Central Vancouver Island, Nanaimo—			
School District No. 65	1	.....	1
,, ,, ,, 67	2	.....	2
,, ,, ,, 68	1	.....	1
School districts not covered by health units—			
School District No. 46	1	2	3
,, ,, ,, 49	.....	1	1
,, ,, ,, 73	.....	1	1
Unorganized	1	1	2
Unknown	1	.....	1
Totals	144	135	279

TABLE 3.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

Method of Admission	Age-group (Years)												Total		Grand Total
	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.	
First Admissions															
Voluntary	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1	.....	1
Warrant	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1	.....	1
Certification	.....	1	1	.....	4	4	66	72	63	53	8	5	142	135	277
Totals	.....	1	1	.....	4	4	67	72	64	53	8	5	144	135	279
Readmissions															
Certification	.....	.....	.....	.....	.....	.....	3	1	1	2	.....	.....	4	3	7

TABLE 4.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

Mental Diagnosis	Age-group (Years)												Total		Grand Total
	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.	
Schizophrenic disorders	1	—	—	1	—	1	5	6	—	—	—	—	6	8	14
Manic-depressive reaction	—	—	—	—	—	—	1	1	—	—	—	—	1	1	2
Paranoia and paranoid states	—	—	—	—	—	—	—	1	1	—	—	1	1	2	3
Senile psychosis	—	—	—	—	—	—	3	8	8	5	2	—	13	13	26
Psychosis with cerebral arteriosclerosis	—	—	—	—	1	1	10	7	3	4	2	—	16	12	28
Alcoholic psychosis	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Psychosis of other demonstrable etiology	—	—	—	—	1	—	—	3	—	—	—	—	1	3	4
Other and unspecified psychoses	—	—	—	—	—	—	—	—	—	2	—	—	—	2	2
Anxiety reaction without mention of somatic symptoms	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Neurotic-depressive reaction	—	—	—	—	—	—		1	—	—	—	—	—	1	1
Chronic brain sydrome with neurotic reaction	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Alcoholism	—	—	—	—	—	—	2		—	—	—	—	2	—	2
Mental deficiency	—	—	—	—	—	—		1	—		—	—	—	1	1
Chronic brain sydrome with behavioural reaction	—	—	—	—	1	—	27	28	42	24	4	2	74	54	128
Chronic brain sydrome, N.O.S.	—	—	—	—	1	2	2	1	3	1	—	—	6	4	10
Other, unknown, and unspecified conditions	—	—	—	—	—	—	15	14	7	17	—	2	22	33	55
Totals	1	—	—	1	4	4	67	72	64	53	8	5	144	135	279

TABLE 5.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

TABLE 6.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY RELIGION AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

TABLE 7.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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

TABLE 8.—RESIDENT POPULATION OF VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMER 31, 1962

Mental Diagnosis	Age-group (Years)																Total		Grand Total
	20–39		40–49		50–59		60–64		65–69		70–74		75–79		80 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders	4	—	4	2	5	1	4	2	1	5	8	12	5	21	1	17	32	60	92
Manic-depressive reaction	—	—	—	—	—	—	—	—	1	—	2	1	1	1	1	2	5	4	9
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	2	1	3
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	—	—	2	—	1	3	1	3	4	7
Senile psychosis	—	—	—	—	—	—	—	—	—	—	1	13	8	24	33	84	42	121	163
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	1	6	15	15	25	25	54	46	95	141
Alcoholic psychosis	—	—	—	—	—	—	1	—	—	1	—	2	1	—	—	—	2	3	5
Psychosis of other demonstrable etiology	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	3	3
Anxiety reaction without mention of somatic symptoms	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	2
Obsessive-compulsive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Neurotic-depressive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	1	2
Alcoholism	—	—	—	—	—	—	—	—	—	—	1	2	1	—	1	—	3	2	5
Mental deficiency	2	6	2	2	—	1	—	1	—	—	1	—	—	2	—	—	5	12	17
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	1	13	10	18	29	44	44	75	84	159
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	1	—	—	4	1	1	7	4	5	9	14	23
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Syphilis and its sequelæ	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	3	—	3
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	—	—	2	—	6	10	16	19	13	49	37	78	115
Totals	6	6	7	4	5	2	7	4	4	8	43	69	67	135	128	257	267	485	752

TABLE 9.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963.

Mental Diagnosis	Age-group (Years)												Total		Grand Total
	40–49		50–59		60–69		70–79		80–89		90–99				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Live Discharges															
Schizophrenic disorders	1	1	—	1	—	—	4	1	—	1	—	—	5	4	9
Manic-depressive reaction	—	—	—	—	—	1	2	—	—	—	—	—	2	1	3
Paranoia and paranoid states	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Senile psychosis	—	—	—	—	—	—	—	3	2	2	—	—	2	5	7
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	1	1	2	1	—	—	3	2	5
Alcoholic psychosis	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Psychosis of other demonstrable etiology	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Other and unspecified psychoses	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Anxiety reaction	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Mental deficiency	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	3	2	1	1	—	1	4	4	8
Senility, N.O.S.	—	—	—	—	—	—	—	1	1	2	—	1	1	4	5
Totals	1	1	—	1	—	1	10	13	6	8	—	2	17	26	43
Deaths															
Schizophrenic disorders	—	—	—	—	—	—	1	4	—	3	—	—	1	7	8
Senile psychosis	—	—	—	—	—	—	5	3	9	15	3	7	17	25	42
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	1	10	10	7	8	2	5	19	24	43
Other and unspecified psychoses	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Mental deficiency	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	18	10	30	12	5	—	53	22	75
Chronic brain syndrome not otherwise stated	—	—	—	—	—	1	1	1	3	3	—	—	4	5	9
Other diseases of the central nervous system	—	—	—	—	—	—	12	8	8	10	2	2	22	20	42
Totals	—	—	—	—	—	2	48	36	57	53	12	14	117	105	222

TABLE 10.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963.

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

TABLE 11.—DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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.	
Malignant neoplasm	—	—	2	3	—	1	1	—	3	4	7
Diabetes	—	—	3	—	1	—	—	—	4	—	4
Disease of the pituitary gland	—	—	—	1	—	—	—	—	—	1	1
Disease of the blood and blood-forming organs	—	—	—	—	1	1	—	—	1	1	2
Vascular lesion of the central nervous system	—	—	1	3	1	2	—	—	2	5	7
Arteriosclerotic heart disease	—	1	28	18	44	31	9	11	81	61	142
Hypertensive heart disease	—	—	—	1	—	3	—	—	—	4	4
Benign hypertension	—	—	—	—	1	—	—	—	1	—	1
Arteriosclerosis	—	—	2	1	2	2	1	—	5	3	8
Other diseases of the circulatory system	—	—	1	1	—	—	—	—	1	1	2
Influenza	—	—	3	2	1	6	—	—	4	8	12
Pneumonia	—	1	3	2	2	3	—	—	5	6	11
Other diseases of the respiratory system	—	—	1	—	—	1	—	1	1	2	3
Disease of the digestive system	—	—	1	1	1	—	1	—	3	1	4
Disease of the genito-urinary system	—	—	2	1	1	1	—	—	3	2	5
Chronic ulcer of skin	—	—	—	—	—	1	—	—	—	1	1
Accidental death	—	—	1	2	2	1	—	2	3	5	8
Totals	—	2	48	36	57	53	12	14	117	105	222

TABLE 12.—DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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

DELLVIEW HOSPITAL

TABLE 1.—MOVEMENT OF POPULATION, DELLVIEW HOSPITAL, VERNON, APRIL 1, 1962, TO MARCH 31, 1963

	Male	Female	Total
In residence, April 1, 1962	106	126	232
On probation, carried forward from 1961/62	1	-----	1
Total as at April 1, 1962	107	126	233
Admissions—			
First admissions	33	37	70
Readmissions to a different institution of Mental Health Services	2	-----	2
Transfers from Provincial Mental Hospital, Essondale	2	1	3
Transfers from Provincial Mental Home, Colquitz	8	-----	8
Total admissions	45	38	83
Total under care	152	164	316
Separations—			
Discharged in full	4	4	8
Died	39	28	67
Transferred to other geriatric units	-----	1	1
On probation and still out	3	4	7
Total separations	46	37	83
Net increase or decrease	-----	+1	+1
In residence, March 31, 1963	106	127	233

TABLE 2.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1962, TO MARCH 31, 1963.

