DEPARTMENT OF HEALTH SERVICES
AND HOSPITAL INSURANCE

Mental Health Branch

PROVINCE OF BRITISH COLUMBIA

ANNUAL REPORT

1968

Printed by A. SUTTON, Printer to the Queen's Most Excellent Majesty
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1969

To Colonel the Honourable JOHN R. NICHOLSON, P.C., O.B.E., Q.C., LL.D.,
Lieutenant-Governor of the Province of British Columbia.

MAY IT PLEASE YOUR HONOUR:

The undersigned respectfully submits the Annual Report of the Mental Health Branch, Department of Health Services and Hospital Insurance, for the year 1968.

R. R. LOFFMARK,
Minister of Health Services and Hospital Insurance.

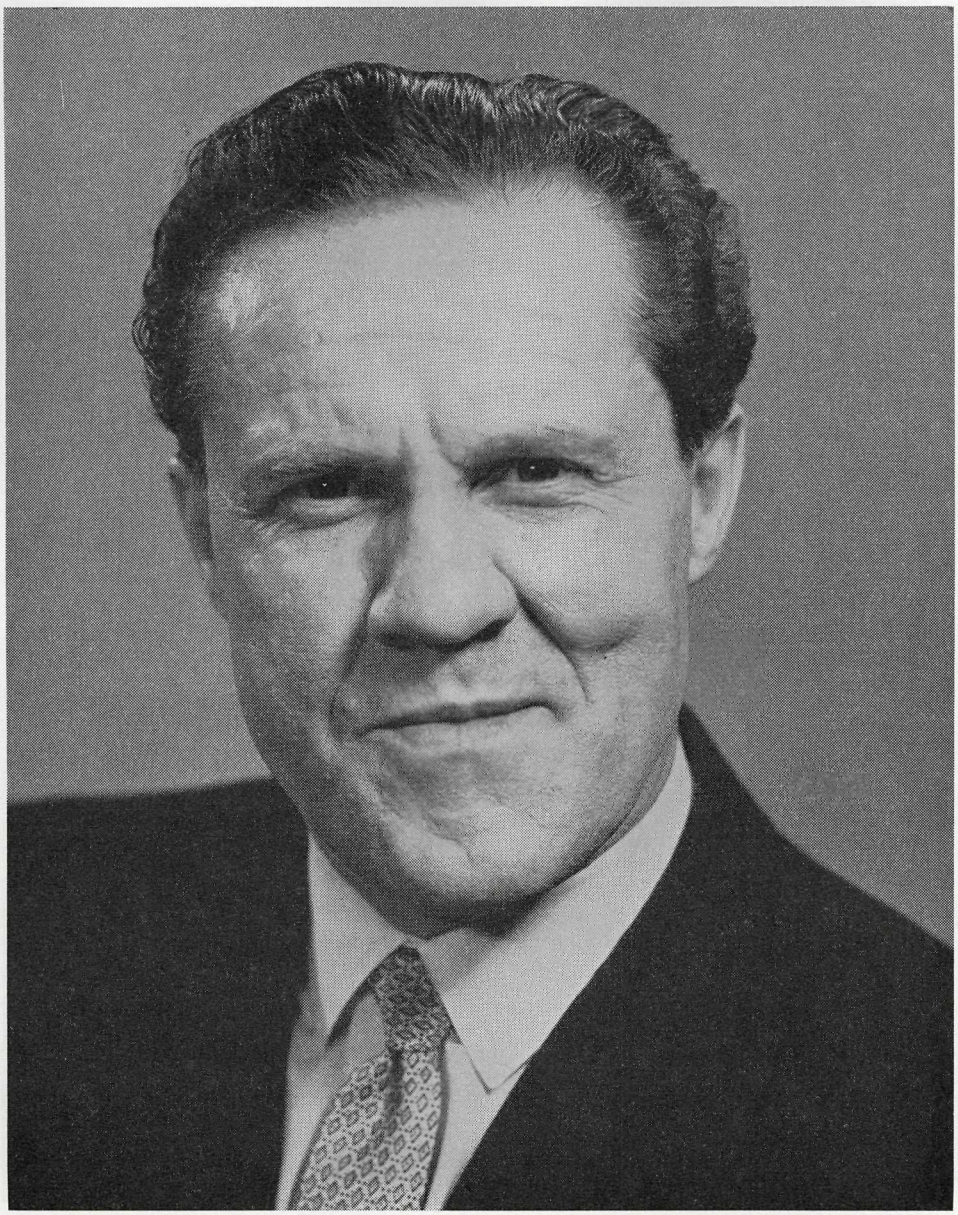
Office of the Minister of Health Services and Hospital Insurance,
Victoria, British Columbia, January 23, 1969.

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE,
MENTAL HEALTH BRANCH,
VANCOUVER, BRITISH COLUMBIA, January 23, 1969.

The Honourable R. R. Loffmark,
Minister of Health Services and Hospital Insurance,
Victoria, B.C.

SIR,—I have the honour to submit the Annual Report of the Mental Health Branch for 1968.

F. G. TUCKER, M.B., B.S., C.R.C.P., M.Sc.
Deputy Minister, Mental Health Branch.



The Honourable Ralph R. Loffmark, Minister of Health Services and Hospital Insurance.

F. G. Tucker, M.B., B.S., C.R.C.P., M.Sc., Deputy Minister of Mental Health.

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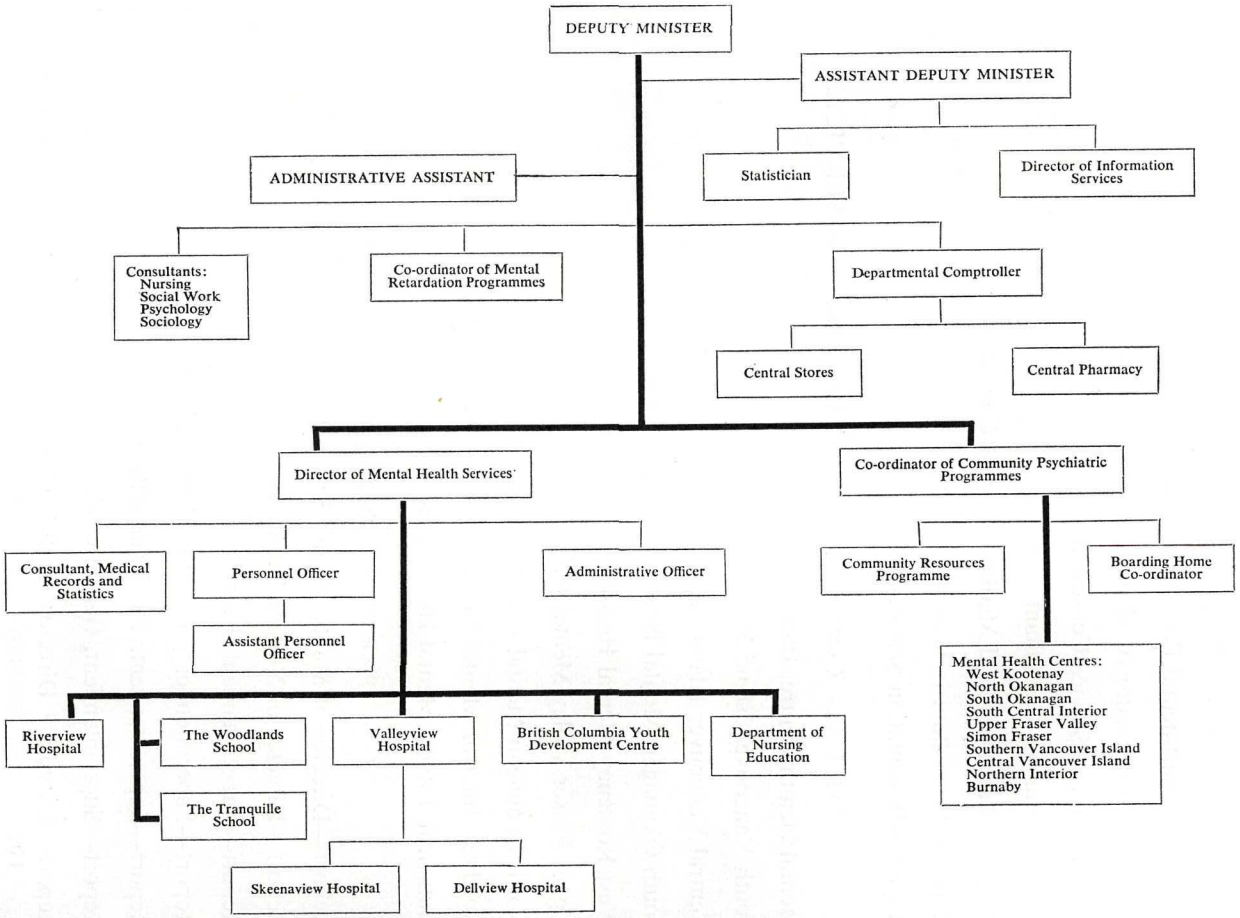
Cover photo by Ken Thompson, reproduced from mental health booklet "When Things Go Wrong," published by the Canadian Mental Health Association.

MENTAL HEALTH BRANCH ORGANIZATION CHART



Report of the Mental Health Branch

April 1, 1967, to December 31, 1968

PART I.—GENERAL ADMINISTRATION

REPORT OF THE DEPUTY MINISTER OF MENTAL HEALTH

F. G. TUCKER, M.B., B.S., C.R.C.P., M.SC.

I hereby submit for your consideration a report on the activities of the Mental Health Branch covering a period of 21 months from April 1, 1967, to December 31, 1968. Future Annual Reports will be based on the calendar year, thereby permitting an up-to-date presentation of the operation of this Branch to the Legislature.

It is only right that this Report should commence by paying tribute to Dr. A. E. Davidson, who retired on March 31, 1967, after 38 years of service dedicated to the mentally ill of this Province. For eight years, as Director and Deputy Minister, he steered the Mental Health Branch through a period of expansion and through the many problems which are inevitable in periods of transition. Among his many accomplishments he will be remembered as the author of the *Mental Health Act, 1964,* and for the number of major projects which he initiated, including the Eric Martin Institute, the British Columbia Youth Development Centre in Burnaby, and The Glendale Hospital, all of which are now drawing to completion or are well under way. In his new post as Mental Health Consultant to the Federal Government, Dr. Davidson will bring his long experience to bear upon the broad aspects of mental health at the National level.

In April, 1967, the Honourable Wesley D. Black, Minister of Health Services and Hospital Insurance, appointed a committee to review the organization and future role of the Mental Health Services Branch. As a consequence of these deliberations, the Minister made the following statement, which perhaps best summarizes the principles upon which the operation of the Mental Health Branch will be based in the foreseeable future and the reorganization necessary to achieve these aims:—

"The Mental Health Branch is undergoing a major reorganization to meet the changing patterns of care for the mentally ill and retarded. It will no longer be primarily 'service' oriented, but will assume increased responsibility for the over-all aspects of mental health planning in order to facilitate the decentralization and regionalization of mental health programmes throughout the Province.

"The positions of Deputy Minister and Director have been separated, and the Director of Mental Health Services, Dr. H. W. Bridge, will be located in the Vancouver area, having as his responsibility the management of all mental hospitals and institutions providing in-patient care, as well as the Mental Health Centre in Burnaby. The Deputy Minister, Dr. F. G. Tucker, will be located in Victoria and will have a staff of professional consultants whose task it will be to co-operate with local authorities, mental health professionals, universities, public and private agencies, as well as with other Government departments in the development of community programmes.

"Particular emphasis will be placed upon providing professional counsel for the development of community-based psychiatric programmes, facilities and services for mental retardates, comprehensive programmes for emotionally disturbed chil-

dren, integrated services for the aged mentally ill, and for the provision of forensic clinics. Special epidemiological and sociological studies will be undertaken; emphasis will be placed on the collection, analysis, and interpretation of essential statistical data; ongoing programmes will be continually evaluated; any required regulations, standards, etc., will be developed; in-service training, liaison with universities, organization of seminars, institutes, and workshops for professional groups will be promoted; and clinical research will be facilitated.

" It will be appreciated that in a period of rapid change and development it is not possible to provide a detailed blueprint for the future and that the primary characteristics of all such planning must be flexibility and the continuing evaluation of programmes. However, it can be assumed that future programmes will be based upon the following:—

" Decentralization and regionalization will be emphasized and a wide range of new programmes will be developed to meet local needs . . .

" The existing division in the care of physical and mental illness will gradually lessen and largely disappear . . .

" The larger centralized facilities will be adapted to meet current demands for psychiatric services to the mentally ill and retarded in such a way as to facilitate modification to meet changes in requirements occasioned by the development of other regionalized and decentralized programmes . . .

" The recruitment and training of new professional staff will receive a high priority due to the anticipated continued shortage of mental health professionals. In-service training and retraining will be advanced and special programmes developed to meet staffing requirements . . .

" Increasing emphasis will be placed upon prevention, thereby requiring more precise problem identification and definitive planning . . .

" The improvement and evaluation of treatment methods will require continuing research at the clinical level.

" In summary, the reorganization will result in the broadening of the Mental Health Branch from that of a ' service ' organization to one which will be involved in all aspects of mental health through involvement, integration, co-operation, and liaison with all those who are concerned in the mental welfare of the Province, the objective of which will be the decentralization and regionalization of mental health programmes."

On August 1, 1967, Dr. F. G. Tucker was appointed Deputy Minister of the Mental Health Branch; Mr. A. Porteous, Assistant Deputy Minister; and Dr. H. W. Bridge, Director of Mental Health Services. Steps were immediately taken to establish and recruit the positions necessary to effect the organizational change in the administration to relocate the headquarters Branch office in Victoria, and the efforts of the Branch were increasingly focused on community programming.

As this year draws to a close, I am pleased to report that in accordance with the above recommendations the following progress has been made:—

I. The headquarters Branch office was established in temporary quarters in Victoria in November, 1967, and will move to its permanent quarters in January, 1969. The Branch has been reorganized so that it now consists of two main components under the over-all direction of the Deputy Minister. The Mental Health Services Division, under the Director of Mental Health Services, is now responsible for providing the bulk of direct treatment through the various in-patient facilities. The Community Psychiatric Programmes Division, which will be directed by Dr.

R. Congdon (who will be joining our staff in January, 1969), will be made up of the regional mental health centres and will concern itself particularly with the co-ordination and development of regional mental health programmes. Its primary function will be one of consultation, education, the development of special programmes, and limited direct community-based services.

Neither of these positions can function effectively without adequate planning, programme evaluation, and an efficient business and fiscal administration. The necessary positions to carry out these important functions have therefore been established in the Branch office as outlined in the organizational chart which accompanies this Report.

II. *Decentralization and Regionalization.*—For the purpose of mental health planning, the Province has been divided into eight regions based upon clusters of health units. As the basic unit of these regions is the school district, rigid adherence to the proposed boundaries is not essential should change be considered desirable in the future. During the coming years the mental health needs and resources of these individual regions will be studied, and it is hoped that, in co-operation with the appropriate groups and agencies, a co-ordinated programme for the mentally ill and the retarded will be developed.

There are now 10 mental health centres established in this Province, and I am hopeful that a further two out of the remaining six will be in operation shortly. However, the shortage of professional staff willing to work in the smaller rural communities renders recruitment a matter of continuing concern. The reports of these centres is detailed elsewhere in this Report.

I am particularly pleased with the close working relationship that has been established with the Department of Social Welfare during the past year. As an example of this co-operative effort, I would draw attention to the Bevan Lodge Association in Courtenay. In conjunction with the Department of Social Welfare and a group of interested and hard-working citizens, we have been able to set up an intermediate-care facility for 70 moderate to severe adult retardates. This will be administered by a non-profit society—the Bevan Lodge Association. I believe this programme will not only be beneficial to the trainees concerned, many of whom will be closer to their homes, but will free urgently needed beds at The Woodlands School and The Tranquille School.

III. *Changing Patterns of Care.* — A comprehensive regional mental health programme must include the following broad categories of care: Acute care, intermediate care, extended care, and chronic care, together with supporting services.

It is envisaged that the acute psychiatric patient will in future be admitted to the psychiatric ward of the general hospital as these facilities become available. The expansion of these specialized facilities throughout the Province therefore is of great significance.* Unfortunately a shortage of acute psychiatric beds continues in the Greater Vancouver area (Fraser-Burrard region), and for this and other reasons we are presently investigating the possibility of declaring at least part of the Riverview Hospital an " open " hospital, thereby allowing suitably qualified physicians to admit, treat, and bill their own patients.

The provision of extended care has long been a major responsibility of the Mental Health Branch, and at the present time over 1,100 in-patients fall within this category. These individuals suffer primarily from a physical disability, with mental

* A. Total number of existing psychiatric beds	149
B. Total number under construction	285
C. Total number—advanced planning	84
D. Other planning stages	313
Total	831

illness or retardation a secondary component of the over-all illness, and, therefore, they would be more appropriately placed in future in the expanded extended-care facilities within their own communities. Only those requiring highly specialized care should be referred to the larger centralized units. In accordance with this principle, a very small number of cases have been so placed during the latter part of the year.

The boarding-home or chronic-care programme now in force for over 10 years has continued to maintain a high level of care, and over 850 patients are currently placed in supervised boarding homes. In the coming year it is hoped that, in co-operation with the Department of Social Welfare, this programme will be expanded beyond the immediate precincts of the major metropolitan areas so that patients will be domiciled in close proximity to their family and friends. The setting-up of a central referral agency in Victoria has been a useful step in providing maximum utilization of available resources within that area.

Intermediate care, under which I include day and night hospitals, group-living homes, nursing homes, and foster homes, out-patient and emergency services, is presently under review, and I am hopeful that we will be able to initiate a number of these programmes in the coming year.

IV. *Training and Postgraduate Education.*—The Mental Health Branch has continued to provide for and to co-operate in the undergraduate and postgraduate training of professional staff.

The Department of Nursing Education at Essondale has been concerned in preparation/training of psychiatric nurses, affiliate student nurses from several general hospital schools of nursing, and basic orientation programmes for psychiatric aides, as reported elsewhere in the Report.

In September, 1967, a select group of psychiatric nurses was granted educational leave with pay to permit them to enrol in a newly developed course at the Vancouver College, which provides them with an integrated programme specifically designed to prepare the nurse to undertake employment in which knowledge of and competence in the use of community resources is essential. Another group of psychiatric nurses obtained educational leave with pay in order that they might enrol in specialized courses in administration and supervision at the Simon Fraser University.

In the fall of 1968 a limited number of psychiatric nurses were selected to enrol in the two-year general nursing course at the British Columbia Institute of Technology in Burnaby.

The practice of providing bursaries for professional and postgraduate training, funded by the Mental Health Grant, has been continued. Assistance is provided to physicians to undertake residency training at the University of British Columbia, Department of Psychiatry, in the specialty; clinical psychologists are assisted in obtaining advanced knowledge in their field; social workers are assisted to qualify for advanced degrees in social work; registered nurses are provided bursaries to permit them to enrol in university schools of nursing to study for advanced degrees in the field of nursing administration for nursing education.

Staff are encouraged to improve their qualification by the use of appropriate correspondence courses. For example, the course for medical records technicians of the Canadian Hospital Association is most valuable in raising standards in that department. Similarly the Canadian Hospital Association course in hospital organization and management enables administrative personnel to improve their qualifications and thereby upgrade the quality of the administrative services. The correspondence course of the American Laundry Institute has been useful in assisting the laundry manager at the Riverview Hospital to upgrade his qualifications.

The facilities operated by the Branch are used for field work and practicum placement for students from the university schools. Examples are social work and rehabilitation medicine, which have for years used the clinics and hospitals for practical training. The laboratories at the Riverview Hospital are utilized for the training of medical technologists. I would like to draw attention especially to the establishment of a teaching unit in West 3 Ward in the Crease Clinic which is run in conjunction with the Department of Psychiatry, University of British Columbia, to provide experience for the residents in psychiatry.

As will be noted in the appropriate sections of this Report, two major projects are nearing completion. The Eric Martin Institute will be ready to commence operation in the spring of 1969, hopefully by some form of community association. Construction of the British Columbia Youth Development Centre in Burnaby is in its final stages, and I anticipate that the Residential Treatment Centre will phase into operation following the necessary period of in-service training and orientation of the staff. The Children's Out-patient, Day Care, and Psycho-educational Programmes will be expanded.

Construction of The Glendale Hospital continues according to plan, and it will probably be ready for operation as a multi-purpose extended-care facility in about two years' time.

It is hoped that in the near future the development of societies will permit programming at the local level with the optimum degree of local participation and Government support. The transfer of the Eric Martin Institute to local administration is the forerunner of such an approach, and it is possible that other units could, in due course, follow this pattern.

As the Branch becomes increasingly involved in consultation and in planning for the over-all mental health of the Province, it is essential that communication and liaison be improved with other Government departments, public and private agencies. During the past year regular liaison meetings have been taking place with the Psychiatric Section of the British Columbia Medical Association, and senior administrative personnel are either on the board of directors or meet regularly with voluntary and professional organizations, such as the Canadian Mental Health Association, Association for Retarded Children of British Columbia, Registered Nurses' Association, British Columbia Association of Social Workers, Alcoholism Foundation, and Narcotic Foundation. There is no question that relocation of the Branch office in Victoria has considerably improved communication with other Government departments.

In summary, it may be said that in the past 21 months a major reorganization of the Mental Health Branch administration has taken place, and will permit the Branch to expand its interest and involvement in the over-all mental health programme of the Province whilst still continuing to provide a high level of direct service to the people of British Columbia.

In the coming year we will place emphasis upon the identification of need, the evaluation of existing services and programmes, and new delivery systems of care.

REPORT OF THE COMPTROLLER OF EXPENDITURE

F. A. MATHESON, COMPTROLLER

Attached are the financial reports of the British Columbia Mental Health Branch for the fiscal year ended March 31, 1968.

Table A, covering the in-patient services, shows a daily average population of 5,925.25, a decrease of 9.13 from the fiscal year 1966/67. However, our maintenance expenditures increased by $2,576,523 in 1967/68, causing the average daily *per capita* cost to increase from $10.48 to $11.66. The increase of $2,576,523 is made up of $2,203,419 in salaries and the balance of $373,104 in supplies and expenses. Maintenance revenue increased from $1,948,878 in 1966/67 to $1,967,564 in 1967/68.

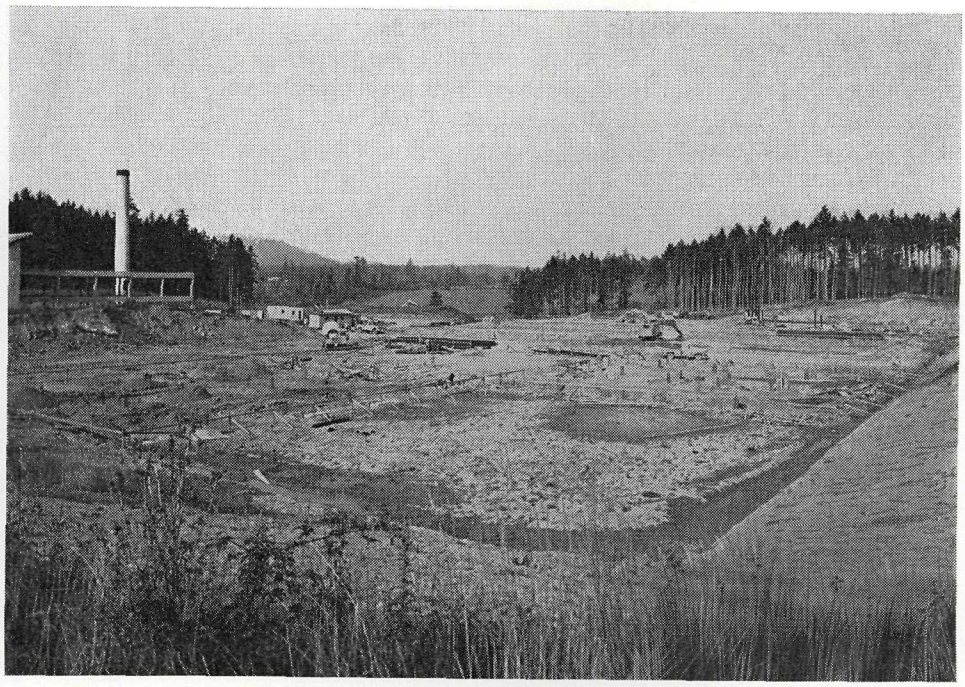
The Department of Agriculture supplied dairy produce, vegetables, and meat valued at approximately $450,000 to mental health units from the farm operations at Essondale and Tranquille for the period under review.

It is a pleasure to be able to report the excellent progress that has been made during this fiscal year on a number of major capital projects, as follows:—

(1) *Eric Martin Institute, Victoria.* The Department of Public Works let a contract in the amount of $5,715,000 for the completion of this project. The contractor is making excellent progress and expects to have it completed by December, 1968.

(2) *Glendale School, Victoria.* The contract for the shell of the boiler-house and laundry has been completed. The plans and specifications for the main hospital unit of some 300 beds are nearly completed and should be ready for tender early in the next fiscal year.

The Eric Martin Institute, situated on Lee Avenue and east of the Royal Jubilee Hospital, is designed as a 170-bed intensive-treatment in-patient and day-care psychiatric unit.



Site of the new Glendale Hospital, Victoria, showing boiler-house and laundry almost completed. The hospital is planned for the care of 300 severely handicapped and moderately to profoundly retarded children and adults.

(3) *British Columbia Youth Development Centre, Burnaby.* The contractor is making excellent progress on this project, and the contract should be completed by the end of 1968.

(4) *Renovation of Centre Building, Wards J and K and G and Con, The Woodlands School, New Westminster.* The first phase of this project, covering the renovation of Wards H, E, and F and the centre section of the Centre Building, has been completed. Plans and specifications for the second phase, consisting of renovations to Wards 72, 73, and 74 and the basement of the Centre Building, have been completed and are ready for tendering.

(5) *Renovation of West Lawn Building, Essondale.* The Department of Public Works has started preliminary planning on this project and tenders have now been called for.

(6) *Renovation of Kitchen and Dining-room, Riverside Building, Essondale.* Preliminary plans for this project have been completed.

In addition to these major projects, the Department of Public Works completed a large number of smaller jobs that have done much to further improve our facilities.

It is also a pleasure to be able to report that during this year we were again able to maintain buildings, grounds, equipment, and furnishings of all of our institutions in a satisfactory manner. We purchased a considerable amount of new and replacement equipment.

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, 1958/59 TO 1967/68.

Institution	Average Number in Residence	Maintenance Expenditure	Yearly *per Capita* Cost	Daily *per Capita* Cost
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 Hospital, Essondale	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
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	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

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, 1958/59 TO 1967/68—*Continued.*

Institution	Average Number in Residence	Maintenance Expenditure	Yearly *per Capita* Cost	Daily *per Capita* Cost
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
1965/66				
Riverview Hospital, Essondale	2,797.80	$10,230,637.00	$3,656.67	$10.02
The Woodlands School	1,291.27	4,981,190.00	3,857.59	10.57
The Tranquille School, Tranquille	562.37	1,876,093.00	3,336.05	9.14
Valleyview Hospital, Essondale	763.44	2,510,228.00	3,288.05	9.01
Dellview Hospital, Vernon	227.35	595,532.00	2,619.45	7.18
Skeenaview Hospital, Terrace	295.38	551,447.00	1,866.91	5.11
Totals for the year	5,937.61	$20,745,127.00	$3,493.85	$9.57
1966/67				
Riverview Hospital, Essondale	2,760.21	$11,162,462.00	$4,044.06	$11.08
The Woodlands School	1,307.53	5,376,492.00	4,111.95	11.27
The Tranquille School, Tranquille	602.46	2,267,399.00	3,763.57	10.31
Valleyview Hospital, Essondale	760.73	2,668,056.00	3,507.23	9.61
Dellview Hospital, Vernon	219.13	635,710.00	2,901.06	7.95
Skeenaview Hospital, Terrace	284.32	589,492.00	2,073.34	5.68
Totals for the year	5,934.38	$22,699,611.00	$3,825.10	$10.48
1967/68				
Riverview Hospital, Essondale	2,716.22	$12,111,825.00	$4,459.07	$12.18
The Woodlands School	1,282.95	6,001,180.00	4,677.64	12.78
The Tranquille School, Tranquille	660.10	2,813,051.00	4,261.55	11.64
Valleyview Hospital Essondale	755.53	2,948,516.00	3,902.58	10.66
Dellview Hospital, Vernon	220.07	734,800.00	3,338.94	9.12
Skeenaview Hospital, Terrace	290.38	666,762.00	2,296.17	6.27
Totals for the year	5,925.25	$25,276,134.00	$4,265.83	$11.66

TABLE B.—SUMMARY STATEMENT SHOWING THE GROSS AND NET PER CAPITA COST OF PATIENTS IN ALL MENTAL HEALTH INSTITUTIONS FOR THE YEAR ENDED MARCH 31, 1968.

Gross operating costs—	
Riverview Hospital, Essondale	$12,111,825
The Woodlands School, New Westminster	6,001,180
The Tranquille School, Tranquille	2,813,051
Valleyview Hospital, Essondale	2,948,516
Dellview Hospital, Vernon	734,800
Skeenaview Hospital, Terrace	666,762
Gross cost, all institutions	$25,276,134
Less collections remitted to Treasury	1,967,564
	$23,308,570
Daily average population	5,925.25
Gross *per capita* cost, one year	$4,265.83
Gross *per capita* cost, one day	$11.66
Net *per capita* cost, one year	$3,933.77
Net *per capita* cost, one day	$10.75

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

1958/59	$1,838,158.33	1963/64	$1,751,281
1959/60	1,821,810.53	1964/65	1,866,781
1960/61	1,906,847.71	1965/66	1,915,661
1961/62	2,150,802.56	1966/67	1,948,878
1962/63	2,025,854.46	1967/68	1,967,564

TABLE C.—EXPENSE STATEMENT OF THE RIVERVIEW HOSPITAL, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1968

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *per Capita* Cost
			Plus on Hand, Mar. 31, 1967	*Less* on Hand, Mar. 31, 1968		
Salaries	$8,240,791	.....	.....	.....	$8,240,791	$3,033.92
Office expense	54,747	.....	.....	.....	54,747	20.16
Travelling expense	12,708	.....	.....	.....	12,708	4.68
Office furniture and equipment	8,280	.....	.....	.....	8,280	3.05
Medical care	631,579	.....	$115,590	$132,928	614,241	226.14
Dietary	1,200,581	.....	.....	.....	1,200,581	442.00
Laundry	27,790	.....	.....	.....	27,790	10.23
Gratuities	20,380	.....	.....	.....	20,380	7.50
Patients' library	1,605	.....	.....	.....	1,605	.59
Maintenance and operation of equipment	19,001	———	.....	.....	19,001	7.00
Transportation	18,979	.....	.....	.....	18,979	6.99
General supplies	555,823	.....	171,202	173,585	553,440	203.75
Occupational and recreational therapy	23,494	.....	.....	.....	23,494	8.65
Audio-visual department	11,543	.....	.....	.....	11,543	4.25
Patients' education	253	.....	.....	.....	253	.09
Motor-vehicles and accessories	15,889	.....	.....	.....	15,889	5.85
Burials	2,080	.....	.....	.....	2,080	.77
General expense	36,002	.....	.....	.....	36,002	13.25
Buildings, grounds, etc.	.....	$1,326,131	212,000	198,000	1,340,131	493.38
	$10,881,525	$1,326,131	$498,792	$504,513	$12,201,935	$4,492.25
Less—						
Increase in inventory for institutional stores	31,689	.....	.....	.....	31,689	11.67
Rent deductions	9,615	.....	.....	.....	9,615	3.54
Board	42,321	.....	.....	.....	42,321	15.58
Sundry receipts	6,485	.....	.....	.....	6,485	2.39
Adjusted expenditure	$10,791,415	$1,326,131	$498,792	$504,513	$12,111,825	$4,459.07

TABLE D.—EXPENSE STATEMENT OF THE WOODLANDS SCHOOL, NEW WESTMINSTER, FOR 12 MONTHS ENDED MARCH 31, 1968

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *per Capita* Cost
			Plus on Hand, Mar. 31, 1967	*Less* on Hand, Mar. 31, 1968		
Salaries	$4,600,977	.....	.....	.....	$4,600,977	$3,586.25
Office expense	14,860	.....	.....	.....	14,860	11.58
Travelling expense	5,484	.....	.....	.....	5,484	4.27
Office furniture and equipment	1,869	.....	.....	.....	1,869	1.46
Medical care	171,541	.....	$35,379	$43,555	163,365	127.34
Dietary	474,361	.....	.....	.....	474,361	369.74
Laundry	36,000	.....	.....	.....	36,000	28.06
Gratuities to patients	4,427	.....	.....	.....	4,427	3.45
Patients' library	484	.....	.....	.....	484	.37
Maintenance and operation of equipment	4,714	.....	.....	.....	4,714	3.67
Transportation	1,762	.....	.....	.....	1,762	1.37
General supplies	225,034	.....	.....	.....	225,034	175.40
Occupational and recreational therapy	5,365	.....	.....	.....	5,365	4.18
Audio-visual department	4,091	.....	.....	.....	4,091	3.19
Patient education	2,770	.....	.....	.....	2,770	2.16
General expense	23,230	.....	.....	.....	23,230	18.11
Motor-vehicles and accessories	15,889	.....	.....	.....	15,889	12.38
Burials	191	.....	.....	.....	191	.15
Buildings, grounds, etc.	.....	$451,689	.....	.....	451,689	352.07
	$5,593,049	$451,689	$35,379	$43,555	$6,036,562	$4,705.22
Less—						
Increase in inventory for institutional stores	16,410	.....	.....	.....	16,410	12.79
Rent deductions	1,997	.....	.....	.....	1,997	1.56
Board	16,975	.....	.....	.....	16,975	13.23
Adjusted expenditure	$5,557,667	$451,689	$35,379	$43,555	$6,001,180	$4,677.64

TABLE E.—EXPENSE STATEMENT OF THE TRANQUILLE SCHOOL, TRANQUILLE, FOR 12 MONTHS ENDED MARCH 31, 1968

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *per Capita* Cost
			Plus on Hand, Mar. 31, 1967	*Less* on Hand, Mar. 31, 1968		
Salaries	$1,798,061	.....	.....	.....	$1,798,061	$2,723.92
Office expense	13,258	.....	.....	.....	13,258	20.08
Travelling expense	3,371	.....	.....	.....	3,371	5.11
Office furniture and equipment	1,304	.....	.....	.....	1,304	1.98
Medical care	73,784	.....	.....	.....	73,784	111.78
Dietary	337,138	.....	$9,403	$9,519	337,022	510.56
Laundry	9,795	.....	.....	.....	9,795	14.84
Gratuities to patients	4,545	.....	.....	.....	4,545	6.89
Patients' library	132	.....	.....	.....	132	.20
Maintenance and operation of equipment	4,267	.....	.....	.....	4,267	6.46
Transportation	545	.....	.....	.....	545	.83
General supplies	131,342	.....	49,355	59,140	121,557	184.15
Occupational and recreational therapy	10,139	.....	.....	.....	10,139	15.36
Audio-visual department	157	.....	.....	.....	157	.24
Patients' education	1,715	.....	.....	.....	1,715	2.60
General expense	9,621	.....	.....	.....	9,621	14.58
Motor-vehicles and accessories	13,706	.....	.....	.....	13,706	20.76
Burials	935	.....	.....	.....	935	1.42
Buildings, grounds, etc.	.....	$437,730	.....	.....	437,730	663.13
	$2,413,815	$437,730	$58,758	$68,659	$2,841,644	$4,304.87
Less—						
Rent deductions	11,671	.....	.....	.....	11,671	17.68
Board	16,922	.....	.....	.....	16,922	25.64
Adjusted expenditure	$2,385,222	$437,730	$58,758	$68,659	$2,813,051	$4,261.55

TABLE F.—EXPENSE STATEMENT OF THE VALLEYVIEW HOSPITAL, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1968

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure	Services and Supplies from Public Works Department	Actual Cost of Operation	Yearly *per Capita* Cost
Salaries	$2,276,059	.....	$2,276,059	$3,012.53
Office expense	10,582	.....	10,582	14.01
Travelling expense	1,939	.....	1,939	2.57
Office furniture and equipment	1,422	.....	1,422	1.88
Medical care	135,126	.....	135,126	178.85
Dietary	320,986	.....	320,986	424.85
Laundry	19,000	.....	19,000	25.15
Gratuities to patients	3,802	.....	3,802	5.03
Patients' library	131	.....	131	.17
Maintenance and operation of equipment	4,629	.....	4,629	6.13
Transportation	115	.....	115	.15
General supplies	97,908	.....	97,908	129.59
Occupational and recreational therapy	2,456	.....	2,456	3.25
Audio-visual department	599	.....	599	.79
Motor-vehicles and accessories	2,494	.....	2,494	3.30
General expense	714	.....	714	.95
Burials	576	.....	576	.76
Buildings, grounds, etc.	.....	$92,669	92,669	122.65
	$2,878,538	$92,669	$2,971,207	$3,932.61
Less—				
Increase in inventory from institutional stores	8,488	.....	8,488	11.23
Rent deductions	163	.....	163	.22
Board	14,040	.....	14,040	18.58
Adjusted expenditure	$2,855,847	$92,669	$2,948,516	$3,902.58

TABLE G.—EXPENSE STATEMENT OF THE DELLVIEW HOSPITAL, VERNON, FOR 12 MONTHS ENDED MARCH 31, 1968

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *per Capita* Cost
			Plus on Hand, Mar. 31, 1967	*Less* on Hand, Mar. 31, 1968		
Salaries	$496,797	.....	.....	.....	$496,797	$2,257.45
Office expense	1,478	.....	.....	.....	1,478	6.72
Travelling expense	2,250	.....	.....	.....	2,250	10.22
Office furniture and equipment	247	.....	.....	.....	247	1.12
Medical care	15,679	.....	$2,851	$4,170	14,360	65.25
Dietary	82,129	.....	4,848	4,151	52,826	376.36
Laundry	3,365	.....	.....	.....	3,365	15.29
Transportation	535	.....	.....	.....	535	2.43
General supplies	27,531	.....	14,666	14,007	28,190	128.10
Occupational and recreational therapy	392	.....	.....	.....	392	1.78
Audio-visual department	69	.....	.....	.....	69	.31
General expense	1,766	.....	.....	.....	1,766	8.02
Burials	2,400	.....	.....	.....	2,400	10.91
Buildings, grounds, etc.	.....	$104,663	.....	.....	104,663	475.59
	$634.638	$104,663	$22,365	$22,328	$739,338	$3,359.56
Less—						
Rent deductions	1,193	.....	.....	.....	1,193	5.42
Board	3,345	.....	.....	.....	3,345	15.20
Adjusted expenditure	$630,100	$104,663	$22,365	$22,328	$734,800	$3,338.94

TABLE H.—EXPENSE STATEMENT OF THE SKEENAVIEW HOSPITAL, TERRACE, FOR 12 MONTHS ENDED MARCH 31, 1968

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *per Capita* Cost
			Plus on Hand, Mar. 31, 1967	*Less* on Hand Mar. 31, 1968		
Salaries	$394,896	.....	.....	.....	$394,896	$1,359.93
Office expense	2,092	.....	.....	.....	2,092	7.20
Travelling expense	1,821	.....	.....	.....	1,821	6.27
Medical care	19,701	.....	.....	.....	19,701	67.85
Dietary	94,957	.....	$6,683	$6,013	95,627	329.32
Laundry	4,027	.....	.....	.....	4,027	13.87
Gratuities to patients	15	.....	.....	.....	15	.05
Maintenance and operation of equipment	1,632	.....	.....	.....	1,632	5.62
Transportation	1,401	.....	.....	.....	1,401	4.82
General supplies	23,360	.....	12,774	12,439	23,695	81.60
Occupational and recreational therapy	617	.....	.....	.....	617	2.12
Audio-visual department	1,566	.....	.....	.....	1,566	5.39
General expense	2,178	.....	.....	.....	2,178	7.50
Burials	7,450	.....	.....	.....	7,450	25.66
Buildings, grounds, etc.	.....	$117,837	.....	.....	117,837	405.80
	$555,713	$117,837	$19,457	$18,452	$674,555	$2,323.01
Less—						
Rent deductions	4,517	.....	.....	.....	4,517	15.56
Board	3,276	.....	.....	.....	3,276	11.28
Adjusted expenditure	$547,920	$117,837	$19,457	$18,452	$666,762	$2,296.17

TABLE I.—INSTITUTIONAL STORES

Net undistributed stores as per Public Accounts		$56,435
Adjustments re farm profits		29,252
		$85,687
Inventory adjustment—		
Plus on hand, March 31, 1967	$584,074	
Less on hand, March 31, 1968	613,174	
		29,100
Net increase in inventory[1]		$56,587

[1] The increase in inventory has been transferred to the following institutions proportionately using the "vouchered expenditure" as the basis for distribution:—

Riverview Hospital	31,689
The Woodlands School	16,410
Valleyview Hospital	8,488
Total	56,587

TABLE J.—EXPENSE STATEMENT OF THE COMMUNITY SERVICES FOR 12 MONTHS ENDED MARCH 31, 1968

Mental Health Centre, Burnaby

Salaries	$623,154
Office expense	3,298
Travelling expense	11,041
Office furniture and equipment	3,820
Medical care	96,536
Dietary	13,774
Laundry	1,500
Maintenance and operation of equipment	2,856
Transportation	2,683
General supplies	3,278
Occupational and recreational therapy	1,491
Patients' education	1,613
General expense	1,499
Buildings, grounds, etc.	65,810
Total	$832,353

Mental Health Centre, Victoria

Salaries	$110,685
Office expense	2,265
Travelling expense	1,294
Office furniture and equipment	653
Medical care	29,871
Maintenance and operation of equipment	536
Occupational and recreational therapy	136
General expense	462
Buildings, grounds, etc.	14,337
Total	$160,239

TABLE J.—EXPENSE STATEMENT OF THE COMMUNITY SERVICES FOR 12 MONTHS ENDED MARCH 31, 1968—*Continued*

Mental Health Centre, Kelowna

Salaries	$52,115
Office expense	653
Travelling expense	2,498
Office furniture and equipment	500
Medical care	5,040
Maintenance and operation of equipment	317
General supplies	56
General expense	145
Total	$61,324

Mental Health Centre, Trail

Salaries	$37,547
Office expense	889
Travelling expense	2,032
Office furniture and equipment	606
Medical care	6,766
Maintenance and operation of equipment	712
General expense	269
Total	$48,821

Mental Health Centre, Nanaimo

Salaries	$37,457
Office expense	977
Travelling expense	1,172
Office furniture and equipment	131
Medical care	13,078
Maintenance and operation of equipment	530
General supplies	57
General expense	243
Total	$53,645

Mental Health Centre, Prince George

Salaries	$32,310
Office expense	850
Travelling expense	3,185
Office furniture and equipment	1,199
Medical care	3,495
Maintenance and operation of equipment	34
General supplies	536
Motor-vehicles and accessories	2,611
General expense	755
Total	$44,975

TABLE J.—EXPENSE STATEMENT OF THE COMMUNITY SERVICES FOR 12 MONTHS ENDED MARCH 31, 1968—*Continued*

Mental Health Centre, Kamloops

Travelling expense	$205
Motor-vehicles and accessories	2,242
Total	2,447

Mental Health Centre, Chilliwack

Salaries	$36,847
Office expense	856
Travelling expense	528
Office furniture and equipment	938
Medical care	3,117
Maintenance and operation of equipment	335
General supplies	100
Motor-vehicles and accessories	2,294
General expense	454
Total	$45,469

Mental Health Centre, Vernon

Salaries	$43,492
Office expense	1,049
Travelling expense	2,380
Medical care	6,338
Maintenance and operation of equipment	611
General supplies	478
Total	$54,348

Expansion of Community Services

All expenditures	$65,816

Grand total, $1,369,437.

