DEPARTMENT OF HEALTH SERVICES
AND HOSPITAL INSURANCE

Mental Health Services Branch

PROVINCE OF BRITISH COLUMBIA

ANNUAL REPORT

FOR TWELVE MONTHS ENDED

MARCH 31

1965

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in right of the Province of British Columbia.
1966

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, 1965.

ERIC MARTIN,
Minister of Health Services and Hospital Insurance.

Office of the Minister of Health Services and Hospital Insurance,
Victoria, B.C., December 20, 1965.

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE,
MENTAL HEALTH SERVICES BRANCH,
VANCOUVER, B.C., December 17, 1965.

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, 1965.

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

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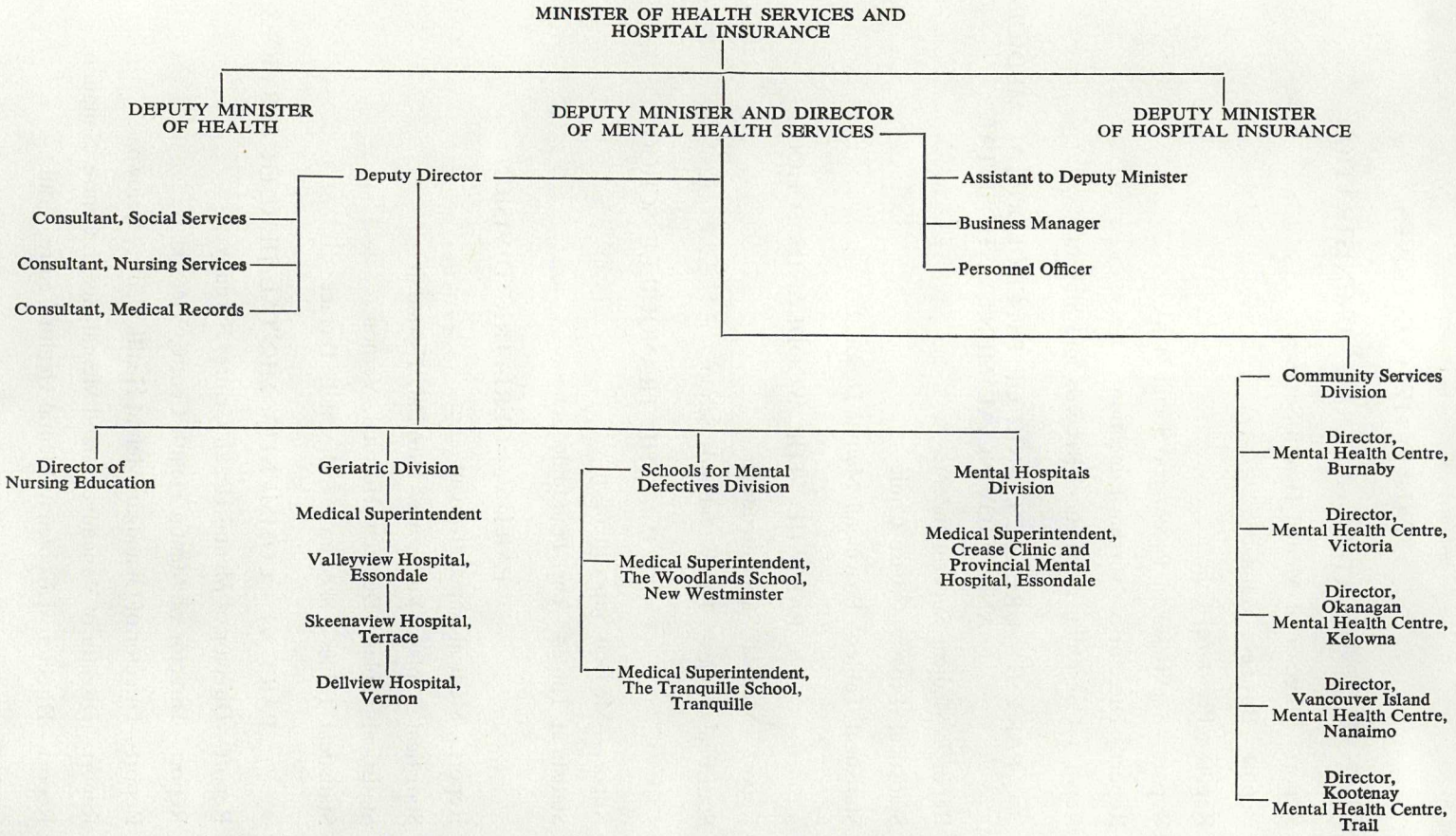
MENTAL HEALTH SERVICES BRANCH ORGANIZATION
AS OF MARCH 31, 1965



Report of Mental Health Services Branch

For the Twelve Months Ended March 31, 1965

PART I.—GENERAL ADMINISTRATION

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 fiscal year 1964/65 has been largely devoted to the consolidation of various programmes which have been initiated during previous years and certain planning and organizational changes preparatory to the coming into force of the *Mental Health Act, 1964.*

The Mental Hospital Division, the Geriatric Division, and the Schools for Mental Defectives Division continue to provide the in-patient care for a very large group of persons. Significant changes have been made in the programmes of care in each of these divisions. The Community Services Division continues to provide diagnostic, consultative, and therapeutic services for patients with emotional or mental illnesses but who do not require hospitalization. These services have been expanded considerably by the opening of the mental health centres in Nanaimo and Trail. Similar centres are being planned for other areas of the Province.

The *Mental Health Act, 1964,* was passed at the 1964 Session of the Legislature. Considerable planning has been necessary to prepare for the introduction of this Act. Regulations have been drafted and passed by Order in Council preparatory to the Act coming into force on April 1, 1965. Many changes have been made in the admission and discharge procedures and also in the review procedures, which have all necessitated administrative changes. With the coming into effect of the new Act, the Crease Clinic of Psychological Medicine and the Provincial Mental Hospital, Essondale, will be combined to function as one mental health facility. This combined facility will be known as the Riverview Hospital. Additionally, considerable effort has been expended in communicating and explaining the various aspects of the new mental health legislation to those departments and agencies and community groups who are interested and involved in its operation.

STATISTICAL COMMENTS

A very large group of persons has been served by the various units of the Mental Health Services Branch, as indicated by the figures in the accompanying tables.

Four thousand five hundred and eighteen persons were admitted to the in-patient units during the year. This is a decrease of 51 from the number of admissions for the preceding year. This is the first year such a decrease has been recorded. This decrease is mainly in the Mental Hospital Division, and reference will be made to it later in this Report.

The separation rate has been maintained at a very high level. This requires a very active programme of care. At the end of the fiscal year, 6,053 patients

were in residence in the various in-patient units, with an additional 448 living in boarding homes. This represents an increase of 154 patients under care at the end of the fiscal year. Altogether 11,655 persons received services in the in-patient units of this Branch during the year 1964/65.

All persons requiring mental hospital care have been admitted and cared for this year in either the Crease Clinic or the Provincial Mental Hospital, Essondale. Three thousand eight hundred and fifteen persons were admitted to these two institutions. This represents a decrease of 184 from the preceding year. It is the first time such a decrease has been recorded since the Crease Clinic was opened in 1950. Such a decrease in admissions results in part from the increase in services which have become available in the community, making the care of some of these patients outside a mental hospital possible. There have been an increasing number of admissions to these hospitals on a voluntary basis. One thousand one hundred and eighteen patients or 79.5 per cent of all admissions to the Crease Clinic and 843 patients or 34.5 per cent of all admissions to the Provincial Mental Hospital were admitted voluntarily. Thus a total of 1,961 persons has voluntarily sought admission to these institutions to receive care and treatment.

The programme of care in the Crease Clinic and Provincial Mental Hospital has been reflected in the marked increase in discharges, with the resulting decrease in the resident population. At the beginning of the fiscal year 3,052 persons were in residence in these two institutions, whereas at the end of the year 2,918 were in residence, a decrease of 134. Considerable use was made of the boarding-home programme in providing care and assistance for patients who had responded to the treatment in hospital to such a degree that they no longer needed hospitalization but still needed some protective supervision. Two hundred and fifty-seven persons were in boarding homes as of March 31, 1965.

Table 1.—Showing Patients in Residence in the Various Institutions of the Provincial Mental Health Services, April 1, 1964, and March 31, 1965, Together with Increase or Decrease.

Institution	In Residence, Apr. 1, 1964			In Residence, Mar. 31, 1965			Increase (+) or Decrease (—)
	Men	Women	Total	Men	Women	Total	
Crease Clinic	104	142	246	89	140	229	—17
Mental Hospital, Essondale	1,552	1,254	2,806	1,437	1,252	2,689	—117
The Woodlands School	715	592	1,307[1]	742	540	1,282	—25
The Tranquille School	311	158	469	329	242	571	+102
Valleyview Hospital, Essondale	277	464	741	268	491	759	+18
Dellview Hospital, Vernon	106	129	235	98	126	224	—11
Skeenaview Hospital, Terrace	288	.....	288	299	.....	299	+11
Totals	3,353	2,739	6,092	3,262	2,791	6,053	—39

[1] Adjusted April 1, 1964, by deducting 1 male and 8 females out in boarding homes but previously shown on in-resident census.

Table 2.—Showing in Summary the Admissions and Population Increase of the Mental Health Services Branch for the 10-year Period April 1, 1955, to March 31, 1965.

Year	Total Admissions	Admissions 65 Years and Over	Admissions 15 Years and Under	Voluntary Admissions	Population Increase	Index of Increase
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
1963/64	4,569	550	243	2,187	31	0.68
1964/65	4,518	702	215	2,194	—39	—0.86
Totals	35,802	5,093	1,663	15,867	—269	.....

This reduction in resident population has been a trend which has been in progress over the past seven or eight years. In 1957 a total of almost 3,500 was in residence in the Crease Clinic and the Provincial Mental Hospital. This, compared with the total of 2,918 as of March 31, 1965, shows a reduction of approximately 580.

The Woodlands School and The Tranquille School provide hospital care and training and education for certain types of mentally retarded children requiring specialized nursing and training and for whom proper facilities are not available in the community. At present all admissions are made to The Woodlands School, where facilities are available to carry out specialized study and assessment. Transfers are arranged between The Woodlands School and The Tranquille School. During the year 223 admissions were arranged directly to The Woodlands School. At the end of the year 1,853 patients were in residence in these two facilities, compared with 1,776 at the beginning of the year.

During the year a study was made of those children whose parents had made application for services. In many instances when parents were contacted, it was found that admission to hospital was not required.

The Valleyview Hospital, Essondale; the Dellview Hospital, Vernon; and the Skeenaview Hospital, Terrace, are designed to serve the needs of the geriatric patient with psychiatric symptomatology. With the concentration of the Provincial population being located in the Lower Mainland and the lower portion of Vancouver Island, the majority of admissions have been made directly to Valleyview Hospital However, a limited number of admissions have also been made directly to Dellview Hospital and Skeenaview Hospital. Five hundred and forty-four geriatric patients were admitted to the three units during the year. This represents an increase of 116 over the preceding year. Many more patients were discharged from the hospitals, returning either to their own homes or nursing or boarding homes. During this period 147 patients were discharged, this representing an increase of 80 over the preceding year.

The activities of the various units of the Community Services Division have been increased largely because of the opening of additional mental health centres at Trail and Nanaimo. These centres provide a variety of services, including diagnostic and assessment, consultative, therapeutic, after-care, and rehabilitative and educational services. Each of these centres provides services to other areas in the region through travelling clinics. A total of 3,041 patients was served by

the five mental health centres functioning during this year. Of this total, 1,478 were adults and 1,563 were children. One thousand four hundred and seventy-seven patients were accepted into treatment, this total consisting of 859 adults and 618 children.

MAJOR EVENTS AND TRENDS

During the year a decision was made to develop the Riverside Building at Colony Farm for use as a maximum-security area. Certain structural changes were made in the building, and a specifically designed airing-court area was constructed in order to provide maximum security. The entire area was designed so that patients confined here could move about more freely to attend occupational-therapy and recreational-therapy activities, etc. Staff was provided who were aware of the security measures necessary in caring for these patients. A more therapeutic atmosphere was created for those patients who require maximum-security measures. These include Order in Council patients, admissions from the Penitentiary, and others who have criminal records associated with their mental disorder. The two upper floors of this building have been developed for the care of this group of patients.

Supplementing this service are arrangements for a consultative psychiatric service, which is being provided for Oakalla Prison Farm. By this means many patients are seen before they are transferred from Oakalla to the Mental Hospital, and in some instances admission to the Mental Hospital is not necessary.

Additional alterations have been made to the first floor of the Riverside Building in order to provide a more uniform and concentrated treatment programme for patients suffering from chronic alcoholism. These patients are usually admitted on a voluntary basis directly to this unit, and it is possible to organize a more adequate programme for their care in this specially designed facility.

The provision of this building to provide care for those requiring maximum security has made possible the extension of the open-door policy to the remainder of the Hospital. In this way the development of this service has resulted in an upgrading of service throughout the entire Mental Hospital unit.

There has been a considerable change in the expansion of the rehabilitation programme at Essondale. The previous Co-ordinator of Rehabilitation resigned last year, and a new appointment was made to fill this position during this present fiscal year. This department is responsible for the preparation of the patients prior to their discharge and return to the community. A very active programme of assessment, job placement, and evaluation has been organized in order to provide this service to a large group of patients.

The After-care Clinic has continued to expand during this past year. This Clinic provides services to persons following their discharge from hospital, assisting them in their adjustment after returning to the community. One thousand four hundred and thirty-one persons were served by the After-care Clinic during the past fiscal year.

It has been possible through the boarding-home care programme to establish and maintain a good many more patients outside the hospital. At the end of March, 1965, 448 patients were being assisted through this programme. This has helped greatly in providing for the care of those patients who do not require the more specialized care and facilities of the Mental Hospital.

During recent years the programme of care for tubercular patients has resulted in a marked reduction in the number of patients suffering from active tuberculosis. Space has become available in the North Lawn Building which was designed to

accommodate and treat this group of patients. The available space has now been renovated and reorganized to provide accommodation for those patients in hospital who develop physical illnesses or become too infirm to be cared for on the general Mental Hospital ward.

The Greaves Building at The Tranquille School was filled by the transfer of multiple handicapped and severely mentally retarded children from The Woodlands School. In addition, the Deerholme Building at The Tranquille School was renovated to provide accommodation for 50 trainees. These patients were also transferred from The Woodlands School.

Planning was instituted at The Tranquille School for the development of a rehabilitation programme. This service was designed to assist in the preparation of children for discharge and placement in suitable community settings.

During the year the Kiwanis Club of Kamloops purchased a camp-site 15 miles north of Kamloops. After the renovation of the building was completed, this site was donated to The Tranquille School for the purpose of providing camping activities for their residents. This camp has been named Kamp Kiwanis.

Various developments and changes have been made at The Woodlands School, which all result in an improvement in the quality and quantity of service. After considerable planning, the reorganization of the Nursing Department at The Woodlands School has been implemented. This results in the integration of the male and female nursing divisions into one unified department. This integration of nuring services should result in an improvement and standardization of the nursing care for both male and female patients.

In November of 1964 an Out-patient Department was organized at The Woodlands School. A clinic team consisting of a pædiatrician as director, a public health nurse, a psychologist, and a social worker with the necessary clerical staff was recruited and organized. Space was developed in the Fraserview Building for the accommodation of this clinic. This department assists those who have sought service from The Woodlands School by screening and evaluating applicants to determine whether admission to the School is desirable or whether some other programme could be suggested which will help maintain the individual case in the community. This service has proven very effective and has been well received by those for whom it was designed.

A new service has been developed at The Woodlands School by the opening of a Genetic Clinic. A geneticist from the University of British Columbia gives direction to the clinic and a technician trained in chromosomal study has been employed at The Woodlands School. Using information gained from these studies, a counselling service for parents of mentally retarded children has been organized and is proving to be of considerable value.

Improvements have been initiated in the services offered by the Geriatric Division of the Mental Health Services Branch. Pre-admission services are offered to persons seeking admission. In many instances alternate arrangements can be made for the placement of such persons, thus rendering admission to a mental hospital unnecessary. Sixty-two such placements were arranged by this unit during the past year. The post-discharge services provide a follow-up service to patients who have been discharged. This enables many patients to be kept in the community who might otherwise have been returned to the hospital.

In the Community Services Branch the modification and extension of existing services and the development of new services have resulted in a much greater amount of care being provided. In the Mental Health Centre in Burnaby there have been many modifications of programmes to meet the existing demands. An increasing

number of adolescents are being referred to this clinic and are receiving care in the Day Hospital programme. Increased emphasis is being placed on family care of patients accepted for treatment. Considerably more time is being spent in providing consultative service and in trying to provide an educational programme along mental health lines for the various agencies.

The Mental Health Centre in Victoria moved from its former location in a small bungalow on Superior Street to a new location on Fort Street adjacent to the Royal Jubilee Hospital. A fairly large apartment house has been renovated to provide much more suitable accommodation. This centre provides service to both adults and children. In addition, an After-care Clinic is operative here to serve those patients who have recently been discharged from hospital and have returned to this community. Additional staff has been provided for, and as this staff is recruited the scope of operation of this clinic will be expanded.

The Okanagan Mental Health Centre in Kelowna has had its second year of operation. During this past year an additional psychiatric position has been filled and an additional social worker has been added to the staff. This increase in staffing has made possible an increase in service provided in this area.

During this year the Vancouver Island Mental Health Centre was opened in Nanaimo on April 1, 1964. This centre will provide services to cities in the Central Vancouver Island and Upper Island Health Units. On June 1, 1964, the Kootenay Mental Health Centre in Trail was opened, providing services to the West Kootenay, East Kootenay, and Selkirk Health Units. The opening of these two centres renders unnecessary the visits of the travelling clinics from the other mental health centres in the Province. They, in turn, will be able to provide more time for the travelling clinics to visit in the other unserved areas of the Province.

The Department of Nursing Education provides education and training to four groups of nursing personnel: (1) the student being trained to become a psychiatric nurse, (2) the student in general nursing who is receiving affiliate training in psychiatric nursing as part of her general nursing course, (3) the registered nurse taking postgraduate training in psychiatric nursing, and (4) the psychiatric aide. Difficulty was encountered during the past year in recruiting sufficient instructresses to provide all of these courses in detail. It was necessary as a temporary measure to discontinue the training of affiliate nurses. It is planned, however, to reinstitute these programmes as soon as personnel can be obtained.

GENERAL COMMENTS

Considerable planning for new facilities and the renovation of existing facilities have continued during this year. The following projects have either been completed or are in the process of construction at the present time:—

(1) The renovation of the Riverside Building, Essondale, to provide facilities for a maximum-security unit.
(2) Renovation of an area in the Fraserview Building, The Woodlands School, to provide space for the Out-patient Clinic.
(3) Renovation of the North Lawn Building to provide facilities for the care of the sick and infirm.
(4) Renovation of the Deerholme Building, The Tranquille School.
(5) Planning and building of a 100-bed unit at The Tranquille School now under construction.
(6) Renovation of apartment house, Fort Street, Victoria, to provide accommodation for the Mental Health Centre, Victoria.

(7) Addition to the Public Health Building, Prince George, to provide accommodation for the Mental Health Centre, Prince George.

The annual graduation exercises for the Department of Nursing Education were held in the Vincent Massey Junior High School, New Westminster, on the evening of April 29, 1964. Miss Evelyn Mallory, Director of the School of Nursing, University of British Columbia, was the graduation speaker. There were 95 nurses who received diplomas, 73 of these being female nurses and 22 being male nurses. A dinner-dance was held for the graduating class at the Blue Boy Motor Hotel, Vancouver, on May 1, 1964.

The 1964 annual meeting of the Council of Psychiatric Nurses was held on April 23, 1964.

One hundred and eighty psychiatric nurses and three nurses in mental deficiency have been issued licences to practise psychiatric nursing during the past fiscal year. At the time of the annual meeting, 1,403 persons were licensed pursuant to the *Psychiatric Nurses Act*.

The Council of Psychiatric Nurses awarded the Dr. A. M. Gee Travelling Bursary for 1964 to Mrs. Angeline M. Dowling, charge nurse at The Woodlands School. This is the second occasion this bursary has been granted. Mrs. Dowling attended the Neuropsychiatric Institute of the University of California, Los Angeles, for the month of November to secure an extensive experience in the field of her interests.

The registrar, Mr. J. A. Markley, submitted his resignation. Mr. Bernard Muise was appointed as the new registrar of the Council, to be effective April 1, 1965.

The Canadian Mental Health Association has provided active support in various ways at the Crease Clinic, Provincial Mental Hospital, Valleyview Hospital, and the Mental Health Centre, Burnaby. A very active volunteer group visits the patients frequently and offers many ancillary services. At Christmas each patient in these hospitals receives a gift through the efforts of the association. Forty-two community groups with a total of 639 persons toured the mental health facilities at Essondale for the purpose of becoming more familiar with the activities carried out there.

The Association for Retarded Children also performs a very important and valuable service to the patients in The Woodlands School and The Tranquille School. Volunteer centres are organized in both units and assist in many ways in bringing the little extras to the patients in these two institutions. The contribution of these two organizations in working with the patients in our various institutions is sincerely appreciated by both patients and staff.

The in-service training programme for special school counsellors continues to receive support and assistance from the Mental Health Services Branch. This programme is organized by the Vancouver School Board and provides training in various aspects of mental health to a limited number of teachers who are selected to provide counselling service to students with emotional problems in the schools of Vancouver. Nine teachers were selected to take this training this year. Seven came from the Vancouver School Board, one from the Delta School Board, and one from the Richmond School Board. During the past 10 years 91 teachers have received this valuable training.

There have been many important changes in the senior administrative and professional staff in the Service. The following staff changes were made during this past year: Dr. S. Jensen was appointed as Director of the Vancouver Island Mental Health Centre, Nanaimo; Dr. M. S. Gavanski appointed as psychiatrist in the

Mental Health Centre, Kelowna; Dr. G. R. Mansfield appointed as Director of the Kootenay Mental Health Centre, Trail; Dr. L. Holland resigned at Mental Health Centre, Victoria; Dr. A. Aranas appointed psychiatrist in the Mental Health Centre, Victoria; Mr. J. Borthwick appointed Assistant Superintendent, Crease Clinic and Provincial Mental Hospital, Essondale; Miss A. Elart appointed Co-ordinator of Rehabilitation, Crease Clinic and Provincial Mental Hospital, Essondale; Miss B. J. Mitchell, Director of Nursing Services, Mental Health Services Branch, resigned; Dr. J. M. Jackson, Director of Radiological Services, Crease Clinic and Provincial Mental Hospital, retired on superannuation; Dr. E. J. Cook appointed Director of Out-patient Clinic, The Woodlands School; Dr. J. S. Bland appointed Medical Superintendent of The Woodlands School.

MENTAL HEALTH GRANT

The Government of Canada, through the Department of National Health and Welfare, made available to the Province a Mental Health Grant " to assist in an extended programme for the prevention and treatment of mental illness, including rehabilitation and free treatment." This was the 17th consecutive year that the Mental Health Grant was available to this Branch as one component of the programme of Federal Health Grants.

In 1964/65 the Mental Health Grant provided $710,026. Project submissions in the sum of $709,659.01 were made by the Province and approved by the Department of National Health and Welfare. By the end of the fiscal year, reimbursement in the sum of $669,644.33 had been received by the Province for expenditures made on account of approved Mental Health Grant projects. The details of these expenditures are provided in tabular form in the Business Manager's report at page 36.

In 1964/65, 20 separate projects received support from the Mental Health Grant. Five of these supported professional staff employed in the programme of the Mental Health Services Branch and assisted in the expansion of the community mental health centres.

Assistance was continued to the Department of Psychiatry, University of British Columbia, in its programme of postgraduate training in the specialty. The purpose of this project is to enable physicians to qualify as psychiatric specialists and then be available to participate in an expansion of public psychiatric services and in the teaching programme of the university. The teaching programme is in large measure conducted at the Vancouver General Hospital. Accordingly, a grant to provide assistance in the operation of the Psychiatric Out-patient Department is made to that institution.

The Metropolitan Health Committees of Victoria and Vancouver were aided by grants which permitted them to hire professional psychiatric and supporting clerical workers for their clinics.

The School of Social Work, University of British Columbia, continued to receive support for the salary of a student field-work placement supervisor.

The research projects at the University of British Columbia, Departments of Psychiatry and Pharmacology, continued to make significant studies. These projects have been sustained in large measure by Mental Health Grant funds augmented by a Provincial grant-in-aid.

COMPARATIVE SUMMARY OF INCREASES AND DECREASES IN RESIDENT POPULATION BY MAJOR DIVISIONS OF MENTAL HEALTH SERVICES BRANCH, 1955/56 TO 1964/65.

Fiscal Year	Provincial Mental Hospitals	Schools for Mental Defectives	Geriatric Division	Crease Clinic	Total
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
1963/64	−83	+79	+7	+28	+31
1964/65	−117	+77	+18	−17	−39

COMPARATIVE SUMMARY OF TOTAL PATIENTS UNDER CARE FOR MAJOR DIVISIONS OF MENTAL HEALTH SERVICES BRANCH BY FISCAL YEARS 1955/56 TO 1964/65.

Fiscal Year	Provincial Mental Hospitals	Schools for Mental Defectives	Geriatric Division	Crease Clinic	Total
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
1963/64	6,099	2,042	1,738	1,832	11,711
1964/65	5,888	2,178	1,937	1,652	11,655

MOVEMENT OF POPULATION OF MENTAL HEALTH SERVICES, APRIL 1, 1964, TO MARCH 31, 1965

	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, 1964	1,656	1,396	3,052	1,026	750	1,776	671	593	1,264	3,353	2,739	6,092
In boarding homes, April 1, 1964	87	123	210	1	8	9	18	18	36	106	149	255
On probation, carried forward from 1963/64	139	288	427	14	10	24	16	19	35	169	317	486
On escape, carried forward from 1963/64	4	.....	4	.....	.....	.....	.....	.....	.....	4	.....	4
Total as at April 1, 1964	1,886	1,807	3,693	1,041	768	1,809	705	630	1,335	3,632	3,205	6,837
Admissions—												
First admissions to Mental Health Services	932	1,007	1,939	78	52	130	232	228	460	1,242	1,287	2,529
Readmissions to different institutions	172	207	379	4	1	5	6	12	18	182	220	402
Readmissions to same institution	709	788	1,497	55	33	88	.....	2	2	764	823	1,587
Total admissions	1,813	2,002	3,815	137	86	223	238	242	480	2,188	2,330	4,518
Transfers in	13	19	32	43	103	146	89	33	122	145	155	300
Total admissions to individual institution	1,826	2,021	3,847	180	189	369	327	275	602	2,333	2,485	4,818
Total under care	3,712	3,828	7,540	1,221	957	2,178	1,032	905	1,937	5,820	5,535	11,355[1]
Separations—												
Discharged in full	1,852	2,026	3,878	65	33	98	10	14	24	1,927	2,073	4,000
Died	72	60	132	17	6	23	245	190	435	334	256	590
On probation but not discharged	78	152	230	18	9	27	1	.....	1	97	161	258
Escaped but not discharged	6	.....	6	.....	.....	.....	.....	.....	.....	6	.....	6
Total separations	2,008	2,238	4,246	100	48	148	256	204	460	2,364	2,490	4,854
Transfers out	66	53	119	34	101	135	45	1	46	145	155	300
Total separations from individual institution	2,074	2,291	4,365	134	149	283	301	205	506	2,509	2,645	5,154
Net increase or decrease	—130	—4	—134	+45	+32	+77	—6	+24	+18	—91	+52	—39
In residence, March 31, 1965	1,526	1,392	2,918	1,071	782	1,853	665	617	1,282	3,262	2,791	6,053
In boarding homes, March 31, 1965	112	145	257	16	26	42	66	83	149	194	254	448

[1] Total under care for all Mental Health Services includes total as at April 1, 1964, plus the total admissions to individual institutions minus transfers out.

MOVEMENT OF POPULATION IN INDIVIDUAL INSTITUTIONS, APRIL 1, 1964, TO MARCH 31, 1965

PSYCHIATRIC DIVISION

	Crease Clinic			Provincial Mental Hospital, Essondale			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
In residence, April 1, 1964	104	142	246	1,552	1,254	2,806	1,656	1,396	3,052
In boarding homes, April 1, 1964	------	------	------	87	123	210	87	123	210
On probation, carried forward from 1963/64	------	------	------	139	288	427	139	288	427
On escape, carried forward from 1963/64	------	------	------	4	------	4	4	------	4
Total as at April 1, 1964	104	142	246	1,782	1,665	3,447	1,886	1,807	3,693
Admissions—									
First admissions to Mental Health Services	435	519	954	497	488	985	932	1,007	1,939
Readmissions to different institutions	44	36	80	128	171	299	172	207	379
Readmissions to same institution	168	201	369	541	587	1,128	709	788	1,497
Total admissions	647	756	1,403	1,166	1,246	2,412	1,813	2,002	3,815
Transfers in	------	3	3	13	16	29	13	19	32
Total admissions to individual institution	647	759	1,406	1,179	1,262	2,441	1,826	2,021	3,847
Total under care	751	901	1,652	2,961	2,927	5,888	3,712	3,828	7,540
Separations—									
Discharged in full	651	745	1,396	1,201	1,281	2,482	1,852	2,026	3,878
Died	2	1	3	70	59	129	72	60	132
On probation but not discharged	------	------	------	78	152	230	78	152	230
Escaped but not discharged	------	------	------	6	------	6	6	------	6
Total separations	653	746	1,399	1,355	1,492	2,847	2,008	2,238	4,246
Transfers out	9	15	24	57	38	95	66	53	119
Total separations from individual institution	662	761	1,423	1,412	1,530	2,942	2,074	2,291	4,365
Net increase or decrease	—15	—2	—17	—115	—2	—117	—130	—4	—134
In residence, March 31, 1965	89	140	229	1,437	1,252	2,689	1,526	1,392	2,918
In boarding homes, March 31, 1965	------	------	------	112	145	257	112	145	257

MOVEMENT OF POPULATION IN INDIVIDUAL INSTITUTIONS, APRIL 1, 1964, TO MARCH 31, 1965—*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, 1964	715	592	1,307	311	158	469	1,026	750	1,776
In boarding homes, April 1, 1964	1	8	9	.....	.....	.....	1	8	9
On probation, carried forward from 1963/64	13	10	23	1	.....	1	14	10	24
Total as at April 1, 1964	729	610	1,339	312	158	470	1,041	768	1,809
Admissions—									
First admissions to Mental Health Services	78	52	130	.....	.....	.....	78	52	130
Readmissions to different institutions	4	1	5	.....	.....	.....	4	1	5
Readmissions to same institution	54	33	87	1	.....	1	55	33	88
Total admissions	136	86	222	1	.....	1	137	86	223
Transfers in	12	10	22	31	93	124	43	103	146
Total admissions to individual institution	148	96	244	32	93	125	180	189	369
Total under care	877	706	1,583	344	251	595	1,221	957	2,178
Separations—									
Discharged in full	64	33	97	1	.....	1	65	33	98
Died	13	5	18	4	1	5	17	6	23
On probation but not discharged	16	8	24	2	1	3	18	9	27
Total separations	93	46	139	7	2	9	100	48	148
Transfers out	32	94	126	2	7	9	34	101	135
Total separations from individual institution	125	140	265	9	9	18	134	149	283
Net increase or decrease	+27	−52	−25	+18	+84	+102	+45	+32	+77
In residence, March 31, 1965	742	540	1,282	329	242	571	1,071	782	1,853
In boarding homes, March 31, 1965	10	26	36	6	.....	6	16	26	42

MOVEMENT OF POPULATION IN INDIVIDUAL INSTITUTIONS, APRIL 1, 1964, TO MARCH 31, 1965—*Continued*

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, 1964	277	464	741	106	129	235	288	671	593	1,264
In boarding homes, April 1, 1964	18	18	36	.....	.....	.....	.....	18	18	36
On probation, carried forward from 1963/64	15	17	32	1	2	3	.....	16	19	35
Total as at April 1, 1964	310	499	809	107	131	238	288	705	630	1,335
Admissions—										
First admissions to Mental Health Services	195	194	389	32	34	66	5	232	228	460
Readmissions to different institutions	5	12	17	.....	.....	.....	1	6	12	18
Readmissions to same institution	.....	2	2	.....	.....	.....	.....	.....	2	2
Total admissions	200	208	408	32	34	66	6	238	242	480
Transfers in	31	33	64	8	.....	8	50	89	33	122
Total admissions to individual institution	231	241	472	40	34	74	56	327	275	602
Total under care	541	740	1,281	147	165	312	344	1,032	905	1,937
Separations—										
Discharged in full	10	11	21	.....	3	3	.....	10	14	24
Died	166	155	321	37	35	72	42	245	190	435
On probation but not discharged	.....	.....	.....	.....	.....	.....	1	1	.....	1
Total separations	176	166	342	37	38	75	43	256	204	460
Transfers out	31	.....	31	12	1	13	2	45	1	46
Total separations from individual institution	207	166	373	49	39	88	45	301	205	506
Net increase or decrease	−9	+27	+18	−8	−3	−11	+11	−6	+24	+18
In residence, March 31, 1965	268	491	759	98	126	224	299	665	617	1,282
In boarding homes, March 31, 1965	66	83	149	.....	.....	.....	.....	66	83	149

BUSINESS MANAGER'S REPORT

F. A. MATHESON, BUSINESS MANAGER

Attached are the financial reports of the British Columbia Mental Health Services Branch for the fiscal year ended March 31, 1965, together with a résumé of general business operations and service additions.

Table A shows the daily average population as 6,074.47, a decrease of 39.52 from the fiscal year 1963/64. Maintenance expenditure increased from $17,640,598 to $19,055,762 or $1,415,164, resulting in a daily *per capita* cost increase from $7.90 to $8.59.

Salary increases proved to be the chief cause of the ever-growing cost of operations, the difference of $1,415,164, as mentioned in the foregoing paragraph, being made up of $1,255,974 in salaries and the balance of $159,190 in supplies and expenses.

Maintenance revenue reversed an apparent downward trend that was evident over the past few years and shows an increase from $1,751,281 in 1963/64 to $1,866,781 or $115,500 in 1964/65.

Produce from the Department of Agriculture operations at Colony and Tranquille Farms supplied milk, vegetables, meat, and canned goods valued at approximately $450,000 to the various units of the Mental Health Services.

The extremely valuable and important assistance from the Federal Government through health grant projects contributed a total of $669,644.33 to our programme in 1964/65. These funds provided personnel, equipment, and staff-training, and a statement is attached showing allocation and disbursement of these funds.

Due to the number of major capital construction projects being planned, the Deputy Minister appointed a Mental Health Services Planning Committee consisting of the following: Dr. A. E. Davidson, Deputy Minister (Chairman); Dr. F. G. Tucker, Deputy Director; Mr. C. B. Watson, Assistant to the Deputy Minister; and Mr. F. A. Matheson, Business Manager. The Business Manager is also to act as secretary to the Committee and liaison officer between the Mental Health Services Branch, the Department of Public Works, and the institutions.

During the year the Planning Committee worked on the following projects: Mental health facility, Victoria; School for Retarded, Victoria; Residential Care Centre for Children, Burnaby; Medical Clinic, Essondale; Hillside Building, Essondale; 104-bed unit, Tranquille; new kitchen and dining-rooms, Tranquille.

Again this year it is a pleasure to report that in addition to being able to maintain the buildings, grounds, equipment, and furnishings of all our institutions in a satisfactory manner, a considerable amount of new and replacement furniture and equipment was also purchased. In addition, it was also possible to complete a number of major improvements and to plan for further improvements of our facilities in order to keep abreast with the changing treatment programme. Some of the main items in this regard are as follows:—

Provincial Mental Hospital and Crease Clinic.—Work in connection with the complete renovation of the West Lawn Building kitchen and dining-rooms was completed. Contract price was $147,827.

Contract in the amount of $115,827 for the improvement of garbage-handling facilities and the renovation of ward kitchens and dining-rooms in the East Lawn Building was let.

Plans for the improvement of the Centre Lawn Building garbage-handling facilities were completed.

Contract in the amount of $241,296 for the Hillside Building was let, and work in this connection was started in January, 1965.

Some major changes were made in the Riverside Building to provide a maximum-security area.

The pharmacy was divided to provide facilities for a central pharmacy and a unit pharmacy. Plans for the operation of these two pharmacies have been completed, and they will go into operation on April 1, 1965.

The programme of replacing the wooden floors in the West Lawn Building continues. Three day-room and three dormitory floors were replaced with light-weight concrete and tile floors this year.

Approximately $25,000 was spent during the year on new and replacement furniture.

The sorting area in the laundry was completely remodelled, and the patients who had helped in this area have been replaced with staff.

The following laundry equipment was purchased during the year: 1 conditioning tumbler, 2 presses, 3 Sager spreaders, and 1 washer-extractor for the dry-cleaning department.

Valleyview Hospital.—Part of the main lobby in the Valleyview Building was made into a conference room.

A new steam-line from the Valleyview Building to the other units was installed. Cost of this installation was approximately $25,000.