Health Unit	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 1	1	-----	1
West Kootenay, Trail—			
School District No. 11	2	3	5
" " " 12	1	-----	1
South Okanagan, Kelowna—			
School District No. 14	2	3	5
" " " 15	2	4	6
" " " 16	1	-----	1
" " " 17	1	-----	1
" " " 23	3	3	6
" " " 77	-----	1	1
North Okanagan, Vernon—			
School District No. 19	2	-----	2
" " " 20	3	4	7
" " " 21	1	1	2
" " " 22	12	11	23
" " " 78	1	-----	1
South Central, Kamloops—			
School District No. 24	3	3	6
" " " 26	1	-----	1
Northern Interior, Prince George—			
School District No. 55	-----	1	1
" " " 57	1	1	2
Boundary, Cloverdale—			
School District No. 35	1	-----	1
" " " 36	1	-----	1
Metropolitan Health Committee, Vancouver—			
School District No. 39	1	-----	1
Simon Fraser, New Westminster—			
School District No. 40	1	-----	1
Skeena, Prince Rupert—			
School District No. 52	1	-----	1
Peace River, Dawson Creek—			
School District No. 60	1	2	3
Greater Victoria Metropolitan Board of Health—			
Greater Victoria—School District No. 61	1	1	2
Central Vancouver Island, Nanaimo—School District No. 68	1	-----	1
Totals	45	38	83

TABLE 3.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

Method of Admission	Age-group (Years)										Total		Grand Total
	50–59		60–69		70–79		80–89		90 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Certification	1	—	3	3	25	17	14	16	2	2	45	38	83

TABLE 4.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

Mental Diagnosis	Age-group (Years)										Total		Grand Total
	50–59		60–69		70–79		80–89		90 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
First Admissions													
Schizophrenic disorders	—	—	2	—	4	1	1	—	—	—	7	1	8
Manic-depressive reaction	—	—	—	—	1	—	—	—	—	—	1	—	1
Presenile psychosis	—	—	1	—	—	—	—	—	—	—	1	—	1
Chronic brain syndrome with neurotic reaction	1	—	—	—	—	—	—	—	—	—	1	—	1
Chronic brain syndrome with behavioural reaction	—	—	—	3	20	16	13	16	2	2	35	37	72
Totals	1	—	3	3	25	17	14	16	2	2	45	38	83

TABLE 5.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

TABLE 6.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY RELIGION AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

TABLE 7.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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

TABLE 8.—RESIDENT POPULATION OF DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1962

Mental Diagnosis	Age-group (Years)												Total		Grand Total
	50–59		60–64		65–69		70–74		75–79		80 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders	—	—	1	—	7	1	7	2	8	10	1	4	24	17	41
Manic-depressive reaction	—	—	—	—	1	—	—	—	1	—	—	—	2	—	2
Senile Psychosis	—	—	—	—	—	—	—	—	1	4	8	14	9	18	27
Presenile psychosis	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	1	3	—	2	—	5	1	6
Psychosis of other demonstrable etiology	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Other and unspecified psychosis	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Neurotic-depressive reaction	—	—	—	—	—	—	1	—	—	—	1	—	2	—	2
Mental deficiency	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Chronic brain sydrome with behavioural reaction	—	1	—	1	3	5	8	8	14	17	16	33	41	65	106
Chronic brain sydrome, N.O.S.	—	—	1	—	1	—	1	—	7	7	14	19	24	26	50
Totals	—	1	2	1	14	6	18	11	34	39	42	70	110	128	238

TABLE 9.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963.

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.	
Live Discharges											
Chronic brain syndrome with behavioural reaction	—	1	1	3	3	1	—	—	4	5	9
Deaths											
Chronic brain syndrome with behavioural reaction	2	—	18	10	15	14	4	4	39	28	67

TABLE 10.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963.

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

TABLE 11.—DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

Cause of Death	Age-group (Years)								Total		Grand Total
	60–69		70–79		80–89		90 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Cerebral hæmorrhage and thrombosis	----	----	3	1	1	----	----	----	4	1	5
Arteriosclerotic heart disease	2	----	15	9	13	14	4	4	34	27	61
Disease of the genito-urinary system	----	----	----	----	1	----	----	----	1	----	1
Totals	2	----	18	10	15	14	4	4	39	28	67

TABLE 12.—DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

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

SKEENAVIEW HOSPITAL[1]

TABLE 1.—MOVEMENT OF POPULATION, SKEENAVIEW HOSPITAL, TERRACE, APRIL 1, 1962, TO MARCH 31, 1963

In residence, April 1, 1962	293
Admissions—	
First admissions	13
Transfers from other geriatric units	2
Transfers from Provincial Mental Home, Colquitz	23
Total admissions	38
Total under care	331
Separations—	
Died	34
Transferred to other geriatric units	1
On probation and still out	1
Total separations	36
Net increase	+2
In residence, March 31, 1963	295

[1] This institution cares for male patients only.

TABLE 2.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE, APRIL 1, 1962, TO MARCH 31, 1963.

Health Unit	Number
Selkirk, Nelson—	
School District No. 7	1
North Okanagan, Vernon—	
School District No. 20	1
South Central, Kamloops—	
School District No. 24	1
Northern Interior, Prince George—	
School District No. 55	1
" " " 58	2
Metropolitan Health Committee, Vancouver—	
School District No. 39	11
Simon Fraser, New Westminster—	
School District No. 40	2
Upper Island, Courtenay—	
School District No. 71	1
Skeena, Prince Rupert—	
School District No. 52	5
" " " 53	6
" " " 54	1
Peace River, Dawson Creek—	
School District No. 59	2
Greater Victoria Metropolitan Board of Health—	
Greater Victoria—School District No. 61	2
Saanich and South Vancouver Island—	
School District No. 63	1
" " " 64	1
Total	38

TABLE 3.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY METHOD OF ADMISSION AND AGE-GROUP, APRIL 1, 1962, TO MARCH 31, 1963

Method of Admission	Age-group (Years)					Total
	40–49	50–59	60–69	70–79	80–89	
Warrant	----	3	3	1	----	7
Certification	1	3	8	12	6	30
Urgency	----	----	1	----	----	1
Totals	1	6	12	13	6	38

TABLE 4.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND AGE-GROUP, APRIL 1, 1962, TO MARCH 31, 1963

Mental Diagnosis	Age-group (Years)					Total
	40–49	50–59	60–69	70–79	80–89	
Schizophrenic disorders	1	5	9	5	----	20
Psychosis with cerebral arteriosclerosis	----	----	----	2	3	5
Alcoholic psychosis	----	----	1	----	----	1
Alcoholism	----	1	----	----	----	1
Chronic brain syndrome with behavioural reaction	----	----	----	2	1	3
Chronic brain syndrome, N.O.S.	----	----	----	1	----	1
Other, unknown, and unspecified	----	----	2	3	2	7
Totals	1	6	12	13	6	38