TABLE K.—EXPENSE STATEMENTS OF THE REHABILITATION DEPARTMENT AND OUT-PATIENT SERVICES FOR 12 MONTHS ENDED MARCH 31, 1968

Rehabilitation Department

Salaries	$216,879
Office expense	879
Travelling expense	5,420
Office furniture and equipment	155
Medical care	8,197
Dietary	10,067
Laundry	81
Gratuities to patients	27,521
Transportation	100
General supplies	5,356
Occupational and recreational therapy	661
General expense	810
Buildings, grounds, etc.	4,993
Total	$281,119

Out-patient Services

Salaries	$35,498
Office expense	133
Travelling expense	1,873
Medical care	28,906
Dietary	139
Transportation	903
General supplies	17
General expense	354
Total	$ 67,823

Grand total, $348,942.

TABLE L.—EXPENSE STATEMENT OF GENERAL ADMINISTRATION FOR 12 MONTHS ENDED MARCH 31, 1968

Salaries	$303,641
Office expense	7,649
Travelling expense	14,310
Office furniture and equipment	1,822
Grant to trustees of Patients' Comfort Fund	8,000
Grant to University of British Columbia for mental health research	30,000
General expense	5,809
Subscription, Social Service Index	4
Administration of *Psychiatric Nurses Act*	2,573
Council of Psychiatric Nurses for Bursary Trust Fund	1,200
Mental health care	249,192
Total	$624,200

TABLE M.—EXPENSE STATEMENT OF THE DEPARTMENT OF NURSING EDUCATION FOR 12 MONTHS ENDED MARCH 31, 1968

Salaries	$1,130,028
Office expense	5,724
Travelling expense	1,856
Office furniture and equipment	293
Medical care	845
Dietary	10,596
Laundry	5,000
General supplies	17,044
Audio-visual	260
General expense	3,795
Total	$1,175,441

Reconciliation with Public Accounts, 1967/68

Table L—General Administration—			
Salaries		$303,641	
Expenses		320,559	
Vouchered expenditure		$624,200	
Deduct salary adjustments		19,548	
As per Public Accounts			$604,652
Table M—Department of Nursing Education—			
Salaries		$1,130,028	
Expenses		45,413	
Vouchered expenditure		$1,175,441	
Deduct salary adjustments		16,476	
As per Public Accounts			1,158,965
Table J—			
Mental Health Centre, Burnaby—			
Salaries		$623,154	
Expenses		209,199	
Vouchered expenditure		$832,353	
Deduct—			
Buildings and grounds	$65,810		
Portion of farm profit	235		
		66,045	
As per Public Accounts			766,308
Mental Health Centre, Victoria—			
Salaries		$110,685	
Expenses		49,554	
Vouchered expenditure		$160,239	
Deduct buildings and grounds		14,337	
As per Public Accounts			145,902
Mental Health Centre, Kelowna—			
Salaries		$52,115	
Expenses		9,209	
As per Public Accounts			61,324
Mental Health Centre, Trail—			
Salaries		$37,547	
Expenses		11,274	
As per Public Accounts			48,821

RECONCILIATION WITH PUBLIC ACCOUNTS, 1967/68—*Continued*

Table J—*Continued*			
Mental Health Centre, Nanaimo—			
Salaries		$37,457	
Expenses		16,188	
As per Public Accounts			53,645
Mental Health Centre, Prince George—			
Salaries		$32,310	
Expenses		12,665	
As per Public Accounts			44,975
Mental Health Centre, Kamloops—			
Salaries		----------	
Expenses		$2,447	
As per Public Accounts			2,447
Mental Health Centre, Chilliwack—			
Salaries		$36,847	
Expenses		8,622	
As per Public Accounts			45,469
Mental Health Centre, Vernon—			
Salaries		$43,492	
Expenses		10,856	
As per Public Accounts			54,348
Expansion of Community Services		65,816	
Deduct salary adjustments, all community services		*72,576*	
			6,760
Table C—Riverview Hospital—			
Salaries		$8,240,791	
Expenses		3,871,034	
Vouchered expenditure		$12,111,825	
Deduct—			
Salary adjustments	$425,928		
Portion of farm profits	59		
Building and grounds	1,340,131		
		1,766,118	
		$10,345,707	
Add sundry adjustments, board, rent, etc.		109,831	
As per Public Accounts			10,455,538

RECONCILIATION WITH PUBLIC ACCOUNTS, 1967/68—*Continued*

Table K—			
Rehabilitation Department—			
Salaries		$216,879	
Expenses		642,240	
Vouchered expenditure		$281,119	
Deduct—			
Salary adjustments	$10,596		
Buildings and grounds	4,993		
		15,589	
As per Public Accounts			265,530
Out-patient services—			
Salaries		$354,498	
Expenses		32,325	
Vouchered expenditure		$67,823	
Deduct salary adjustments		2,448	
As per Public Accounts			65,375
Table F—Valleyview Hospital—			
Salaries		$2,276,059	
Expenses		672,457	
Vouchered expenditure		$2,948,516	
Deduct—			
Salary adjustments	$111,756		
Portion of farm profit	4,692		
Buildings and grounds	92,669		
		209,117	
		$2,739,399	
Add sundry adjustments, board, etc.		22,691	
As per Public Accounts			2,762,090

RECONCILIATION WITH PUBLIC ACCOUNTS, 1967/68—*Continued*

Table G—Dellview Hospital—			
Salaries		$496,797	
Expenses		238,003	
Vouchered expenditure		$734,800	
Deduct—			
Salary adjustments	$23,112		
Portion of farm profit	293		
Buildings and grounds	104,663		
Decrease in inventories	37		
		128,105	
		$606,695	
Add sundry adjustments, board, etc.		4,538	
As per Public Accounts			611,233
Table H—Skeenaview Hospital—			
Salaries		$394,896	
Expenses		271,866	
Vouchered expenditure		$666,762	
Deduct—			
Salary adjustments	$17,472		
Buildings and grounds	117,837		
Decrease in inventories	1,005		
		136,314	
		$530,448	
Add sundry adjustments, board, etc.		7,793	
As per Public Accounts			538,241
Table D—The Woodlands School—			
Salaries		$4,600,977	
Expenses		1,400,203	
Vouchered expenditure		$6,001,180	
Deduct—			
Salary adjustments	$215,940		
Buildings and grounds	451,689		
Portion of farm profit	8,095		
		675,724	
		$5,325,456	
Add—			
Increase in inventories	$8,176		
Sundry adjustments, board, etc.	35,382		
		43,558	
As per Public Accounts			5,369,014

RECONCILIATION WITH PUBLIC ACCOUNTS, 1967/68—*Continued*

Table E—The Tranquille School—			
Salaries		$1,798,061	
Expenses		1,014,990	
Vouchered expenditure		$2,813,051	
Deduct—			
Salary adjustments	$80,820		
Buildings and grounds	437,730		
Portion of farm profit	12,611		
		531,161	
		$2,281,890	
Add—			
Increase in inventories	$9,901		
Sundry adjustments, board, etc.	28,593		
		38,494	
As per Public Accounts			2,320,384
Table I—Net Undistributed Stores (as per Public Accounts) (prorated to Riverview, Woodlands, and Valleyview)			56,435
Total Mental Health Branch expenditure as per Public Accounts			$25,423,936

PERSONNEL REPORT

G. L. TOMALTY, DEPARTMENTAL PERSONNEL OFFICER

Report for April 1, 1967, to March 31, 1968

The establishment of the Mental Health Branch increased during the fiscal year as follows:—

Deputy Minister's office and community services	54
In-patient care facilities	92
Total	146

As of March 31, 1968, there were 4,060 persons on payroll. This is 49 more than at the same time last year and is comprised of 54 employees of various classifications and five fewer student psychiatric nurses.

Over-all staff turnover, excluding temporary relief staff, was down slightly, from 28.6 to 26.7 per cent. Turnover of registered nurses, which was high last year, was down by 11.6 per cent and female psychiatric nurses up by 6.3 per cent.

The declining trend in number of male psychiatric nurses has reversed to a slight rise of 12 in the past year. Enrolment of male student psychiatric nurses increased by 6, from 14 to 20, as of March 31, 1968.

Mr. J. Dowling retired during the year, and Mr. G. L. Tomalty was appointed to take the position as Personnel Consultant.

Report for April 1 to December 31, 1968

Mr. A. A. Bishop was appointed as assistant to Mr. G. L. Tomalty, Personnel Consultant, on May 7, 1968. As of December 1, 1968, the Personnel Consultant was designated to be Departmental Personnel Officer. He will carry out personnel administrative functions for the Deputy Minister, Mental Health Branch and the Director, Mental Health Services.

The process of determining personnel requirements, writing and obtaining approval on new job specifications, requesting Orders in Council for positions remaining in Schedule B, and recruiting for the new British Columbia Youth Development Centre in Burnaby has continued throughout the year. The establishment is 107, and this unit receives administrative support from a combined (Mental Health Centre, Burnaby, and British Columbia Youth Development Centre) administrative establishment with 54 positions. All requisitions for new positions in the British Columbia Youth Development Centre have been submitted, and approximately 50 per cent of them have been filled. All senior positions have been assigned, except for the senior psychiatric social worker.

The British Columbia Government referred salary and conditions of service demands of the Psychiatric Nurses' Association to the British Columbia Mediation Commission. Hearings were held in Vancouver in September and October. Recommendations of the Commission were tendered in November.

The establishment of the Mental Health Branch increased during this period as follows:—

Deputy Minister's office and community services	33
In-patient care facilities	89
Total	122

Mental Health Branch units are now required to review all requests for classification reviews and submit a completed job description questionnaire along with a report showing objective analysis of the position and justification for a classification review. This is considered by the Mental Health Branch Personnel Officer, who may further review the position at the unit. Submissions which warrant further consideration are then forwarded to the Civil Service Commission Classification Division for review and final decision.

Progress has been made on bringing all Mental Health Branch personnel regulations up to date.

With priority on the personnel function, only one meeting of the Branch Safety Committee has occurred. The existing safety programme within the Branch was reviewed, and an acceptable mental health safety programme is being developed.

STATISTICAL TABLES

Table A.—Summary Showing Over-all Staff Totals in Relation to Separation and Recruitment

Staff recruited, excluding students	1,404
Staff separated, transferred, etc., excluding students	1,350
Increase	54
Total staff, excluding students, as of March 31, 1968	3,761
Total staff, excluding students, as of March 31, 1967	3,707
Increase	54
Quarterly staff average, excluding students, 1967/68	3,805
Quarterly staff average, excluding students, 1966/67	3,694
Increase	111

	Male	Female	Total
Student enrolment as of March 31, 1968	20	279	299
Student enrolment as of March 31, 1967	14	290	304
Change	+6	−11	−5
Student quarterly average, 1967/68			303
Student quarterly average, 1966/67			281
Change			+22

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

	Recruited	Separated
Physicians	42	43
Dentists	1	1
Registered nurses	59	58
Psychiatric nurses	304	289
Female psychiatric aides	318	308
Male psychiatric aides	90	115
Teachers	3	3
Occupational therapists	18	23
Industrial therapists	4	3
Recreational therapists	4	4
Psychologists	14	18
Social workers (psychiatric)	32	29
Dieticians	3	3
Cooks	7	12
Kitchen helpers	75	66
Clerks	18	18
Clerk-stenographers	53	55
Trades	10	8
Laundry-workers	35	34
Miscellaneous professional	18	15
Miscellaneous technical	9	11
Miscellaneous	287	250
Sub-totals	1,404	1,366
Miscellaneous adjustments, transfers, etc.	------	—16
Totals	1,404	1,350

TABLE C.—SUMMARY OF STAFF TURNOVER

By Major Classification

Classification	1966/67	1967/68	Change
	Per Cent	Per Cent	Per Cent
Male psychiatric nurses	16.3	16.9	+0.6
Female psychiatric nurses	24.3	30.6	+6.3
Registered nurses	45.8	34.2	−11.6

NOTE.—Calculations made against the year-end staff totals.

By Pay Division

Pay Division	Temporary Relief Staff Excluded, 1966/67	Temporary Relief Staff Excluded, 1967/68
	Per Cent	Per Cent
General Administration	16.3	11.1
Department of Nursing Education[1]	19.1	23.7
Riverview Hospital	24.7	30.3
The Woodlands School	26.4	28.7
The Tranquille School	40.9	40.6
Valleyview Hospital	21.5	33.8
Dellview Hospital	36.8	27.4
Skeenaview Hospital	21.9	48.4
Mental health centres	25.9	24.3
Over-all turnover	28.6	26.7

[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 1966/67		Fiscal Year 1967/68	
	Positions in Establishment as of March 31, 1967	Number on Staff as of March 31, 1967	Positions in Establishment as of March 31, 1968	Number on Staff as of March 31, 1968
General administration	44	43	60	45
Department of Nursing Education	63	68	68	68
Mental health centres	160	135	193	138
Sub-totals	267	246	321	251
In-patient care—				
Riverview Hospital	1,569	1,574	1,638	1,605
The Woodlands School	868	886	873	897
The Tranquille School	358	390	372	378
Valleyview Hospital	444	446	443	457
Dellview Hospital	92	92	97	97
Skeenaview Hospital	74	73	74	76
Total of vote	3,405	3,461	3,497	3,510
Total Civil Service positions	3,672	3,707	3,818	3,761[1]
Student psychiatric nurses	325	304	325	299
Totals	3,997	4,011	4,143	4,060

[1] Includes 123 part-time employees.

TABLE E.—COMPOSITION OF NURSING STAFF BY UNIT, MENTAL HEALTH BRANCH, AS AT MARCH 31, 1968

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		
Riverview Hospital	79	6.88	243	261	504	43.86	238	128	366	31.85	185	15	200	17.41	1,149	45.11
Valleyview Hospital	11	2.99	109	46	155	42.12	140	31	171	46.46	29	2	31	8.43	368	14.44
Dellview Hospital	1	1.56	19	11	30	46.87	21	12	33	51.57	.....	.....	.....	.....	64	2.51
Skeenaview Hospital	1	2.04	7	11	18	36.73	21	9	30	61.23	.....	.....	.....	.....	49	1.93
The Woodlands School	37	5.61	186	96	282	42.79	179	93	272	41.28	65	3	68	10.32	659	25.88
The Tranquille School	6	2.52	61	41	102	42.85	86	44	130	54.63	.....	.....	.....	.....	238	9.35
Mental health centres	7	100.00	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	7	0.27
Mental Health Centre, Burnaby	7	53.85	2	2	4	30.77	2	.....	2	15.38	.....	.....	.....	.....	13	0.51
Totals	149	5.85	627	468	1,095	42.99	687	317	1,004	39.42	279	20	299	11.74	2,547	100.00
Totals, March 31, 1967	140	5.54	575	475	1,050	42.19	787	361	1,148	40.39	272	14	286	11.88	2,624	.....
Difference (+ or −)	+9	.....	+52	−7	+45	.....	−100	−44	−144	.....	+7	+6	+13	.....	−77	.....

NOTE.—Figures include part-time registered nurses and (or) psychiatric nurses: Riverview Hospital, 13; The Woodlands School, 28; Valleyview Hospital, 5.

REPORT OF CO-ORDINATOR OF MENTAL RETARDATION PROGRAMMES

J. S. BLAND, B.A., M.B., B.CHIR., D.P.M.

The principal advances in services and facilities for the retarded in the past year have been in the field of residential care. Two major developments have taken place.

In November the Bevan Lodge Association in Courtenay finalized agreement for a long-term lease on the Bevan Lodge complex, and in December the first residents were admitted. Bevan Lodge will ultimately accommodate 70 adult retarded of both sexes. It is suitable for those who have good self-care skills but who are unlikely to be able to manage independently. Initially the majority of residents are coming from Woodlands and Tranquille Schools, but in keeping with the Department's aims of decentralization, they are primarily those whose former place of residence was on Vancouver Island. Additionally the screening committee is considering suitable applications from the local area. The operation of Bevan Lodge is a good example of co-operation between different Government departments and between them and local community effort.

In December the Provincial Government bought a residential school and convent in Maillardville. This complex, known as the Maillardville Unit, is now an integral part of The Woodlands School. It will serve as a preplacement training centre for the adult retarded. The programme will be geared to teaching the residents self-care skills, socially acceptable behaviour, and basic knowledge about community life. This will prepare them for subsequent living in supervised group homes or boarding homes and working in sheltered workshops. The Maillardville Unit will have 50 residents.

The two facilities described above have provided an additional 120 residential places for the mentally retarded. As the programmes develop, many of the urgent cases on the waiting list will be admitted to vacant beds at Woodlands and Tranquille Schools.

Co-ordinating mental retardation programmes implies co-operation, and this I have received in full measure from community agencies and other Government departments. I am grateful to them.

REPORT OF SOCIAL SERVICE CONSULTANT

MISS A. K. CARROLL, B.A., M.S.W.

Report for April 1, 1967, to March 31, 1968

Direct consultative service was given to nearly all facilities concerning the following:—

(1) Administration and organization of social service departments. Advice was given in relation to the relocation of staff which the change in emphases from hospital to community-based services indicated.

(2) Pre-admission and after-care functions of social service departments in the mental health services.

(3) Advice regarding the continuing need for administrative and organizational development in the family-care and boarding-home programme.

(4) Programme suggestions for the remotivation of groups of patients resident in boarding and nursing homes.

(5) Personnel recruitment, maintenance, and retention; staff patterning; staff development; and advice in relation to the possibility of the use of levels workers to assist and extend the contribution of professionally trained social workers.

During the year 26 social-work students from the School of Social Work of the University of British Columbia were placed in the social service department of the Mental Health Branch for field-work practicum. Of this group, 21 students were in their second year of graduate study and five were in their first.

Federal mental health bursaries were granted to seven students, six of whom were proceeding to the second year of graduate studies and one to the first year. Of this group of seven students, five were members of the social-work staff of the Mental Health Branch and two were students graduating from the first year of graduate studies at the School of Social Work of the University of British Columbia. During the year 10 students who had completed studies under Federal mental health grants returned to social-work positions in the Mental Health Branch. The scholarship level of this group was notable in that four graduated with first-class standing and six with a high second-class standing.

This year showed the beginning of a change in the recruitment picture in that a considerable number of social-work personnel were recruited from the graduating classes of schools of social work and from social-work practitioners in and outside of the Province. The activities in recruitment are carried out in close co-operation with the Chief Personnel Officer of the Civil Service Commission. This year the Consultant interviewed some 42 persons who were inquiring about opportunities for social-work practice in the Mental Health Branch. In and around these applications, some 61 letters were written regarding references, etc. In several facilities in the Mental Health Branch, the welfare aide is being tried and the contribution evaluated. Additionally, personnel with undergraduate degrees in social welfare are being employed. This group certainly comes to the services with a very good background of training, and their contribution indicates that they are a most valuable levels worker in the field of social work.

At the end of the year, there were 583 patients on boarding-home leave under supervision of the Mental Health Services. This group is comprised of patients released from the four major mental health facilities, and is up from a figure of 523 for the previous year.

The programme from Riverview did not expand to any great extent through placements from the chronic care units, but the resources of the programme were used more extensively by the admitting units than was the case in previous years. It was noted that patients from these latter units, in some cases, did not adjust easily to boarding-home care, and some investigation of this problem is needed. Possibly more extended use of the Hillside Unit is indicated for certain cases proposed for boarding-home care. The placements made from Hillside were very successful, proving the value of the unit for boarding-home preparation.

There was a significant upswing in placements from The Woodlands School during the year. Some severely retarded persons were placed and one who is profoundly retarded. It was found that placing retardates and improved mentally ill together in the same home was good social planning on balance, although this type of grouping is still being evaluated.

The Burnaby training home continues to function well, showing impressive results in rehabilitation. In a second home for younger female patients from Riverview, good results are being achieved through the development of a motivational programme. In a third home, which is a large farm in the country, a good motivational programme for young male schizophrenics is gradually taking shape.

Four patients from Riverview were discharged to full-time employment during the year, and eight employed and self-supporting persons remain on in their boarding homes still on leave. One of these latter persons is a man of 62 who spent 34 continuous years in Riverview Hospital.

Consolidation, as well as expansion of the programme at two community centres for occupational therapy, was effected during the year through the efforts of the occupational therapist from Riverview and community service groups. A third small centre was started in Maillardville. Retardates from boarding homes are included in these programmes, as are a few community people with other handicaps. Some workshop activities were carried on in the centres financed by community service group funds and returns from sale of goods. This is a small project as yet, but could expand.

Report for April 1 to December 31, 1968

Over the past nine months a great push forward in regional planning for the boarding-home programme has taken place, with the development of a Central Referral Bureau Centre for the South Vancouver Island area. The Mental Health Branch, as one agency co-operating in the Central Referral Bureau programme, will provide fully trained and experienced social workers, who will render social services to residents in boarding and nursing homes. Additionally these social workers will be active in the development of programmes which have higher motivational standards of care and which permit creative and occupational skills.

The work of the Consultant in the following special committees has continued:—

(1) *Interdepartmental Case Review Committee.*—This Committee has submitted special studies of the conditions of children in need of residential treatment and training, as well as produced a written submission concerning the spectrum of services which these troubled children and families require. The Consultant also submitted a report on programmes and facilities for the retention and retraining of severely behaviourally disturbed adolescents, and additionally appeared before a special committee charged with the extensive study of the needs of this group of children at grave risk.

(2) *Bevan Lodge Association.*—The Consultant has assisted the Bevan Lodge Association of the Courtenay Mental Health Society in its conceptualization of organization and programme in the Bevan Lodge. The Consultant has, additionally, provided assistance to the association in staff patterning and positioning. An in-service training programme has been formulated and advice given related to a process of co-ordination of the Bevan Lodge service with other services existing in the community.

(3) *Welfare Institutions Licensing Board.*—The Welfare Institutions Licensing Board has approved the development and the licensing of a number of outstanding boarding homes and special-care facilities for the personal care and attention or training of the adult mentally disabled. Notably the opening of two new boarding homes in the Upper Vancouver Island area has greatly extended and enriched the services to this group of handicapped persons.

(4) *Liaison Committee.*—The Liaison Committee has continued as an effective body in the interdepartmental study and interconsultation around programmes, procedures, and services relative to family and child welfare, treatment resources, and community care services for both children and adults.

In all, the last nine months have been notable in bringing to fruition plans and services so basic to the community care and treatment of the mentally ill and so important in the furtherance of community mental health programmes and services. These last months have presented challenge, stimulation, and, to a degree, the satisfaction of achievement.

TABLES AND NOTES

TABLE 1.—BOARDING-HOME PROGRAMME, CALENDAR YEAR 1967

Patient Movement	Riverview Hospital	Valleyview Hospital	Woodlands School	Tranquille School
Number of patients on boarding-home programme as of January 1, 1967	337	110[1]	52[1]	20
Number of new placements during year	92	56	30	19
Number of returns to boarding-home care from hospital (replacements)	32	12	3	6
Number of returns to institution during year	86	23	7	9
Deaths	2	1	-----	-----
Discharged from boarding-home programme	16	42	-----	-----
Number of patients on boarding-home programme as of December 31, 1967	357	112	78	36[2]

[1] Revised figure.
[2] Figures in this column are estimated.

EXPLANATORY NOTES

1. A significantly larger number of patients (86) were returned to Riverview Hospital during the year, and a significantly larger number of these patients remained in hospital (Table 3) than was the case in 1966. This may be related to the fact that there was a freer movement back into hospital for examination or assessment due to shortage of both medical and social-work staff to visit the homes. In-hospital staff shortages resulted in delays in replacing patients in boarding homes and in less accurate assessments for suitability for boarding-home care. A number of patients placed directly from the admitting units did not settle in the boarding home, possibly finding this situation too alien to them at their stage of illness. It is interesting to note that in January, 1967, 13 patients returned to hospital.

2. Of the 16 Riverview patients discharged from boarding-home leave, four went to full-time employment, eight returned to families, three to living independently on Social Allowance, and one to a training programme.

3. The significantly lower net gain in Riverview persons carried on boarding-home leave at the end of the year as compared with the previous year is related to problems in shortages of in-hospital staff time; lack of development of new resources; sharing of available resources with The Woodlands School, community agencies, and admitting units of Riverview (extended-leave patients); availability of suitable candidates for boarding-home care.

4. The 42 patients discharged from Valleyview were seen in the homes by Dr. Walsh and this decision made. For the most part, they were persons of independent means.

5. The total of 33 placements made during the year from The Woodlands School was up from nine placements made the previous year.

TABLE 2.—ANALYSIS OF RETURNS TO INSTITUTIONS, 1967 (1)

Reason for Return to Institution	Riverview Hospital	Woodlands School	Tranquille School
Returned for reason of psychiatric illness or behaviour problem	76	4	4
Returned for reason of physical condition or other situation	10	3	5
Totals	86	7	9

TABLE 3.—ANALYSIS OF RETURNS TO INSTITUTIONS, 1967 (2)

Disposition of Cases	Riverview Hospital	Valleyview Hospital	Woodlands School	Tranquille School
Replaced in boarding-home care following hospitalization	12	12	2	3
Remained in hospital	74	11	5	6
Totals	86	23	7	9

TABLE 4.—PATIENTS ON BOARDING-HOME LEAVE EMPLOYED AS OF DECEMBER 31, 1967

Degree of Employment and Earnings	Riverview Hospital	Woodlands School	Tranquille School
Number of patients fully employed and self-supporting	8	----	3
Number of patients fully employed and partially self-supporting	1	1	2
Number of patients partially employed and partially self-supporting	5	----	1
Number of patients with seasonable jobs or small but regular job and earning own comforts, etc.	29	3	2
Number of patients employed in sheltered workshop	----	5	5
Totals	43	9	13

REPORT OF NURSING CONSULTANT

MISS N. M. LONERGAN, B.S., N.ED., M.N.

Report for April 1, 1967, to March 31, 1968

Responsibilities fulfilled during the period of time reviewed in this report were divided evenly between those arising from commitments to nursing education and those to nursing consultation services. A report on the former is confined to major activities of the Department of Nursing Education, whereas that on the latter encompasses undertakings in conjunction with administrators of nursing services, periodic tasks concerning mental health programmes, participation in nursing matters involving government, professional and educational organizations, and community health agencies.

NURSING EDUCATION

The Department of Nursing Education continued to operate its basic programmes—the psychiatric nursing programme, the psychiatric aide programme, and the affiliate programmes in psychiatric nursing. The year-end census for the psychiatric nursing programme was 299 students, compared with 304 for the year ended March, 1967. The Department processed 389 applications. A total of 171 students enrolled in the fall and spring classes; 47 per cent of these had been registered in an academic secondary-school programme and the remainder in a vocational one. During the year 62 students withdrew, 38 due to personal reasons, 7 because of illness, and 12 failed academically. One student was fatally injured in a traffic accident. Of the 125 students who completed the programme, 103 were employed by the Mental Health Branch.

The faculty continued to develop a variety of techniques for improving the correlation of academic and clinical student learning experiences. In all areas, students participated in planned ward clinics two hours a week. Instructors used interaction studies and nursing-care plans with some measure of success as tools for enhancing the learning of quality nursing care. Formal teaching hours number 3,692, an average of 263 hours by each teacher. Compared to the previous year, a significantly greater proportion of each instructor's time was used for clinical teaching in the form of supervision, demonstration, and teacher-student interviews.

The psychiatric aide programme offered 39 five-day courses. Of these, 19 were conducted at the Education Centre, 18 at The Woodlands School, and 2 at The Tranquille School. The courses encompassed 1,215 hours of instruction for 375 aides entering the service or on staff at Riverview Hospital, Valleyview Hospital, The Woodlands School, and The Tranquille School. Courses were also conducted at Skeenaview and Dellview Hospitals to supplement ongoing orientation and in-service education provided in these institutions. The number of class hours showed an increase of 50 per cent; the number of clinic hours, an increase of 130 per cent; and the number of aides attending class, an increase of 80 per cent, compared with the figures for the previous year. The scope of the clinical teaching programme was enlarged to include all three institutions on the Lower Mainland.

Affiliate programmes in psychiatric nursing operated for students in the schools of nursing of the Royal Columbian Hospital, New Westminster; St. Joseph's Hospital, Victoria; and St. Paul's Hospital, Vancouver, and for public health nurses of the Health Branch. Numbers enrolled in the eight-week programmes totalled 256. The annual review of terms of agreement between the Mental Health Branch and the general hospital schools of nursing took place in March with resultant minor

modification of some items. A senior instructor, appointed in September, was oriented and assigned teaching responsibilities in the programmes.

Faculty committees were productive and enjoyed a noticeable improvement in quality and efficacy of communication. The residence staff provided accommodation for 560 residents, of whom 513 were newly enrolled students and transient guests. Infirmary nurses gave nursing care to 244 students and minor assistance to over 3,000. The secretariat dealt admirably with its large volume of work and the constant demands of programme deadlines. Alterations in work schedules and job assignments resulted in improved maintenance service. The Department was ably administered by the Assistant Director during the frequent absence of the Director.

NURSING CONSULTATION

Prominent among nursing matters engaging the Consultant in her work with nurse administrators were the following:—

(*a*) Reviewing policies with the purpose of determining their effect on the amount of nursing-service time available for patient-care.

(*b*) Determining quantity and quality of nursing care in the institutionalized services according to nursing personnel-patient ratios.

(*c*) Developing criteria for determining similarities and differences in the responsibilities and functions of Director of Nursing positions within the Branch and their comparability to similar positions in the community.

(*d*) Studying administrative problems affecting nursing practice.

(*e*) Actioning matters referred to Nursing Council.

(*f*) Developing plans and proposals for continuing educational opportunities for nursing personnel, both in-service and through community resources.

Nurses from community mental health centres met in conference for the first time in November. They decided that regular meetings were desirable for purposes of education, communication, consultation, and co-operation. By the end of the fiscal year, some groundwork had been accomplished in preparation for a study of the role of the nurse in a community mental health centre. Plans were also formulated for holding a workshop to assist in such a study.

The Nursing Liaison Committee, with a representative membership from agencies and institutions engaged in mental health work, met bi-monthly. The major purpose of discussions and presentations was to facilitate exchange of information concerning developments in community health programmes and psychiatric services, and the implications of these for nursing practice, the role of the nurse in relation to other health workers, and interagency communication systems.

The Nursing Consultant conducted studies, prepared reports, and participated in planning concerned with nursing administration, practice, and education. She represented the Branch at various meetings concerned with nursing matters engaging the attention of government, professional organizations, and community institutions and agencies. Visits were made to a number of Mental Health Branch facilities; in conjunction with these, she was a guest in several health units for orientation and communication purposes; similarly, she met with nurse administrators of two general hospitals for discussions concerning psychiatric facilities and nursing care.

The prevailing atmosphere throughout the year was one of optimism as general reorganization plans were initiated and began to influence and stimulate nursing departments throughout the Mental Health Branch.

Report for April 1 to December 31, 1968

During the period reviewed by this report, nursing consultation services were provided part time from April to September, and then full time to the end of the calendar year. Many of the Consultant's activities derived from the decisions and recommendations of various nursing committees.

Through its Nursing Council, Directors of Nursing obtained a widening of educational opportunities for nursing personnel; achieved some progress regarding proposed changes in senior nursing positions, classifications, and salaries; submitted estimates concerning the reduction of nursing-service time occasioned by the introduction of revised personnel policies; conducted studies to determine the effect of illness, absence, and tardiness on the quantity and quality of nursing care available to patients; and made recommendations relevant to the improvement of nursing practice.

Through the Nursing Liaison Committee, Directors of Nursing of the Mental Health Branch and nurse representatives of several community institutions and agencies held bi-monthly meetings. These provided opportunities to examine facilities and programmes concerned with psychiatric and mental health services in the Greater Vancouver area.

The Mental Health Nurses Council convened bi-monthly in Vancouver. It made considerable progress in defining responsibilities and functions of the community mental health nurse. A workshop supported financially by a Federal training grant and directed by a visiting consultant from Rutgers University, New Jersey, provided opportunities for problem identification, review of theoretical concepts, and exploration of attitudes, approaches, and techniques useful to the nurse in therapeutic counselling and collaborative teamwork.

The Nursing Consultant represented the Branch as a member of several standing, task, and advisory committees on nursing standards and education in the community, at hearings concerned with nursing personnel policies, and by convening meetings to establish terms of agreement for the use of Branch facilities by affiliating nursing students from educational institutions. Other activities included participation in recruitment for selected positions, preparation of reports on education, staffing patterns and nursing practice, and the provision of regular consultation to the Department of Nursing Education.

During the latter three months of the year, time was devoted to the termination of previous responsibilities, orientation to the nursing position within the terms of reference of the Deputy Minister's consultant staff, and consideration of the scope of new responsibilities with beginning delineation of possible priorities.

REPORT OF THE STATISTICIAN AND THE MEDICAL RECORDS CONSULTANT

R. S. McINNES, B.A., B.D., M.P.H.
MRS. P. A. WEST, R.R.L.

April 1, 1967, to December 31, 1968

In this reporting period, new units were added to the statistical reporting system. The Branch acquired a statistician on its own staff, and medical records sections in local units have been strengthened. Early in the period the research officer from the Division of Vital Statistics of the Health Branch, who gave most of her time to mental health statistics, resigned. Further assistance on a part-time basis was given by another research officer from the Vancouver office of the Division of Vital Statistics. In September, 1968, a statistician was hired by the Mental Health Branch for its headquarters in Victoria. Data processing and tabulation assistance continues to be provided by the Vital Statistics Office in Victoria.

Initial steps have been taken to explore the possibility of putting the Mental Health Branch statistical system onto a computer. There are many needed analyses, such as length-of-stay experience of various hospitalized patients, which require the large capacity and calculating abilities found only in an electronic computer.

THE STATISTICAL DATA SYSTEM

REPORTING FORM DEVELOPMENT

New or revised individual patient statistical reporting forms were developed for several Branch units. Much time was spent in the revision of the forms used by the mental health centres. Temporary forms were first introduced in the early part of the year. From these a streamlined, multi-part, largely pre-coded form was finalized with an accompanying manual of instructions, definitions, and code.

Also at the beginning of the period, a revised statistical form providing more detailed diagnostic and treatment data was introduced at the Riverview Hospital. The Medical Records Consultant and the Vital Statistics research officer held a consultative meeting with the senior medical records clerks to review the revisions and the accompanying manual of instructions and definitions.

In the fall of 1968, to meet medical records standards required by the Canadian Council on Accreditation of Mental Hospitals, the Riverview Hospital reporting system was changed. These changes will materialize January 1, 1969.

With the creation of the British Columbia Youth Development Centre at Burnaby, a statistical form and a manual of instruction were developed. The special needs of this facility, with its out-patient, day care, and in-residence programme, required a careful blending of reporting systems previously used, modified to fit a children's facility. This package will be implemented on January 1, 1969.

Plans for developing statistical data forms for The Tranquille School, Dellview Hospital, and Skeenaview Hospital were temporarily deferred as the result of the resignation of the Vital Statistics research officer in October, 1967.

PROCEDURE DEVELOPMENT

In order that all in-patient facilities might report patients' incoming and outgoing movements consistently to the Public Trustee, work was commenced on the standardization of reporting forms. A meeting of the business administrators and

the Public Trustee was held to discuss questions relating to the forms, with drafts being presented for consideration and approval. These changes take effect in October, 1968.

A standardized " form for consent for release of information " and " a boarding home treatment record form " were designed and implemented. The latter provided community doctors with an adequate medical and psychiatric summary on patients transferred to boarding homes and provides a means for the attending physician, or hospital psychiatrist, to record patient's progress, changes in medication, and other information which would become part of the patient's permanent medical record.

A procedure manual for medical records departments in mental health centres was compiled and copies distributed to each centre. These provide guidelines for uniform medical records and guidance to clerical staff acting as medical records clerks.

Data Retrieval

Early in the period the Vital Statistics research officer made a study of the data collected during the first three months of mental health centre reporting. Tables were presented at a meeting of the directors of the mental health centres. These stimulated discussion around some of the apparent trends disclosed in her study. Many requests for data were received from members of the medical staff and other professional staff members within the Mental Health Branch. In planning for the British Columbia Youth Development Centre, data were provided in the form of listings of cases according to age-group, sex, residence, and diagnosis.

Outside the Mental Health Branch, data were provided to the Public Health Branch—relationship between retardation and postnatal cerebral infection through measles (rubella) virus; University of British Columbia Departments of Psychology and Psychiatry—studies related to suicides; University of British Columbia School of Social Work—patients discharged from Riverview Hospital; University of British Columbia Department of Pharmacology—Huntington's chorea cases treated in mental health facilities.

ADMINISTRATIVE AND PLANNING STUDIES

A number of studies have been launched by the statistician utilizing Mental Health Branch data and data from other sources. These include the following: The need for psychiatric beds for aged persons; regional profiles of mental health needs and resources; trends in Mental Health Branch services and characteristics of patients; the role of mental health centres in reducing admissions to the Riverview Hospital.

MEDICAL RECORDS DEVELOPMENT AND REPORTING CONTROL

A large proportion of the time of the Medical Records Consultant was spent in assistance to medical records units in development of their procedures, and in the accurate and prompt completion of statistical reporting forms. During the period both Woodlands and Valleyview Hospitals completed the updating of admissions statistics detail to bring their data into line with the new procedures initiated on April 1, 1966. Visits were made to almost all of the Mental Health Branch facilities by the Medical Records Consultant for purposes of consultation and in-service training of medical records personnel. The opening of new units within the Branch necessitated special efforts on the part of the Medical Records Consultant to introduce their staff to the reporting system and the essentials of medical records organization and maintenance.

On August 1, 1967, Miss L. McSweeney, R.R.L., was appointed to the position of medical records librarian at the Riverview Hospital. Orientation to Mental Health Branch and intensive consultative services were given during the first few weeks following her appointment. It was not long before progress was being made at Riverview in reactivating the Medical Records Committee and developing a Medical Audit Committee; also preparations to meet the standards required by the Canadian Council on Accreditation of Mental Hospitals were begun.

In October, 1967, a meeting of the medical records supervisors from all the mental health centres was held at the Vancouver branch office. The meeting provided instruction on the completion of the statistical forms and discussion regarding various aspects of the management of medical records in the mental health centres.

The need for formally trained medical records personnel is becoming increasingly apparent as more demands are being placed on medical records departments for service and research projects. It should be noted that this need will be partially met at Riverview Hospital when four medical records personnel presently taking the correspondence course jointly sponsored by the Canadian Hospital Association and the Canadian Association of Records Librarians will have qualified as medical records technicians or medical records clerks.

REPORT OF CONSULTANT IN SOCIOLOGY

RAY H. GOODACRE, B.A., M.A., M.P.H.

This consultant was appointed to the Victoria Mental Health Branch office in June in order to (*a*) participate in the clarification and definition of over-all goals for the Mental Health Branch; (*b*) develop applied research techniques to evaluate the effectiveness of programmes; (*c*) act as a consultant to mental health centres and institutions wishing to carry out sociological research.

Visits, most of which commenced during the fall, were made to mental health centres and treatment institutions to review the programme of each facility in order to determine programme objectives and methods available for ascertaining the extent to which programme objectives were being met.

Consultative service, including the preparation of interview schedules, was provided to the Northern Interior Mental Health Centre in studying the views of former patients toward care received and their present level of functioning.

With the co-operation of the Health Branch Division of Vital Statistics and the staff of Riverview Hospital, a detailed analysis was made of the characteristics of Riverview patients admitted from Vancouver Island. This study was initiated to assist in planning for bed occupancy at the new Eric Martin Institute in Victoria.

In order to facilitate decentralization of the planning and operation of mental health services, the Province has now been divided into a number of planning regions. Following a review of boundaries currently in use by a number of Government departments administering and financing health and social services, eight mental health planning regions were selected. In determining boundaries appropriate for proposed mental health regions, particular recognition was made not only of an increasing emphasis by mental health centres on education, prevention, and rehabilition, but also an active desire by the Branch to encourage community participation in the planning and financing of a range of mental health services.

REPORT OF THE DIRECTOR, INFORMATION SERVICES

PETER J. SMITH, C.P.R.S.

May, 1968, saw the establishment of an Information Services Section at the Victoria office of the Mental Health Branch. The first and immediate task was to endeavour to improve communications between the Branch and the general public via the news media, radio, and television.

During a brief orientation period it was found that some form of communication was also needed that would convey news of happenings and developments from the head office and out to the various institutions and mental health centres. To this end a Mental Health Branch newsletter was designed and is now published on a regular monthly basis, with 300 copies mailed throughout the Branch.