A new passenger vehicle was purchased for the social service department.

A new 16-mm. sound projection machine, complete with portable screen, was purchased.

Dellview Hospital.—A new boiler-house, complete with two new gas-fired high-pressure boilers was constructed at a cost of approximately $70,000.

An air-cooling system, complete with a heavy-duty exhaust fan, was installed in the kitchen.

An air-cooling unit was installed on Ward M3. All the wards are now equipped with air-cooling units.

Skeenaview Hospital, Terrace.—Approximately $12,000 worth of new laundry equipment was purchased and installed.

The staff recreation hall was converted into an occupational-therapy workshop.

Extensive repairs were made to the sewage-disposal system.

The 6-bed intensive-care unit on the infirmary ward has been increased to 12 beds.

The Woodlands School, New Westminster.—An Out-patient Department was established in the Fraserview Building.

The rotundas in the Fraserview Building were altered to provide additional office space and an admitting suite.

Wards K, C, 2, 6, and G were renovated.

A new apparel-shop for volunteers was established in the nurses' home.

A new fire-escape was installed in the Occupational Therapy Building.

Kitchen No. 1 was renovated and the old staff cafeteria was redecorated for the use of patients.

The dietary department was reorganized and a number of dietary aides employed to assist the nursing staff in the handling of the patients' food.

A housekeeping department has been established to assist the nursing staff.

The Tranquille School, Tranquille.—Contract in the amount of $926,851 was let for the construction of the new 104-bed building.

Inspectors of the Fire Marshal's department made a complete survey of the institution and a report in this connection was submitted.

Planning was started for a new kitchen and dining block.

A new Volkswagen seven-passenger bus was purchased.

Work was started on a new playing-field.

The Deerholme Building was completely renovated and new furniture purchased. This building will be used for the better-class girls.

Major interior structural alterations were started on the East Pavilion Building to convert the main floor to offices.

Major renovations and alterations were made to the boiler-house and plant.

A new 120-position telephone board was installed in place of the old 20-position board.

Some $27,000 worth of new furniture and equipment was purchased in addition to the new furniture purchased for the Deerholme Building.

Mental Health Centre, Burnaby.—The interior of the building was completely redecorated.

A new parking-lot to accommodate 50 cars was completed.

A new automobile was purchased.

Mental Health Centre, Victoria.—Work in connection with the conversion of the apartment block adjacent to the Jubilee Hospital for the Mental Health Centre was completed, and the staff of the Mental Health Centre moved into their new quarters in December, 1964.

Mental Health Centre, Prince George.—A contract was let to remodel the Public Health Building, Prince George, to provide for facilities for a Mental Health Centre.

Requisitions covering the furniture and equipment for this new Mental Health Centre were forwarded to the Purchasing Commission.

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, 1955/56 to 1964/65.

Institution	Average Number in Residence	Maintenance Expenditure	Yearly *per Capita* Cost	Daily *per Capita* Cost
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 COSTS, 1955/56 TO 1964/65—*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, Essondale	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, Essondale	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	$5,559.30	$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, Essondale	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, Essondale	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 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 COSTS, 1955/56 TO 1964/65—*Continued.*

Institution	Average Number in Residence	Maintenance Expenditure	Yearly *per Capita* Cost	Daily *per Capita* Cost
1963/64				
Crease Clinic	220.63	$1,442,627.00	$6,538.67	$17.87
Provincial Mental Hospital, Essondale	2,791.99	7,534,673.00	2,698.67	7.37
The Woodlands School	1,306.35	3,916,660.00	2,998.17	8.19
The Tranquille School, Tranquille	433.92	1,077,011.00	2,482.05	6.78
Provincial Mental Home, Colquitz[1]	94.07	414,787.00	4,409.35	14.41
Valleyview Hospital, Essondale	737.69	2,029,118.00	2,750.64	7.52
Dellview Hospital, Vernon	236.51	512,128.00	2,165.35	5.92
Skeenaview Hospital, Terrace	292.83	713,594.00	2,436.89	6.66
Totals for the year	6,113.99	$17,640,598.00	$2,885.28	$7.90
1964/65				
Crease Clinic	227.59	$1,573,366.00	$6,936.16	$18.94
Provincial Mental Hospital, Essondale	2,740.84	8,054,536.00	2,938.71	8.05
The Woodlands School	1,314.20	4,501,364.00	3,425.17	9.38
The Tranquille School, Tranquille	512.79	1,509,947.00	2,944.57	8.07
Valleyview Hospital, Essondale	753.91	2,351,885.00	3,119.58	8.55
Dellview Hospital, Vernon	234.70	553,985.00	2,360.40	6.47
Skeenaview Hospital, Terrace	290.44	510,679.00	1,758.29	4.82
Totals for the year	6,074.47	$19,055,762.00	$3,137.02	$8.59

[1] Because Provincial Mental Hospital, Colquitz, was closed January 29, 1964, the daily *per capita* cost for 1963/64 cannot be arrived at by dividing 366 into the yearly *per capita* cost but is arrived at by dividing the total patient-days, 2,232,073, into $17,640,598.

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, 1965.

Gross operating costs—	
Crease Clinic	$1,573,366
Provincial Mental Hospital, Essondale	8,054,536
The Woodlands School, New Westminster	4,501,364
Tranquille School, Tranquille	1,509,947
Valleyview Hospital, Essondale	2,351,885
Dellview Hospital, Vernon	553,985
Skeenaview Hospital, Terrace	510,679
Gross cost of all institutions	$19,055,762
Less collections remitted to Treasury	1,866,781
	$17,188,981
Daily average population	6,074.47
Gross *per capita* cost, one year	$3,137.02
Gross *per capita* cost, one day	$8.59
Net *per capita* cost, one year	$2,829.71
Net *per capita* cost, one day	$7.75

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

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
1958/59	1,838,158.33	1963/64	1,751,281.00
1959/60	1,821,810.53	1964/65	1,866,781.00

TABLE C.—EXPENSE STATEMENT OF THE CREASE CLINIC OF PSYCHOLOGICAL MEDICINE, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1965

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	$1,174,570	.....	$1,174,570	$5,160.90
Office expense	4,103	.....	4,103	18.03
Travelling expense	2,739	.....	2,739	12.03
Office furniture and equipment	1,628	.....	1,628	7.15
Heat, light, power, and water	25,000	.....	25,000	109.85
Medical care	84,961	.....	84,961	373.31
Dietary	157,239	.....	157,239	690.89
Laundry	9,600	.....	9,600	42.18
Gratuities	3,658	.....	3,658	16.07
Patients' library	1,618	.....	1,618	7.11
Transportation	3,786	.....	3,786	16.64
General supplies	36,056	.....	36,056	158.43
Occupational and recreational therapy	12,076	.....	12,076	53.06
Audio-visual department	200	.....	200	.88
General expense	1,150	.....	1,150	5.05
Burials	120	.....	120	.53
Buildings, grounds, etc.	.....	$56,457	56,457	248.06
Less rent deductions	*1,595*	.....	*1,595*	*7.01*
Totals	$1,516,909	$56,457	$1,573,366	$6,913.16

TABLE D.—EXPENSE STATEMENT OF THE PROVINCIAL MENTAL HOSPITAL, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1965

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, 1964	*Less* on Hand, Mar. 31, 1965		
Salaries	$4,995,650	.....	.....	.....	$4,995,650	$1,822.67
Office expense	62,170	.....	.....	.....	62,170	22.68
Travelling expense	8,937	.....	.....	.....	8,937	3.26
Office furniture and equipment	4,432	.....	.....	.....	4,432	1.62
Heat, light, power, and water	381,479	.....	$12,689	$30,960	363,208	132.52
Medical care	373,471	.....	193,119	225,836	340,754	124.32
Dietary	1,062,228	.....	110,705	110,050	1,062,883	387.79
Laundry	*31,300*	.....	.....	.....	*31,300*	*11.42*
Gratuities	38,974	.....	.....	.....	38,974	14.22
Patients' library	405	.....	.....	.....	405	.15
Maintenance and operation of equipment	15,499	.....	.....	.....	15,499	5.65
Transportation	17,528	.....	.....	.....	17,528	6.40
General supplies	472,880	.....	115,316	121,607	466,589	170.24
Occupational and recreational therapy	10,225	.....	.....	.....	10,225	3.73
Audio-visual department	9,922	.....	.....	.....	9,922	3.62
Patients' education	153	.....	.....	.....	153	.06
General expense	26,874	.....	.....	.....	26,874	9.81
Burials	6,090	.....	.....	.....	6,090	2.22
Motor-vehicles and accessories	1,128	.....	.....	.....	1,128	.41
Buildings, grounds, etc.	.....	$679,621	339,077	350,175	668,523	243.91
Less—						
Rent deductions	*12,417*	.....	.....	.....	*12,417*	*4.53*
Sundry receipts	*1,691*	.....	.....	.....	*1,691*	*.62*
Totals	$7,442,637	$679,621	$770,906	$838,628	$8,054,536	$2,938.71

TABLE E.—EXPENSE STATEMENT OF THE WOODLANDS SCHOOL, NEW WESTMINSTER, FOR 12 MONTHS ENDED MARCH 31, 1965

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, 1964	*Less* on Hand, Mar. 31, 1965		
Salaries	$3,289,629	----------	----------	----------	$3,289,629	$2,503.14
Office expense	16,406	----------	----------	----------	16.406	12.48
Travelling expense	5,057	----------	----------	----------	5,057	3.85
Office furniture and equipment	6,283	----------	----------	----------	6,283	4.78
Heat, light, power, and water	109,395	----------	$1,058	$1,092	109,361	83.21
Medical care	101,398	----------	26,288	29,069	98,617	75.04
Dietary	435,598	----------	----------	----------	435,598	331.45
Laundry	36,002	----------	----------	----------	36,002	27.39
Gratuities	3,729	----------	----------	----------	3,729	2.84
Patients' library	437	----------	----------	----------	437	.33
Maintenance and operation of equipment	4,775	----------	----------	----------	4,775	3.63
Transportation	1,916	----------	----------	----------	1,916	1.46
General supplies	216,591	----------	----------	----------	216,591	164.81
Occupational and recreational therapy	5,254	----------	----------	----------	5,254	4.00
Audio-visual department	2,141	----------	----------	----------	2,141	1.63
Patients' education	3,349	----------	----------	----------	3,349	2.55
General expense	21,113	----------	----------	----------	21,113	16.07
Motor-vehicles and accessories	305	----------	----------	----------	305	.23
Buildings, grounds, etc.	----------	$247,422	----------	----------	247,422	188.27
Less—						
Rent deductions	*1,916*	----------	----------	----------	*1,916*	*1.46*
Sundry receipts	*705*	----------	----------	----------	*705*	*.54*
Totals	$4,256,757	$247,422	$27,346	$30,161	$4,501,364	$3,425.17

TABLE F.—EXPENSE STATEMENT OF THE TRANQUILLE SCHOOL, TRANQUILLE, FOR 12 MONTHS ENDED MARCH 31, 1965

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, 1964	*Less* on Hand, Mar. 31, 1965		
Salaries	$821,042	----------	----------	----------	$821,042	$1,601.13
Office expense	8,364	----------	----------	----------	8,364	16.31
Travelling expense	6,870	----------	----------	----------	6,870	13.40
Office furniture and equipment	2,258	----------	----------	----------	2,258	4.40
Heat, light, power, and water	72,613	----------	$8,639	$6,943	74,309	144.91
Medical care	35,084	----------	----------	----------	35,084	68.42
Dietary	224,600	----------	6,820	4,653	226,767	442.22
Laundry	6,179	----------	----------	----------	6,179	12.05
Gratuities	4,137	----------	----------	----------	4,137	8.07
Patients' library	11	----------	----------	----------	11	.02
Maintenance and operation of equipment	2,996	----------	----------	----------	2,996	5.84
Transportation	671	----------	----------	----------	671	1.31
General supplies	81,429	----------	29,302	29,290	81,441	158.82
Occupational and recreational therapy	7,052	----------	132	191	6,993	13.64
Audio-visual department	216	----------	----------	----------	216	.42
Motor-vehicles and accessories	2,578	----------	----------	----------	2,578	5.03
Burials	612	----------	----------	----------	612	1.19
General expense	6,457	----------	----------	----------	6,457	12.59
Buildings, grounds, etc.	----------	$237,604	----------	----------	237,604	463.36
Less—						
Rent deductions	*14,374*	----------	----------	----------	*14,374*	*28.03*
Sundry receipts	*268*	----------	----------	----------	*268*	*.52*
Totals	$1,268,527	$237,604	$44,893	$41,077	$1,509,947	$2,944.57

TABLE G.—EXPENSE STATEMENT OF THE VALLEYVIEW HOSPITAL, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1965

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	$1,722,122	----------	$1,722,122	$2,284.25
Office expense	9,329	----------	9,329	12.37
Travelling expense	1,619	----------	1,619	2.15
Office furniture and equipment	456	----------	456	.60
Heat, light, power, and water	63,550	----------	63,550	84.29
Medical care	109,854	----------	109,854	145.71
Dietary	255,697	----------	255,697	339.16
Laundry	19,000	----------	19,000	25.20
Gratuities	403	----------	403	.53
Maintenance and operation of equipment	5,000	----------	5,000	6.63
Transportation	16	----------	16	.02
General supplies	85,348	----------	85,348	113.21
Occupational and recreational therapy	2,275	----------	2,275	3.02
Audio-visual department	721	----------	721	.96
Motor-vehicles and accessories	2,354	----------	2,354	3.12
Burials	3,480	----------	3,480	4.62
General expense	1,477	----------	1,477	1.96
Buildings, grounds, etc.	----------	$69,878	69,878	92.69
Less—				
Rent deductions	*690*	----------	*690*	*.92*
Sundry receipts	*4*	----------	*4*	----------
Totals	$2,282,007	$69,878	$2,351,885	$3,119.58

TABLE H.—EXPENSE STATEMENT OF THE DELLVIEW HOSPITAL, VERNON, FOR 12 MONTHS ENDED MARCH 31, 1965

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, 1964	*Less* on Hand, Mar. 31, 1965		
Salaries	$347,661	----------	----------	----------	$347,661	$1,481.30
Office expense	1,930	----------	----------	----------	1,930	8.22
Travelling expense	465	----------	----------	----------	465	1.98
Office furniture and equipment	150	----------	----------	----------	150	.64
Heat, light, power, and water	22,792	----------	$605	----------	23,397	99.69
Medical care	11,725	----------	4,940	$5,260	11,405	48.59
Dietary	66,441	----------	3,545	3,659	66,327	282.60
Laundry	3,951	----------	----------	----------	3,951	16.83
Transportation	187	----------	----------	----------	187	.80
General supplies	22,929	----------	12,886	14,807	21,008	89.51
Occupational and recreational therapy	666	----------	----------	----------	666	2.84
Audio-visual department	26	----------	----------	----------	26	.11
Burials	2,970	----------	----------	----------	2,970	12.65
General expense	1,697	----------	----------	----------	1,697	7.23
Buildings, grounds, etc.	----------	$73,978	----------	----------	73,978	315.20
Less—						
Rent deductions	*1,426*	----------	----------	----------	*1,426*	*6.08*
Sundry receipts	*407*	----------	----------	----------	*407*	*1.73*
Totals	$481,757	$73,978	$21,976	$23,726	$553,985	$2,360.40

TABLE I.—EXPENSE STATEMENT OF THE SKEENAVIEW HOSPITAL, TERRACE, FOR 12 MONTHS ENDED MARCH 31, 1965

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, 1964	*Less* on Hand, Mar. 31, 1965		
Salaries	$287,198	.....	.....	.....	$287,198	$988.84
Office expense	1,345	.....	.....	.....	1,345	4.63
Travelling expense	1,765	.....	.....	.....	1,765	6.08
Office furniture and equipment	370	.....	.....	.....	370	1.27
Heat, light, power, and water	28,300	.....	$1,475	$1,832	27,943	96.21
Medical care	11,813	.....	.....	.....	11,813	40.67
Dietary	85,567	.....	5,900	7,248	84,219	289.97
Laundry	2,381	.....	.....	.....	2,381	8.20
Patients' library	952	.....	.....	.....	952	3.28
Maintenance and operation of equipment	2,567	.....	.....	.....	2,567	8.84
Transportation	2,503	.....	.....	.....	2,503	8.62
General supplies	15,833	.....	1,122	12,310	15,145	52.15
Occupational and recreational therapy	644	.....	.....	.....	644	2.22
Audio-visual department	611	.....	.....	.....	611	2.10
Burials	6,477	.....	.....	.....	6,477	22.30
General expense	1,792	.....	.....	.....	1,792	6.17
Buildings, grounds, etc.	.....	$67,201	.....	.....	67,201	231.38
Less—						
Rent deductions	*3,945*	.....	.....	.....	*3,945*	*13.58*
Sundry receipts	*302*	.....	.....	.....	*302*	*1.04*
Totals	$445,871	$67,201	$18,997	$21,390	$510,679	$1,758.29

TABLE J.—EXPENSE STATEMENT OF THE COMMUNITY SERVICES FOR 12 MONTHS ENDED MARCH 31, 1965

Mental Health Centre, Burnaby

Salaries	$475,781
Office expense	3,597
Travelling expense	9,450
Office furniture and equipment	1,995
Heat, light, power, and water	18,857
Medical care	26,567
Dietary	6,798
Laundry	1,558
Transportation	1,854
Maintenance and operation of equipment	2,111
General supplies	2,247
Occupational and recreational therapy	1,649
Patients' education	2,016
Motor-vehicles and accessories	2,071
General expense	162
Buildings, grounds, etc.	42,319
Total	$599,032

Mental Health Centre, Victoria

Salaries	$54,147
Office expense	682
Travelling expense	1,119
Office furniture and equipment	1,156
Medical care	11,348
Maintenance and operation of equipment	675
Motor-vehicles and accessories	1,684
General expense	725
Total	$71,536

Mental Health Centre, Kelowna

Salaries	$27,434
Office expense	300
Travelling expense	1,517
Office furniture and equipment	695
Medical care	3,993
Maintenance and operation of equipment	568
General expense	58
Total	$34,565

TABLE J.—EXPENSE STATEMENT OF THE COMMUNITY SERVICES FOR 12 MONTHS ENDED MARCH 31, 1965—*Continued*

Mental Health Centre, Trail

Salaries	$1,345
Office expense	688
Travelling expense	1,988
Office furniture and equipment	253
Medical care	3,104
Maintenance and operation of equipment	116
Motor-vehicles and accessories	2,404
General supplies	773
General expense	207
Total	$10,878

Mental Health Centre, Nanaimo

Salaries	$1,602
Office expense	780
Travelling expense	1,925
Office furniture and equipment	1,017
Medical care	7,127
Maintenance and operation of equipment	140
Motor-vehicles and accessories	2,530
General supplies	572
General expense	172
Total	$15,865

Expansion of Community Services

Expenditure	$34,786

Grand total, $766,662

TABLE K.—EXPENSE STATEMENTS OF THE REHABILITATION CENTRES FOR 12 MONTHS ENDED MARCH 31, 1965

Vista Rehabilitation Centre

Salaries	$18,136
Office expense	142
Heat, light, power, and water	1,078
Dietary	4,257
General supplies	340
General expense	137
Buildings, grounds, etc.	420
Total	$24,510

Venture Rehabilitation Centre

Salaries	$18,393
Office expense	182
Heat, light, power, and water	1,353
Dietary	7,313
Laundry	16
General supplies	807
General expense	272
Buildings, grounds, etc.	430
Total	$28,766

Rehabilitation and After-care Programme

Salaries	$33,857
Office expense	782
Travelling expense	4,280
Office furniture and equipment	995
Medical care	36,000
Dietary	166
Maintenance and operation of equipment	6
General supplies	101
General expense	226
Total	$76,413

Grand total, $129,689

TABLE L.—EXPENSE STATEMENT OF GENERAL ADMINISTRATION, MENTAL HEALTH SERVICES BRANCH, FOR 12 MONTHS ENDED MARCH 31, 1965

Salaries	$204,330
Office expense	8,455
Travelling expense	10,067
Office furniture and equipment	1,284
Grant to trustees of Patients' Comfort Fund	5,000
Grant to Department of Neurological Research, University of British Columbia	22,500
General expense	4,108
Subscription, Social Service Index	251
Administration of *Psychiatric Nurses Act*	2,496
Council of Psychiatric Nurses for Bursary Trust Fund	1,200
Less miscellaneous receipts	*11,158*
Total	$248,533

TABLE M.—EXPENSE STATEMENT OF DEPARTMENT OF NURSING EDUCATION, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1965

Salaries	$786,949
Office expense	5,635
Travelling expense	914
Office furniture and equipment	512
Medical care	729
Dietary	6,655
Laundry	5,000
General supplies	13,466
General expense	2,179
Less rent deductions	*14,618*
Total	$807,421

Expenditure Made under Federal Health Grants for Province of British Columbia, Year Ended March 31, 1965

Assistance to Provincial Mental Hospitals—Staff salaries		$301,780.52
The Woodlands School, New Westminster—		
Equipment	$2,902.41	
Staff salaries	40,094.03	
		42,996.44
Assistance to the mental health centres—Staff salaries		78,978.31
Division of Nursing Education—Staff salaries		7,110.00
Consultant Staff, Mental Health Services Branch—Staff salaries		5,340.00
Assistance to the Department of Psychiatry		40,244.62
Assistance to the Department of Social Work, University of British Columbia		7,374.99
Neurological Research Unit at University of British Columbia—		
Epidemiologic studies in hospitalized psychiatric illness	$11,795.78	
Central amines and psychoactive drugs	13,111.01	
A development and validation study of psychometric tests of mental impairment in brain-damaged children	2,478.73	
An investigation of short-term memory and " neutral excitability " with special reference to elderly memory-disordered psychiatric patients	12,195.34	
Developmental bio-assay of early brain injury	14,889.40	
Determination of heterozycosity for phenylketonuria and its possible relationship to mental illness	10,066.03	
p-Methozyphenyl derivatives in human urine	11,235.34	
		75,771.63
Mental hygiene programme, Metropolitan Health Committee, Vancouver		49,665.00
Mental hygiene programme, Greater Victoria Board of Health		4,550.00
Psychiatric services, Vancouver General Hospital		30,634.40
Assistance to the British Columbia Epilepsy Society		4,999.92
Assistance to the Children's Foundation		12,200.00
General personnel training—Postgraduate training		7,998.50
Total		$669,644.33

Reconciliation with Public Accounts

Table L—General Administration (as per Public Accounts)—		
Salaries	$204,330	
Expenses	44,203	
Vouchered expenditure	$248,533	
Deduct salary adjustments	10,800	
		$237,733

RECONCILIATION WITH PUBLIC ACCOUNTS—*Continued*

Table M—Department of Nursing Education (as per Public Accounts)—			
Salaries		$786,949	
Expenses		20,472	
Vouchered expenditure		$807,421	
Deduct salary adjustments		12,696	
			$794,725
Table J—			
Mental Health Centre, Burnaby (as per Public Accounts)—			
Salaries		$475,781	
Expenses		123,251	
Vouchered expenditure		$599,032	
Deduct—			
Salary adjustments	$19,320		
Maintenance of buildings and grounds	42,319		
		61,639	
			537,393
Mental Health Centre, Victoria (as per Public Accounts)—			
Salaries		$54,147	
Expenses		17,389	
Vouchered expenditure		$71,536	
Deduct salary adjustments		1,524	
			70,012
Mental Health Centre, Kelowna (as per Public Accounts)—			
Salaries		$27,434	
Expenses		7,131	
Vouchered expenditure		$34,565	
Deduct salary adjustments		768	
			33,797
Mental Health Centre, Trail (as per Public Accounts)—			
Salaries		$1,345	
Expenses		9,533	
			10,878
Mental Health Centre, Nanaimo (as per Public Accounts)—			
Salaries		$1,602	
Expenses		14,263	
			15,865
Expansion of Community Services			34,786
Table C—Crease Clinic (as per Public Accounts)—			
Salaries		$1,174,570	
Expenses		342,339	
Vouchered expenditure		$1,516,909	
Deduct—			
Salary adjustments	$53,892		
Portion of farm profit	2,454		
		56,346	
			1,460,563

RECONCILIATION WITH PUBLIC ACCOUNTS—*Continued*

Table D—Provincial Mental Hospital, Essondale (as per Public Accounts)—			
Salaries		$4,995,650	
Expenses		2,446,987	
Vouchered expenditure		$7,442,637	
Deduct—			
Salary adjustments	$222,216		
Maintenance receipts	815,437		
Portion of farm profit	41,392		
		1,079,045	
			$6,363,592
Table K—			
Vista Rehabilitation Centre (as per Public Accounts)—			
Salaries		$18,136	
Expenses		6,374	
Vouchered expenditure		$24,510	
Deduct—			
Salary adjustments	$372		
Maintenance of buildings and grounds	420		
		792	
			23,718
Venture Rehabilitation Centre (as per Public Accounts)—			
Salaries		$18,393	
Expenses		10,373	
Vouchered expenditure		$28,766	
Deduct—			
Salary adjustments	$552		
Maintenance of buildings and grounds	430		
		982	
			27,784
Rehabilitation and After-care Programme (as per Public Accounts)—			
Salaries		$33,857	
Expenses		42,556	
Vouchered expenditure		$76,413	
Deduct salary adjustments		2,112	
			74,301

RECONCILIATION WITH PUBLIC ACCOUNTS—*Continued*

Table G—Valleyview Hospital, Essondale (as per Public Accounts)—

Salaries		$1,722,122	
Expenses		559,885	
Vouchered expenditure		$2,282,007	
Deduct—			
Salary adjustments	$63,180		
Maintenance receipts	454,036		
Portion of farm profit	2,650		
		519,866	
			$1,762,141

Table H—Dellview Hospital, Vernon (as per Public Accounts)—

Salaries		$347,661	
Expenses		134,096	
Vouchered expenditure		$481,757	
Deduct—			
Salary adjustments	$14,232		
Maintenance receipts	150,234		
		164,466	
		$317,291	
Add portion of farm loss		112	
			317,403

Table I—Skeenaview Hospital, Terrace (as per Public Accounts)—

Salaries		$287,198	
Expenses		158,673	
Vouchered expenditure		$445,871	
Deduct—			
Salary adjustments	$12,144		
Maintenance receipts	155,578		
		167,722	
			278,149

Table E—The Woodlands School (as per Public Accounts)—

Salaries		$3,289,629	
Expenses		967,128	
Vouchered expenditure		$4,256,757	
Deduct—			
Salary adjustments	$121,272		
Maintenance receipts	233,528		
		354,800	
			3,901,957

RECONCILIATION WITH PUBLIC ACCOUNTS—*Continued*

Table F—The Tranquille School (as per Public Accounts)—

Salaries		$821,042	
Expenses		447,485	
Vouchered expenditure		$1,268,527	
Deduct—			
Salary adjustments	$26,952		
Maintenance receipts	57,968		
		84,920	
		$1,183,607	
Add portion of farm loss		5,399	
			$1,189,006
Total Mental Health Services Branch expenditures (as per Public Accounts)			$17,133,803

PERSONNEL REPORT

J. DOWLING, PERSONNEL OFFICER

The establishment of the Mental Health Services Branch increased by 54 positions during the year. As of March 31, 1965, there were 3,390 persons on staff excluding student nurses. This represents a staff increase of 177 during the year. The quarterly staff average for the fiscal year shows an increase of 172.

Notwithstanding a year-to-year decrease in student psychiatric nurse enrolment, the quarterly average shows a minor increase.

Recruitment and separation activity increased, reflecting continued staff expansion as well as greater use of short-term relief staff when required.

The position of the Branch in respect to staffing in most professional and technical classifications improved. The position in respect to physiotherapists deteriorated and was under review at the close of the fiscal year.

Part-time employment has been expanded in a number of classifications. Numbers so employed as of March 31, 1965, are as follows:—

Medical specialists	5
Clinical psychologists	5
Social workers	1
Psychiatric nurses	55
Dietary aides	21
Total	87

Part-time employment enables the Branch to utilize professional services which would not be otherwise available. In the case of dietary aides, four- and six-hour shifts are used, making available adequate staffing for peak periods as well as providing useful employment for people who are unable to work full time.

Over-all staff turnover has declined. An increase has, however, occurred at The Tranquille School. This reflects the difficulty of staffing a unit of this type remote from a large centre of population and the problems of providing trained personnel to meet the rapid expansion which is taking place.

Extensive reviews of social-work classifications and staff turnover in the faculty of the Department of Nursing Education were undertaken, and good results were achieved.

Plans were completed for the expansion of the staff of the Mental Health Centre, Victoria, and recruitment prospects seem to be favourable.

The Personnel Officer served as chairman of the Provincial Government section of the United Good Neighbour fund-raising campaign. Contributions through the payroll deduction method rose 200 per cent.

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

(1) Planning and staffing of the maximum-security unit of the Provincial Mental Hospital.
(2) A review of institutional ambulance-driver qualifications and salaries.
(3) A review of organization and staffing of the Vista and Venture half-way houses.
(4) The functional reorganization of The Woodlands School and the unification of the men's and women's nursing services.

(5) Staffing of the Out-patient Department of The Woodlands School, which opened November 16, 1964.
(6) Planning and staffing and expansion of output by The Tranquille School laundry. The capacity was increased by revised shift arrangements.
(7) A review of nursing supervisory arrangements at The Tranquille School.
(8) A study and report on vacation entitlements in the nursing services.

Pertinent figures are set forth in the tables which follow.

STATISTICAL TABLES

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

Staff recruited, excluding students	1,123
Staff separated, transferred, etc., excluding students	946
Increase	177
Total staff, excluding students, as of March 31, 1965	3,390
Total staff, excluding students, as of March 31, 1964	3,213
Increase	177
Quarterly staff average, excluding students, 1964/65	3,395
Quarterly staff average, excluding students, 1963/64	3,223
Increase	172

	Male	Female	Total
Student enrolment as of March 31, 1965	34	187	221
Student enrolment as of March 31, 1964	60	204	264
Change	—26	—17	—43

Student quarterly average, 1964/65	246
Student quarterly average, 1963/64	238
Change	+8

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

	Established Positions	
	Recruited	Separated
Physicians	28	24
Registered nurses	45	30
Psychiatric nurses	234	187
Female psychiatric aides	76	127
Male psychiatric aides	71	78
Teachers	2	1
Occupational therapists	6	6
Recreational therapists	5	4
Industrial therapists	1	4
Psychologists	8	7
Social workers	19	18
Dieticians	6	3
Cooks	5	4
Kitchen helpers	48	38
Clerks	20	15
Clerk-stenographers	32	26
Trades	5	6
Laundry-workers	16	11
Miscellaneous professional	5	8
Miscellaneous technical	4	7
Miscellaneous	169	69
Sub-totals	805	673
Temporary relief staff recruited	318	----
Temporary relief staff separated	----	258
Temporary relief staff transferred, etc	----	15
Totals	1,123	946

TABLE C.—SUMMARY OF STAFF TURNOVER

By Major Classification

Classification	1963/64	1964/65	Change
	Per Cent	Per Cent	Per Cent
Student psychiatric nurses	19.7	24.4	+4.7
Male psychiatric nurses	10.4	10.0	−0.4
Female psychiatric nurses	31.5	25.6	−5.9
Registered nurses	43.6	25.2	−18.4

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

By Pay Division

Pay Division	Temporary Relief Staff Excluded, 1963/64	Temporary Relief Staff Excluded, 1964/65
	Per Cent	Per Cent
General Administration	10.8	13.1
Department of Nursing Education[1]	19.6	17.0
Crease Clinic and Provincial Mental Hospital, Essondale	18.7	19.5
The Woodlands School	20.8	21.9
The Tranquille School	23.0	36.8
Valleyview Hospital	29.4	22.0
Dellview Hospital	23.1	23.0
Skeenaview Hospital	21.7	23.9
Mental Health Centres	17.5	22.1
Over-all turnover	20.6	19.9

[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 1963/64		Fiscal Year 1964/65	
	Positions in Establishment as of Mar. 31, 1964	Number on Staff as of Mar. 31, 1964	Positions in Establishment as of Mar. 31, 1965	Number on Staff as of Mar. 31, 1965
General Administration	39	37	43	38
Department of Nursing Education	60	56	63	59
Mental Health Centres	135	100	140	113
Sub-totals	234	193	246	210
In-patient care—				
Crease Clinic	287	282	287	281
Provincial Mental Hospital, Essondale	1,232	1,210	1,230	1,256
The Woodlands School	817	770	826	825
The Tranquille School	195	183	230	236
Valleyview Hospital	440	424	440	428
Dellview Hospital	86	85	86	87
Skeenaview Hospital	68	66	68	67
Total of vote	3,125	3,020	3,167	3,180
Total Civil Service positions	3,359	3,213	3,413	3,390[1]
Student psychiatric nurses	325	264	325	221
Totals	3,684	3,477	3,738	3,611

[1] Includes 87 part-time employees.

TABLE E.—COMPOSITION OF NURSING STAFF BY UNIT AS AT MARCH 31, 1965

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	58	6.34	199	201	400	43.76	209	127	336	36.76	114	6	120	13.13	914	38.79
Crease Clinic	19	8.22	38	50	88	38.10	45	26	71	30.74	35	18	53	22.94	231	9.80
Valleyview Hospital	11	3.17	88	63	151	43.51	124	38	162	46.69	17	6	23	6.63	347	14.73
Dellview Hospital	1	1.64	14	3	17	27.87	29	14	43	70.49	.....	.....	.....	.....	61	2.59
Skeenaview Hospital	1	2.27	.....	13	13	29.55	16	14	30	68.18	.....	.....	.....	.....	44	1.87
The Woodlands School	14	2.38	166	100	266	45.32	138	144	282	48.04	21	4	25	4.26	587	24.92
The Tranquille School	4	2.58	40	36	76	49.03	28	47	75	48.39	.....	.....	.....	.....	155	6.58
Mental Health Centres	11	64.71	2	2	4	23.53	2	.....	2	11.76	.....	.....	.....	.....	17	.72
Totals	119	5.05	547	468	1,015	43.08	591	410	1,001	42.49	187	34	221	9.38	2,356	100.00
Totals, March 31, 1964	103	4.32	501	478	979	41.12	605	430	1,035	43.47	204	60	264	11.09	2,381	.....
Difference (+ or —)	+16	+0.73	+46	—10	+36	+1.96	—14	—20	—34	—0.98	—17	—26	—43	—1.71	—25	.....

Figures include part-time (three days per week) registered nurses or psychiatric nurses: Crease Clinic and Provincial Mental Hospital, Essondale, 20; The Woodlands School, 30; Valleyview Hospital, 5.

REPORT OF THE PROVINCIAL SUPERVISOR OF PSYCHIATRIC SOCIAL WORK

The year 1964/65 has called for even greater effort on the part of social workers in all social service departments throughout the divisions of the Mental Health Services. Not only has this effort had to be directed toward the furtherance of social-work contribution, but also toward the necessity and urgency to extend social services to as many patients as possible during a short period of treatment in hospital and after-care. This is in line with changes in treatment philosophy which have evolved in recent years and which adhere to the concept that hospitalization is but one short phase in the continuum of psychiatric treatment. As a result, there has been a significant shift in emphasis from an old system of treatment and care which was legalistic in approach and designed for the protection of the individual and property to a system whose aim is to provide the sick patient with a continuum of treatment and care. Because this treatment—psychiatric therapy—is primarily concerned with the modification of behaviour, a whole series of treatment settings, ranging from complete psychiatric hospital care to independent life in the community, with open rapid communication between all treatment settings, is necessary. Our present community resources for the provision of a continuum of treatment facilities are very much in process of development. As a result, the hospital social worker is in the position of bridging the gap by the extension of skills and services, by the exploration of every means of help available to increase social service coverage of patients' needs in a way that is as community based and oriented as possible.

PROFESSIONAL EDUCATION AND STAFF-DEVELOPMENT PROGRAMME

Social Service Department, Mental Health Services

During the year, 23 students (12 second-year and 11 first-year postgraduate students) were placed from the School of Social Work, University of British Columbia, in social service departments throughout the Mental Health Services. This student-training programme, in which supervisors and senior social-work practitioners in the Mental Health Services share in the educational programme of the university, offers opportunities whereby staff may benefit from contact with faculty and by attendance at educational conferences and institutes and seminars in advanced studies, and whereby faculty may have an opportunity to gain some understanding of the standards of practice and thus keep abreast of programme developments in community agencies. Such a co-operative educational process has mutual benefits which are inestimable in the advancement of social-work education and social-welfare services.

Throughout the social service departments, orientations were given to in-trained student personnel from the Department of Social Welfare. Additionally, refresher courses were offered to supervisory personnel from this department. Included in the courses was an orientation to the mental health facilities of the Mental Health Services. During this a careful review of new programmes in the social service departments of the Mental Health Services was undertaken.

An institute was offered by the social service department of the Provincial Mental Hospital and Crease Clinic to public health nurses in those public health districts offering services to the disabled adult mental patient and retardate resettled in community in the care of families and boarding homes.