TABLE 5.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND MARITAL STATUS, APRIL 1, 1962, TO MARCH 31, 1963

TABLE 6.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY RELIGION, APRIL 1, 1962, TO MARCH 31, 1963

TABLE 7.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY PREVIOUS OCCUPATION, APRIL 1, 1962, TO MARCH 31, 1963

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

TABLE 8.—RESIDENT POPULATION OF SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND AGE-GROUP, DECEMBER 31, 1962

Mental Diagnosis	Age-group (Years)							Total
	40–49	50–59	60–64	65–69	70–74	75–79	80 and Over	
Schizophrenic disorders	1	7	19	26	39	48	17	157
Manic-depressive reaction	—	—	1	—	—	1	—	2
Involutional melancholia	—	—	—	—	—	1	—	1
Paranoia and paranoid states	—	—	—	—	—	1		1
Senile psychosis	—	—	—	—	11	19	29	59
Presenile psychosis	—	—	—	—	1		—	1
Psychosis with cerebral arteriosclerosis	—	—	2	5	8	7	6	28
Alcoholic psychosis	—	—	1	1	1	—	—	3
Psychosis of other demonstrable etiology	—	—	—	—	3	3	—	6
Other and unspecified psychoses	—	—	—	—	1	—	—	1
Alcoholism	—	1	1	2	—	1	—	5
Mental deficiency	—	1	—	1	1	—	1	4
Chronic brain syndrome with behavioural reaction	—	—	1	—	1	2	1	5
Chronic brain syndrome, N.O.S.	—	—	—	—	1	2	—	3
Syphilis and its sequelæ	—	—	4	1	2	4	1	12
Other diseases of the central nervous system not associated with psychosis	—	—	1	—	1	2	6	10
Totals	1	9	30	36	70	91	61	298

TABLE 9.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND AGE-GROUP, APRIL 1, 1962, TO MARCH 31, 1963.

Mental Diagnosis	Age-group (Years)				Total
	60–69	70–79	80–89	90–99	
Live Discharges					
Schizophrenic disorders	—	1	—	—	1
Deaths					
Schizophrenic disorders	1	9	2	—	12
Manic depressive reaction	—	—	1	—	1
Senile psychosis	—	2	3	2	7
Psychosis with cerebral arteriosclerosis	—	2	2	1	5
Syphilis and its sequelæ	—	1	—	—	1
Mental deficiency	—	1	—	—	1
Chronic brain syndrome with behavioural reaction	—	2	—	—	2
Chronic brain syndrome, N.O.S.	—	2	—	—	2
Senility, N.O.S.	—	2	1	—	3
Totals	1	21	9	3	34

TABLE 10.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND LENGTH OF STAY, APRIL 1, 1962, TO MARCH 31, 1963.

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

TABLE 11.—DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY CAUSE OF DEATH AND AGE-GROUP, APRIL 1, 1962, TO MARCH 31, 1963

Cause of Death	Age-group (Years)				Total
	60–69	70–79	80–89	90–99	
Malignant neoplasm	----	5	----	----	5
Diabetes	----	1	----	----	1
Vascular lesion of the central nervous system	----	2	----	----	2
Arteriosclerotic heart disease	1	5	7	2	15
Other heart disease	----	1	----	----	1
Pneumonia	----	4	2	1	7
Ulcer of stomach	----	1	----	----	1
Accidental death	----	2	----	----	2
Totals	1	21	9	3	34

TABLE 12.—DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY CAUSE OF DEATH AND LENGTH OF STAY, APRIL 1, 1962, TO MARCH 31, 1963

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

PART VI.—COMMUNITY MENTAL HEALTH SERVICES

MENTAL HEALTH CENTRE, BURNABY

K. J. DAVIES, DIRECTOR

This has been a year of many changes. During the summer of 1962 the Mental Health Centre strength was depleted by the loss of key personnel who had been stalwarts in its five years of operation (Director, Business Manager, Supervisor of Nursing, and Supervisor of Occupational Therapy), as well as other psychiatrists, psychologists, social workers, nurses, and occupational therapists. The excellent effort of the remaining staff maintained the quality and nearly the quantity of work as new staff were gradually recruited and trained. The remainder of 1962 was a period of adaptation, with the emergence of some changes in orientation in 1963.

Better community service became the major project of all departments, with a more defined orientation of the Mental Health Centre as a psychiatric treatment and consultation clinic. This necessitated all referrals coming from the community medical doctors and included all other agencies involved with the patients' health and welfare. Immediate access to the Mental Health Centre was facilitated by the establishment of intake teams (psychiatrist, psychologist, social worker, and nurse) in both the Adult and Children's Clinics to process all referrals and provide, as indicated, screening, emergency and brief service, consultation, or transfer to a treatment team. Each of the four multi-discipline treatment teams functioned under the medical responsibility of certified psychiatrists to give a more complete assessment and consultation, as well as individual and group psychotherapy. For the first time experienced psychiatrists and psychologists were recruited from the community on a part-time basis by means of sessional payment. Private psychiatrists were also invited to treat their patients in the day-hospital setting in teamwork with the Mental Health Centre staff. Numerous meetings with several agencies also established policy wherein various aspects of treatment could be integrated. A strong trend of comprehensive family therapy and family-group interviewing developed in both the Adult and Children's Clinics, with more advances in sharing duties and services between the two clinics.

To keep in contact with community needs and other resources, staff of all disciplines became more involved in liaison committee meetings as well as lectures delivered to outside groups and received at the Mental Health Centre staff development programme. Great demand for public education continued to be requested from Mental Health Centre staff. Professional education (students of medicine, psychology, social work, nursing, occupational therapy, plus special school counsellors, probation officers, medical health officers, and clergymen) was expanded and will continue to demand more staff time in this extremely vital area in the move to community psychiatry.

ADULT CLINIC

A total of 486 patients (plus family members) was treated, with 583 patients being seen in assessment during the year. Throughout the six years of Mental Health Centre operation, only about one-quarter of the referrals and one-third of the assessments (ratio of 5:8, male–female) are actually taken into treatment (ratio male–female, 5:9. Readmissions (15 per cent) and diagnostic categories (psychotic–psychoneurotic–personality disturbance in ratio of 1:2:1) remain about the same.

Out-patient Department

The need for comprehensive treatment has increased the number of family members being seen separately or in a joint interview with the patient. One of the difficulties in providing therapy for male family members or patients has been the problem of getting time off work, which has necessitated most of the staff working every Tuesday evening when the Clinic is open.

Also on Tuesday evenings, the Social Club, with various group and recreational activities, provides meaningful contacts for many patients and ex-patients, and this has now been opened to family members as well. The programme is prepared by an executive of patients assisted by nursing and occupational-therapy staff with much more patient effort as they have assumed more responsibility.

Day Hospital

One hundred and forty-six patients (3,716 total patient-days) have been treated in the Day Hospital, with an average stay of 30 days during this year. The increasing use of this facility had only started toward the end of the year, and the anticipation is for an average occupancy of 40, compared with the previous level of approximately 20. This increased number of patients with the same number of staff has been possible by staff assignment to groups rather than individuals. Besides the usual somatic therapies (E.C.T., insulin, amytal interviews, medications), four levels of group activity have been set up:—

(1) Activity programme, stressing reality tasks in group efforts with repressive-supportive orientation.
(2) Rehabilitation programme, with similar activities but also educational and expressive approach only in realistic vocational aptitudes, goals, and efforts.
(3) Motivation programme, with more overt emotional interaction encouraged and attempts to resolve the emotional conflicts through group relationships.
(4) Group psychotherapy for young adults, with emotional interaction plus insight goals to ease personality conflicts.