Press releases and news releases have also been prepared and mailed as and when required. A mailing list of weekly and daily newspapers and radio and television stations has been set up, and it is intended to send out items of special interest on a regular monthly basis.

In June the writer accompanied a C.B.C. producer and camera crew around the Valleyview Hospital. Medical staff were interviewed and certain film sequences were taken for use in a documentary film on "Ageing," which was aired on December 10, 1968.

The Mental Health Branch exhibit in the British Columbia Government Building on the Pacific National Exhibition grounds, Vancouver, was updated.

Co-operation with the Canadian Mental Health Association has been maintained, and during October spot radio announcements were provided by this department for use by the Canadian Mental Health Association on Victoria's Mental Health Day.

PART II.—COMMUNITY MENTAL HEALTH SERVICES

MENTAL HEALTH CENTRE, BURNABY

A. D. Sleigh, B.A., M.D., C.R.C.P., Director

Report for April 1, 1967, to March 31, 1968

During the period under review there were a number of important changes occurring in this mental health centre. These changes stem from the organizational innovations of the previous year, and this period under study should be considered as a transition period for this centre. It would be useful for the reader to refer back to the previous year to obtain continuity and perspective.

The over-all changes have been going on to establish this clinic as a true regional community mental health centre for Burnaby and to ready the unit for the incorporation of the new residential treatment unit for emotionally disturbed children. Once the reorganization has been completed, then the mental health centre will be divided into two separate units with very different functions. To summarize, there will be a community mental health centre for Burnaby and a comprehensive children's treatment unit for children and adolescents of the Province.

DIRECT SERVICES

Adult Clinic

There was a general levelling-off of service during the year with 855 activations in 1967 to 1968, compared to 851 activations in the previous year. Nine hundred and one cases were closed during this year, whereas in the previous year 822 cases were closed. This shows that there was a large measure of work completed and with a fairly brisk turnover of patients.

As in the previous year, the sustaining clinic case load showed another increase and now amounts to 40 per cent of all cases treated in the Adult Clinic. Again this seems to reflect the fact that many of our patients need fairly intensive chemotherapy.

As in the previous year, special clinics were organized to handle the sustaining clinic case load. Group therapy and family group therapy continued to be used extensively by almost all staff members, but the basic treatment tends to remain the individual psycho-therapy session. The patients seen at this clinic vary a great deal in their particular needs, and in some cases are seen very intensively, whereas others are seen for perhaps 15 minutes every month or even every two months.

Innovations, too, have been tried by staff to give better patient-care. One such innovation has been the use of marathon group therapy.

In the area of the day-hospital operation, the unit functioned effectively during the year with a part-time psychiatric director. Further development occurred in the operation of a true therapeutic community with the focus on problem-solving for the patients through a " here and now " experience or experiences. The day hospital operated with essentially full capacity all year, with waiting lists needed from time to time. The admissions increased 14 per cent over the previous year, with the average length of stay decreasing from 24 to 22 days. The readmission rate gives some reason for concern at 35 per cent, but again this has shown a decrease from the previous year, when there was a 37-per-cent readmission rate. The population showed a composition of 66 per cent female patients and 34 per cent male patients, and this is typical for this day hospital.

Children's Clinic

In comparing the year under study with the previous year, there seems to be no basic change in the service given. Records show that there were 956 activations during the year, as compared to 986 in the previous year. There were 1,207 patients closed from the clinic, as compared to 977 in the previous year. The out-patient treatment typically centres on individual casework or psychotherapy sessions but, as in the last few years, there has been a fair emphasis on family group therapy methods. In the previous year there were four care-giving teams in the children's unit, but these teams were amalgamated into two treatment teams, and neither team specialized in a particular treatment mode. This gave the advantage of comprehensiveness of treatment of a patient on the one team—one of the major aims of this reorganization. However, the reorganization was also required by the fact that in the past we have depended on child psychiatrists, or psychiatrists trained at least in part in child psychiatry, to head up teams, and during the second half of the year under review there were only two full-time psychiatrists on staff.

In terms of innovations in treatment, it should be mentioned that there was extensive use of the video-tape recorder unit in both clinics. The Children's Clinic staff used it very effectively for training purposes, and also for treatment purposes, especially in regard to confronting patients and families with their ongoing behaviour. This equipment has proved to be very effective for all forms of group therapy and in dealing with individuals who need to see very directly how they behave and how they affect others.

The day centre operation was without a director for much of the year, and this reduced its effectiveness to some degree. During the year a total of 55 children was treated in this service, and during the summer a special programme was conducted for the purposes of more intensive observation and assessment of a number of children on the Out-patient Clinic case load. An afternoon programme was also organized for children with learning problems, and the very small staff of this unit was augmented by a psychologist and volunteer teacher coming to the unit to assist the children with a classroom-type learning experience. Certain conditioning techniques were demonstrated to other staff in this programme and proved very effective.

Forensic Clinic

At the time of writing, this clinic is only partly functional as it presently consists of only the psychiatric social worker and a clerk. During the fiscal year the director resigned, and as yet a replacement has not been found.

Travelling Clinics

There was no basic change in the functioning of this part of the clinic service to outlying areas. A certain amount of difficulty was experienced in maintaining continuity of psychiatrists for the treatment teams that went out to the Skeena area, Powell River-Sechelt area, Simon Fraser area, and the Boundary area. This was due to the general shortage of psychiatric personnel and to the fact that the few psychiatrists on staff were already taxed with other service requirements. In many instances the social workers acting as travelling clinic and community consultants had to work on an independent basis.

INDIRECT SERVICES

As before, this Clinic has continued to be very much involved in indirect services to the Province of British Columbia. One psychiatrist from the Children's

Clinic continued to give special consultation to such agencies as the Children's Aid Society, the Catholic Children's Aid Society, the Juvenile Courts of Vancouver and Burnaby, and the Brannan Lake training-school. Again certain group-living homes in the Lower Mainland area were given a screening and consultation service when required from our senior psychiatrist of the Children's Unit. He also gave consultation to the New Denver school for boys. As in the previous year, the Special Placement Division of the Child Welfare Department worked in close liaison with our Children's Unit.

TRAINING AND EDUCATION

Almost all staff members were involved in lectures, talks, seminars, and workshops that were organized to educate the community in mental health and mental health practices. This type of education and involvement of our staff ranged from answering telephone inquiries to giving formal lectures and seminars. Some staff members gave literally dozens of talks and lectures to the community. Some very interesting developments occurred, and one that should be mentioned is the fact that the team psychiatrist for the Burnaby team, and a social worker from that team, worked very closely with the Canadian Mental Health Association in setting up the Secure Organization. These two people were involved in open-line discussions on radio and television appearances to help house-bound phobic people get to treatment or to the Secure Organization, wherein they were able to get help from volunteers and others who had suffered from a similar condition. It proved to be a very worthwhile venture and aided us in establishing a closer liaison with the Canadian Mental Health Association.

This same Burnaby team organized several workshops for teachers from the Burnaby area, and common problems were worked out together. Communication between the schools and our treatment centre was vastly improved as a result of these workshops, and further workshops are anticipated with other help-giving community agencies.

A training workshop was held during the year under the direction of Dr. George Bach, and this workshop centred on the techniques of group psychotherapy. A limited number of professional people from outside our clinic were invited and participated. Later in the year another workshop was held, and this one centred on techniques of psychodrama.

Co-operation was given by the clinic to societies such as the Y.M.C.A. so that they could hold group marathon and training sessions at the centre. A few of the more-experienced group psychotherapists conducted training groups for school counsellors and Probation Officers, and these same therapists also conducted demonstrations on the use of the video-tape equipment.

Besides these activities there were many ongoing training activities for students from the School of Social Work at the University of British Columbia, for Probation Officers, for school counsellors, and others. Over 20 social-work students were involved in " field placement " at the Mental Health Centre, Burnaby, and a number of these students worked in close co-operation with our therapists and received ongoing tutorage from them.

A number of occupational-therapy students and nursing students experienced field placement in our day hospital and day centre. Besides these more formal programmes, many visitors from different treatment units in the Lower Mainland area and throughout British Columbia visited our day centre and day hospital, and whenever possible experienced a total day in one of these units. In this way they were able to experience first hand the type of advance treatment programme we utilized in these areas.

In summary this clinic once again experienced a very busy year in the field of training and educating both our own staff and the staff from other agencies and treatment centres. Only the highlights have been mentioned in this annual report.

RESEARCH

The research activities have included a token reinforcement classroom for learning and behaviour disorders, a comparison of marathon group psychotherapy versus the results from more traditional group psychotherapy, the comparison of normal parents with parents of autistic children on the basis of psychological tests, decision-making processes and critical incidence studies in day-hospital functioning.

GENERAL

Besides the general problem of having the whole centre in a transition state because of the amount of reorganization taking place, a very difficult problem has been encountered in the fact that we are still experiencing drastic staff shortages in psychiatry and psychology.

The turnover in staff generally increased (when comparing with the previous year) from 25 to 30 per cent. The highest rate of turnover was in medical specialists, with five full-time psychiatrists and four sessional psychiatrists resigning from a total establishment of 11.

In the area of psychology there still exists six vacancies in the total of 11 established positions. We do need the psychiatric and psychology positions filled to run at maximum efficiency in this clinic, and we do need to work toward a greater continuity of staff members.

Report for April 1 to December 31, 1968

WM. C. HOLT, M.D., C.R.C.P.(C.), DIRECTOR

The most important event in this period for the Mental Health Centre, Burnaby, was the formation of the British Columbia Youth Development Centre to provide comprehensive care for the children of British Columbia and the formal separation on June 1st of the two institutions. What was formerly the Children's Clinic division of the Mental Health Centre became the out-patient section of the Youth Development Centre. Dr. A. D. Sleigh was appointed Executive Director of the Youth Development Centre, and Dr. Wm. C. Holt was appointed Director of the Mental Health Centre, Burnaby.

The functions of the Mental Health Centre, Burnaby, are:—

(1) To provide a comprehensive diagnostic and consultative service to adults and children with emotional disorders from the Burnaby community, as well as limited treatment resources.

(2) To provide a similar service for adults from other parts of the Lower Mainland, and the Province in general, which do not have their own regional psychiatric facilities.

(3) To provide specialized treatment resources, such as day hospital, group therapy, family therapy, etc., as seems appropriate and feasible.

(4) To engage in training of health-care personnel and research on emotional illness.

(5) To employ the knowledge and skills of our multi-disciplinary teams to develop community-oriented preventive programmes in the mental health field using the broadest possible definitions of mental health and prevention.

In order to carry out these functions, clinical personnel in the centre are deployed on either of two out-patient teams, one providing comprehensive services to Burnaby, the other providing adult services to other areas, or on the day-hospital staff. Personnel from the out-patient teams also supply services to travelling clinics.

CLINICAL SERVICES

In spite of the advent of medicare, demands for all forms of out-patient services have continued in excess of our capacity to deliver service, particularly with respect to children's services in the Burnaby area. Staff shortages have at times forced reduction of intake services, but treatment loads have been maintained. The recruiting of a senior psychologist for a long-empty position will enable us to extend our treatment resources into the behaviour therapy and conditioning treatment field.

Travelling clinics are still functioning on a regular basis in Skeena Health Unit, Coast-Garibaldi Health Unit, Boundary Health Unit, and Central Fraser Valley Health Unit. On November 1st, with the establishment of Simon Fraser Mental Health Centre, travelling clinic services to Coquitlam were discontinued, although a number of patients from this health unit remain in treatment. Attempts have been made in the past year to make better use of local resources by travelling clinics, and emphasis has been placed upon consultative and educational functions of travelling clinic workers rather than direct-treatment functions.

The day hospital has continued to provide a highly effective treatment milieu. Its focus remains on treatment in the " here and now," emphasizing reality contact and making wide use of group techniques. The programme is under continuing scrutiny and revision. One-day workshops on the programme continue to be held at approximately six-month intervals; the most recent of these was in October. A new addition to our therapeutic armamentarium is a weekly psychodrama session. Occupancy continues high and waiting lists for admission have been necessary from time to time.

INDIRECT SERVICES AND TRAINING

The centre has continued its major involvement with the community as outlined in the previous year's report. One might mention particularly that the Secure Organization (*see* previous report) continues to flourish, and more Mental Health Centre personnel have made contributions in past months, including lectures and demonstrations, as well as supervision of individual groups within the programme. A preliminary evaluation recently carried out indicates very favourable results and continued expansion of the programme as well as " graduation " of several groups to a relative freedom from symptoms.

The placement of social-work, occupational-therapy, and nursing students for training at the Mental Health Centre, Burnaby, continues, as does the visiting of professionals in these fields from other institutions to study our programmes and operation.

A new venture undertaken this fall was the conducting of a survey course in group therapy techniques for school counsellors, Probation Officers, psychiatric nurses, and other interested professionals. This was in addition to consultation to such professionals regarding their conduct of groups and some co-therapist training experiences which we already offer. At present we are evaluating responses to this course and, as is appropriate after an initial venture, will be revising our format and presentation with a view to repeating this service.

A number of educational activities within teams and the centre as a whole are taking place on a regular basis. Response of the staff to outside educational opportunities has also been very keen, and we have been able to sponsor a limited number

of staff's attendance at professional training sessions sponsored by the University of British Columbia Continuing Education Department, Shalal Institute, professional associations, etc. Those staff members who do attend such meetings always bring back information and experience to share with fellow staff members, and thus virtually all Mental Health Centre staff ultimately participate both as teachers and students in the ongoing educational process that must be so much a part of the lives of professional people today. We look forward to continuation of co-operative relationships with other institutions and groups to make further training available to staff from our own centre and to others in the community with common interests.

SOUTH VANCOUVER ISLAND MENTAL HEALTH CENTRE, VICTORIA

A. L. ARANAS, M.D., ACTING DIRECTOR

Report for April 1, 1967, to March 31, 1968

Experienced clinical staff at this centre are able to provide intensive short-term treatment to maintain a large number of patients to adequate functioning in the community. With the co-operation of social welfare agencies, public health personnel, family physicians, and other community services, the manipulation of the environmental loci of stress has minimized the patient's disabilities. As the therapeutic relationship broadens to include other professions and disciplines, the treatment and rehabilitation of the psychiatrically disabled have been more effective.

In spite of the fluctuation in the numbers of professional staff at this centre, a high standard of services to the community has been maintained.

To help develop a highly skilled clinical staff, specially the social workers and nurses, the Branch has been most co-operative in authorizing their attendance at local, national, and international conferences and workshops on mental health.

During the period of May to August, 1967, two students from the University of British Columbia School of Social Work did their block field-work placement at the centre. They were supervised very closely by Mr. R. N. Crawford and Mrs. A. M. Newton-White, and were a most valuable addition to our clinic staff during the summer months.

As in previous years, a Christmas party was held for the after-care patients. This was a very therapeutic situation for patients without families in the area.

The pharmacy department of the Royal Jubilee Hospital has provided us with a part-time pharmacist who dispenses our drugs three afternoons a week. Previously this was done by the doctors and nurse. Since the greater number of our patients are on one kind or combination of psychopharmacological agents, the pharmacist's services are most valuable and allow the doctors and nurses more time for their patients.

To facilitate the boarding-home programme in the absence of adequate staffing, patients are seen in group therapy. This also applies to the increasing demand for services to after-care patients.

During the year the following staff members resigned from the Mental Health Branch: Mr. Robert A. Fatt, Clinical Psychologist, resigned on September 15, 1967, to accept other employment; Mrs. Mary McLean, Social Worker, resigned on September 22, 1967, to attend the University of Washington School of Social Work to further her education; Mrs. Verna Lister, Public Health Nurse 2, resigned on September 29, 1967, to take up residence in Vancouver; Dr. John E. Phillips, Medical Specialist 1, resigned on February 29, 1968, to accept a university appointment in Vancouver.

Appointments made were as follows: Mr. Richard R. Boersma, Clinical Psychologist, was appointed on October 16, 1967; Dr. Oliver Henderson, Medical Specialist 1, was appointed on January 15, 1968; Mrs. Lois D. Appleton, Public Health Nurse 2, was appointed on February 1, 1968.

Report for April 1 to December 31, 1968

ALEX STEWART, M.B., D.P.H., DIRECTOR

The role of this Mental Health Centre in relation to the local community was closely reviewed during the year in the light of increased demands for service. A

system of priorities was instituted to better utilize the time of the professional staff. This enabled them to become more involved in supporting and helping expand existing agency projects and assist in planning new programmes.

Attention was also focused on encouraging mental health education projects and planning and implementing early case detection services. A decision was made to alter the direction of the programme, with emphasis being laid on consultation with community agencies rather than on direct treatment.

One favourable circumstance was the increase in number of professional staff. Currently all positions are filled. At the beginning of the year the centre had one full-time psychiatrist and a private psychiatrist working on a sessional basis. By the end of the year there were three full-time and two sessional psychiatrists. The number of social workers at the master's level was increased by one, bringing the total to five. In addition, one other M.S.W. was employed on a half-time basis as a consultant in the area of mental retardation. This social worker acts in a liaison capacity between the local community and Woodlands and Tranquille Schools and is available as a consultant to the schools for the retarded, to the Association for the Mentally Retarded, to Family and Children's Service, and to the Greater Victoria Metropolitan Board of Health. An additional psychologist with an M.A. degree brought the staff of that department to two sessional psychologists with Ph.D. degrees and two full-time M.A. workers. The centre has also two mental health nurses on staff. With these changes in personnel, the work load of the clerical staff increased greatly. This pressure of work was relieved to a certain extent by the addition of a Clerk-Stenographer 2.

One change in staff organization was the formation of two multi-disciplinary professional teams set up to increase the level of effective communication between all staff members. One member of each team acts in a liaison capacity with a specific agency. Meetings were held with the various agencies to set up and formalize communication channels between the respective agency and the Mental Health Centre. At the moment it appears impractical to divide the catchment area into sub-regions with regional responsibility assumed by a particular team, but the breakdown by agency is regarded as a useful first step. This outreaching into the local community stimulated a good deal of interest in the work of the Mental Health Centre and resulted in a further rise in the referral rate.

Another trend noted during the year has been an increase in the number of patients residing locally who have a history of long-term hospitalization. Continued efforts were made to improve the availability of vocational rehabilitation and recreational activities for this group. The centre has had much support from the local Canadian Mental Health Association in this particular area.

An organized programme of in-service education was begun to enable the staff to become more skilled in the various community roles which they are now assuming. Seminars and training sessions were also held with general hospital nurses, Probation Officers, school counsellors, and the ministerial association to help enhance their skill in early case detection.

Research into the effectiveness of the programme is an integral part of the function of a mental health centre. At present consideration is being given to the question of how the resources of the centre can best be deployed so that well-planned and meaningful research can be undertaken. The problem of the role of the mental health centre in preventive psychiatry has also been given much thought. While many aspects of the work of the centre involve a preventive approach, no formal programme has been established as yet.

CENTRAL VANCOUVER ISLAND MENTAL HEALTH CENTRE, NANAIMO

S. E. JENSEN, M.D., C.R.C.P., DIRECTOR

Report for April 1, 1967, to March 31, 1968

ORGANIZATION AND STAFF

The Central Vancouver Island Mental Health Centre is a community and family oriented centre for the control of mental illness through prevention, education, and treatment. The centre began operation in April, 1964, serving that part of Vancouver Island north of the Malahat and constituted by the combined Central Vancouver Island Health Unit and Upper Vancouver Island Health Unit. In this area, with a population of more than 150,000, there is only one psychiatrist in private practice.

The clinic is located at the Public Health Centre in Nanaimo. Travelling clinics serving Duncan, Alberni, Courtenay, and Campbell River work out of offices in the local public health unit. Each member of the professional staff has spent one day a month in each of these centres. Beds in the Nanaimo Regional General Hospital have been available for those patients who require hospital care, and as a result very few patients referred have needed to be certified to the Riverview Hospital at Essondale. Nevertheless, it is possible that the Mental Health Centre has made little impact on the admission or discharge rate of patients from this area to Riverview Hospital. This in spite of the fact that prevention of commital to the mental hospital is a goal of high priority.

Several factors probably contribute to this, as follows:—

(1) The Mental Health Centre appears to have unintentionally developed the reputation of being primarily a child guidance centre.

(2) It may be believed that the waiting list at the Mental Health Centre prevents referral of patients in urgent need of treatment. This, however, is not true. We are generally able to provide immediate treatment for urgent cases.

(3) There is still a tendency in the community to feel that the acutely mentally ill person is a nuisance and a danger and should be made to leave the community; consequently they are not referred to the Mental Health Centre, which is known to discourage commitment.

In spite of the fact that the Nanaimo Regional General Hospital does not yet have but has projected a psychiatric ward, it has been the experience that virtually all mentally ill, except those few who have been involved in criminal activities, can be successfully treated there.

The objective of the centre has been to provide as comprehensive a service as is possible in Nanaimo, and to extend the scope and usefulness of the centre by travelling each month to other principal centres in the district.

Great emphasis has also been placed on guiding, counselling, and teaching other professional groups (welfare workers, nurses, school counsellors, clergy, family physicians, etc.) so as to enable them to better assist in efforts to keep the patient employed and functioning in his community. Much of this work of necessity involves evenings, and the staff has, in the period covered by this report, spoken on more than 150 occasions to groups all over the Island, as well as having participated on many committees and other meetings of a planning and organizational nature.

Specifically the clinic staff has been involved in the development of several important community facilities over the past year, notably the Family Life Centre in Nanaimo, the Group Living Home for Retarded Children in Nanaimo, the new branch of the Canadian Mental Health Association in Ladysmith, and the new Day Care Centre for Pre-schoolers in Nanaimo. The latter is an important mental health project that enables separated or widowed mothers to work, eliminating their need for social welfare.

Rehabilitation committees now function in all the centres served by full-time or travelling clinics, and an important part of the social worker's time has been taken up in liaison with this committee. This is a new and important endeavour which, together with the facilities of the Goodwill Enterprises, has provided an excellent service to the community. The Goodwill Enterprises is an organization devoted to employment and rehabilitation of physically and mentally handicapped. The organization, with headquarters in Victoria, has recently established a branch in Nanaimo and retail outlets in Duncan and Courtenay. This was brought about through a continued effort by the Mental Health Centre, the Rehabilitation Consultant, and local service clubs.

In an attempt to overcome the serious lack of facilities for psychiatric in-hospital treatment of children, a camp for emotionally disturbed children was developed. The camp is, in a sense, a hospital, since it provides all the facilities and types of treatment which would ordinarily be available in a psychiatric hospital for children, including intensive nursing care. At the same time the children benefit from the emphasis on learning and growing up, rather than illness and treatment, the setting being that of a boarding school rather than a hospital.

Because almost all of the children have been referred primarily as school adjustment problems, it has been natural for us to emphasize school assessment. Each year we have hired highly competent staff and have been able to make an extensive study of the child's school development. This has proven to be of great benefit to the schools and to the children upon returning home.

Twenty-four children from the area served by our clinic attended the camp for two weeks in 1967, and this has now become an annually recurring part of our service closely tied in with the general programme of the centre. Both children and parents are seen in regular counselling and therapy as indicated, and during the year three full-day workshops for the parents of the 24 children were held. This project appears to prove that the concept of short-term hospitalization, rather than institutionalizing or residential treatment, is practical for children as well as adults.

In evaluating the statistical part of this report, it should be borne in mind that for a considerable part of the fiscal year in question the positions of social worker and psychologist were vacant, and also that the Director was absent for a prolonged period of time due to surgery.

Report for April 1 to December 31, 1968

During the summer of 1968, for the third consecutive year, 24 children selected from those referred to this centre had the opportunity of receiving intensive treatment and assessment at our school camp held at Shawnigan Lake. This programme is planned to continue in the summer of 1969.

In order to provide service to the young teen-age group, a pilot project was conceived jointly with the Provincial Probation Services. A group of boys, aged 13 to 15, with emotional problems which had resulted in delinquent symptomatology were taken for a week-long hike to the west coast of Vancouver Island. It was

anticipated that this would facilitate both an opportunity to observe and get to know the youngsters and to improve communication with them; this is difficult in an office situation. Although it is very difficult to say whether the boys, as a group, are doing better than they would have done without this form of attention, it is felt that the tour was worth while and was a good learning experience for them. As a follow-up to this project, parents and boys meet with the staff of the Mental Health Clinic and with Probation Officers for a workshop each month.

A one-day workshop on alcoholism was initiated by this centre and sponsored by the Canadian Mental Health Association during the past month. Two members of the staff of the Alcoholism Foundation in Saskatchewan were key speakers for this event. The Director of the Mental Health Centre participated with these speakers in an " open mike " radio broadcast, which was well received in this community, as also was the open public meeting held in the evening. This brought an excellent response. A session at the Nanaimo Senior Secondary School was also well received.

Presently the staff at the centre is involved with the formation of a group-living home for boys in Nanaimo, a Big Brother Society in Port Alberni and Nanaimo to help fatherless boys, and a day-care centre for pre-school children which has just opened, and which promises to improve the mental health of widowed, separated, or divorced mothers by making it possible for them to find employment rather than going on welfare.

An important part of the mental health nurse's time has been taken up in providing liaison and consultative services to the public health nurses, particularly in their efforts to provide follow-up services to patients discharged from the Provincial mental hospital or otherwise chronically emotionally handicapped. The nurse has also conducted group therapy with the hospitalized patients and with a group of teen-age girls.

Recently an approved boarding home for 20 chronically handicapped patients from the Provincial mental hospital has been established at the Retreit Farm near Shawnigan Lake, 50 miles south of Nanaimo. The Mental Health Centre has been, and will be, involved in providing follow-up and supervision of this home.

During the period covered by this report, about 100 patients spent an average of just over 10 days in the Nanaimo Regional General Hospital where, although no special psychiatric ward is available, a wide range of psychiatric treatment is possible, including occupational therapy and electrotherapy. A general shortage of beds in the Nanaimo Hospital makes it necessary to restrict admission except to the most severely ill, and basically this means that most of these patients would have otherwise had to be admitted to the Provincial mental hospital or to the psychiatric wards in Vancouver or Victoria.

SOUTH OKANAGAN MENTAL HEALTH CENTRE, KELOWNA

F. E. McNair, B.A., M.D., C.M., C.R.C.P., Director

Report for April 1, 1967, to March 31, 1968

The work of this Mental Health Centre during the year has been divided into several categories. The number of cases under active treatment is close to 300, and the actual case load is shown in the tabulations.

Since the advent of a psychiatrist in private practice in Penticton, we have elected to see any continuing Penticton cases requiring our assistance, in Kelowna, in the hope that the pattern of diversified practice could be encouraged for the Penticton area, with the psychiatrist in private practice offering service not only in his own office but also at the health unit.

We have felt that a preventive programme should give attention to adults who can identify problems of adjustment but are not themselves sick. Accordingly we have co-operated with the Adult Education Division of the School Board in a "Marriage for Moderns Programme" and have also taken part under the same sponsorship and with the assistance of the local Canadian Mental Health Association in a weekly programme for mothers having difficulty managing their young childern titled "Coping or Crying."

To try to gain some indices of our own effectiveness, we have embarked on two research projects—one with respect to the children dropping out of the school system, and the other an evaluation of our treatment load.

The hospital service continues to be used to maximum advantage, with 99.4 per cent bed occupancy. A total of 160 patients was treated during the year, five of whom were certified to Riverview Hospital. There is a need to improve our services to children, and the development of a special ward for the treatment of the emotionally disturbed should not be overlooked.

The Family Court is particularly concerned to maintain the integrity of families, and the committees assisting the Family Courts in the valley are developing group-living homes for teen-agers requiring this resource. We will be called upon to give consultant service when these homes are established.

The ideas suggested in the Canadian Mental Health Association report "More for the Mind" and the American Psychiatric Association report "Action for Mental Health" are being put into practice in the development of community mental health centres with close integration of services with existing medical services. The service is close to home and offers a continuity of care. On the other hand, the medical model as such does not completely answer the social needs of our patients. Our patients are members of families and, apart from the immediate symptom picture, much of their treatment has to go on in the community in relationship to their families and with the assistance of other helping personnel. This includes the family doctor, the social agencies, the public health nurses, etc.

The time is at hand when further developments within the community must become the responsibility of a regional group with authority to develop such other services as are required for this area.

WEST KOOTENAY MENTAL HEALTH CENTRE, TRAIL

G. R. MANSFIELD, M.D., DIRECTOR

Report for April 1, 1967, to March 31, 1968

The West Kootenay Mental Health Centre, now in its fourth year of operation, is still serving both the East and West Kootenay regions. A booming economy has increased the combined population to an estimated 131,000. The main clinic, based at Trail, serves the West Kootenay area. The East Kootenay is served once a month by a travelling clinic to Cranbrook.

There are no private psychiatrists in this area at the present time. This means that the primary role of the Mental Health Centre in co-ordinating all activities concerned with mental health must temporarily give way to meeting the heavy demands for direct service.

The present staff is comprised of two stenographers, a social worker, and a psychiatrist. The positions of nurse and psychologist are currently vacant, although a psychologist was on staff for four months.

EDUCATION

Attempts to reduce education to a minimum were unsuccessful owing to our firm integration with other helping agencies and difficulty in turning down requests for mental health personnel to act as resource people. Furthermore, education and prevention are closely related, and this centre places strong emphasis on prevention.

The social worker and psychiatrist have given over 50 major addresses and numerous minor ones. This has involved over a hundred planning meetings as well as regular meetings associated with ongoing programmes. The permanent programmes will be mentioned first. As a member of the Advisory Board of the Association for Community Planning, there are demands for educational material, project planning, and guidance in this type of endeavour, which is new to Trail. The Mental Health Centre has served in the capacity of adviser to the adult education department of the schools in various places. The programme for the perceptually handicapped child continues to grow in close collaboration with the schools. The Trail Youth Liaison Committee, representing all agencies dealing with children and adolescents, serves as a vehicle whereby information can be shared and programmes developed which are geared to the individual's needs. This organization is also symbolic of the current trend in the therapy of children, indicating a shift from child-centred to community-centred treatment.

Education of the public health nurses is carried out by regular weekly meetings where teaching conferences, formal lectures, films, and group discussion are utilized. Nurses in the outlying areas working with families and children have an opportunity to discuss the cases at regular intervals. One of the valuable programmes that had to be temporarily suspended was the foster-parent training programme. This is very time-consuming and, like most educational activities, has to be carried out on the worker's own time. Suspending it was a question of time saved rather than value. If an additional social worker becomes available to the centre, it will be started again.

Some of the short-term educational ventures include preparation of a monograph, " The Chemical Comforts of Man," which served as a basis to teach school counsellors how to carry out an ongoing programme for students on the abuse of drugs. Other educational highlights, to mention only a few, include addresses to the ministerial association, Canadian Mental Health Association, union boards of

health, P.-T.A. groups, various women's groups, foster-parent associations, Selkirk College psychology classes, welfare workers' organizations, teachers' organizations, registered nurses' association, and various community-sponsored adult educational series. Perhaps the largest audiences were reached by a number of radio talks on subjects related to mental health. These were by invitation of established radio programmes such as " Health Forum " and " Open Line." They provoked a great deal of interest and favourable comment.

The regular quarterly meetings of the psychiatric social workers from the Mental Health Centres has proved to be a valuable means of upgrading the quality of social work by providing the opportunity for communication and the stimulating experience of sharing knowledge. The social worker from this centre is president of British Columbia Association of Social Workers, Kootenay Branch. The Kootenay Branch is organizing in such a manner that it will serve as a resource for public education in the fields of mental health and welfare.

TRAVELLING CLINIC

The travelling clinic team serving the East Kootenay holds a clinic at Cranbrook once a month and has seen 242 patients.

It is not possible to provide direct treatment. These are consultations which are referred back to the family doctor with suggestions for handling, or the family may be involved with the public health nurse in indirect treatment over a period of time. The opportunity for consultation with the clinic team in follow-up work is available to the nurses.

SERVICE

The Mental Health Centre is the only source of direct service in this region; therefore, it is to be expected that the demands are heavy. The following services are offered:—

(*a*) Consultation:
- (1) Psychiatric.
- (2) Social work.
- (3) Psychological.
- (4) Nursing.

(*b*) Treatment:
- (1) Child guidance (casework with parents and play therapy with the child).
- (2) Individual psychotherapy.
- (3) Family-centred psychotherapy.
- (4) Conjoint psychotherapy.
- (5) Group psychotherapy.
- (6) Pharmacotherapy.
- (7) Behavioural therapy.

During the year 482 patients were seen, and, of these, 327 were under 16 years of age. Patients treated numbered 346, while there were 136 assessments only. At the end of the fiscal year the clinic team was carrying a case load of 88 patients.

A total of 2,657 hours was devoted to treatment and assessment during the fiscal year. The psychiatrist carried out 1,287 interviews. The social worker spent 1,253 hours with patients and their families. The psychologist did psychometric testing on 117 patients.

The following tables indicate service given to the various regions and individual agencies:—

REFERRALS

Source	Total	Area	Adults	Children
Referrals initiated by schools	235	Trail	7	91
		Cranbrook	4	133
Referrals initiated by family doctors	170	Trail	95	56
		Cranbrook	10	9
Referrals initiated by Attorney-General's Department	43	Trail	24	15
		Cranbrook	1	3
Referrals initiated by Department of Social Welfare	31	Trail	11	15
		Cranbrook	3	2
Referrals initiated by public health	3	Trail	-----	1
		Cranbrook	-----	2
Totals	482		155	327

SERVICE

	Adults	Children	Patients
Consultations Only			
Mental Health Centre, Trail	27	14	41
Travelling Clinic, Cranbrook	12	41	53
Directly to Mental Health Centre from East Kootenay	15	6	21
Directly to Mental Health Centre from Nelson area	16	5	21
Total assessments	70	66	136
Treatment			
Mental Health Centre, Trail	79	153	232
Travelling Clinic to Cranbrook (indirect treatment)	6	108	114
Total given treatment	85	261	346

Report for April 1 to December 31, 1968

The many ongoing programmes outlined in the fiscal year report 1967/68 have been pursued with vigour. Support is being given to the formation of a perceptually handicapped children's parent group. To help bridge the dichotomy between the generations in the face of anxiety-producing rapid social and technical changes, a nine-week series " Our Changing World " finishes in December, 1968. We are fortunate in having a trained nursery-school teacher, and she has been encouraged to give guidance in starting several classes for the pre-school child between the ages 3 and 5 years. These volunteer efforts are attracting interest, and there is indication that they may spread to the outlying areas where they are most needed. Support is being given to the endorsement of a kindergarten programme for all instead of just a few. Project " Head Start " in Syracuse and the experience in Clarkson, Ont., point up the definite advantages of a play-school and kindergarten programme in preparing the child for a successful academic career which creates a better-integrated personality better able to stand the stresses of life. Efforts have been made to promote more effective school counselling programmes, with the result that there are now two more school districts in the Kootenays with psychologists on staff. Some of the school counsellors as well as staff from the Department of Social Welfare have asked to join our monthly educational group, which this year is focused on children and adolescents. Staff of the Mental Health Centre continue to be guest speakers on two radio programmes dealing with topics related to mental health.

There is a definite growing awareness of community responsibility for action in developing and utilizing its human resources. A gratifying trend has been an even closer working relationship with all helping agencies.

UPPER FRASER VALLEY MENTAL HEALTH CENTRE, CHILLIWACK

W. G. JILEK, M.D., M.Sc., C.R.C.P., DIRECTOR

Report for April 1, 1967, to March 31, 1968

This was the second year of service of the Fraser Valley Mental Health Centre to a region comprising the Upper Fraser Valley and most of the Central Fraser Valley public health areas.

The psychiatrist-director was joined by a psychiatric social work consultant and a mental health nurse in May, 1967. A second clerk-stenographer was added in March, 1968.

CLINICAL SERVICES

Case referrals to this centre are as a rule made through the family physician; they are not infrequently initiated by members of agencies working in communities, such as public health nurses, social workers of the Department of Social Welfare, school counsellors, teachers, ministers, Probation Officers, and Magistrates. It was noted that an increasing number of referrals were initiated by concerned relatives through their family physicians, especially in the Chilliwack-Abbotsford area.

In clinical work the mental health case conference has proved to be a useful problem-solving tool and has contributed to an atmosphere of close co-operation between the centre team and professionals working in related fields.

From April 1, 1967, to March 31, 1968, the following clinical services were rendered:—

Chilliwack Clinic

Psychiatric assessments (psychiatrist)	148
Interviews with relatives (psychiatrist)	33
Social assessments (psychiatric social work consultant)	97
Therapeutic sessions (psychiatrist)	316
Therapeutic sessions (psychiatric social work consultant)	204
Mental health case conferences	129

Travelling Clinic, Langley

Psychiatric assessments (psychiatrist)	15
Interviews with relatives (psychiatrist)	5
Social assessments (psychiatric social work consultant)	12
Therapeutic sessions (psychiatrist)	9
Therapeutic sessions (psychiatrict social work consultant)	5
Mental health case conferences	28

Travelling Clinic, Mission

Psychiatric assessments (psychiatrist)	13
Interviews with relatives (psychiatrist)	3
Social assessments (psychiatric social work consultant)	12
Therapeutic sessions (psychiatrist)	18
Therapeutic sessions (psychiatric social work consultant)	7
Mental health case conferences	27

Travelling Clinic, Abbotsford

Psychiatric assessments (psychiatrist)	38
Interviews with relatives (psychiatrist)	14
Social assessments (psychiatric social work consultant)	32
Therapeutic sessions (psychiatrist)	25
Therapeutic sessions (psychiatric social work consultant)	17
Mental health case conferences	52

Travelling Clinic, Hope

Psychiatric assessments (psychiatrist)	7
Social assessments (psychiatric social work consultant)	3
Therapeutic sessions (psychiatrist)	3
Therapeutic sessions (psychiatric social work consultant)	3
Mental health case conferences	9

Services Rendered by the Mental Health Nurse throughout the Centre Region

Individual and family therapy sessions	245
Group therapy sessions	73
Psychometric and memory testing	13
Consultative sessions with other professionals	21
Home visits	25

During the report period an increasing demand to render direct and ongoing therapeutic services was felt and is manifested in the relation of assessment to treatment sessions (377 versus 925), although this centre was primarily designed and staffed to focus on consultative and indirect rather than on direct therapeutic services.

EDUCATIONAL SERVICES AND COMMUNITY CONTACTS

Psychiatrist, psychiatric social work consultant, and mental health nurse, either as a team or individually, have rendered informative and educational services and have exchanged mutual experiences in extra-curricular get-togethers arranged by or for the following groups: Chilliwack Medical Society; Matsqui-Sumas-Abbotsford Medical Society, Abbotsford; Fraser Canyon Hospital staff, Hope; Chilliwack General Hospital auxiliaries; Matsqui-Sumas-Abbotsford Hospital nursing staff, Abbotsford; Nurses' Association, Hope; School Superintendents' Association; School Counsellors' Association, Chilliwack; occupational-class teachers, Chilliwack; primary-school teachers, Chilliwack; foster-parents' adult educational class, Chilliwack Senior Secondary School; foster-parents' night-school class, Langley; nursery school, Chilliwack; Chilliwack Secondary School students; University Women's Club, Chilliwack; Upper Fraser Valley Society for the Handicapped Children; House of Concord Home, Langley; Chisholm School for Retarded Patients; Twin Firs Receiving Home for Adolescents, Abbotsford; Lutheran Women of the Church, Chilliwack; St. Andrew's Parish Association, Mission; Community Action Committee on Alcoholism, Chilliwack.

The psychiatric social work consultant has been taking an active role in the organization and activity of the Matsqui-Sumas-Abbotsford Community Services Committee. This centre was instrumental in planning and organizing a regional branch of the Canadian Mental Health Association in Chilliwack, and continues

to render assistance, for example, in broadcasting programmes and in the formation of a volunteer group. An informal way of exchanging information between professionals working in the fields of health, welfare, correction, and education is provided by the monthly " Academic Luncheon " at the centre, which was started last summer.

On March 28, 1968, the first mental health workshop was held at the centre, providing for a full-day involvement of about 90 professionals in the fields of medicine, public health, social work, probation and correctional services, school counsellors, and ministers of the entire centre region. Papers presented and discussed dealt with " Schizophrenic Psychosis as Major Mental Health Problem," " Psychiatric Disorders of Childhood," " Community Planning for Family and Children's Services," " Rehabilitation for the Mentally Ill," and " Psychological Test Procedures." Participation in the discussions was very active, especially in the panel on community mental health problems. Meanwhile we have received written comments and suggestions which will guide us in further ventures of this kind.

Report for April 1 to December 31, 1968

In June, 1968, a psychologist M.A. joined the staff of the Upper Fraser Valley Mental Health Centre, which now consists of a psychiatrist, psychiatric social work consultant, psychologist, mental health nurse, and two clerk-stenographers.

CLINICAL SERVICES

Direct clinical services comprised assessment and treatment interviews, consultative case conferences with co-operating agencies and professionals, group and child play therapy, and nurse's visits to homes, schools, and kindergartens in Chilliwack, Abbotsford, Mission, Langley, and Hope. During the months of April through October, 1968 (including the summer vacation period), this psychiatrist had 400, psychiatric social work consultant 276, and mental health nurse 265 sessions with centre patients or their relatives, and all staff members participated in 126 conferences.

COMMUNITY PSYCHIATRY

Staff members, either as a team or individually, continued to render informative and educational services to and also participated in discussion meetings with allied agencies such as public health units, social welfare departments, school counselling, and rehabilitation and probation services throughout the centre region. Similar indirect services were rendered to the following resources: Chilliwack Homemaker Service; M.S.A. Community Services Council, Abbotsford; Canadian Mental Health Association, Chilliwack (during Mental Health Week in May, 1968, psychiatrist and psychiatric social worker went on the air at radio station CHWK on the C.M.H.A. party line); Training Workshop, Vancouver; P.-T.A. and kindergarten parents' groups; Chilliwack junior high schools (panel discussions); Adult Education Programme, Chilliwack; Y.M.C.A. Youth-Parents Forum, Chilliwack; Twin Firs Receiving Home, Abbotsford; foster-parents' associations; Youth Council, Abbotsford; Health, Education, and Welfare Committee, Agassiz.