An institute was offered to those family careholders and boarding-home operators working with the Mental Health Services in the community resettlement of disabled patients who no longer need extensive medical and nursing care. This institute was attended by fully 98 per cent of operators caring for patients, and was considered to be most successful in the interchange of ideas and the discussion of responsibilities.

To offset to a degree the effects of the acceleration of hospital treatment and the enormous deficiencies which exist in necessary community mental health resources (such as industrial training centres and sheltered occupational facilities for psychiatric patients; sheltered workshops for the physically, the emotionally disabled, and the adult retardate; protective health and welfare services for the aforementioned groups of disabled; day and night hospital services; hostels and group accommodation) mental health social workers must be well trained professionally as well as mature experientially. Additionally, professional skills must be maintained, enriched, and advanced by means of an adequate staff-development programme. To this end, last year social workers throughout the Mental Health Services and under this auspice attended the following institutes and seminars: Canadian Conference on Social Welfare; Northwest Regional Conference, Child Welfare League of America; Northwest Conference of the American Association on Mental Deficiency; American Orthopsychiatric Association; Pacific Northwest Regional Institute, Family Service Association of America; and Pacific Northwest Regional Institute for Medical and Psychiatric Social Workers.

A number of social workers in the Mental Health Services attended an Institute on Advanced Casework, a Symposium on Mental Retardation, the Annual Meeting and Institute of the Canadian Mental Health Association, the Conference of the Canadian Psychiatric Association, a Workshop on Suicide given by the University of Washington, and the British Columbia Conference on Social Welfare. One social worker, a senior practitioner, took a course in advanced casework at the Columbia University School of Social Work.

Personnel and Recruitment for Social Service Departments, Mental Health Services

The social-work staff stability of the previous year has not continued in this fiscal year. Replacements by the appointment of professionally trained personnel have been possible in a large number of positions. Some vacancies have had to be filled by the appointment of social-work assistants.

A project to recruit social-work assistants was commenced during this fiscal year. The social-work assistant has an undergraduate B.A. degree in either psychology or sociology, which is followed by in-training. This personnel works alongside a professional social worker, who refers all technical services tangential to the psychosocial problem to him. Thus the professionally trained worker is able to bring to many more patients those services requiring those skills which are dependent on full professional training. During the year five social-work assistants were employed.

The assistants are a valuable acquisition to the social service department when the full quota of professional positions is able to be filled. It is they who undertake those technical aspects of social-welfare need such as applications for Social Security and Social Allowances, the procuring of suitable accommodation, the facilitation of appointments for job placement, medical services, etc. The latter services are brought to the patient following the assistants acquiring a generalized understanding of the patient as a person, his illness, and the specific needs which must be met in order to establish his more easeful functioning. The social-work

assistant, therefore, must, through in-training, be equipped to generally support the client psychologically, as the technical services destined to alleviate his problem-situation are introduced.

Again continuing to take into account the significant shift in emphasis from hospital to over-all community responsibility in the treatment of mental illness in its various stages, the most effective utilization of professional personnel is essential. Much of the treatment of the social pathology of mental illness falls to social work. It is, therefore, important that provisions for its utilization be sought. The proper use of technicians undoubtedly may further better utilization of professionals and may correct the imbalance in the ratio of social work to medical personnel in Mental Health Services.

Social Work Consultative Service

This is a staff service to medical superintendents and chief social workers in divisions of the Mental Health Services. This year the service entailed 61.2 per cent of the consultant's time. Direct consultative service was given to all divisions and concerned:—

(1) Personnel procurement, maintenance, and retention; staff and staff-patterning, including a special report regarding use of technicians and assistants; organization and administration of social services in hospitals, training-schools, and community mental health centres.

(2) Community resettlement of patients resident in hospitals and training-schools; programme suggestions for the remotivation of groups of patients to the use of intermediate care facilities such as family care, boarding and nursing homes, including a special report on the present boarding-home programme and a conceptualization of subsequent and future developments in this programme.

(3) Administration and organization of family-care and boarding-home programme interdepartmentally as well as interdivisionally, including a special report on the extension and use of the position of Co-ordinator of Boarding Home Programme in the Mental Health Services.

(4) Organizational and functional changes in social services as concern relocation of staff in line with the significant shift in emphasis from hospital to community responsibility in the treatment and care of the mentally ill and retarded and the unitization and regionalization of hospital services.

(5) Pre-admission and after-care functions of social service departments in hospitals, training-schools, and clinics in line with the conceptualization of services outlined in the new mental health legislation.

(6) Integration of public health nursing contribution in the boarding-home programme for resettlement of patients.

DISTRIBUTION OF CONSULTATIVE RESPONSIBILITIES

Provincial Mental Hospital and Crease Clinic

Consultation was sought and given in relation to social services to children in residence; pre-admission services and their development in reception areas of the hospital; extension of social services in boarding-home and nursing-home programme; revision of manualized procedures in operation between hospital and community health and welfare services and the development of co-operative services between hospital and the public health nurse at field level in the development of the boarding-home programme.

The Woodlands School

Consultation was sought and given in relation to job content and written specification of senior administrative social-work position; job content and written specification for social-work supervisor in the out-patient department and social-work supervisor in the training-school; use of technicians such as welfare aides in a training-school programme; on-going development of adult boarding homes; on-going use and development of foster-home care for mentally retarded children resident in the School; and standards of service and practice for social work in the traning-school setting.

The Tranquille School

Consultation was sought and given in relation to development of boarding-out facilities for residents of The Tranquille School who have completed their course of education and training; continuing organizational development of the social service department; community development programme toward community re-settlement of residents, meetings with the Department of Social Welfare, Public Health Branch, and community chapter of the Association for Retarded Children; personnel procurement, retention, and development; staffing and staff-patterning for social services at Tranquille; job content and specification for appointment of a supervisor of social service; the community placement of 18 adult fully trained but dependent residents into family care and boarding homes; manualization of the social service procedures in relation to the community placement of adult residents.

Over the fiscal year the consultant has averaged three days' consultation per month to this development service.

Valleyview Hospital

Consultation was sought and given in relation to extension of boarding- and nursing-home placement programme; personnel procurement, maintenance, and retention; staffing and staff-patterning and out-patient services.

Boarding-home and Family-care Programme

Present Boarding-home Programme and a Conceptualization of Subsequent and Future Developments in Programme

As of January 31, 1965, there are 244 patients from the Provincial Mental Hospital transferred to boarding-home care. There are 24 adult retardates from The Woodlands School in boarding homes on a transferred basis and 64 aged from Valleyview Hospital, a total of 332 patients in all. For the most part, these patients could be described as a chronically disabled group for whom no further extensive rehabilitative measures would be planned other than perhaps an eventual return to families or relatives when these exist. However, approximately 10 per cent of the Provincial Mental Hospital patients transferred to boarding-home care could benefit from further rehabilitative measures, and for these people the boarding home can be seen as a half-way house. This 10 per cent includes a group of younger patients receiving intensive casework and community services from the time of initial placement, as well as older patients who are demonstrating an increased potential in social and occupational skills. This increased potential usually evidences itself after a period of from 18 months upwards in the boarding-home setting.

The above transferred patients were carefully selected for the boarding-home programme, and they are people who can live in the community with the supervision

and supports that are provided in a licensed boarding home operated by lay people, receiving consultation from a psychiatric social worker. It has been possible to maintain this group of patients in the community on this basis with few returns to hospital. During the past five months the percentage of returns from the total group of patients in boarding homes has stabilized at approximately 2.1 per cent, or four to five patients are returning to hospital each month. Of these four to five patients, one will have come back for treatment of some physical condition that cannot be treated in the community because of shortages of hospital beds or other reason. Of the four or five patients, three or four will return to a boarding home after a period of hospitalization which will either be very brief or prolonged (several months). One patient will stay in hospital indefinitely, either because placement in a boarding home was premature or because of deterioration of the patient's condition (for example, a neurological involvement) after a successful period of placement over a few years.

However, it seems to be becoming apparent now that, at least as far as a large proportion of the female population of the East Lawn Unit of the Provincial Mental Hospital is concerned, patients who would benefit from placement in the existing types of boarding homes are few. There is a large group of patients in East Lawn, however, who have now received the maximum of psychiatric treatment available in the hospital, who could live in the community providing that the following conditions were fulfilled:—

(1) A prolonged period of intensive preparation for leaving the hospital was provided in hospital for the patient.
(2) Homes were found offering higher standards of supportive care where the operator would be more skilled and more accepting, and where there would be possibly a higher ratio of staffing. A special rate for care of these might need to be considered. Such homes might need to be situated in outlying communities or in the more enlightened urban areas.
(3) Consultation to the operators could be more intensive than is usual, and that the development of the home with all the necessary consultation to hand could be undertaken.
(4) Supervision of the patient-group could also be more intensive, and, in this respect, time spent in assisting those public health units which have shown an interest in the boarding-home programme might be profitable in leading toward a sharing of the supervision of patients in the boarding homes by local public health and welfare agencies.
(5) Patients in such special boarding homes, as well as those whose adjustment to boarding-home care is now relatively stable, might be seen in community mental health clinics held either in local general hospitals or public health centres.

Another group of patients in the Provincial Mental Hospital who could benefit from placement in a boarding home in the community, providing the facility was an exceptional resource, offering more in the way of programme, understanding, and support, is the group of young disabled people coping with schizophrenic reactions. One such home now in operation in Burnaby is having remarkable success with young patients who had virtually little in ego strengths. This type of boarding home could likely be deemed an intermediate care facility as legislative programme evolves.

A new step in the boarding-home programme recently initiated is a plan to move patients who have been stabilized for several years in a living situation in a group boarding home to the more intimate family-care home, where one patient is

the only boarder in the home. This is seen as a further step in the patients' resettlement into the community, as this type of care is closer to a normal living situation. Such a patient might obtain employment in his area and eventually become self-supporting. The rate of social assistance granted to these patients could be flexible.

Mental Health Centres, Burnaby, Victoria, Kelowna, Trail, and Nanaimo

Regular consultation has been available to the Mental Health Centres in Burnaby and Victoria. One consultative visit each was made during the year to the centres at Trail, Kelowna, and Nanaimo. Social workers practising in these mental health facilities are faced with the task of bringing their competency and contribution to the development of community-based mental health services where in the past the concern was with mental illness services; to an understanding of local social needs and local cultural patterns; to an understanding of family identity in the treatment and prevention of mental illness; to an understanding of the need for community mental health planning, education, and continuing consultation. The regional supervisors of psychiatric social work in these Mental Health Centres are making a significant contribution in the development of community mental health services.

Central Branch Responsibilities

These are largely centred around three conference bodies—namely, the Branch staff meeting, the unit administrative conference, and the interdepartmental Case Review Committee. Attendance has involved responsibilities in consultation, research, and reporting.

Also the responsibility for community development, which this position with all others at Branch Administration carries, has required activity in the following areas: Community Placements Committee for the Association for Retarded Children of British Columbia; the Children's Foundation; Canadian Mental Health, Scientific Planning Committee, Welfare and Recreation Division of the Council of Agencies; Division for the Guidance of Handicapped, Council of Agencies; and the Welfare Institutions Licensing Board.

This has been a year offering much creative opportunity and offering the support and acceptance of able colleagues.

REPORT OF THE DIRECTOR OF NURSING EDUCATION

MISS M. M. LONERGAN

During the past fiscal year the faculty of the Department of Nursing Education focused its attention on curriculum development. Senior instructors responsible for conducting the various programmes for different categories of nursing personnel reviewed, evaluated, and revised curricula content and structure in the light of student differences, recent advances in scientific knowledge, and changing trends in community needs. The immediate changes and evolving plans showed the influence of four fundamental educational beliefs. These were (*a*) comparable educational experiences for all students in any one programme, (*b*) increased attention to the learning needs of the individual student, (*c*) an attitude stressing student responsibility for learning, and (*d*) emphasis on clinical performance as the measure of real learning. Nursing service personnel from most of the institutions participated in the work by discussion, planning, problem-solving, supervision, and formal teaching. Such active interest and co-operation were instrumental in ensuring the feasibility of implementing curricula changes.

The psychiatric nursing programme showed a year-end census of 221 students, compared to the previous year's 264. Inquiries received totalled 1,261; applications, 375; and 137 candidates enrolled in the programme. Seventy per cent of the latter had earned high-school diplomas. One hundred and twenty-one students completed the programme and 59 withdrew. Of the withdrawals, one-third who left were unsuited to psychiatric nursing, one-third failed academically, and one-third left for personal reasons. A final comprehensive examination was introduced on recommendation of the curriculum committee and on authorization of the Deputy Minister. Sixty-one students of the February, 1964, class were successful pioneers of this innovation to determine the senior student's preparedness for graduate-nurse responsibilities.

The affiliate programme offered to students from general hospital schools of nursing was discontinued for six months. This period of time was used to reorganize the programme in respect to its structure, curriculum, and teaching methods. To this end, senior staff of the Mental Health Services Branch met with representatives of general hospital schools of nursing and the Registered Nurses' Association of British Columbia. At the conclusion of the fiscal year, a comprehensive plan for a conjoint programme was designed to (*a*) enable students to learn how to use the psychiatric-care resources in the Province, (*b*) acquire basic skills in nursing patients in intensive-treatment units, and (*c*) develop increasing understanding of the application of psychiatric nursing concepts and principles to the care of patients in general hospitals.

The clinical programme for registered nurses enrolled 17 students and graduated 15. Of the latter, six nurses accepted employment in the nursing service division. The programme enjoyed good publicity promoted by its graduates. The graduates of the programme have a decided appreciation of their opportunity for extensive individual and group guidance and for close supervision in the practice of psychiatric nursing skills.

The psychiatric-aide programme conducted 17 courses, encompassing 793 hours of instruction for 155 psychiatric aides on the staffs of the Provincial Mental Hospital and Crease Clinic, the Valleyview Hospital, and The Woodlands School. These courses varied in length from 3 to 10 days, according to the needs of students and the nursing services from which they were released. Following visits to Dellview

Hospital, Skeenaview Hospital, and The Tranquille School, a two-week programme was provided in December for two psychiatric nurses from each of two Interior hospitals with the object of assisting these nurses to initiate orientation courses for aides in those facilities. The faculty responsible for the psychiatric-aide programme was increased by two psychiatric nurses who won positions through Civil Service competition. They embarked upon a comprehensive study programme, directed by the senior instructor and designed to prepare them for teaching responsibilities.

The post-basic programme was offered to psychiatric nurses interested in preparing themselves for promotional opportunities. It was organized in the form of four hours of planned teaching per week from October through December. Twenty-two nurses from The Woodlands School, Valleyview Hospital, and the Provincial Mental Hospital and Crease Clinic participated in 66 hours of lecture and discussion on psychiatric nursing, rehabilitation, and ward management. Interest was good, and all nurses successfully completed the programme.

Miss Beverley Mitchell, who had for many years been responsible for the department's development and progress, left the Mental Health Services to further her educational goals in Europe. Her departure created a vacuum which was partially filled in January when a limited nursing consultation service, by the Director of Nursing Education, was made available to the institutions of the Mental Health Services Branch. In this capacity the Director participated in finalizing plans for the reorganization of the nursing department at The Woodlands School. An extension of the service was the provision of information concerning nursing functions and programmes in reply to requests from various parts of Canada and the United States and the arrangement of tours for several visiting nurses. Nurse leaders concerned with mental health services and those in related agencies continued to use the Nursing Council and the Nursing Liaison Committee as vehicles for facilitating communication and for seeking solutions to many practical problems relating to patient-care both within and outside the Mental Health Services Branch.

REPORT OF THE CONSULTANT IN MEDICAL RECORDS AND STATISTICS

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

The approaching Proclamation of the new *Mental Health Act, 1964,* made it necessary to plan changes in procedures. Several meetings of medical-records staff were held for interpretation of the Act. Supplies of new forms were distributed, together with explanatory material. Related forms were also revised.

As a step toward obtaining information regarding the amount of care received by a psychiatric patient, a decision was made to change the system of numbering from " serial " to " unit " for all in-patient facilities. Commencing April 1, 1965, a patient being readmitted will be reassigned his previous hospital number and will retain this for all future admissions. A new patient will be assigned a new number, which will be retained for future admissions. By punch-card application the number of admissions and the length of time on the hospital books for each patient will be available. The same system of numbering is in operation for the Mental Health Centres.

CONSULTATION TO UNITS

PROVINCIAL MENTAL HOSPITAL AND CREASE CLINIC

Following the formation at Essondale of a Committee on Statistics, their suggestions were discussed with the Research Officer, Division of Vital Statistics, and this Consultant. Forms have been designed and plans made for collection of more detailed statistics dealing with diagnosis and treatment, commencing April 1, 1965.

Assistance was given in the study of the results of statistics gathered regarding a group of Crease Clinic admissions.

On instruction of the Deputy Minister, plans were made through the Medical Superintendent for a review of the diagnosis of mentally defective patients in residence in the Mental Hospital. The results have been recorded on the patients' records and the I.B.M. cards revised as necessary.

SCHOOLS FOR MENTAL DEFECTIVES

Assistance was given in the review of the waiting-list of The Woodlands School.

The Consultant attended meetings of the Deputy Director of Mental Health Services, the Medical Superintendent of The Woodlands School, and the Research Officer, Division of Vital Statistics, regarding co-operation with the Registry of Handicapped Children in maintaining The Woodlands School waiting list of applications for service.

Initial discussions were held regarding the development by the medical staff at The Woodlands School of a statistical form to be processed by I.B.M.

The Medical Records Supervisor of The Woodlands School was accompanied on a visit to the records department of the Health Centre for Children and the Children's Hospital. This has resulted in better communication between these areas when patients are being admitted to or discharged from The Woodlands School.

At the request of the Medical Superintendent, The Tranquille School was visited twice following a change of medical-records staff.

Geriatric Division

In view of the changes taking place in the geriatric treatment goals, statistics regarding length of stay in recent years were supplied to the Medical Superintendent of the Geriatric Division.

Mental Health Centres

Meetings of the Directors of Mental Health Centres were instituted by the Deputy Minister, with this Consultant attending and acting as secretary.

A further revision was made in the statistical forms with a view to reducing the amount of detail. This change will be effective April 1, 1965. The monthly report forms were also revised for the same date.

The numbering system for records was changed so that a patient would retain the same number for all contacts no matter what centre was involved, and it was arranged that the patients' records would move between centres as required.

Consultation was held with the Public Health Nursing Consultant regarding the information submitted for patients referred to the Mental Health Centres in connection with a revision of instructions in the Public Health Nursing Manual.

Visits were paid to the Mental Health Centres in Trail, Kelowna, and Nanaimo for discussion of work-load problems.

Statistics

Co-operation was given for the collection of material in reference to two projects being done under the direction of the Department of Psychiatry, University of British Columbia.

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

REPORT OF THE MEDICAL SUPERINTENDENT

B. F. Bryson, Medical Superintendent

GENERAL COMMENTS

The year ended March 31, 1965, was a busy and productive one for this division of the Mental Health Services. During the year a total of 7,540 patients received psychiatric treatment within the Provincial Mental Hospital and Crease Clinic. Admissions decreased by 335 to 3,847. At the end of the year the total in-residence population was 2,918 (229 in the Crease Clinic and 2,689 in the Mental Hospital).

Treatment and administrative policies have continued toward the goal of providing a progressive standard of service to all patients. Treatment programmes have been revised and many administrative changes have been instituted in both the Provincial Mental Hospital and Crease Clinic to improve patient-care, to continue the hospital's development as a therapeutic community, and to prepare for operation under the *Mental Health Act, 1964*.

A new senior administrative position designated Assistant Superintendent was established to replace the position of Deputy Medical Superintendent. On September 16, 1964, Mr. J. Borthwick, previously head of the Department of Psychology and a recent graduate in hospital administration from the University of Toronto, was appointed to the position. He has been given the responsibility for the administration of the patient-care departments of the hospital. Mr. N. Barr, Business Administrator, has continued to give administrative direction to the business and personnel offices and to the service departments. Dr. P. Middleton, Clinical Director, has directed the activities of the medical staff and has provided psychiatric consultation to departments involved in treatment.

A major development was the establishment of a maximum-security area at the Riverside Building. Concurrently, in that building, a programme was developed for the treatment of patients suffering from alcoholism.

The administration of the male nursing staff in the North Lawn Building was transferred to the Women's Nursing Division to provide more satisfactory supervisory control.

The Radiology Department came under the direction of a group of radiological consultants.

The Inhalation Therapy Section of the Nursing Division was reorganized and agreements were made between this hospital and other divisions of the Mental Health Services for inhalation-therapy coverage.

Procedures in the admitting offices were reorganized to make admission as simple as possible for the patient and his relatives.

The Physiotherapy Department was moved to a new location in the North Lawn Building with the anticipation of expanding its services for the forthcoming year.

Significant changes were made in the assignment of staff and rostering procedures in the Women's Nursing Division.

Many programmes were developed and extended in order to make the hospital more truly a therapeutic community. The payment of patients for work was instituted. A programme of placing patients in jobs suited to their needs was commenced. The contract workshop was expanded. The apparel-shops run by the Canadian Mental Health Association were moved to new quarters and their operation improved. Rules for evening grounds privileges were revised and made more liberal to allow patients to attend evening activities on a freer basis. The Recreation Department's programming was revised to allow for greater evening participation of those patients who work during the day. The library, too, was opened for evening use.

Further changes were made in the patient-care departments to improve community contact. Pre-admission services for patients were developed and expanded. Improvements were made in informing community doctors of their patients' progress. The operation of Vista and Venture, the half-way houses, was modified so that the transition from hospital to community would be made easier. At the After-care Clinic, patients and their spouses attended group therapy designed for people with marital difficulties. Boarding-home care was linked with community public health services. Supervisors employed with the Department of Social Welfare throughout British Columbia were brought to the hospital to improve liaison with community welfare services.

Plans were made for operation in accordance with the new legislation. The spirit of change and a sense of optimism mark the feelings of the staff as they prepare to operate as the Riverview Hospital under the *Mental Health Act, 1964.*

CREASE CLINIC OF PSYCHOLOGICAL MEDICINE

March 31, 1965, marks the termination of the Crease Clinic as a separate entity operating under the *Clinics of Psychological Medicine Act.* It has for 14 years provided an intensive and varied programme of in-resident psychiatric care for mentally disordered persons whose illnesses were considered amenable to treatment within a four-month period. As of April 1, 1965, the Crease Clinic will be known as the Crease Unit and will be the admitting and acute-treatment centre for patients admitted to the Riverview Hospital from the Greater Vancouver area.

The following table briefly outlines the movement of population in the Crease Clinic during the past year:—

	Male	Female	Total
In residence, April 1, 1964	104	142	246
Admissions—			
First admissions Readmissions to a different institution of Mental Health Services Readmissions to the same institution	647	756	1,403
Admissions direct from Provincial Mental Hospital, Essondale	.....	3	3
Total admissions	647	759	1,406
Total under care	751	901	1,652
Separations—			
Discharged in full	651	745	1,396
Discharged direct to Provincial Mental Hospital, Essondale	9	14	23
Discharged direct to Valleyview Hospital	.....	1	1
Died	2	1	3
Total separations	662	761	1,423
Net decrease	—15	—2	—17
In residence, March 31, 1965	89	140	229

As will be noted, there were 1,406 admissions (647 men and 759 women), which is a decrease of 208 compared to the previous year. There were 1,118 voluntary admissions or 79.5 per cent of the total.

Separations totalled 1,423 (662 men and 761 women), of which 1,395 or 98 per cent were discharged to the community.

As all diagnostic, treatment, and operational services of this division are available to both the Crease Clinic and Provincial Mental Hospital, the details of each department will be found under reports of the Provincial Mental Hospital.

PROVINCIAL MENTAL HOSPITAL

The Provincial Mental Hospital, after 92 years of operation as a separate institution under the *Mental Hospitals Act,* will cease to exist as such as of April 1, 1965, and combined with the Crease Clinic will form the mental health facility to be known in future as Riverview Hospital, Essondale.

The following table gives a summary of the movement of population for the Provincial Mental Hospital for the year ended March 31, 1965:—

	Male	Female	Total
In residence, April 1, 1964	1,552	1,254	2,806
On probation, carried forward from 1963/64	87	123	210
In boarding homes, April 1, 1964	139	288	427
On escape, carried forward from 1963/64	4	------	4
Total as at April 1, 1964	1,782	1,665	3,447
Admissions—			
First admissions; Readmissions to a different institution of Mental Health Services; Readmissions to the same institution	1,166	1,246	2,412
Admissions direct from Crease Clinic	9	14	23
Transfers from geriatric units	2	1	3
Transfers from schools for mental defectives	2	1	3
Total admissions	1,179	1,262	2,441
Total under care	2,961	2,927	5,888
Separations—			
Discharged in full	1,201	1,281	2,482
Discharged direct to Crease Clinic	------	3	3
Died	70	59	129
Transferred to geriatric units	46	32	78
Transferred to schools for mental defectives	11	3	14
On probation and still out	78	152	230
On escape but not discharged	6	------	6
Total separations	1,412	1,530	2,942
Net decrease in resident population	—115	—2	—117
In residence, March 31, 1965	1,437	1,252	2,689
In boarding homes, March 31, 1965	112	145	257

A comparison of the above table with that for the previous year shows that there has been a decrease in both the admissions and separations. There was a total of 2,441 patients (1,179 men and 1,262 women) admitted to the Provincial Mental Hospital, a decrease of 127 or approximately 5 per cent compared with the previous year.

There were 843 voluntary admissions or 34.5 per cent of the total.

Separations decreased by 201 and totalled 2,942 for the year. Of these (1,201 men and 1,281 women), a total of 2,482 patients was discharged in full to the community, a significant increase of 195 compared to the previous year. These discharges constitute 84 per cent of separations.

Deaths in the Provincial Mental Hospital decreased by 20 to a total of 129 or 4.3 per cent of the total separations and only 2.2 per cent of the total number of patients under care during the year.

The number of newly admitted patients requiring special security supervision decreased by 21 and totalled 151. Of these, 91 men and 18 women were admitted by Order in Council from Oakalla Prison Farm Gaol, 11 men from the British Columbia Penitentiary, and 25 men and 6 women were referred by Magistrate's warrant for psychiatric assessment.

As of March 31, 1965, the number of patients in residence in the Provincial Mental Hospital totalled 2,689 (1,437 men and 1,252 women). This is a decrease of 117 compared to the same date a year ago. There were 257 patients in boarding-home care under the supervision of the hospital. This is an increase of 47 over the previous year.

Treatment Services

This final year of the separate existence of the Crease Clinic of Psychological Medicine and the Provincial Mental Hospital has been by no means a period of marking time and waiting for April 1, 1965, when the *Mental Health Act, 1964,* takes effect. On the contrary, in preparation for the significant clinical advances made possible by the new Act, it was a year of great activity.

In May the tuberculosis service was confined to a single ward of 26 beds, both male and female, on Ward South 1 in the North Lawn Building, and by the end of the year this area was being prepared for further subdivision into a mixed tuberculosis ward of only 12 beds (all that are now necessary) and a much-improved physiotherapy and hydrotherapy service.

November saw the transfer to the Riverside Building of all male security patients. This group includes prisoners of the Provincial correctional institutions and Federal Penitentiary who are being treated or observed for mental disorders, persons charged with offences on remand for pre-trial psychiatric observation and opinion, and others found not guilty of various offences by reason of insanity awaiting the Lieutenant-Governor's pleasure. The new location permits the patients to use a large and pleasant exercise courtyard at some part of each day in which weather permits.

A system of security ratings was instituted, making it clear how much supervision and control were required for each security patient. At the end of the year the Riverside Unit was established as a separate entity under a Unit Director. By then a good relationship existed with prison authorities for the transport of patients and the rapid exchange of relevant information.

In January the service for motivated male alcohol addicts who had volunteered to receive in-patient treatment was transferred to a small open ward in Riverside Unit. A busy treatment programme involving group activities and aversion therapies is oversubscribed, and there is usually a short waiting-list of applicants. Out-patients are seen on a pre-admission or after-care basis once weekly at the Alcohol Foundation, Vancouver. The organization of Alcoholics Anonymous has continued to hold regular meetings at the hospital and has provided valuable assistance.

The transfer of the security and alcoholism services from Centre Lawn Unit enabled that unit by the end of the year to have all of its eight wards open and to institute four clinical services, each serving two wards. In addition, preparation and planning were well advanced to equalize treatment, staffing, and physical standards at the high level set by the Crease Clinic.

There has been a significant increase in therapeutic community concepts involving ward community meetings, discussion of patient problems by ward staff groups, including the most junior as well as the most senior staff members. Inevitably the physician is cast in the role of leader of such groups however democrati-

cally they may be promoted, and this calls for better than average competence in the physicians.

Apart from a therapeutic trial of tegretal, found valuable in controlling behaviour as well as convulsive tendencies of disturbed epileptics, and of variants of imipramine, there has been no major departure in the use of drugs.

Electroconvulsive therapy is used in moderation on the admission services in conjunction with phenothiazine drugs in the treatment of schizophrenia, in severe depressions, or depressions resistant to appropriate drugs. Approximately 80 patients in the admission units at any given time are receiving a course of electroconvulsive therapy, and the average course is fewer than eight treatments. In the other services there are usually fewer than 40 patients on this type of therapy. In all cases both intravenous anæsthesia and muscle relaxants are employed. There has been no fracture or accident from electroconvulsive therapy in the past year, except for one instance of transient cardiac arrest.

The After-care Clinic carries an average case load of just over 1,000 patients, and plans are being finalized to subdivide this group into those (about 80 per cent) who reside in the greater Vancouver area from the smaller number who reside elsewhere in the Lower Mainland and provide more suitably located facilities for this service. It is hoped that we will be able to add pre-admission and also admission preventing out-patient services to our existing after-care services, for we continue to receive as in-patients many individuals who do not need to occupy beds or to have the continuity of their family life disrupted.

Research under the leadership of Dr. Greiner, Unit Director of North Lawn (and a certified specialist in internal medicine), into the phenomena associated with melanin deposition in chronic schizophrenics, especially following prolonged courses of phenothiazines, entered a new phase. Low copper diets and penicillamine were employed with two groups of patients to determine whether reduction of melanin pigmentation and of psychotic symptomatology would result. The findings are in course of publication.

The Psychology Department was active in validating modes of alcohol aversion therapy involving the association of cue words and phrases relating to alcohol with electric shocks applied to skin surfaces. Estimates of the degree of concern evoked by such words subsequently were made with the psychogalvanic reflex (polygraph) method. Further extension of behaviour therapy methods in the treatment of alcohol addicts is in prospect.

Thursday morning staff conferences continued to be well attended and varied in scope. A proportion involved case presentations and discussions, but in addition there were guest speakers from related disciplines. There were also 20 brief presentations of various psychiatric and general medical themes as part of the Wednesday medical-staff noon meeting.

Many groups and individuals visited our facilities, including high-school students, Royal Canadian Mounted Police, boarding-home operators, public health nurses, etc., and our medical staff were well represented in lectures, panels, and workshops on psychiatric and related themes in the community. Instruction was again offered to school special counsellors and second-year medical students.

Women's Nursing Division

The focus of the Women's Division of Nursing has been on the evaluation and improvement of the level of patient-care by analysing the specific nursing-care needs of 24 wards.

As the year progressed, it became apparent that the changing emphasis of various wards was resulting in the inefficient use of nursing personnel and adversely affecting both patient-care and staff morale. Under these conditions it became imperative to determine the necessary ratio of nursing staff to patients in order to rectify this situation. As a result, each ward was assessed on the basis of function, average patient census, physical plant, as well as involvement in extra duties such as teaching commitments either for students or staff members.

Charge and head nurses are responsible for the rostering of days off for their wards. This results in a greater feeling of security and solidarity on the part of ward staff. Senior supervisors, although still responsible for the ward coverage of their buildings, are finding more time to supervise nursing care and to plan programmes.

Team nursing has continued to spread and is now in effect on all wards in Centre Lawn, two wards in East Lawn, and one in the North Lawn unit. This method of assignment appears to provide the best means of staff supervision as well as individual attention to the patients.

There has been considerable emphasis on staff orientation. Each of four charge nurses who was assigned to a different ward received a four-day orientation previous to commencing duty. Seventeen psychiatric aides received an orientation to the hospital programmed by the School of Nursing. Work is presently being carried out on an orientation programme for staff nurses, this group being the only one not yet provided with a formal orientation. Two staff nurses, however, were selected to attend the post-basic programme presented by the School of Nursing, which extended over a period of 18 weeks. Registered nurses have continued to be encouraged to seek post-basic education, and during the year the operating-room supervisor has been on leave of absence in order to complete the baccalaureate programme at McGill University.

The Women's Division of Nursing again presented an in-service programme to charge and head nurses from both divisions of nursing. The programme took the form of a workshop, with the objective of compiling ward manuals for each of the 46 wards in the hospital. Guest speakers discussed such pertinent subjects as staff evaluations, orientation, communications, and ward teaching.

In this connection senior supervisors reviewed all policies from their manuals, and these are being revised in order to be brought up to date with the changing philosophy. The objective is to provide up-to-date manuals which will be graduated from the broad information necessary for the Superintendent of Nurses' office to that required for senior building supervisors' offices, down to the specifics of the ward situation.

The Central Supply Room continues to provide supplies for the hospital and extended its services to the newly created staff health service. Since the reorganization of the pharmacy, the storage area, previously available from this department, has been withdrawn. This has further reduced the already limited space of the Central Supply Room.

The surgical unit continues to increase its operative procedures and consultations. Plans are under way to improve its facilities and to provide the much-needed post-anæsthetic recovery-room. An instrument count for major cases was instituted in the operating-room in October as an additional safety measure. There is also a programme in effect which provides an orientation for surgical-ward staff, the objective being to build up a reservoir of experienced nurses for emergency situations.

Considering the various projects and trends which have been mentioned and which are indicative of growth within the department, there is reason to feel great optimism for the future.

Men's Nursing Division

In the past year the male nursing staff adjusted to a rapidly changing era in mental health which has brought about many new ideas in the planning, philosophy, and treatment policies of the hospital. This department's staff have continued to improve their standard of nursing care and to adjust to the changes.

More responsibility was placed upon unit nursing supervisors in the operation and control of their units. They have, therefore, felt freer to co-ordinate unit activities with other disciplines concerned and are better able to further plans in line with the philosophies as laid down by the various unit medical directors.

Nurses are involved in therapeutic-ward discussion groups, in which they often act as group leaders who report the progress of patients to a clinical team. Nurses conduct progressive relaxation groups in the Crease Clinic and act as leaders in reactivation, remotivation, and resocialization programmes.

The Royal Canadian Legion, Army, Navy and Air Force Veterans, and their women's auxiliaries have continued to be faithful visitors. They have also been most generous with their gifts. One group donated a pool table to a West Lawn ward. A number of other organizations have visited regularly.

From May to October the male nursing division dealt with a series of incidents and problems with patients transferred from the prisons of the Province. There were a number of escape attempts and four actual escapes. In November, Wards R2 and R3 of the Riverside Building were converted into a maximum-security area. Increased security is now possible because of the better physical facilities and increased staff ratio in the area. Concentrated programmes of recreational therapy and occupational therapy were put into effect with these patients to lessen tensions and problems.

In 1964 a number of infirmary patients were moved from A1 to North Lawn, thus leaving A1 available to be used for the treatment of acutely ill patients and as a receiving area for patients from other units. With the transfer of the security patients from the West Lawn Building, there was a rearrangement of patients which permitted the introduction of a changed philosophy and one which puts more emphasis on group therapies, remotivation, ward discussion groups and reactivation.

The grounds supervisors again had a busy year. They interviewed 3,287 patients prior to their being granted grounds privileges. In addition, the grounds supervisors kept a watchful eye on an average of 2,800 patients in a 1,000-acre area for problems such as unacceptable behaviour, patients wandering out of bounds, and patients becoming ill. This has proven a very useful service throughout the years, for by their counselling and direction grounds-privileged patients may enjoy their privileges with safety and confidence.

Department of Psychology

Educational and professional standards have been rising steadily in this profession in the last few years. As a result, recruitment may continue to be difficult for some time to come until a sufficient pool of psychologists is available.

In total, 58 lectures were given and again were mainly within the framework of instructional programmes for nurse trainees, but included as well some talks delivered to other affiliating students and visiting groups.

A total of 1,366 psychological tests was administered, the greater number of which were used in the preparation of written reports about patients. Altogether 400 such reports were submitted in response to requests made for diagnostic evaluation, intellectual measurement, and personality assessment.

In total, 633 group meetings were conducted. At the Crease Clinic, this year saw the repetition of an intensive group programme for young acutely ill schizophrenic patients and the continuation, in modified form, of a programme for the neurotically disabled person. As an additional service in this unit, a group programme was established catering specifically to patients whose admissions seemed primarily referable to marital problems. Group therapy services also principally oriented to resolving marital conflict continued strongly at the After-care Centre. The year also saw a continuation of therapeutic services within the Provincial Mental Hospital in the form of group discussions and activation sessions for long-hospitalized female patients thought suitable for discharge. Of growing interest to the staff has been the application of learning principles to the alleviation of symptoms, and several challenging treatment problems were undertaken utilizing learning techniques.