These groups are structured and directed by the staff each morning, and the patients are brought together for the afternoon activities, which are organized by themselves and include group planning, group discussion, psychodrama, group education, plus recreation. Every other week, family members are encouraged to also attend for an afternoon to help their participation in treatment.

A reorganization of the physical plant has converted the old treatment room into an area for sewing, stenographic, beauty-parlour, and kitchen sections. The woodworking section must also be developed into a more practical and useful training unit.

CHILDREN'S CLINIC

There has already been a substantial increase under the new community orientation to a total of 260 patients (plus an average of two family members) treated, while 276 patients were seen in assessment. The requests for service are enormous, and treatment only possible for a minority. For example, the intake team handled 126 calls in one month; interpreting services and referral procedures involved 35, liaison and consultation with social agencies involved another 35, obtaining and co-ordinating assessment information involved 40, six were emergency first-aid interviews, and 20 entailed processing information on behalf of the patient and family.

Out-patient Department

The new intake procedure has enabled most of the therapists to spread their time equally between brief and intensive therapy. This Clinic is the only one in the area offering this specialty of intensive child psychotherapy, and caution must be exercised not to withdraw staff from this important community contribution. An important addition to each treatment team has been a public health nurse (also assigned one-half time to the Day Centre), who helps co-ordinate team function as well as contacts the community public health nurses and school nurses.

Day Centre

This operation has been limited to 10 pre-school children with communication problems. Activities are varied, with emphasis on creative, expressive endeavours to arouse the curiosity of the children, stimulate spontaneous verbal expression, increase vocabulary, and improve speech. It has proven successful as far as treatment, training, and research are concerned. The patients in the Adult Day Hospital and "Venture" half-way house built several pieces of play-therapy equipment, which enhanced the programme. The Children's Day Centre has great application to pre-school, elementary school, as well as adolescents.

Agency Consultation Service

A weekly service has been provided by Mental Health Centre child psychiatrists on afternoon visits to the Health Centre for Children, Children's Hospital, Children's Aid, Catholic Children's Aid, Juvenile Court, and Willingdon School. There have been requests to increase the service to these agencies as well as extend it to others. We are gathering statistics at present to evaluate a special problem, with numerous requests for residential treatment of adolescents whose behaviour is the result of emotional disturbance (as distinct from sociopathic personality) who are destructive to foster homes and disruptive in group-living homes.

Group-living Homes

A screening, consultation, and therapeutic service is being provided to social welfare group-living homes in Burnaby (adolescent boys) and Prince George (adolescent girls). These homes and this service are proposed to increase greatly in the next few years.

TRAVELLING CLINICS

Multi-discipline teams (psychiatrist, psychologist, social worker) are providing a community psychiatric service (to local physicians, medical health officers, and public health nurses in the school programme, social welfare, probation officers) by assessing psychiatric referrals and giving consultation regarding treatment recommendations. They are also seeing limited numbers of patients in psychotherapy plus continued supervision of local personnel. Other personnel (school counsellors and clergymen) are also being given guidance and instruction in their counselling duties. On most community visits there are requests for lectures to professional and lay personnel. The psychiatric services are centred in the local public health unit, and there have been requests from every unit for increased number of visits. Policy meetings with public health and social welfare senior staff are continuing to establish the best co-operative use of available psychiatric resources now in future planning, with the inevitable need for expanded community psychiatric services and the estab-

lishment of regional mental health clinics in the areas now served by the travelling teams, as follows:—

(*a*) Boundary Health Unit—one day per week.
(*b*) Chilliwack, Abbotsford, Mission—two and one-half days per month.
(*c*) Trail, Nelson, Cranbrook—one week bi-monthly.
(*d*) Prince George—four days every four months.
(*e*) Gibson-Powell River, Kitimat-Terrace, Prince Rupert, Williams Lake-Quesnel, Dawson Creek-Fort St. John—one week bi-annually.

The number of patients seen at these units is recorded in the statistical tables; however, this does not record the other consultative and educational involvement. The need in these communities indicates increasing services, and the possibility of grouping Prince George, Williams Lake, Quesnel, and Dawson Creek into a bi-monthly trip is being considered for the fall of 1963.

DEPARTMENT REPORTS

Chief Psychologist (Dr. D. Shalman)

1. *Staff Qualifications.*—A great advance was made in the revision of classification of clinical psychologists which established a doctoral category, with an initial attempt made to provide pay commensurate with the advanced training ability. The establishment of two Ph.D.s on part-time sessional payment is a direct response to the challenge of providing a better service to the public and other professional disciplines.

2. *In-service Training.*—Senior psychologists are now actively involved in upgrading the abilities of other psychology staff by weekly seminars and case presentations on diagnostic techniques and reporting. Lectures and liaison with visits by other community psychologists have also continued weekly throughout the year.

3. *Research Projects.*—(*a*) Sociometric assessment of changes in attitude and behaviour of Day Hospital adult patients.

(*b*) Reading disability in children investigated from three aspects—visual perception, auditory perception, learning.

(*c*) Proposed project on autistic syndrome—diagnostic evaluation, parental attitude ratings, intrapersonal assessment of family, parental group psychotherapy.

4. *Group Psychotherapy.*—Three psychologists are doing group psychotherapy with two " open ended " groups of young adults. One group meets twice weekly during the daytime with six to eight Day Hospital patients selected for this type of psychotherapy. The other group meets once weekly on Tuesday evenings with six to eight selected out-patients.

Social Work Supervisor (Mr. D. Ricketts)

1. Staff attention turning more to briefer and community-oriented services and family group contact and interviewing.

2. Case loads and direct-service involvment have gone up significantly with the above orientation and new intake team approach. Referrals have doubled within a few months of 1963, and social-work case loads are averaging around 30.

3. Social-work student training will necessitate increased staff time and effort, with requests for more placements at the Mental Health Centre in the coming year.

Supervisor of Nursing (Miss S. MacDonald)

1. The Day Hospital nursing staff are more involved with groups and becoming more proficient with the group approach.

2. The Day Centre nursing staff have operated an active programme with the children, as well as being involved as co-ordinators and liaison personnel with the treatment teams' out-patient activities.

3. Training of students, lecturing, and liaison work have involved considerable nursing time.

SUPERVISOR OF OCCUPATIONAL THERAPY (MR. A. DYCE)

1. The Day Hospital structured morning activities are the special responsibility of the Occupational Therapy Department. Assessment of the patient's individual work attitude, habits, and ability, combined with group function and behaviour, is reported to the psychiatric team. Specific use of reality-oriented (meaningful activities, both to the individual patient and group) occupational therapy within the Day Hospital milieu programme leads to community rehabilitation.

2. Social Club participation has increased, with more patient responsibility here as well as in the Day Hospital.

3. Training of two postgraduate students from the University of Toronto with nine-week internships, as well as the involvement in the University of British Columbia programme, has been an integral part of the Occupational Therapy Department activities.

STATISTICAL TABLES

TABLE 1.—SUMMARY OF OPERATIONS, MENTAL HEALTH CENTRE, BURNABY, ADULT CLINIC, APRIL 1, 1962, TO MARCH 31, 1963

	Male	Female	Total
Total number pending at April 1, 1962	7	19	26
Plus assessments—			
Previous Mental Health Services hospital services	12	15	27
Community health services	49	52	101
Other institutions	11	12	23
From in-town general practitioners and other specialists	94	175	269
From out-of-town general practitioners	15	22	37
From in-town psychiatrists	37	55	92
From out-of-town psychiatrists	2	3	5
Intake service without interview	1	2	3
	221	336	557
Totals	228	355	583
Disposition of assessments—			
Hospitalization recommended	9	18	27
Social agency recommended	7	20	27
Other medical care recommended	14	28	42
Advice and assessment only	94	97	191
Patient withdrew	9	14	23
Cases opened for treatment	83	155	238
	216	332	548
Total pending at March 31, 1963	12	23	35
Patient load—			
Brought forward at April 1, 1962	76	172	248
Total out-patient department cases opened	82	154	236
	158	326	484
Less out-patient department cases closed	83	162	245
Total under treatment at March 31, 1963	75	164	239

Family members under treatment at March 31, 1963: Parents, 3; spouses, 13; other, 1; total, 17.