A " teach-in " was sponsored by the Mental Health Centre in December, 1968, and included contributions by psychiatrists and public health, social work, probation, and education professionals of the area under the broad heading of " Current Trends, Future Developments, and Prospectives."

NORTH OKANAGAN MENTAL HEALTH CENTRE, VERNON

A. J. BENNEE, M.B., B.CH., C.R.C.P., DIRECTOR

Report for April 1, 1967, to March 31, 1968

This unit commenced operation in January, 1967, to serve the North Okanagan Region, which has a population of about 48,000. By July, 1967, the staff consisted of the director, a psychologist, one stenographer, a social worker, and a mental health nurse.

Initially our degree of effectiveness and functional ability was largely dependent on our office services (clerical, receptionist, and stenographic). In April, 1967, we took a second stenographer on strength and things improved.

Travelling clinics have been held two days per month in Salmon Arm and Revelstoke. A weekly travelling clinic to Kamloops was held from June, 1967, at The Tranquille School. Although Kamloops is not within the bounds of the North Okanagan Region, it was felt that it would serve a useful purpose to have a weekly clinic there.

As from January, 1968, we have been servicing the Golden area because it is closer to Revelstoke than to its own travelling clinic in Cranbrook.

Dellview Hospital has been visited weekly as a consultation service. Group conferences are held on a regular basis with school counsellors and public health nurses. Individual consultations on specific case problems are held whenever necessary.

Because the boarding-home programme in this region is expected to serve not only patients from The Tranquille School and Dellview Hospital, but also patients from Riverview, the Vernon Jubilee Hospital, the Mental Health Clinic, plus referrals from the Department of Social Welfare, the whole programme is under review with the idea of establishing a co-ordinating committee.

This centre is providing community psychiatry with emphasis on family therapy and marriage counselling. A full psychiatric service is being provided to the region, made possible by concentration on short-term therapy.

Cases are seen almost immediately they arise by minimizing the paper work previously required from the public health nurse. Both patient and family are then interviewed, together, by the psychiatrist and a decision made as to disposal or treatment.

The psychologist has spent most of his time treating children with learning difficulties. A large percentage of the centre's case load consists of these children who so often end up as drop-outs, delinquents, or social misfits because of a lack of community facilities.

The social worker held a course in family therapy for interested ministers in Kamloops. Four sessions were held and 10 ministers attended.

It has been found that the mental health nurse is best used in this clinic (1) as the main contact with social agencies (particularly the Canadian Mental Health Association), (2) to orient nurses in general hospitals, (3) liaison with the health unit, and (4) to be responsible for public education (helped by the rest of the staff when necessary).

Report for April 1 to December 31, 1968

Two staff members have resigned during this period—namely, the Stenographer 1 and the mental health nurse. These positions have now been filled, and the unit is functioning well and the morale is good.

Since June 30, 1968, our travelling clinic to Kamloops has been discontinued, the reason being that a director has been appointed to the Mental Health Centre there.

The subject of boarding homes, which was mentioned in the first part of this annual report, is being investigated by the Interdepartmental Co-ordinating Committee, which has now met three times to work out regional problems.

Early in November a meeting was called with representatives from the Social Welfare Department, Public Health, rehabilitation consultant, R.C.M.P., Probation Officers, John Howard Society, city welfare, Magistrates, and Family and Children's Court. The meeting was primarily to make personal contacts with the various departments and agencies, to define and clarify our roles, and to solve present problems. It was so successful that those present requested another meeting in the new year, and it is our intention to try to involve other agencies and, if possible, to develop a regional planning council in this area.

This meeting also brought to light the need for co-ordination of effort on the part of various agencies who might be working with a family so that unnecessary duplication could be avoided, and the whole question of duplication of services is now under review.

The social worker, Mr. Zimmerman, has held a profitable meeting with the local church ministers and found them to be extremely interested in the subject of marital and family counselling.

Regular consultative meetings are being held with public health nurse groups and of school counsellors as well as individual consultation to discuss cases whenever the need arises.

NORTHERN INTERIOR MENTAL HEALTH CENTRE, PRINCE GEORGE

J. A. STEEDMAN, M.D., DIRECTOR

Report for April 1, 1967, to March 31, 1968

The Northern Interior Mental Health Centre was opened on June 1, 1967, in the building containing the Northern Interior Health Unit. The Mental Health Clinic team has consisted of the clinical director (Dr. J. A. Steedman), social worker (Mr. John Snyder), mental health nurse (Miss Ann Geddes), and a senior and junior stenographer.

A total of 586 patients was seen by this clinic from June, 1967, until March 30, 1968. The total number of individual interviews conducted was 1,629. There have been 69 cases closed during this time. The whole range of diagnostic categories has been seen, with the major treatments directed at problems with children and marital difficulties.

The centre is functioning as a community psychiatric service, and, as a result, all therapists have active participation with community personnel and services. The centre also takes an active part in the psychiatric programme at the regional general hospital and the Simon Fraser Hospital. The clinic team has been involved with public lectures, and has worked with voluntary organizations, Courts, welfare, and the schools.

A number of progressive changes are taking place in the areas served throughout the last year. An alcoholic half-way house has been opened, a receiving home for children has been started, and a boarding-home programme for the chronically mentally ill and handicapped is being considered. There are many projected plans for the future for this town and this area, and we are involved in the planning of these facilities.

The travelling clinic has visited Williams Lake and Quesnel every month, and Fort St. John and Dawson Creek every other month. On one occasion the team made a trip to Vanderhoof and Burns Lake. All personnel are involved in these trips and in the treatments and assessments conducted. One of the main functions is to counsel and advise paramedical and other interested personnel, as well as doing direct treatment in these areas.

The mental health travelling team is using the Mental Health facilities at Williams Lake and Quesnel. Two basement rooms in the Quesnel extension have been furnished, as will be three rooms in the new extension of the Mental Health Building at Williams Lake.

The first year of operation has been a rewarding one, and all members of the team have enjoyed their participation in this community psychiatric project.

Report for April 1 to December 31, 1968

During the clinic trip to the north in October, a first attempt to meet with the local physicians was made. On future visits this meeting will be further developed.

In addition to working as a mental health team, the various professional groups have been contacted by the team members; for example, nurses and social workers. This assists in bridging the gap between the patient's needs and available resources.

Meetings with other agency staff in Burns Lake and Vanderhoof were held in May, June, and September. As these areas become familiar with the mental

health team and its services, an increase in referrals is occurring. This also has resulted in increased consultation to these areas, both in person and by telephone. This latter is used frequently because of barriers of distance, weather, and time.

Because of the relative closeness of Williams Lake and Quesnel, the service provided is greater than to west or north. In many instances, people travel 150 miles for appointments between clinic visits, thus the mental health team is able to provide some ongoing treatment in addition to consultation. In this area as well as in Prince George, the mental health team has participated in staff education programmes.

Since April the number of people seen in assessment and treatment in Prince George has increased from 191 to 255; also the staff have increased their involvement in community activities. In May the local Community Health and Welfare Council developed a Resource Planning Board. This board consists of representatives from education, welfare, health, hospital, mental health, probations, city council, regional districts, clergy, Canada Manpower, Indian Affairs, and rehabilitation. This board establishes a priority of needs for the community, followed by a programme to develop the resources made.

The local half-way house for alcoholics receives consultation from the social worker. He participates with the men in the rehabilitation programme and on the board of directors.

In September a psychiatric programme in the regional hospital was established on a three-month trial basis. This has improved the care to the psychiatric patients, but still has many problems to be solved. The mental health nurse assists the nursing staff with planning nursing care for these patients.

The result of working in the community is rewarding and satisfying for the staff. However, because of the tremendous increase in demands, it becomes obvious that an increase in staff is essential; also some pressure is felt by the isolation from similar resources. For this reason it has been most effective for staff morale to attend meetings, conferences, and workshops in other areas. The stimulation these sessions provide results in improved service to the community.

In September a psychologist was hired from the School Board 1½ days a week. This has assisted greatly in the assessment and planning of treatment, especially for children. Hopefully, within the next year, this service could be expanded to a full-time programme for a psychologist with diagnosis, treatment, and some research.

STATISTICAL TABLES

TABLE 1A.—MENTAL HEALTH CENTRES' POPULATION MOVEMENT BY CLINIC, ADULTS AND CHILDREN, APRIL 1, 1967, TO MARCH 31, 1968

Location of Mental Health Centre	First Activations		Reactivations		Total Activations		Terminations	
	Adult	Children	Adult	Children	Adult	Children	Adult	Children
Burnaby	628	711	268	205	896	916	979	950
Victoria	199	138	80	32	279	170	249	146
Kelowna	161	87	50	19	211	106	213	93
Nanaimo	107	115	40	15	147	130	144	69
Trail	106	272	32	72	138	344	131	309
Chilliwack	81	85	24	26	105	111	23	20
Vernon	249	191	72	34	321	225	116	55
Prince George	285	184	43	67	328	251	31	38
Totals	1,816	1,783	609	470	2,425	2,253	1,886	1,680

TABLE 1B.—MENTAL HEALTH CENTRES' CASE LOAD BY CLINIC, APRIL 1, 1967, TO MARCH 31, 1968

Location of Mental Health Centre	Active Cases, Apr. 1, 1967	First Activations	Reactivations	Total Case Load	Terminations	Active Case Load, Mar. 31, 1968
Burnaby	1,269	1,339	473	3,081	1,929	1,152
Victoria	425	337	112	874	395	479
Kelowna	275	248	69	592	306	286
Nanaimo	424	222	55	701	213	488
Trail	46	378	104	528	440	88
Chilliwack	82	166	50	298	43	255
Vernon	86	440	106	632	171	461
Prince George[1]	-------	469	110	579	69	510
Totals	2,607	3,599	1,079	7,285	3,566	3,719

[1] Unit opened in 1968.

TABLE 2.—ACTIVATIONS TO MENTAL HEALTH CENTRES BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE, APRIL 1, 1967, TO MARCH 31, 1968

Health Unit and School District	First Activations	Reactivations	Total Activations
East Kootenay, Cranbrook—			
School District No. 1	8	1	9
,, ,, ,, 2	46	13	59
,, ,, ,, 3	69	16	85
,, ,, ,, 4	17	3	20
,, ,, ,, 18	11	----	11
,, ,, ,, 86	20	15	35
Selkirk, Nelson—			
School District No. 7	35	13	48
,, ,, ,, 8	11	3	14
,, ,, ,, 10	7	----	7
West Kootenay, Trail—			
School District No. 9	45	9	54
,, ,, ,, 11	101	31	132
,, ,, ,, 12	19	5	24
,, ,, ,, 13	1	----	1
South Okanagan, Kelowna—			
School District No. 14	18	10	28
,, ,, ,, 15	28	11	39
,, ,, ,, 16	1	----	1
,, ,, ,, 17	3	2	5
,, ,, ,, 23	175	39	214
,, ,, ,, 77	17	4	21
North Okanagan, Vernon—			
School District No. 19	45	8	53
,, ,, ,, 21	9	3	12
,, ,, ,, 22	202	49	251
,, ,, ,, 89	93	20	113
South Central, Kamloops—			
School District No. 24	63	29	92
,, ,, ,, 25	3	----	3
,, ,, ,, 26	2	3	5
,, ,, ,, 29	1	----	1
,, ,, ,, 30	10	----	10
,, ,, ,, 31	10	2	12
Cariboo, Williams Lake—			
School District No. 27	21	27	48
,, ,, ,, 28	42	23	65
Northern Interior, Prince George—			
School District No. 55	12	4	16
,, ,, ,, 56	29	6	35
,, ,, ,, 57	363	52	415
,, ,, ,, 58	3	----	3
Upper Fraser Valley, Chilliwack—			
School District No. 32	12	1	13
,, ,, ,, 33	90	30	120
,, ,, ,, 34	41	10	51
Boundary, Cloverdale—			
School District No. 36	125	33	158
,, ,, ,, 37	21	8	29
Simon Fraser, New Westminster—			
School District No. 40	57	30	87
,, ,, ,, 43	91	27	118
Central Fraser, Mission—			
School District No. 35	21	10	31
,, ,, ,, 42	32	8	40
,, ,, ,, 75	16	9	25
,, ,, ,, 76	2	2	4
Metropolitan Board of Health of Greater Vancouver—			
School District No. 38	17	4	21
,, ,, ,, 39	377	146	523
,, ,, ,, 41	376	119	495
,, ,, ,, 44	43	24	67
,, ,, ,, 45	17	2	19
Coast-Garibaldi, Powell River—			
School District No. 46	11	----	11
,, ,, ,, 47	28	4	32
,, ,, ,, 48	8	2	10
Skeena, Prince Rupert—			
School District No. 52	23	7	30
,, ,, ,, 53	21	7	28
,, ,, ,, 54	3	1	4
,, ,, ,, 80	15	5	20
,, ,, ,, 88	8	2	10
Peace River, Dawson Creek—			
School District No. 59	6	3	9
,, ,, ,, 60	15	5	20
,, ,, ,, 83	2	----	2
Greater Victoria Metropolitan Board of Health—			
School District No. 61	273	104	377
,, ,, ,, 62	33	3	36
,, ,, ,, 63	26	6	32
,, ,, ,, 64	4	1	5
Central Vancouver Island, Nanaimo—			
School District No. 65	23	2	25
,, ,, ,, 66	12	2	14
,, ,, ,, 67	18	1	19
,, ,, ,, 68	70	33	103
,, ,, ,, 69	9	3	12
,, ,, ,, 70	42	6	48
,, ,, ,, 79	1	----	1
Upper Island, Courtenay—			
School District No. 71	31	15	46
,, ,, ,, 72	22	3	25
,, ,, ,, 85	2	----	2
School districts not covered by health units—			
School District No. 49	2	----	2
,, ,, ,, 84	2	----	2
Unorganized	2	----	2
Ex-Province	6	----	6
Unknown	3	----	3
Totals	3,599	1,079	4,678

TABLE 3.—TOTAL ACTIVATIONS TO MENTAL HEALTH CENTRES BY CLINIC, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

Clinic and Sex	Age-group (Years)								Total Activations
	0–9	10–16	17–19	20–29	30–39	40–49	50–59	60 and Over	
Burnaby—									
Male	242	399	97	110	82	54	29	21	1,034
Female	93	181	64	160	116	77	62	25	778
Totals	335	580	161	270	198	131	91	46	1,812
Victoria—									
Male	47	79	16	34	25	11	6	7	225
Female	14	30	27	53	47	26	17	10	224
Totals	61	109	43	87	72	37	23	17	449
Kelowna—									
Male	26	46	11	19	16	19	9	5	151
Female	9	25	17	27	28	28	18	14	166
Totals	35	71	28	46	44	47	27	19	317
Nanaimo—									
Male	31	56	7	13	3	13	6	4	133
Female	11	32	10	35	29	16	8	3	144
Totals	42	88	17	48	32	29	14	7	277
Trail—									
Male	77	168	15	19	10	14	4	2	309
Female	34	65	15	22	17	13	5	2	173
Totals	111	233	30	41	27	27	9	4	482
Chilliwack—									
Male	25	45	15	12	9	9	5	3	123
Female	10	31	5	15	16	11	3	2	93
Totals	35	76	20	27	25	20	8	5	216
Vernon—									
Male	66	80	26	26	22	27	10	14	271
Female	27	52	20	40	59	34	30	13	275
Totals	93	132	46	66	81	61	40	27	546
Prince George—									
Male	70	84	16	54	38	13	11	1	287
Female	41	56	30	79	50	21	11	4	292
Totals	111	140	46	133	88	34	22	5	579
Totals—									
Male	584	957	203	287	205	160	80	57	2,533
Female	239	472	188	431	362	226	154	73	2,145
All clinics	823	1,429	391	718	567	386	234	130	4,678

TABLE 4.—MENTAL HEALTH CENTRES' TERMINATIONS BY TYPE OF SERVICE AND CLINIC FOR CHILDREN AND ADULTS, APRIL 1, 1967, TO MARCH 31, 1968

Location of Mental Health Centre	Total Terminations		Assessment without Treatment		Assessment with Treatment	
	Adults	Children	Adults	Children	Adults	Children
Burnaby	979	950	235	389	744	561
Victoria	249	146	22	14	227	132
Kelowna	213	93	61	35	152	58
Nanaimo	144	69	49	29	95	40
Trail	131	309	62	72	69	237
Chilliwack	23	20	16	20	7	------
Vernon	116	55	35	33	81	22
Prince George	31	38	5	9	26	29
Totals, all centres	1,886	1,680	485	601	1,401	1,079

TABLE 5. — TOTAL CASES TERMINATED FROM MENTAL HEALTH CENTRES BY PSYCHIATRIC DIAGNOSIS AND AGE AT TERMINATION, APRIL 1, 1967, TO MARCH 31, 1968

Psychiatric Diagnosis	Adults	Children	Total	
			Number	Percentage
Brain syndromes—				
Acute	2	.....	2	0.1
Chronic	30	22	52	1.4
Totals	32	22	54	1.5
Psychoses—				
Schizophrenic disorders	338	128	466	13.0
Manic-depressive reactions	32	.....	32	0.9
Involutional melancholia	13	.....	13	0.4
Paranoia and paranoid states	8	.....	8	0.2
Presenile, senile, with or without cerebral arteriosclerosis	4	.....	4	0.1
All other and unspecified psychoses	21	3	24	0.7
Totals	416	131	547	15.3
Psychoneuroses—				
Anxiety reaction	139	19	158	4.5
Neurotic-depressive reaction	337	21	358	10.0
All other psychoneurotic reactions	39	12	51	1.4
Totals	515	52	567	15.9
Psychophysiological disorders	64	32	96	2.7
Disorders of character, intelligence, and behaviour—				
Pathological personality	202	34	236	6.6
Immature personality	204	40	244	6.8
Alcoholism	22	.....	22	0.6
Other drug addiction	5	.....	5	0.1
Adjustment reaction to childhood	8	552	560	15.8
Adjustment reaction to adolescence	159	442	601	17.0
Mental deficiency	31	105	136	3.8
Speech learning defects	3	146	149	4.2
Adult situational reactions	126	.....	126	3.5
Other and unspecified disorders	7	14	21	0.6
Totals	767	1,333	2,100	59.0
Epilepsy	5	7	12	0.3
All other and unspecified conditions	4	.....	4	0.1
Diagnosis deferred	33	63	96	2.7
Observation without need for further psychiatric care	50	40	90	2.5
Grand totals	1,886	1,680	3,566	100.0

TABLE 6.—CASES ACTIVE IN MENTAL HEALTH CENTRES AS AT MARCH 31, 1968, BY LENGTH OF TREATMENT PERIOD AND CLINIC

Location of Mental Health Centre	Number of Months					Total, All Cases
	Under 3	3–5	6–11	12–23	24 and Over	
Burnaby	310	260	230	207	145	1,152
Victoria	109	61	90	70	149	479
Kelowna	72	50	60	64	40	286
Nanaimo	99	98	60	129	102	488
Trail	53	19	9	4	3	88
Chilliwack	52	55	85	63	.....	255
Vernon	142	113	160	46	.....	461
Prince George	159	179	172	.....	.....	510
Totals, all centres	996	835	866	583	439	3,719

PART III.—IN-PATIENT SERVICES

REPORT OF THE DIRECTOR OF MENTAL HEALTH SERVICES

H. W. Bridge, M.B., B.Ch., M.Sc., C.R.C.P.(C.)

Report for April 1, 1967, to March 31, 1968

This report is based upon the present organization of the Mental Health Branch and relates only to the Mental Health Services, which constitutes one division of that Branch. For the first five months of the period reported on, no Deputy Minister had been appointed to the Branch and Dr. F. G. Tucker was Acting Director. Following the appointment of Dr. Tucker to be Deputy Minister of Mental Health, the writer was appointed Director of Mental Health Services, with responsibility for the in-patient facilities operated by the Branch.

The extent and scope of the in-patient services provided is indicated by a few headline figures which have been extracted from the detailed reports which follow:—

11,175 persons received psychiatric treatment as in-patients (Riverview Hospital, 6,736; Schools for the Mentally Retarded, 2,319; Geriatric Division, 2,120).

2,168,643 patient-days of service were provided to the 11,175 in-patients (Riverview Hospital, 994,137 patient-days; The Woodlands School, 469,560 patient-days; The Tranquille School, 241,598 patient-days; Valleyview Hospital, 276,524 patient-days; Dellview Hospital, 80,546 patient-days; Skeenaview Hospital, 106,278 patient-days).

4,060 persons were employed on March 31, 1968, in the Mental Health Services to provide the services highlighted above.

$25,276,134 was expended to operate the in-patient institutions of the Branch.

The daily *per capita* cost for the institutions was $11.66.

MAJOR EVENTS AND TRENDS

With the resignation of Dr. A. E. Davidson as Deputy Minister of Mental Health Services and Director of Mental Health Services, a Mental Health Committee under the chairmanship of Dr. F. G. Tucker was established by the Minister. The outcome of the work of this Committee largely sets the stage for new developments and determines the direction of trends which are apparent throughout the Mental Health Branch, including the Services Division.

The major result has been a recognition of the desirability of decentralization of the mental health programmes, with concentration on development of community resources, and maximum involvement of community participation in as wide a spectrum of programmes as possible. These developments are accompanied by a recognition of the desirability of the integration of the methods of care with those of other branches of medical, social, and hospital services throughout the Province. Since the existing in-patient facilities of the Mental Health Services had grown up during a period when centralization of services had appeared appropriate, they are seen in the light of contemporary philosophy and policy as somewhat anachronistic step-children of the mental health needs of today's society. Thus it was appropriate that the centralized in-patient services should continue to operate at the highest possible level of patient-care, but should be seen as an interim service meeting public needs only until such time as these needs can be more appropriately provided for on a decentralized, community-oriented, and medically integrated basis.

It is obvious from the statistical highlights already quoted that the services rendered are so extensive that it must be anticipated that a considerable number of years must elapse before any adequate and comprehensive community-based alternatives can be developed, which will suffice to enable the bulk of the central services to be dispensed with in their present form and the physical plant, wherever suitable, put to more appropriate uses. During these interim years it is my responsibility to ensure that the highest possible standard of care and treatment will be available in these facilities to that proportion of the population of our Province which may still lack the facilities to receive appropriate treatment in their own local regions.

STATISTICAL COMMENTS

Tables 1 and 2 provide a summary of the movement of patient population in the facilities of the Services Division of the Mental Health Branch.

During the year 4,179 persons were admitted to the in-patient units. This is a decrease of 823 as compared with 1966/67. There was a decrease of 805 in the number of patients admitted to the Riverview Hospital—3,470 compared with 4,275 in 1966/67.

In the schools for the retarded there was a decrease of 106 in the numbers admitted—227 compared to 333 in 1966/67.

The Geriatric Division experienced a reduction in admissions of 49. The total was 602 in 1967/68, as compared to 651 the previous year.

The Riverview Hospital provided care for 6,736 patients in 1967/68, a decrease of 1,018 from 1966/67. There was also a slight decrease in the numbers cared for in the schools for the retarded—2,319 compared to 2,348 in 1966/67. In the Geriatric Division there were 2,120 patients under care in 1967/68, a decrease of 7 from the 1966/67 total of 2,127.

On March 31, 1968, there were 103 fewer patients in residence in the institutions than on the same date in 1967. The satistics relating to the in-patient facilities of the Mental Health Services suggest that a peak has been passed with respect to admissions, discharges, and totals under care. The impression gained is that the increasing provision of alternative resources in the community and the widespread acceptance of the concept that in-patient institutional care should be reserved only for very special groups of patients under very special circumstances has led to a reduction in the demand for in-patient care as the first resort even in those cases in which it was not necessarily the most appropriate measure.

GENERAL COMMENTS

During the 1967/68 year I have laid great stress with the administrations of all in-patient facilities on the necessity for a high standard of patient-care and a high quality of service. I believe there has been an excellent response from the staffs of the in-patient facilities, and any relief from which they have benefited by a reduction in number of admissions has been applied to raising the standard of care to the individual patient. When a medical-staff shortage occurred, no reduction in standard of care was permitted, but the number of admitting beds in operation in the Riverview Hospital was temporarily reduced. The morale of the staffs of the various units was considerably raised by direct encouragement and personal contact from the former Minister, the Honourable Wesley D. Black, who visited the units personally and devoted considerable time to gaining an understanding of the problems. His approval of the Riverview Hospital's application to request accreditation did much to boost morale and inaugurated a vigorous programme of reorganization of the hospital to enable it to meet the required standards.

The Department of Nursing Education continued under the directorship of Miss Lonergan and graduated a class of 104 women and 7 men. The graduation ceremonies were held in the auditorium of the New Westminster Secondary School on the evening of April 26, 1967. The address to the graduates was given by the Honourable Mr. Justice F. Craig Munroe.

The 1967 annual meeting of the Council of Psychiatric Nurses was held on April 24, 1967, in Vancouver. Two hundred and sixty-four applicants were licensed pursuant to the *Psychiatric Nurses Act* and regulations in 1967/68.

The Mental Health Services have again had occasion to recognize the fine work undertaken on behalf of the patients by the volunteer groups which have donated so much time and effort to various facilities.

Report for April 1 to December 31, 1968

This report is an interim narrative to cover the period mentioned during the change-over from a fiscal to a calendar year as the basis for reporting.

MAJOR TRENDS AND EVENTS

Detailed statistics will be reported separately. Trends appear to indicate a reduction in the number of admissions, but little change in the total number of in-patient days of service.

The period under consideration has been characterized by a great deal of questioning and evaluation of traditional policies and procedures in the in-patient services. The impact on the traditional role of in-patient institutions of the new Branch policy of decentralization and community integration announced by the Honourable W. D. Black during his tenure as Minister made this inevitable.

In spite of anxieties, which are to be expected in association with any such period of change and self-examination in an organization, staff morale appears to have improved in response to the hope of improved patterns of service being introduced.

During October the surveyors from the Canadian Council on Hospital Accreditation made a first visit to Riverview Hospital. Some of their informal comments were regarded as encouraging. No report has as yet been received from the Council.

Work has continued on the construction of the British Columbia Youth Development Centre at Burnaby and staff recruitment and training continues, but it will be 1969 before it is possible to begin admitting in-patients to residence.

The Department of Nursing Education has lost its Director, Miss Margaret M. Lonergan, who has moved to Victoria on the staff of the Deputy Minister, and vigorous recruitment activity continues to find a suitable replacement.

Graduation ceremonies took place in the auditorium of the New Westminster Secondary School on the evening of April 24, 1968. A class of 7 men and 125 women was graduated. The address to the graduates was given by Mr. Russell K. MacKenzie, Assistant Director of Pupil Personnel Services Division of the Vancouver School Board.

The annual meeting of the Council of Psychiatric Nurses for 1968 was held on April 23, 1968, and 261 psychiatric nurses and three mental deficiency nurses were licensed pursuant to the *Psychiatric Nurses Act* and regulations in the period under consideration.

The work of the volunteers continues to form a valuable component of the services provided to the patients in the institutions of the Mental Health Services.

STATISTICAL TABLES

TABLE 1.—SHOWING PATIENTS IN RESIDENCE IN VARIOUS FACILITIES OF THE MENTAL HEALTH BRANCH, APRIL 1, 1967, AND MARCH 31, 1968, TOGETHER WITH INCREASE OR DECREASE.

	In Residence, Apr. 1, 1967			In Residence, Mar. 31, 1968			Increase or Decrease
	Men	Women	Total	Men	Women	Total	
Riverview Hospital, Essondale	1,456	1,312	2,768	1,414	1,269	2,683	—85
The Woodlands School	746	531	1,277	749	527	1,276	—1
The Tranquille School	368	290	658	374	285	659	+1
Valleyview Hospital, Essondale	254	494	748	251	507	758	+10
Dellview Hospital, Vernon	89	126	215	70	132	202	—13
Skeenaview Hospital, Terrace	293	.....	293	278	.....	278	—15
Totals	3,206	2,753	5,959	3,136	2,720	5,856	—103

TABLE 2.—SHOWING IN SUMMARY THE ADMISSIONS AND POPULATION INCREASE OF THE MENTAL HEALTH BRANCH FOR THE 10-YEAR PERIOD APRIL 1, 1958, TO MARCH 31, 1968.

Year	Total Admissions	Admissions 65 Years and Over	Admissions 15 Years and Under	Informal Admissions	Population Increase	Index of Increase
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
1965/66	5,069	844	206	2,278	—92	—1.81
1966/67	5,002	757	175	2,095	—2	—0.04
1967/68	4,179	690	166	1,558	—103	—1.73
Totals	41,991	6,165	1,989	18,550	—452	.....

TABLE 3.—COMPARATIVE SUMMARY OF INCREASES AND DECREASES IN RESIDENT POPULATION BY MAJOR DIVISIONS OF MENTAL HEALTH BRANCH, 1958/59 TO 1967/68.

Fiscal Year	Riverview Hospital	Schools for Mentally Retarded	Geriatric Division	Total
1958/59	—144	+86	—30	—88
1959/60	—229	+93	+156	+20
1960/61	—92	+75	+59	+42
1961/62	—236	+73	+7	—156
1962/63	—137	+62	+12	—63
1963/64	—55	+79	+7	+31
1964/65	—134	+77	+18	—39
1965/66	—103	+31	—20	—92
1966/67	—47	+51	—6	—2
1967/68	—85	.....	—18	—103

TABLE 4.—COMPARATIVE SUMMARY OF TOTAL PATIENTS UNDER CARE FOR MAJOR DIVISIONS OF MENTAL HEALTH BRANCH BY FISCAL YEARS 1958/59 TO 1967/68.

Fiscal Year	Riverview Hospital	Schools for Mentally Retarded	Geriatric Division	Total
1958/59	7,121	1,481	1,373	9,975
1959/60	7,163	1,740	1,459	10,362
1960/61	7,376	1,868	1,587	10,831
1961/62	7,679	1,960	1,642	11,281
1962/63	7,765	2,023	1,677	11,465
1963/64	7,931	2,042	1,738	11,711
1964/65	7,540	2,178	1,937	11,655
1965/66	7,706	2,198	2,097	12,001
1966/67	7,754	2,348	2,127	12,029
1967/68	6,736	2,319	2,120	11,175

TABLE 5.—MOVEMENT OF POPULATION OF MENTAL HEALTH BRANCH, APRIL 1, 1967, TO MARCH 31, 1968

	Psychiatric Division			Schools for Mentally Retarded Division			Geriatric Division			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
In residence, April 1, 1967	1,456	1,312	2,768	1,114	821	1,935	636	620	1,256	3,206	2,753	5,959
On extended leave, carried forward from 1966/67—												
In boarding homes	156	186	342	59	78	137	101	161	262	316	425	741
Other	52	100	152	15	5	20				67	105	172
On escape, carried forward from 1966/67	4		4							4		4
Total as at April 1, 1967	1,668	1,598	3,266	1,188	904	2,092	737	781	1,518	3,593	3,283	6,876
Admissions—												
First admissions to Mental Health Services	789	762	1,551	76	46	122	215	254	469	1,080	1,062	2,142
Readmission to different facility	2		2	12	8	20	21	23	44	35	31	66
Readmission to same facility	952	941	1,893	35	23	58	7	13	20	994	977	1,971
Total admissions	1,743	1,703	3,446	123	77	200	243	290	533	2,109	2,070	4,179
Transfers in	16	8	24	13	14	27	41	28	69	70	50	120
Total admissions to individual facility	1,759	1,711	3,470	136	91	227	284	318	602	2,179	2,120	4,299
Total under care[1]	3,427	3,309	6,736	1,324	995	2,319	1,021	1,099	2,120	5,702	5,353	11,055[1]
Separations—												
Discharged in full	1,662	1,558	3,220	85	38	123	45	38	83	1,792	1,634	3,426
Died	87	77	164	10	15	25	237	237	474	334	329	663
On extended leave in boarding homes	176	188	364	75	104	179	96	158	254	347	450	797
Other	65	206	271	21	12	33				86	218	304
On escape	7	2	9							7	2	9
Total separations	1,997	2,031	4,028	191	169	360	378	433	811	2,566	2,633	5,199
Transfers out	16	9	25	10	14	24	44	27	71	70	50	120
Total separations from individual facility	2,013	2,040	4,053	201	183	384	422	460	882	2,636	2,683	5,319
Net increase or decrease	−42	−43	−85	+9	−9	0	−37	+19	−18	−70	−33	−103
In residence, March 31, 1968	1,414	1,269	2,683	1,123	812	1,935	599	639	1,238	3,136	2,720	5,856

[1] Total under care for all Mental Health Services includes total as at April 1, 1967, plus the total admissions to individual facilities minus transfers out.

TABLE 6.—MOVEMENT OF POPULATION IN INDIVIDUAL INSTITUTIONS, APRIL 1, 1967, TO MARCH 31, 1968

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, 1967	254	494	748	89	126	215	293	636	620	1,256
On extended leave, carried forward from 1966/67—										
In boarding homes	96	147	243	5	14	19	.....	101	161	262
Other	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total as at April 1, 1967	350	641	991	94	140	234	293	737	781	1,518
Admissions—										
First admissions to Mental Health Services	158	210	368	40	44	84	17	215	254	469
Readmission to different facility	19	22	41	2	1	3	.....	21	23	44
Readmission to same facility	5	10	15	1	3	4	1	7	13	20
Total admissions	182	242	424	43	48	91	18	243	290	533
Transfers in	12	7	19	6	21	27	23	41	28	69
Total admissions to individual facility	194	249	443	49	69	118	41	284	318	602
Total under care[1]	544	890	1,434	143	209	352	334	977	1,072	2,049[1]
Separations—										
Discharged in full	35	32	67	7	6	13	3	45	38	83
Died	131	193	324	53	44	97	53	237	237	474
On extended leave in boarding homes	83	131	214	13	27	40	.....	96	158	254
Other	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total separations	249	356	605	73	77	150	56	378	433	811
Transfers out	44	27	71	.....	.....	.....	.....	44	27	71
Total separations from individual facility	293	383	676	73	77	150	56	422	460	882
Net increase or decrease	−3	+13	+10	−19	+6	−13	−15	−37	+19	−18
In residence, March 31, 1968	251	507	758	70	132	202	278	599	639	1,238

[1] Total under care for the Geriatric Division includes total as at April 1, 1967, plus the total admissions to individual facilities minus transfers out.

TABLE 6.—MOVEMENT OF POPULATION IN INDIVIDUAL INSTITUTIONS, APRIL 1, 1967, TO MARCH 31, 1968—*Continued*

Schools for Mentally Retarded

	The Woodlands School, New Westminster			The Tranquille School, Tranquille			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
In residence, April 1, 1967	746	531	1,277	368	290	658	1,114	821	1,935
On extended leave, carried forward from 1966/67—									
In boarding homes	41	67	108	18	11	29	59	78	137
Other	11	3	14	4	2	6	15	5	20
On escape, carried forward from 1966/67	-------	-------	-------	-------	-------	-------	-------	-------	-------
Total on books, April 1, 1967	798	601	1,399	390	303	693	1,188	904	2,092
Admissions—									
First admissions to Mental Health Services	64	40	104	12	6	18	76	46	122
Readmission to different facility	9	5	14	3	3	6	12	8	20
Readmission to same facility	32	19	51	3	4	7	35	23	58
Total admissions	105	64	169	18	13	31	123	77	200
Transfers in	5	4	9	8	10	18	13	14	27
Total admissions to individual facility	110	68	178	26	23	49	136	91	227
Total under care[1]	908	669	1,577	416	326	742	1,314	981	2,295
Separations—									
Discharged in full	64	30	94	21	8	29	85	38	123
Died	10	11	21	-------	4	4	10	15	25
On extended leave in boarding homes	59	83	142	16	21	37	75	104	179
Other	18	9	27	3	3	6	21	12	33
On escape	-------	-------	-------	-------	-------	-------	-------	-------	-------
Total separations	151	133	284	40	36	76	191	169	360
Transfers out	8	9	17	2	5	7	10	14	24
Total separations from individual facility	159	142	301	42	41	83	201	183	384
Net increase or decrease	+3	−4	−1	+6	−5	+1	+9	−9	0
In residence, March 31, 1968	749	527	1,276	374	285	659	1,123	812	1,935

[1] Total under care for Schools for Mentally Retarded Division includes total as at April 1, 1967, plus total admissions to individual facilities minus transfers out.

REPORT OF THE DEPARTMENT OF NURSING EDUCATION

MRS. E. PAULSON, B.S.N., ACTING DIRECTOR

The year-end census for the psychiatric nursing programme was 258 students, as compared with 299 at the end of the fiscal year. During the period of time reviewed in this report, the Department processed 279 applications. Seventy-three students were accepted for the fall class; of these, 49 had been enrolled in an academic secondary-school programme and the remainder in a vocational programme. Forty students withdrew for the following reasons: Illness, 3; unsuited, 7; personal, 13; clinical or academic failure, 17. Seventy-five students completed the programme, and, of these, 68 were employed by the Mental Health Services. The faculty continued with the revision of the curriculum. Programme policies and a clinical-experience record book were revised. The first-term class block was extended from six to eight weeks. The added period of time enabled instructors to prepare students more thoroughly for their assignment to the clinical area. The classroom course in geriatric nursing was integrated into the clinical programme at Valleyview Hospital. More " activities " hours were incorporated into classroom blocks, and all levels of students participated in projects. Students affiliating at The Woodlands School received experience in the pre-kindergarten and operant conditioning programmes.

In the psychiatric aide programme, 17 five-day courses were conducted—five at the Education Centre and 12 at The Woodlands School. Numbers enrolled in the courses totalled 116. At Riverview and Valleyview Hospitals and The Woodlands School, the courses were followed by 112 clinic hours given by instructors. Supplemental courses were provided for 20 aides at Skeenaview. Minor changes in curriculum content were made in consultation with nursing service. In September the senior instructor enrolled at Simon Fraser University. The programme continued under the direction of an acting senior instructor.

Two hundred and one students enrolled in the affiliate programmes in psychiatric nursing. This number included six third-year basic baccalaureate students from the School of Nursing, University of British Columbia. Terms of agreement for the operation of a nine-week programme, three times annually, were drafted for approval by the parties concerned. These are subject to reconsideration in 1969. The co-ordinator resigned in October. A senior instructor who had been assisting with the programme was appointed to the position.

In September Miss M. M. Lonergan, former Director of Nursing Education, assumed the position of full-time Nursing Consultant with the Mental Health Branch, Victoria. The Assistant Director was appointed Acting Director of Nursing Education. An Instructor 1 was promoted to an Instructor 2 position in October. Two Instructor 1 vacancies exist.

The establishment of the Department comprises 70 persons—instructors, secretariate, infirmary nurses, home supervisors, and maintenance staff. The continued co-operation of all members contributed substantially to the successful operation of the Department.

RIVERVIEW HOSPITAL

B. F. BRYSON, B.A., M.D., C.M., F.A.P.A., SUPERINTENDENT

Report for April 1, 1967, to March 31, 1968

GENERAL COMMENTS

The following table gives a summary of the movement of population for Riverview Hospital for the 12 months ended March 31, 1968:—

	Male	Female	Total
In residence, April 1, 1967	1,456	1,312	2,768
On extended leave—			
Boarding home	156	186	342
Other	52	100	152
On escape	4	------	4
Totals	1,668	1,598	3,266
Admissions	1,743	1,703	3,446
Transfers from geriatric facilities	15	7	22
Transfers from facilities for the mentally retarded	1	1	2
Total admissions	1,759	1,711	3,470
Total under care	3,427	3,309	6,736
Separations—			
Discharged	1,662	1,558	3,220
Died	87	77	164
Transferred to geriatric facilities	12	8	20
Transferred to facilities for the mentally retarded	4	1	5
On extended leave—			
Boarding home	176	188	364
Other	65	206	271
On escape	7	2	9
Total separations	2,013	2,040	4,053
Net decrease	—42	—43	—85
In residence, March 31, 1968	1,414	1,269	2,683

A review of the above statistical summary of patient movement, compared to that for the previous year, reveals that there has been a marked decrease in both admissions and separations. This year there were 3,470 patients, including 1,759 men and 1,711 women, admitted to Riverview as either new admissions, readmissions, or transfers from other mental health facilities, a decrease of 805 or 18.82 per cent of the last year's total intake.

Of the total admissions, 1,558 or 44.9 per cent, came of their own accord as informal admissions, while 1,701 or 49 per cent required certification as involuntary patients under the *Mental Health Act, 1964,* including 20 patients transferred from Federal penal institutions. The remaining 211 or 6.1 per cent were admitted under various sections of the Criminal Code, including 61 by Orders in Council and 73 by Court order. Magistrates' warrants (Form A) were used for 76 admissions, a drop of 25 compared to the number admitted by this procedure last year. Of all admissions from the community, 196 or 12.5 per cent were under 19 years of age. Only one patient could be accepted for admission for alcoholic treatment under section 26 of the *Mental Health Act, 1964,* compared to 62 during the previous year. It is felt that the significant drop in admissions this year has resulted from several factors, including the need to limit admissions due to a decrease in the number of physicians on staff during a large portion of the year, as well as the increasing effectiveness of new treatment resources in various areas of the Province.

Separations also decreased significantly by 733 and totalled 4,053 for the year, including 2,013 men and 2,040 women. Of these, 3,220 or 79.4 per cent were discharged to the community, but were 898 less than were returned to community life the previous year. As may be expected with an increasingly larger number of aged patients in the hospital population, separations by death increased by 35 to a total of 164 for the year, representing 4.1 per cent of total separations, but only 2.4 per cent of the number of patients under care of Riverview Hospital. The significant drop in the number of patients discharged from hospital care not only reflects the above-noted need to reduce the admission of new patients but also the increasing difficulty that has been met in locating suitable boarding homes or nursing homes in the community for many patients who no longer require care in a psychiatric facility.

At the year's end there were only 22 more patients in boarding-home care compared to last year and now total 364, including 176 men and 188 women.

As of March 31, 1968, the number of patients in residence at Riverview Hospital totalled 2,683 (1,414 men and 1,269 women), a decrease of 85 compared to the same date a year ago.