In respect to the latter, a study was undertaken to examine the efficacy of aversive conditioning in the treatment of alcoholism. Additionally three other research projects were initiated, two relating to the utilization of certain psychological tests and one examining a screening procedure potentially useful in selecting chronic schizophrenic patients for social rehabilitation.

The department has continued an affiliation with the University of British Columbia in repeating, for a fifth 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. This programme has aided recruitment and probably will do more in the future.

Social Service Department

The past year has been one of challenge and increased activity for social workers in all major areas of the Provincial Mental Hospital and Crease Clinic. Continuing high rates of admission to the Mental Hospital were reflected in a rapid turnover of patient loads and corresponding growth in the provision of brief social services, particularly in the admitting and acute-treatment unit.

The work of the department, as depicted in the statistical summaries, remained fairly consistent with that of the previous year. A total of 3,676 patients in the Provincial Mental Hospital was given service, as compared with 3,325 in the preceding year, whereas in Crease Clinic the statistics disclosed a slight reduction in numbers of patients served, from 1,588 in the year 1963/64 to 1,399 in the current year, which drop, however, was offset by an increase in services to groups of patients. Services such as these involved the casework staff in more than 23,000 interviews, of which total some 13,600 were held with, or on behalf of, patients in the care of the Provincial Mental Hospital, and approximately 9,600 were concerned with patients in the Crease Clinic. In addition, some 3,500 interviews, primarily related to the provision of brief services, were held with patients discharged from all areas and registered in the After-care Clinic for on-going help and supervision on an out-patient basis.

Within the long-stay areas of the Mental Hospital, the resettlement of chronically handicapped patients in selected boarding homes under the on-going supervision of psychiatric teams continued to play a major role in facilitating hospital clearance. By the end of the year, 257 patients (112 male and 145 female) or approximately 10 per cent of the total patient population of the long-term treatment units were accommodated in 38 licensed boarding homes under this programme. The appointment of additional staff to this section has enabled the co-ordinator to devote more time to the selection and licensing of suitable homes.

A significant step during the year in the integration of hospital services with those of other community resources in the rehabilitation of patients was the incorporation into the boarding-home programme of the services of public health. This was effected through policies with the North Fraser and Upper Fraser Valley Health Units, whereby it was agreed that certain aspects of care and supervision would be provided to patients in boarding homes by public health nursing personnel. This has proved to be a satisfactory division of responsibilities which might be applied to other locales.

In the Crease Clinic the growth of pre-admission services was an important development. Some 30 pre-admission visits were made each month and were concerned with the preparation of prospective patients and their families for the experience of hospitalization.

Considerable time was given to working with groups of patients. For those social workers engaged in preparing large numbers of patients for discharge, this proved to be a most economical means of dealing with common concerns regarding such matters as housing, employment, boarding-home care, community attitudes, etc. Other groups concerned with adjustments in marital and family relationships were carried by members of the psychology and social service staffs working together.

Group services to adolescents and young adult patients continued in both the Crease Clinic and Centre Lawn Building under the general direction of the respective unit directors. Although adolescent patients continued to present problems in discharge planning, co-operative services with the Child Welfare Division have been greatly enhanced by the appointment of a Special Placements Consultant to that division. Liaison has been maintained with this officer, who also has contact with the various regional offices of the Department of Social Welfare as well as with the three Children's Aid Societies in the Province. This has been of particular assistance to the social-work staff in the acute-treatment units, where a fairly large proportion of social-work time has been devoted to this group of patients.

In the After-care Clinic, the emphasis during the year has been in developing policies of co-operation with community agencies whereby better services to discharged patients can be provided.

Twelve visiting teams from the Crease Clinic and Provincial Mental Hospital were active with 1,431 patients who were registered in the After-care Clinic. In addition, the resident staff provided social and casework services to or on behalf of 531 patients.

The School of Social Work again requested, and was granted, the opportunity to place students for field-work experience in both the institutional areas and in the After-care Clinic. Individual case and group supervision was provided by either senior members of the Social Service Department or by a field instructor appointed to the faculty of the school. In addition to fulfilling speaking engagements with interested community groups, orientations were given to in-service training students of the Department of Social Welfare and to groups of first-year students in training at the School of Social Work.

The supervisory personnel of the Department of Social Welfare were given refresher courses, which included a one day's orientation to the hospital services. This contact was valuable in promoting understanding of the problems of each other.

Rehabilitation Department

This has been a year of considerable change within the Rehabilitation Department. The original Co-ordinator of Rehabilitation left the service in May, 1964,

and a new Co-ordinator was appointed in due course. In the interim his position of Acting Co-ordinator was filled by the department's social worker.

The work placement programme has continued as a large and active service within the hospital. A total of 1,992 new job assignments was made, and 442 job transfers were arranged for the patient-group. A grant of $35,000 was received for paying patient workers, and at the end of the year 1,133 patients were receiving payment for their work. All patients have been assigned a grade according to their work performance and are paid every two weeks. The payment system has brought an increase in interest from the patients about their hospital jobs, and attendance and punctuality have improved. Assignment of patients to jobs is done by means of an individual interview, and it has been necessary to hire two new job placement officers in addition to the two already employed in order to handle this large placement activity.

The vocational assessment programme received 141 referrals during the year. Of this number, 14 patients proceeded on to extended job-training programmes. The vocational assessment service is one valued by the National Employment Service, which has a real interest in obtaining concrete information on the discharged patient's work ability when he returns to the community. The assessment reports enable more realistic placement in community jobs. Many non-clinical areas of the hospital have co-operated in helping assess patients within their work areas. The occupational therapist, who is responsible for the vocational assessments, also has been active in contacting industrial firms in the community in order to obtain contract work for the Rehabilitation Workshop. This workshop is a joint project with the Occupational Therapy Department and furnishes opportunities for approximately 30 regressed patients to perform meaningful work of a simple kind under supervision. This workshop provides a service to the patient who cannot be given grounds privileges and has few opportunities to leave his ward. The workshop experience furnishes an initial stimulating phase where the patient can be prepared for more independence within the hospital. One hundred and nine firms have been solicited for work, and 31 of these have expressed interest and willingness to consider supplying work to the workshop. Approximately $400 has been earned by the workshop.

The rehabilitation residence programmes at Vista and Venture have needed a great deal of attention this year. During this period these residences have been defined as resources for working with patients who are on active rehabilitation programmes leading to employment in the community. These houses have been found very suitable for those who are undertaking vocational training or who are in the early stages of employment and need a supportive living situation. A total of 66 patients has been involved in this programme, and of these only 13 had to be returned to the hospital due to exacerbation of symptoms. The social worker has worked closely with the staff at Vista and Venture in order to bring about a climate of rehabilitation rather than extended nursing care. She has been able to obtain tickets to a variety of community functions and has worked toward making the patient more able to use normal community resources. A sizeable number of former patients use the rehabilitation residences on a " drop-in " basis and gain considerable support from the staff.

There has been much community-oriented activity within this department. The Consultative Council, formed as an advisory body to the rehabilitation programme at Essondale, has met regularly. This Council ensures that the programme here is co-ordinated with existing and developing resources in the community. The co-ordinator has been involved with rehabilitation efforts of the Community Chest

and with the activities of the National Employment Service. Through these and other community contracts it is possible to focus the attention of those in community agencies on the problems of the psychiatric patient who is returning to the community. It is felt to be important that this department be considered a part of community services as well as a part of the over-all hospital programme to prepare patients for discharge and independent living.

Occupational Therapy Department

The Occupational Therapy Department has endeavoured to formulate its programme to be consistent with new trends in hospital treatment. Outlined below are changes in departmental activity consistent with modifications in policy.

The movement of the Order in Council patients to Riverside Building necessitated a reorganization of staff in the Occupational Therapy Department to provide an active ward and workshop programme.

The boarding-home visiting programme initiated last year has continued as a part-time service to provide materials and activities for patients transferred to boarding-home care. The need to extend this programme to a full-time service is more evident with the increasing number of referrals for boarding-home placement.

The Third Annual Art Exhibition, held in late October, was successful in interesting a large group of staff and patients. Proceeds from the yearly occupational-therapy sale amounted to $3,497. This represented an increase of $600 over the amount realized last year.

In total, 3,391 patients were referred to the department. An average of 585 patients attended our facilities per day. A total of 108,686 treatments was given during the year. Fifty-five patients were referred to the Activities of Daily Living Unit for assessment and retraining. The length of stay ranged from four to six weeks.

Seven graduate students from the Universities of Toronto, Montreal, and Manitoba and seven second- and third-year students from the University of British Columbia School of Rehabilitation Medicine interned in the department from May to October. Staff participation in educational and orientation programmes for all groups of students and staff continued to be extensive. A number of guest speakers were invited to staff meetings as part of a continuing educational programme.

Recreational Therapy Department

There was a steady growth in the number of new and interesting developments in the employment of social and recreational activities as a part of the active-treatment programme. Much of the change concerns the way in which the programme is developed and made available to patients and, with the increasing unitization of the hospital, a trend has developed to place recreational programmes directly under the control of the medical directors of each separate unit.

Working within this relationship, the recreational-therapy staff assigned to the various units have carried on a varied programme tailored to the interests and needs of the particular types of patients in each section. In acute-treatment areas, such as Centre Lawn and the Crease Clinic, this has involved offering morning and afternoon treatment sessions for groups of referred patients five days a week. These activities are carried on in special areas within the unit or in airing-courts immediately adjoining the unit building. In addition, opportunities are offered these same patients for special group activities outside the unit, such as bowling, golf, swimming,

basketball, floor hockey, and roller skating. Social recreational needs in turn are met through the provision of weekly dances, card socials, bingos, concerts, and musical events.

The extensive relocation of patients carried out during the year affecting West Lawn, Centre Lawn, North Lawn, and Riverside necessitated frequent alterations in the pattern of activities and the scheduling of routines within each of these units to meet the needs of new types of patients. Centre Lawn and Riverside areas in particular came in for wide revision of a more comprehensive programme of activities. Structural alterations affecting the recreation facilities at Riverside have made possible the regular use of these areas by security patients with a resultant heavy daily traffic, while the shift in population at Centre Lawn opened up space suitable for recreational activity which, for the first time in many years, permitted patients in this unit an organized daily activities programme.

Spring marked the opening interest in out-of-door activities, which saw the establishment of flourishing softball leagues, pitch-putt golf, horseshoes, outdoor volleyball, and soccer, leading to a summer which brought a season-long battle against adverse weather to carry out scheduled picnics, cook-outs, industrial tours, expeditions to Stanley Park, Alouette Lake, Squamish, Queen Elizabeth Park, the Pacific National Exhibition and Shrine Circus, and a variety of other points. The fall and winter seasons brought their full complements of indoor activities—gymnastics, calisthenics, badminton, basketball, volleyball, floor hockey, and bowling, together with inter-unit dances, card socials, glee club and dramatic activities, and regular expeditions to outside community attractions. Use of the Hillside swimming-pool as an integral part of the hospital's recreation facilities continued and expanded during the year.

Patients from both acute and long-term areas who have ground privileges share in the wider programme organized directly by the Recreational Therapy Department. In keeping with normal community patterns, these patients, for the most part, are fully occupied during the working-day, but are free during the late afternoon, evenings, and week-ends to leave the unit and voluntarily seek social and recreational opportunities on the grounds, at sports fields, swimming-pool, golf course, or at the hospital recreation centre, Pennington Hall. It is in these areas that the Recreational Therapy Department finds its chief opportunity to plan, develop, and direct a wide-ranging programme of wholesome, constructive social and recreational activities designed to meet the leisure-time needs and interest of grounds-privileged patients.

Special events were held, including some 24 concerts put on by outside community groups, special Easter celebrations, the gala Carnival Day in June, expediditions to the Pacific National Exhibition and the Shrine Circus, and a major Hallowe'en party. Christmas with its popular open-house events involving the attendance of scores of volunteer community entertainment groups embracing several hundred special guests, the New Year's Frolic, and, finally, a Valentine's Ball were special highlights of the year's activities.

The addition of a piano and three new billiard tables to the complement of recreational equipment now available for ward use, the establishment of inter-unit dinner parties, the operation of a bowling league, the introduction of roller skating as a regular activity and the carrying-out of a Wednesday evening co-ed " Gym Fun " night were among other interesting developments of the year. A change in the editorial staff and the resultant revisions in publishing procedures during the year have transformed the Leader into a more interesting and readable patients'

magazine, while at the same time offering much greater values in terms of therapy to the considerable body of patients involved in its reporting, writing, and publishing.

Patients' School

The school was open from 8 a.m. to 4 p.m. for 216.5 regular school-days during the past year. Forty male and 22 female patients with an average age of 20.8 years were enrolled. These included 29 adolescents, 8 young adults, and 25 adults. Fifty students attended the daily classes, and the 12 who were unable to do so received instruction on the wards. The average period of attendance per patient was 8.6 weeks, and 31 patients were discharged during the year.

Twenty-two students, or approximately one-third of the enrolment, undertook one or more correspondence courses offered by the Department of Education. The remainder followed the standard school programme at appropriate grade levels. Twenty-one were enrolled in the elementary grades, 26 in the junior secondary grades, and 15 in the senior secondary grades.

A flexible curriculum suited to the needs of the individual was emphasized. While several patients began courses that ultimately would aid them in an employment situation, the majority attended class in order to resume or complete an interrupted programme of formal education. To this end, the co-operation of the Provincial schools continued to prove valuable. By providing the hospitalized pupils with scheduled term examinations, these schools enabled several of the students to rejoin their former classes after discharge with a minimum loss of regular schooling.

Physiotherapy Department

Staffing of the Physiotherapy Department has been most uncertain during the year. Physiotherapists left the service to go into private practice and to move to other parts of the world. Two physiotherapists have been employed, however, since the middle of the fiscal year.

In line with the establishment of the North Lawn Building as the infirmary area for the hospital, the Physiotherapy Department was moved there in September. Temporary quarters were found for the department in the building's recreation room, but by the end of the year plans were well under way to move into new quarters in a former dormitory of Ward South 1. This space was made available as the number of tubercular patients has been dramatically reduced.

The number of treatments performed and the patients seen was reduced from previous years. A total of 8,540 treatments was given to 1,058 patients.

Department of Radiology

On December 31, 1964, Dr. J. M. Jackson, who for the past 34 years has been a member of the medical staff of the Provincial Mental Hospital and Crease Clinic, first as a psychiatrist and more latterly as Director of the Radiology Department, left the service on retirement.

In keeping with the practice commonly used by general hospitals, specialist radiological consultation and professional supervision of this department is now being provided on a contract basis by a radiological clinic in Vancouver, with Dr. G. I. Norton, a senior member of the clinic, being responsible for the professional direction of the Radiology Department Staff. This new arrangement came into operation during November, 1964, and has been functioning most effectively.

A wide variety of diagnostic procedures was performed during the year, a total of 15,021 films being taken. The number of patients examined was 10,652.

Department of Laboratories

This department reports increased activity over the year.

The total number of procedures performed was 71,750, an increase of 4,507 over the previous year. This increase occurred mainly in the department of bacteriology, where there was a marked increase in the number of smears, cultures, and antibiotic sensitivity tests. In histology there was an increase in the number of tissue sections processed. The chemistry department showed a significant increase in the number of copper determinations performed. There were 171 autopsies performed and 461 surgical tissues examined for patients from The Woodlands School and Valleyview as well as the Mental Hospital and Crease Clinic.

The pathologist and the technical staff contributed to the publication of three scientific articles concerning the cutaneous and visceral pigmentation which has occurred in a number of patients who were on prolonged high-dosage ataractic therapy.

Department of Neurology

This department has continued to function as a consultative centre in neurology, providing neurological, electroencephalographical, and neurosurgical consultative services to the Mental Health Services. There has been a change in the staffing of the department. Dr. Kenneth Berry resigned, and Dr. Paul Bratty was appointed to the position of Consultant in Neurology, beginning the last two weeks in December, 1964.

During the period April, 1964, to March, 1965, inclusive, there were 188 clinical neurologic consultations which were associated with 50 pneumoencephalograms, 8 lumbar punctures, 8 perimetric examinations, and 11 carotid arteriograms. Neurosurgical consultation was provided by Dr. Frank Turnbull in 24 patients, and 6 neurosurgical procedures were performed.

During the year there were 865 electroencephalograms. Of this figure, 550 were done at Essondale, including 86 for penal institutions and 15 as part of a research project. Fifty-eight were performed at the Mental Health Centre in Burnaby and 257 at The Woodlands School.

Pharmacy Department

This year, as for the past several years, the pharmacy has continued to provide a greater volume of medications for patients at the Provincial Mental Hospital and Crease Clinic. Well over 50,000 items of surgical and pharmaceutical nature were dispensed to the wards. Prescriptions filled, both individually and those which were considered for multiple use, amounted to 24,000.

At the end of the year, preparations were being made by the Pharmacy Department to develop two separate functions—one as a general pharmaceutical service for all the Mental Health Services and, separately, a pharmacy for the Riverview Hospital.

Dental Department

The staff of the Dental Department have continued to maintain as high a degree of dental care and treatment as possible. Evidence of dental neglect is seen in a high percentage of new patients of all ages, many of whom are edentulous or are in need of new or repaired dentures to establish good oral health.

A wide variety of dental service has been provided for the patients of the Mental Hospital and Crease Clinic during the year. Difficult extractions or other

forms of oral surgery were carried out by the dentists through the co-operation and facilities of the Crease Clinic surgical service.

Instructions in oral hygiene are given to all patients, particularly younger patients, and a recall system is used to examine long-term patients to provide early recognition and treatment of new cavities or other oral problems.

During the year a total of 10,637 dental procedures was carried out.

Chaplain Service

Services were held in Pennington Hall every Sunday morning and evening, also on all Feasts of Obligation, Good Friday, Remembrance Day, and Christmas Eve. Each Wednesday a service is held on the tuberculosis ward. The Rev. W. S. Lacko conducted the church service for the graduating class of the School of Psychiatric Nursing, while the Rev. John F. O'Neil participated in annual graduation exercises. Both of them assisted with occasional lectures at the Education Centre.

Of special interest during the year was the showing of the film on the rebirth of Coventry Cathedral. Also much appreciated were the filmstrips loaned by Valleyview Hospital. There were special services on the Sundays following the death of Sir Winston S. Churchill and his funeral. The Industrial Therapy Department helped a great deal when they constructed a new hanging cross and refinished the church furniture in Pennington Hall.

During the year a total of 33 choirs from churches in the Greater Vancouver-New Westminster area attended the Sunday morning services and aided with anthems and the musical parts of the services. Also during the year clergymen from 23 different denominations paid 332 visits to patients in the hospital. At the same time the chaplains, apart from their regular work, responded to 93 special requests for aid from the patients.

Library

The principal developments in the patients' library have been the extension of library hours and the use of patient help. Through hospital volunteer services and partly through the use of patient assistance, it has been possible to keep the library open two evenings a week. The longer hours have been particularly appreciated by those patients who are working in the hospital and are thus deprived of library privileges during the day. The library itself has been one of the job placement areas in the hospital rehabilitation programme, and there has been a continuous succession of patients assigned to library work.

The patients' reading-room has been redecorated, and the general appearance greatly improved by the new colour scheme, the reupholstered chairs, and some new oak shelving.

The library's collection was increased by 737 new books, which is almost twice the number acquired during the previous year. However, about the same number of older books was distributed to other areas, maintaining the total library holdings at approximately last year's level of over 4,000. Besides book shipments to Skeenaview and Dellview Hospitals and additions to North Lawn Building, books were placed into a new deposit library at Riverside for the use of patients there.

In the medical library, 230 new books were acquired during the year, bringing the total figure to 3,450. Current journal subscriptions were increased to 177. The professional staff have made heavy use of the library's collection, with particular

emphasis on the use of journal literature. Help was given to the hospital's research teams in literature search and in obtaining reference material.

In order to make the library's resources available to other Mental Health Centres in the Province, acquisition lists have been circulated to persons concerned and cataloguing assistance given when required.

Medical Records Department

The Medical Records Department reports a year of progress in the development of recording procedures to speed the dictation and transcription of case summaries. Forwarding of these case summaries on discharge of patients to the family physician and Mental Health Centres has, as a result, been speeded up and services to the medical profession in the community improved.

Procedural changes in the Crease Clinic admitting office were initiated, resulting in more efficient processing of admissions. The Centre Lawn admitting office was equipped with a duplicating-machine, thus bringing the admitting procedures into line with those of the Crease Clinic. The reorganization of the Riverside Unit for male security patients and patients suffering from alcoholism necessitated the deployment of stenographic staff from the West Lawn Building to maintain the medical records.

The medical-records staff were able to assist in several surveys and research projects. Medical records were made available for a research project dealing with psychotic children under 15 years of age admitted over a 10-year period from the Greater Vancouver and New Westminster areas. Assistance was also given to the Dental Department by providing a list of patient deaths occurring over a two-year period. From this list they were able to bring their records up to date.

During the year the Medical Records Department was requested to arrange for transfer of approximately 2,000 medical records from the Crease Clinic stackroom to a storage area in the Valleyview Hospital.

The Medical Records Committee was active during the year in its efforts to improve forms and methods employed in the maintenance of the medical records. Monthly meetings were held in the various units, and routine checks for accuracy and completeness were made of the files. Some of the recommendations made at these meetings have been effected with satisfactory results. Considerable time was spent in the study and development of new admission and discharge statistical sheets which would meet the demands of medical staff, as well as tying in with the Dominion Bureau of Statistics requirements and the hospital's own needs. The new statistical sheets will be placed into use April 1, 1965.

In anticipation of the new *Mental Health Act,* many planning and organizational meetings were held with the senior medical-records staff and administrative personnel in order that new policies and procedures could be set up to meet the requirements of the Act. Coincidentally, arrangements were made to convert the serial system of numbering medical records to the unit system, which is to be used throughout all the mental health facilities after April 1, 1965.

Volunteer Services

One hundred and seventy-two volunteers from the Canadian Mental Health Association provided 15,022 hours of service to the Provincial Mental Hospital and Crease Clinic during the year. Thirty-nine volunteers resigned, but an additional 42 were recruited, to give a net increase of three.

The major improvement this year was the relocation of the two apparel-shops into a building next door to the Volunteer Centre. This three-story building made

it possible to combine both the male and female shops, and its proximity to the Centre enables service to be given daily. The volunteers have developed a keen interest and sense of responsibility for the new shop and are working hard to make it a most attractive setting. In spite of a closure of almost three months due to remodelling and painting, 1,840 patients were served and provided with 9,660 articles of clothing. An additional service taken on by the apparel-shop since this move has been the responsibility for clothing needs of the ladies living in hospital-supervised boarding homes. This was previously done by the social service staff and nursing staff.

The regular socio-recreation programme continued as in the past, with one most interesting and challenging addition. A group of 12 long-term withdrawn and regressed male patients was invited to the Volunteer Centre one night each week to discover how they would respond to a group of "non-professional" workers. The volunteers have been encouraged to try any techniques they believe would help the patients. The results of this activity are still inconclusive, but there have been some notable changes in some of the patients.

As a result of the annual Christmas gift programme sponsored by the Canadian Mental Health Association, the hospital received over 7,000 presents for distribution among the patients.

An educational workshop for volunteers was held in October for two days. The highlight of this workshop was a banquet hosted by the Provincial Government. The Honourable Eric Martin was the master of ceremonies and assisted in the presentation of certificates and pins to volunteers in recognition of their various years of service. Eight volunteers received 10-year pins, which is equal to the length of time the programme has been in operation.

Volunteers arrange for increasing numbers of patients to attend activities in the community. Opportunities to send patients to the Queen Elizabeth Theatre continue; patients have gone to private homes for lunch. Shopping trips, pleasure rides, and picnics have continued. There seems to be an increase in the community desire to learn and to help, and volunteers plan to take advantage of this keenness.

Forty-two community groups totalling 639 individuals toured the mental health facilities at Essondale. Many organizations have offered their assistance and shown sufficient interest to indicate a continuing rise in this number over the next few years.

The forthcoming year will undoubtedly see a number of major changes in volunteer service to Riverview Hospital.

Business Administration

During the year a number of significant physical changes have been made in order to improve the facilities of the hospital. The most important of these is the complete renovation and redecoration of the patients' dining-room facilities and main kitchen of the West Lawn Building; this dining-room now provides much brighter and more up-to-date amenities for the long-term male patients, and the main kitchen with its new equipment brings it up to present-day standards. Work commenced in the East Lawn Building as the first step toward a programme of improved garbage- and linen-handling facilities.

In the Crease Clinic a group therapy room with an adjacent observation room separated by a one-way mirror has been constructed, and this has been widely used for therapeutic and educational use.

Physical changes were made to the Pharmacy Department so as to separate the central pharmacy from the unit pharmacy activity. This division has been both physical and organizational.

With the development of a boarding-home programme, it is being found necessary to replace patient workers with paid staff. Those patients who previously worked in our various departments and who contributed considerably to the work of the departments have been, and are still being, discharged, with the result that the more deteriorated patients are left to perform the work.

The Business Office over the years has been increasingly involved directly with the patients, and during the year received and disbursed approximately a quarter of a million dollars in patients' trust funds. Although much of this activity was handled through the mails, there were nevertheless about 20,000 transactions carried out directly with the patient at the counter.

Among its other activities the Business Office receives cheques and sorts personal valuables for patients, and during the year this was done for 4,000 patients. About 2,000 patients applied to the counter to take out various articles from safe-keeping during the time spent in the hospital.

Applications are made on behalf of the patients for pensions including Old Age Security, Old-age Assistance, Blind, War Veterans' Allowance, and War Widows' Pensions. A hundred such applications were made on behalf of patients during the year, and 125 unemployment insurance claims were made on behalf of patients. About 1,200 patients were given financial assistance at the time of their discharge from hospital. Such assistance does not exceed $20 for any one person.

For patients leaving hospital, arrangements were made for 205 travelling to points outside the Lower Mainland and to distant destinations such as Europe.

Dietary Department

The dietetics administrator reports a year of improvements, particularly with respect to physical facilities. Some of the activities previously performed by patients are now performed by staff members who have replaced patients.

The following significant physical improvements have been made, which have greatly facilitated the continuing provision of a high standard of dietary service:—

(1) The West Lawn Building kitchen and dining-room have been completely remodelled and renovated. This has included the addition of new cooking equipment, refrigerated garbage facilities, increased refrigerator space, and the installation of a completely up-to-date dish-washing machine. In addition, tray service has been implemented in the A4-C4 dining-room.

(2) The dish-washing room in the North Lawn Building has been renovated, and as part of an over-all programme a new garburator has been installed.

(3) Ward J4 dining-room in the East Lawn Building has been completely renovated to provide consolidated facilities consisting of new refrigeration, heated cafeteria counter, and dish-washing facilities in one convenient location.

(4) Ward J3 in the East Lawn Building has now a renovated dining-room, which involved the installation of a new dish-washing machine and improved dining-room facilities.

(5) Although not completed, work commenced in the East Lawn kitchen area to provide refrigerated garbage facilities.

Industrial Therapy Department

During the year the industrial-therapy staff have worked closely with the Rehabilitation Department personnel, particularly in the field of job assessment and job training for patients being assessed or prepared for discharge to the community.

The facilities and skilled tradesmen in this department have been of great assistance in this regard.

Improvements and expansion of the various services of the Industrial Therapy Department have been made, particularly in the electronics division, the print-shop, and the machine-shop. Six members of the staff have attended night classes at Vancouver technical schools in order to improve their skills and qualifications.

During the year 2,797 patients were employed in the trade-shops; 35 on the average were brought into the department each month. Two hundred and sixteen were referred to other work areas, and 199 were discharged to the community.

The productivity of the department is reflected in the following figures:—

Item	Manufactured Items	Repaired Items
Cabinet Section	521	2,666
Upholstery	303	996
Finishing Section	----------	3,876
Printing Section	2,354,807	2,127
Electronics Section	----------	977
Machine and Metal Section	2,199	3,175
Mattress and Canvas Section	5,262	2,677
Shoe Section	304	2,070
Tailoring Section	9,441	5,130
Uniform Section	9,226	10,070
Dry-goods Section	84,453	----------
Mending	----------	89,029

Audio-Visual Department

Plans have been made to show films on Saturdays only in Pennington Hall instead of twice weekly in order to enable the hall to be kept free during the week for recreational activities. The Saturday movies are staggered to provide three showings, thus allowing a large number of patients to attend on a "drop-in" basis.

A weekly broadcast of recorded classical music was started with a view to expanding this to include a second hour of popular music.

During the year 35-mm. films were shown at Pennington Hall on 141 occasions to a total of 32,042 patients, and at The Woodlands School on 47 occasions to 12,513 patients. The 16-mm. ward movies continued to be shown at Riverside Building, North Lawn Building, and at Valleyview Hospital. Each week 16-mm. films were provided for The Woodlands School, the Provincial Home in Kamloops, and The Tranquille School.

The educational film library now has 439 registered borrowers, who were supplied with 1,329 films.

The radio-telephone system has been expanded to 19 mobile units, one of these being the ambulance; this ensures that all the emergency vehicles are on the network. In connection with this, another class of 32 members was trained in radio operation, bringing the total of trained operators to 214 since the inception of the programme.

The photographic department, in addition to its regular duties, assisted members of the medical staff and consulting staff in the preparation of scientific papers for publication by preparing photographs of patients and charts for both prints and slides.

Laundry Department

The laundry manager reports a slight increase in volume of processed linen over that of the previous year. There were processed 9,950,215 pounds of laundry and 133,875 pounds of dry cleaning. This represents an average daily production of 31,807 pounds.

During the year the sorting area was remodelled, and patient workers who had previously assisted in the operation of sorting were removed from and completely replaced by staff members.

New equipment bought for the department included one conditioning tumbler, two presses, three Sager spreaders, and one washer-extractor for the dry-cleaning department.

Civil Defence Disaster Organization

The Essondale Disaster Committee continued to meet regularly throughout the year in order to maintain its organization and preparedness for possible local emergencies.

Communication and contact by means of correspondence and bulletins were maintained with the Vancouver Target Zone and Provincial Civil Defence authorities, and through the assistance of these two organizations several staff at Essondale received training and experience in current policies and procedures in civil defence disaster planning. During June Dr. Bryson, Essondale Civil Defence Co-ordinator, attended the Provincial Civil Defence Orientation Course No. 31 for elected municipal representatives and Civil Defence Co-ordinators in Victoria. During the same month Mrs. M. Marr, Director of Dietetics, attended the Federal civil defence training course in mass feeding for dieticians held at Arnprior. One member of the Essondale Fire Department staff attended a civil defence rescue course, 32 hospital staff received basic training in radio-communication from the Audio-Visual Department, and three male staff have completed auxiliary police training.

The Disaster Planning Committee studied and completed a written plan for the emergency housing and temporary care of patients who might require evacuation from any of the main buildings in the Essondale area for reasons other than protection from nuclear fallout. A plan for the latter was developed several years ago.

STATISTICAL TABLES

CREASE CLINIC

TABLE 1.—MOVEMENT OF POPULATION, CREASE CLINIC, APRIL 1, 1964, TO MARCH 31, 1965

	Male	Female	Total
In residence, April 1, 1964	104	142	246
Admissions—			
First admissions	435	519	954
Readmissions to a different institution of Mental Health Services	44	36	80
Readmissions to the same institution	168	201	369
Admissions direct from Provincial Mental Hospital, Essondale	.....	3	3
Total admissions	647	759	1,406
Total under care	751	901	1,652
Separations—			
Discharged in full	651	745	1,396
Discharged direct to Provincial Mental Hospital, Essondale	9	14	23
Discharged direct to Valleyview Hospital	.....	1	1
Died	2	1	3
Total separations	662	761	1,423
Net decrease	—15	—2	—17
In residence, March 31, 1965	89	140	229

TABLE 2.—FIRST ADMISSIONS TO CREASE CLINIC BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

Health Unit	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 1	2	----	2
" " " 2	1	1	2
" " " 3	2	5	7
" " " 4	1	2	3
" " " 18	2	1	3
Selkirk, Nelson—			
School District No. 7	6	3	9
" " " 10	----	1	1
West Kootenay, Trail—			
School District No. 9	1	3	4
" " " 11	2	1	3
" " " 12	1	2	3
" " " 13	1	1	2
South Okanagan, Kelowna—			
School District No. 14	1	2	3
" " " 15	3	3	6
" " " 16	1	----	1
" " " 23	5	----	5
" " " 77	1	1	2
North Okanagan, Vernon—			
School District No. 19	2	1	3
" " " 20	5	3	8
" " " 22	1	----	1
" " " 78	1	1	2
South Central, Kamloops—			
School District No. 24	2	3	5
" " " 26	2	1	3
" " " 30	----	1	1
Cariboo, Williams Lake—			
School District No. 27	3	2	5
" " " 28	4	2	6
Northern Interior, Prince George—			
School District No. 55	----	2	2
" " " 56	----	2	2
" " " 57	10	10	20
" " " 58	----	2	2
Upper Fraser Valley, Chilliwack—			
School District No. 33	7	10	17
" " " 34	8	5	13
Boundary, Cloverdale—			
School District No. 35	6	2	8
" " " 36	24	47	71
" " " 37	3	4	7
Metropolitan Health Committee, Vancouver—			
School District No. 38	21	25	46
" " " 39	171	189	360
" " " 41	24	53	77
Metropolitan Health Committee, Vancouver—*Continued*			
School District No. 44	22	25	47
" " " 45	7	10	17
University Endowment Lands	2	----	2
Simon Fraser, New Westminster—			
School District No. 40	20	24	44
" " " 43	16	28	44
North Fraser Valley, Mission—			
School District No. 42	11	6	17
" " " 75	7	10	17
" " " 76	----	1	1
Upper Island, Courtenay—			
School District No. 71	----	2	2
" " " 72	3	1	4
Skeena, Prince Rupert—			
School District No. 50	1	----	1
" " " 52	3	2	5
" " " 53	4	----	4
" " " 54	2	2	4
" " " 80	----	3	3
Peace River, Dawson Creek—			
School District No. 59	5	2	7
" " " 60	2	9	11
" " " 81	1	----	1
Coast Garibaldi, Powell River—			
School District No. 46	6	2	8
" " " 47	9	4	13
" " " 48	----	4	4
Greater Victoria Metropolitan Board of Health—			
School District No. 61	12	16	28
" " " 62	2	1	3
" " " 63	1	1	2
" " " 64	1	----	1
Central Vancouver Island, Nanaimo—			
School District No. 66	1	----	1
" " " 68	4	7	11
" " " 69	1	1	2
" " " 70	2	3	5
" " " 79	1	----	1
School districts not covered by health units—			
School District No. 49	1	3	4
Unorganized	1	----	1
Unknown	1	----	1
Ex-Province	6	----	6
Totals	479	558	1,037

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO CREASE CLINIC BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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	4	1	24	34	48	58	44	51	45	51	50	54	28	50	33	45	33	36	16	23	26	18	9	12	1	14	361	447	808
Certification	5	—	18	22	17	9	14	8	9	12	12	11	7	5	9	16	9	10	9	8	3	4	3	2	1	4	116	111	227
Other	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	2
Totals	9	1	42	56	65	67	58	59	54	63	63	65	35	55	42	61	42	46	26	31	29	22	12	14	2	18	479	558	1,037
Readmissions																													
Voluntary	—	—	6	5	18	11	23	12	13	18	20	13	14	19	13	25	7	20	14	17	11	7	3	8	1	6	143	161	304
Certification	—	—	1	1	5	3	4	5	2	6	5	5	1	1	2	7	1	5	3	3	—	—	—	2	—	2	24	40	64
Other	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	—	—	7	6	23	14	28	17	15	24	25	18	15	20	15	32	8	25	17	20	11	7	3	10	1	8	168	201	369

TABLE 4.—FIRST ADMISSIONS TO CREASE CLINIC BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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				4	1	4	1	2						2					1	1							3	13	16
Hebephrenic type			1		1	1																					2	1	3
Catatonic type			4	1	1		1	2		3		1	1							1							7	8	15
Paranoid type			1	1	4	1	5	5	5	7	10	5	1	3	2	7	2	5	1	2	2					1	33	37	70
Acute schizophrenic reaction			2	7	5	3	1	3	4	5	1	3	1			1											14	22	36
Schizo-affective psychosis					2	9		2	3	1			1	1		1			1	1							7	15	22
Schizophrenic childhood type				1																								1	1
Other and unspecified			4	4	3	3	2	2	1	2	8	6	1	3		1		1			1						20	22	42
Manic-depressive reaction—																													
Manic and circular	1		1	1	1				2			1	2	1	1	1	1		4	1	2		1				16	5	21
Depressive				1				4	2			1	1	2	1	1		2					1	1	1		6	12	18
Involutional melancholia															1	5	2	12	4	2	7	4	3	1		2	17	26	43
Paranoia and paranoid states						1	1		1	1	3	1	2	2	1	3	1		2		1						12	8	20
Senile psychosis																								1				1	1
Psychosis with cerebral arteriosclerosis																										1		1	1
Alcoholic psychosis					1		1				1				1	1	1										5	1	6
Psychosis of other demonstrable etiology—																													
Resulting from epilepsy and other convulsive disorders				1																								1	1
Secondary or due to infective or parasitic diseases					1												1										2		2
Secondary or due to diseases of the nervous system and sense organs						1			2		1	1				1					1						4	3	7
Other and unspecified psychoses—																													
Psychosis with mental deficiency					1			1																			1	1	2
Psychotic depressive reaction				1				3		1		3		2	1	1	2		4		3						10	11	21
Psychosis, other and unspecified																	1			1	1						2	1	3
Anxiety reaction without mention of somatic symptoms		1		2	5	13	4	7	7	13	7	10	2	6	3	6	7	4	1	5		1	1	1		2	37	71	108
Hysterical reaction without mention of somatic symptoms				2	1	3	1	5	1	2	2	3	1	2	1	3	1	1				1					8	22	30
Phobic reaction						1				1										1								3	3
Obsessive-compulsive reaction								3		1	2	1	1														3	5	8
Neurotic-depressive reaction			1	5	13	16	14	12	12	15	13	17	13	27	18	21	18	13	7	11	9	9	4	5		8	122	159	281
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	2
Psychoneurotic disorders, other, mixed, and unspecified types												2	1							1							1	3	4
Chronic brain syndrome with neurotic reaction												1																1	1

Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	6	2	4	—	2	—	—	2	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	14	5	19
Paranoid personality	—	—	—	—	—	1	2	—	—	1	—	1	1	—	1	2	—	—	—	—	—	—	—	—	—	—	4	5	9
Cyclothymic personality	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Inadequate personality	—	—	1	—	—	—	2	—	3	1	1	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	10	1	11
Anti-social personality	1	—	3	2	2	—	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	3	11
Asocial personality	—	—	1	2	2	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	2	8
Sexual deviation	—	—	—	—	3	1	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	1	7
Immature personality—																													
Emotional instability	—	—	1	1	2	2	2	1	2	1	1	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	9	7	16
Passive dependency	2	—	1	2	4	1	8	1	3	1	1	2	4	—	—	—	—	1	—	—	—	—	—	—	—	—	23	8	31
Other and unspecified	—	—	1	—	2	—	—	—	1	—	2	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	7	1	8
Alcoholism—Chronic	—	—	—	—	1	—	2	1	—	2	5	—	—	—	2	1	2	—	—	2	—	1	—	—	—	—	12	7	19
Other drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Primary childhood behaviour disorders	4	—	10	11	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	12	26
Mental deficiency—Mild	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Other and unspecified character, behaviour, and intelligence disorders—																													
Acute situational maladjustment	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2	3
Other and unspecified	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Adult situational reaction	—	—	—	1	2	4	2	3	2	—	—	2	—	3	1	1	—	3	1	—	—	1	—	—	—	1	8	19	27
Adjustment reaction of late life	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	1	—	—	—	2	—	—	—	6	6
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	1	1	3	3	6
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	3
Epilepsy	—	—	—	2	2	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	3	3	6
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	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Other, unknown, and unspecified conditions	1	—	4	1	—	—	—	—	1	1	2	—	—	1	2	1	2	1	—	1	1	2	—	1	—	—	13	9	22
Totals	9	1	42	56	65	67	58	59	54	63	63	65	35	55	42	61	42	46	26	31	29	22	12	14	2	18	479	558	1,037

TABLE 5.—READMISSIONS TO CREASE CLINIC BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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				1			1														2	3	5
Hebephrenic type				1								1			1												1	2	3
Catatonic type				1								1						1										3	3
Paranoid type			1		5	1	2	3	1	4	6	3		2		3	1	1									16	17	33
Acute schizophrenic reaction				2	3		2	2	1	1	2	2		1	1					1							9	9	18
Latent schizophrenia													1														1		1
Schizo-affective psychosis					1	1		1	1		1	1		1	1	1		1	2	1							6	7	13
Other and unspecified					3	1	3	4	4	1	2	3	1	1	1	2		1									14	13	27
Manic-depressive reaction—																													
Manic and circular			1		1		2					1							2								6	1	7
Depressive						1									1	4	3	2	3	1	3				1	1	11	9	20
Involutional melancholia														2				2	1	3	1	2		1		1	2	11	13
Paranoia and paranoid states							2									1											2	1	3
Other and unspecified psychoses—Psychotic depressive reaction					1						1		1	1		2		1	1	1	2	1				1	6	7	13
Anxiety reaction without mention of somatic symptoms						2	1	3	1	2	4			4	1	3	1	3		3				1		1	8	22	30
Hysterical reaction without mention of somatic symptoms				1		1					1	1	1														2	3	5
Obsessive-compulsive reaction										1																2		3	3
Neurotic-depressive reaction			1		4	3	7	3	2	10	2	4	8	6	6	11	2	12	4	10	2	4	2	5		2	40	70	110
Psychoneurotic disorders, other, mixed, and unspecified types										2	1					1			2								3	3	6
Chronic brain syndrome with neurotic reaction																					1						1		1
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality					2		1			1	2		2														7	1	8
Inadequate personality							3								1												4		4
Anti-social personality							1								1												2		2
Asocial personality						1																						1	1
Sexual deviation									1																		1		1
Immature personality—																													
Emotional instability							1	1	2		2					2											5	3	8
Passive dependency					2		3		1	1		1				1	1	1									7	4	11
Other and unspecified					1																						1		1
Alcoholism—Chronic						1									1				1								2	1	3
Primary childhood behaviour disorders			3			1																					3	1	4
Mental deficiency—Mild									1																		1		1

Other and unspecified character, behaviour, and intelligence disorders—																													
Other and unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Adult situational reaction	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	2	1	3
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	2	2
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Other, unknown, and unspecified conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	2	—	2
Totals	—	—	7	6	23	14	28	17	15	24	25	18	15	20	15	32	8	25	17	20	11	7	3	10	1	8	168	201	369

TABLE 6.—FIRST ADMISSIONS TO CREASE CLINIC BY MARITAL STATUS, MENTAL DIAGNOSIS, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

TABLE 7.—READMISSIONS TO CREASE CLINIC BY MARITAL STATUS, MENTAL DIAGNOSIS, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

TABLE 8.—FIRST ADMISSIONS TO CREASE CLINIC BY RELIGION AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

TABLE 9.—FIRST ADMISSIONS TO CREASE CLINIC BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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, 1964, TO MARCH 31, 1965

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	4	1	2	1	1	1	1	1	1	1	3	—	—	—	—	1	1	—	1	—	—	—	—	7	14	21
Hebephrenic type	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	3	4
Catatonic type	—	—	2	3	2	2	1	—	1	—	—	1	1	1	—	—	—	—	1	1	—	—	—	—	—	—	8	8	16
Paranoid type	—	—	2	1	13	4	5	5	9	11	15	8	3	8	3	9	3	8	1	3	2	2	—	1	—	—	56	60	116
Acute schizophrenic reaction	—	—	2	4	7	3	—	4	6	6	4	6	1	2	—	1	—	—	—	1	—	—	—	—	—	—	20	27	47
Latent schizophrenia	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Schizo-affective psychosis	—	—	—	—	3	9	1	4	5	2	3	4	1	2	—	3	—	2	2	2	—	—	—	—	—	—	15	28	43
Schizophrenic childhood type	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Other and unspecified	—	—	2	1	9	4	8	8	4	5	6	9	1	5	2	1	—	2	—	—	1	—	—	—	—	—	33	35	68
Manic-depressive reaction—																													
Manic and circular	—	—	1	—	2	—	4	1	2	1	—	4	2	1	1	2	2	3	7	—	1	—	1	1	—	—	23	13	36
Depressive	—	—	—	—	—	—	—	2	1	—	—	—	1	3	2	5	3	1	4	1	6	—	2	—	1	1	20	13	33
Other	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	3	3	14	6	6	8	5	2	3	—	2	19	35	54
Paranoia and paranoid states	—	—	—	—	—	—	—	1	1	1	3	1	3	3	1	3	1	—	2	—	1	—	—	—	—	—	12	9	21
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	1	1	3	4
Alcoholic psychosis	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	4	1	5
Psychosis of other demonstrable etiology—																													
Resulting from brain tumour	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1	1	2
Resulting from epilepsy and other convulsive disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Secondary or due to diseases of the nervous system and sense organs	—	—	—	—	1	—	—	—	—	—	1	1	—	—	1	—	—	—	—	1	—	—	—	—	—	—	3	2	5
Secondary or due to accidents and violence	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	2
Secondary or due to other diseases	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Other and unspecified psychoses—																													
Psychotic depressive reaction	—	—	1	2	1	1	1	4	—	1	3	3	1	2	4	4	3	2	5	—	5	—	—	—	—	2	24	21	45
Psychosis, other and unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1	2
Anxiety reaction without mention of somatic symptoms	—	—	—	1	1	14	6	9	9	13	12	10	4	8	4	7	7	7	2	9	1	4	—	5	—	3	46	90	136
Hysterical reaction without mention of somatic symptoms	—	—	—	3	—	4	1	1	1	1	1	2	2	3	—	5	1	1	—	—	—	—	—	—	—	—	6	20	26
Phobic reaction	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Obsessive-compulsive reaction	—	—	—	—	1	—	—	2	1	3	1	2	1	1	—	1	—	—	—	—	—	—	—	—	—	2	4	11	15
Neurotic-depressive reaction	—	—	2	5	20	21	19	20	13	22	19	16	21	33	21	22	18	21	11	23	11	16	6	10	—	10	161	219	380
Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system	—	—	—	—	—	1	—	—	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	2	4

Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	1	—	1	—	—	—	—	—	5	5
Psychoneurotic disorders, other, mixed, and unspecified types	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	2	1	3
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	4	4
Syphilis and its sequelæ—Other syphilis of central nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	10	2	5	1	4	1	—	3	2	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	23	8	31
Paranoid personality	—	—	—	—	—	1	2	—	—	—	—	—	—	—	1	2	—	—	1	—	—	—	—	—	—	—	4	3	7
Cyclothymic personality	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Inadequate personality	—	—	1	—	1	1	4	2	4	2	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	12	6	18
Anti-social personality	1	—	6	2	1	—	3	1	1	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	14	4	18
Asocial personality	—	—	—	3	4	1	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	5	11
Sexual deviation	—	—	—	—	1	1	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	1	6
Other and unspecified	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Immature personality—																													
Emotional instability	—	—	—	4	3	4	3	5	4	2	2	1	1	—	1	—	1	—	1	—	—	—	—	—	—	—	16	16	32
Passive dependency	2	—	2	1	11	2	6	4	5	2	7	2	4	—	2	1	3	3	—	—	—	—	—	—	—	—	42	15	57
Other and unspecified	—	—	—	1	1	—	1	—	—	—	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	3	3	6
Alcoholism—Chronic	—	—	1	—	1	1	2	—	—	1	3	—	—	—	4	1	2	—	—	2	—	1	—	—	—	—	13	6	19
Other drug addiction	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	2
Primary childhood behaviour disorders	5	—	17	11	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24	13	37
Mental deficiency—Border-line intelligence	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified character, behaviour, and intelligence disorders—																													
Acute situational maladjustment	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Adjustment reaction of later life	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	2	—	1	—	6	6
Adult situational reaction	—	—	—	—	2	3	3	4	1	—	—	2	—	4	2	2	—	2	—	—	—	1	—	—	—	1	8	19	27
Other and unspecified	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	1	1	1	2	—	1	2	6	5	11
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Epilepsy	—	—	—	1	2	—	—	—	—	2	—	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	3	5	8
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	—	1	—	—	1	—	—	—	2	3	5
Totals	9	—	51	53	95	84	80	81	77	83	90	79	53	85	55	81	50	72	44	54	40	34	14	26	2	28	660	760	1,420

TABLE 11.—LIVE DISCHARGES FROM CREASE CLINIC BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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, 1964, TO MARCH 31, 1965

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
Other and unspecified disorders of character, behaviour, and intelligence	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Chronic brain syndrome with behaviourial reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
Totals	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	—	—	2	1	3

TABLE 13.—DEATHS OCCURRING IN CREASE CLINIC BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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.	
Malignant neoplasm	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	2
Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
Totals	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	—	—	2	1	3

PROVINCIAL MENTAL HOSPITAL, ESSONDALE

TABLE 1.—MOVEMENT OF POPULATION, PROVINCIAL MENTAL HOSPITAL, ESSONDALE, FROM APRIL 1, 1964 TO MARCH 31, 1965

	Male	Female	Total
In residence, April 1, 1964	1,552	1,254	2,806
In boarding homes, April 1, 1964	87	123	210
On probation, carried forward from 1963/64	139	288	427
On escape, carried forward from 1963/64	4	——	4
Total as at April 1, 1964	1,782	1,665	3,447
Admissions—			
First admissions	497	488	985
Readmissions to a different institution of Mental Health Services	128	171	299
Readmissions to the same institution	541	587	1,128
Admissions direct from Crease Clinic	9	14	23
Transfers from geriatric units	2	1	3
Transfers from schools for mental defectives	2	1	3
Total admissions	1,179	1,262	2,441
Total under care	2,961	2,927	5,888
Separations—			
Discharged in full	1,201	1,281	2,482
Discharged direct to Crease Clinic	——	3	3
Died	70	59	129
Transferred to geriatric units	46	32	78
Transferred to schools for mental defectives	11	3	14
On probation and still out	78	152	230
On escape but not discharged	6	——	6
Total separations	1,412	1,530	2,942
Net decrease in resident population	—115	—2	—117
In residence, March 31, 1965	1,437	1,252	2,689
In boarding homes, March 31, 1965	112	145	257

TABLE 2.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1964, TO MARCH 31, 1965.

Health Unit	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 1	2	2	4
" " " 2	7	1	8
" " " 4	----	1	1
" " " 5	4	4	8
" " " 18	1	1	2
Selkirk, Nelson—			
School District No. 6	----	1	1
" " " 7	4	1	5
" " " 8	1	----	1
" " " 10	1	----	1
West Kootenay, Trail—			
School District No. 9	1	4	5
" " " 11	5	8	13
" " " 12	2	----	2
South Okanagan, Kelowna—			
School District No. 14	4	----	4
" " " 15	4	3	7
" " " 16	1	1	2
" " " 17	1	----	1
" " " 23	7	----	7
" " " 77	1	1	2
North Okanagan, Vernon—			
School District No. 19	1	3	4
" " " 20	1	1	2
" " " 21	----	2	2
" " " 22	3	5	8
" " " 78	1	----	1
South Central, Kamloops—			
School District No. 24	8	4	12
" " " 25	----	1	1
" " " 26	----	1	1
" " " 29	2	2	4
" " " 30	5	2	7
" " " 31	1	4	5
Cariboo, Williams Lake—			
School District No. 27	11	5	16
" " " 28	3	8	11
" " " 82	1	----	1
Northern Interior, Prince George—			
School District No. 55	2	----	2
" " " 56	1	1	2
" " " 57	21	8	29
Upper Fraser Valley, Chilliwack—			
School District No. 32	3	2	5
" " " 33	7	10	17
" " " 34	4	11	15
Boundary, Cloverdale—			
School District No. 35	8	13	21
" " " 36	31	33	64
" " " 37	4	5	9
Metropolitan Health Committee, Vancouver—			
School District No. 38	19	16	35
" " " 39	233	290	523
" " " 41	35	39	74
" " " 44	15	32	47
" " " 45	2	9	11
Simon Fraser, New Westminster—			
School District No. 40	24	24	48
" " " 43	11	16	27
North Fraser Valley, Mission—			
School District No. 42	7	8	15
" " " 75	5	6	11
Upper Island, Courtenay—			
School District No. 71	1	3	4
" " " 72	3	4	7
" " " 73	3	2	5
Skeena, Prince Rupert—			
School District No. 50	5	----	5
" " " 51	1	1	2
" " " 52	14	4	18
" " " 53	7	2	9
" " " 54	----	2	2
" " " 80	1	1	2
Peace River, Dawson Creek—			
School District No. 59	4	5	9
" " " 60	2	4	6
Coast Garibaldi, Powell River—			
School District No. 46	2	1	3
" " " 47	6	1	7
" " " 48	1	1	2
Greater Victoria Metropolitan Board of Health—			
School District No. 61	27	13	40
" " " 62	1	3	4
" " " 63	1	----	1
" " " 64	1	----	1
Central Vancouver Island, Nanaimo—			
School District No. 65	4	3	7
" " " 66	1	2	3
" " " 67	1	3	4
" " " 68	5	4	9
" " " 69	2	2	4
" " " 70	2	4	6
" " " 79	1	----	1
School districts not covered by health units—			
School District No. 49	1	2	3
Unorganized	1	1	2
Ex-Province	23	15	38
Totals	636	672	1,308

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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	1	—	10	17	17	34	19	30	24	27	41	35	39	43	25	28	22	42	11	14	9	15	6	9	2	6	226	300	526
Warrant	—	—	6	2	6	1	10	—	5	2	3	—	6	2	4	2	2	—	2	—	—	—	1	—	—	—	45	9	54
Certification	3	1	20	28	28	37	41	27	33	25	40	44	34	43	26	33	24	34	20	24	21	18	25	24	21	14	336	352	688
Urgency	—	—	—	—	2	—	1	1	1	1	—	—	—	—	—	1	1	—	—	—	1	—	1	—	—	—	7	3	10
Court order	—	—	4	—	3	—	3	1	1	—	4	1	1	1	—	1	—	—	—	—	—	—	1	—	—	—	17	4	21
Other	—	—	—	—	1	1	—	—	1	1	1	—	—	1	1	—	—	—	—	—	1	—	—	1	—	—	5	4	9
Totals	4	1	40	47	57	73	74	59	65	56	89	80	80	90	56	65	49	76	33	38	32	33	34	34	23	20	636	672	1,308
Readmissions																													
Voluntary	—	—	6	6	11	19	18	29	29	34	39	34	38	42	28	50	32	32	22	20	9	17	5	16	—	9	237	308	545
Warrant	—	—	3	1	3	1	9	1	7	3	8	1	10	2	5	—	1	1	1	1	—	—	—	—	1	—	48	11	59
Certification	—	—	5	14	5	8	27	19	26	21	49	40	46	42	24	37	19	34	16	19	13	17	5	11	4	3	239	265	504
Urgency	—	—	1	—	—	—	—	—	—	1	—	—	—	—	1	1	4	—	—	1	1	—	—	1	—	—	7	4	11
Court order	—	—	—	—	—	—	4	—	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	7	—	7
Other	—	—	—	—	1	—	—	—	—	1	2	—	2	—	—	1	—	—	—	—	—	—	—	—	—	—	5	2	7
Totals	—	—	15	21	20	28	58	49	62	60	99	75	97	86	58	89	57	67	39	41	23	34	10	28	5	12	543	590	1,133

TABLE 4.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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	4	3	2	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	7	8	15
Hebephrenic type	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Catatonic type	—	—	1	1	5	2	3	2	—	—	4	2	2	1	—	—	—	—	—	1	—	—	—	—	—	—	15	9	24
Paranoid type	—	—	1	3	7	6	12	9	13	8	15	17	11	22	10	18	3	8	2	8	2	4	1	1	1	—	78	104	182
Acute schizophrenic reaction	—	—	2	3	2	6	2	4	2	4	—	4	—	5	1	1	—	1	1	—	—	—	—	—	—	—	10	28	38
Latent schizophrenia	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Schizo-affective psychosis	—	—	—	—	1	3	7	—	—	1	4	1	1	2	1	1	2	—	—	—	—	1	—	—	—	—	16	9	25
Schizophrenic childhood type	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified	—	—	1	—	7	2	5	3	1	4	4	10	2	9	2	3	2	5	1	1	—	2	—	1	—	—	25	40	65
Manic-depressive reaction—																													
Manic and circular	—	—	—	—	—	—	1	—	—	2	1	—	3	1	2	—	—	2	1	3	—	—	3	—	1	—	12	8	20
Depressive	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	2	—	—	—	3	2	5
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	1	3	1	4	1	6	2	5	—	4	1	2	1	—	7	24	31
Paranoia and paranoid states	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	1	1	2	1	—	1	2	—	—	—	—	6	5	11
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	2	3	—	6	2	8
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	2	1	1	3	4	8	3	14	11	25
Alcoholic psychosis	—	—	—	—	2	—	6	—	9	—	11	2	7	3	9	4	4	1	5	—	2	1	—	—	2	—	57	11	68
Psychosis of other demonstrable etiology—																													
Secondary or due to infective or parasitic diseases	—	—	—	—	2	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	3	1	4
Secondary or due to allergic, endocrine, metabolic, and nutritional diseases	—	—	2	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	3	2	5
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	—	2	—	—	1	1	2	—	—	—	—	1	—	—	—	6	3	9
Secondary or due to accidents and violence	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	2
Other and unspecified psychoses—																													
Psychosis with mental deficiency	—	—	2	—	1	3	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4	7
Psychotic depressive reaction	—	—	—	—	—	2	—	—	1	1	1	2	1	2	—	1	—	5	—	—	—	1	—	1	—	1	3	16	19
Psychosis, other and unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
Anxiety reaction without mention of somatic symptoms	—	—	—	1	—	4	2	3	6	—	3	3	2	4	2	1	2	3	1	—	—	2	—	1	1	—	19	22	41
Hysterical reaction without mention of somatic symptoms	—	—	—	—	—	2	—	—	—	2	—	—	—	1	—	1	—	—	—	—	—	1	—	—	—	—	—	7	7
Phobic reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Obsessive-compulsive reaction	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—	4	4

Neurotic-depressive reaction				3	4	15	2	17	5	14	9	20	7	17	3	13	5	17	4	7	3	5	2	6	2	3	46	137	183
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems															1												1		1
Chronic brain syndrome with neurotic reaction																					1	1	2	2			3	3	6
Syphilis and its sequelæ																							1				1		1
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality			2				2			1	1			1													5	2	7
Paranoid personality							1								1												2		2
Inadequate personality				2	2	1	1	1		1	1	2	1	1													5	8	13
Anti-social personality			8	3	10	4	8	1	3	1	2		1		1	1											33	10	43
Asocial personality						1							1														1	1	2
Sexual deviation			2		1	1	2	1					1														6	2	8
Immature personality—																													
Emotional instability			2	8	2	6	1	3	1	2	1	1						1									7	21	28
Passive dependency			3	2	3		1				3		1		1		3										15	2	17
Aggressiveness				1																								1	1
Other and unspecified															1												1		1
Alcoholism—Chronic				1	1	1	6	6	13	5	16	1	31	9	13	8	18	16	7	5	9	1	1	2		1	115	56	171
Other drug addiction						1			1	1		1															1	3	4
Primary childhood behaviour disorders	3		2	9	1	1																					6	10	16
Mental deficiency—																													
Moderate		1	1	1		1	1																				2	3	5
Mild			3				1		1		1								1								7		7
Other and unspecified character, behaviour, and intelligence disorders—Adult situational reaction			1			1	1	2	1		1						1		1								6	3	9
Chronic brain syndrome with behavioural reaction										2					1			2	1	1	6	2	6	7		2	14	16	30
Chronic brain syndrome, N.O.S.					1					3		1	2				1		2	3	1	3	1		1	1	9	11	20
Epilepsy			1	1	2	2		1	1		1	3	1	2	1			1					1	1			8	11	19
Other diseases of the central nervous system not associated with psychosis				1												1					1		3	3	3	9	7	14	21
Observation without need for further medical (psychiatric) care	1		4	3	2	1	5	2	3	2	6	4	1	2	2	1	2	1	3		1		3				33	16	49
Other, unknown, and unspecified conditions				1		2	1			1	1	5		3		2		1		1	1	1		1			3	18	21
Totals	4	1	40	47	57	73	74	59	65	56	89	80	80	90	56	65	49	76	33	38	32	33	34	34	23	20	636	672	1,308

TABLE 5.—READMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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		1		3				3										10		10
Hebephrenic type									1							1											1	1	2
Catatonic type			1	1			9	2	3	4	3	2	2	1	2			1		1							20	12	32
Paranoid type						3	8	7	12	12	20	21	24	21	10	21	7	15	6	6	2	7	1	6	2		92	119	211
Acute schizophrenic reaction				1	2	2	1	1		2	2		1			1		1						1			6	9	15
Latent schizophrenia					1		2	1	1	1	5		2	1		1							1				12	4	16
Schizo-affective psychosis			1		1		6	2	2	3	4	2	2	1		1	4	2	3								23	11	34
Schizophrenic childhood type			1																								1		1
Other and unspecified					6	10	12	12	12	13	20	18	17	20	5	22	4	14	1	7	1	9		1		1	78	127	205
Manic-depressive reaction—																													
Manic and circular						2					1	1		2		5	4	4	3	2	1	1		2	1	1	10	20	30
Depressive										1		1		2	1	3		1	1	3		1	1			2	3	14	17
Other															1					1	1						2	1	3
Involutional melancholia																2	1	3			4	2	1	2			6	9	15
Paranoia and paranoid states									1			1			2			1			1		1				5	2	7
Senile psychosis																					1						1		1
Psychosis with cerebral arteriosclerosis																	1			1			1			2	2	3	5
Alcoholic psychosis							1		3		14	1	9		10	1	7	2	3		1		2				50	4	54
Psychosis of other demonstrable etiology—																													
Resulting from epilepsy and other convulsive disorders						2					1										1						2	2	4
Secondary or due to allergic, endocrine, metabolic, and nutritional diseases			1			1		2		1	1		1	1		1											3	6	9
Secondary or due to diseases of the nervous system and sense organs									1				3														4		4
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	2			1	1		2	1	2		1		1		1			4	10	14
Anxiety reaction without mention of somatic symptoms						1			1		2			4	1			4		4		2		1		1	4	17	21
Hysterical reaction without mention of somatic symptoms				1										2						1								4	4
Neurotic-depressive reaction				1	2	2	1	9	6	11	3	12	7	11		7	8	3	1	9	3	5		10		3	31	83	114
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems																1												1	1
Psychoneurotic disorders, other, mixed, and unspecified types																	1										1		1
Chronic brain syndrome with neurotic reaction										1						1	1										1	2	3

Syphilis and its sequelæ—General paralysis of insane	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	2
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Paranoid personality	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	3	—	3
Inadequate personality	—	—	—	1	2	—	—	3	—	1	1	2	1	2	2	—	—	—	—	—	—	1	—	—	—	—	6	10	16
Anti-social personality	—	—	3	4	2	1	7	2	6	—	3	—	5	—	3	—	1	—	—	—	—	—	—	—	—	—	30	7	37
Asocial personality	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Sexual deviation	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Immature personality—																													
Emotional instability	—	—	—	6	—	—	—	1	2	—	1	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	5	8	13
Passive dependency	—	—	—	1	1	1	—	1	—	—	2	1	2	—	4	4	—	—	—	—	—	—	1	—	—	—	10	8	18
Other and unspecified	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	2
Alcoholism—Chronic	—	—	—	—	—	1	2	1	6	7	9	5	12	12	15	13	9	11	12	4	4	2	1	3	—	—	70	59	129
Other drug addiction	—	—	—	—	—	—	1	—	—	1	—	2	—	2	—	—	—	—	—	1	—	—	—	—	—	—	1	6	7
Primary childhood behaviour disorders	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4
Mental deficiency—																													
Moderate	—	—	1	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	4
Mild	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	4	—	4
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	—	—	2	—	—	1	1	1	5	3	8
Chronic brain syndrome, N.O.S.	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	2	2	4
Epilepsy	—	—	3	2	1	—	1	3	1	—	3	1	2	2	—	—	1	2	4	—	—	—	—	—	—	—	16	10	26
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Observation without need for further medical (psychiatric) care	—	—	—	—	1	—	3	—	1	—	—	1	—	1	—	—	1	—	—	—	1	1	—	—	—	—	7	3	10
Other, unknown, and unspecified conditions	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	1	1	4	5
Totals	—	—	15	21	20	28	58	49	62	60	99	75	97	86	58	89	57	67	39	41	23	34	10	28	5	12	543	590	1,133

TABLE 6.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

TABLE 7.—READMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

TABLE 8.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY RELIGION AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

TABLE 9.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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, 1964

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	—	—	10	5	33	28	60	27	83	49	112	104	138	124	129	113	131	130	140	104	133	87	82	82	73	123	1,124	976	2,100
Manic-depressive disorders	—	—	—	—	1	—	—	1	—	1	1	1	—	1	1	8	3	4	5	12	3	7	3	12	13	23	30	70	100
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	4	1	—	2	2	4	6	2	4	2	6	12	24	36
Paranoia and paranoid states	—	—	—	—	—	—	—	—	3	1	1	—	1	—	1	—	1	—	1	—	5	1	1	—	4	—	18	2	20
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	5	4	13	8	18	27
Presenile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	1	4	1	2	1	1	5	8	13
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	4	6	6	5	7	13	18	26	36	62
Alcoholic psychosis	—	—	—	—	—	—	1	—	1	—	1	—	1	2	2	5	3	5	8	3	8	5	9	1	2	4	36	25	61
Psychosis of other demonstrable etiology	—	—	—	2	2	1	2	2	1	3	8	3	9	11	2	9	10	6	3	7	6	4	4	6	3	6	50	60	109
Other and unspecified psychoses	—	—	1	1	3	5	1	3	4	6	1	14	2	9	3	4	4	10	5	6	1	10	2	5	1	2	28	75	103
Anxiety reaction	—	—	—	—	—	1	1	1	1	—	—	1	—	1	1	—	—	—	1	—	—	—	—	1	—	5	4	10	14
Hysterical reaction	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	4	4

Obsessive-compulsive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	1	2	3
Neurotic-depressive reaction	—	—	—	—	—	—	—	6	2	2	—	2	3	10	2	4	2	5	2	4	2	3	3	3	—	6	16	45	61
Psychoneurotic disorders, other, mixed, and unspecified types	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	2
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	2	1	—	1	—	—	—	1	1	1	—	1	—	—	—	1	—	5	—	1	3	12	15
Pathological personality	—	—	5	2	3	—	1	1	2	—	1	1	3	—	7	—	4	—	2	1	—	—	—	—	—	—	28	5	33
Immature personality	—	—	—	2	2	—	—	—	1	—	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	6	2	8
Alcoholism	—	—	—	1	—	—	—	1	3	2	4	2	—	4	6	4	8	8	—	4	9	4	2	1	—	1	32	32	64
Other drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Primary childhood behaviour disorders	2	—	1	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	7
Mental deficiency	—	1	2	1	4	—	4	2	11	4	13	6	5	12	13	13	12	11	9	3	9	5	3	1	2	1	87	60	147
Other and unspecified character, behaviour, and intelligence disorders	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	2	3
Chronic brain syndrome with behavioural reaction	—	—	—	—	2	—	—	2	—	2	—	2	—	5	2	3	2	2	1	2	4	2	7	9	3	5	21	34	55
Chronic brain syndrome, N.O.S.	—	—	—	—	1	—	—	—	3	3	3	—	3	1	2	5	4	1	6	5	4	5	1	3	3	2	30	25	55
Epilepsy	—	—	5	2	2	1	—	2	7	3	1	4	2	8	3	2	7	1	2	2	2	1	1	—	1	1	33	27	60
Other diseases of central nervous system—not psychotic	—	—	—	1	—	—	1	1	1	1	—	—	1	2	1	6	2	3	2	1	—	3	—	2	—	8	8	28	36
Syphilis and its sequelæ	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	6	6	9	4	12	7	6	4	6	4	41	26	67
Observation without further need for psychiatric care	—	—	1	1	2	—	2	—	2	—	2	—	1	2	2	—	2	1	4	—	3	—	1	—	—	1	22	5	27
Other, unknown, and unspecified conditions	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	1	1	1	—	1	—	1	—	1	1	8	9
Totals	2	1	25	21	56	37	75	51	125	81	150	141	171	196	183	182	202	197	206	169	213	163	136	154	131	234	1,675	1,627	3,302

TABLE 11.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, NUMBER OF PREVIOUS ADMISSIONS, AND SEX, DECEMBER 31, 1964

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, 1964

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, 1964

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, 1964

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, 1964, TO MARCH 31, 1965

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	2	2	5	4	2	1	—	4	1	6	—	1	1	—	—	—	1	1	1	1	—	—	—	22	13	35
Hebephrenic type	—	—	2	—	—	1	1	—	—	—	1	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	5	2	7
Catatonic type	—	—	2	2	2	—	8	3	3	2	8	3	3	3	2	1	2	3	—	1	1	—	—	—	—	—	31	18	49
Paranoid type	—	—	1	—	6	8	23	14	32	25	33	38	36	45	30	48	17	31	11	16	8	11	8	8	6	4	211	248	459
Acute schizophrenic reaction	—	—	2	4	6	4	8	5	3	3	9	3	3	6	2	2	2	2	—	—	—	—	—	—	—	1	35	30	65
Latent schizophrenia	—	—	—	—	2	1	3	—	6	—	9	2	4	1	2	1	10	—	2	—	—	—	1	—	—	—	39	5	44
Schizo-affective psychosis	—	—	—	—	3	6	8	1	5	7	5	6	3	2	2	1	3	2	3	2	1	1	—	1	—	—	33	29	62
Other and unspecified	—	—	—	—	15	10	15	23	9	28	26	32	14	32	12	26	8	21	4	12	5	9	—	1	—	—	108	194	302
Manic-depressive reaction—																													
Manic and circular	—	—	—	—	—	1	1	—	—	4	2	—	3	2	3	7	6	2	2	2	2	3	3	1	1	2	23	24	47
Depressive	—	—	—	—	—	—	—	—	—	1	—	—	—	5	—	1	—	3	—	4	1	1	2	2	—	2	3	19	22
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	1	—	—	—	1	—	5	5
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	8	2	14	4	5	7	5	1	—	1	—	15	34	49
Paranoia and paranoid states	—	—	—	—	—	—	1	1	—	1	2	1	3	1	1	1	—	1	2	—	2	2	—	1	—	—	11	9	20
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4	2	4	5	9
Presenile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	2	4	2	5	8	11	12	23	35
Alcoholic psychosis	—	—	—	—	2	—	5	—	12	1	24	1	16	4	18	6	14	5	8	2	8	1	4	—	3	—	114	20	134
Psychosis of other demonstrable etiology—																													
Resulting from epilepsy and other convulsive disorders	—	—	2	—	—	2	—	3	—	2	3	2	3	2	—	3	1	2	—	1	1	1	—	—	—	—	10	18	28
Secondary or due to infective or parasitic diseases	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	4	—	4
Secondary or due to allergic, endocrine, metabolic, and nutritional diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	1	2
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	—	2	—	2	—	3	1	1	—	2	2	1	—	1	—	1	—	1	—	15	3	18
Secondary or due to accidents and violence	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	1	4	1	5
Secondary or due to other diseases	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Other and unspecified psychoses—																													
Psychosis with mental deficiency	—	—	2	1	—	—	—	—	—	2	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	3	5	8
Psychotic depressive reaction	—	—	—	—	—	2	—	1	—	1	2	1	3	5	—	5	1	7	—	1	—	3	1	4	1	4	8	34	42
Psychosis, other and unspecified	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—	—	1	—	4	1	5
Anxiety reaction without mention of somatic symptoms	—	—	—	—	3	3	4	2	6	1	6	5	3	7	2	3	3	9	3	3	—	4	—	1	1	3	31	41	72

Hysterical reaction without mention of somatic symptoms	—	—	—	1	—	2	—	1	—	—	—	—	1	3	—	1	—	—	—	1	—	1	—	—	—	—	1	10	11
Phobic reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	3	3
Neurotic-depressive reaction	—	—	1	4	8	19	4	22	9	24	10	29	12	30	6	25	19	18	3	16	7	10	1	15	1	6	81	218	299
Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Psychoneurotic disorders, other, mixed, and unspecified types	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	1	1	2
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	1	2	1	—	—	2	—	1	4	7	11
Syphilis and its sequelæ—																													
General paralysis of insane	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Other syphilis of central nervous system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	1	—	—	1	2	—	—	1	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	7	2	9
Paranoid personality	—	—	—	—	—	—	—	—	2	—	3	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	6	—	6
Cyclothymic personality	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Inadequate personality	—	—	1	5	3	1	2	2	2	2	4	5	1	2	2	—	3	—	2	—	—	1	—	—	—	1	20	19	39
Anti-social personality	—	—	15	7	14	6	20	4	13	1	4	1	7	—	3	1	1	1	1	—	—	—	—	—	—	—	78	21	99
Asocial personality	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Sexual deviation	—	—	1	—	1	1	2	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2	7
Other and unspecified	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Immature personality—																													
Emotional instability	—	—	1	19	2	9	1	5	1	3	3	1	1	1	—	—	1	1	—	1	—	—	—	—	—	—	10	40	50
Passive dependency	—	—	4	2	1	3	4	3	1	2	3	1	3	—	5	4	3	—	—	—	—	—	1	—	—	—	25	15	40
Other and unspecified	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Alcoholism—Chronic	—	—	—	—	—	2	6	6	15	11	23	10	41	21	30	21	24	21	18	7	8	1	2	4	—	—	167	104	271
Other drug addiction	—	—	—	—	—	—	—	1	—	3	1	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	2	9	11
Primary childhood behaviour disorders	—	—	10	14	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	15	26
Mental deficiency—																													
Severe	—	—	—	—	—	1	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	3	2	5
Moderate	—	—	1	—	—	1	—	—	—	—	2	—	—	1	—	1	—	—	—	—	—	—	1	—	—	—	4	3	7
Mild	—	—	4	—	1	—	1	—	—	—	—	2	1	1	2	—	—	1	—	—	—	—	—	—	1	—	10	4	14
Mental deficiency with epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	1	1	2
Other and unspecified	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified character, behaviour, and intelligence disorders—Adult situational reaction	—	—	—	—	1	1	1	1	1	—	2	2	—	—	—	—	1	—	1	—	—	—	—	—	—	—	7	4	11
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	1	1	—	—	2	—	1	—	—	—	—	—	4	2	3	2	4	4	15	9	24
Chronic brain syndrome, N.O.S.	—	—	1	—	2	—	1	1	—	—	1	—	—	—	1	—	1	—	—	1	4	2	—	1	1	—	12	5	17
Epilepsy	—	—	5	2	4	3	—	2	3	—	1	—	2	4	1	1	1	2	3	1	—	—	1	—	—	—	21	15	36
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	5	—	2	4	7	6	13
Observation without need for further medical (psychiatric) care	—	—	—	1	—	2	2	2	1	1	2	3	1	1	—	1	—	—	—	—	—	—	—	1	—	—	6	12	18
Other, unknown, and unspecified conditions	—	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Totals	—	—	59	65	80	98	128	107	129	128	203	154	180	186	131	177	130	153	74	85	67	66	40	52	37	48	1,258	1,319	2,577

TABLE 16.—LIVE DISCHARGES FROM PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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, 1964, TO MARCH 31, 1965

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	—	2	2	2	2	3	2	3	1	5	4	1	1	8	6	26	19	45
Manic-depressive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	2	2	3	5
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	3	—	1	4	4	4	10	8	18
Alcoholic psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—	2	1	3
Psychosis of other demonstrable etiology	—	—	—	—	1	—	—	—	—	—	—	—	1	—	2	—	1	1	1	—	—	1	—	1	1	2	7	5	12
Other and unspecified psychoses	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	1	—	—	2	2	4
Anxiety reaction without mention of somatic symptoms	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	2
Neurotic-depressive reaction	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	2
Syphilis and its sequelæ	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	—	—	1	2	3	5
Alcoholism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—	—	3	—	3
Mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	1	2
Other and unspecified character, behaviour, and intelligence disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	2	—	—	1	—	—	—	1	—	—	—	—	2	1	2	2	1	5	7	12
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	1	—	1	1	—	5	2	7
Other diseases of central nervous system not associated with psychosis	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	1	2	2	4
Totals	—	—	—	1	1	—	1	—	—	5	1	—	6	2	6	3	7	3	9	2	14	12	6	12	19	19	70	59	129

TABLE 18.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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, 1964, TO MARCH 31, 1965

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.	
Tuberculosis of respiratory system																									1		1		1
Malignant neoplasm							1			2			1	1	2			2	1	2	2	2		1	3	1	10	11	21
Diabetes mellitus																					1						1		1
Anæmias																								1				1	1
Allergic disorders, all other endocrine, metabolic, and blood diseases										1																		1	1
Vascular lesion affecting central nervous system															1											1	1	1	2
Multiple sclerosis																						1		1				2	2
Rheumatic heart disease																						1						1	1
Arteriosclerotic and degenerative heart disease											1					1	2		4		6	4	3	3	7	10	23	18	41
Other diseases of heart													1								1			1		2	2	3	5
Hypertension with heart disease																	2	1				2		2		1	2	6	8
Hypertension without mention of heart disease																										1		1	1
Diseases of arteries																					1			1		1	1	2	3
Other diseases of circulatory system																									1		1		1
Pneumonia															2	1			1		1	1	1			2	5	4	9
Empyema and other respiratory diseases																	1		2					1	1		4	1	5
Diseases of stomach and duodenum																	1										1		1
Intestinal obstruction and hernia										1							1								2		3	1	4
Gastro-enteritis and colitis																			1		1				1		3		3
Other diseases of digestive system													1		1												2		2
Infections of kidney																					1				2		3		3
Hyperplasia of prostate																							1				1		1
Accidental death					1								2									1	1	1	1		5	2	7
Suicide				1						1				1		1												4	4
Homicide													1														1		1
Totals				1	1		1			5	1		6	2	6	3	7	3	9	2	14	12	6	12	19	19	70	59	129

TABLE 20.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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

PART III.—THE WOODLANDS SCHOOL, NEW WESTMINSTER

REPORT OF THE MEDICAL SUPERINTENDENT

J. S. BLAND, MEDICAL SUPERINTENDENT

The past year has been notable for increased communication and co-operation with the community. An Out-patient Department has been opened and joint projects with the Department of Social Welfare have led to the placement of selected children in foster homes and suitable adults into boarding homes. In addition, liaison with both Provincial and municipal public health authorities has brought about greater involvement of the community in the selection and recommendation of cases requiring admission or other services. Within the school there have been additions to both the therapeutic and educational programmes.