TABLE 2.—MOVEMENT OF POPULATION, OUT-PATIENT DEPARTMENT, MENTAL HEALTH CENTRE, ADULT CLINIC, APRIL 1, 1962, TO MARCH 31, 1963

	Male	Female	Total
Case load as at April 1, 1962	76	172	248
Total admissions	82	154	236
First admissions	64	127	191
Readmissions	18	27	45
Cases closed	83	162	245
Case load as at March 31, 1963	75	164	239

TABLE 3.—FIRST ADMISSIONS TO MENTAL HEALTH CENTRE, ADULT CLINIC, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE, APRIL 1, 1962, TO MARCH 31, 1963.

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 1, 1962, TO MARCH 31, 1963

Mental Diagnosis	Age-group (Years)																								Total		Grand 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				
	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.	
Schizophrenic disorders—																											
Simple type	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Paranoid type	—	1	—	—	—	1	—	1	2	1	1	2	—	—	—	1	—	—	—	—	—	—	—	—	3	7	10
Acute schizophrenic reaction	2	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	5
Latent schizophrenia	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	3	—	3
Schizo-affective psychosis	—	—	—	2	—	3	—	1	1	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	9	10
Other and unspecified	—	1	2	1	—	—	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2	5	7
Manic-depressive reaction—																											
Manic and circular	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Depressive	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
Paranoia and paranoid states	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Psychotic-depressive reaction	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	1	—	—	—	—	—	1	2	3
Anxiety reaction without mention of somatic symptoms	—	1	1	6	2	1	2	3	1	1	—	1	1	1	—	—	—	—	—	—	—	—	—	—	7	14	21
Hysterical reaction without mention of anxiety reaction	—	2	—	—	—	1	—	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	6	6
Phobic reaction	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Obsessive-compulsive reaction	—	—	1	—	—	—	1	1	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	5	7
Neurotic-depressive reaction	—	—	2	9	1	6	—	5	2	2	2	4	2	1	3	1	—	2	1	1	—	—	—	1	13	32	45
Other and unspecified types	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Disorders of character, behaviour, and intelligence—																											
Pathological personality—																											
Schizoid personality	1	2	5	1	1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	8	4	12
Paranoid personality	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	2
Cyclothymic personality	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Inadequate personality	1	1	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4
Anti-social personality	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Sexual deviation	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Immature personality—																											
Emotional instability	—	4	—	5	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	11
Passive dependency	3	1	—	3	1	4	1	1	—	1	—	1	—	1	—	1	—	—	—	—	—	—	—	—	5	13	18
Alcoholism—Chronic	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Primary childhood behaviour disorders	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Adult situational reaction	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Chronic brain syndrome associated with other trauma, N.O.S.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Chronic brain syndrome with convulsive disorders, N.O.S.	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Totals	9	17	14	30	8	22	6	18	9	14	5	11	5	6	3	4	1	2	2	1	—	—	—	1	62	126	188

TABLE 5.—READMISSIONS TO MENTAL HEALTH CENTRE, ADULT CLINIC, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

Mental Diagnosis	Age-group (Years)																								Total		Grand 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				
	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.	
Schizophrenic disorders—																											
Simple type	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Paranoid type	—	1	—	—	—	—	1	1	—	—	1	—	—	—	1	—	—	1	—	—	—	—	—	—	3	3	6
Acute schizophrenic reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Latent schizophrenia	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	1	2	3
Schizo-affective psychosis	—	—	1	—	1	—	—	3	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4	7
Other and unspecified	—	—	—	—	1	1	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	4	5
Manic-depressive reaction—Manic and circular	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Psychotic depressive reaction	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	2
Anxiety reaction without mention of somatic symptoms	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Hysterical reaction without mention of anxiety reaction	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Obsessive-compulsive reaction	—	—	—	1	—	2	1	1	—	—	—	—	—	3	2	—	—	1	1	—	—	—	—	—	4	8	12
Disorders of character, behaviour, and intelligence—																											
Pathological personality—inadequate personality	—	—	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Immature personality—																											
Emotional instability	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Passive dependency	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Totals	—	1	4	3	3	3	6	9	1	2	2	2	—	4	3	1	—	3	1	—	—	—	—	—	20	28	48

TABLE 6.—FIRST ADMISSIONS TO MENTAL HEALTH CENTRE, ADULT CLINIC, BY MARITAL STATUS, SEX, AND DIAGNOSIS, APRIL 1, 1962, TO MARCH 31, 1963

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

TABLE 7.—SEPARATIONS FROM MENTAL HEALTH CENTRE, ADULT CLINIC, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1962, TO MARCH 31, 1963

Mental Diagnosis	Age-group (Years)																								Total		Grand 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				
	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.	
Schizophrenic disorders—																											
Simple type	—	—	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Hebephrenic type	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	2
Catatonic type	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Paranoid type	—	2	—	2	—	—	—	5	2	3	—	1	1	1	1	—	—	1	—	—	—	—	—	—	4	15	19
Acute schizophrenic reaction	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
Latent schizophrenia	—	—	1	—	—	—	—	1	1	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	3	2	5
Schizo-affective psychosis	—	—	1	2	1	3	1	3	1	3	—	2	—	—	—	—	—	—	—	—	—	—	—	—	4	13	17
Other and unspecified	—	—	2	1	—	2	—	2	—	2	1	1	—	1	—	1	—	—	—	—	—	—	—	—	3	10	13
Manic-depressive reaction—																											
Manic and circular	—	—	—	1	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	4
Depressive	—	—	—	—	—	—	—	—	1	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1	3	4
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	2	2
Paranoia and paranoid states	1	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Psychotic depressive reaction	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	1	—	—	1	—	—	—	—	—	2	3	5
Anxiety reaction without mention of somatic symptoms	—	—	5	2	1	1	2	4	1	4	—	—	1	1	—	1	—	—	—	—	—	—	—	—	10	13	23
Hysterical reaction without mention of anxiety reaction	—	2	—	—	—	—	—	3	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	1	6	7
Phobic reaction	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Obsessive-compulsive reaction	—	—	2	—	—	—	—	1	—	2	—	—	—	—	—	1	—	—	—	—	—	1	—	—	2	5	7
Neurotic-depressive reaction	—	—	3	9	1	5	1	7	4	5	2	3	1	8	3	3	1	5	—	1	—	1	—	1	16	48	64
Other digestive manifestations specified as of psychogenic origin	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified types	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Disorders of character, behaviour, and intelligence—																											
Pathological personality—																											
Schizoid personality	1	1	3	2	1	—	—	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	7	5	12
Paranoid personality	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Inadequate personality	—	1	1	—	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	5
Asocial personality	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Sexual deviation	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Immature personality—																											
Emotional instability	—	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	4
Passive dependency	3	1	1	3	—	3	2	3	—	1	4	2	—	—	—	1	—	—	—	—	—	—	—	—	10	14	24
Other symptomatic habits except speech impediments	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Other and unspecified	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Primary childhood behaviour disorders	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2

Other and unspecified character, behaviour, and intelligence disorders—																											
Other speech impediments of non-organic origin	—	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Chronic brain syndrome, associated with other trauma, N.O.S.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	7	13	21	32	8	18	9	30	14	22	11	12	6	13	4	11	2	6	1	1	—	2	—	2	83	162	245