TREATMENT SERVICES

The past year has been a very active year for all staff in meeting the treatment requirements of the large number of patients requiring admission and in attempting to upgrade the standards of treatment and services given. On October 5, 1967, application was made to the Canadian Council on Hospital Accreditation for a survey of Riverview Hospital for accreditation purposes. The standards for the Accreditation of Canadian Mental Hospitals have served as a useful guide for the evaluation and upgrading of hospital standards of treatment. On December 27th

The highest standards of medical and surgical care are adhered to at the Riverview Hospital. Here a surgical team is at work in the operating-room for general and neuro surgery.

the medical staff prepared a proposed set of by-laws, rules, and regulations for a medical-staff organization on the patterns outlined in this accreditation guide, which has been forwarded to the Deputy Minister for Governmental approval. A Medical Audit Committee has been formed and has been extremely busy surveying standards of care and treatment facilities throughout the various units of the hospital.

While psychoactive drugs are still of great importance, and electroconvulsive therapy modified by anæsthesia and muscle relaxation used on selective cases, there has been a significant increase in the use of the therapeutic community approach and in group therapy sessions. An even greater emphasis is being laid on preparation of the patient for return to the community and in referral to appropriate community resources. In most cases, patients are referred back to the care of their private physician, but in selected cases they have been seen in follow-up care by their hospital physician. The number of such patients attending the after-care department as of March 31, 1968, was 823 patients. Medical and social service staff are active in providing supervision to 364 patients transferred on boarding-home leave to approved boarding homes. During the year a pilot project was initiated whereby a number of patients on discharge were referred from the Crease Unit to the Vancouver General Hospital Psychiatric Out-patients' Department.

During the year there were several changes in senior medical staff. Dr. Peter M. Middleton, the former Clinical Director, resigned on September 8, 1967, being replaced by Dr. W. J. G. McFarlane on October 9, 1967. There were changes in unit directors in three of the six units. Serious shortages of qualified psychiatrists throughout much of the year have hampered the maintenance of a satisfactory standard of medical care, and forced, on January 11, 1968, the reduction of the operational bed count in the Crease Unit by 40 beds. This in turn forced a restriction of admissions and the accumulation of a waiting list for admission to the hospital, which may partially explain the reduction in the total number of admissions to the hospital during the year. In spite of this reduced admission rate, a large number of patients have been admitted who could have been treated more satisfactorily in the community had adequate pre-admission services and alternative resources to hospitalization existed.

Two categories of patients have continued to pose severe difficulties—the emotionally disturbed adolescent and the criminally insane. One hundred and ninety-six patients under the age of 20 years were admitted to hospital this year. It is hoped, however, that the development of the residential treatment centre at Burnaby for emotionally disturbed adolescents will provide a more satisfactory treatment facility.

One hundred and thirty-four patients were admitted under Court order or by Order in Council during the year, there being 99 such patients in residence on March 31, 1968. This group of prisoner-patients continues to be disruptive of treatment services to such an extent that a serious disturbance of riot proportion occurred on April 2, 1967, and a second such disturbance was narrowly averted on October 22, 1967, by the emergency transfer of several of these patients to penal institutions. These occurrences, together with the fact that several patients have scaled the security fence, illustrate the point that our security area can be considered only minimal by prison standards, and also points up the need for a separate institution for such patients.

The hospital will continue to be recognized for six months' postgraduate training in surgery on rotation from the University of British Columbia integrated graduate training programme in surgery. Negotiations have subsequently been held with the University of British Columbia Department of Psychiatry in order to develop a clinical teaching unit at this hospital in affiliation with the University of British

Columbia for such postgraduate training in psychiatry, which it is hoped will be recognized by the Royal College of Physicians and Surgeons of Canada. Undergraduate clinics were held throughout the year for second-, third-, and fourth-year medical students.

Staff have been active in a variety of research projects. Dr. W. T. Brown has throughout the year conducted controlled studies of various sedative and tranquillizing drugs. Dr. A. C. Greiner has continued his researches into biochemical factors in the etiology of schizophrenia. Staff of various disciplines have co-operated with Dr. Thomas Perry of the University of British Columbia Pharmacology Department in his research into possible biochemical anomolies in Huntington's chorea and in schizophrenia.

NURSING SERVICES

In the past year the Department of Nursing has taken several specific steps to identify and measure the activities occurring within the Department as a basis for immediate and longer range planning.

A time and activity study for all levels of ward staff, for a seven-day period, was completed in December, 1967. This provided additional clarification of the functions carried out by nursing. Eleven positions have been released to the Department of Housekeeping (in addition to those previously released) to free nursing staff of major housekeeping duties, thus making them available for appropriate duties.

The standards established by the Committee on Accreditation of Psychiatric Hospitals, 1964, have been used as a guide to enable us to study and evaluate our current practices. Some changes have been made to bring the Department of Nursing into accord with the stated expectations.

A great deal of time is spent by psychiatric nurses in participating with their patients. This type of personal relationship is important in helping patients work through their problems.

Intensive remotivation programmes have been implemented in two wards, and minimal care, or intermediate quarters, has been established for 12 women patients. The latter has been in operation since October, 1967, the goal being to help this group toward increased independence while living in hospital. It is planned by the Department to develop several more such residences for separate groups of men and women.

The number of Order in Council patients and others referred by the Courts has fluctuated little in the past year. Increased opportunities for work and other activities for these patients have been developed.

The growing numbers of infirm patients in hospital is of great concern. It has been necessary to establish two more wards of 40 beds each, staffed and equipped, to provide adequate care for these physically and emotionally handicapped patients.

Throughout the year there has been marked emphasis on staff education, and we have taken advantage of many opportunities to improve the effectiveness and skills of our nursing staff. These include:—

(*a*) The 10-month diploma course in Administration of Hospital Units, School of Nursing, University of British Columbia.

(*b*) The psychiatric nurses' co-ordinated programme, offered for the first time at Vancouver City College.

(*c*) The extension course in Nursing Unit Administration, sponsored jointly by Canadian Nurses' Association and Canadian Hospital Association, which included two intramural sessions of one week each at the University of British Columbia.

(*d*) The regional workshop for directors of nursing service in hospitals, held in Vancouver, May 2 to 5, 1967.

(*e*) A day's workshop on group psychotherapy at the Mental Health Centre, in September.

(*f*) A series of 16 lectures on drugs and somatic complaints, presented at Vancouver General Hospital from September to February.

(*g*) The workshop on surgical ward nursing, held December 7 and 8, 1967.

(*h*) The third institute on psychiatric nursing at the University of British Columbia. The topic was " The Troubled Adolescent." This was sponsored by the Extension Department and School of Nursing, University of British Columbia. The planning committee included two representatives from Riverview Hospital.

(*i*) The institute for head nurses, sponsored by the Registered Nurses Association of British Columbia, at which the topic was " Evaluation as a Means of Improving Staff Performance." This was the first time the Registered Nurses Association of British Columbia extended an invitation for charge nurses to be included by the opening of an R.N.A. educational project. The planning committee included a representative from Riverview Hospital.

(*j*) The orientation classes offered at the Education Centre by instructors in that department for psychiatric aides.

A total of 226 members of the nursing staff attended these programmes.

The nursing service of Riverview Hospital has continued to provide clinical areas for the nursing education of students in the psychiatric nursing programme of the Mental Health Branch, as well as for community agencies, including affiliate students from St. Paul's, Royal Columbian, and St. Joseph's Hospitals; students from degree and diploma programmes at the School of Nursing, University of British Columbia; and public health nurses.

In order to improve the supervision and general welfare of the many patients who are engaged in work situations on the grounds, a Nursing Supervisor of Outdoor Workers was established on January 15, 1968. This has improved communications, and there is now more emphasis on teaching and assessing changes in patients' performance and potential. Five aides supervising these patients were given 12 lectures on first aid to prepare them to give any necessary initial treatment before returning the patient to the ward.

In May, 1967, resignations were received from over 350 psychiatric nurses in protest over salaries and a desire for changes in certain personnel practices. These were withdrawn before June 1 by all but nine when a fact-finding committee was formed to deal with the matters in dispute.

PSYCHOLOGY DEPARTMENT

This year has been one of satisfactory progress in the Psychology Department despite the acute shortage of full-time personnel. Through the initiation of special policies permitting the casual employing of psychologists on hourly-rate and sessional basis, it was possible to gain sufficient professional assistance to permit a maintenance of departmental services.

In total, 27 lectures were given, mostly within the framework of instructional programmes for nurse trainees, but also included were talks to other affiliating students and visiting groups.

A total of 1,506 psychological tests were administered, the greater number of which were used in the preparation of patient evaluations. In total, 428 such reports were prepared in response to referrals for diagnostic evaluation, intellectual measurement, and personality assessment.

The Department actively continued its therapeutic programmes. In total, 838 therapeutic sessions were conducted, the majority within the context of intensive in-patient psychotherapy services for the adolescent and neurotic adult, but including out-patient marital group therapy and conjoint interviews.

Research interest has continued strongly. Studies being undertaken altogether are:—

(1) Examining the efficacy of selection procedures for nursing-school candidates.
(2) Attempting to delineate antecedent factors underlying suicide behaviour.
(3) Relating to the development of an automated testing procedure.

The Department continued an affiliation with the Lower Mainland universities in repeating, for an eighth summer, an internship programme designed to familiarize the prospective graduate clinical student with the duties and demands facing the clinical psychologist.

SOCIAL SERVICE DEPARTMENT

In line with the growing emphasis on community-based services, the Social Service Department has continued to have as a major objective the expansion of services at the community rather than the institutional level. To this end an additional social worker from the Crease Unit in-hospital staff was assigned part time to the After-care Clinic, thereby increasing services available to patients in the Greater Vancouver area. Social and casework services to patients resident in this area were further enhanced by the implementation of a pre-admission service designed to assist and to support potential patients and their families in preparing for the experience of hospitalization, or assisting in referral to other community health and welfare resources where indicated.

For patients from more remote and less urbanized regions of the Province, it was necessary to continue to offer a concentration of social services at the ward

level, due largely to insufficient community resources in their home areas. This was particularly true of minor patients admitted to Centre Lawn Unit, whose numerous and varied needs for supervision, care, and treatment were beyond the capacity of existing community facilities.

As in previous years, the supervised boarding-home programme continued to make a worth-while contribution toward the integration of institutional clinical services with those of other health and welfare agencies. During the year, in co-operation with the Departments of Social Welfare and Public Health, and with valuable assistance from local service clubs, it was possible to resettle 123 patients in licensed boarding homes under the ongoing treatment and management supervision of Riverview Hospital. Of this total, 91 were initial placements and 32 were concerned with patients who had had previous placement experiences from the hospital. In addition, 16 patients were discharged from the programme to live in more independent community situations.

Planning for the community resettlement of patients was hampered considerably by a shortage of boarding-home beds. This shortage was particularly acute in large municipalities such as the City of Vancouver, and seemed to be closely related to the current housing crisis coupled with rising construction costs. As a result of this, a number of beds which had formerly been used specifically for patients from this hospital were no longer available, the homes in question having been converted to private dwellings.

In all hospital units, including the After-care Clinic, social workers were increasingly involved in patient therapy groups, either on the basis of casework treatment to a group of selected patients or in conjunction with other treatment disciplines. This service was extended to include one boarding home in which the majority of the patients were young adults suffering from severe problems in interpersonal relationships.

The over-all work of the Department is reflected in the statistical summaries of services rendered, which reveal that a total of 4,381 patients in hospital and 740 patients in after-care received direct social and casework services. These figures represent a slight reduction from those of the previous year.

Educational responsibilities were met by various members of the staff through participation in orientations, workshops, and speaking engagements. In addition, the services of senior members of staff were again requested by the School of Social Work, University of British Columbia, in order to provide field-work supervision for six second-year students who were assigned to the hospital and the After-care Clinic for practical supervised experience during the final year of their Master's education.

REHABILITATION DEPARTMENT

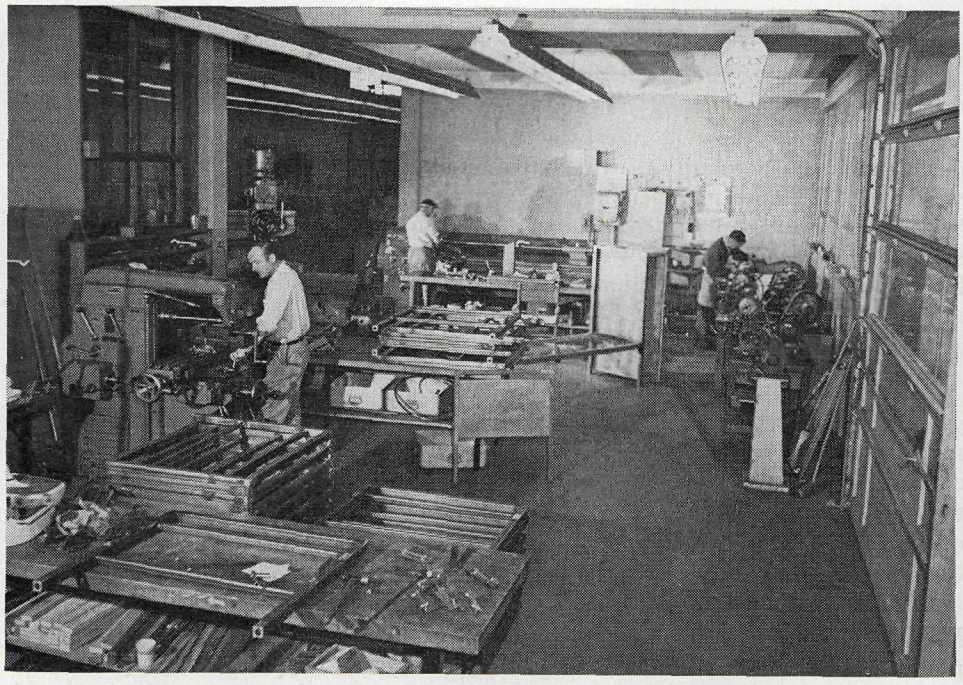
The Rehabilitation Department has been engaged in a wide variety of services geared to preparing patients for life in the community. While much of the Department's work is involved in vocational preparation and assessment, there is an increasing concern that our programmes go beyond this to ensure the development of the type of responsible behaviour necessary for successful community life. Every opportunity is taken to have realistic community-based experiences for patients as they prepare to leave the hospital.

The work placement programme handled a total of 1,554 new referrals. These have involved individual interviews by the staff and follow-up of the patient's work performance. Efforts have been made in this last year to improve the hospital working conditions for the patients, and a number of reports have been submitted with specific requests for improvements. A large berry-picking project was carried on

during the summer, and the patients involved were very enthusiastic, both for the experience of the work and the amount of money they were able to earn. We are working toward even more community-based work projects in order to give our patients the real work experience they will need after leaving the hospital.

One hundred and eighty-three new referrals for vocational assessment were handled. This is a service which is valued by outside employment agencies, as the findings can be most helpful in finding employment in the community for the patient when he is discharged. We have maintained a close liaison with the Canada Manpower organization, and arrangements have been made for one of its counsellors to spend one day per week at Riverview Hospital to interview and assist patients in finding suitable work following discharge. Due to the employment scarcity this year, it has been necessary to give more service to patients trying to enter the labour market. Help in job-finding, beyond what is available in the public agencies, is furnished by the job placement officers at the hospital. It is felt strongly that the opportunity for the patient to work in the community is most important therapeutically in terms of his making a good community adjustment, and the economic advantage is most evident.

The rehabilitation residences Vista and Venture have remained very active, with more beds being requested than are available. Due to this pressure, a third residence has been opened next door to Venture with 6 more beds for men. This residence is just starting operation and will be supervised by the existing staff at Venture. A total of 53 patients was served in the rehabilitation residences this year, some of them staying over an extended period of time. Due to the pressure of referrals, it is likely that the length of individual patient stays will have to be shortened in order to prevent the formation of waiting lists for services at these homes.



Riverview's machine-shop manufactures many items for hospital use and also maintains a large repair and service department. The shop employs an average of 15 to 20 patients.

The Hillside Rehabilitation Unit has now been in operation for over a year. During this year a total of 118 patients has been served in programmes designed specifically for preparing patients to live as successfully as possible in the community. Patients referred to Hillside are those with special problems making discharge difficult. Many have had repeated hospitalizations, and the programme here is designed to give concrete help on matters related to making a satisfactory adjustment following discharge. Follow-up services required to make this kind of programme successful are a little difficult to provide conveniently due to the large number of patients going into the Vancouver area.

The Department continues to make use of a large variety of community resources and agencies to help patients before and after discharge. We are finding an increasing acceptance of psychiatric referrals by employers and agencies dealing with other handicapped groups in the community. This is especially true when we can provide meaningful assessments of our patients as they utilize the rehabilitation services offered within the community. Good communication with these outside resources has helped to break down the barriers between the hospital and the normal community.

OCCUPATIONAL THERAPY DEPARTMENT

During the year the resources of the Occupational Therapy Department have been extended by demands from hospital and community for further coverage.

Conflicting needs to provide occupational therapy for individually referred patients and assistance to ward-centred activation groups have been difficult to resolve, particularly as staff stability declined during the summer. Locum tenans appointments staved off the crisis until permanent staff could be recruited. Vacancies for senior supervisory staff still exist, however, in five of the six units.

Due to a preponderance of new graduates on staff, staff development and education has been of major importance. In-service lectures and discussions have been supplemented by oportunities to attend workshops on " Group Process " and " Caring for the Dependent Patient " and a course on neuroanatomy.

In addition to treating individually referred patients and participating in therapeutic community situations, some occupational therapists have been involved in two new programmes. In the short-stay areas, an evening educational programme dealing with general everyday activities developed from a pilot project on one ward to serve patients from Crease, Centre Lawn, and Hillside. Weekly, volunteer experts from the community have been invited to share their experiences about topics such as job-finding, budget management, child-care, and the use of community facilities. The second programme was centred in East Lawn to train activity aides. Six patients successfully completed a six-week course to prepare them to assist in occupational and recreational programmes and with activity groups organized by nursing personnel.

Once again the Canadian Mental Health Association volunteer organization has assisted this Department in several ways. Volunteers provided equipment for the A.D.L. (Activities of Daily Living) Unit, assisted with the preparation and distribution of materials, and enriched the pre-boarding-home programme by welcoming patients to luncheons, community clubs, and community activities.

The boarding-home programme has also been indebted to volunteers as it continues to grow. Another day centre in Maillardville has been started on a similar basis to those at White Rock and Haney. One full-time occupational therapist and an assistant carry a case load of 180 transfer-to-boarding-home patients from Riverview and The Woodlands School, using social, recreational, and educational

facilities. The Co-ordinator of Boarding Homes, public health nurse, social welfare staff, and boarding-home operators have been involved in the programming of this expanding service, which was featured in a paper read by our boarding-home occupational therapist at the Canadian Association of Occupational Therapists' annual conference in Halifax this year.

A growing emphasis on activating patients in the extended-care areas has made increased demands on the Rehabilitation Workshop, a joint venture run by both the Occupational Therapy and Rehabilitation Departments. Disassembly work in six different wards is co-ordinated by the workshop staff as limited space has precluded an expansion of the central workshop area. Enlarged storage areas became vital to cope with the bulk of work needed for the shop and the wards it supplies.

The Construction Shop's programme to provide a realistic heavy-work experience for male patients has also included outdoor projects such as the construction of a summer picnic shelter. Referrals to the shop continue to be co-ordinated by job placement officers, who use it as an assessment area.

Concern to improve the occupational-therapy service, and particularly transfer from one activity area to another, has focused attention on progress records. A new method of recording on colour-coded, shingled report forms was instituted in conjunction with the other activity departments, and a close liaison with the job placement officers was encouraged. New procedures were introduced to improve communication to medical staff and other related departments.

Other activities covered by the Department include the distribution of ward Christmas decorations, floral arrangements for graduation, and an art show, all of which provided many reality-based opportunities for collaborative experience for patient groups. The annual sale of occupational-therapy work realized a total of $3,948.

In addition to direct patient-care, the staff were responsible for supervising a total of eight graduate and undergraduate interns from the Universities of Manitoba and British Columbia during the summer months. They were also involved with ongoing orientation programmes for affiliating student nurses, and with providing consultative help to the programming for the New Denver Youth Centre.

Through the year, occupational-therapy staff in all units handled 2,569 patients, with a daily average of 399. A total of 95,699 treatment sessions was given.

RECREATIONAL THERAPY DEPARTMENT

A review of the Recreational Therapy Department for the year covers a wide range of activities, carried out under many different circumstances at widely varying times of the day and evening and on almost every day of the year. The grand total added up to 5,537 sessions, with total patient attendances of 204,751.

In carrying out its function as part of the treatment team, the recreational-therapy staff was involved in organizing and giving leadership to a total of 1,680 daily sessions conducted in all six units of the hospital. A total of 55,277 attendances was recorded in these sessions by patients who were thus afforded an opportunity to share in the stimulation and socializing values of group activation.

During the year a notable gain in facilities was made with the opening in Centre Lawn in January of a new well-equipped centre for recreational therapy. In each unit, activities were adapted to the needs of the patients.

In addition to the daily treatment-centred activities mentioned above, leisure-time activities (bingos, card socials, teas, ward parties, dances, etc.) were conducted within the units on 885 occasions, with a total of 49,529 recorded attendances.

Special events such as Christmas " open house " programmes and observation of special seasonal holidays (Easter, summer sports days, Hallowe'en, Thanksgiving, New Year's, St. Valentine's Day, etc.) provided further occasions for unit-centred activity. Picnics, cook-outs, hikes, fishing expeditions, swimming parties, mystery bus trips, and the attendance of busload groups of patients at concerts, movies, sporting events, the Pacific National Exhibition, the Shrine Circus, and other community events provided considerable opportunities to keep patients aware of, and to assist in their readjustment to, the world outside the hospital. Such special outings were held on 395 occasions, with attendances of 10,389.

Not all of hospital life is lived within the individual units, a fact readily discernible from a study of programmes provided in and around the hospital's community centre at Pennington Hall. Here major events, such as visiting concert parties, weekly bingos, Friday night dances, and individual and group participation in music, bowling, badminton, roller skating, etc., lead to a total recorded attendance of 59,993 in 1,090 scheduled events and open sessions. Softball, bowling, and volleyball league play saw representative teams meet in intense but friendly competition on 194 occasions, with 3,782 in attendance. Continued lack of a swimming-pool cut off this source of healthy recreation for the great majority of our patients, but advantage was taken of limited off-grounds resources to provide a swimming opportunity for busload groups of patients on 95 occasions throughout the year.

The provision of special week-long vacation activities for patient workers was again provided by the Recreational Therapy Department. Some 624 patients took part in a 16-week programme enjoying hikes, picnics, outings, tours, and trips to Stanley Park, special sporting events, etc.; in all, a total of 101 events, with attendance of 2,433.

A further new development in summer activity lay in the seven weeks of resident camping provided for East and West Lawn patients at Camp Garibaldi, involving some 40 group sessions and a total attendance of 1,196.

Once again music and music-making in all its forms provided a most popular and sought-after resource throughout the hospital during the year. Group sessions were held in all six units on 394 occasions, for a total participating attendance of 9,115, while live music provided by combined patient-staff orchestras was a feature of most ward parties and Pennington Hall dances.

Continuing efforts toward the development of a patients' glee club, a dance orchestra, and various smaller musical combos brought further dividends when these patient groupings, assisted by visiting volunteer entertainers, were able to stage a popular summer series of mid-week concerts on the outdoor stage.

The popular patients' newspaper, The Leader, published every three weeks under the guidance and supervision of the recreational-therapy staff, has continued to grow, with a present circulation of 1,200 couples. During the year a total of 225 patients contributed to its production, of which approximately 90 are regular contributors as ward reporters or assist in The Leader office. In October of 1967 The Leader was granted membership in the International Institutional Press Association, which has headquarters in Washington, D.C., and represents approximately 660 publications. The Leader exchanges with 134 of these institutions.

PATIENTS' SCHOOL

The school was open for 234 regular school-days, with a total enrolment of 85 pupils (55 male and 30 female). Of these, 34 were adolescents with an average age of 16 years, and 51 adults averaging 26.9 years. Seventy-four attended daily

classes in the schoolroom, while 11 required instruction on the ward. The average period of attendance per patient was 6.7 weeks. Thirty-five of the school group were able to leave the hospital on discharge.

Instruction suited to the individual's needs continued to be employed as a preparation for the patient's return to the community, where he would either resume his interrupted schooling or prepare for a job. Forty students followed the standard grade curricula, and 45 undertook one or more correspondence courses. Both academic and vocational subjects were offered.

The former scholastic achievement levels and age differences of the patients necessitated a wide grade level of instruction. Twenty-three students were enrolled in the elementary grades, 33 in the junior secondary grades, and 23 in the senior secondary grades. In addition, a class in English for New Canadians was attended by six patients.

In January an experimental programme was initiated wherein four selected Order in Council patients were permitted to attend the regular afternoon classes rather than continue to receive individual instruction on their wards. Their greatly improved work habits and achievements indicate the value of an integrated social setting as an incentive to learning.

A poll among the major Canadian mental hospitals was recently conducted by this Department to determine the extent of formal educational facilities available to patients. Approximately 50 per cent of the hospitals polled were conducting in-patient programmes similar to that at Riverview, and over 30 per cent are at the present time engaged in setting up workable plans for such services. These data reflect the increasing awareness among our hospitals of the importance of an in-service educational programme as a factor in the rehabilitation and post-hospital adjustment of many patients.

RADIOLOGY DEPARTMENT

The Radiology Department technicians and visiting radiologists provided a comprehensive diagnostic service throughout the year, during which time 10,902 patients were examined and 16,541 films taken. A new automatic film-processor was installed in the Crease Unit, which greatly decreases the time required for film processing and drying.

PATHOLOGY DEPARTMENT

This Department reports increased activity over the past year. A total of 80,205 procedures was performed in the several laboratories, representing 162,292 units of clinical laboratory work. This is an increase of 3,475 procedures or 17,096 units of work compared to the previous year. These increases occurred mainly in hæmatological, biochemical, and bacteriological procedures.

A total of 150 autopsy examinations was carried out, and constitute approximately 81 per cent of the deaths that occurred both at Riverview and Valleyview Hospitals.

The Riverview laboratories continue to function as a training-school for laboratory technologists, and the pathologist and technical staff have continued to participate in the investigation of melanin metabolism as it relates to the etiology of schizophrenia.

DEPARTMENT OF NEUROLOGY

This Department provides neurological, electroencephalographic, and neurosurgical consultative services to the Mental Health Branch. On July 1, 1967, Dr. R. P. Joneja was appointed as Director of this Department, replacing Dr. P. Bratty, who previously served part time as our neurological consultant.

During the year 203 neurologic consultations were provided. An echoencephalograph obtained in August, 1967, was put into immediate use, and since that time 105 examinations have been done. A total of 1,059 E.E.G. examinations was performed this year, 842 at Riverview Hospital, of which 143 were referrals from penal institutions, 167 were done at The Woodlands School, and 50 at the Burnaby Mental Health Centre.

Dr. Frank Turnbull continues as the neurosurgical consultant, and during the past year carried out 11 neurosurgical operations, 11 carotid arteriograms, and six pneumoencephalograms.

DENTAL DEPARTMENT

The Dental Department has continued to provide a wide range of dental services to Riverview patients, with emphasis on maintaining a high level of dental care and hygiene for the long-term resident population. However, emergency service to short-term patients has been provided wherever necessary. Denture work continues to be in constant demand. A second technician position has now been added to the establishment, and recruitment into this early in the new year is anticipated. Completion of dental care for patients being prepared to leave hospital to boarding-home care continues to receive priority attention.

Several needed changes were provided by the Public Works staff. The dental laboratory particularly received a face-lifting with the provision of stainless-steel bench surfaces, enlarged sinks, and improved cupboard space. The darkroom also has received new equipment. These improvements have helped considerably, but there is still need for a general updating of operating equipment and space allocation in order to provide the most efficient dental service to patients.

A review of the services rendered by the dental staff indicates a general increase of service to patients. During the year 3,305 patients were treated and 10,166 procedures carried out. This represents an increase of 409 patients and 546 procedures compared to the previous year.

PHARMACY DEPARTMENT

The past year has seen a further increase in the services provided by the Riverview pharmacy. During the early part of the year the increased demands presented certain problems. However, with the recruitment of an additional part-time pharmacist, some administrative changes, and time-saving equipment, full service was maintained and backlogs in prescriptions caught up.

Prescription service to out-patients and in-patients continues to be the greatest area of service, and increased by 1,317 to a total of 27,124 prescriptions filled. The number of prescriptions for narcotics and controlled drugs decreased significantly.

In addition to the individual prescription service, the pharmacy dispensed 47,200 items of ward stock pharmaceuticals, as well as 20,300 items of surgical sundries.

Time-saving and control procedures instituted during the year included a system of prepackaging control cards and an improved list to facilitate ward stock requisitioning. A tube and jar filler, tube crimper, and homogenizer have been secured and have proven to be very helpful.

As a result of these changes, the senior pharmacist has been able to carry out a series of ward visits to supervise and assist nursing in the storage and control of ward stock pharmaceuticals.

PHYSIOTHERAPY DEPARTMENT

During most of the year this Department has been able to maintain a comprehensive physiotherapy service to patients, but, as a result of fluctuations in staffing and difficulties in recruitment of fully qualified physiotherapists, there have been periods when service was affected.

On December 4th a senior physiotherapist was appointed as head of the Department. Since this date the service has expanded and is now better able to cope with the heavy demands from increasing numbers of elderly and physically handicapped patients. Requests from the acute surgical and medical wards for newer physiotherapy procedures, such as specialized treatment in the field of chest physiotherapy and intermittent positive pressure breathing treatments, have also increased.

Lack of a therapeutic pool to provide a full range of water-supported exercises for physically and mentally handicapped persons has limited treatment in this area.

During the year a total of 611 patients received treatment involving 8,677 various treatment procedures.

Department staff, in collaboration with the Department of Nursing Education, provided a series of lectures on physiotherapy to senior student nurses during their stay in North Lawn wards. The students were taught how to give passive movements, how to position patients in bed with regard to certain medical conditions, and were also given instruction on simple bed exercises and the maintenance of muscle tone to assist in the prevention of contractures and deformities in handicapped patients. Some in-service lecture programmes have also been provided for graduate nurses.

CHAPLAIN SERVICES

The religious needs of Riverview patients have continued to be served throughout the year by our resident chaplains through regular church services in Pennington Hall, the Crease Unit chapel, and by their regular ward visits and special attentions to the sick and bereaved.

Of special interest this year has been the increased interest of community churches and their clergy in our patients and the hospital. During the year the secretary-general of the religious order of our Roman Catholic chaplain visited the hospital to become acquainted with the service at Riverview. This was later followed by the interest of the religious publication The B.C. Catholic, which printed a long article on the work of our Roman Catholic chaplain. Senior students from the Roman Catholic seminary and the Anglican seminary have also visited the hospital to view the scope and challenge of their work in this large patient-group.

There has also been an increase in the regular visiting programme of clergy from both the Lutheran Church and of the United Church of Canada.

Of particular significance was the inauguration of a six-week field training course in clinical pastoral training at Riverview, conducted under the auspices of the New Westminster Foundation.

LIBRARY

In the patients' library efforts were concentrated on expanding the services to patients lacking grounds privileges. Success is largely due to the co-operation of the volunteers. Books are deposited at East Lawn, West Lawn, and Centre Lawn, and volunteer staff see that these books are circulated throughout the units. All wards in Riverside now have their own small book collections, which are administered by the patients themselves. Book collections in all units are rotated quarterly to ensure variety and interest and to keep patients abreast with new publica-

tions. Almost 5,500 books were borrowed during the year. This is slightly less than the previous year, but the decrease can be accounted for by the extension of library services to other areas. During the year the fiction collection was revitalized largely through donation of books from members of staff. The hospital Rehabilitation Department has again used the library as a job-placement area, and there has been a continuous succession of patients assigned to library duties. Magazine subscriptions now total 33. When out of date, these popular journals are circulated to various wards or used to augment the library's expanding illustrations collection.

Several new services commenced this year in the medical library. A " clippings " file is now kept of articles appearing in the local press concerning the hospital and its services. " What's New in the Library " has been revived but in a different form. This regular publication now lists current articles likely to interest the staff instead of reviews of one or two interesting articles. The response to this list, not only from the hospital staff but also the staff of the Province's Mental Health Services, adequately justifies the time spent in producing it. Bibliographies on topics of current interest are now being issued. So far, L.S.D., therapeutic communities, and barbiturate addiction have been dealt with. Some 1,736 books were circulated during the year. This is a marked increase over previous years and emphasizes the continuing heavy use the library receives. Current journal subscriptions now total 196. Approximately half the library's budget is spent purchasing these works; however, an extensive journal collection is essential if the library is to be kept up to date. Amongst the more difficult queries received and answered during the year were those asking for information on histidinemia, pyridoxine deficiency in mental illness, and excephtalmus (unilateral).

During the year 252 new books were added to the patients' library, bringing the total collection to 3,931. The medical library received 362 new items, bringing total stock to 4,736.

MEDICAL RECORDS DEPARTMENT

A main goal throughout the year has been a review of the functions of the Department using as a guide the Standards for Accreditation of Canadian Mental Hospitals, 1964, by the Canadian Council on Hospital Accreditation. To provide the services recommended, the Medical Records Department's responsibilities have been extended. With the objective of furthering the elevation of the standards of clinical records, a quantitative analysis of the medical records of patients separated from the hospital is steadily developing. Thus a better base will be provided for the medical-care analysis by the Medical Audit Committee. Additional services also include the expansion of Riverview Hospital indexes to include medical diagnosis and operative procedures, which will provide a wider scope of data for research and a useful instrument for administrative purposes.

As requirements for higher standards demand more intensive procedures, an attempt is being made to provide the training necessary to meet the requirements. Four medical records staff have enrolled in the extension courses for training medical records personnel, sponsored jointly by the Canadian Hospital Association and the Medical Record Librarians' Association. The approval of mental health bursaries for three of the applicants has greatly assisted this training objective.

In facilitating research programmes which required the use of patients' medical records, the Department was involved in two projects and supplied 268 medical records for reference purposes. There were 10 special statistical reports compiled in response to requests by departments of Riverview Hospital and the University of British Columbia.

VOLUNTEER SERVICES

During the year 160 Canadian Mental Health Association hospital volunteers donated 21,920 hours of service to the residents of Riverview Hospital.

Some of the activities which were carried on throughout the hospital were as follows: Apparel-shop, socialization and activation programmes, luncheons, volunteers assisting with occupational and recreational programmes, shopping trips, ethnic groups, admission suite hostess service, library service, personal hygiene groups, typing classes, birthday parties, drives.

The volunteers' apparel-shop has completed another successful and busy year, and issued a total of 3,331 articles of clothing to 2,178 patients, including many who are resident in the community under our boarding-home programme.

The annual Christmas gift programme proceeded with success, and each resident of Riverview Hospital received a Christmas present. This totalled 2,870 gifts which were donated through the community at large.

The volunteers and hospital staff enjoyed a Christmas tea this year at the Volunteer Centre to endeavour to renew and augment staff-volunteer relationships and acquaintances. Approximately 300 staff and volunteers enjoyed this brief visit to the Volunteer Centre.

Luncheon programmes this year increased in numbers; over 200 residents of the hospital have been taken to private homes and churches for these outings. This programme has much therapeutic benefit for the residents attending.

Ethnic groups continue to function, our Japanese, Chinese, and Polish volunteers being active. These groups also provide interpreting service for residents of the hospital when requested and needed.

The tailor-shop, which is under the direction of the Volunteer Services, has again completed a busy and productive year, much to the benefit of residents in hospital. During the fiscal year there have been 1,852 articles repaired, mended, and fitted and altered at the shop. This represents a 25-per-cent increase over the past year.

Tours through the hospital this year have accommodated various community groups; that is, schools, churches, clubs, university students. Numbers touring equalled 807 individuals.

GENERAL ADMINISTRATION AND SERVICE DEPARTMENTS

In view of the changing concepts of modern psychiatric care and treatment, the increasing development of community resources, and the changes that have occurred in the organization of the Mental Health Branch, a great deal of study and reassessment has been carried out in most areas of the hospital during the year. Considerable study and discussion by the senior administrative staff of the hospital have been directed toward an evaluation of the present and future role and function of Riverview Hospital within the Mental Health Branch, and in relation to the various community resources for the treatment of emotional disorders for the citizens of the Province. In particular, a review has been made of the total organization and administration of the hospital and its interdepartmental relationships, which resulted in the submission of a comprehensive report and recommendations early in the year.

The changes that occurred in the reorganization of the office of the Deputy Minister of Mental Health were welcomed as a new and progressive approach to mental health care.

A very considerable amount of effort has gone into endeavours to improve the functional operations of the departments of the Business Administrator. In particular, much planning and some progress have been achieved in improving our responsibility and control over hospital accounting functions, the establishment of a co-ordinated administration of laundry, linen, and clothing services and the provision of a Personnel Officer for Riverview.

We have enjoyed co-operation from the Department of Public Works in our endeavours to improve the hospital facilities under capital construction programmes. Considerable work has gone into planning of the Riverside kitchen, dining, and industrial-therapy facilities. The Centre Lawn Building has been under review, and plans are going ahead for some of the areas in this building. Ward D5 has already been completely renovated, and Ward E5 is under development. Ward D1 has been converted to a very welcome recreation area. Occupational-therapy facilities and the central administrative facilities will be carried out possibly in the forthcoming year. We were pleased to secure a very much needed dining-room for the Ward H1 patients. The conversion of a storage area has turned out to be a real "bright spot" for Ward H1. We plan to progress with changes in East Lawn as funds are made available.

Considerable thought has gone into the planning of our laundry facilities. This is a major project which must be accommodated within the next year. Tenders for renovations to the West Lawn Unit have been called for. The office and ward areas of East Lawn have also been under review, as these sections of the hospital will soon need modernization.

DIETARY DEPARTMENT

Dietary services to patients and staff have been updated with the installation of large central coffee-making facilities in Centre Lawn, new kitchen equipment in East Lawn main dining-room, and the renovation of C4-A4 dining-room in West Lawn. In addition, we have foreseen the need of a reduction in the practice of utilization of patient workers in the dietary area. It will soon be necessary to replace these patient workers with paid personnel. For this reason, and in an endeavour to arrive at a five- or ten-year plan for the Dietary Department, arrangements have been made for a comprehensive survey by dietary consultants of all dietary facilities, functions, and services.

HOUSEKEEPING DEPARTMENT

The Housekeeping Department has made a very considerable contribution in the areas in which it has been engaged, and has been well received by the Nursing Division. Our building service staff have cleaned an average of 15,000 square feet per employee day on a five-day-week basis. A recent cost analysis has established that our cost runs at 30 cents per square foot per annum. It is our belief that we are receiving excellent value for the funds expended, and that the programme of housekeeping within this institution should be accelerated so that we might reduce the costs in the other hospital areas. Preventive maintenance pays.

INDUSTRIAL THERAPY DEPARTMENT

Production-line methods on a limited scale were introduced to some of the shops this year. Results have proven both stimulating and instructive for the patient participants. Many of the items manufactured on assembly-lines were the direct product of Departmental research and manufactured for specific area needs. Chairs were designed for incontinent patients; commodes, teaching aides, crib-side beds, gatch beds, wardrobes, bedside tables, etc., were also manufactured.

It is of interest to note that the Industrial Therapy Department has played an important role in relieving tensions in the Order in Council wards by employing two large groups of patients in the mattress-shop and the upholstery-shop over the past eight months. The results achieved from this programme have been heart-warming, educational, and therapeutic.

The Audio-Visual Department is to be praised for its part in a technical achievement of a 16-mm. movie entitled " Ward 71 " produced for the psychiatric unit at The Woodlands School. This film, telling the story of a ward for autistic boys, is to be used as a teaching-tool in staff-training and for ward orientation. The conference of the American Association for Mental Deficiency held in New Westminster was the setting for the first public showing. Comments following this presentation confirm that this is one of a very few films dealing with autism which is available.

The film library shipped 2,311 educational films to borrowers encompassing a viewing audience of 70,354 persons.

Day and evening concert music is piped to all parts of the hospital grounds. Recreational movies, 16 and 35 mm., were enjoyed by many patients throughout the winter months.

The music activation programme broadcast to East Lawn and North Lawn wards each morning has proven a stimulating therapy.

There was an average of 200 patients employed daily in the industrial-therapy shops, with an average turnover of 30 new patients per month.

LAUNDRY

In May of this fiscal year a comprehensive analysis of Riverview laundry, linen, and clothing problems was prepared by the hospital business administrator. The laundry, when built in 1953, was designed to process a load demand of 6,240,000

The broadcasting room, showing recently installed equipment. Daily musical programmes, live broadcasts, and prescribed therapeutic programmes are sent out daily over this system to the wards and hospital grounds.

pounds per annum. This year a total volume of 10,864,400 pounds of linen was processed, an increase of 399,956 pounds over the previous year. The Department of Public Works, however, has demonstrated an interest in our problems and has been working with us to improve our physical plant. In addition, five laundry staff were added to the working force this year.

Plans are under way to restructure the laundry administrative organization so that we might provide a comprehensive laundry, linen, and clothing service which will meet our changing concepts and standards of care.

BARBER AND BEAUTICIAN SERVICE

Continued stress has been placed in encouraging patients to be interested and responsible for their grooming and personal appearance through the use of the barbering and beauty-parlour services. In the longer-stay units especially, patients have been encouraged to attend at the barber-shop and beauty-parlour on their own initiative as they would in the community, rather than being served on the wards in a less personal manner.

This newer concept, however, has required a review of our barbering facilities and has led to several changes, including the establishment of a well-equipped barber-shop area in the Riverside Annex to serve patients in the Riverside Unit. The barber-shop in the West Lawn Building has been moved to a new location in the same building to make way for a much-needed central linen supply area for this unit. The new shop has an additional chair, much-improved lighting, and has been well patronized.

The beauticians have continued to give the many services required for the proper grooming of our female patients. This year they carried out 44,657 procedures.

PODIATRY SERVICE

In addition to supplying Riverview, Valleyview, and The Woodlands School with podiatric services, our podiatrist has extended his services to the boarding homes on a request basis. A new procedure has been established in supplying orthopædic and special footwear. We have found that this has resulted in better control and has expedited the provision of prescription shoes. There was a total of 2,850 treatments carried out during the fiscal year, involving 1,525 patients.