On April 1, 1964, there were 1,339 pupils on the register at The Woodlands School, with 1,318 registered at the end of the year. The slight decrease was due to an excess of patients transferred to The Tranquille School over the admission rate. The following table shows the movement of population during the year:—

	Male	Female	Total
In residence, April 1, 1964	715	592	1,307
In boarding homes, April 1, 1964	1	8	9
On probation, carried forward from 1963/64	13	10	23
Total as at April 1, 1964	729	610	1,339
Admissions—			
First admissions; Readmissions to a different institution of Mental Health Services; Readmissions to same institution	136	86	222
Transfers from The Tranquille School	2	7	9
Transfers from Provincial Mental Hospital	10	3	13
Total admissions	148	96	244
Total under care	877	706	1,583
Separations—			
Discharged in full; Discharged in full from temporary care	64	33	97
Died	13	5	18
Transferred to The Tranquille School	30	93	123
Transferred to Provincial Mental Hospital	2	1	3
On probation and still out	16	8	24
Total separations	125	140	265
Net increase or decrease	+27	—52	—25
In residence, March 31, 1965	742	540	1,282
In boarding homes, March 31, 1965	10	26	36

For administration to be efficient, basic facts are required. Two surveys were conducted during the year—one to better understand the type of service being requested and the other to examine the characteristics of the present population.

At the beginning of the year the waiting list consisted of 845 names. The composition of the list was, however, obscure. By means of a questionnaire, the list was examined and the official "waiting list" was redefined. The list now consists of those who, in the opinion of their near relatives or professional advisers, require immediate institutional care.

An examination of the present population showed a high proportion of those suffering from severe mental retardation; thus 74 per cent of the residents fit into

the category of severely or profoundly retarded, 17 per cent moderately retarded, and only 9 per cent mildly retarded. Epilepsy (30 per cent), cerebral palsy (23 per cent), and mongolism (14 per cent) were the common physical handicaps. Nearly 20 per cent of the population is severely handicapped and bedridden.

The medical staff have continued their high standard of medical, pædiatric, and psychiatric care. In addition to the clinics and pathological conferences previously held, medical grand rounds were started in December. Important topics are presented and discussed, with invitations being extended to medical staff in the other mental health facilities and in the community. Regular medical-staff meetings are held twice monthly.

The Out-patient Department was opened in November, 1964. By the end of the year 120 patients had been seen. The majority of these (90) were from the waiting list, the others being referred by community agencies. The age range was wide, being from infants to the middle aged. The functional level was also wide, although the majority were in the severely and profoundly retarded group. Owing to geographical location, the large majority of referrals came from the Fraser Valley area, but a small percentage was referred from elsewhere in the Province. During the year the emphasis was on initial assessment and recommendations for management rather than follow-up and continuing service.

During 1964 we were fortunate in having no major epidemics, and this particularly helped the laboratory, which was able to concentrate on biochemical procedures. There was a 70-per-cent increase in biochemical tests, and these included new urinary screening tests for biochemical disorders. In addition, it was possible to arrange a buccal smear for sex chromatin of all admissions. In conjunction with the University of British Columbia, a technician is presently being trained to establish a separate chromosomal laboratory at The Woodlands School.

Co-operation with the University Department of Pædiatrics has led to the establishment of two new clinics. In February a Genetic Clinic was organized to provide counselling to parents. This takes place twice monthly, as does the Audiology Clinic, which was established later in the same month. Both these services are necessary, and we are grateful for their provision.

The increase in awareness of psychiatric disability in both residents and their parents has put a great strain on the psychiatric services. In addition, the opening of the Out-patient Department has stressed the need for increased psychiatric consultation. Despite these demands, there has been an increase in group meetings, both of staff and patients. The " Mirror Room " project mentioned in last year's report has continued but has yet to be evaluated. The results, however, have been sufficiently favourable to warrant the use of the " Mirror Room " in day-to-day treatment of the autistic child.

The Psychology Department has become stabilized during the year. The staffing situation has improved, and the staff are to be congratulated on furthering their education during their own time. Referrals for assessment have increased, and the department has played a major role in initiating new programmes and supervising research. In addition, it has helped in improving communication between the different departments in the school.

There have been major changes in the nursing service during the year. A Director of Nursing was appointed in May, 1964, and has been responsible for reorganizing and integrating the previous male and female nursing departments. The stage is now set for unitization of nursing personnel in line with general reorganization of the school services into separate units. Ward integration was also started, with male nurses working on female wards for the first time. An adequate

in-service education programme for psychiatric aides has been continued. The standard of nursing remained high. In addition, the department played a major role in the development of community placement of pupils into both foster homes and boarding homes.

The academic school has continued its programme with approximately the same enrolment (200) as last year. The teachers have played a considerable part in community education and, in addition to participating in staff workshops, have received over 800 visitors to the Education Department. Play-to-learn classes have proceeded as last year, and the teacher in charge held a successful farm project in Abbotsford during the summer. Here again community interest was great, and over 1,000 visitors toured the classroom.

The Occupational Therapy Department was able to extend its activities in two directions. A programme was started for blind pupils, and a separate programme was initiated for the cerebral palsied and multiple handicapped. Monthly visits were also paid to the boarding homes to supervise their activities.

The Recreational Therapy Department extended its activities, particularly in the community. A successful venture was the award won by the square dancing team in the Northwest Square Dance Festival. The Woodlands team entered under a pseudonym and was not known to be in any way handicapped. An ice-skating project was started at the local ice rink through the generosity of the New Westminster Board of Parks and Recreation.

After stability for two years, the Social Service Department had several staff changes during the year. The establishment, however, was increased to 11 in the fall. Much time during the year was spent in initiating, refining, and developing new arrangements with public health and social welfare personnel concerned with screening applications for admission. The gradual shedding of the load of pre-admission work will release social-work time for in-patient service and follow-up. The department has been active in community placement and largely responsible for the 18 children presently placed in foster homes and 24 adults in boarding homes. These two schemes have proved most successful. The initial screening has also been carried out for patients thought suitable for nursing-home placement. The promising start made in community involvement has been dependent on good co-operation, and the department has spent much time on orientation of professional groups.

The Business Administrator has had a busy year. Both housekeeping and dietary services were reorganized into separate departments and have increased the school's standards. An effective in-service training programme was started for both areas. In addition to ward services, the main cafeteria was reorganized to cater exclusively for pupils, many of whom are now eating off the ward for the first time. Despite space limitations, the Industrial Therapy Department continued its wide and varied programme. The Medical Records Department maintained its high standard of service despite an almost complete turnover in staff.

The main projects undertaken by the Public Works Department during the year were renovation of some of the older wards and the public works buildings together with alterations of part of the Fraserview Building to accommodate the Out-patient Department. In addition, other changes were made in the Fraserview Building to improve office space and to facilitate the transfer of the admitting suite to that area.

Volunteer participation was greatly increased this year. Up to the end of March, 1965, there were 80 persons actively engaged as volunteers. A new centre for volunteers was opened in the Administration Annex. Thanks are again due

to the Provincial auxiliary for their ever enthusiastic help. The Co-ordinator of Volunteers was responsible for successfully organizing the increased volunteer staff and also for arranging 17 orientation tours for lay personnel.

We are grateful to our chaplains for their continued service. During the year more pupils attended local church services, and this was helpful in increasing understanding and tolerance.

Research has continued throughout the year and has been wide in scope. Previous investigations into phenylketonuria were extended in co-operation with the University of British Columbia. The study of the therapeutic effect of " Mirror Room " technique in autistic children was completed. Adminstrative research consisted of the waiting-list analysis and a complete ward survey as previously mentioned. A start was made on an epidemiological study of the problem of mental retardation within the Province.

In summary, the year showed encouraging advances in many areas, and we are grateful to numerous outside agencies for their help and co-operation. Much remains to be done in both internal programming and outside service. The ground has, however, been prepared for reorganization of the school into separate functional units, for the development of a separate unit for autistic children, for the placement of older patients into nursing-home accommodation, and for greater co-operation with both university departments and community service agencies.

STATISTICAL TABLES

Table 1.—Movement of Population, The Woodlands School, New Westminster, April 1, 1964, to March 31, 1965

	Male	Female	Total
In residence, April 1, 1964	715	592	1,307
In boarding homes, April 1, 1964	1	8	9
On probation, carried forward from 1963/64	13	10	23
Total as at April 1, 1964	729	610	1,339
Admissions—			
First admissions	78	52	130
Readmissions to a different institution of Mental Health Services	4	1	5
Readmissions to the same institution	54	33	87
Transfers from The Tranquille School	2	7	9
Transfers from Provincial Mental Hospital, Essondale	10	3	13
Total admissions	148	96	244
Total under care	877	706	1,583
Separations—			
Discharged in full	7	5	12
Discharged in full from temporary care	57	28	85
Died	13	5	18
Transferred to The Tranquille School	30	93	123
Transferred to Provincial Mental Hospital, Essondale	2	1	3
On probation and still out	16	8	24
Total separations	125	140	265
Net increase or decrease	+27	−52	−25
In residence, March 31, 1965	742	540	1,282
In boarding homes, March 31, 1965	10	26	36

TABLE 2.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

Health Unit	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 2	1	.....	1
Selkirk, Nelson—			
School District No. 7	.....	1	1
,, ,, ,, 8	1	.....	1
,, ,, ,, 10	1	.....	1
West Kootenay, Trail—			
School District No. 11	1	3	4
,, ,, ,, 12	.....	1	1
South Okanagan, Kelowna—			
School District No. 23	2	2	4
North Okanagan, Vernon—			
School District No. 19	1	1	2
,, ,, ,, 20	1	.....	1
,, ,, ,, 22	1	1	2
,, ,, ,, 78	1	.....	1
South Central, Kamloops—			
School District No. 24	4	2	6
,, ,, ,, 26	1	.....	1
Cariboo, Williams Lake—			
School District No. 27	1	1	2
Northern Interior, Prince George—			
School District No. 56	.....	1	1
,, ,, ,, 57	2	3	5
,, ,, ,, 58	1	.....	1
Upper Fraser Valley, Chilliwack—			
School District No. 32	.....	1	1
,, ,, ,, 33	3	1	4
,, ,, ,, 34	1	2	3
Boundary, Cloverdale—			
School District No. 35	1	1	2
,, ,, ,, 36	10	3	13
,, ,, ,, 37	1	1	2
Metropolitan Health Committee, Vancouver—			
School District No. 38	3	1	4
,, ,, ,, 39	15	13	28
,, ,, ,, 41	8	3	11
Metropolitan Health Committee, Vancouver—*Continued*			
School District No. 44	5	2	7
,, ,, ,, 45	2	.....	2
Simon Fraser, New Westminster—			
School District No. 40	1	1	2
,, ,, ,, 43	1	2	3
North Fraser Valley, Mission—			
School District No. 75	1	.....	1
Upper Island, Courtenay—			
School District No. 71	.....	1	1
,, ,, ,, 72	.....	1	1
Skeena, Prince Rupert—			
School District No. 52	2	.....	2
,, ,, ,, 54	1	1	2
,, ,, ,, 80	1	.....	1
Peace River, Dawson Creek—			
School District No. 60	1	1	2
Coast Garibaldi, Powell River—			
School District No. 47	1	.....	1
,, ,, ,, 48	2	.....	2
Greater Victoria Metropolitan Board of Health—			
School District No. 61	3	3	6
,, ,, ,, 62	1	.....	1
Central Vancouver Island, Nanaimo—			
School District No. 65	3	.....	3
,, ,, ,, 66	.....	2	2
,, ,, ,, 68	1	2	3
,, ,, ,, 69	.....	1	1
,, ,, ,, 70	2	1	3
School districts not covered by health units—			
School District No. 49	2	.....	2
Totals	91	60	151

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO THE WOODLANDS SCHOOL BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965.

Method of Admission	Age-group (Years)																		Total		Grand Total
	Under 1		1–3		4–6		7–9		10–14		15–19		20–29		30–39		40 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
First Admissions																					
Certification	.....	.....	2	.....	.....	1	.....	2	.....	1	4	1	.....	2	3	1	4	6	13	14	27
Temporary	.....	.....	10	6	11	10	11	7	20	8	24	13	.....	.....	1	1	1	1	78	46	124
Totals	.....	.....	12	6	11	11	11	9	20	9	28	14	.....	2	4	2	5	7	91	60	151
Readmissions																					
Certification	.....	.....	.....	1	3	5	1	4	5	3	1	1	.....	3	.....	.....	3	1	13	18	31
Urgency	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Temporary	.....	.....	1	2	8	6	8	5	15	2	9	1	2	2	.....	.....	.....	.....	43	18	61
Totals	.....	.....	1	3	11	11	9	9	21	5	10	2	2	5	.....	.....	3	1	57	36	93

TABLE 4.—FIRST ADMISSIONS AND READMISSIONS TO THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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—																					
Profound	.....	.....	5	3	6	1	1	2	2	2	2	1	.....	1	1	.....	1	1	18	11	29
Severe	.....	.....	7	2	1	10	4	3	8	1	.....	1	.....	1	2	.....	1	1	23	20	43
Moderate	.....	.....	.....	1	3	.....	3	3	4	5	12	7	.....	.....	1	2	2	4	25	22	47
Mild	.....	.....	.....	.....	.....	.....	2	1	4	1	12	4	.....	.....	.....	.....	1	.....	19	6	25
Mongolism	.....	.....	.....	.....	1	.....	1	.....	1	.....	2	1	.....	.....	.....	.....	.....	.....	5	1	6
Schizophrenic disorders	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Totals	.....	.....	12	6	11	11	11	9	20	9	28	14	.....	2	4	2	5	6	91	60	151[1]
Readmissions																					
Mental deficiency—																					
Profound	.....	.....	1	1	3	1	.....	2	1	1	.....	.....	.....	.....	.....	.....	.....	.....	5	5	10
Severe	.....	.....	.....	2	6	9	8	5	7	3	4	1	2	1	.....	.....	.....	.....	27	21	48
Moderate	.....	.....	.....	.....	.....	1	1	2	9	1	3	1	.....	2	.....	.....	3	.....	16	7	23
Mild	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	2	.....	.....	1	.....	.....	.....	1	3	2	5
Mongolism	.....	.....	.....	.....	1	.....	.....	.....	4	.....	1	.....	.....	1	.....	.....	.....	.....	6	1	7
Totals	.....	.....	1	3	11	11	9	9	21	5	10	2	2	5	.....	.....	3	1	57	36	93[2]

[1] Includes 30 males and 19 females with epilepsy—14 profound, 20 severe, 7 moderate, and 8 mild.
[2] Includes 20 males and 15 females with epilepsy—7 profound, 18 severe, 7 moderate, and 3 mild.

TABLE 5.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY RELIGION AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

TABLE 6.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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, 1964

Mental Diagnosis	Age-group (Years)																								Total		Grand Total
	Under 1		1–3		4–6		7–9		10–14		15–19		20–29		30–39		40–49		50–59		60–69		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.	
Schizophrenia	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Mental deficiency[1]—																											
Profound	—	—	5	7	11	15	20	30	41	59	30	53	40	48	21	24	3	6	6	6	—	2	—	—	177	250	427
Severe	—	—	4	1	22	29	57	39	116	56	66	39	29	29	9	16	6	5	9	4	4	—	—	—	322	218	540
Moderate	—	—	1	2	3	2	7	5	13	9	55	26	38	31	15	15	10	13	9	5	5	6	4	3	160	117	277
Mild	—	—	—	—	3	—	3	1	6	3	34	9	31	7	10	3	6	4	3	4	2	1	4	1	102	33	135
Other and unspecified	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	2	2
Totals	—	—	10	10	39	46	87	75	177	127	185	128	138	116	55	58	25	28	27	19	11	9	8	4	762	620	1,382

[1] Includes 241 males and 239 females with epilepsy.

TABLE 8.—RESIDENT POPULATION OF THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1964

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

TABLE 9.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965.

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—																					
Profound	—	—	—	—	—	1	—	—	—	1	—	—	—	1	—	1	—	—	—	4	4
Severe	—	—	2	2	3	6	6	4	6	13	9	16	5	11	2	7	—	2	33	61	94
Moderate	—	—	—	—	2	—	—	2	11	13	5	16	8	9	2	3	—	—	28	43	71
Mild	—	—	—	—	3	—	—	1	1	—	6	1	8	4	1	1	—	—	19	7	26
Mongolism	—	—	—	—	3	—	1	—	5	2	3	8	—	1	—	—	—	—	12	11	23
Schizophrenia	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	2	—	2
Primary childhood behaviour disorders	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Other and unspecified types	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1	2
Totals	—	—	2	2	11	7	7	7	24	29	25	42	22	26	5	12	—	2	96	127	223
Deaths																					
Mental deficiency—																					
Severe	—	—	1	—	1	—	2	3	—	1	1	—	2	—	1	—	—	1	8	5	13
Moderate	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	2
Mild	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	2
Mongolism	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Totals	—	—	1	—	1	—	2	3	—	1	3	—	3	—	1	—	2	1	13	5	18

TABLE 10.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965.

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, 1964, TO MARCH 31, 1965

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.	
Epilepsy and all other diseases of the nervous system and sense organs	—	—	—	—	1	—	1	1	—	1	1	—	—	—	1	—	1	—	5	2	7
Arteriosclerotic and degenerative heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Pneumonia	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	2
Gastritis and duodenitis	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Diseases of the genito-urinary system	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	2	—	2
Infections of skin and subcutaneous tissue	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
All other diseases of skin and musculo-skeletal system	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Congenital malformations	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Accidental death	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	—	—	1	—	1	—	3	3	—	1	2	—	3	—	1	—	2	1	13	5	18

TABLE 12.—DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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

PART IV.—THE TRANQUILLE SCHOOL, TRANQUILLE

REPORT OF THE MEDICAL SUPERINTENDENT

A. J. BENNEE, MEDICAL SUPERINTENDENT

GENERAL

The patient and staff populations of The Tranquille School have grown considerably in the year, and with these have come the development of a new department (Habilitation) and expansion of existing departments. The patient population has risen from 469 to 571. The staff population has risen from 183 to 236. With the current concept that the more mildly retarded should be living in the community, the role and responsibility of the Habilitation Department has become an essential and vital one, as has the patient placement responsibilities of the Social Service Department.

Preparations were made for the erection of a 100-bed building for severely retarded, and it is expected that construction will be completed in the spring of 1966.

The renovations to the Deerholme Building were completed in February, and soon after it was filled with trainees. The renovations to the East Pavilion Building are almost completed and will be used mainly as offices for our expanding administration. When staff move in, there will be no vacant buildings remaining on the grounds and we shall be filled to capacity.

The current policy is to admit patients who could be cared for in the type of building available. With the exception of the new building which is now being erected, none of our present wards is suitable for severely retarded patients. For this reason, future transfers will have to be limited to the moderately and mildly retarded group (except for the 100 who will be accommodated in the new building next year).

PATIENT POPULATION

	Male	Female	Total
In residence, April 1, 1964	311	158	469
On probation, carried forward from 1963/64	1	.....	1
Total as at April 1, 1964	312	158	470
Admissions—			
Readmissions to the same institution	1	.....	1
Transfers from The Woodlands School	30	93	123
Transfers from Provincial Mental Hospital, Essondale	1	.....	1
Total admissions	32	93	125
Total under care	344	251	595
Separations—			
Discharged in full	1	.....	1
Died	4	1	5
Transferred to The Woodlands School	2	7	9
On probation and still out	2	1	3
Total separations	9	9	18
Net increase	+18	+84	+102
In residence, March 31, 1965	329	242	571
In boarding homes, March 31, 1965	6	.....	6

MEDICAL

Dr. G. Tomm is still visiting on a part-time basis.

The health of the trainees has been remarkably good and even the small outbreaks of diarrhœa and vomiting have been much less evident.

The X-ray equipment is almost ready for use.

We are continuing to guest committed patients overnight from the community who are awaiting transport to the Provincial Mental Hospital, Essondale. This is done at the request of the Royal Canadian Mounted Police to avoid having to hold them in gaol. Twenty-five such patients were accommodated during the year.

DENTAL

Dr. N. Wilson and Dr. D. Vogel are working one morning per week each. All patients have been surveyed now, and urgent dental work has been completed. The less urgent work is now being attended to.

MEDICAL RECORDS

During most of the year the Medical Records Clerk was also acting as stenographer for the Director of Nursing. She has now been relieved of this extra duty and is devoting all of her time to medical records.

NURSING

Two new wards were opened during the year—a 40-bed cerebral palsy bedcare area and a 48-bed building for mildly retarded girls to act as a stepping-off point for placement in the community.

Staff was seconded by nursing to the Habilitation Department in order that they could function effectively. Nursing staff are enthusiastic about the programme to habilitate trainees into the community.

The orientation programme has been expanded so that staff have a better concept of their role in relation to other departments. Nursing staff volunteer much of their time for the benefit of trainees; were it not for this, the camp programme, Christmas, carnival, Easter, May Day, etc., would not be the success that they are. The Nursing Department has been divided into three areas, each with its own supervisor.

Much staff effort has gone into providing a homelike atmosphere for the patients, and house mothers have been provided to give the feminine touch where possible.

SOCIAL SERVICE DEPARTMENT

One of the main services has been to encourage relatives to maintain contact with trainees and investigate the possibility of resettlement in homes. Four trainees have been returned to their homes.

Working in collaboration with the Habilitation Department, six trainees have been transferred to the Provincial Men's Home in Kamloops and 16 to The Woodlands School for placement in boarding homes.

Nineteen trainees have been employed in various jobs, and a number of community agencies have been contacted. One of the main areas of concern at the moment is that of finding and licensing of boarding homes in the Kamloops area.

HABILITATION

This department was organized in June, 1964, for the purpose of co-ordinating all aspects of patient training, selection, preparation for community placement, and placement in work areas in the institution. The Co-ordinator of Habilitation (Mr. Hayes is acting in this position at present) is administratively responsible for recreational therapy, handicrafts, chaplaincies, Kamp Kiwanis, Scouts and Guides, and the newspaper. He is also responsible for training and assessment of students in the occupational classes in Kamloops who attend The Tranquille School for job training. Each student works for a five-week period, and a total of 12 students was involved during the year.

A contract was made with the Gyro Club of Kamloops to provide it with $250 worth of baskets and jewellery manufactured by the patients.

Male Handicraft

The average monthly attendance is 751.

Woodworking and crafts classes are held and simple diversional programmes for the lower-grade patients.

Female Handicraft

The average monthly attendance is 832.

Mrs. Chapman also operates the patients' library, a domestic science area, and a hobby club. On visitors' day, goods manufactured by the trainees were sold for approximately $500.

Recreational Therapy

The average monthly attendance is 3,368. Latterly, a good deal of emphasis has been placed on staff recreation.

Various community groups provided entertainment for the trainees. The annual carnival in September was the highlight of the year.

Chaplaincy

In September Dean Jolley resigned his position as chief Protestant chaplain and was succeeded by the Reverend MacRae. The trainees are divided into four classes, depending on their functional ability. Those trainees who are pending community placement are encouraged to attend the church of their own particular Protestant denomination in the community.

Bishop Harrington and the sisters who assist him provide training for the Roman Catholic patients.

Boy Scouts

There are now 24 boys enrolled and the troop is active, as is also the Group Committee.

Girl Guides

There are now 20 girls enrolled. This troop also has its own Group Committee and is a real going concern.

Kamp Kiwanis

On August 14, 1964, the Kiwanis Club officially donated the use of a quarter-section ranch on the Red Lake Road, 14 miles north of The Tranquille School. During the summer, approximately 150 patients were able to spend time at the camp and thoroughly enjoyed this. In conjunction with the camp operation, a Christmas-

tree farm licence has been obtained from the Forest Service, and a number of trainees are being employed for the harvesting of Christmas trees.

PATIENT-TRAINING

Trainees continue to be used very effectively in the laundry and dietary areas and somewhat by the Department of Public Works and the Department of Agriculture on The Tranquille School grounds. Beaverdell and Deerholme Buildings are the final stepping-off places for boys and girls respectively, where they are trained socially and functionally before placement in the community.

VOLUNTEER SERVICES

During the year there has been a gratifying growth of projects and contributions of time and material. There are presently 154 active volunteers, a growth of 38 in the last year. The annual banquet for volunteers was attended by 160 people. Mr. Clow, the Co-ordinator, was instrumental in arranging for the donation of the Kamp Kiwanis.

The R.C.A.F. station in Kamloops was very helpful, as were many other volunteer groups. Tickets have been arranged for almost all sporting events at a reduced rate or no cost to the trainees.

BUSINESS

STAFF

Total strength, April 1, 1964	183
Total strength, March 31, 1965	236
Separations for the year to March 31, 1964	56
Separations for the year to March 31, 1965	87
Recruited for the year to March 31, 1964	126
Recruited for the year to March 31, 1965	140

FIRE PROTECTION

A basic rescue course was conducted by the Fire Department under the direction of the civil defence organization.

A one-day fire college was hosted by the Tranquille Fire Department for 168 delegates.

Inspectors from the Provincial Fire Marshal's office made a complete survey of the institution.

Regular fire drills and testing of equipment were carried out, and all new staff are oriented.

A number of staff continue as auxiliary volunteer fire-fighters.

DIETARY

Mrs. Koreen, Chief Dietician, came on strength in May, 1964, and has been a real asset.

Mr. Scott, the Head Cook, who acted as dietician for five years until the arrival of Mrs. Koreen, will retire at the end of this year after 42 years' service at Tranquille. This is an outstanding record and worthy of commendation.

The kitchen and dining areas are strained almost beyond capacity. Plans are well on the way to completion for tenders to be called for the construction of a new kitchen and dining area.

Laundry

Laundry is still also being done for the Provincial Men's Home. In May, 1964, it was necessary to commence a seven-day work-week.

There is an increase over last year of 40 per cent in the quantity of laundry processed.

Transportation

One additional driver has been employed during the year, and a new Volkswagen passenger bus was purchased.

Grounds, Buildings, and Housing

Work has commenced on the construction of a large new playing-field south of the male staff residence and is progressing.

Central Building is constantly requiring repairs and renovations. Deerholme Building was completely renovated and furnished. East Pavilion Building, when completed in June, 1965, will be used as a second administration building.

A large amount of additional facilities was added to various buildings throughout the institution. The co-operation of Public Works Department in this regard is appreciated.

Commissionnaire services continue satisfactorily and are now expanded to include a year-round service on week-ends and holidays.

Telephone Service

A 120-position board has been installed by the British Columbia Telephone Company. It is expected that a semi-automatic system will be installed next year.

STATISTICAL TABLES

Table 1.—Movement of Population, The Tranquille School, April 1, 1964, to March 31, 1965

	Male	Female	Total
In residence, April 1, 1964	311	158	469
On probation, carried forward from 1963/64	1	.....	1
Total as at April 1, 1964	312	158	470
Admissions—			
Readmissions to the same institution	1	.....	1
Transfers from The Woodlands School	30	93	123
Transfers from Provincial Mental Hospital, Essondale	1	.....	1
Total admissions	32	93	125
Total under care	344	251	595
Separations—			
Discharged in full	1	.....	1
Died	4	1	5
Transferred to The Woodlands School	2	7	9
On probation and still out	2	1	3
Total separations	9	9	18
Net increase	+18	+84	+102
In residence, March 31, 1965	329	242	571
In boarding homes, March 31, 1965	6	.....	6

TABLE 2.—FIRST ADMISSIONS AND READMISSIONS TO THE TRANQUILLE SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965.

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	—	—	—	—	—	—	—	2	1	5	5	6	3	3	1	2	—	2	10	20	30
Moron	—	—	—	—	—	—	—	1	—	4	3	15	2	10	2	6	1	—	8	36	44
Border-line intelligence	—	—	—	—	—	—	—	—	—	1	—	2	11	5	1	2	—	—	12	10	22
Mongolism	—	—	—	—	—	—	—	—	—	12	—	13	—	1	—	—	—	—	—	26	26
Other and unspecified types	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	1	2
Totals	—	—	—	—	—	—	—	3	1	22	8	36	16	20	5	10	1	2	31	93	124[1]
Readmissions																					
Mental deficiency—																					
Moron	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1

[1] Includes 16 males and 25 females with epilepsy—18 idiocy and imbecility, 11 moron, 11 border-line intelligence, and 1 mongol.

TABLE 3.—RESIDENT POPULATION OF THE TRANQUILLE SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1964

Mental Diagnosis	Age-group (Years)																		Total		Grand Total
	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.	
Mental deficiency[1]—																					
Imbecility	2	—	3	1	18	5	16	10	55	18	34	17	23	13	9	10	—	2	160	76	236
Moron	—	—	—	—	—	—	6	4	35	21	28	17	16	13	7	4	1	2	93	61	154
Border-line intelligence	—	—	—	—	—	—	—	—	6	5	3	4	3	1	2	—	1	—	15	10	25
Mongolism	—	—	—	—	1	—	3	4	33	21	14	9	4	5	1	1	—	—	56	40	96
Other and unspecified	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	2
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Totals	2	—	3	1	19	5	25	18	129	66	80	47	46	32	19	16	2	4	325	189	514

[1] Includes 51 males and 34 females with epilepsy.

TABLE 4.—RESIDENT POPULATION OF THE TRANQUILLE SCHOOL BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1964

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

PART V.—GERIATRIC DIVISION

REPORT OF THE MEDICAL SUPERINTENDENT

J. WALSH, MEDICAL SUPERINTENDENT

During the year a total of 1,823 elderly persons received special care and treatment in the three hospitals of the Geriatric Division, an increase of 138 over the previous year. Four hundred and seventy-six applications for admission were received, an increase of 54. Of this number, 398 were for Valleyview Hospital (an increase of 64), 72 were for Dellview Hospital (a decrease of 7), and 6 were for Skeenaview Hospital (a decrease of 6).

Actual admissions to the three hospitals totalled 559, an increase of 131. Of this number, 480 were direct admissions from the community, an increase of 147. In addition, 79 patients were received on transfer from other Provincial mental health facilities. This latter group mainly consisted of geriatric patients who had recently been admitted.

Separations due to death totalled 435, an increase of 84, and a total of 174 patients were returned to the community, an increase of 107.

The resident population of the three hospitals as of March 31, 1965, numbered 1,282, an increase of 16 over the previous year. To this figure may be added 150 patients who returned to the community but were still on the hospital register, making a total of 1,432.

VALLEYVIEW HOSPITAL, ESSONDALE

Valleyview Hospital is the largest of the three hospitals of the Geriatric Division, and the majority of patients admitted are from the Lower Mainland and Vancouver Island. The total number of beds is 791. The total complement of staff is 428.

A total of 472 patients was admitted, an increase of 145 over the previous year. This represents a very considerable increase in the work load for all departments dealing directly with patients.

Although 65 per cent of the hospital's beds are now devoted to women patients, the problem of coping with the demand for beds for women is persistently greater than that for beds for men. This is accounted for to some extent by the fact that the average length of stay in hospital of those who died and those who returned to the community is greater for women than for men—six months for those who died and seven months for those who returned to the community.

During the year 144 patients were returned to the community, an increase of 85 over the previous year. Of this number, 14 were returned to hospital, though not necessarily all because of a recurrence of their illness. Six of these were again placed in accommodation more acceptable to the patients and their relatives within a short time. Careful consideration is given to the placement of each patient, and continuing advice and assistance are made available to the patients and others responsible for their care.

The return to the community of those patients who recover or improve sufficiently to do so is an essential part of any programme for the care and treatment of psychiatric illness in the aged if the programme is to meet the needs of that community at the time they require it. Detention of aged patients in hospital

unnecessarily, as well as being unjust to the patient, is contrary to all modern mental health legislation, including our own. For the patient, the knowledge that he can return to the community, if well enough, is a factor of the greatest importance in treatment.

An active-treatment and rehabilitation programme utilizing modern techniques, as indicated, is maintained. Ataractic and anti-depressant medications, electro-convulsive therapy, as well as individual and group psychotherapy are available.

The arousal and maintenance of interest and the encouragement of activity both physical and intellectual are important factors in hastening readjustment as well as preventing social deterioration. Integration of male and female patients on convalescent wards has been beneficial.

A high standard of medical care has been provided. The services of specialist consultants are available from Riverview Hospital visiting staff as required.