TABLE 8.—MOVEMENT OF POPULATION, DAY HOSPITAL, MENTAL HEALTH CENTRE, ADULT CLINIC, APRIL 1, 1962, TO MARCH 31, 1963

	Male	Female	Total
In day hospital, April 1, 1962	5	7	12
Admissions	38	73	111
Readmissions	11	12	23
Totals	54	92	146
Less discharges	44	79	123
In day hospital, March 31, 1963	10	13	23

Total patient-days of those discharged 3,716
Total discharges 123
Average stay in day hospital ..... 30.2 days

TABLE 9.—MOVEMENT OF POPULATION, CHILDREN'S CLINIC, BURNABY, APRIL 1, 1962, TO MARCH 31, 1963

	New		Repeat		Grand Total
	Male	Female	Male	Female	
Intake Section					
Cases carried over from previous year	3	----	2	----	5
Cases opened—					
Self-referral, friends, relatives	9	7	8	2	26
Private physicians	42	25	3	4	74
Schools	2	----	----	----	2
Social agencies	64	32	52	17	165
Other	4	----	----	----	4
Total cases carried in intake during year	124	64	65	23	276
Cases closed from intake section—					
Intake service only	52	31	34	11	128
Withdrew	8	1	1	----	10
Referred outside source	9	2	3	----	14
Transferred to treatment	53	29	27	12	121
Total cases closed from intake	122	63	65	23	273
Cases carried in intake at the end of year	2	1	----	----	3
Treatment Section					
Cases carried over from previous year	88	22	25	4	139
Cases transferred from intake	53	29	27	12	121
Cases closed	50	18	20	7	95
Cases carried in treatment at the end of year	91	33	32	9	165

TABLE 10.—SUMMARY OF DIAGNOSTIC SERVICE GIVEN TO AGENCIES BY MENTAL HEALTH CENTRE, BURNABY, TRAVELLING (CHILDREN'S) CLINICS, APRIL 1, 1962, TO MARCH 31, 1963.

Place of Examination	New		Repeat		Total
	M.	F.	M.	F.	
Local agencies and medical units—					
G. F. Strong Rehabilitation Centre	2	.....	.....	2	4
Children's Hospital	3	.....	1	1	5
Health Centre for Children	7	2	7	1	17
Children's Aid Society	13	7	9	5	34
Catholic Children's Aid Society	7	3	.....	2	12
Juvenile Court	30	3	3	3	39
Willingdon School for Girls	.....	16	.....	4	20
Public health units—					
Boundary Health Unit	52	16	25	6	99
Cariboo Health Unit	22	15	5	2	44
South Central Health Unit	2	3	1	.....	6
North Fraser Health Unit	4	.....	3	2	9
Upper Fraser Health Unit	21	13	18	9	61
Gibsons Health Unit	2	.....	1	.....	3
East Kootenay Health Unit	7	5	1	4	17
West Kootenay Health Unit	11	4	6	3	24
North Okanagan Health Unit	5	.....	.....	.....	5
South Okanagan Health Unit	10	1	3	2	16
Peace River Health Unit	20	7	7	1	35
Selkirk Health Unit	6	3	4	1	14
Skeena Health Unit	19	12	3	4	38
Upper Island Health Unit	10	.....	1	.....	11
Totals	253	110	98	52	513

TABLE 11.—SUMMARY OF MENTAL HEALTH CENTRE, BURNABY, TRAVELLING (CHILDREN'S) CLINICS SERVICE, APRIL 1, 1962, TO MARCH 31, 1963

	Total Number of Children Seen on Travelling Clinic	Other Agency Consultative Cases
Vancouver	131	32
Abbotsford	14	8
Chilliwack	47	21
Cranbrook	15	13
Creston	2	-----
Dawson Creek	23	2
Fort St. John	12	-----
Gibsons	3	2
Kamloops	6	4
Kelowna	10	16
Kitimat	15	2
Mission	9	4
Nelson	14	4
Penticton	6	8
Powell River	11	2
Prince George	33	2
Prince Rupert	15	13
Quesnel	5	2
Salmon Arm	4	2
Surrey	99	45
Terrace	8	7
Trail	24	8
Vernon	2	2
Williams Lake	5	-----
Totals	513	199

TABLE 12.—SUMMARY OF SERVICES GIVEN BY MENTAL HEALTH CENTRE, BURNABY, CHILDREN'S CLINICS, APRIL 1, 1962, TO MARCH 31, 1963

	Stationary Clinic	Mainland Travelling Clinic	Total
Number of children referred	271	513	784
Total number of children given full examination	202	513	715
Other agency consultative cases	32	167	199
Clinic direct-service cases referred (private)—			
New	67	-----	67
Repeat	7	-----	7

TABLE 13.—SOURCES OF ALL CASES REFERRED TO CHILDREN'S CLINICS AND SERVICE GIVEN, APRIL 1, 1962, TO MARCH 31, 1963

Agency or Source	Number of Cases	Type of Service Given	
		Agency Diagnostic Study	Clinic Direct Service
1. Social agencies—			
Department of Social Welfare	34	-----	34
Children's Aid Society	42	34	8
Catholic Children's Aid Society	20	12	8
Young Women's Christian Association	1	-----	1
Family Services Agency	2	-----	2
Beacon Services	1	-----	1
City Social Service	1	-----	1
2. Institutions—			
Willingdon School for Girls	25	20	5
Essondale (Provincial Mental Hospital)	1	-----	1
3. Medical and health agencies—			
Boundary Health Unit	113	99	14
Cariboo Health Unit	44	44	-----
South Central Health Unit	6	6	-----
North Fraser Health Unit	15	9	6
Upper Fraser Health Unit	62	61	1
Gibsons Health Unit	4	3	1
East Kootenay Health Unit	17	17	-----
West Kootenay Health Unit	24	24	-----
North Okanagan Health Unit	5	5	-----
South Okanagan Health Unit	16	16	-----
Peace River Health Unit	36	35	1
Selkirk Health Unit	14	14	-----
Skeena Health Unit	39	38	1
Upper Island Health Unit	12	11	1
Burnaby Health Unit	9	-----	9
Metropolitan Health Unit	5	-----	5
Simon Fraser Health Unit	30	-----	30
Public Health Service, Squamish	1	-----	1
Port Alberni Public Health Nurse	1	-----	1
G. F. Strong Rehabilitation Centre	4	4	-----
Children's Hospital	8	5	3
Health Centre for Children	26	17	9
Cerebral Palsy Association	6	-----	6
Vancouver General Hospital	1	-----	1
St. Paul's Hospital	1	-----	1
Coqualeetza Indian Hospital	1	-----	1
Canadian Institute for the Blind	1	-----	1
4. Public schools	2	-----	2
5. Juvenile Court	42	39	3
Probation Officers	3	-----	3
Provincial Probation Branch	3	-----	3
6. Private physician	74	-----	74
7. Parent, relative, self, or friend	26	-----	26
8. Other	6	-----	6
Totals	784	513	271