TRANSPORT SERVICE

It is with regret that we must report the death of Mr. Gordon Nolan, our transport supervisor, who passed away on January 19, 1968, after giving to the Mental Health Services 23 years of faithful and loyal service.

The Transport Division is another section of the hospital that has been under close review and for which many changes are planned. A dispatcher now co-ordinates all radio-controlled vehicles; the role of the supervisor is being expanded; schedules of transport priorities have been prepared; we have commenced preliminary planning for garage maintenance and stock-control improvements; off-loading facilities have been the subject of review and improvement; a " slick rail " has been installed in the East Lawn central linen room; several of the older passenger vehicles have been retired from service; a new bus has been added to the fleet; and a new gas pump was installed. There are many improvements still needed: we must keep pace with out " mobile generation." Our Transport Division continues to provide a very vital link in our hospital's expanding programme and increased involvement in the surrounding community.

COMMUNICATIONS AND RECEPTION SERVICES

Additional telephones have been installed this year to meet the ever-growing need of the hospital. Our staff of eight operators working around the clock on a 24-hour basis handle well over a thousand calls a day, one hundred of these being long-distance calls. The telephone services form a vital link in the hospital's communications system and form a part of our emergency call system.

The previously independently operated " centre desks " in each unit were reorganized this year into a co-ordinated information and reception service, involving a staff of 20 under the direction of a supervisor. While the switchboard is the first line of contact with the community, the receptionist and information clerk are the second line of contact between the institution and the public, and in this role they offer a very important service to the hospital.

The postal services continue to render an efficient communications function in the distribution of hospital mail and the processing of the Government of Canada postal services. A small vehicle was added this year to facilitate the distribution of mail throughout the hospital complex.

ESSONDALE CIVIL DEFENCE DISASTER ORGANIZATION

Although general interest in civil defence activities has been minimal during the year, the Essondale Disaster Planning Committee has met on several occasions, and the Superintendent, as Civil Defence Co-ordinator for this area, has kept in contact with the office of the Zone Co-ordinator of the Vancouver area in the reception of regular reports and directives.

During the month of November, our senior E.E.G. technician attended the Provincial Radiological Defence Course in Victoria and is now qualified in radiological analysis, monitoring, and source handling as a Radef officer.

Report for April 1 to December 31, 1968

The following report covers in general special activities of note or new procedures or programmes introduced during the April 1 to December 31, 1968, period, and supplements the report covering the fiscal year 1967/68.

Although official statistics of patient movement are not available at this time, a review of the monthly statistical returns indicates that there have been no significant changes or trends compared to the previous 12 months. During the period April 1st to November 30th, total intake of patients numbered 2,418, with total separations being only slightly more at 2,429. The number of patients in residence at the end of November numbered 2,672 (1,423 men and 1,249 women), a decrease of only 11 compared to the number in residence as of March 31, 1968.

Several important projects designed to improve treatment services to patients and reported to be in the planning stages in the report for the fiscal year 1967/68 came to fruition during the period under review in this report.

A clinical teaching unit, developed in affiliation with the Department of Psychiatry of the University of British Columbia, began operation on August 1, 1968, on Ward West-3 of the Crease Unit.

On October 7th and 8th the hospital was visited by Dr. C. J. Doherty, field representative of the Canadian Council on Hospital Accreditation, and Dr. C. H. Moorhouse, psychiatric consultant, for the purpose of an accreditation survey. Although no official report has been received concerning this survey, it has been intimated that the visit may be regarded as a courtesy consultation with a final survey to be conducted in about six months.

During November, plans were completed to establish a special area on Ward West-4 of the Crease Unit for patients receiving intensive somatotherapies, such as sleep treatment, somnolent insulin, intensive E.C.T., etc. This unit of 9 beds is to be under the direction of a psychiatric specialist, and specially trained nursing staff is available to provide safer and more effective application of somatotherapy for patients in the Crease Unit.

The use of minimal care, or intermediate quarters, has been extended so that three residences on the hospital grounds are now in use — two for women, and the newest, which opened October 21, 1968, for men.

During November, integration of patients was introduced on Ward D5 in Centre Lawn. This is the sixth ward now caring for both men and women patients with both male and female staff.

The Nursing Service Department is now providing field-work experience for students from two British Columbia Institute of Technology programmes. This is in addition to the clinical areas already provided for affiliate students from various agencies and schools.

Presentations were made by the Psychiatric Nurses' Association to the Mediation Committee at hearings held in September and October. The resulting decisions, with their effect on the Nursing Department, are not known.

The policy of permitting sessional affiliation with the Department of Psychology has been continued and modified to permit the extension of fee-for-service privileges to thoroughly experienced psychologists with Master's degree training along with those having doctoral qualification. With this adjustment in terms, the prior policy of retaining casual employment on an hourly-rate basis has been discontinued. Considerable interest has been expressed in this form of professional affiliation by community-based psychologists, and it is expected that within the near future it may be effectively utilized as a service resource.

The Department has strongly maintained its research interest. The study atttempting to delineate antecedent behavioural factors underlying suicide has been completed. An attempt is now being made to determine the extent to which a suggested relationship between sterioid level and suicide propensity may provide reliable antecedent data. Development continues in the task of constructing an automated testing procedure. At the moment, effort is being applied to the writing of necessary computer programmes and the costing of various installations that might be utilized to make such a testing service operational.

Throughout the year the move toward increased social services at the community level received considerable impetus. The expansion of the boarding-home programme to Vancouver Island areas, other than Victoria City and its immediate surroundings, made available to the hospital some additional and much-needed beds. It was possible during the seven-month period covering April 1 to October 31, 1968, to place a total of 92 patients in licensed boarding homes under the ongoing supervision of the hospital, of which group 57 were new placements.

During the past nine months special attention has been given toward improvement in the efficiency of the dental service, particularly in respect to improved recording of dental work accomplished and in the communication of this information to patients' doctors and the clinical files. To this end, new dental record cards have been designed and implemented, and new forms and procedures for referral and reporting on each patient have been instituted.

During the period under review, the Medical Records Department has continued to concentrate on the application of the standards recommended by the Canadian Council on Hospital Accreditation.

The accreditation requirement of centralization of all reporting of patient treatment on the medical record was reviewed and systems initiated to provide recording from the following treatment services: Dental consultations; optical consultations; podiatry consultations and activity therapies progress; notes which include psychology group therapy, rehabilitation work, placement reports, and occupational therapy.

The registration and statistical reporting of all medical and surgical patients temporarily transferred from other mental health facilities commenced on November 1, 1968.

On June 17, 1968, a major innovation became implemented with the appointment of Mr. R. J. Phillips to the newly established position of Personnel Officer for Riverview Hospital.

Previously the responsibility for personnel matters had been incorporated in the duties of the Business Administrator. The new position of Personnel Officer is a staff position with direct responsibility to the Superintendent for the supervision and maintenance of all personnel records and route functions of the Personnel Office. In addition, the Personnel Officer will be in a position to expand the scope of personnel services, with increased attention to the welfare of Riverview staff on both an individual and collective basis.

To date, several major projects have been initiated, including the following:—

(*a*) *A safety and accident-prevention programme* was inaugurated in July with a new concept in safety committees being initiated.

(*b*) *Staff-training resources* have been investigated, and extensive research has been undertaken to provide administration with information concerning various resources available, both internally and from community agencies, for the development of staff. Special attention has been given to the development of training experiences for first- and second-line supervisory staff in personnel management.

(*c*) *Employee relations and staff welfare* have been of major concern, and steps have been taken to recognize and assist staff who are ill or bereaved, through letters and hospital or homes visits.

(*d*) *The Riverview staff bulletin* has also been revitalized with a change in the format and content of this form of communication to staff.

(*e*) Special attention has also been given to employee job satisfaction through surveys of job classifications, salary scales, fringe benefits, etc.

STATISTICAL TABLES

TABLE 1.—MOVEMENT OF POPULATION, RIVERVIEW HOSPITAL, ESSONDALE, APRIL 1, 1967, TO MARCH 31, 1968

	Male	Female	Total
In residence, April 1, 1967	1,456	1,312	2,768
On extended leave, carried forward from 1966/67—			
Boarding home	156	186	342
Other	52	100	152
On escape, carried forward from 1966/67	4	------	4
Total on books as at April 1, 1967	1,668	1,598	3,266
Admissions—			
First admissions to Mental Health Services	789	762	1,551
Readmissions to a different institution of Mental Health Services	18	8	26
Readmissions to the same institution	952	941	1,893
Total admissions[1]	1,759	1,711	3,470
Total under care	3,427	3,309	6,736
Separations—			
Discharged in full	1,662	1,558	3,220
Died	87	77	164
Transferred to geriatric facilities	12	8	20
Transferred to facilities for mentally retarded	4	1	5
On extended leave and still out—			
Boarding home	176	188	364
Other	65	206	271
On escape but not discharged	7	2	9
Total separations	2,013	2,040	4,053
Net decrease	—42	—43	—85
In residence, March 31, 1968	1,414	1,269	2,683

[1] Includes 15 male and 7 female transfers from geriatric facilities, 1 male and 1 female transfer from facilities for the mentally retarded.

TABLE 2.—FIRST ADMISSIONS TO RIVERVIEW HOSPITAL, ESSONDALE, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1967, TO MARCH 31, 1968.

Health Unit and School District	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 2	3	4	7
,, ,, ,, 3	4	1	5
,, ,, ,, 4	3	---	3
,, ,, ,, 18	1	1	2
,, ,, ,, 86	1	4	5
Selkirk, Nelson—			
School District No. 7	6	7	13
,, ,, ,, 8	1	2	3
,, ,, ,, 10	1	3	4
West Kootenay, Trail—			
School District No. 9	2	1	3
,, ,, ,, 11	3	9	12
,, ,, ,, 12	1	---	1
South Okanagan, Kelowna—			
School District No. 14	2	---	2
,, ,, ,, 15	7	3	10
,, ,, ,, 17	1	1	2
,, ,, ,, 23	6	1	7
,, ,, ,, 77	1	1	2
North Okanagan, Vernon—			
School District No. 19	1	2	3
,, ,, ,, 22	1	3	4
,, ,, ,, 89	2	3	5
South Central, Kamloops—			
School District No. 24	6	4	10
,, ,, ,, 26	1	---	1
,, ,, ,, 29	5	---	5
,, ,, ,, 31	2	1	3
Cariboo, Williams Lake—			
School District No. 27	6	3	9
,, ,, ,, 28	4	5	9
Northern Interior, Prince George—			
School District No. 55	1	1	2
,, ,, ,, 56	1	2	3
,, ,, ,, 57	27	13	40
,, ,, ,, 58	---	3	3
Upper Fraser Valley, Chilliwack—			
School District No. 32	3	6	9
,, ,, ,, 33	13	14	27
,, ,, ,, 34	8	11	19
Boundary, Cloverdale—			
School District No. 36	35	39	74
,, ,, ,, 37	7	13	20
Simon Fraser, New Westminster—			
School District No. 40	18	24	42
,, ,, ,, 43	22	26	48
Central Fraser, Mission—			
School District No. 35	8	9	17
,, ,, ,, 42	9	14	23
,, ,, ,, 75	6	8	14
,, ,, ,, 76	2	2	4
Metropolitan Board of Health of Greater Vancouver—			
School District No. 38	21	29	50
,, ,, ,, 39	313	313	626
,, ,, ,, 41	34	54	88
,, ,, ,, 44	23	20	43
,, ,, ,, 45	7	4	11
Coast-Garibaldi, Powell River—			
School District No. 46	2	4	6
,, ,, ,, 47	7	6	13
,, ,, ,, 48	6	7	13
Skeena, Prince Rupert—			
School District No. 50	---	2	2
,, ,, ,, 52	11	2	13
,, ,, ,, 54	5	3	8
,, ,, ,, 80	6	3	9
,, ,, ,, 88	4	5	9
Peace River, Dawson Creek—			
School District No. 59	13	6	19
,, ,, ,, 60	3	2	5
,, ,, ,, 81	2	1	3
,, ,, ,, 83	2	---	2
Greater Victoria Metropolitan Board of Health—			
School District No. 61	31	17	48
,, ,, ,, 62	5	2	7
,, ,, ,, 63	2	3	5
,, ,, ,, 64	2	2	4
Central Vancouver Island, Nanaimo—			
School District No. 65	6	3	9
,, ,, ,, 66	3	2	5
,, ,, ,, 67	1	---	1
,, ,, ,, 68	7	5	12
,, ,, ,, 69	3	2	5
,, ,, ,, 70	10	6	16
,, ,, ,, 79	1	---	1
Upper Island, Courtenay—			
School District No. 71	3	4	7
,, ,, ,, 72	3	5	8
,, ,, ,, 85	3	---	3
School districts not covered by health units—			
School District No. 49	2	1	3
,, ,, ,, 84	1	---	1
,, ,, ,, 87	1	1	2
Unorganized	4	1	5
Ex-Province	27	11	38
Unknown	2	---	2
Totals	807	770	1,577

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO RIVERVIEW HOSPITAL, ESSONDALE, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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																													
Informal	—	—	21	19	45	44	31	55	31	45	37	48	33	46	26	30	18	27	16	29	11	14	10	8	2	4	281	369	650
Order in Council	—	—	2	—	6	2	3	—	1	1	3	—	2	—	—	—	2	—	—	—	2	—	—	—	3	—	24	3	27
Involuntary	3	5	25	35	58	38	48	37	49	35	50	47	41	33	45	38	30	30	31	25	25	28	27	24	5	8	437	383	820
Magistrate's warrant	—	—	2	—	2	—	2	2	4	—	4	1	4	4	2	2	2	2	1	—	—	—	—	—	—	—	23	11	34
Court order	1	—	16	1	9	1	5	—	5	—	2	1	1	1	—	—	2	—	—	—	1	—	—	—	—	—	42	4	46
Totals	4	5	66	55	120	85	89	94	90	81	96	97	81	84	73	70	54	59	48	54	39	42	37	32	10	12	807	770	1,577
Readmissions																													
Informal	—	—	14	3	36	24	44	44	50	56	57	59	53	80	40	77	35	55	36	40	27	34	14	14	7	9	413	495	908
Order in Council	—	—	4	1	4	—	3	1	3	—	9	1	3	—	2	—	2	—	—	—	—	—	1	—	—	—	31	3	34
Involuntary	1	—	17	19	48	22	56	40	43	48	71	63	75	57	41	54	33	59	33	33	15	24	13	10	4	2	450	431	881
Magistrate's warrant	—	—	2	—	4	—	3	1	2	1	5	3	6	3	6	1	—	2	2	1	—	—	—	—	—	—	30	12	42
Court order	—	—	5	—	7	—	1	—	4	—	4	—	3	—	—	—	3	—	—	—	—	—	—	—	—	—	27	—	27
Alcoholic	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	1	—	42	23	99	46	107	86	103	105	146	126	140	140	89	132	73	116	71	74	42	58	28	24	11	11	952	941	1,893

TABLE 4.—FIRST ADMISSIONS TO RIVERVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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	—	—	1	—	2	—	2	1	1	—	2	—	1	—	1	—	2	—	2	—	—	—	—	—	—	—	14	1	15
Hebephrenic	—	—	1	—	1	—	1	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	4	2	6
Catatonic	—	—	2	1	1	2	2	—	1	—	2	—	—	—	1	—	—	1	—	1	—	—	—	1	—	—	9	6	15
Paranoid	—	—	2	—	9	2	10	3	12	9	8	8	11	11	4	12	6	19	1	8	4	4	1	—	1	—	69	76	145
Acute schizophrenic reaction	—	—	5	5	14	4	9	7	4	5	6	7	5	2	3	1	—	1	1	—	—	1	—	—	—	—	47	33	80
Latent schizophrenia	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Schizo-affective	—	—	—	1	4	—	2	1	1	2	—	1	—	4	1	2	—	—	—	—	—	—	—	—	—	—	8	11	19
Chronic undifferentiated	—	1	2	2	5	3	2	2	2	2	6	10	4	6	4	2	1	4	2	3	—	1	1	1	—	—	29	37	66
Childhood	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Manic-depressive reaction—																													
Manic and circular	—	—	—	1	2	1	1	2	2	1	1	3	4	—	4	—	2	2	1	—	1	3	2	1	—	—	20	14	34
Depressive	—	—	—	1	—	—	—	—	1	3	1	—	—	—	1	1	1	2	—	1	1	1	—	—	—	—	5	10	15
Other	—	—	—	—	—	1	—	—	—	—	1	—	—	1	—	1	1	1	—	—	—	—	—	—	—	—	2	4	6
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	2	1	8	4	3	5	3	3	1	1	2	16	22	38
Paranoia and paranoid states	—	—	—	—	1	—	1	1	4	1	3	3	—	2	1	2	1	—	—	—	3	—	2	1	—	—	16	10	26
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	3
Presenile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	—	—	2	2	4
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	2	1	—	1	5	2	7
Alcoholic psychosis	—	—	—	—	3	—	2	—	10	1	10	3	11	4	11	2	9	—	1	2	4	—	3	—	—	—	64	12	76
Psychosis of other demonstrable etiology—																													
Resulting from a brain tumour	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Resulting from epilepsy and other convulsive disorders	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	3	3
Secondary to allergic and other nutritional diseases	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Secondary or due to blood-forming organs and circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Secondary or due to diseases of the nervous system	—	—	6	1	7	2	1	—	1	—	3	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	21	3	24
Secondary or due to drugs	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Secondary or due to accidents or other trauma	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	—	1	—	—	—	—	3	1	4
Secondary or due to other causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	1	2	3
Other and unspecified psychoses	—	—	—	—	—	—	1	3	1	—	—	3	—	1	1	3	—	4	—	1	1	2	—	3	—	—	4	20	24
Psychotic-depressive reaction	—	—	—	1	2	—	1	—	—	—	1	1	—	—	1	1	1	—	1	—	—	—	—	—	—	—	7	3	10
Anxiety reaction	—	—	2	2	4	8	2	10	1	7	6	6	3	5	3	5	2	1	3	4	—	1	1	—	—	1	27	50	77
Hysterical reaction	—	1	—	—	—	2	—	1	2	—	3	—	—	2	1	—	1	—	1	—	—	—	—	—	—	—	8	6	14
Phobic reaction	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3

Obsessive compulsive reaction	—	—	—	—	—	—	—	1	—	1	1	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	2	4	6
Neurotic depressive reaction	—	—	4	11	14	28	14	33	14	28	10	24	13	26	12	17	6	11	7	18	2	11	2	6	—	1	98	214	312
Psychoneurosis with somatic symptoms affecting digestive system	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Psychoneurotic disorders, other, mixed, and unspecified	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3	—	3
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	2	1	1	—	—	—	—	—	4	3	7
Syphilis and its sequelæ	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
Pathological personality—																													
Schizoid	—	—	3	—	3	1	1	1	3	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	11	2	13
Paranoid	—	—	—	—	—	—	1	—	—	—	1	1	—	—	2	1	1	—	—	—	—	—	—	—	—	—	5	2	7
Inadequate	—	—	1	2	2	3	4	7	1	1	1	2	2	1	1	—	1	—	—	—	1	—	—	—	—	—	14	16	30
Anti-social	—	—	1	3	9	3	3	2	3	1	2	—	5	—	1	—	1	—	—	—	—	—	—	—	—	—	25	9	34
Asocial	—	—	1	—	—	2	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	5
Sexual deviation	—	—	1	—	3	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	5	1	6
Immature personality—																													
Emotional instability	—	—	2	5	3	5	2	5	—	3	1	1	1	1	1	1	—	—	—	2	—	—	—	—	—	—	10	23	33
Passive dependency	—	—	2	1	7	2	5	1	5	—	7	3	2	2	—	1	—	—	1	1	—	—	1	—	—	—	30	11	41
Other and unspecified	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Alcoholism—																													
Chronic	—	—	1	—	5	2	4	—	3	5	4	3	6	1	8	3	5	—	3	1	2	—	1	1	—	—	42	16	58
Unspecified	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	4	1	—	3	1	2	—	—	—	—	—	8	6	14
Other drug addiction	—	—	—	—	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Primary childhood behaviour disorders	1	3	7	14	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	19	28
Mental deficiency—																													
Moderate	—	—	—	—	—	—	2	1	1	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	2	8
Mild	—	—	2	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	1	—	—	—	—	—	—	—	3	3	6
Other and unspecified character, behaviour, and intelligence disorders—																													
Acute situational maladjustment	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Transient situational personality disturbance	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Adjustment reaction of late life	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	1	—	—	—	1	—	2	2	4
Adult situational reaction	—	—	2	—	3	4	2	3	2	4	1	7	1	4	—	—	—	—	—	2	—	—	—	—	—	—	11	24	35
Chronic brain syndrome with behavioural reaction	—	—	1	—	1	—	1	1	1	—	—	—	—	—	—	1	—	1	3	—	5	2	9	3	4	1	25	9	34
Chronic brain syndrome, N.O.S.	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	1	2	—	2	2	1	1	2	7	1	—	11	11	22
Epilepsy	—	—	1	—	1	1	1	1	—	1	2	—	—	—	—	—	2	—	—	—	—	1	1	1	—	—	8	5	13
Observation without need for further psychiatric care	—	—	11	—	4	—	4	—	2	—	1	—	1	3	—	—	1	1	—	—	1	—	—	—	1	—	26	4	30
Senility	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	2	1	—	2	2	5	7
Diagnosis deferred	2	—	5	4	4	6	4	3	5	2	8	5	8	2	4	4	4	1	4	2	3	5	—	2	—	1	51	37	88
Totals	4	5	66	55	120	85	89	94	90	81	96	97	81	84	73	70	54	59	48	54	39	42	37	32	10	12	807	770	1,577

TABLE 5.—READMISSIONS TO RIVERVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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	—	—	1	1	2	4	1	2	—	1	3	—	2	1	1	1	1	1	1	—	1	—	—	—	—	—	13	11	24
Hebephrenic	—	—	1	1	1	1	1	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	6	2	8
Catatonic	—	—	—	—	5	1	5	—	2	—	1	1	2	—	—	1	1	—	1	2	—	—	—	—	—	—	17	5	22
Paranoid	—	—	1	1	9	5	21	9	21	16	30	25	28	26	16	21	8	21	7	6	1	7	5	4	—	—	147	141	288
Acute schizophrenic reaction	—	—	2	1	12	3	5	6	4	6	5	5	1	1	—	2	—	—	—	—	1	1	—	—	—	—	30	25	55
Latent schizophenia	—	—	3	—	3	1	1	—	1	3	2	1	2	5	—	1	4	1	1	—	2	1	—	—	—	—	19	13	32
Schizo-affective	—	—	1	—	5	1	5	9	5	9	3	7	6	7	4	2	6	10	5	4	1	1	—	—	—	—	41	50	91
Chronic undifferentiated	—	—	4	3	14	3	25	12	17	17	27	23	25	22	14	15	17	21	8	15	—	2	2	—	—	—	153	133	286
Childhood	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Manic-depressive reaction—																													
Manic and circular	—	—	—	—	2	—	1	5	2	7	4	10	3	7	5	5	3	7	3	7	3	4	—	2	—	1	26	55	81
Depressive	—	—	—	—	—	2	1	4	1	2	3	2	4	3	2	6	—	4	4	5	2	2	2	2	2	—	21	32	53
Other	—	—	—	—	1	—	—	1	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	3	4
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	7	2	2	1	6	4	5	5	3	1	2	14	25	39
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	—	2	4	1	—	—	2	1	2	—	1	—	—	—	—	—	—	4	9	13
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Presenile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	1	—	—	3	1	4
Alcoholic psychosis	—	—	1	—	—	—	—	—	2	—	8	1	3	2	14	3	7	3	6	—	3	2	1	1	—	—	45	12	57
Psychosis with other demonstrable etiology—																													
Resulting from epilepsy and other convulsive disorders	—	—	—	—	—	—	—	1	—	—	—	—	1	—	2	—	—	1	—	—	—	—	—	—	—	—	3	2	5
Secondary or due to infective and parasitic diseases	—	—	—	—	1	1	1	—	—	1	2	2	2	1	1	1	—	2	1	—	1	2	—	1	—	—	9	11	20
Secondary or due to diseases of the blood-forming organs and circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Other and unspecified psychoses	—	—	—	—	—	—	1	—	—	2	—	2	—	5	—	5	—	2	1	4	—	4	1	2	—	1	3	27	30
Psychotic depressive reaction	—	—	1	1	1	—	1	—	—	—	2	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	5	4	9
Anxiety reaction	—	—	—	1	1	2	3	3	6	6	6	5	3	4	3	7	2	2	3	1	1	2	—	—	—	—	28	33	61
Hysterical reaction	—	—	—	1	—	—	—	—	—	1	—	—	—	2	—	—	—	1	—	—	1	—	—	—	—	—	1	5	6
Phobic reaction	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	2
Obsessive compulsive reaction	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	—	—	1	—	—	—	—	—	—	—	—	2	3	5
Neurotic-depressive reaction	—	—	2	—	9	9	5	9	8	12	14	13	7	34	13	23	8	14	11	13	6	14	2	4	4	5	89	150	239
Psychoneurosis—																													
Somatic symptoms affecting digestive system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Somatic symptoms affecting other systems	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1

Psychoneurotic disorders, other, mixed, and unspecified	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Chronic brain syndrome with neurotic reaction	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	3	3	6
Pathological personality—																												
Schizoid	—	—	1	—	1	—	2	—	—	—	2	—	3	1	—	—	—	—	—	—	—	—	—	—	—	9	1	10
Paranoid	—	—	—	—	—	—	—	—	—	—	2	1	2	—	—	1	—	—	—	—	—	—	—	—	—	4	2	6
Cyclothymic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1
Inadequate	—	—	1	—	2	2	3	3	3	2	3	1	4	2	2	5	—	1	1	—	—	1	—	—	—	19	17	36
Anti-social	—	—	4	—	12	—	6	4	5	—	4	1	4	—	3	3	—	—	—	—	—	—	—	—	—	38	8	46
Asocial	—	—	1	—	2	—	1	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2	7
Sexual deviation	—	—	—	—	2	—	—	—	4	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	7	—	7
Other and unspecified	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Immature personality—																												
Emotional instability	—	—	2	3	1	4	—	3	2	5	—	4	—	1	—	2	—	—	—	—	—	2	—	1	—	5	25	30
Passive dependency	—	—	3	—	4	1	7	3	5	1	5	5	4	4	1	1	2	1	3	—	1	1	1	—	—	36	17	53
Alcoholism—																												
Chronic	—	—	—	—	1	—	1	—	8	5	10	2	11	5	1	9	4	6	2	3	2	—	1	1	—	41	31	72
Unspecified	—	—	—	—	—	—	—	—	—	1	—	—	4	2	2	2	2	4	3	—	2	2	1	—	—	14	11	25
Other drug addiction	—	—	—	—	2	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	—	3	3	6
Primary childhood behaviour disorders	—	—	4	7	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	8	13
Mental deficiency—																												
Moderate	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
Mild	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	1	—	1	—	—	—	—	—	—	—	4	2	6
Other and unspecified character, behaviour, and intelligence disorders—																												
Adjustment reaction of late life	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	—	—	1	3	1	4
Adult situational reaction	—	—	—	—	1	1	1	—	—	1	1	3	1	1	—	—	1	2	—	—	1	—	—	—	—	6	8	14
Chronic brain syndrome with behavioural reaction	1	—	1	—	—	—	2	—	—	—	—	—	2	—	1	—	1	1	1	—	2	2	4	—	3	18	3	21
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	1	—	—	—	—	5	—	—	—	—	—	2	2	1	—	1	1	—	9	4	13
Epilepsy	—	—	2	2	1	1	5	3	1	—	—	2	2	—	—	—	—	—	2	1	—	—	—	—	—	13	9	22
Observation without need for further psychiatric care	—	—	3	—	2	—	—	—	—	1	1	—	1	—	1	—	1	—	—	—	—	1	1	—	—	10	2	12
Senility	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	2
Diagnosis deferred	—	—	2	—	—	3	2	3	3	3	2	—	3	2	—	2	1	2	1	3	1	2	—	—	—	15	20	35
Totals	1	—	42	23	99	46	107	86	103	105	146	126	140	140	89	132	73	116	71	74	42	58	28	24	11	11	952	941	1,893

TABLE 6.—FIRST ADMISSIONS TO RIVERVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

TABLE 7.—READMISSIONS TO RIVERVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

TABLE 8.—FIRST ADMISSIONS TO RIVERVIEW HOSPITAL, ESSONDALE, BY RELIGION AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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

TABLE 9.—POPULATION IN RESIDENCE AT RIVERVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1967

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	12	6	32	25	45	27	72	35	80	51	93	75	88	74	98	80	92	78	97	69	87	58	68	116	864	695	1,559
Manic-depressive reaction					3	1		2			3	5	1	2	3	5	1	5	3	5	4	10	2	8	5	21	25	64	89
Involutional melancholia														1	1	2		1	1	2	3	5	2	3	1	7	8	21	29
Paranoia and paranoid states											3	2			1		1		1		4		2	2	1	1	13	5	18
Senile psychosis																					1	1	2		2	5	5	6	11
Presenile psychosis																			1	3			1	1		3	2	7	9
Psychosis with cerebral arteriosclerosis											1								1	2	4	4	8	2	6	12	20	20	40
Alcoholic psychosis									1		3		1		3	1	5	6	9	3	3	3	10	3	3	2	38	18	56
Psychosis of other demonstrable etiology				1	4	1	1	1	3	1		4	7	6	8	10	7	3	7	5	4	6	4	4	4	8	49	50	99
Other and unspecified psychoses			1		2		4	3	3	3	6	8	1	10	5	5	4	6	6	6	5	4	1	7	1	3	39	55	94
Anxiety reaction without mention of somatic symptoms							1	2	2	1	2			1	2	3	1	1	1							3	9	11	20
Hysterical reaction without mention of somatic symptoms														1							1						1	1	2
Phobic reaction												1																1	1
Obsessive-compulsive reaction										1	2																2	1	3
Neurotic-depressive reaction				3	3	5	6	7	5	5	4	2	2	8	3	6	2	5	1	5	3	2	4	3	2	4	35	55	90
Psychoneurotic disorders, other, mixed, and unspecified types									1			1												1		1	1	3	4
Chronic brain-syndrome with neurotic reaction						2	1		1	1					1		1	1	1	1		1	1	3		2	6	11	17
Syphilis and its sequelæ												1			1		1	1	6	3	8	3	4	5	4	1	24	14	38
Pathological personality			3	2	4		2	4	2	1	4		6	1	3	2	2	1	1		1			1			28	12	40
Immature personality			2		3	3	2	2	1	1	3		2				1	1	1				1				16	7	23
Alcoholism							1		1		2		2	2		5	1	5	5	7	4	3	7	3			23	25	48
Other drug addiction					1			1					1														2	1	3
Primary childhood behaviour			3	3	3	1																					6	4	10
Mental deficiency					1	1	4	4	2	2	16	4	7	6	11	8	5	8	10	6	8	4	6	3	3		73	46	119
Other and unspecified character, behaviour, and intelligence disorders											1			1			1			1							2	2	4
Chronic brain syndrome with behavioural reaction			1		1	2	6	2		2		2		3	2	2	1	3	5	3	8	3	11	9	6	4	41	35	76
Chronic brain syndrome, N.O.S.				1	1		1	1	2		2	2	3		4	5	5	5	5	6	6	4	6	12	2	7	37	43	80
Epilepsy			3	2	1	1	1	4	2	2	5	2	1	5	2	5	2	1	2	3	2	1	1	1	1		23	27	50
Observation without need for further medical (psychiatric) care			3		1		1				3								2		1		2		1		14		14
Diagnosis deferred			2	2		4	3	4	2	1	2	3		2				1	2	2	2	4		2		1	13	26	39
Totals		1	30	20	60	46	79	64	100	56	142	88	127	124	138	133	139	134	163	141	169	127	162	131	110	201	1,419	1,266	2,685

TABLE 10.—PATIENTS OF RIVERVIEW HOSPITAL, ESSONDALE, RESIDING IN BOARDING HOMES, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1967

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	2	2	7	10	11	18	18	12	17	18	24	21	30	17	19	12	9	9	9	120	147	267
Manic-depressive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	2	1	1	—	—	1	4	3	7
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	3	3
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	—	2
Alcoholic psychosis	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	2	2	1	1	—	—	5	3	8
Psychosis of other demonstrable etiology	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	2	1	3
Other and unspecified psychoses	—	—	—	—	—	1	—	1	—	—	1	1	—	1	—	—	1	2	1	2	1	—	—	1	—	—	4	9	13
Anxiety reaction without mention of somatic symptoms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2
Obsessive-compulsive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	2
Neurotic-depressive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	1	—	—	—	—	—	1	3	4
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	—	—	—	1	—	—	—	1	2	3	5
Syphilis and its sequelæ	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1	—	2	1	1	—	6	2	8
Pathological personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	1	1	2
Alcoholism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	—	—	—	—	—	2	2	4
Other drug addiction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Primary childhood behaviour disorders	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Mental deficiency	—	—	—	—	—	—	1	—	1	—	1	1	—	1	—	1	2	2	1	—	—	1	—	—	1	—	7	6	13
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	3	—	3
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	1	2	1	3
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	3	—	3
Diagnosis deferred	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Totals	—	—	—	—	—	3	2	3	4	7	13	14	20	21	13	21	28	30	29	38	28	26	18	13	12	13	167	189	356

TABLE 11.—PATIENTS OF RIVERVIEW HOSPITAL, ESSONDALE, OUT ON EXTENDED LEAVE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1967

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	—	—	3	2	7	3	8	6	6	12	8	21	10	19	3	11	3	13	5	10	—	6	—	1	1	4	54	108	162
Manic-depressive reaction	—	—	—	—	1	—	1	—	—	1	1	—	—	2	—	4	1	3	2	2	—	—	1	—	—	2	7	14	21
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1	—	—	1	2	—	3	2	8	10
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	3	3
Presenile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2
Alcoholic psychosis	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	2	—	1	—	—	—	—	—	1	1	5	6
Psychosis of other demonstrable etiology	—	—	—	—	—	—	—	2	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4
Other and unspecified psychoses	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	3	—	2	—	—	—	7	7
Anxiety reaction without mention of somatic symptoms	—	—	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
Hysterical reaction without mention of somatic symptoms	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Phobic reaction	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Neurotic-depressive reaction	—	—	1	—	—	1	1	2	—	1	—	2	1	—	—	1	2	1	—	—	1	3	—	—	—	—	6	11	17
Pathological personality	—	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	3	1	4
Imature personality	—	—	—	—	—	—	1	—	—	—	1	—	—	1	—	—	—	—	—	—	1	—	1	—	—	—	4	1	5
Alcoholism	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	1	—	—	—	—	1	2	3	5
Other drug addiction	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	2
Other and unspecified character, behaviour, and intelligence disorders	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	3	3
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	2	1	5	6
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2
Epilepsy	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	4	4
Observation without need for further medical (psychiatric) care	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Diagnosis deferred	—	—	1	—	—	—	—	—	—	2	—	—	1	—	—	2	—	—	—	1	—	2	—	—	—	—	2	7	9
Totals	—	—	5	2	9	5	12	11	7	18	13	27	14	27	3	23	7	26	8	17	4	14	3	8	1	15	86	193	279

TABLE 12.—TOTAL POPULATION ON BOOKS OF RIVERVIEW HOSPITAL, ESSONDALE, 25 YEARS OF AGE AND UNDER, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1967

TABLE 13.—TOTAL POPULATION ON BOOKS OF RIVERVIEW HOSPITAL, ESSONDALE, 26 TO 49 YEARS OF AGE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1967

TABLE 14.—TOTAL POPULATION ON BOOKS OF RIVERVIEW HOSPITAL, ESSONDALE, 50 YEARS OF AGE AND OVER, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1967

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

TABLE 15.—LIVE DISCHARGES FROM RIVERVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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.	
Syphilis													1												1		2		2
Schizophrenic Disorders—																													
Simple					6	4	3	4	2		3	2	3			1			2	1							19	12	31
Hebephrenic			2		1	1	1	1			1		1		1	1											7	3	10
Catatonic			3		7	1	4		4		5	1	1				1		1	2				1			26	5	31
Paranoid			3	1	14	7	24	6	37	19	41	33	33	32	24	31	14	32	7	11	3	10	2	2	3	1	205	185	390
Acute schizophrenic reaction		1	6	4	25	5	11	9	5	9	9	6	6	2	1	2	2	2	3			1					68	41	109
Latent schizophrenia			4	1	3	2	1			2	2	1	1	3	2		5			1	1						19	10	29
Schizo-affective			4		11	6	5	14	8	10	6	10	6	11	5	5	4	8	8	6	2	1					59	71	130
Chronic undifferentiated			7	3	15	6	27	13	21	20	31	33	22	27	25	19	13	26	8	12	5	3	1	1	1		176	163	339
Childhood	2		1		1																						4		4
Manic-depressive reaction—																													
Manic and circular					3	1	4	3	4	7	4	9	7	7	8	4	4	11	9	6	4	6	2	1			49	55	104
Depressive			2			4	2	3	2	6	5	3	3	2	2	8	2	4	6	5	3	3	1	2	2	1	30	41	71
Other						1		1						1	1	1	1	3									2	7	9
Involutional melancholia														2	2	9	4	12	6	8	8	8	7	4	1	5	28	48	76
Paranoia and paranoid states					1		4	1	2	1	6	5	2	3	3	1	2	5	1	1	2		1				24	17	41
Senile psychosis																										3		3	3
Presenile psychosis																				1								1	1
Psychosis with cerebral arteriosclerosis																	1		1		2		2	2	1		7	2	9
Alcoholic psychosis			1		3		3		13	2	20	3	13	6	21	3	17		7	3	6	2	4	1	1		109	20	129
Psychosis with other demonstrable etiology—																													
Resulting from brain tumour											1																1		1
Resulting from epilepsy and other convulsive disorders				1		3		2		1		1	2	1		1		2							1		3	12	15
Secondary or due to accidents and violence								1	1			1															1	2	3
Secondary or due to infective and parasitic diseases			3		8	2	3		1	2	7	2	5	1	3	2		1	2	1		3	2	1			34	15	49
Secondary or due to diseases of the blood-forming organs and circulatory system				1																	1		1				2	1	3
Other and unspecified psychoses						1			1	2	1	7	2	6	3	8		8		3		4	2	4		3	9	46	55
Psychotic depressive reaction				2	2		1	1	1	1	2	1	1		1	1	1		1	1	1						11	7	18
Anxiety reaction			1	1	7	11	7	12	7	14	11	10	8	10	5	13	4	2	5	7	1	4	2		1	1	59	85	144
Hysterical reaction		1			2	2	1	1	1	2	6	1	2	4	1		1		1								15	11	26
Phobic reaction									1	1		2		1						1							1	5	6
Obsessive compulsive reaction											1		1		2	1						1					4	2	6

TABLE 15.—LIVE DISCHARGES FROM RIVERVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968—*Continued*

Mental Diagnosis	Age-group (Years)																										Total		Grand Total
	0–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Neurotic-depressive reaction			5	8	20	42	20	35	22	44	25	42	15	57	24	41	15	23	20	36	9	30	4	9	5	4	184	371	555
Psychoneurosis—																													
Somatic symptoms affecting digestive system								1	1	1										1							1	3	4
Somatic symptoms affecting other systems														2														2	2
Psychoneurotic disorders, other, mixed, and unspecified					1			1	1									1	1		1						4	2	6
Chronic brain syndrome with neurotic reaction				1		1						1			1			1	2		2	1					5	5	10
Pathological personality—																													
Schizoid			3		7	1	2	1	3	1	2		4	1	1		1				1						24	4	28
Paranoid				1			2				3	2	1		3	2	1	1					1				11	6	17
Cyclothymic																1												1	1
Inadequate			1		3	6	7	11	3	1	2	2	7	3	3	3	3	1	2		1						32	27	59
Anti-social			14	2	27	4	13	4	9	2	8	1	7		3	2	3										84	15	99
Asocial			2		2	3	3	3		2	2	1															9	9	18
Sexual deviation			1		4				3				2		1												11		11
Other and unspecified												1							1								1	1	2
Immature personality—																													
Emotional instability			3	8	7	11	2	8	2	8	1	4	1	2	1	4						2		1			17	48	65
Passive dependency			5	3	11	3	13	8	10	3	13	3	8	4	3	3	1	1	3	1		2	1				68	31	99
Other and unspecified					1	2	1					1		1													2	4	6
Alcoholism—																													
Chronic			1		5	2	7	1	10	10	12	6	19	5	12	12	9	5	5	3	3		3	2			86	46	132
Unspecified										1	1		3	2	1	1	1	1	3		3	1	2		1		15	6	21
Other drug addiction					4		1	1	1		1	1	1											1			8	3	11
Primary childhood behaviour disorders	2	2	20	26	4	6																					26	34	60
Mental deficiency—																													
Moderate			1				1				1	1															3	1	4
Mild			2						1	1	1			1	2			1	1								7	3	10
Other and unspecified character, behaviour, and intelligence disorders—																													
Acute situational maladjustment					1		1																				2		2
Transient situational personality disturbance					1																						1		1
Adjustment reaction of late life														1		1					2				1		3	2	5
Adult situational reaction			1		3	5	4	4	4	6	2	9	3	6		1		3		1		1		1			17	37	54
Chronic brain syndrome with behavioural reaction	1		1	1	1		1		1		1		4		1	1				1	3	1	9	2	2	1	25	7	32
Chronic brain syndrome, N.O.S.					3			1		1	2	1	4						3	1	3		4	2		4	19	10	29
Epilepsy	1		2	1	2	2	5	3	1	1	2	1	3				2	1	1		1						20	9	29
Observation without need for further psychiatric care			5		2	1	2				2		2	2	1	1		1				1	1	1			15	7	22
Diagnosis deferred						1			2				1			2					1						4	3	7
Totals	6	4	104	65	218	147	186	154	185	181	243	208	205	206	167	186	112	156	110	114	69	85	52	38	21	23	1,678	1,567	3,245

TABLE 16.—LIVE DISCHARGES FROM RIVERVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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

TABLE 17.—DEATHS OCCURRING IN RIVERVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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					2		1		1		2	1	2	2	2	1	3	1	5	1	4	1	4	4	2	9	28	20	48
Manic-depressive reaction																					1				1		2		2
Involutional melancholia																					1		1	1		1	2	2	4
Paranoia and paranoid states																					1						1		1
Senile psychosis																			1					1	1	1	2	2	4
Presenile psychosis																					1	1		2			1	3	4
Psychosis with cerebral arteriosclerosis																			1			2		3	4	5	5	10	15
Alcoholic psychosis											1							1			2		1				4	1	5
Psychosis of other demonstrable etiology									1				1	1				2	2	1			1			2	5	6	11
Other and unspecified psychoses															1												1		1
Anxiety reaction without mention of somatic symptoms								1					1														1	1	2
Neurotic-depressive reaction											1												1				2		2
Chronic brain syndrome with neurotic reaction																				1								1	1
Syphilis and its sequelæ																1				1			2		2		4	2	6
Pathological personality														1							1						1	1	2
Alcoholism											1							1	1			1	2			1	4	3	7
Other drug addiction														1														1	1
Mental deficiency																					1			1			1	1	2
Other and unspecified character behaviour and intelligence disorders																					1						1		1
Chronic brain syndrome with behavioural reaction																1	1		1		1	1		1	1	4	4	7	11
Chronic brain syndrome, N.O.S.											1		1		1	1			4	1	2	4	5	3	3	5	17	14	31
Epilepsy						1									1												1	1	2
Observation without need for further medical (psychiatric) care														1														1	1
Totals					2	1	1	1	2		6	1	5	6	5	4	4	5	15	5	16	10	17	16	14	28	87	77	164

TABLE 18.—DEATHS OCCURRING IN RIVERVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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

TABLE 19.—DEATHS OCCURRING IN RIVERVIEW HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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.	
Syphilis																			1				1				2		2
Malignant neoplasms									1		1	1	1	2	1				1		2		1	2	1	1	9	6	15
Cerebro-vascular accidents													1											1			1	1	2
Chronic rheumatic heart disease																							1				1		1
Arteriosclerotic and degenerative heart disease														1	4		3	2	2	2	4	4	7	4	4	9	24	22	46
Hypertensions with heart disease																			1	1	2		1	1			4	2	6
Other diseases of arteries and veins																						2		1				3	3
Pneumonia											2					1		1	6	2	4	4	3	4	5	15	20	27	47
Other respiratory diseases																1					2		3		1		6	1	7
Diseases of the digestive system													1			1		1	2		1			1	1	2	5	5	10
Diseases of the genito-urinary system													1				1	1			1				1	1	4	2	6
Other diseases											1			1		1			1					2			2	4	6
Accidental deaths					1		1				1			2					1						1		5	2	7
Suicide					1	1		1	1		1		1														4	2	6
Totals					2	1	1	1	2		6	1	5	6	5	4	4	5	15	5	16	10	17	16	14	28	87	77	164

TABLE 20.—DEATHS OCCURRING IN RIVERVIEW HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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

THE WOODLANDS SCHOOL, NEW WESTMINSTER

H. J. Brooks, M.B., Ch.B., D.C.H., Acting Superintendent

Report for April 1, 1967, to March 31, 1968

The year brought a further extension of the concept of unitization, and each unit became responsible for the administration of its own waiting list. The decision was also taken to bring the supervisory staff of the Psychiatric Unit together in one area located close to the wards served by the unit members.