The nursing staff have continued to provide a good standard of nursing care. Co-operation with other departments and assistance where possible has enhanced the treatment programme. Full advantage has been taken of opportunities for in-service training. The curriculum for student nurses has been extended to include convalescent wards. This extension gives the student nurse a comprehensive picture of geriatric nursing.

The advent of a public health nurse under the direction of the Provincial Occupational Health Officer has proved to be of value in health matters concerning staff. A full inoculation of all staff against influenza, on a voluntary basis, was completed. This nurse is available for counselling in occupational health matters on request.

In the social service pre-admission area, a reduction in pressing demands for admission led to a decrease in activity. Advice and help enabled relatives and friends to find suitable alternate placement for 62 persons who were willing and capable of using other community resources rather than coming into hospital.

In the post-admission area, social service activity has increased considerably, the main effort being devoted to preparation of suitable patients for return to the community. Because of Old Age Security benefits, elderly persons are rarely destitute. Many have income or assets in addition. Of the 144 patients returned to the community, 81 had adequate means to meet care costs, whether in private care in their own home or previous place of residence, in boarding homes, or in nursing homes. Twenty-nine patients returned to the same financial status as before admission, and only five patients were fully dependent on social assistance. The remaining 24 required special supplement to meet boarding-home and nursing-home costs.

Post-discharge social services also showed a marked increase. Improved communications within the hospital, with relatives and friends, and with professional persons and social agencies in the community have improved service to patients after they leave hospital. The hospital has made its services immediately available should the need arise. In addition to their work with patients, the social service staff have made themselves available to interested persons who wish to visit the hospital and learn of its facilities and programme. A total of 132 persons was oriented to the hospital in this way.

The School of Social Work of the University of British Columbia has again used the facilities of the hospital for a student placement.

The X-ray Department, under the supervision of a visiting radiologist, has provided satisfactory service. Of 4,420 films taken, about 40 per cent consisted of chest X-rays in accordance with a policy of regular annual surveys for tuberculosis in patients and staff.

The laboratory, under the supervision of the pathologist at the Provincial Mental Hospital, provides adequate service, with the exception of bacteriology, which is referred to the Provincial Mental Hospital. The work of the department has increased considerably due to the increased admission rate.

A recreational-therapy programme specially designed for elderly persons can be a valuable aid to treatment. Such a programme has been available and is being more and more adapted to the patients' special interests and abilities.

The Occupational Therapy Department has extended its services to a maximum, and the number of patients reached by this form of treatment has shown a sharp increase. There is need for more involvement of nursing staff wherever possible. Canadian Mental Health Association volunteers have provided some assistance.

The Dietary Department has provided a good service, and a variety of special diets has been available to patients.

The Dental Department continues to provide good service. Every patient admitted has a dental examination during the first week. A system of recall ensures that the necessary dental work is done as soon as possible.

Religious services have been provided by a full-time Protestant and part-time Roman Catholic chaplain. The value of their visits extends beyond the purely religious sphere.

The Pharmacy Department, in common with other departments, has had to meet increasing demands on its services. A Pharmacy Committee, of which the pharmacist is a member, makes recommendations to the Mental Health Branch Pharmacy Council in relation to the special pharmaceutical needs of Valleyview Hospital.

In the area of business management, the Public Works Department has maintained good standards of repair and maintenance. Installation of insulation on the ceiling of the steam equipment room has lowered the floor temperature of the physiotherapy room immediately above by 13 degrees. A new steam-line has been installed underground, connecting the Main Building with the lines to the other buildings. Smaller projects of great value have been completed.

A new 16-mm. projector and portable screen were received at the end of the year as a contribution from the Patients' Comfort Fund.

A new conference room was framed in an area which was part of a lobby and completely finished.

DELLVIEW HOSPITAL, VERNON

This hospital has a complement of 239 beds, male and female, with a total staff complement of 86. During the year 66 patients were admitted directly from the community and 8 patients were received on transfer from other units. During the same period 72 patients died, 13 were transferred to other units, and 2 were returned to the community.

Medical care and responsibility for patients are provided by a local physician who visits regularly and at other times when called.

Personnel and equipment facilities of the adjacent Vernon Jubilee Hospital have been made available when necessary.

An annual chest survey of both patients and staff was completed by a mobile unit of the Division of Tuberculosis Control. One patient was suspected of having active pulmonary tuberculosis and was transferred to the tuberculosis section at the Provincial Mental Hospital.

A visiting dentist, optometrist, and podiatrist provided necessary services in these areas.

A good standard of nursing care has been provided. In-service education has been promoted as much as possible.

Occupational therapy is provided for patients, and a programme of recreation generously supported by members of the Vernon Branch of the Canadian Mental Health Association is very well received by the patients. Visiting clergy provide religious services.

SKEENAVIEW HOSPITAL, TERRACE

This hospital has a complement of 300 beds for men and a total staff of 68. Six patients were admitted directly from the community, 16 patients were received from other facilities of the Mental Health Services, and 34 were received from other geriatric units.

Forty-one patients died, one patient was discharged to the community, and one patient was transferred to another unit.

Medical services have been supplied by a visiting physician. Diagnostic X-ray and laboratory services have been supplied by the Mills Memorial Hospital. All major surgery is performed in the Mills Memorial Hospital, but patients are returned to Skeenaview Hospital for post-operative care.

Classification of patients has improved since changing from two wards to a four-ward complex and the provision of a 6-bed intensive-care unit within the infirmary area. Plans are in hand to enlarge this unit to 12 beds.

A travelling clinic from the Division of Tuberculosis Control made two visits. One-half of the patients and staff are X-rayed at each visit, allowing a recheck in doubtful cases every six months.

In-service instruction with the help of the Department of Nursing Education at Essondale has been of much benefit to nursing staff.

With the help of volunteers from the community, there has been a marked increase in activity in the occupational and recreational programmes.

A satisfactory dietary service and an adequate laundry service contribute much to the general health and comfort of patients. Essential maintenance work has been completed.

STATISTICAL TABLES

VALLEYVIEW HOSPITAL

TABLE 1.—MOVEMENT OF POPULATION, VALLEYVIEW HOSPITAL, ESSONDALE, APRIL 1, 1964, TO MARCH 31, 1965

	Male	Female	Total
In residence, April 1, 1964	277	464	741
In boarding homes	18	18	36
On probation, carried forward from 1963/64	15	17	32
Total as at April 1, 1964	310	499	809
Admissions—			
First admissions	195	194	389
Readmissions to a different institution of Mental Health Services	5	12	17
Readmissions to the same institution	.....	2	2
Admission direct from Crease Clinic	.....	1	1
Transfers from geriatric units	1	.....	1
Transfers from psychiatric units	30	32	62
Total admissions	231	241	472
Total under care	541	740	1,281
Separations—			
Discharged in full	10	11	21
Died	166	155	321
Transferred to Provincial Mental Hospital, Essondale	1	.....	1
Transferred to other geriatric units	30	.....	30
Total separations	207	166	373
Net increase or decrease	−9	+27	+18
In residence, March 31, 1965	268	491	759
In boarding homes, March 31, 1965	66	83	149

TABLE 2.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1964, TO MARCH 31, 1965.

Health Unit	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 4	1	1	2
Selkirk, Nelson—			
School District No. 7	.....	1	1
West Kootenay, Trail—			
School District No. 12	.....	1	1
South Okanagan, Kelowna—			
School District No. 14	1	1	2
,, ,, ,, 15	1	.....	1
,, ,, ,, 16	1	.....	1
,, ,, ,, 23	1	.....	1
North Okanagan, Vernon—			
School District No. 20	1	.....	1
,, ,, ,, 22	3	1	4
South Central, Kamloops—			
School District No. 24	4	.....	4
,, ,, ,, 29	1	.....	1
Cariboo, Williams Lake—			
School District No. 27	.....	1	1
,, ,, ,, 28	1	2	3
Northern Interior, Prince George—			
School District No. 56	.....	1	1
,, ,, ,, 57	3	.....	3
,, ,, ,, 58	.....	1	1
Upper Fraser Valley, Chilliwack—			
School District No. 32	.....	2	2
,, ,, ,, 33	.....	1	1
,, ,, ,, 34	3	3	6
Boundary, Cloverdale—			
School District No. 35	5	.....	5
,, ,, ,, 36	9	8	17
,, ,, ,, 37	3	1	4
Metropolitan Health Committee, Vancouver—			
School District No. 38	7	4	11
,, ,, ,, 39	95	116	211
,, ,, ,, 41	20	21	41
Metropolitan Health Committee, Vancouver—*Continued*			
School District No. 44	7	11	18
,, ,, ,, 45	3	4	7
U.E.L.	1	.....	1
Simon Fraser, New Westminster—			
School District No. 40	18	18	36
,, ,, ,, 43	5	5	10
North Fraser Valley, Mission—			
School District No. 42	13	10	23
,, ,, ,, 75	1	2	3
Upper Island, Courtenay—			
School District No. 73	.....	1	1
Skeena, Prince Rupert—			
School District No. 51	.....	1	1
,, ,, ,, 52	.....	1	1
Peace River, Dawson Creek—			
School District No. 59	1	.....	1
Coast Garibaldi, Powell River—			
School District No. 46	1	2	3
,, ,, ,, 47	1	1	2
,, ,, ,, 48	.....	1	1
Greater Victoria Metropolitan Board of Health—			
School District No. 61	12	8	20
,, ,, ,, 62	.....	1	1
,, ,, ,, 63	.....	1	1
,, ,, ,, 64	1	.....	1
Central Vancouver Island, Nanaimo—			
School District No. 65	2	1	3
,, ,, ,, 68	1	1	2
,, ,, ,, 69	2	.....	2
,, ,, ,, 70	.....	1	1
Unknown	2	.....	2
Ex-Province	.....	1	1
Totals	231	237	468

There were 4 male readmissions—2 from School District No. 39, 1 from School District No. 42, and 1 from School District No. 61.

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965.

Method of Admission	Age-group (Years)												Total		Grand Total
	30–49		50–59		60–69		70–79		80–89		90–99				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
First Admissions															
Voluntary	.....	.....	2	.....	.....	2	.....	3	.....	1	.....	.....	2	6	8
Warrant	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	2	.....	2
Certification	5	11	2	1	15	5	83	86	104	110	18	18	227	231	458
Totals	5	11	5	1	16	7	83	89	104	111	18	18	231	237	468
Readmissions															
Voluntary	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1	1
Certification	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	1	.....	3	3
Totals	.....	.....	.....	.....	.....	.....	.....	1	.....	2	.....	1	.....	4	4

TABLE 4.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

Mental Diagnosis	Age-group (Years)												Total		Grand Total
	30–49		50–59		60–69		70–79		80–89		90–99				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders	5	5	3				1		1				10	5	15
Manic-depressive reaction				1			1	2	1	1			2	4	6
Paranoia and paranoid states			1						1	2		1	2	3	5
Senile psychosis					1	3	1	6	2	10	1		5	19	24
Presenile psychosis					2								2		2
Psychosis with cerebral arteriosclerosis							6	3	3	4		1	9	8	17
Alcoholic psychosis		1												1	1
Psychosis of other demonstrable etiology		1					2	2					2	3	5
Other and unspecified psychoses		2												2	2
Anxiety reaction without mention of somatic symptoms								2						2	2
Neurotic-depressive reaction							1	4	1	1			2	5	7
Alcoholism		1			1		2		1	2			4	3	7
Mental deficiency		1	1										1	1	2
Chronic brain syndrome with behavioural reaction					9	3	49	29	70	44	13	6	141	82	223
Chronic brain syndrome, N.O.S.							2	1	1		1		4	1	5
Other diseases of central nervous system not associated with psychosis					3	1	14	38	22	47	3	10	42	96	138
Other, unknown, and unspecified conditions							4	2	1				5	2	7
Totals	5	11	5	1	16	7	83	89	104	111	18	18	231	237	468

TABLE 5.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

TABLE 6.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY RELIGION AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

TABLE 7.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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, DECEMBER 31, 1964

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	1	4	2	7	—	3	1	4	3	3	9	8	15	6	21	39	52	91
Manic-depressive reaction	—	—	—	—	—	—	—	—	—	—	2	1	—	2	4	1	6	4	10
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	2	1	3
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	3	2	5	7
Senile psychosis	—	—	—	—	—	—	—	—	—	—	1	7	2	22	20	80	23	109	132
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	4	—	1	—	7	7	12	17	25	49	49	73	122
Alcoholic psychosis	—	—	—	—	—	—	1	—	—	1	—	1	—	—	1	—	2	2	4
Psychosis of other demonstrable etiology	—	—	—	—	1	—	—	—	—	—	1	1	—	2	1	—	3	3	6
Anxiety reaction	—	—	—	—	—	—	—	—	—	—	1	1	—	2	—	—	1	3	4
Neurotic-depressive reaction	—	—	—	—	—	—	—	—	—	—	—	1	—	1	3	—	3	2	5
Psychoneurosis with somatic symptoms affecting digestive system	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	2	1	3
Alcoholism	—	—	—	—	—	—	1	—	2	—	—	1	2	2	2	1	7	4	11
Mental deficiency	2	5	1	2	1	—	—	2	—	—	1	1	—	1	—	—	5	11	16
Chronic brain syndrome with behavioural reaction	—	—	1	—	—	—	—	1	2	2	15	11	39	33	61	77	118	124	242
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	1	—	4	2	10	9	13	44	28	87	56	142	198
Epilepsy	—	—	—	—	—	—	—	—	—	—	2	—	1	1	—	1	3	2	5
Syphilis and its sequelæ	—	—	1	—	—	—	2	—	1	—	1	—	1	—	—	—	6	—	6
Other, unknown, and unspecified conditions	—	—	—	—	—	—	—	—	—	—	2	—	—	2	3	2	5	4	9
Totals	6	6	7	4	9	—	12	4	14	8	47	51	80	147	157	323	332	543	875

TABLE 9.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965.

Mental Diagnosis	Age-group (Years)										Total		Grand Total
	50–59		60–69		70–79		80–89		90–99				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Live Discharges													
Schizophrenic disorders	1	—	1	—	3	—	2	1	—	—	7	1	8
Manic-depressive reaction	—	—	—	—	—	2	—	—	—	—	—	2	2
Paranoia and paranoid state	—	—	—	1	—	—	—	—	—	—	—	1	1
Senile psychosis	—	—	—	—	—	—	1	—	—	—	1	—	1
Psychosis with cerebral arteriosclerosis	—	—	1	—	1	—	3	—	—	—	5	—	5
Syphilis and its sequelæ	—	—	2	—	—	—	—	—	—	—	2	—	2
Pathological personality	—	—	—	—	1	—	—	—	—	—	1	—	1
Alcoholism	—	—	—	—	3	—	—	—	—	—	3	—	3
Chronic brain syndrome with behavioural reaction	—	—	1	—	9	3	5	1	—	—	15	4	19
Chronic brain syndrome, N.O.S.	—	—	—	—	1	—	—	—	—	—	1	—	1
Other diseases of the central nervous system not associated with psychosis	—	—	1	—	1	1	4	1	—	1	6	3	9
Totals	1	—	6	1	19	6	15	3	—	1	41	11	52
Deaths													
Schizophrenic disorders	—	—	1	—	2	1	1	2	—	1	4	4	8
Manic-depressive reaction	—	—	—	—	1	—	1	1	—	—	2	1	3
Paranoia and paranoid states	—	—	—	—	—	—	1	—	—	—	1	—	1
Senile psychosis	—	—	—	—	1	5	7	11	1	2	9	18	27
Psychosis with cerebral arteriosclerosis	—	—	2	—	5	8	8	13	4	1	19	22	41
Psychosis of other demonstrable etiology	—	—	—	—	1	—	—	—	—	—	1	—	1
Obsessive-compulsive reaction	—	—	—	—	—	—	1	—	—	—	1	—	1
Chronic brain syndrome with neurotic reaction	—	—	—	—	1	—	—	—	—	—	1	—	1
Alcoholism	—	—	—	—	2	—	—	1	—	—	2	1	3
Chronic brain syndrome associated with behavioural reaction	—	—	4	1	29	22	57	37	8	4	98	64	162
Chronic brain syndrome, N.O.S.	—	—	—	—	1	1	1	1	2	1	4	3	7
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	5	11	14	25	4	6	23	42	65
Other, unknown, and unspecified conditions	—	—	—	—	1	—	—	—	—	—	1	—	1
Totals	—	—	7	1	49	48	91	91	19	15	166	155	321

TABLE 10.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965.

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, 1964, TO MARCH 31, 1965

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			1	3	6	3		2	7	8	15
Diabetes mellitus	1		2	3	3	1			6	4	10
Allergic disorders			1						1		1
Vascular lesions affecting central nervous system	1	2	4	2	5	6	1	1	11	11	22
All other diseases of the nervous system and sense organs			1		1		1		3		3
Chronic rheumatic heart disease				1						1	1
Arteriosclerotic and degenerative heart disease	4		28	30	58	69	13	8	103	107	210
Other diseases of heart			1						1		1
Hypertension with heart disease			3	2	3	1			6	3	9
Hypertension without mention of heart			1						1		1
Diseases of arteries			4	1	2	2			6	3	9
Pneumonia				3	3	4	1	1	4	8	12
All other respiratory diseases				1	1	1	1		2	2	4
Diseases of stomach and duodenum			1		2				3		3
Intestinal obstruction and hernia					3	2			3	2	5
Gastroenteritis and colitis			1				1		2		2
Cirrhosis of liver								1		1	1
Other diseases of digestive system			1			1			1	1	2
Chronic, other, and unspecified nephritis					1				1		1
Infection of kidney					1	1	1		2	1	3
Hyperplasia of prostate					1				1		1
Other diseases of genito-urinary system	1								1		1
Accidental deaths				1	1			2	1	3	4
Totals	7	2	49	47	91	91	19	15	166	155	321

TABLE 12.—DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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

DELLVIEW HOSPITAL

TABLE 1.—MOVEMENT OF POPULATION, DELLVIEW HOSPITAL, VERNON, APRIL 1, 1964, TO MARCH 31, 1965

	Male	Female	Total
In residence, April 1, 1964	106	129	235
On probation, carried forward from 1963/64	1	2	3
Total as at April 1, 1964	107	131	238
Admissions—			
First admissions	32	34	66
Transfers from geriatric units	8	.....	8
Total admissions	40	34	74
Total under care	147	165	312
Separations—			
Discharged in full	.....	3	3
Died	37	35	72
Transferred to Provincial Mental Hospital, Essondale	.....	1	1
Transferred to other geriatric units	12	.....	12
Total separations	49	39	88
Net decrease	—8	—3	—11
In residence, March 31, 1965	98	126	224

TABLE 2.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1964, TO MARCH 31, 1965.

Health Unit	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 2	.....	2	2
,, ,, ,, 3	.....	1	1
,, ,, ,, 5	1	.....	1
Selkirk, Nelson—			
School District No. 7	2	.....	2
West Kootenay, Trail—			
School District No. 9	.....	2	2
,, ,, ,, 11	2	2	4
South Okanagan, Kelowna—			
School District No. 14	1	.....	1
,, ,, ,, 15	7	7	14
,, ,, ,, 16	1	.....	1
,, ,, ,, 23	7	2	9
,, ,, ,, 77	.....	1	1
North Okanagan, Vernon—			
School District No. 20	1	4	5
,, ,, ,, 21	1	.....	1
,, ,, ,, 22	5	4	9
,, ,, ,, 78	2	1	3
South Central, Kamloops—			
School District No. 24	4	4	8
,, ,, ,, 26	.....	1	1
,, ,, ,, 30	1	1	2
Northern Interior, Prince George—			
School District No. 57	1	.....	1
Metropolitan Health Committee, Vancouver—			
School District No. 39	2	1	3
,, ,, ,, 41	1	.....	1
Skeena, Prince Rupert—			
School District No. 52	.....	1	1
Greater Victoria Metropolitan Board of Health—			
School District No. 64	1	.....	1
Totals	40	34	74

TABLE 3.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

Method of Admission	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.	
Voluntary	-----	-----	2	-----	-----	-----	-----	-----	2	-----	2
Warrant	-----	-----	-----	-----	1	-----	-----	-----	1	-----	1
Certification	6	3	8	12	19	15	4	4	37	34	71
Totals	6	3	10	12	20	15	4	4	40	34	74

TABLE 4.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

Mental Diagnosis	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.	
Psychosis with cerebral arteriosclerosis	1	----	----	----	2	----	----	----	3	----	3
Chronic brain syndrome with behavioural reaction	5	3	10	12	16	15	4	4	35	34	69
Senility	----	----	----	----	2	----	----	----	2	----	2
Totals	6	3	10	12	20	15	4	4	40	34	74

TABLE 5.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

TABLE 6.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY RELIGION AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

TABLE 7.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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, 1964

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	—	3	—	9	2	11	4	2	8	26	14	40
Manic-depressive reaction	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Senile psychosis	—	—	—	—	—	—	—	—	1	—	5	13	6	13	19
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	1	4	—	4	1	5
Psychosis of other demonstrable etiology	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Other and unspecified psychoses	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Neurotic-depressive reaction	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Chronic brain syndrome with behavioural reaction	2	1	2	3	2	4	8	8	19	16	27	51	60	83	143
Chronic brain syndrome, N.O.S.	—	—	—	—	1	—	1	—	2	2	7	16	11	18	29
Totals	2	1	3	3	6	4	21	10	33	23	45	89	110	130	240

TABLE 9. — LIVE DISCHARGES FROM AND DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965.

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	2	—	5	2	5	1	—	1	12	4	16
Deaths											
Chronic brain syndrome with behavioural reaction	1	1	11	8	21	15	4	11	37	35	72

TABLE 10. — LIVE DISCHARGES FROM AND DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965.

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, 1964, TO MARCH 31, 1965

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.	
Vascular lesions affecting central nervous system	----	----	----	----	----	1	----	2	----	3	3
Arteriosclerotic and degenerative heart disease	1	1	11	8	18	14	4	9	34	32	66
Pneumonia	----	----	----	----	2	----	----	----	2	----	2
Intestinal obstruction and hernia	----	----	----	----	1	----	----	----	1	----	1
Totals	1	1	11	8	21	15	4	11	37	35	72

TABLE 12.—DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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

SKEENAVIEW HOSPITAL[1]

TABLE 1.—MOVEMENT OF POPULATION, SKEENAVIEW HOSPITAL, TERRACE, APRIL 1, 1964, TO MARCH 31, 1965

In residence, April 1, 1964	288
Admissions—	
First admissions	5
Readmissions to a different institution of Mental Health Services	1
Transfers from Provincial Mental Hospital, Essondale	16
Transfers from geriatric units	34
Total admissions	56
Total under care	344
Separations—	
Died	42
Transferred to Provincial Mental Hospital, Essondale	1
Transferred to other geriatric unit	1
On probation and still out	1
Total separations	45
Net increase	+11
In residence, March 31, 1965	299

[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, 1964, TO MARCH 31, 1965.

Health Unit	No.
East Kootenay, Cranbrook—	
School District No. 2	1
,, ,, ,, 5	1
Selkirk, Nelson—	
School District No. 7	4
South Okanagan, Kelowna—	
School District No. 15	1
North Okanagan, Vernon—	
School District No. 20	1
,, ,, ,, 78	1
South Central, Kamloops—	
School District No. 24	1
Northern Interior, Prince George—	
School District No. 55	1
,, ,, ,, 56	1
,, ,, ,, 57	4
Upper Fraser Valley, Chilliwack—	
School District No. 32	1
,, ,, ,, 33	1
,, ,, ,, 34	2
Boundary, Cloverdale—	
School District No. 35	1
Metropolitan Health Committee, Vancouver—	
School District No. 39	18
,, ,, ,, 41	3
,, ,, ,, 44	1
Upper Island, Courtenay—	
School District No. 71	1
Skeena, Prince Rupert—	
School District No. 50	1
,, ,, ,, 52	1
,, ,, ,, 53	4
Peace River, Dawson Creek—	
School District No. 59	1
Coast Garibaldi, Powell River—	
School District No. 47	1
Greater Victoria Metropolitan Board of Health—	
School District No. 61	2
Central Vancouver Island, Nanaimo—	
School District No. 67	1
Unorganized	1
Total	56

TABLE 3.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY METHOD OF ADMISSION AND AGE-GROUP, APRIL 1, 1964, TO MARCH 31, 1965

Method of Admission	Age-group (Years)				Total
	60–69	70–79	80–89	90–99	
Certification	22	13	17	1	53
Warrant	1	1	—	—	2
Urgency	—	1	—	—	1
Totals	23	15	17	1	56

TABLE 4.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND AGE-GROUP, APRIL 1, 1964, TO MARCH 31, 1965

Mental Diagnosis	Age-group (Years)				Total
	60–69	70–79	80–89	90–99	
Schizophrenic disorders	12	4	5	—	21
Senile psychosis	1	—	3	—	4
Psychosis with cerebral arteriosclerosis	2	—	1	—	3
Alcoholic psychosis	3	—	—	—	3
Psychosis of other demonstrable etiology	1	—	—	—	1
Other and unspecified psychosis	—	1	—	—	1
Syphilis of the central nervous system	2	—	—	—	2
Pathological personality	—	1	—	—	1
Alcoholism	—	1	—	—	1
Mental deficiency	—	1	—	—	1
Chronic brain syndrome with behavioural reaction	1	4	3	—	8
Chronic brain syndrome, N.O.S.	—	2	3	1	6
Senility	1	1	2	—	4
Totals	23	15	17	1	56

TABLE 5.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND MARITAL STATUS, APRIL 1, 1964, TO MARCH 31, 1965

TABLE 6.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY RELIGION, APRIL 1, 1964, TO MARCH 31, 1965

TABLE 7.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY PREVIOUS OCCUPATION, APRIL 1, 1964, TO MARCH 31, 1965

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, 1964

Mental Diagnosis	Age-group (Years)							Total
	40–49	50–59	60–64	65–69	70–74	75–79	80 and Over	
Schizophrenic disorders	3	12	28	26	29	40	25	163
Manic-depressive reaction	—	—	—	1	1	2	—	4
Involutional melancholia	—	—	—	—	—	1	—	1
Paranoia and paranoid states	—	—	—	—	—	—	1	1
Senile psychosis	—	—	—	—	3	11	21	35
Psychosis with cerebral arteriosclerosis	—	—	1	4	4	5	7	21
Alcoholic psychosis	—	—	4	2	1	—	—	7
Psychosis of other demonstrable etiology	—	—	1	—	1	4	—	6
Other and unspecified psychoses	—	—	—	—	1	—	—	1
Alcoholism	—	—	1	2	2	1	—	6
Mental deficiency	—	2	—	—	—	1	1	4
Chronic brain syndrome with behavioural reaction	—	—	—	1	3	1	1	6
Chronic brain syndrome, N.O.S.	—	—	1	—	2	6	3	12
Syphilis and its sequelæ	—	—	5	2	1	3	1	12
Other, unknown, and unspecified conditions	—	—	—	1	—	1	1	3
Totals	3	14	41	39	48	76	61	282

TABLE 9.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND AGE-GROUP, APRIL 1, 1964, TO MARCH 31, 1965.

Mental Diagnosis	Age-group (Years)					Total
	50–59	60–69	70–79	80–89	90–99	
Live Discharges						
Schizophrenic disorders	1	—	—	—	—	1
Mental deficiency	—	—	1	—	—	1
Totals	1	—	1	—	—	2
Deaths						
Schizophrenic disorders	—	3	11	6	—	20
Senile psychosis	—	—	1	4	2	7
Psychosis with cerebral arteriosclerosis	—	—	1	1	—	2
Psychosis of other demonstrable etiology	—	—	—	1	—	1
Syphilis and its sequelæ	—	—	2	1	—	3
Mental deficiency	—	—	1	—	—	1
Chronic brain syndrome with behavioural reaction	—	—	—	—	1	1
Chronic brain syndrome, N.O.S.	—	—	2	2	—	4
Other diseases of the central nervous system not associated with psychosis	—	—	—	3	—	3
Totals	—	3	18	18	3	42

TABLE 10.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND LENGTH OF STAY, APRIL 1, 1964, TO MARCH 31, 1965.

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

TABLE 11.—DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

Cause of Death	Age-group (Years)				Total
	60–69	70–79	80–89	90–99	
Malignant neoplasm	----	1	----	----	1
Vascular lesions affecting central nervous system	----	----	3	----	3
Epilepsy	----	----	1	----	1
Arteriosclerotic and degenerative heart disease	2	11	10	1	24
Other diseases of heart	1	----	----	----	1
Pneumonia	----	4	3	1	8
Bronchitis	----	----	1	----	1
Intestinal obstruction and hernia	----	1	----	----	1
Other diseases of digestive system	----	1	----	----	1
Senility without mention of psychosis	----	----	----	1	1
Totals	3	18	18	3	42

TABLE 12.—DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY CAUSE OF DEATH AND LENGTH OF STAY, APRIL 1, 1964, TO MARCH 31, 1965

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

During the year this clinic has continued to serve many areas of the Province, although the tentacles of service are shortening as new regional Mental Health Centres are being developed. The area being served is still too large for this clinic to provide a comprehensive community service, but some trends in this direction are emerging. Better community co-operation and participation, improved selection of clinic services to community needs, closer liaison with the community professionals (doctors, teachers, social workers, public health nurses, probation officers, clergy), training of professional staff, and research are revealed in the reports on different aspects of treatment provided through this clinic.

The good recruitment of professional staff, as well as maintaining at least two-thirds of our experienced clinicians, has enabled this progressive expansion of services in improved community direction. The intake, treatment, and travelling clinic teams have all provided a more immediate consultation and treatment service to families as well as each member increasing the case load. The total number of patients and family members being seen has more than doubled during the past three years. In the past year, assessed cases have increased in the Adult Clinic from 631 to 687 and in the Children's Clinic from 414 to 447. Travelling clinic cases increased from 521 to 547. The total treatment load within the Adult Clinic increased from 535 to 681 and in the Children's Clinic from 387 to 490 families. It is important to note that beside the number of cases mentioned above at least half the patients in the Adult Clinic have family members also under treatment, and the family members nearly double the patients under treatment in the Children's Clinic.

Specialized programmes in the Adult Day Hospital (total patient-days 5,694, with the average length of stay coming down to 39 days from 45 days last year) and the Children's Day Centre have continued to operate at the same level as last year. There has been a 30-per-cent increase in the number of families discussed in conference only (253) with various health and welfare agencies. These conferences provide a means of liaison as well as training for the staff of other agencies. Despite these increased direct services to the community, the staff has also given increased indirect service by professional education, public education, and involvement in a variety of professional and lay committees throughout the community.

OUT-PATIENT DEPARTMENT

In both the Children's and Adult Clinics, all professional staff give about one-third of their time to each of the three services—intensive, brief, and community consultation. Individual psychotherapy is still the principal approach, although increasing time is being used in joint interviews, family group therapy, and for group therapy programmes which have been meeting on Tuesday evenings. The social club and its patients' executive have also had an active programme on Tuesday evenings.

The referrals to the Children's Clinic have continued to show the boys outnumbering the girls by two to one. All referrals are medical, but the source of the

referral has shown an increase from the family doctor to 50 per cent with 15 per cent from private psychiatrists and the rest from social agencies and public health units.

The family doctor is the source of referral for 90 per cent of the adults and adolescents (16 years of age and over). An increasing number of the adolescents are being referred because of multiple family complications, necessitating more interview time with family members as well as family group therapy.

CHILDREN'S DAY CENTRE

There has been one programme for five to seven autistic children attending four mornings a week. An effort was made to give each child as much human contact as possible while he was encouraged in learning activities and speech. The mothers were seen in a weekly group meeting with the day centre supervisor on practical problems and also met in weekly group therapy with a psychologist and social worker. This is the second year of a research project to investigate the genesis, pathological interactions between parents and child, psychopathology of each parent and their interactions with each other, and the effect that group psychotherapy of the mothers might have on the child. This project is nearing completion now.

LEARNING CLINIC

This is a specialized remedial instruction programme to assist children who have primarily a perceptual impairment and thus are unable to benefit from the regular school programme. The assessment of these children is being improved with the addition of new techniques designed for detection of brain damage to to provide more precise information about the cerebral deficits so other modalities could be applied for retraining and learning. Part of this programme has been carried out within the Mental Health Centre and part within one of the local Burnaby elementary schools.

ADOLESCENT AND ADULT DAY HOSPITAL

About 30 per cent of the Day Hospital patients have continued to be adolescents with complicated family problems who have not responded to other outpatient and in-patient treatment services. Over 50 per cent of the patients received a pre-admission home assessment. Nearly 50 per cent of the patients treated showed border-line or overt schizophrenic reactions. Their ratio reverted from one male to two females in the programme from the equal ratio shown last year. The emphasis continued on group rather than individual therapy, with more patient self-government assisted by the establishment of three patient committees. The four bi-weekly smaller group therapy meetings have been increasingly effective as the staff becomes more experienced in this type of treatment. Continuing investigation into the interaction between the patients has been carried out in the form of a weekly sociogram.

GROUP-LIVING HOMES

A screening and consultation service is being provided to social welfare group-living homes in Burnaby, Surrey, Kamloops, Prince George, and Prince Rupert. Individual and group therapy have also been provided to the adolescent boys in the group-living homes in Burnaby and Surrey. The demand for this service is greatly increasing throughout the Province, necessitating a much closer liaison between our clinic and the Special Placement Division of the Child Welfare

Department. There is a trend and a need to integrated and shared programmes. A co-ordinated assessment and placement unit for children in need of special care could be an effective step if undertaken as a real joint project. There are encouraging signs of recognition that progress in mental health is inexorably tied to progress in family and child welfare and, indeed, to the general level of social health of the community.

LOCAL AGENCY CONSULTATION SERVICE

Mental Health Centre child psychiatrists have been making weekly visits to the Health Centre for Children, Children's Aid Society, Catholic Children's Aid Society, Juvenile Court, and Willingdon School for Girls to provide consultation as well as recommend psychiatric treatment when appropriate. There have been many requests to increase this service to these agencies as well as extend it to others. Approximately 50 per cent of the children seen have been referred from the Juvenile Court, where the male-female ratio is three to one. The other 50 per cent of the referrals show a male-female ratio of three to two. About one-third of the total referrals are repeat consultations where the male-female ratio goes up to seven to one.

TRAVELLING CLINICS

Besides the large number of families seen on these travelling clinics to 15 towns throughout the Province, there has been considerable emphasis on co-ordinating community professionals. The more frequent service being provided is an increased contribution, but the shared relationship in dealing with mental health problems has been even more productive.

With the establishment of the Mental Health Centre in the Kootenays, some staff time was released to start a travelling clinic service to the Simon Fraser Health Unit in Surrey as well as make the visits to the Skeena Health Unit (Prince Rupert, Kitimat, Terrace) three times more frequent. When the Mental Health Centres are established in Prince George and Chilliwack during the coming year, then a similar intensification of service can be provided to the Coast-Garibaldi Health Unit (Powell River, Sechelt, Squamish) as well as new travelling clinic service be set up in the New Westminster and Haney areas. Another new development with the travelling clinics has been the inclusion of a mental health nurse with two of the psychiatric teams to assist with the education of the public health nurses in the area being served. An investigation into the effectiveness of the travelling clinic service to the Chilliwack area is now being assessed through the local professionals involved with the various families seen.

EDUCATION

Besides the extensive service and specific research described above, this clinic has provided an important educational programme within the community. In the service training programmes for all professionals, they have developed staff for more senior positions within the Government and agency services. A full auditorium attendance of local professionals (120) participated in three two-day workshops with outside lecturers on learning problems in children, family group therapy, and religion in mental health. Seventeen students from the University of British Columbia School of Social Work had their field placements in the centre. Two psychology interns were involved in summer clinical programmes. One resident from the University of British Columbia Department of Psychiatry was placed in the Adult Clinic during the year. The nursing staff were involved in the education

programmes for students from the University of British Columbia School of Nursing, the clinical programme and psychiatric nursing programme of the Essondale Education Centre and other hospital training-schools in the Greater Vancouver area. Four occupational-therapy students also received field training in the Day Hospital programme. A great many lectures were given by different staff members throughout the community as well as a dozen staff members serving on various health and welfare committees. It is clear that this clinic is an important training centre for all disciplines, and if the Mental Health Services are to contribute to a stronger emphasis on community mental health, then the educational role must be a more recognized function.

STATISTICAL TABLES

TABLE 1.—SUMMARY OF OPERATIONS, MENTAL HEALTH CENTRE, BURNABY, ADULT CLINIC, APRIL 1, 1964, TO MARCH 31, 1965

	Male	Female	Total
Intake Section			
Total number pending	10	20	30
Plus assessments	258	465	723
Totals	268	485	753
Cases opened for treatment	131	256	387
Other disposition	118	199	317
Total pending	19	30	49
Treatment Section			
Patient load brought forward	110	184	294
First admissions	100	197	297
Readmissions	31	59	90
Total patient load	241	440	681
Less cases closed	98	184	282
Total under treatment at March 31, 1965	143	256	399

TABLE 2.—FIRST ADMISSIONS TO MENTAL HEALTH CENTRE, ADULT CLINIC, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE, APRIL 1, 1964, TO MARCH 31, 1965.