TABLE 14.—DIAGNOSES OF ALL CASES ASSESSED BY THE CHILDREN'S CLINIC, APRIL 1, 1962, TO MARCH 31, 1963

	Male	Female	Total
Psychotic disorders—			
Schizophrenic reaction—			
Simple type	3	----	3
Hebephrenic type	----	2	2
Catatonic type	2	1	3
Childhood type	2	1	3
Psychotic reaction without clearly defined structural change	2	----	2
Chronic brain syndrome with psychotic reaction	----	1	1
Autism	2	1	3
Psychoneurotic disorders—			
Anxiety reaction	31	11	42
Dissociative reaction	1	3	4
Phobic reaction	1	1	2
Obsessive-compulsive reaction	1	----	1
Depressive reaction	1	3	4
Psychophysiological skin reaction	2	----	2
Psychophysiological musculoskeletal reaction	----	2	2
Psychoneurotic reaction—			
Mixed	7	6	13
Other	4	2	6
Psychoneurotic behaviour disorder	----	1	1
Psychoneurosis with somatic symptoms affecting digestive system	1	----	1
Disorder of character, behaviour, and intelligence—			
Schizoid personality	16	1	17
Paranoid personality	3	----	3
Inadequate personality	3	3	6
Anti-social personality	1	1	2
Asocial personality	3	3	6
Sexual deviation	1	----	1
Other and unspecified	2	1	3
Emotionally unstable personality	23	11	34
Passive-dependent personality	20	16	36
Aggressiveness	3	3	6
Enuresis	2	3	5
Other symptomatic habits	2	1	3
Other and unspecified	5	2	7
Adjustment reaction of infancy	9	----	9
Adjustment reaction of childhood	75	28	103
Adjustment reaction of adolescence	56	28	84
Adjustment reaction no specified period	1	----	1
Mental deficiency—			
Severe	5	3	8
Moderate	12	12	24
Mild	21	10	31
Mongolism	2	----	2
Other and unspecified type	1	2	3
Learning disturbance	22	10	32
Speech disturbance	13	5	18
Acute situational maladjustment	1	----	1
Other and unspecified	3	----	3
Chronic brain syndrome associated with birth trauma	2	----	2
Chronic brain syndrome associated with other trauma	----	1	1
Chronic brain syndrome due to prenatal influence	2	2	4
Chronic brain syndrome associated with drug or poison	1	----	1
Chronic brain syndrome of unknown cause	3	2	5
Observation only	153	57	210
No disease	1	5	6
Incomplete	7	2	9
Diagnosis deferred	1	2	3
Totals	535	249	784

MENTAL HEALTH CENTRE, VICTORIA

C. GREGORY, DIRECTOR

Psychiatric facilities on Vancouver Island were, until 1962, confined to a Child Guidance Clinic, operating from a location immediately behind the Parliament Buildings, and providing facilities for child guidance for Victoria and, by means of travelling clinics, for the rest of the Island. Provision for adults by the Provincial Government services was limited, and since the plan for Victoria called for a community-type mental health service, in accordance with the latest psychiatric thinking, the formation of a Mental Health Centre, comprising both Child and Adult Clinics, with their separate staffs but with joint administration, was the logical development.

Thus in February, 1962, Dr. Lieselotte Holland was appointed as psychiatrist in charge of the Adult Clinic, and Mr. R. N. Crawford, working at that time with the Child Guidance Clinic, joined with Dr. Holland as the first social worker, to form the nucleus of what will develop into a clinic able to cope with all the psychiatric requirements of adults in Victoria. Dr. W. Valens, then Director of the Child Guidance Clinic, retired from the Government service, and in July, 1962, Dr. C. Gregory was appointed as Director of the Mental Health Centre and to be responsible for the Children's Clinic until such time as a further appointment of a child psychiatrist might be made.

In view of the fact that the nature of the entire service in Victoria was to change, from a relatively isolated kind of operation to a completely community-orientated service, the basic task for the first year was necessarily that of making close contact with the various Government services and other agencies in the community concerned with the handling of mentally ill patients and of laying the groundwork for an integrated approach by all such interested bodies. These organizations include Department of Social Welfare, particularly the Child Welfare Division; the Medical Health Services for Victoria; the Probation Service; the Family and Children's Service; the Society for Emotionally Disturbed Children; the Association for Retarded Children; the Canadian Mental Health Association, etc. And since the operation of a health service of any kind is dependent in the final analysis on the full co-operation of the physicians practising in the area, it has been most essential for us to lay the foundation for a closer working relationship with them, both through individual contacts with doctors and through the Victoria Medical Association.

One of the most important tasks in the realization of such an undertaking as this is that of educating the public in basic mental health considerations, of informing them of the nature of the service which we are trying to build for them, and of the necessity for an increasing awareness of both the problems confronting the mental health services and of the indispensable role which the public must play if these plans are to be fully implemented. This has been done by the professional staff in a variety of ways: by addressing meetings of, for example, Parent-Teacher Associations; by serving on committees of the agencies involved in the mental health field; talking to professional groups, such as teachers and public health nurses, who have a direct interest in psychiatric matters, etc.

ADMINISTRATION

Administration has previously been carried out by the Mental Health Centre in Burnaby. In line with the process of decentralization of services, the Victoria Mental Health Centre became autonomous as from January 1, 1963, and is therefore now responsible for its own administration.

CHILDREN'S CLINIC

After the first few months of settling in, it was decided that the major part of the energies of the Clinic should be directed along three main channels—work with the Child Welfare Division of the Department of Social Welfare, with the Medical Health Services for Victoria, and with referrals from the local practitioners. The rationale behind this was the following: the Child Welfare Division is responsible for the bulk of children who have been deprived of their home life, either because the home is in some way inadequate or harmful to the child or because the child is constitutionally too difficult to be managed in the home. A further important consideration as far as the Child Welfare Division is concerned is that it is building up one of the most important resources for the treatment of emotionally disturbed children—the group-living homes, which will be scattered at strategic points throughout the Province. These enterprises require all the support and advice the Mental Health Services can supply, and, accordingly, readily available consultative services have been an important part of our contribution to the success of these group homes, and in particular to that at Smithers.

School health services, and this includes consultative mental health services, are supplied by the Metropolitan Board of Health, and it was felt that by spending a certain amount of time each week on consulting services for the schools, we would thereby be able to cover the psychiatric requirements of a large proportion of the child and adolescent population.

Referrals from local practitioners are part of the service which, it is hoped, we shall be able to supply to them, and which is indispensable in the process of increasing integration of the large amount of psychiatric work done by the practitioners into the more widespread efforts of the community, including agencies and Governmental services.

The following figures give some indication of the day-to-day work in seeing patients: A total of 135 psychiatric assessments was made during the year in the Victoria Clinic, and a further 60, including a number of adults, on the travelling clinic to Comox; the social-work interviews during this time totalled 1,479, and the average case load per social worker was 30 per month.

ADULT CLINIC

The Adult Clinic opened in February, 1962, staffed by one psychiatrist. Before the 1962 working-year began, contact was established with individuals and organizations in the community who deal with adult problems with the objective of encouraging free communication and co-operation.

In August of 1962 the staff of the Adult Clinic was enlarged by the addition of Mr. R. N. Crawford, who is the Adult Social Service Department. He acts as social worker and psychotherapist.

Use has been made throughout of the Children's Clinic psychologist, but the service requirements of the Children's Clinic limits our use of testing.

In Victoria the Adult Clinic now offers after-care services to patients discharged from the mental hospitals and consultation and out-patient treatment to cases referred from the community. We indicate a preference for having the family doctor make referrals.

In summation, it is felt that the Adult Clinic has been providing good service. The after-care programme has been working out especially well, with few returns to the mental hospital. The Clinic itself has been well received in the community, as demonstrated by the number of casual contacts with people who telephone or drop

in for some general advice about mental health matters, never mind the formal consultations.

The number of patients assessed during the year was 142, of whom 25 were seen only for assessment. At the end of the year 81 patients were receiving ongoing after-care and a further 28 were undergoing treatment, resulting in a total of 111 interviews during the last month of the year.