The value of unitization continues to be seen in the more precise evaluation of the patients' needs, resulting in the provision of the most suitable training for each patient. These changes were possible ony through the enthusiasm and initiative of all unit staff members.

Major renovations to the buildings in Centre Block continue. Wards 60, 61, and 62 (H, E, F) were completed in August, 1968, and will house patients from Wards 59, 58, and 74, which will be renovated in their turn.

Work done by the out-patient department continues to increase. One hundred and thirty-three patients were seen during the year, and the numbers waiting for out-patient appointments are increasing.

Placements in the community continue to show an increase over the previous year. There were 33 patients placed in boarding homes, of whom five were returned as unsuitable; seven foster-home placements, of whom three were returned; and five patients were transferred to nursing homes. The development of group homes to cater to children who, because of low intellectual and physical functioning, prove unsuitable for foster-home placement would help greatly in providing vacancies for the severely retarded. This is the area in which pressure for admission is greatest.

The general level of health of pupils-patients improved during the year, and this improvement should continue as training programmes focus more on self-care, ambulation, and environmental improvement, and as sanitary facilities are improved. The group of pupils-patients who will need an increasing amount of programme planning are the profoundly retarded. These children are largely unsuitable for community placement and remain in The Woodlands School.

It was suggested by Hospital Unit members and a C.N.I.B. representative that a ward for the blind mentally retarded at The Woodlands School would be a most important step forward. A report on this is being studied.

Dr. Dufresne, representing the Royal College of Physicians and Surgeons of Canada, reported favourably on the School as suitable for the training of pædiatric and psychiatric residents.

In order to continue with our programme of unitization, it is hoped that we will be able to divide the duties at present performed by the Director of Education and Training between the Director of the Training Unit and the Director of Education and Training. This would require the creation of a separate post of Director of the Training Unit.

We obtained the lease for Gold Creek Camp from the Corrections Branch and, with the co-operation of the Public Works Department, hope to use the camp on a daily basis throughout the summer.

The American Association on Mental Deficiency held its annual convention in New Westminster in October, 1967, and members of all disciplines at The Woodlands School took an active part in the presentation of papers and demonstration of training methods. Members of the Hospital Unit were co-authors of three papers published in various scientific journals.

A boy, a bike, and a clear corridor to chase along is a sure-fire recipe for hoots of fun. This young fellow is no exception, and it is all part of the physiotherapy treatment at The Woodlands School.

The institution of the ward activity training programmes is proving of great assistance in that the programme is fitted to the child's needs and capabilities, rather than fitting the child to the programme. With the creation of the post of Rehabilitation Officer, valuable assistance is being given to pupils in obtaining suitable employment outside The Woodlands School, and in exercising supervision over the 25 pupils who have obtained such work. It is also hoped that this will help in the much-needed education of employers in accepting the retarded as employees and recognizing the qualities that make them such useful employees.

Members of the Volunteer Services contributed over 9,000 hours of service to The Woodlands School. This total does not include the many hours given by the Provincial Auxiliary, nor by separate groups.

Report for April 1 to December 31, 1968

A most welcome event which occurred during the review period was the purchase of Our Lady of Fatima School, Maillardville, as a residential centre and pre-placement facility for 50 trainable pupils. We have submitted staffing requirements for this establishment and also for the extra staff which will be required at The Woodlands School following the move of 50 trainable patients and their replacement in The Woodlands School by patients from the waiting list whose intellectual level will be much lower, and who will require more supervision and training. Operating cost estimates and details of renovations required have also been submitted together with a list of furnishings. We expect to occupy the facility early in 1969.

We were able to use Gold Creek Camp during the past summer on a daily basis. Structural alterations and repairs are required at this camp and surrounding area, and unless this action is taken before next spring, our use of this worth-while facility will be very limited.

The patients' cafeteria has been refurnished, and this has done much to improve the environment and hygienic operation of the area.

Phase II of the renovations to the Centre Building has started, and we hope it will be completed by March, 1969. Structural alterations to Ward 84 have been carried out following inspection by an official of the Public Works Department. While the renovations were taking place, the pupils were housed in the Recreation Building.

The possibility of placing patients from the Hospital Unit in extended-care facilities has been investigated and is being pursued. Dr. MacKay, consultant to extended-care facilities in British Columbia, visited The Woodlands School at our invitation and agreed that the majority of patients in the Hospital Unit are eligible for these facilities, and we are at present submitting applications for admission to several such institutions.

Directly or indirectly, we are following up all the patients suffering from phenylketonuria in the Province; we often supply the special dietary requirements and supervise the treatment.

The appointment of a Rehabilitation Officer has proved worth while. During the period April to December, 1968, the number of male pupils working full or part time in gainful occupations varied between five in December, 1968, and 54 in October, 1968, while their combined monthly earnings varied from $1,016 to $3,718. The corresponding figures for female pupils were five in December, 1968, and 25 in September, 1968, and $377.36 to $1,914.00. This employment gives pupils a feeling of achievement and increases their motivation and demonstrates to the community the varied abilities of the retarded.

The demand for out-patient services continues, and the average waiting time for an appointment is about two months. During the next year we hope to assess the work done by the Out-patient Department, together with the staffing needs and the need for follow-up services, so that we may improve our service to the community.

We have recently instituted a multi-discipline in-service training programme with the object of improving communication between departments and informing all staff members of the actual work done by each unit and department. This programme consists of a panel of speakers giving short explanations of the work in which they are involved, followed by question-and-answer periods. We will evaluate this programme when it has been in operation for a sufficient length of time to make a useful decision.

The increasing involvement of unit staff in the care, training, and treatment of patients is being brought about through the medium of clinical team meetings, and we hope to improve community involvement in care of the mentally retarded by including parents in as many of the ward activities as possible. We are finding that an increasing number of admissions to the Psychiatric Unit are severely disturbed, and this throws extra burdens on ward staff, where the staffing pattern has been designed for chronic care rather than the acute type of case which these disturbed patients present.

The increased rate of placement in the community by the Psychiatric Unit has allowed an increased rate of admission, and it is the object in this unit to return the individual patient to the community as soon as the basic need of the individual has been met and the patient's presenting problem solved. This emphasizes the need for increased psychiatric help in this unit.

Physiotherapist treats a spastic child in the therapeutic pool at The Woodlands School.

The problem presented by the increasing numbers of disturbed pupils being admitted is also reflected in the Education Department, where the presence of these pupils in classes numbering 15 to 18 pupils makes the teacher's task very difficult. We reintroduced industrial education for those under 17 years of age in September, 1968; it is too early to evaluate the value of this programme.

In the area of pupil health we are introducing on each ward a simple programme for the improvement of oral hygiene and ensuring the continuance of such a programme. We hope also to install general anæsthesia equipment in the Dental Department so that routine procedures can be performed at The Woodlands School rather than going to the expense and inconvenience of transferring the patient to Riverview for such treatment.

I would like to acknowledge the help and co-operation I have received from all staff members at The Woodlands School while I have occupied the post of Acting Superintendent, and thank them for the loyalty and consideration they have shown.

STATISTICAL TABLES

TABLE 1.—MOVEMENT OF POPULATION, THE WOODLANDS SCHOOL, NEW WESTMINSTER, APRIL 1, 1967, TO MARCH 31, 1968

	Male	Female	Total
In residence, April 1, 1967	746	531	1,277
On extended leave, carried forward from 1966/67—			
Boarding home	41	67	108
Other	11	3	14
Total on books as at April 1, 1967	798	601	1,399
Admissions—			
First admissions to Mental Health Services	64	40	104
Readmissions to a different institution of Mental Health Services	9	5	14
Readmissions to the same institution	37	23	60
Total admissions[1]	110	68	178
Total under care	908	669	1,577
Separations—			
Discharged in full	64	30	94
Died	10	11	21
Transferred to The Tranquille School	7	9	16
Transferred to Riverview Hospital	1	.....	1
On extended leave and still out—			
Boarding home	59	83	142
Other	18	9	27
Total separations	159	142	301
Net increase or decrease	+3	—4	—1
In residence, March 31, 1968	749	527	1,276

[1] Includes 2 male and 4 female transfers from The Tranquille School, 3 male transfers from Riverview Hospital.

TABLE 2.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1967, TO MARCH 31, 1968.

Health Unit and School District	Male	Female	Total
Selkirk, Nelson—			
School District No. 7	1	1	2
West Kootenay, Trail—			
School District No. 9	1	----	1
,, ,, ,, 11	1	1	2
,, ,, ,, 12	1	----	1
,, ,, ,, 13	1	----	1
South Okanagan, Kelowna—			
School District No. 14	1	1	2
,, ,, ,, 15	----	1	1
,, ,, ,, 23	2	----	2
North Okanagan, Vernon—			
School District No. 22	1	----	1
South Central, Kamloops—			
School District No. 24	----	2	2
Cariboo, Williams Lake—			
School District No. 28	1	----	1
Northern Interior, Prince George—			
School District No. 56	----	1	1
,, ,, ,, 57	1	1	2
Upper Fraser Valley, Chilliwack—			
School District No. 33	3	1	4
,, ,, ,, 34	1	1	2
Boundary, Cloverdale—			
School District No. 36	5	4	9
,, ,, ,, 37	1	1	2
Simon Fraser, New Westminster—			
School District No. 40	----	1	1
,, ,, ,, 43	----	1	1
Central Fraser, Mission—			
School District No. 35	1	1	2
,, ,, ,, 42	2	1	3
Metropolitan Board of Health of Greater Vancouver—			
School District No. 38	4	1	5
,, ,, ,, 39	13	13	26
,, ,, ,, 41	6	3	9
,, ,, ,, 44	1	1	2
Coast-Garibaldi, Powell River—			
School District No. 46	1	----	1
,, ,, ,, 47	----	2	2
,, ,, ,, 48	----	1	1
Skeena, Prince Rupert—			
School District No. 52	1	----	1
,, ,, ,, 54	2	----	2
,, ,, ,, 88	----	2	2
Peace River, Dawson Creek—			
School District No. 59	1	1	2
,, ,, ,, 60	----	1	1
,, ,, ,, 81	1	----	1
Greater Victoria Metropolitan Board of Health—			
School District No. 61	6	1	7
,, ,, ,, 62	2	----	2
,, ,, ,, 63	1	----	1
Central Vancouver Island, Nanaimo—			
School District No. 65	5	----	5
,, ,, ,, 66	1	----	1
,, ,, ,, 70	3	----	3
Upper Island, Courtenay—			
School Distict No. 72	1	----	1
Totals	73	45	118

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO THE WOODLANDS SCHOOL BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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																					
Informal	----	----	----	----	----	1	----	----	----	----	1	----	----	1	----	----	----	----	1	2	3
Involuntary	----	1	1	----	5	1	7	1	8	4	8	6	3	1	3	----	----	2	35	16	51
Temporary	----	----	5	5	5	4	6	3	14	9	4	3	3	2	----	1	----	----	37	27	64
Totals	----	1	6	5	10	6	13	4	22	13	13	9	6	4	3	1	----	2	73	45	118
Readmissions																					
Informal	----	----	----	----	----	----	1	----	----	----	1	----	----	1	----	----	----	----	2	1	3
Involuntary	----	----	----	----	1	1	1	----	2	1	2	----	2	4	----	1	----	----	8	7	15
Temporary	----	----	3	----	2	1	8	3	6	4	7	4	1	3	----	----	----	----	27	15	42
Totals	----	----	3	----	3	2	10	3	8	5	10	4	3	8	----	1	----	----	37	23	60

TABLE 4.—FIRST ADMISSIONS AND READMISSIONS TO THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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																					
Encephalopathy due to postnatal cerebral infection	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	2	—	2
Encephalopathy due to a virus	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Encephalopathy due to bacteria	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Bilirubin encephalopathy	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	1	1	2
Encephalopathy due to prenatal injury	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Encephalopathy due to mechanical injury at birth	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Encephalopathy due to anoxemia at birth	—	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	3	—	3
Postnatal anoxemia	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Cerebral lipoidosis, juvenile	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Gargoylism	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Intracranial neoplasm	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Hydrocephalus, congenital	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Microcephaly, primary	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Mongolism	—	—	—	—	—	2	3	2	3	—	2	—	1	—	1	—	—	—	10	4	14
Mental Retardation																					
Other, due to unknown prenatal influence, no cerebral defect	—	1	3	2	4	1	2	1	1	7	1	1	1	—	—	—	—	1	12	14	26
Encephalopathy associated with prematurity	—	—	—	1	—	—	—	—	2	1	1	1	—	—	—	—	—	—	3	3	6
Encephalopathy, other, due to unknown or uncertain cause with the structural reactions manifest	—	—	1	2	3	2	4	1	3	2	2	—	2	1	1	1	—	—	16	9	25
Cultural-familial mental retardation	—	—	—	—	—	—	—	—	1	—	1	—	—	1	—	—	—	—	2	1	3
Psychogenic mental retardation associated with environmental deprivation	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1	2
Psychogenic mental retardation associated with emotional disturbance	—	—	—	—	—	—	1	—	—	1	—	2	—	—	—	—	—	—	1	3	4
Mental retardation associated with psychotic disorder	—	—	—	—	—	—	—	—	3	—	1	—	—	—	—	—	—	—	4	—	4
Mental retardation, other, due to uncertain cause with the functional reaction alone manifest	—	—	—	—	1	—	—	—	4	—	3	3	1	1	1	—	—	1	10	5	15
Combination of at least three of above conditions	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	2	—	2
Totals	—	1	6	5	10	6	13	4	22	13	13	9	6	4	3	1	—	2	73	45	118

TABLE 4.—FIRST ADMISSIONS AND READMISSIONS TO THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968—*Continued*

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.	
READMISSIONS																					
Encephalopathy due to postnatal cerebral infection	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	2
Encephalopathy due to a virus	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	2
Encephalopathy due to prenatal injury	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	2
Encephalopathy due to mechanical injury at birth	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	1	1	2
Encephalopathy due to anoxemia at birth	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Cerebral lipoidosis, juvenile	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Mongolism	—	—	—	—	—	—	3	1	3	—	1	1	—	—	—	—	—	—	7	2	9
Mental Retardation																					
Other, due to unknown prenatal influence, no cerebral defects	—	—	1	—	1	—	4	1	2	4	2	2	—	2	—	1	—	—	10	10	20
Encephalopathy, other, due to unknown or uncertain cause with the structural reactions manifest	—	—	—	—	1	2	2	1	1	1	1	—	—	3	—	—	—	—	5	7	12
Cultural-familial mental retardation	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	2
Mental retardation associated with psychotic disorder	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	2	—	2
Mental retardation, other, due to uncertain cause with the functional reaction alone manifest	—	—	—	—	—	—	—	—	1	—	1	—	2	—	—	—	—	—	4	—	4
Combination of at least three conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Totals	—	—	3	—	3	2	10	3	8	5	10	4	3	8	—	1	—	—	37	23	60

TABLE 5.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY RELIGION AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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

TABLE 6.—POPULATION IN RESIDENCE AT THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1967

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.	
Encephalopathy, congenital, associated with prenatal infection	—	—	—	1	—	—	2	—	3	4	—	—	—	1	—	1	—	—	—	—	—	1	—	1	5	9	14
Encephalopathy due to postnatal cerebral infection	—	—	1	—	2	—	1	3	4	12	2	3	4	4	1	5	3	3	2	3	—	—	—	—	20	33	53
Mental retardation associated with diseases and conditions due to intoxication	—	—	—	1	—	1	2	1	7	4	2	3	2	1	—	—	—	—	—	—	1	—	—	—	14	11	25
Mental retardation associated with diseases and conditions due to trauma or physical agent	—	—	1	—	3	2	2	8	12	14	15	7	12	5	1	2	1	2	—	1	1	—	—	—	48	41	89
Mental retardation associated with diseases and conditions due to disorder of metabolism, growth, or nutrition	—	—	—	—	1	1	2	2	6	—	1	2	4	3	—	—	1	1	—	1	—	—	—	—	15	10	25
Mental retardation associated with diseases and conditions due to new growths	—	—	—	—	—	1	—	—	4	1	1	3	1	2	—	—	—	—	—	—	—	—	—	—	6	7	13
Mental retardation associated with diseases and conditions due to unknown prenatal influence	—	1	5	4	21	16	37	31	81	66	100	55	57	45	15	18	8	9	7	6	2	1	1	—	334	252	586
Mental retardation associated with diseases and conditions due to unknown or uncertain cause with structural reactions manifest	—	—	4	3	12	6	16	9	26	21	40	46	30	12	12	4	3	2	—	2	—	—	1	—	144	105	249
Mental retardation due to uncertain cause with functional reaction alone manifest	—	—	—	—	—	—	3	2	32	4	37	16	35	21	6	6	3	4	7	5	5	1	1	—	129	59	188
Combination of at least three of the above	—	—	—	—	—	—	1	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	4	1	5
Totals	—	1	11	9	39	27	66	56	176	126	198	135	146	95	35	36	19	21	16	18	9	3	4	1	719	528	1,247

TABLE 7.—PATIENTS OF THE WOODLANDS SCHOOL RESIDING IN BOARDING HOMES BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1967

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.	
Mental retardation associated with diseases and conditions due to infection	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	2	3
Mental retardation associated with diseases and conditions due to intoxication	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Mental retardation associated with diseases and conditions due to trauma or physical agent	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	1	—	—	—	—	—	3	1	4
Mental retardation associated with diseases and conditions due to disorder of metabolism, growth, or nutrition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	—	2
Mental retardation associated with diseases and conditions due to unknown prenatal influence	—	—	2	—	1	—	4	3	10	10	2	1	3	1	—	3	1	4	3	2	—	—	—	2	26	26	52
Mental retardation associated with diseases and conditions due to unknown or uncertain cause with structural reactions manifest	—	—	—	—	1	1	2	—	—	—	—	2	—	5	1	3	—	4	1	1	1	—	1	—	7	16	23
Mental retardation due to uncertain cause with functional reaction alone manifest	—	—	—	—	—	—	—	—	2	—	1	2	1	4	4	2	2	10	1	6	1	9	2	3	14	36	50
Any three of the above combined	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	3	—	3
Totals	—	—	2	—	3	1	6	3	13	10	3	6	4	11	6	8	8	18	7	10	2	9	3	6	57	82	139

TABLE 8.—PATIENTS OF THE WOODLANDS SCHOOL OUT ON EXTENDED LEAVE BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1967

Mental Diagnosis	Age-group (Years)																		Total		Grand Total
	Under 1		1–3		4–6		7–9		10–14		15-19		20–29		30–39		40 and over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Mental retardation associated with diseases and conditions due to trauma or physical agent	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Mental retardation associated with diseases and conditions due to new growths	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Mental retardation associated with diseases and conditions due to (unknown) prenatal influence	—	—	—	—	1	—	—	1	—	—	1	1	3	1	—	—	—	—	5	3	8
Mental retardation associated with diseases and conditions due to unknown or uncertain cause with the structural reactions manifest	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	2	1	3
Mental retardation due to uncertain cause with the functional reaction alone manifest	—	—	—	—	—	—	—	—	1	—	1	—	6	1	3	—	—	—	11	1	12
Totals	—	—	—	—	1	—	1	1	1	—	2	1	11	2	3	2	—	—	19	6	25

TABLE 9.—TOTAL POPULATION ON BOOKS OF THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1967

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

TABLE 10.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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 Cases																					
Rubella, congenital									1										1		1
Encephalopathy due to postnatal cerebral infection			1						1					1					2	1	3
Encephalopathy due to a virus													1						1		1
Encephalopathy due to bacteria			1								1								2		2
Bilirubin encephalopathy												1								1	1
Encephalopathy due to prenatal injury					1				1	1		1							2	2	4
Encephalopathy due to mechanical injury at birth											1			1					1	1	2
Encephalopathy due to anoxæmia at birth							1												1		1
Cerebral lipoidosis, juvenile			1								1								2		2
Gargoylism					1														1		1
Mental retardation due to other prenatal influences										1										1	1
Hydrocephalus, congenital					1														1		1
Mongolism						1	2	3	6		2	1	1						11	5	16
Mental retardation due to unknown prenatal influence, no cerebral defect			1		3	1	7	2	2	5	4	3							17	11	28
Encephalopathy associated with prematurity				1					1			1							1	2	3
Encephalopathy, other, due to unknown or uncertain cause with the structural reactions manifest				1		2	5	1	4	1	1	1	2	2					12	8	20
Cultural-familial mental retardation											3	1	1	1	2				6	2	8
Psychogenic mental retardation associated with emotional disturbance							1							1					1	1	2
Mental retardation associated with psychotic disorder											1								1		1
Mental retardation, other, due to uncertain cause with the functional reaction alone manifest									2		2		3	1		2			7	3	10
Combination of at least three of the above									1					1			1		2	1	3
Totals			4	2	6	4	16	6	19	8	16	9	8	8	2	2	1		72	39	111
Deaths																					
Encephalopathy due to postnatal cerebral infection										1										1	1
Encephalopathy due to a virus											1								1		1
Encephalopathy due to a prenatal injury											1								1		1
Encephalopathy due to anoxæmia at birth							1						1						2		2
Cerebral lipoidosis, juvenile												1								1	1
Cerebral defect, congenital, N.O.S.										1										1	1
Multiple congenital anomalies of brain				1																1	1
Mongolism									1										1		1
Mental retardation due to unknown prenatal influence, no cerebral defect				1					1		3			2		1		1	4	5	9
Encephalopathy, other, due to unknown or uncertain cause with the structural reactions manifest																1		1		2	2
Mental retardation, other, due to uncertain cause with the functional reaction alone manifest																	1		1		1
Totals				2			1		2	2	5	1	1	2		2	1	2	10	11	21

TABLE 11.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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

TABLE 12.—DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

Cause of Death	Age-group (Years)																		Total		Grand Total
	Under 1		1–3		4–6		7–9		10–14		15–19		20–29		30–39		40 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Malignant neoplasms, including neoplasms of lymphatic and hæmatopoietic tissues	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Arteriosclerotic and degenerative heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Other diseases of the heart	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Pneumonia	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—	2	1	3
Cirrhosis of liver	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Congenital malformations	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	2
All other diseases	—	—	—	1	—	—	—	—	2	—	4	1	1	2	—	1	—	—	7	5	12
Totals	—	—	—	2	—	—	1	—	2	2	5	1	1	2	—	2	1	2	10	11	21

TABLE 13.—DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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

THE TRANQUILLE SCHOOL, TRANQUILLE

JOHN BOWER, M.D., D.P.M., ACTING SUPERINTENDENT

Report for April 1, 1967, to March 31, 1968

For the first time since it was established in 1959, The Tranquille School had no increase in its resident population during the year under review.

As a result of a major policy decision, applicants for admission during the year were selected directly from the waiting list. As far as possible, applicants were chosen whose residence was in the Interior of the Province. In order to facilitate proximity to next of kin, transfers by exchange between Tranquille and The Woodlands School have been increasing in number.

The School was also permitted to use Tranquille Farm as a training area for boys, with the plan of eventual placement in farms in the community.

The health of the students is reflected in the absence of any epidemics, the absence of dysentery, and the absence of infectious hepatitis. There was an average occupancy of the 10-bed hospital ward of 6.61. Two deaths occurred during the year, giving a mortality rate of 2.9 per 1,000. All cases requiring surgery are sent to the Royal Inland Hospital, Kamloops, for the operation; all medical cases are retained in the hospital ward for treatment. A family doctor practising in Kamloops visits this ward daily and also takes sick parade.

Through the continued co-operation of Dr. Ian Findlay and the staff of the South Central Interior Health Unit, immunization is performed against diphtheria, tetanus, and poliomyelitis.

TRAINING PROGRAMME

We accept the philosophy that the retarded person is entitled to those experiences which will enable him to adjust to life in his community whether that community is within the School or outside. Our programme, based on milieu therapy, is geared to serve the needs of three major groups of retarded:—

(1) The group who will always be limited to self-care and home training programmes.

(2) The group who can be trained in our intramural employment programme. This is carefully structured under the direct supervision of job placement officers, with employment in 16 areas. As of February, 1968, permission was received from the Department of Agriculture and a training crew was placed on Tranquille Farm.

(3) The group who can be trained for employment in the community. The programme is flexible, with the persons taught acceptable work habits rather than a specific job. No undue emphasis is placed on the knowledge of reading and arithmetic.

Recreational Therapy.—The programme is held on six days and four nights every week because physical development and the achievement of motor skills is necessary to the physical health and well-being of all individuals, normal and subnormal, and is the basis of all learning. All mental levels participate in the comprehensive programme, which includes individual and small- and large-group activities. The average monthly attendance is 5,280, with complete integration of the sexes. The School participated in the Centennial athletic programme sponsored by the Canadian Association for Retarded Children under the direction of the Chief Recre-

ational Instructor; 15 gold medals, 55 silver medals, and 165 participation medals were won. During the summer months the scheduled events moved out-of-doors into our large playing-fields; baseball and other such competitive games in Fortune Field; large muscle activity in Hayes Park, and activities involving play equipment in Cooney Park.

Kamp Kiwanis, situated in the Cariboo Hills, is our summer camp established by the Kiwanis Club of Kamloops. It provides a week's summer holiday for students, who live an outdoor life in this lovely valley on Tranquille Creek. They also enjoy the unique experience of catching trout on barbless hooks, placing them in a large container, and releasing the fish at the end of their holiday to be caught by the next group of students.

Occupational Therapy.—A programme is arranged for all mental levels; it includes a wide range, varying from diversional activities to the production of jewellery made in the lapidary shop from semi-precious rocks found locally. Hand-weaving of material, rugs, basketry, rock mosaic pictures, embroidery, knitting, leathercraft, and woodworking are all produced.

Physiotherapy.—For the first time, from October, 1967, physiotherapy services for the doubly handicapped individual were provided, with a therapist attending once weekly. The prescribed movements were carried on by Mr. J. Lynes, Chief Recreational Instructor, during the week.

Scouts and Guides.—The First Tranquille Scout Troop has Camp Blackthorn, where during most summer week-ends they live in tents and put into practice the scouting lore learned during the active winter programme. A large log cabin has been almost completed, with all work done by the boys under supervision of their Scoutmaster.

COMMUNITY EMPLOYMENT

Based on the training received in the intramural employment programme and with a community made receptive by education, employment in the community for students has become a successful programme. Supervision and counselling of employer and employee are given by a specific member of the social service staff. It is a measure of his ability that students who have been as long as 41 years in an institution are working in the community with residence in a boarding home. Students who still reside in the School are brought daily to their jobs in the School bus. Most jobs are in the Greater Kamloops area, with Vernon and Kelowna included.

SCHOOL EVENTS

Carnival Day with bands, floats, and circus atmosphere; May Day with the crowning of the queen and track events; Pine Crest Barbecue with its gargantuan feast for 500 persons and the steer fed by Pine Crest boys; Christmas Day with its happy melange of nine Santa Clauses, 400 paper-hat-crowned trainees sitting down together to a turkey dinner with all the trimmings, and new gifts—these have all become a part of the Tranquille picture.

RESEARCH PROJECTS

Two studies were made into possible chromosomal aberrancies—one into the relationship between Kleinefelter's syndrome and Down's syndrome and one into sex chromatin abnormalities in the mildly retarded. The third study, a long-term project, is on the effect on the social skills of 104 profoundly retarded students transferred to The Tranquille School to occupy the Sage Building.

DENTAL DEPARTMENT

A dental suite has been constructed on the fourth floor of the Greaves Building. It includes the dental X-ray unit and darkroom and an operating theatre for dental treatment under general anæsthesia. With three dentists on staff, an oral examination can be made once every six months. A detailed dental report is received monthly, as of December, 1967. After one year it is anticipated that interesting data will emerge in respect to dental health in genetic conditions and to mental level.

CHAPLAINCY SERVICES

The chapel has been renovated, including a new floor. Pews donated by St. Paul's Cathedral in Kamloops have replaced the chairs. The Very Rev. J. C. Jolley, Dean of St. Paul's Cathedral, and the Most Rev. M. A. Harrington, Bishop of Kamloops Diocese, minister to the spiritual needs of our students.

NEW CONSTRUCTION

A new million-dollar structure, the Centennial Building, was opened during the year. It houses the student cafeteria, the staff cafeteria, the main kitchen, stores, pharmacy, and staff lounge.

A new fire-alarm system is in the process of being installed, and a large and much-needed addition to the laundry is nearly completed.

PERSONNEL

Sixteen new positions were approved into establishment, to bring the total staff to 372. Dr. H. W. Bridge assumed the position of Acting Superintendent in March, 1967. In January, 1968, Dr. Margaret Neave was appointed Deputy Superintendent. Mr. E. V. Roy Merrick remains as Business Administrator.

Report for April 1 to December 31, 1968

The writer of this report came to head the School, commencing work on July 1st. With this advent, some reorganization has been necessary and will be proceeding further in the coming year. The former Acting Superintendent, Dr. M. S. Neave, has now assumed the post of Clinical Director, and her large clinical knowledge will be directed to completely medical functions. The writer is acting as consultant in psychiatry to the School, and it is hoped that, with increasing staff, it will not be necessary for the Medical Department to be too closely involved in the supervision of ancillary disciplines, such as social work and psychology.

Clinical conferences have been held regularly, and it is hoped to increase these during the coming year. These are conducted on democratic principles with much ancillary staff participating, and it is felt that this is increasing both the usefulness and the interest of the conferences. Conferences between the Superintendent and other departments are held frequently, and a collegiate team structure is gradually evolving.

An annual handicraft sale was held this year with both good and bad results, and it is proposed to try to effect some alteration of the sale philosophy within the next year in order that the relatives of students and the elder and less-alert members of the community may have a better chance to avail themselves of products made by the students of this School.

The Nursing Department is still the largest one in the School, under the directorship of Mr. A. McIntosh, R.N. It is the one department probably in most intimate contact with the trainees, and as such has many contributions to offer and many more are already being offered to the general training programme.

Integration between social work, medicine, and nursing is a desirable picture which is becoming more acceptable every day. The nursing staff continues to consist of registered nurses with psychiatric training, registered nurses without this latter, and psychiatric nurses and aides, and a happy atmosphere and association between all these groups is in evidence.

During the year the usual School events of May Day, Carnival Day, and the Pine Crest Barbecue were held, and many students spent holidays at Kamp Kiwanis.

The community interests and resettlement programmes are continual and have been the direct charge of the Social Work Department. Many students are employed in this community, some returning to Tranquille at night, while others are living out in various situations. Integration with Venture training centre in Vernon continues.

Finally, during the year much work was done in the construction area. The renovation of the laundry is complete, a dairy section for milk-cooling is finished, and a renovation of offices is proceeding.

STATISTICAL TABLES

TABLE 1.—MOVEMENT OF POPULATION, THE TRANQUILLE SCHOOL, APRIL 1, 1967, TO MARCH 31, 1968

	Male	Female	Total
In residence, April 1, 1967	368	290	658
On extended leave, carried forward from 1966/67—			
Boarding home	18	11	29
Other	4	2	6
On escape, carried forward from 1966/67	----	----	----
Total on books as at April 1,1967	390	303	693
Admissions—			
First admissions to Mental Health Services	12	6	18
Readmissions to a different institution of Mental Health Services	11	13	24
Readmissions to the same institution	3	4	7
Total admissions[1]	26	23	49
Total under care	416	326	742
Separations—			
Discharged in full	21	8	29
Died	----	4	4
Transferred to The Woodlands School	2	4	6
Transferred to Riverview Hospital	----	1	1
On extended leave and still out—			
Boarding home	16	21	37
Other	3	3	6
Total separations	42	41	83
Net increase or decrease	+6	−5	+1
In residence, March 31, 1968	374	285	659

[1] Includes 7 male and 9 female transfers from The Woodlands School, 1 male and 1 female transfer from Riverview Hospital.

TABLE 2.—FIRST ADMISSIONS AND READMISSIONS TO THE TRANQUILLE SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968.

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	----	----	----	----	----	----	----	1	2	1	1	----	----	----	----	----	----	----	3	2	5
Imbecility	----	----	----	----	1	----	2	1	1	1	1	3	1	1	1	1	----	----	7	7	14
Moron	----	----	----	----	----	1	----	----	1	----	1	1	5	3	1	1	----	----	8	6	14
Border-line intelligence	----	----	----	----	----	----	----	----	----	----	----	2	3	1	----	----	1	----	4	3	7
Other and unspecified	----	----	----	----	----	----	----	----	1	----	----	----	----	----	----	----	----	----	1	----	1
Chronic brain syndrome, N.O.S.	----	----	----	----	----	----	----	----	----	----	----	----	----	1	----	----	----	----	----	1	1
Totals	----	----	----	----	1	1	2	2	5	2	3	6	9	6	2	2	1	----	23	19	42
Readmissions																					
Mental deficiency—																					
Idiocy	----	----	----	----	----	----	----	----	----	----	----	----	1	----	----	----	----	----	1	----	1
Imbecility	----	----	----	----	----	----	----	----	1	1	----	1	----	----	----	----	----	----	1	2	3
Moron	----	----	----	----	----	----	----	----	----	----	----	----	1	1	----	----	----	----	1	1	2
Border-line intelligence	----	----	----	----	----	----	----	----	----	----	----	----	----	1	----	----	----	----	----	1	1
Totals	----	----	----	----	----	----	----	----	1	1	----	1	2	2	----	----	----	----	3	4	7

TABLE 3.—TOTAL POPULATION ON BOOKS[1] OF THE TRANQUILLE SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1967

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				
	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
Psychosis of other demonstrable etiology	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Mental deficiency—																									
Idiocy	—	—	—	—	—	—	—	—	2	5	2	13	12	14	13	8	2	1	—	—	—	—	31	41	72
Imbecility	—	—	—	—	—	—	1	—	7	4	24	12	64	24	42	20	28	9	11	9	1	2	178	80	258
Moron	—	—	—	—	—	—	—	—	—	4	1	8	39	38	33	19	18	13	10	1	—	2	101	85	186
Border-line intelligence	—	—	—	—	—	—	—	—	—	—	1	6	13	13	6	6	4	5	1	1	—	—	25	31	56
Mongolism	—	—	—	—	—	—	—	—	—	1	1	17	33	27	14	12	6	4	2	1	—	—	56	62	118
Other and unspecified	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1	—	—	—	—	—	—	—	2	3	5
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	—	—	3	3
Totals	—	—	—	—	—	—	1	—	9	14	29	58	163	120	109	65	58	32	24	13	1	4	394	306	700

[1] Of this total, 14 males and 18 females were in boarding homes and 5 males and 2 females on extended leave at December 31, 1967.

GERIATRIC DIVISION

J. WALSH, M.B., B.CH., D.P.M., SUPERINTENDENT

Report for April 1, 1967, to March 31, 1968

The Geriatric Division consists of three hospitals—Valleyview Hospital, Essondale, 779 beds; Dellview Hospital, Vernon, 239 beds; and Skeenaview Hosiptal, Terrace, 300 male beds.

During the year a total of 1,868 patients received care and treatment in the three hospitals of this Division. Applications for admission totalled 776—590 for Valleyview Hospital, 105 for Dellview Hospital, and 21 for Skeenaview Hosiptal. Actual admissions totalled 551, of whom 533 were admitted directly from the community and 18 were received on transfer from other mental health facilities. One hundred and eighty-four patients were returned to the community, and 427 patients died during the year. The resident population of the three hospitals as of March 31, 1968, numbered 1,238. To this number may be added 254 patients who, though resident in the community, are still on the hospital register, making a total of 1,492.

VALLEYVIEW HOSPITAL, ESSONDALE

This is the largest of the three hospitals of the Geriatric Division. Eighty per cent of admissions are from the Lower Mainland up to, but not including, Langley; 10 per cent are from the Mainland beyond the Lower Mainland, and 10 per cent are from Vancouver Island and the Gulf Islands.

Occupational therapy for the older folks at Valleyview Hospital provides not only a sense of personal achievement, but also a wonderful opportunity to socialize.

During the year 442 patients were admitted—424 direct from the community and 18 received on transfer from Riverview Hospital.

One hundred and thirty-five patients were returned to the community. Of this number, 18 were discharged in full and 117 were placed on leave. Forty-nine patients already on leave were discharged in full from leave. Of these patients on leave during the year, 45 were returned to hospital, representing 12.5 per cent. Of those patients returned to hospital during the year, 14 were again placed on leave. Factors other than mental breakdown may contribute to return to hospital in some cases. Forty-five patients died while on leave.

As of March 31, 1968, the number of patients on leave totalled 214.

Deaths in hospital totalled 279. Twenty-three patients were transferred to Skeenaview Hospital and 23 to Dellview Hospital.

In June, 1967, a medical consultation service was made available to physicians in the community on a limited geographical basis. By January 1, 1968, this service was made available to the whole of the Lower Mainland area. The primary objective of this service is an assessment of the need or urgency for admission to hospital. By the end of the year 127 patients were seen and early admission for the more urgent cases was arranged.

In the hospital an active-treatment and rehabilitation programme has been maintained. At the time of admission both the patient and the relatives are made aware that hospitalization may be only temporary and that the patient will be returned to the community as soon as he is well enough to do so.

Owing to the high incidence of physical illness in the aged, its investigation and treatment form a large part of the total medical treatment programme.

The services of consultants are available from Riverview Hospital, and all surgical procedures are performed there.

No problem with the " generation gap " here as youngsters of the Rainbow Band entertain older patients during recreational-therapy sessions on the wards at Valleyview Hospital.

The hospital's Dental Department provides a satisfactory dental service for the patients. The Pathological Department, under the supervision of the pathologist from Riverview Hospital, provides adequate diagnostic services.

A high standard of nursing care is provided for patients, and the work involved requires a high degree of dedication on the part of the staff. An organized system of ward visiting by volunteers was initiated toward the end of the year. It is expected that this service will be of great value to patients.

The Department of Occupational Health provides useful help in dealing with cases of long-term illness among staff.

The Social Service Department, with an establishment of five positions, has operated with an average of 3½ workers throughout the year. Post-admission services, including discharge, form the most important area of activity. Despite increases in the rates payable to nursing homes and boarding homes by the Department of Social Welfare, it is becoming almost impossible to place such patients in the community.

The physiotherapy programme has been maintained, and a part-time podiatry service is a useful adjunct.

The Occupational Therapy Department was without a director for part of the year. A useful programme, however, was arranged by the two handicraft instructors. The average monthly attendance at the occupational therapy centre was 1,252, with about 200 patients involved in programmes on the wards.

Three first-year and one second-year student from the School of Rehabilitation Medicine spent part of their internship in the Department during the summer.

Three volunteers from the Canadian Mental Health Association provide valuable assistance to the programme.

DELLVIEW HOSPITAL, VERNON

This hospital has a complement of 150 female and 89 male beds. Ninety-one patients were admitted from the community, and 27 were received on transfer from Valleyview Hospital. Forty patients were returned to the community on leave status, and six were discharged in full. A promising feature of the rehabilitation programme is the increasing number of patients placed singly in homes in the community. As of March 31st there were 13 patients placed in this way.