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

TABLE 3.—FIRST ADMISSIONS TO MENTAL HEALTH CENTRES, ADULT CLINIC, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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
Hebephrenic type	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Catatonic type	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Paranoid type	—	—	2	—	1	—	3	—	1	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	9	2	11
Acute schizophrenic reaction	1	2	2	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	5	8
Latent schizophrenia	1	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Schizo-affective psychosis	1	1	2	1	—	—	—	2	—	—	—	3	1	1	—	—	—	—	—	—	—	—	—	—	4	8	12
Schizophrenic childhood type	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Other and unspecified	—	—	—	1	—	—	—	2	1	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	5	6
Manic-depressive reaction—Depressive	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified psychoses—Psychotic depressive reaction	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	3	3
Anxiety reaction without mention of somatic symptoms	—	1	3	4	—	—	3	7	1	3	—	1	3	2	1	2	—	—	—	—	1	—	—	—	12	20	32
Hysterical reaction without mention of somatic symptoms	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Phobic reaction	—	1	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3	3
Obsessive-compulsive reaction	—	—	—	—	1	1	1	4	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	4	6	10
Neurotic-depressive reaction	1	10	3	17	2	10	1	7	1	4	—	10	1	7	3	11	1	4	—	1	2	2	—	1	15	84	99
Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3	3
Psychoneurotic disorders, other, mixed, and unspecified types	—	1	1	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	5	6
Disorders of character, behaviour, and intelligence—																											
Pathological personality—																											
Schizoid personality	1	1	3	1	1	1	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	7	4	11
Paranoid personality	—	—	1	—	—	—	—	—	—	1	—	—	2	—	1	—	—	—	—	—	—	—	—	—	4	1	5
Inadequate personality	—	1	—	2	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	5	5
Anti-social personality	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Asocial personality	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Sexual deviation	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified	3	1	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	2	8
Immature personality—																											
Emotional instability	—	—	—	5	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	8	8
Passive dependency	1	3	4	3	2	2	2	1	4	1	—	1	—	—	2	1	1	—	1	—	—	—	—	—	17	12	29
Other and unspecified	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
Primary childhood behaviour disorders	8	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	10	18
Other and unspecified character, behaviour, and intelligence disorders—Adult situational reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Totals	18	36	25	39	8	19	13	25	9	16	2	23	10	12	9	17	2	5	1	2	3	2	—	1	100	197	297

TABLE 4.—READMISSIONS TO MENTAL HEALTH CENTRE, ADULT CLINIC, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3	3
Acute schizophrenic reaction	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Latent schizophrenia	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	1	2	3
Schizo-affective psychosis	—	—	—	—	2	—	—	1	—	2	—	—	—	1	1	—	—	—	—	—	—	—	—	—	3	4	7
Other and unspecified	—	—	—	—	—	—	—	2	—	1	—	—	1	—	—	—	—	1	—	—	—	—	—	—	1	4	5
Paranoia and paranoid states	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	2
Other and unspecified psychoses—																											
Psychotic depressive reaction	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Anxiety reaction without mention of somatic symptoms	1	1	1	—	1	—	2	—	—	—	2	—	—	2	—	1	—	—	—	—	—	—	—	—	7	4	11
Hysterical reaction without mention of somatic symptoms	—	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3	3
Phobic reaction	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Obsessive-compulsive reaction	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Neurotic-depressive reaction	—	—	—	2	—	—	1	2	—	—	—	3	—	3	1	1	—	—	—	—	—	—	1	1	3	12	15
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Psychoneurotic disorders, other, mixed, and unspecified types	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Disorders of character, behaviour, and intelligence—																											
Pathological personality—																											
Schizoid personality	—	—	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	4
Paranoid personality	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Inadequate personality	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Anti-social personality	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Other and unspecified	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Immature personality—																											
Emotional instability	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Passive dependency	1	1	2	1	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	3	5	8
Primary childhood behaviour disorders	6	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	2	8
Epilepsy	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	8	9	5	8	5	4	5	9	—	6	4	9	1	8	2	3	—	2	—	—	—	—	1	1	31	59	90

TABLE 5.—FIRST ADMISSIONS TO MENTAL HEALTH CENTRE, ADULT CLINIC, BY MARITAL STATUS, SEX, AND DIAGNOSIS, APRIL 1, 1964, TO MARCH 31, 1965

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

TABLE 6.—SEPARATIONS FROM MENTAL HEALTH CENTRE, ADULT CLINIC, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1964, TO MARCH 31, 1965

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
Hebephrenic type	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Paranoid type	—	—	2	—	—	1	2	1	2	1	—	—	—	4	—	1	—	1	—	—	—	—	—	—	6	9	15
Acute schizophrenic reaction	—	1	1	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	5
Latent schizophrenia	—	—	—	—	1	—	1	2	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	3	3	6
Schizo-affective psychosis	—	2	1	1	—	2	—	1	—	3	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	9	11
Other and unspecified	—	—	—	—	—	—	—	2	1	1	—	—	2	—	—	—	—	1	—	—	—	—	—	—	3	4	7
Manic-depressive reaction—Depressive	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	1	1	2
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified psychoses—Psychotic depressive reaction	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	3	3
Anxiety reaction without mention of somatic symptoms	—	2	4	3	1	1	3	4	1	5	—	1	—	1	—	—	—	—	1	—	—	—	—	—	10	17	27
Hysterical reaction without mention of somatic symptoms	—	1	—	—	—	—	1	—	—	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	2	3	5
Phobic reaction	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Obsessive-compulsive reaction	—	—	—	—	—	1	1	2	—	3	—	3	—	1	—	—	—	—	—	—	—	—	—	—	1	10	11
Neurotic-depressive reaction	1	5	2	16	2	3	3	9	4	3	1	4	—	4	1	8	—	1	—	3	—	1	1	1	15	58	73
Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Psychoneurotic disorders, other, mixed, and unspecified types	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Disorders of character, behaviour, and intelligence—																											
Pathological personality—																											
Schizoid personality	1	—	6	3	3	2	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	6	18
Paranoid personality	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	1	—	—	—	—	—	—	4	1	5
Inadequate personality	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3	3
Asocial personality	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Other and unspecified	1	2	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	7
Immature personality—																											
Emotional instability	—	1	—	5	—	1	—	1	1	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	11	12
Passive dependency	1	1	8	5	3	4	1	6	3	2	—	—	1	—	1	1	—	—	1	—	—	—	—	—	19	19	38
Other and unspecified	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Primary childhood behaviour disorders	8	10	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	10	19
Totals	12	26	28	39	13	18	14	31	13	21	4	14	7	11	4	14	—	5	2	3	—	1	1	1	98	184	282

TABLE 7.—MOVEMENT OF POPULATION, DAY HOSPITAL, MENTAL HEALTH CENTRE, ADULT CLINIC, APRIL 1, 1964, TO MARCH 31, 1965

	Male	Female	Total
In day hospital, April 1, 1964	5	9	14
Admissions	40	75	115
Readmissions	11	24	35
Totals	56	108	164
Less discharges	50	93	143
In day hospital, March 31, 1965	6	15	21

Total patient-days of those discharged 5,694
Total discharges 143
Average stay in day hospital ..... 39.8 days

TABLE 8.—SUMMARY OF OPERATIONS, MENTAL HEALTH CENTRE, BURNABY, CHILDREN'S CLINIC, APRIL 1, 1964, TO MARCH 31, 1965

	Male	Female	Total
Intake Section			
Total number pending at April 1, 1964	11	4	15
Plus assessments—			
Mental Health Services	7	2	9
Medical units	10	5	15
Public health units	70	17	87
Correctional agencies	8	26	34
Social agencies	40	26	66
General practitioners and other specialists	125	66	191
Private psychiatrists	25	5	30
	285	147	432
Totals	296	151	447
Disposition of assessments—			
Social agency recommended	3	3	6
Other medical care	9	3	12
Assessment and advice only	84	61	145
Patient withdrew	6	3	9
Cases opened in treatment	174	77	251
	276	147	423
Total pending at March 31, 1965	20	4	24
Treatment Section			
Patient load—			
Brought forward at April 1, 1964	170	69	239
First admissions	130	59	189
Readmissions	44	18	62
Total admissions	174	77	251
	344	146	490
Less cases closed	166	78	244
Total under treatment at March 31, 1965	178	68	246

TABLE 9.—SUMMARY OF DIAGNOSTIC SERVICE GIVEN TO AGENCIES BY MENTAL HEALTH CENTRE, BURNABY, TRAVELLING (CHILDREN'S) CLINICS, APRIL 1, 1964, TO MARCH 31, 1965.

Place of Examination	New		Repeat		Total
	Male	Female	Male	Female	
Local agencies and medical units—					
Children's Aid Society	9	13	13	2	37
Catholic Children's Aid Society	9	4	2	----	15
Juvenile Court	42	15	14	3	74
St. Christopher's School	----	----	5	----	5
Public health units—					
Boundary Health Unit	55	24	38	15	132
Cariboo Health Unit	23	14	11	6	54
North Fraser Health Unit	7	1	3	1	12
Simon Fraser Health Unit	16	3	6	6	31
Upper Fraser Health Unit	16	16	19	9	60
Coast-Garibaldi Health Unit	2	2	5	----	9
East Kootenay Health Unit	2	3	2	----	7
West Kootenay Health Unit	3	1	2	----	6
Peace River Health Unit	11	6	3	1	21
Selkirk Health Unit	4	3	2	2	11
Skeena Health Unit	34	19	14	6	73
Totals	233	124	139	51	547

TABLE 10.—SUMMARY OF MENTAL HEALTH CENTRE, BURNABY, TRAVELLING (CHILDREN'S) CLINICS SERVICE, APRIL 1, 1964, TO MARCH 31, 1965

	Total Number of Children Seen on Travelling Clinic	Other Agency Consultative Cases
Vancouver	131	82
Abbotsford	14	11
Burns Lake	1	----
Chilliwack	45	19
Coquitlam	31	57
Cranbrook	7	2
Dawson Creek	11	5
Fort St. John	10	----
Gibsons	4	----
Kitimat	23	8
Millar Bay	5	----
Mission	12	1
Nelson	11	7
Powell River	5	----
Prince George	32	7
Prince Rupert	24	5
Quesnel	13	----
Smithers	3	----
Terrace	18	8
Trail	6	1
Williams Lake	12	2
Surrey	129	38
Totals	547	253

TABLE 11.—SOURCE OF ALL CASES REFERRED TO CHILDREN'S CLINICS AND SERVICE GIVEN, APRIL 1, 1964, TO MARCH 31, 1965

Agency or Source	Number of Cases	Type of Service Given	
		Agency Diagnostic Study	Clinic Direct Service
1. Mental Health Services—			
After-care Clinic	6	.....	6
Mental Health Centre, Nanaimo	1	.....	1
Mental Health Centre, Adult Clinic, Burnaby	3	.....	3
The Woodlands School	1	.....	1
2. Medical units—			
Health Centre for Children	7	.....	7
Canadian Arthritis and Rheumatism Society	1	.....	1
Children's Hospital	2	.....	2
Sunny Hill Hospital	1	.....	1
Cerebral Palsy Association	1	.....	1
Out-patient Department, Vancouver General Hospital	1	.....	1
3. Public health units—			
Boundary Health Unit	153	132	21
Burnaby Health Unit	8	.....	8
Cariboo Health Unit	54	54	.....
Coast-Garibaldi Health Unit	25	9	16
Metropolitan Health Unit (Vancouver)	12	.....	12
North Fraser Health Unit	19	12	7
Simon Fraser Health Unit	51	31	20
Upper Fraser Health Unit	60	60	.....
East Kootenay Health Unit	7	7	.....
West Kootenay Health Unit	7	6	1
North Okanagan Health Unit	1	.....	1
North Shore Health Unit	1	.....	1
Peace River Health Unit	21	21	.....
Selkirk Health Unit	11	11	.....
Skeena Health Unit	73	73	.....
4. Social agencies—			
Department of Social Welfare	24	.....	24
Family Service Agency	3	.....	3
Canadian National Institute for the Blind	1	.....	1
St. Christopher's School	6	5	1
Children's Aid Society	52	37	15
Catholic Children's Aid Society	36	15	21
Vancouver Epilepsy Centre	1	.....	1
5. Correctional agencies—			
Willingdon School for Girls	25	.....	25
Juvenile Court	83	74	9
6. General practitioners	191	.....	191
7. Private psychiatrists	30	.....	30
Totals	979	547	432

MENTAL HEALTH CENTRE, VICTORIA

C. GREGORY, DIRECTOR

This year has seen a dramatic change in the pattern of mental health services in Victoria, wrought by the provision of a new Mental Health Centre and by the expansion of our staff establishment. From a small bungalow behind the Parliament Buildings, we have moved to a large converted apartment building which gives us ample space and which has the advantage of being situated in the next block to the Royal Jubilee Hospital. The move took place in late December, and although there has been some inevitable disruption of service, we were able to open for limited service on January 1st. This move has the added advantage of ending the sense of isolation from professional contact and has thus facilitated improvement in integration of our services with those of other agencies, one simple but important example being the increasing use made of inter-agency consultation of cases, which was virtually impossible before. Eventually this greatly improved physical facility will lead to a service far superior to that formerly provided.

POLICY

The purpose of this centre is to provide a comprehensive community psychiatric service for the Greater Victoria area, and two clinics—nominally separate but functionally integrated—cater for adults and children. The emphasis in both clinics is on the involvement of families in the treatment of disturbed patients, and the results obtained vindicate this orientation. This is most obvious in considering the treatment of children and in the after-care programme for those patients who have been discharged from mental hospital where on-going care is a major factor in maintaining them in the community.

STAFF

Concomitant with our move, the following increases in establishment were agreed on: One psychiatrist, one psychologist, two social workers, one nurse, and two clerical staff. Unfortunately, recruitment has not kept pace with these establishment gains. However, we have had certain valuable additions. Dr. A. Aranas replaced Dr. L. Holland in the Adult Clinic, one social worker and two nurses joined us on a full-time basis, and three psychologists began working part time. These latter are Ph.D. staff members of the Department of Psychology at the University of Victoria, and this has meant a closer liaison between the university and this centre, which can only be beneficial in terms of the quality of service provided.

CHILDREN'S CLINIC

Our new accommodation has enabled us to offer vastly improved treatment facilities to patients; in fact, we could reasonably say that we have passed from a centre providing assessment almost entirely to one which will be increasingly therapeutically orientated. This is particularly so in the Children's Clinic, where the acquisition of ample space, of new testing equipment, and of more modern and useful toys for play therapy have entirely transformed the nature of our service. Emphasis has swung further toward family involvement, although individual treatment of children and adolescents must proceed concomitantly with family therapy. A small-scale experimental remedial reading programme has been started in an attempt to deal with the large numbers of children who are referred to this clinic

with emotional disturbances which are secondary to school problems occasioned by the inability to read.

More use of group therapy is being employed with adolescents, and, apart from its therapeutic value, this is also a way of dealing with the vastly increased demand for service, both assessment and therapeutic, for the 12–17 age range. This demand is particularly heavy from the probation service and reflects both the increasing delinquency problem faced by all communities today and the lack of in-patient facilities for dealing with these young maladjusted people.

ADULT CLINIC

The activities of the Adult Clinic have considerably increased during the year. The main avenues of endeavour have been the development of a sound after-care programme; assessment and, where possible, treatment of the acute case; and service, both consultatory and educational, to the local agencies. The increased demand for service has been reflected in the number of after-care patients being carried at the year's end, the ever greater flow of referrals from private physicians, agencies, etc., and it has been found necessary to curtail the length of time given to a single individual. However, when considered advisable, extensive case work-up with individuals is made available.

In the after-care programme, involvement of the spouse and family of the patient is requested where possible and, failing the availability of a home, a boarding home has been tried. This latter service has involved the psychiatrist, nurse, and social worker, and each boarding home in which patients reside has been visited by at least one of our staff. The provision of drugs for those patients who require them is an indispensable part of treatment; without them we would be far less able to maintain patients in the community.

We plan to offer greater opportunities for the private practitioner to participate in the therapeutic programme, to extend our home visiting and boarding-home supervision, to offer out-patient electroconvulsive treatment and an experimental day-care programme. These plans are all, of course, contingent on the successful recruitment of staff.

SERVICE

In spite of changes in staff and the move to our new quarters, both of which necessitated a temporary hiatus in intake, the total service over the year was considerably better quantitatively than the previous year. The quality of service has taken a marked upward swing, initiated by the part-time appointment of Dr. A. G. Milton, of the University of Victoria, and carried on by the further recruitment of university personnel. Indeed, we can reasonably say that few centres of this kind have anything like our quality of psychological service, whether diagnostic or therapeutic. The latest university staff member has initiated an out-patient service for alcoholics, and in view of the size of the problem and the scarcity of resources to cope with it, this should be a most valuable feature of our community activity.

Although direct service is our most obvious function, a great deal of other important work is done. Consultation to other agencies, advice on how to manage cases, regular lectures to nurses undergoing training at the Royal Jubilee Hospital, public education in a variety of ways, participation in the planning of agency programmes such as those of the Association for the Mentally Retarded, irregular visits to Brannan Lake School, psychological assessments for the remainder of Vancouver Island, supervision of a group-living home—these are all aspects of this centre's work.

SUMMARY OF OPERATIONS

	Adult	Children	Total
Cases brought forward at April 1, 1964	88	17	105
Cases opened	79	176	255
Total under treatment	167	193	360
Cases closed	59	121	180
Cases carried forward at March 31, 1965	108	72	180

Assessment only	88
Patients discussed without actual examination	54
Total interviews—	
Psychiatric	1,665
Psychological	224
Social workers	2,423
Nurses	564

OKANAGAN MENTAL HEALTH CENTRE, KELOWNA

F. E. McNair, Director

The basic components of this community mental health service are as follows:—

(1) A psychiatric out-patient service based at the community health centre.
(2) Collaboration with other community resources to cope with various problems of mental health and mental illness in the community.
(3) In-patient service in the Kelowna General Hospital.

Our staff has been augmented during the year and now includes a psychiatrist-director, a resident psychiatrist in his final year of training for his certification by the Royal College of Physicians and Surgeons of Canada, two social workers with M.S.W. degrees, and a receptionist-stenographer who now has a half-time assistant. We were not able to recruit a clinical psychologist during this year. The table shows a 30-per-cent increase in the number of adult patients seen in consultation and a 50-per-cent increase in the number of adults and children given an out-patient service. The resident psychiatrist and one of the social workers hold a clinic at the health unit in Penticton one day each week. There continues to be a demand both in Vernon and Penticton for additional psychiatric service, and efforts have been made by responsible bodies in both communities to attract a psychiatric specialist into practice there.

Special facilities are available elsewhere in the Province for a limited number of disturbed youngsters requiring residential care, but these require adequate diagnostic study, including psychological evaluation, before their suitability for admission to special resource can be determined. There is also a group of patients whose eligibility for The Woodlands School is under consideration or whose eligibility for Disabled Persons' Allowance is being questioned by the appropriate board, who also require psychological study to evaluate their condition. In addition to the clinic needs, the schools are finding that a number of children with learning problems require individual study from a qualified psychologist to place them in the appropriate stream of learning so that their achievement can measure up to their capacity and the number of school drop-outs can be reduced.

The service continues to be well received and is given thorough-going co-operation by various health and welfare resources in the communities served. We could not function without the complete and ready co-operation between these various resource groups. The practice of community psychiatry cannot limit itself to the direct face-to-face treatment of a person designated as ill. Nor is it enough to have treatment available close at hand. There would be less illness to treat if we can assist disturbed family relationships so that families can be strengthened to manage their own problems and couples can be assisted to build a more satisfactory marriage. We look forward to the development of resources to strengthen family relationships. We will be assisting during the coming year in a marriage course, sponsored by an inter-faith group and organized under the adult education programme, in Kelowna. Marriage counselling will be augmented and new approaches to family therapy undertaken. Two groups of teen-age boys are meeting regularly for a therapy programme. Our own treatment resources have been enlarged to include a more immediate service to relatives of patients in hospital. We have been happy to see the development of a more active foster-home programme under the Department of Social Welfare, including the organization of a foster-parent society. There is special need for foster homes in the management of the disturbed teen-ager

who no longer fits into life within his own family and requires some alternative community placement if he is not to be too hastily designated as incorrigible and banished to an institution. Since special facilities such as school and workshops for the mentally retarded can only be organized on a regional basis, there is need for foster day care or foster care through the week in the larger centres for retardates whose homes are in rural communities. In addition, there is need to look forward to developing a type of boarding or foster care for some of the chronically mentally ill persons who can now be managed readily in the community without need for hospitalization but who should not be allowed to remain stagnant in adapting to community life as partially disabled persons. There are already in the Province some group-living homes for disturbed teen-agers, and there is need for such a group-living home to be established in this region. All of these developments cannot occur overnight, but a comprehensive mental health service will be incomplete until they are represented. The development of more complete hospital resources for children and adults, the child resources to be worked out in co-operation with the pædiatricians of the region, is also a very important part of the total community psychiatric programme.

One hundred and forty-two patients were treated in the Kelowna General Hospital psychiatric ward during the year; 322 patients received out-patient treatment during the year. There is no doubt that when service is available locally, the need for hospital admission is reduced. Statistics are noted below with regard to the over-all consultation service and the number of patients receiving treatment, both in Kelowna, where the clinic has its headquarters, and in the adjacent communities. The psychiatric unit of the Kelowna General Hospital also serves the whole region, and the number of patients admitted is tabulated by district.

CONSULTATIONS BY AREAS

	Adults			Children		
	Male	Female	Total	Male	Female	Total
Kelowna	48	62	110	27	16	43
Penticton	26	44	70	31	17	48
Kamloops	29	45	74	19	7	26
Vernon	12	19	31	9	7	16
Salmon Arm	3	5	8	5	6	11
Revelstoke	10	12	22	3	2	5
Totals	128	187	315	94	55	149

PATIENTS RECEIVING REGULAR TREATMENT

	Adults	Children
Kelowna	91	31
Penticton	58	15
Kamloops	56	8
Vernon	28	6
Salmon Arm	9	7
Revelstoke	10	3
Totals	252	70

ADULT PATIENTS ADMITTED TO PSYCHIATRIC UNIT OF KELOWNA GENERAL HOSPITAL

Kelowna and district	54
Penticton and district	56
Vernon and district	30
Kamloops and district	----
Others	2
Total	142

The psychiatric ward at the Kelowna General Hospital was open for 12 months during the past year; 111 patients received 142 admissions during that time. Nine of these patients had to be admitted to a Provincial mental health facility.

It is noted that during the past year 61 admissions to facilities of the Mental Health Services Branch came from the Okanagan area, a figure which continues to be less than 50 per cent of the admission rate from this area prior to the inauguration of this service.

VANCOUVER ISLAND MENTAL HEALTH CENTRE, NANAIMO

S. E. JENSEN, DIRECTOR

The Mental Health Centre began operation in April, 1964, in a hitherto unserviced area of British Columbia—namely, that constituted by the combined Central Vancouver Island Health Unit and Upper Vancouver Island Health Unit. The centre was budgeted for a staff consisting of a psychiatrist, psychiatric nurse, psychologist, and a social worker. The centre is located at the Public Health Centre in Nanaimo, and travelling clinics servicing Duncan, Port Alberni, Comox, and Campbell River work out of offices in the local public health units. Beds in the Nanaimo Regional Hospital have been available for those patients who required hospital care, and, as a result, practically no patients have needed to be certified to the Provincial Mental Hospital or the Crease Clinic, Essondale.

The objective has been to provide as comprehensive a service as possible in Nanaimo and to extend the scope and usefulness of the centre by travelling each month to the other principal centres in the district. The centre has met with initial acceptance amounting to enthusiasm from doctors, social workers, public health and probation staff, and special school personnel in the area.

During the year a total of 310 patients was seen. Attendance has been excellent, missed appointments have been rare, and there have been few drop-outs. It has been usual for both parents to accompany a child to the centre and for a spouse to accompany an adult.

In the main, service to children has had to be limited to assessment and a few hours of counselling to the parents in selected cases. When a psychologist is added to the staff, play therapy as well as other specialized techniques and psychometric testing will add to the usefulness of the centre.

The work of the centre has been assisted by the availability, skill, and enthusiasm of the public health nurses. We feel that the centre's association with the public health nurses and the public health unit both here and in the Upper Island area has been a happy one, and has proved the point often made that the services of public health and mental health are so closely related that efficient service can be provided with a minimum of changes and expansions by assimilating the two. It would seem that the future will see psychiatry to a larger and larger extent become community-oriented, and our experience has indicated that the public health nurses can carry a considerable responsibility in such a programme. Many basic tools and methods are common to public health and mental health: both experience the same sense of responsibility for the total health problems within their jurisdiction, the same sense of responsibility for what ails the community, and both work toward improving the over-all health of the community.

The Mental Health Centre's philosophy of treatment is basically multi-directive, stressing as well psychodynamic and physiologic and sociocultural factors as responsible for the syndromes we attempt to treat.

Out-patient interviews are carried out with an average frequency of once per month. More intensive interviewing is done when indicated, but the heavy case load prevents the average patient from being seen at more frequent intervals. Our experience indicates that this frequency is adequate in most cases.

The orientation of the interview is basically an examination of the symptoms as related to the past and present experience of the patient relying heavily on psychodynamic techniques of interpretation. Other members of the family are

interviewed routinely in the case of children and very frequently in the case of adult referrals. One may say that the centre is family-oriented, since we are constantly aware of the significance of family interaction both for pathology and for treatment.

Marital counselling, while not strictly a psychiatric function, invariably becomes a significant part of the centre's function. Pharmacotherapy today has become an essential part of therapy as well. Like most medical therapy, it is usually of a palliative nature but useful if used with discrimination; for example, to break a vicious circle or to enable a patient to readjust.

KOOTENAY MENTAL HEALTH CENTRE, TRAIL

G. R. MANSFIELD, DIRECTOR

The Kootenay Mental Health Centre, Trail, is reporting on its initial organizational programme, which took place in the last 10 months of the fiscal year, from June 1, 1964, to March 31, 1965. The Mental Health Centre located at Trail is serving the West and East Kootenay regions. The West Kootenay area comprises approximately 7,150 square miles with a population of 66,000. The East Kootenay consists of an estimated 20,000 square miles with a population of 48,000. The total area is 27,150 square miles and total population is in the order of 114,000. There are three public health units in this area: Selkirk Health Unit, Nelson; East Kootenay Health Unit, Cranbrook; and West Kootenay Health Unit, Trail. The terrain is mountainous with extensive waterways. Logging, pulp-mills, and mining and smelting operations are the chief industries which account for substantial pockets of populations scattered throughout the region to be serviced. The largest complex is at Trail, which has a population of 12,000, but the addition of nearby villages brings up the population figure close to 20,000.

FACILITIES

The facilities consist of an out-patient department, located on the second floor of the West Kootenay Public Health Unit, Trail. It was officially opened June 26, 1964, by the Honourable Eric Martin, Minister of Health Services and Hospital Insurance, accompanied by Dr. A. E. Davidson, Deputy Minister of Mental Health Services. In the planning stages is a psychiatric unit in-patient treatment centre, which will be an additional wing constructed on to the Trail-Tadanac Hospital.

STAFF

The Mental Health Centre staff consists of Mrs. G. Hopland, secretary-receptionist; Mr. R. Cameron, social worker; and Dr. G. R. Mansfield, psychiatrist. We are able to make some use of two psychologists in this area indirectly by virtue of close liaison ties with the school and the personnel department of the largest industrial complex, Cominco. The psychiatrist is also engaged in doing some psychological testing. We have always adopted the viewpoint that no one member of the psychiatric team is more important than another. We are pleased to see our team strengthened by the addition of a part-time clerk-stenographer, which will eliminate the bottleneck in this area and render our operations more efficient in 1965.

INTEGRATION

Priority was given to the task of integrating the Mental Health Centre with established medical practice and the various agencies and resources in this area. Following traditional medical practice, all referrals must come from family doctors. Some early skepticism and misgivings on the part of the "helping agencies" rapidly disappeared as the doctors co-operated fully.

Direct lines of communication have been established with the schools in the Trail area through the school psychologist, who receives a copy of conference reports on all school-children seen in this area. The school is interested directly or indirectly in 9 out of 10 children seen, which is not reflected in the statistical table that follows. Steps are being taken to record more accurate statistics for the coming year. Friday has been set aside for conferences as this is the most convenient time

for public health personnel who have shown an active interest in mental health by their attendance. Conferences are structured to be teaching experiences, as the role of the public health nurse in the school is conceived of as a consultant to the teacher in determining whether a child is emotionally disturbed and should be referred. Direct interpretation of our findings and recommendations to the teacher are made by the school psychologist, although the public health nurse may still be involved via teacher-nurse conferences, which are held regularly. The public health nurse may also be working with the family in the home. The public health nurses frequently consult a member of our staff on an informal basis for a discussion of a particular case.

The Department of Social Welfare personnel and the Probation Officers attend conferences and communicate freely with us by telephone. The clergy are also being involved. This seems logical as 42 per cent of people in trouble first turn to their pastor for help, and many are engaged in pastoral counselling.

To facilitate communication and share information with the various people working with children, a group has been organized which meets once a month. This consists of the social worker from the Mental Health Centre, school psychologist, head of the Department of Social Welfare, local Probation Officer, and the local pædiatrician.

Liaison has been established with industry through the plant physician, psychologist in personnel, and several of his staff who are active in Alcoholics Anonymous and who form the plant's own group working actively with people in their own industry who have problems with alcohol. We meet informally for luncheon and co-ordinate our efforts in developing individual programmes and pooling information.

We now have a good working relationship with all interested bodies in the community.

EDUCATION

A most active programme of community education has been carried out by the social worker and psychiatrist in the past 10 months. The staff have participated in 32 addresses, panels, institutes, and discussion groups. We were particularly pleased to reach the high-school students and talk to them about careers in mental health. Other highlights were addresses to the Registered Nurses' Association of British Columbia, the ministerial association, various service clubs, doctor groups, local and regional Canadian Mental Health Association, etc.

In-service education is always an on-going process, and Mr. Cameron has been teaching public health nurses and social workers how to prepare better social histories. The nurses have also been formally lectured on detecting emotional problems in children.

Worthy of special note is Mr. Cameron's participation in regular meetings with foster-parents, where the foster-parents have an opportunity to ask questions and discuss problems. The object is to develop a roster of " professional " foster-parents who will become skilled enough to handle more difficult problem children. This is part of a larger plan in which the schools and the Department of Social Welfare will co-operate in developing a local resource for treatment of disturbed children. The schools will provide special classes and carefully selected teachers for emotionally disturbed children. The Mental Health Centre will provide psychiatric treatment individually and in groups. This is conceived of as a resource for the treatment of disturbed children which will serve the whole of the Kootenays and will tide us over the period until more adequate facilities can be developed.

Mr. Cameron has brought his experience and skills in an advisory capacity to the steering committee in developing a homemaker service for the community of Trail.

It is anticipated that next year integration and education will occupy a great deal less of our time and the focus will be on providing service, especially treatment, to a larger number of people.

TRAVELLING CLINIC SERVICE

Travelling clinics serve the Nelson district and East Kootenay at Cranbrook. The cases at Nelson dwindled to one or two a month as the patients preferred to come directly to Trail. Efforts are now directed in Cranbrook to developing " community readiness " for a permanent psychiatric service at a later date. Cranbrook is presently receiving two days' service each month (except July and August), with a maximum of 14 cases seen each month. Usually a detailed social history prepared by the agency concerned permits an assessment every 45 minutes. Occasionally a direct referral from a doctor (usually an emergency) is seen outside regular clinic hours without a prior work-up and treated statistically as if that patient were seen at the Mental Health Centre, Trail.

Owing to the number of scattered agencies located long distances apart, it is not practical to utilize a formal screening committee following the usual pattern. The medical officer of health and senior public health nurse in consultation with the family doctor or agency involved select the cases to be seen. To date there is no backlog of children's cases. At the beginning of the year there was some pressure from the Juniper Day School for retarded children requesting psychological testing. An attempt was made to bring them to a realization that their need was not psychological testing but more training for their teachers. We are seeing more and more retarded children as the backlog of emotionally disturbed children has been dealt with, and the psychiatrist is quite prepared to make psychometric assessments on a limited number of these children. Usually the retarded child is referred in an attempt to get the parents to accept the child's disability and do something constructive about it.

At the request of the doctors in the Cranbrook area, we have offered our services to them on an informal telephone consultation basis to discuss psychiatric problems. More and more physicians are taking advantage of this and more are attending our conferences.

Because the East Kootenay region does not have the services of a school psychologist, counsellors, principals, and teachers have been invited to attend our conferences. This is working out satisfactorily.

There were 48 consultations carried out at Cranbrook during the period of operation. Either the family doctor or public health nurse is involved in carrying out our recommendations. Some time is set aside each visit for discussion of cases where the nurse is actively involved in working with the family over a period of time. Movement and new problems can be evaluated and dealt with jointly. This has reduced the anxieties of the nurses and has permitted them to work more effectively with a case. As they become more skilled in casework of this nature, conferences as a teaching medium become more meaningful.

MENTAL HEALTH CENTRE SERVICE

A total of 626 interview hours was carried out by the psychiatrist and 443 interview hours by the social worker. There were 161 adults and 111 children

referred. Of these 272 patients, 169 received assessment only and 103 were taken on for treatment.

No attempt has been made to rigidly define hours for treatment or assessment. Similarly, the agencies have not been assigned specific time allotments. The needs of each patient and each agency are met with whatever time is required. We have no waiting-list, due to many adults being seen privately outside of clinic hours. The clinic has been functioning to capacity during the past six months.

Treatment of children follows traditional child guidance principles. Adolescents are dealt with either on an individual basis or by family-centred group psychotherapy. Adults receive individual psychotherapy and are encouraged to be seen on a private basis outside of clinic hours in order to leave clinic time available for children who can more effectively be dealt with by a team approach. Pharmacotherapy is used as an adjunct treatment. The following tables give a breakdown of referrals and service to various areas:—

REFERRALS

Source	Total	Area	Adults	Children
Referrals initiated by Department of Social Welfare	52	Mental Health Centre, Trail	25	10
		Travelling clinic, Cranbrook	2	7
		Travelling clinic, Nelson	8	----
Referrals initiated by schools	11	Mental Health Centre, Trail	5	2
		Travelling clinic, Cranbrook	1	2
		Travelling clinic, Nelson	----	1
Referrals initiated by Attorney-General's Department	23	Mental Health Centre, Trail	15	4
		Travelling clinic, Cranbrook	1	1
		Travelling clinic, Nelson	1	1
Referrals initiated by Public Health	48	Mental Health Centre, Trail	6	21
		Travelling clinic, Cranbrook	3	14
		Travelling clinic, Nelson	----	4
Referrals initiated by family doctors	138	Mental Health Centre, Trail	83	35
		Travelling clinic, Cranbrook	10	7
		Travelling clinic, Nelson	1	2
Totals	272		161	111

SERVICE

Area	Adults	Children	Patients
Consultations			
Mental Health Centre, Trail	45	22	67
Travelling clinic, Nelson	10	8	18
Directly to Mental Health Centre from Nelson area	24	6	30
Travelling clinic, Cranbrook	17	31	48
Directly to Mental Health Centre from East Kootenay	4	2	6
Total assessments	----	----	169
Treatments			
Mental Health Centre, Trail	61	42	103

ACKNOWLEDGMENTS

We gratefully acknowledge a great deal of courtesy and assistance from various sources in launching this new enterprise. For the sake of brevity, only a few will be mentioned. Ready community acceptance of our service is credited to the efforts of the travelling clinics from Burnaby Mental Health Centre, who prepared the way. A great deal of assistance was given by Mr. McCallum, Business Manager, Mental

Health Centre, Burnaby, and Mr. Matheson, Business Manager for the Mental Health Services Branch. Mrs. Quinn, Okanagan Mental Health Centre, has been a constant source of help in setting up records. The directors and superintendents of the various units visited have freely given of their time in promoting a better understanding of the functioning of their facility. Special mention must be given to Dr. K. Davies for his role in orientation and definition of policy. The Deputy Minister's consultant staff have never failed to respond in support of this development. We were pleased to have Miss Carroll and Miss Dingle visit us. Finally, the understanding and sympathetic guidance of Dr. A. E. Davidson has made a pleasure the challenge of creating a new regional comprehensive Mental Health Centre in the Mental Health Services Branch of the Department of Health Services and Hospital Insurance.

SUMMARY

Integration of our out-patient department service with established medical practice and community agencies has been completed. Plans are being developed for an in-patient service. Next year concentration will be on giving more treatment service and completing the psychiatric team. Some comments on the meaning of a permanent psychiatric service to the Trail community are interesting. School: "It wasn't much help having our diagnosis confirmed by the travelling clinic—now the children are being treated and we see change—children are adjusting, achieving, and becoming useful citizens." Probation Officer: "My work load has been reduced one-third." Department of Social Welfare: "Our work is expedited as we can get assessments carried out immediately. With treatment available our salvage rate has been sharply increased."

We have established firm ties in the community and are prepared to move forward next year with providing greater service.

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