TRAVELLING CLINICS

In addition to fulfilling the requirements of the Victoria area as far as circumstances permit, we have had the responsibility for supplying the rest of Vancouver Island with a consultative psychiatric service, which has necessarily taken the form of travelling clinics. We have therefore been engaged in monthly visits to Nanaimo and to Courtenay-Comox-Campbell River, the former having been the responsibility of Dr. L. Holland and the latter of Dr. C. Gregory.

In June, 1962, a travelling clinic service to Nanaimo was begun. This occurs one day a month and is carried by the psychiatrist alone. The emphasis has been on discussion of the assessments with the people who will be managing the case in the community. Everyone has been very willing and helpful, but desperately in need of some basic instruction in normal personality function and the natural history of the various mental disorders. The future staff of the Mental Health Centre at Nanaimo will be very fortunate in having a well-motivated community behind them.

The Courtenay-Comox-Campbell River area has been visited since November last on a monthly basis, and a total of 60 patients has been seen. The duration of each visit was one day in Courtenay and Comox and half a day in Campbell River. The organization of these clinics has been good, and there has been a most desirable state reached in our working relationships with the Public Health Branch.

However, there are some modifications in organization of these clinics which ought to bring about an increased efficiency in the day-to-day management of cases by the local professional personnel in between visits of the psychiatric team. These changes will largely by directed toward an increase in conferences, which will be attended by the nurses, social workers, and physicians who are concerned with the case to be discussed, as a means of providing an ongoing education in the functions of a community mental health service and the roles which each professional group might be expected to play in it. This will benefit everyone concerned, providing a better service for the patients, and the basis for increasing competence by the various workers in dealing with psychiatric patients.

MENTAL HEALTH CENTRE, KELOWNA

F. E. McNair, Director

This service was opened August 1, 1962, with Dr. McNair, psychiatrist, and Mrs. Irene Quinn, secretary-receptionist on duty, with the office nominally at the Community Health Centre in Kelowna. The Health Centre underwent extensive building alterations during the summer to accommodate the Regional Mental Health Centre, with the premises finally being put into use in mid-November. An official opening was held on December 28, 1962, at which Premier W. A. C. Bennett officiated. The Honourable Eric Martin, Minister of Health Services and Hospital Insurance, was present to give encouragement both on the opening day of the clinical service, August 1st, and at the official opening.

The Kelowna Hospital Board established a psychiatric unit in the General Hospital to accommodate seven patients for the whole area being served by the Regional Mental Health Centre, and this service went into operation in November, though admission of psychiatric patients to general medical wards had been permitted from July on.

In mid-August, staff was augmented by the addition of Mr. Keith Barnes, clinical psychologist, and in November by Mr. Ishmael Holmes, psychiatric social worker.

The area served consists of three health units—South Okanagan with headquarters at Kelowna, North Okanagan with headquarters at Vernon, and South Central with headquarters at Kamloops. The total population of this area is approximately 100,000 people.

The headquarters of the service is on the second floor of the Community Health Building in Kelowna, where there is a suite of six offices which includes an observation room with a one-way window. In addition, there is a large group therapy room. The cost of the building has been borne by the combined efforts of the local community, the Provincial Government, and the Federal Government.

The service is a comprehensive one. Community consultations to Public Health, Department of Social Welfare, and probation services are carried out at the Mental Health Centre, as is out-patient treatment, both interview psychotherapy and sustaining service.

Seven working-days a month are spent out of town—two at Penticton, two at Kamloops, two at Vernon, and one alternating between Salmon Arm and Revelstoke. Appointments are arranged for the out-of-town trips at the health unit, but some cases are also seen in the general hospitals. The out-of-town work is divided between consultations and sustaining-service treatment. Some cases initially seen are brought to Kelowna for hospital care; others travel into Kelowna for out-patient treatment.

In conjunction with the clinical service, a professional advisory committee has been developed and also a citizens' advisory committee, under the chairmanship of Mr. Ivor Jackson, which functions under the Union Board of Health, South Okanagan Health Unit.

There has been very good community acceptance of the service, and a great deal of public relations work has been undertaken, including not only talks to various community groups by the various staff members, but also a number of additional forms of service, such as home visits and taking calls at any time of the day, which makes for goodwill.

The division of time is between consultative service and treatment service, with each day at Kelowna being divided into half for this purpose. There are usually

11 half-days for referral in each month. Medical referral is asked for, but it is not obligatory, and 50 per cent of our referrals are not initiated by doctors, though doctors are always a part of the referral pattern. Accordingly, 4 of the 11 days are set aside for cases coming directly from doctors; another 4 for cases coming from the school system via the medical health officer, the public health nurse, and the doctor; 2 for cases initiated by Social Welfare; and 1 for Probation Service.

The professional members of the staff have taken an active part in professional meetings and have assisted in the organization of volunteer workers under the sponsorship of the Canadian Mental Health Association.

The volume of work that has been undertaken in the eight months reported is considerable and is shown in the accompanying tables. Three hundred and fifty-nine patients have been seen in consultation, of whom 204 were adults and 155 were children; 93 of the adults and 26 of the children have received a treatment service. On discharge from the General Hospital, follow-up service has been given at the Mental Health Centre. Only one patient treated in the psychiatric unit at the Kelowna General Hospital has had to be certified to the Crease Clinic. Some patients have been seen in the region where co-operation could not be gained for community management, and these have been appropriately certified. They have totalled eight in all, as shown in the table. Of course, it is to be expected that a number of patients in the district have been sent directly to the Crease Clinic, Provincial Mental Hospital, or The Woodlands School without reference to the Okanagan Mental Health Centre.

We have been pleased to have consultative service offered by the Director of Mental Health Services, Dr. A. E. Davidson; the Headquarters Business Manager, Mr. F. A. Matheson; the Personnel Officer, Mr. J. Dowling; the Supervisor of Psychiatric Social Work, Miss A. K. Carroll; the Director of Nursing Services, Miss B. J. Mitchell; the Consultant in Medical Records and Statistics, Miss A. D. Dingle; and the Chief Psychologist, Mental Health Centre, Burnaby, Dr. D. Shalman.

It is apparent that the reports of the American Psychiatric Association and of the Canadian Mental Health Association vigorously support community-centred psychiatric services that are comprehensive in nature. It is evident that if these services are to meet the health needs of the population served, they must be comprehensive, be a part of the medical and social welfare structure of the community, and give additional service for co-ordinating existing services in the interest of better mental health.

STATISTICS FOR PERIOD AUGUST 1, 1962, TO MARCH 31, 1963

CONSULTATIONS BY AREAS

	Adults			Children		
	Male	Female	Total	Male	Female	Total
Kelowna	30	46	76	22	16	38
Penticton	25	25	50	36	18	54
Kamloops	12	16	28	12	9	21
Vernon	15	18	33	16	12	28
Salmon Arm	4	9	13	6	6	12
Revelstoke	1	3	4	2	----	2
Totals	87	117	204	94	61	155

PATIENTS RECEIVING REGULAR TREATMENT

Kelowna	12	29	41	5	8	13
Penticton	14	15	29	2	3	5
Kamloops	6	3	9	----	1	1
Vernon	1	6	7	1	2	3
Salmon Arm	2	3	5	2	2	4
Revelstoke	----	2	2	----	----	----
Totals	35	58	93	10	16	26

PATIENTS CERTIFIED TO CREASE CLINIC, PROVINCIAL MENTAL HOSPITAL, AND THE WOODLANDS SCHOOL

South Okanagan—						
Kelowna area	2	2	4	1	----	1
Penticton area	1	----	1	----	----	----
North Okanagan	----	1	1	----	----	----
South Central	1	----	1	----	----	----
Totals	4	3	7	1	----	1

Printed by A. SUTTON, Printer to the Queen's Most Excellent Majesty
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1964

660-164-2955