As of March 31, 1968, the resident population was 202. To this may be added 40 patients on leave, making a total of 242 on the hospital register.

Medical services to patients is provided by a local physician on a part-time basis.

The psychiatrist in charge of the North Okanagan Mental Health Centre attends on a regular weekly basis and provides a valuable psychiatric service to patients.

Dental and ophthalmic services are provided by the community dentists and ophthalmologists as needed.

A good standard of nursing care has been provided for patients. Improvement in the ratio of graduate nurses to aides has been continued. The establishment of a housekeeping staff has facilitated the work of nursing staff. Reorganization of staff through reclassification has strengthened the supervisory area.

The Occupational Therapy Department has provided handicraft programmes for a number of patients.

An extensive programme of recreation and entertainment was made possible through the combined efforts of staff and volunteer agencies such as Canadian Mental Health Association, Independent Order of Foresters, and various other service organizations in the Vernon area.

Educational opportunities were made use of where possible. One assistant charge nurse attended an eight-month course at Vancouver College, and the Director of Nursing attended a four-day nursing institute in Vancouver.

Classes of instruction for nurses' aides were conducted in the hospital by an instructor from the Department of Nursing Education at Essondale, and two psychiatric nurses attended a two-day nursing institute in Vancouver.

SKEENAVIEW HOSPITAL, TERRACE

This hospital has 300 male beds and provided care and treatment for 334 patients during the year.

Eighteen patients were admitted direct from the community, an increase of seven over the previous year. Twenty-three patients were received on transfer from Valleyview Hospital. Three patients were discharged in full to the community, and 53 patients died. The resident population at March 31st was 278.

Satisfactory medical service has been provided by a local physician on a part-time basis. The services of the Mills Memorial Hospital are available for diagnostic and surgical procedures.

The nurse to aide ratio improved during the year, and a satisfactory standard of care was provided.

The Occupational Therapy Department has given good service to patients, and many worth-while projects have been completed in the woodworking shop. A suitable entertainment programme has developed through the efforts of the staff with the aid of local volunteer groups.

Report for April 1 to December 31, 1968

VALLEYVIEW HOSPITAL, ESSONDALE

Due to the installation of a ventilating system on six wards, there was a loss of 12 beds, so that the present establishment of beds is 779. Bed occupancy has been maintained at a consistently high level. The need to use beds to the maximum frequently presents a threat to elementary classification of patients and to free movement of patients, requiring special acute treatment in wards allotted for this purpose.

Applications for Admission

These are received from all areas of the Province, with the exception of the Okanagan-Kootenays region and the Terrace-Prince Rupert area.

Since April 1, 1968, the number of applications for admission averaged 56 per month, an increase of six over the monthly average for the previous year. This reverses the trend toward a reduction which appeared in the previous year and indicates a resumption of the upward trend which has been evident over the past five years.

Owing to the increased length of stay of female patients as compared with male patients, the allotment of beds is two-thirds female and one-third male. The higher proportion of females in the population is also now a more important factor.

The rapid increase in the number of applications demanded that some action be taken to ensure that the more urgent cases be dealt with and, where necessary, admitted without undue delay. For this reason, a community consultation service was instituted in June, 1967, and became fully operative at the beginning of 1968. This service is available to physicians in the Lower Mainland area. Approximately 80 per cent of admissions come from this geographic area. During the period April

1st to December 31st an average of 48 patients per month has been seen. Of this number, almost one-third were not considered in need of committal to a mental health facility. The demand, however, continued to exceed the number of beds available for admission, and a lengthy waiting list developed, especially over the summer months.

The rate of admission is about the same as last year. Because of increasing demand for beds, the lower age limit of 70 years has been applied. This has contributed to a consistent increase in the average age on admission. A lower limit of 65 years should be the objective to be kept in mind when planning for the future needs of the mentally ill aged.

Discharges

Patients returning to the community from hospital may be discharged in full or on a stated period of leave before final discharge. This latter arrangement enables the patient to be returned to hospital without formality in the event of further breakdown.

The number of patients discharged in the period from April 1 to December 31, 1968, shows a slight improvement on the figures for the same period of the previous year. A breakdown of these figures is of some interest. Of 29 patients discharged to self-care, relatives, or friends, all had adequate finances to meet care costs. Of 56 patients discharged to boarding homes, rest homes, etc., 46 had adequate funds to meet care costs. Of 22 patients discharged to private hospitals or nursing homes, 19 had sufficient funds to meet care costs. Three patients were discharged to extended-care facilities.

A limited programme of after-care is provided for patients who have returned to the community. Of those patients who have left the hospital, about 15 per cent will be readmitted in any one year. In some cases, however, factors other than mental breakdown will dictate return to hospital, and some are soon discharged again to a more suitable placement.

In the same period, 38 patients were transferred to Dellview Hospital, Vernon.

DELLVIEW HOSPITAL, VERNON

From April 1 to December 31, 1968, the admission rate remains the same as the previous year, at 10 per month. It is projected that 25 patients will be returned to the community in nine months to December 31, 1968.

More than 40 patients are on leave in the community at any one time.

An improved ratio of trained nursing staff to aides has been maintained.

SKEENAVIEW HOSPITAL, TERRACE

In April a decision was made to seek alternative accommodation and eventually close this hospital. Following on this decision it was decided that patients would not be transferred there from other units.

Five patients were transferred to Dellview Hospital, Vernon.

There are no facilities in the Terrace area to which patients may be discharged, and few patients return to that community.

Five patients were transferred to Valleyview Hospital for discharge to facilities in the Lower Mainland area.

STATISTICAL TABLES—VALLEYVIEW HOSPITAL

TABLE 1.—MOVEMENT OF POPULATION, VALLEYVIEW HOSPITAL, ESSONDALE, APRIL 1, 1967, TO MARCH 31, 1968

	Male	Female	Total
In residence, April 1, 1967	254	494	748
On extended leave, carried forward from 1966/67—			
Boarding home	96	147	243
Other	-----	-----	-----
Total on books as at April 1, 1967	350	641	991
Admissions—			
First admissions to Mental Health Services	158	210	368
Readmissions to a different institution of Mental Health Services	31	29	60
Readmissions to the same institution	5	10	15
Total admissions[1]	194	249	443
Total under care	544	890	1,434
Separations—			
Discharged in full	35	32	67
Died	131	193	324
Transferred to other geriatric facilities	29	20	49
Transferred to psychiatric facility	15	7	22
On extended leave and still out—			
Boarding home	83	131	214
Other	-----	-----	-----
Total separations	293	383	676
Net increase or decrease	—3	+13	+10
In residence, March 31, 1968	251	507	758

[1] Includes 12 male transfers and 7 female transfers from Riverview Hospital.

TABLE 2.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1967, TO MARCH 31, 1968.

Health Unit and School District	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 18	1	-----	1
Selkirk, Nelson—			
School District No. 7	1	-----	1
South Okanagan, Kelowna—			
School District No. 23	1	-----	1
North Okanagan, Vernon—			
School District No. 19	-----	1	1
,, ,, ,, 22	1	-----	1
Northern Interior, Prince George—			
School District No. 57	1	-----	1
Upper Fraser Valley, Chilliwack—			
School District No. 32	-----	1	1
,, ,, ,, 33	4	2	6
,, ,, ,, 34	4	-----	4
Boundary, Cloverdale—			
School District No. 36	5	10	15
,, ,, ,, 37	1	3	4
Simon Fraser, New Westminster—			
School District No. 40	7	16	23
,, ,, ,, 43	9	4	13
Central Fraser, Mission—			
School District No. 35	5	4	9
,, ,, ,, 42	8	4	12
,, ,, ,, 75	4	4	8
Metropolitan Board of Health of Greater Vancouver—			
School District No. 38	4	4	8
,, ,, ,, 39	77	123	200
,, ,, ,, 41	9	13	22
,, ,, ,, 44	9	16	25
,, ,, ,, 45	-----	9	9
Coast-Garibaldi, Powell River—			
School District No. 46	4	4	8
,, ,, ,, 47	-----	3	3
Skeena, Prince Rupert—			
School District No. 54	-----	1	1
Peace River, Dawson Creek—			
School District No. 59	1	-----	1
Greater Victoria Metropolitan Board of Health—			
School District No. 61	20	6	26
,, ,, ,, 62	-----	1	1
,, ,, ,, 63	1	-----	1
,, ,, ,, 64	1	2	3
Central Vancouver Island, Nanaimo—			
School District No. 66	1	-----	1
,, ,, ,, 68	-----	5	5
,, ,, ,, 69	4	1	5
,, ,, ,, 70	3	-----	3
Upper Island, Courtenay—			
School District No. 71	1	1	2
,, ,, ,, 72	1	-----	1
Ex-Province	1	1	2
Totals	189	239	428

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968.

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.	
First admissions											
Informal	—	—	6	11	8	5	—	—	14	16	30
Involuntary	8	—	68	104	92	101	7	18	175	223	398
Totals	8	—	74	115	100	106	7	18	189	239	428
Readmissions											
Informal	—	—	2	2	—	1	—	—	2	3	5
Involuntary	1	—	1	4	—	2	1	1	3	7	10
Totals	1	—	3	6	—	3	1	1	5	10	15

TABLE 4.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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.	
Schizophrenic disorders	—	—	3	5	1	—	—	—	4	5	9
Manic-depressive reaction	—	—	3	6	1	—	—	—	4	6	10
Paranoia and paranoid states	1	—	2	4	—	2	—	1	3	7	10
Senile psychosis	—	—	—	3	1	3	—	2	1	8	9
Psychosis with cerebral arteriosclerosis	—	—	4	10	7	4	2	1	13	15	28
Alcoholic psychosis	—	—	1	—	—	—	—	—	1	—	1
Psychosis of other demonstrable etiology	—	—	1	—	—	2	—	—	1	2	3
Other and unspecified psychoses	—	—	—	3	—	1	—	—	—	4	4
Hysterical reaction	—	—	1	1	—	—	—	—	1	1	2
Neurotic-depressive reaction	—	—	4	6	5	2	—	—	9	8	17
Psychoneurosis with somatic symptoms affecting other symptoms	—	—	—	—	1	—	—	—	1	—	1
Pathological personality	—	—	4	2	4	2	—	—	8	4	12
Alcoholism	2	—	5	—	—	1	—	—	7	1	8
Other and unspecified character, behaviour, and intelligence disorders	—	—	2	—	1	2	1	1	4	3	7
Chronic brain syndrome with behavioural reaction	3	—	27	36	43	29	3	5	76	70	146
Chronic brain syndrome, N.O.S.	2	—	1	2	—	—	—	—	3	2	5
Senility, N.O.S.	—	—	16	36	33	58	1	8	50	102	152
Observation without need for further care	—	—	—	1	3	—	—	—	3	1	4
Totals	8	—	74	115	100	106	7	18	189	239	428

TABLE 5.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

TABLE 6.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY RELIGION AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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

TABLE 7.—POPULATION IN RESIDENCE AT VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1967

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.	
Syphilis and its sequelæ	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	2	—	2
Schizophrenic disorders	4	—	7	1	7	—	2	—	1	1	—	3	1	9	6	16	28	30	58
Manic-depressive reaction	—	—	—	—	—	—	—	1	—	—	1	4	2	3	2	1	5	9	14
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Paranoia and paranoid states	—	—	—	—	—	—	—	—	1	—	—	1	2	8	—	7	3	16	19
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	3	1	9	3	24	4	36	40
Presenile psychosis	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	1	—	—	—	4	4	6	8	13	17	24	29	53
Alcoholic psychosis	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	1	1	2
Psychosis of other demonstrable etiology	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	4	1	5	6
Other and unspecified psychosis	—	2	—	—	—	1	—	—	—	—	—	2	—	—	—	1	—	6	6
Anxiety reaction without mention of somatic symptoms	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	2	1	5	6
Hysterical reaction without mention of anxiety reaction	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Obsessive compulsive reaction	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Neurotic-depressive reaction	—	—	—	—	—	—	—	—	—	—	2	2	—	2	5	5	7	9	16
Pathological personality	—	—	—	—	—	—	—	—	—	—	2	1	2	—	2	2	6	3	9
Alcoholism	—	—	—	1	—	—	—	—	—	—	2	—	1	—	—	—	3	1	4
Mental deficiency	2	1	—	2	2	1	—	—	—	1	—	—	—	1	—	—	4	6	10
Other and unspecified character, behaviour, and intelligence disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	4	4
Chronic brain syndrome with behavioural reaction	—	—	—	—	1	—	—	—	2	2	13	10	28	34	61	96	105	142	247
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	—	—	6	23	13	47	33	123	52	193	245
Epilepsy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Diagnosis deferred	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2	2	4
Totals	6	4	7	5	12	2	3	1	7	4	32	55	57	125	127	303	251	499	750

TABLE 8.—PATIENTS OF VALLEYVIEW HOSPITAL, ESSONDALE, RESIDING IN BOARDING HOMES, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1967

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	—	—	—	2	1	1	—	—	1	—	1	4	6	3	3	7	12	17	29
Manic-depressive reaction	—	—	—	—	—	—	—	—	—	—	1	1	1	2	1	2	3	5	8
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3	4	3	5	8
Senile psychosis	—	—	—	—	—	—	—	—	—	1	—	1	1	1	1	9	2	12	14
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	2	2	6	7	6	9	14	23
Alcoholic psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	2
Psychosis of other demonstrable etiology	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	2
Neurotic-depressive reaction	—	—	—	—	—	—	—	—	—	—	1	1	4	6	6	4	11	11	22
Psychoneurosis with somatic symptoms affecting the digestive system	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Pathological personality	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	2	1	3
Alcoholism	—	—	—	—	—	—	—	—	—	—	4	1	—	2	—	1	4	4	8
Mental deficiency	—	2	—	1	—	—	—	—	—	—	—	—	1	—	—	—	1	3	4
Other and unspecified disorders of character, behaviour, and intelligence	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	1	4	1	10	6	8	24	22	32	54
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	—	2
Epilepsy	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	—	2
Senility	—	—	—	—	—	—	—	—	—	—	—	3	2	3	7	30	9	36	45
Totals	—	2	—	3	1	1	—	—	1	2	13	19	30	30	39	87	84	144	228

TABLE 9.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968.

Mental Diagnosis	Age-group (Years)										Total		Grand Total
	Under 60		60–69		70–79		80–89		90 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Live Discharges													
Schizophrenic disorders	9	4	3	—	2	—	2	4	—	1	16	9	25
Manic-depressive reactions	—	—	—	—	3	3	1	—	—	—	4	3	7
Paranoia and paranoid state	—	—	—	—	1	1	3	3	—	—	4	4	8
Senile psychosis	—	—	—	—	—	1	2	6	—	1	2	8	10
Presenile psychosis	—	—	—	—	—	—	—	1	—	—	—	1	1
Psychosis with cerebral arteriosclerosis	—	—	—	—	3	1	4	—	—	—	7	1	8
Alcoholic psychosis	—	—	1	—	—	—	—	—	—	—	1	—	1
Psychosis with other demonstrable etiology	—	—	—	—	1	2	1	—	—	—	2	2	4
Other and unspecified psychoses	—	—	—	—	—	1	—	1	—	—	—	2	2
Anxiety reaction	—	—	—	—	—	1	—	—	—	—	—	1	1
Neurotic-depressive reaction	—	—	—	—	3	6	3	2	—	—	6	8	14
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	1	—	—	—	1	—	1
Pathological personality	—	—	1	—	3	2	—	1	—	—	4	3	7
Alcoholism	—	—	—	—	2	—	—	—	—	—	2	—	2
Mental deficiency	1	2	—	1	—	—	—	—	—	—	1	3	4
Other and unspecified character, behaviour, and intelligence disorders	—	—	1	—	2	2	—	—	—	—	3	2	5
Chronic brain syndrome with behavioural reaction	—	—	—	—	6	—	7	3	2	—	15	3	18
Chronic brain syndrome, N.O.S.	—	—	1	—	2	—	—	—	—	1	3	1	4
Senility	—	—	—	—	2	5	4	3	—	—	6	8	14
Syphilis and its sequelæ	—	—	1	—	—	—	—	—	—	—	1	—	1
Observation without need for further psychiatric care	—	—	—	—	—	—	1	—	—	—	1	—	1
Totals	9	4	8	1	30	25	29	24	2	3	79	59	138
Deaths													
Schizophrenic disorders	—	—	—	—	1	—	—	3	—	—	1	3	4
Manic-depressive reaction	—	—	—	—	—	1	—	2	—	—	—	3	3
Involutional melancholia	—	—	—	—	—	—	1	—	—	—	1	—	1
Paranoia and paranoid states	—	—	—	—	—	—	—	1	—	1	—	2	2
Senile psychosis	—	—	—	—	—	1	6	12	—	4	6	17	23
Psychosis with cerebral arteriosclerosis	—	—	—	—	4	4	6	11	2	3	12	18	30
Psychosis with other demonstrable etiology	—	—	—	—	—	—	—	1	—	—	—	1	1
Neurotic-depressive reaction	—	—	—	—	—	2	4	2	—	—	4	4	8
Psychoneurosis with somatic symptoms affecting digestive system	—	—	—	—	—	1	—	—	—	—	—	1	1
Pathological personality	—	—	—	—	—	—	1	1	—	1	1	2	3
Alcoholism	—	—	—	—	—	—	1	—	1	—	2	—	2
Other and unspecified character, behaviour, and intelligence disorders	—	—	—	—	—	—	—	—	1	—	1	—	1
Chronic brain syndrome with behavioural reaction	—	—	1	—	21	24	41	45	9	5	72	74	146
Chronic brain syndrome, N.O.S.	—	—	—	—	—	1	—	—	—	—	—	1	1
Epilepsy	—	—	—	—	1	—	—	—	—	—	1	—	1
Syphilis and its sequelæ	—	—	—	—	1	—	—	—	—	—	1	—	1
Senility	—	—	—	—	10	19	18	42	1	6	29	67	96
Totals	—	—	1	—	38	53	78	120	14	20	131	193	324

TABLE 10.—LIVE DISCHARGES FROM AND DEATHS OCCURING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968.

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, 1967, TO MARCH 31, 1968

Cause of Death	Age-group (Years)								Total		Grand Total
	60–69		70–79		80–89		90 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Malignant neoplasms	1	.....	1	1	2	4	.....	.....	4	5	9
Diabetes mellitus	.....	.....	.....	3	.....	.....	.....	.....	.....	3	3
Cerebral vascular accident	.....	.....	9	11	7	18	2	2	18	31	49
Arteriosclerotic heart disease	.....	.....	25	29	57	83	8	15	90	127	217
Other diseases of heart	.....	.....	.....	.....	.....	.....	1	.....	1	.....	1
Hypertensive heart disease	.....	.....	.....	.....	.....	.....	.....	1	.....	1	1
Influenza	.....	.....	.....	.....	.....	1	.....	.....	.....	1	1
Pneumonia	.....	.....	1	5	6	8	1	1	8	14	22
Ulcer, stomach or duodenum	.....	.....	1	.....	1	.....	.....	.....	2	.....	2
Intestinal obstruction	.....	.....	.....	1	.....	.....	.....	.....	.....	1	1
Other diseases	.....	.....	1	3	3	6	1	.....	5	9	14
Accidents	.....	.....	.....	.....	2	.....	1	1	3	1	4
Totals	1	.....	38	53	78	120	14	20	131	193	324

TABLE 12.—DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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

STATISTICAL TABLES—DELLVIEW HOSPITAL

TABLE 1.—MOVEMENT OF POPULATION, DELLVIEW HOSPITAL, VERNON, APRIL 1, 1967, TO MARCH 31, 1968

	Male	Female	Total
In residence, April 1, 1967	89	126	215
On extended leave, carried forward from 1966/67—			
Boarding home	5	14	19
Other	-----	-----	-----
Total on books as at April 1, 1967	94	140	234
Admissions—			
First admissions to Mental Health Services	40	44	84
Readmissions to a different institution of Mental Health Services	8	22	30
Readmissions to the same institution	1	3	4
Total admissions[1]	49	69	118
Total under care	143	209	352
Separations—			
Discharged in full	7	6	13
Died	53	44	97
Transferred to other geriatric facilities	-----	-----	-----
Transferred to psychiatric facility	-----	-----	-----
On extended leave and still out—			
Boarding home	13	27	40
Other	-----	-----	-----
Total separations	73	77	150
Net increase or decrease	−19	+6	−13
In residence, March 31, 1968	70	132	202

[1] Includes 6 male transfers and 20 female transfers from other geriatric facilities, 1 female transfer from Riverview Hospital.

TABLE 2.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1967, TO MARCH 31, 1968.

Health Unit and School District	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 1	2	1	3
,, ,, ,, 2	3	1	4
,, ,, ,, 4	2	2	4
,, ,, ,, 86	-----	2	2
Selkirk, Nelson—			
School District No. 7	1	-----	1
West Kootenay, Trail—			
School District No. 9	1	-----	1
,, ,, ,, 11	4	-----	4
,, ,, ,, 12	3	2	5
,, ,, ,, 13	-----	1	1
South Okanagan, Kelowna—			
School District No. 14	4	4	8
,, ,, ,, 15	5	3	8
,, ,, ,, 16	1	-----	1
,, ,, ,, 23	1	4	5
North Okanagan, Vernon—			
School District No. 19	1	-----	1
,, ,, ,, 21	-----	1	1
,, ,, ,, 22	7	8	15
,, ,, ,, 89	4	5	9
South Central, Kamloops—			
School District No. 24	-----	3	3
,, ,, ,, 31	1	-----	1
Cariboo, Williams Lake—			
School District No. 27	1	2	3
Boundary, Cloverdale—			
School District No. 36	-----	3	3
Central Fraser, Mission—			
School District No. 35	1	1	2
Metropolitan Board of Health of Greater Vancouver—			
School District No. 38	-----	1	1
,, ,, ,, 39	4	13	17
,, ,, ,, 41	-----	1	1
Coast-Garibaldi, Powell River—			
School District No. 46	1	-----	1
Skeena, Prince Rupert—			
School District No. 52	-----	1	1
,, ,, ,, 54	-----	1	1
Peace River, Dawson Creek—			
School District No. 59	1	2	3
,, ,, ,, 60	-----	1	1
Greater Victoria Metropolitan Board of Health—			
School District No. 61	-----	2	2
Ex-Province	-----	1	1
Totals	48	66	114

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968.

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.	
First Admissions											
Informal	----	1	----	----	----	----	----	----	----	1	1
Involuntary	3	3	18	18	25	36	2	8	48	65	113
Totals	3	4	18	18	25	36	2	8	48	66	114
Readmissions											
Involuntary	----	----	----	1	1	2	----	----	1	3	4

TABLE 4.—FIRST ADMISSIONS AND READMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968.

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.	
First Admissions											
Schizophrenic disorders	----	1	----	----	1	2	----	1	1	4	5
Paranoia and paranoid states	----	----	----	----	----	1	----	----	----	1	1
Senile psychosis	----	----	----	----	----	6	----	----	----	6	6
Pre-senile psychosis	----	----	----	----	----	1	----	----	----	1	1
Psychosis with cerebral arteriosclerosis	----	1	----	1	----	----	----	----	----	2	2
Pathological personality	----	----	----	1	----	----	----	----	----	1	1
Other and unspecified character, behaviour, and intelligence disorders	----	----	----	1	----	----	----	----	----	1	1
Chronic brain syndrome with behavioural reaction	3	2	15	10	15	21	2	6	35	39	74
Chronic brain syndrome, N.O.S.	----	----	3	3	7	3	----	1	10	7	17
Senility	----	----	----	1	2	2	----	----	2	3	5
Diagnosis deferred	----	----	----	1	----	----	----	----	----	1	1
Totals	3	4	18	18	25	36	2	8	48	66	114
Readmissions											
Chronic brain syndrome with behavioural reaction	----	----	----	1	1	2	----	----	1	3	4

TABLE 5.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

TABLE 6.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY RELIGION AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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

TABLE 7.—TOTAL NUMBER OF PATIENTS ON BOOKS[1] OF DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1967

Mental Diagnosis	Age-group (Years)												Total		Grand Total
	Under 60		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	8	1	6	3	5	14	19	19	38
Manic-depressive reaction	----	----	----	----	----	----	1	----	----	1	----	----	1	1	2
Paranoia and paranoid states	----	----	----	----	----	----	----	----	----	----	1	1	1	1	2
Senile psychosis	----	----	----	----	----	----	----	----	----	----	1	18	1	18	19
Presenile psychosis	----	----	----	----	----	----	----	----	----	----	----	1	----	1	1
Psychosis with cerebral arteriosclerosis	----	----	----	----	----	1	1	----	----	2	2	3	3	6	9
Psychosis of other demonstrable etiology	----	----	----	----	----	----	----	----	----	----	----	1	----	1	1
Other and unspecified psychosis	----	----	----	----	----	----	----	----	----	----	1	----	1	----	1
Neurotic-depressive reaction	----	----	----	----	----	----	----	----	1	----	----	----	1	----	1
Pathological personality	----	----	----	----	----	----	----	----	----	1	----	1	----	2	2
Immature personality	----	----	----	----	----	----	----	----	1	----	----	----	1	----	1
Other and unspecified character, behaviour, and intelligence disorders	----	----	----	----	----	----	----	----	----	1	----	----	----	1	1
Chronic brain syndrome with behavioural reaction	----	1	3	3	3	5	3	10	17	17	33	70	59	106	165
Chronic brain syndrome, N.O.S.	----	----	1	----	----	----	----	1	1	1	4	10	6	12	18
Totals	----	1	4	3	3	7	13	12	26	26	47	119	93	168	261

[1] Of this total, 13 males and 24 females were in boarding homes at December 31, 1967.

TABLE 8.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968.

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.	
Live Discharges											
Chronic brain syndrome with behavioural reaction	----	1	3	2	3	2	----	----	6	5	11
Chronic brain syndrome, N.O.S.	----	----	1	----	----	----	----	----	1	----	1
Diagnosis deferred	----	----	----	1	----	----	----	----	----	1	1
Totals	----	1	4	3	3	2	----	----	7	6	13
Deaths											
Schizophrenic disorders	----	----	1	----	1	----	----	----	2	----	2
Chronic brain syndrome with behavioural reaction	2	1	7	3	18	17	5	7	32	28	60
Chronic brain syndrome, N.O.S.	----	2	5	3	13	11	1	----	19	16	35
Totals	2	3	13	6	32	28	6	7	53	44	97

TABLE 9.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968.

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

TABLE 10.—DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

Cause of Death	Age-group (Years)								Total		Grand Total
	60–69		70–79		80–89		90 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Arteriosclerotic heart disease	2	3	11	5	29	27	5	6	47	41	88
Congestive heart failure	----	----	1	----	1	----	----	----	2	----	2
Generalized arteriosclerosis	----	----	1	----	1	1	----	1	2	2	4
Influenza	----	----	----	----	1	----	----	----	1	----	1
Rheumatoid arthritis	----	----	----	1	----	----	----	----	----	1	1
Accident	----	----	----	----	----	----	1	----	1	----	1
Totals	2	3	13	6	32	28	6	7	53	44	97

TABLE 11.—DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1967, TO MARCH 31, 1968

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

STATISTICAL TABLES—SKEENAVIEW HOSPITAL

TABLE 1.—MOVEMENT OF POPULATION, SKEENAVIEW HOSPITAL,[1] TERRACE, APRIL 1, 1967, TO MARCH 31, 1968

In residence, April 1, 1967	293
Total on books as at April 1, 1967	293
Admissions—	
First admissions to Mental Health Services	17
Readmissions to a different institution of Mental Health Services	23
Readmissions to the same institution	1
Total admissions[2]	41
Total under care	334
Separations—	
Discharged in full	3
Died	53
Transferred to other geriatric facilities	-------
Transferred to psychiatric facility	-------
Total separations	56
Net decrease	—15
In residence, March 31, 1968	278

[1] This institution cares for male patients only.
[2] Includes 23 transfers from other geriatric facilities.

TABLE 2.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE, APRIL 1, 1967, TO MARCH 31, 1968

Health Unit and School District	No.
North Okanagan, Vernon—	
School District No. 89	1
Northern Interior, Prince George—	
School District No. 57	5
Boundary, Cloverdale—	
School District No. 36	2
Simon Fraser, New Westminster—	
School District No. 40	3
Central Fraser, Mission—	
School District No. 42	1
Metropolitan Board of Health of Greater Vancouver—	
School District No. 39	11
,, ,, ,, 41	1
,, ,, ,, 44	1
Skeena, Prince Rupert—	
School District No. 50	1
,, ,, ,, 52	3
,, ,, ,, 54	1
,, ,, ,, 88	6
Peace River, Dawson Creek—	
School District No. 59	1
,, ,, ,, 60	1
Greater Victoria Metropolitan Board of Health—	
School District No. 61	2
Total	40

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY METHOD OF ADMISSION AND AGE-GROUP, APRIL 1, 1967, TO MARCH 31, 1968.

Method of Admission	Age-group (Years)				Total
	60–69	70–79	80–89	90 and Over	
First Admissions					
Informal	1	----	----	----	1
Involuntary	4	14	20	1	39
Totals	5	14	20	1	40
Readmissions					
Involuntary	----	1	----	----	1

TABLE 4.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND AGE-GROUP, APRIL 1, 1967, TO MARCH 31, 1968

Mental Diagnosis	Age-group (Years)				Total
	60–69	70–79	80–89	90 and Over	
Schizophrenic disorders	----	1	1	----	2
Manic-depressive reaction	----	1	1	----	2
Senile psychosis	----	----	2	----	2
Psychosis with cerebral arteriosclerosis	----	----	2	----	2
Chronic brain syndrome with neurotic reaction	----	----	1	----	1
Pathological personality	----	----	2	----	2
Alcoholism	----	1	----	----	1
Other and unspecified character, behaviour, and intelligence disorders	1	2	----	----	3
Chronic brain syndrome with behavioural reaction	----	2	4	----	6
Chronic brain syndrome, N.O.S.	2	----	1	----	3
Senility	1	4	7	1	13
Diagnosis deferred	1	1	1	----	3
Totals	5	14	20	1	40

TABLE 5.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND MARITAL STATUS, APRIL 1, 1967, TO MARCH 31, 1968

TABLE 6.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY RELIGION, APRIL 1, 1967, TO MARCH 31, 1968

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

TABLE 7.—TOTAL NUMBER OF PATIENTS ON BOOKS OF SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND AGE-GROUP, DECEMBER 31, 1967

Mental Diagnosis	Age-group (Years)						Total
	Under 60	60–64	65–69	70–74	75–79	80 and Over	
Syphilis and its sequelæ	----	----	7	2	2	1	12
Schizophrenic disorders	8	13	31	25	36	33	146
Manic-depressive reaction	----	----	1	1	1	4	7
Paranoia and paranoid states	----	----	----	----	----	1	1
Senile psychosis	----	----	----	----	10	16	26
Psychosis with cerebral arteriosclerosis	----	----	2	3	3	8	16
Alcoholic psychosis	----	----	2	1	1	----	4
Psychosis of other demonstrable etiology	----	----	1	----	1	----	2
Other and unspecified psychosis	----	----	----	----	2	----	2
Pathological personality	----	----	----	1	2	----	3
Alcoholism	----	1	1	2	3	1	8
Mental deficiency	2	2	1	----	----	1	6
Other and unspecified character, behaviour, and intelligence disorders	----	----	1	1	2	----	4
Chronic brain syndrome with behavioural reaction	----	----	----	2	7	12	21
Chronic brain syndrome, N.O.S.	1	----	3	5	8	10	27
Diagnosis deferred	----	----	1	----	1	3	5
Totals	11	16	51	43	79	90	290

TABLE 8.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND AGE-GROUP, APRIL 1, 1967, TO MARCH 31, 1968.

Mental Diagnosis	Age-group (Years)					Total
	Under 60	60–69	70–79	80–89	90 and Over	
Live Discharges						
Schizophrenic disorders	----	1	----	----	----	1
Alcoholism	----	1	----	----	----	1
Observation without need for further psychiatric care	----	----	1	----	----	1
Totals	----	2	1	----	----	3
Deaths						
Schizophrenic disorders	1	1	5	7	----	14
Paranoia and paranoid states	----	----	----	----	1	1
Senile psychosis	----	1	----	1	----	2
Psychosis with cerebral arteriosclerosis	----	1	----	3	----	4
Chronic brain syndrome with neurotic reaction	----	----	----	1	----	1
Alcoholism	----	----	3	1	----	4
Chronic brain syndrome with behavioural reaction	----	1	1	9	1	12
Chronic brain syndrome, N.O.S.	----	----	1	----	----	1
Senility	----	----	3	10	1	14
Totals	1	4	13	32	3	53

TABLE 9.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND LENGTH OF STAY, APRIL 1, 1967, TO MARCH 31, 1968.

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

TABLE 10.—DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY CAUSE OF DEATH AND AGE-GROUP, APRIL 1, 1967, TO MARCH 31, 1968

Cause of Death	Age-group (Years)					Total
	Under 60	60–69	70–79	80–89	90 and Over	
Malignant neoplasms	----	----	2	3	----	5
Cerebral vascular accident	1	----	2	6	1	10
Arteriosclerotic heart disease	----	3	4	14	1	22
Congestive heart failure	----	----	1	1	----	2
Generalized arteriosclerosis	----	----	----	1	----	1
Pneumonia	----	----	2	6	1	9
Cirrhosis of the liver	----	1	----	----	----	1
Prostatic hypertrophy	----	----	----	1	----	1
Accident	----	----	2	----	----	2
Totals	1	4	13	32	3	53

TABLE 11.—DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY CAUSE OF DEATH AND LENGTH OF STAY, APRIL 1, 1967, TO MARCH 31, 1968

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

BRITISH COLUMBIA YOUTH DEVELOPMENT CENTRE, THE MAPLES

A. D. SLEIGH, B.A., M.D., C.R.C.P., EXECUTIVE DIRECTOR

Report for April 1 to December 31, 1968

The British Columbia Youth Development Centre began functioning in June, 1968, and during that month I was appointed Executive Director. During this time major organizational changes were made within the Youth Development Centre to prepare the way for the expansion into a comprehensive treatment complex for children and adolescents of the Province. With the reorganization, the complex was divided into three functional units—namely, the Children's and Adolescents' Clinic (primarily doing out-patient work), the Psycho-education Unit, and the Residential Unit. At the time of this writing the Children's and Adolescents' Unit (which had been up until now the Children's Clinic) and the Psycho-education Unit are functioning, and preparations are being made to bring the Residential Treatment Unit into operation sometime in the spring of 1969.

I must stress that this is a major expansion, and the aim is to provide efficient first-class treatment to emotionally disturbed children and adolescents from throughout the Province of British Columbia. This treatment unit should also be in a position to give effective consultative services to therapists throughout the Province and contribute to training and research in mental health work with children and adolescents.

DIRECT SERVICES

CHILDREN'S AND ADOLESCENTS' CLINIC

In the complete reorganization of this clinic there has been, as yet, little change in the actual service given by the out-patient part of the British Columbia Youth Development Centre. Over 300 children and adolescents are receiving active, intensive therapy, and this involves many times that number of family members as there is so often the need to involve the total family when one member of that family is emotionally disturbed. The principal treatment method is the therapeutic interview, but, of course, in working with children this is not always a verbal exchange but may involve play therapy, activity group therapy, special education and learning techniques, family group therapy, and many other special techniques needed to reach youth. Because our patients are in their formative years, all social influences on them are extremely important. Our clinic therapists are always actively engaged in attempting to make the social environment of the patient more conducive to him, or her, getting over the emotional or social difficulties, and spend many hours in working with such people as teachers, Probation Officers, school counsellors, and health nurses.

Medications and somatic treatment approaches do not play any great part in our treatment approach. Of course, the latest medications and somatic therapies are utilized, if indicated, and we have at our disposal special diagnostic equipment such as the electroencephalogram and can utilize various psychological measuring tests and devices.

Under the Children's and Adolescents' Clinic Director, Dr. Alan Cashmore, we have a small day centre in operation. At the present time two therapists are working full time in the day centre, and they have been dealing with two small groups of young children. In the near future, however, we hope to expand this day centre and bring in additional staff.

There is a small class for emotionally maladjusted children that come from Burnaby area, and we have a co-operative enterprise going in which we are providing the special professional staff needed to help with the treatment of these children. The Burnaby School Board is providing a teacher. This is still in its beginning phase, having commenced operation in September, but we would hope to see these children materially aided by this special class.

Our centre has worked very hard with a large number of very disturbed children. This seems to come about because many of these children were first in treatment with other agencies or private psychiatrists, then, for practical or economic reasons, they could no longer be handled by these people and were then referred to us. The results are naturally variable although basically encouraging.

Psycho-education Unit

This unit was formed in the fall of 1968 and is under the direction of Dr. D. Shalman. Basically it consists of three psychologists and two teachers, who provide a special treatment service to our unit and to therapists in mental health centres throughout the Province. This treatment group concentrates on the school under-achiever and the youngster with learning plus emotional problems, and are utilizing special educational and psychological techniques to help such a patient.

In the months to come the Psycho-education Unit will extend its work into assisting our residential and day-clinic teachers in their classroom activities and will also be setting up special teaching groups of their own.

Residential Treatment Unit

This treatment unit is very much in the formative stage, and, at the time of writing, the construction is still being completed, and the buildings will probably be turned over to us in January, 1969. Recruitment of therapists for this area is just beginning, and the main job is to recruit child-care counsellors. Dr. Lavelle, Residential Treatment Unit Director, has been assisting in planning for the unit since July, 1968, and he intends to have a modern active-treatment resource for 45 youngster who will need residential care and treatment and for 20 or more youngsters who will need day-clinic treatment. Besides this comprehensive programme, he and his staff will be involved in the out-patient follow-up of these youngsters and also in the functioning of other facilities, such as group-living homes, special boarding homes, and the like. These latter facilities will probably not come directly under our auspices, but there will have to be co-ordination with them in some manner.

Children and adolescents with all manner of psychiatric and emotional disturbance will be admitted to this unit, and the principal people doing the therapy will be the child-care counsellors directed and assisted by other professional staff such as psychiatrists, psychologists, and social workers. The plan is to have an intensive-care unit giving these youngsters the very latest in treatment modalities and avoiding at all costs any tendency toward institutionalization. Work with the families of the patients will again be stressed, and a close co-ordination and integration of our service with that carried out by other agencies and therapists will have to be maintained.

A final remark should be made to the effect that the British Columbia Youth Development Centre will be a co-ordinated treatment unit with the Children's and Adolescents' Clinic, the Psycho-education Unit, and the Residential Unit (and day care), working in close harmony for the welfare of the patient and his family.

INDIRECT SERVICES

Therapists are involved in offering indirect service to helping groups, treatment agencies, and mental health centres. Consultations are regularly given to a large number of community agencies and therapists, which is all a part of our ongoing everyday work. The area of indirect services always overlaps with training and education functions and with our preventive services. Whenever staff are involved in treating a patient, they are also involved in educating the community people they come in contact with, such as school-teachers, counsellors, Probation Officers, social workers, public health nurses, etc.

Many of our staff give lectures, seminars, and workshops to interested groups and agencies in the community, and this needs to be considered part of our indirect service.

TRAINING AND EDUCATION

The Youth Development Centre has been involved in the past year in many training and educational activities. We welcomed outside groups that have any helping function in relation to mental health to utilize our special facilities, such as our auditorium, conference rooms, and group therapy rooms. We collaborated with the Shalal Institute and the Y.M.C.A. in organizing a workshop by Dr. Yablonsky on psychodrama, and also worked with them in putting on several group marathon experiences for group psychotherapists from the general community.

Several of our staff have been instrumental in helping to establish a family therapy institute in the Greater Vancouver area.

The psychologists from our unit established a twice-a-month lecture series for all clinical phychologists from the Lower Mainland and presented a variety of topics of vital clinical import. Our senior psychologists, too, were directly involved in a summer internship programme for clinical psychologists and gave much-needed field experience to training psychologists. This programme was worked out in collaboration with others from the Mental Health Services.

Several of our staff psychiatrists gave assistance to the Department of Psychiatry at the University of British Columbia in regard to helping with examinations of medical students, training of residents and medical students.

Our social-work staff, and indirectly all of our clinicians in the centre, continued to play a vital part in assisting the School of Social Work, University of British Columbia, in its field placement programme for training social workers. These social workers obtained direct experience in working with patients at our centre and are closely supervised by our staff and university faculty. This collaborative effort seems to work out very well both from our viewpoint and from the School of Social Work's viewpoint.

The senior clinicians at the centre were often involved in giving orientation lectures and tours of the British Columbia Youth Development Centre to public health nurses, Probation Officers, school counsellors, and other professionals.

In summary, the staff are offering a great deal in the way of practical training to professional groups and agencies working in the mental health field and are making a contribution that would be hard to duplicate.

RESEARCH

With the planning and development of the total British Columbia Youth Development Centre, there is a recognized need to increase the energies and time put into research, but there is a realization that this research should be of a practical and clinical nature. Plans are being made at this time to do an ongoing evaluation of

all of our treatment programmes. We shall evaluate the various treatment methods used and look very closely at our outcome studies. There is a general willingness to have this ongoing evaluation of our work, and we see it as vital to keep searching for better and more economical treatment methods.

Another area of study that is being planned is to compare our pattern of practice at this centre with psychiatric practice elsewhere in this community.

Many specific research tasks were completed during the year under review. There was the study completed by several of our psychologists on the auditory discrimination test as used in the schools. The results they have obtained will be of great practical value to the users of this test. There were also studies done on modelling techniques and how they can be utilized to change behaviour, an examination of an adolescent group receiving treatment at the clinic with the therapist, and the researcher looking for factors that bring about desired behavioural changes. This work is still going on at the time of reporting. A final research project that should be mentioned is the work being done by one of our sessional psychologists. This person is utilizing a great deal of marathon group therapy and is conducting a follow-up study on these groups to find out what kind of changes are effected in individuals by a marathon experience, and whether or not these changes remain permanent.

The intention of this Director is to see that further vital clinical research is carried out as the new unit takes shape.

Printed by A. SUTTON, Printer to the Queen's Most Excellent Majesty
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1969

580-1268-81