DEPARTMENT OF HEALTH SERVICES
AND HOSPITAL INSURANCE

Mental Health Services Branch

PROVINCE OF BRITISH COLUMBIA

ANNUAL REPORT

FOR TWELVE MONTHS ENDED
MARCH 31

1964

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in right of the Province of British Columbia.
1965

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

MAY IT PLEASE YOUR HONOUR:

The undersigned respectfully submits the Annual Report of the Mental Health Services Branch, Department of Health Services and Hospital Insurance, for the year ended March 31, 1964.

ERIC MARTIN,
Minister of Health Services and Hospital Insurance.

Office of the Minister of Health Services and Hospital Insurance,
Victoria, B.C., December 15, 1964.

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE,
MENTAL HEALTH SERVICES BRANCH,
VANCOUVER, B.C., December 14, 1964.

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

SIR,—I have the honour to submit the Annual Report of the Mental Health Services Branch for the twelve months ended March 31, 1964.

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

Closing of the doors, Provincial Mental Home, Colquitz, January 29, 1964. The Honourable Eric Martin, Minister of Health Services and Hospital Insurance; the Honourable W. N. Chant, Minister of Public Works; Dr. L. G. C. d'Easum, Medical Superintendent; Dr. A. E. Davidson, Deputy Minister of Mental Health Services; and staff members participated.

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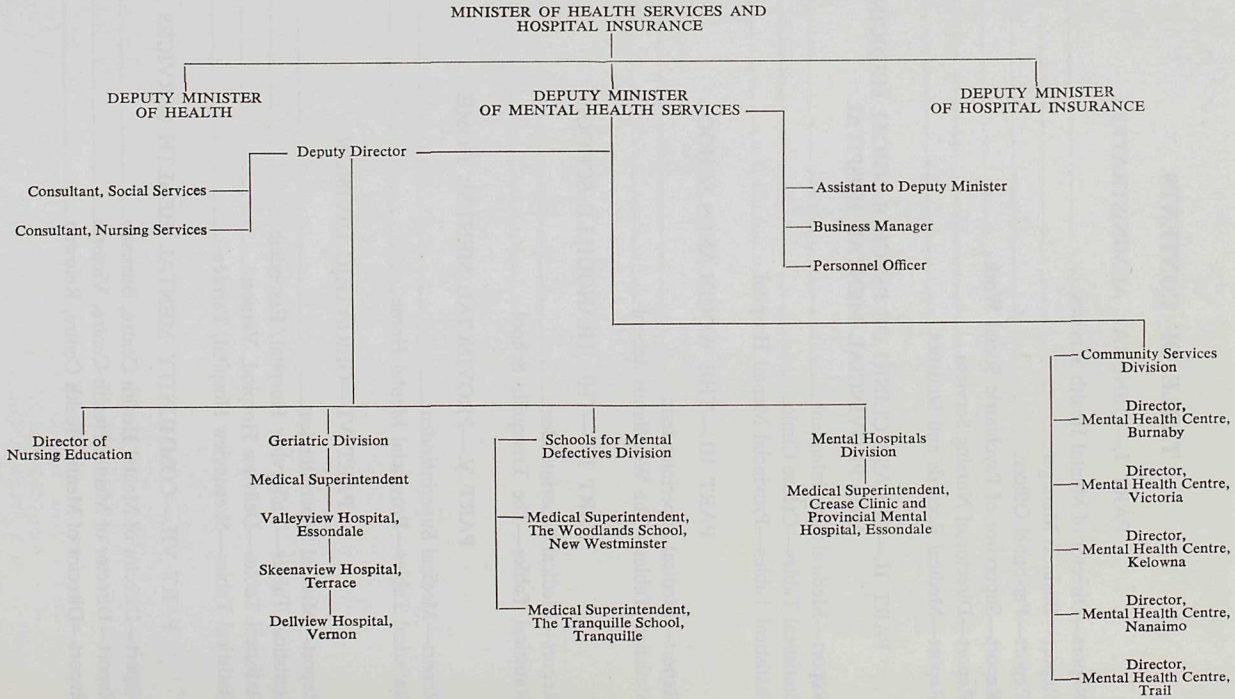
MENTAL HEALTH SERVICES BRANCH ORGANIZATION
AS OF MARCH 31, 1964



Report of Mental Health Services Branch

For the Twelve Months Ended March 31, 1964

PART I.—GENERAL ADMINISTRATION

REPORT OF DIRECTOR OF MENTAL HEALTH SERVICES

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

The Mental Health Services Branch continues to provide a variety of services to mentally ill people of the Province through the various mental hospitals, schools for retarded, and mental health clinics. The work of these units is supervised and co-ordinated through the Deputy Minister's office, located at 828 West 10th Avenue, Vancouver.

The personnel of this office was augmented this year by the appointment of Dr. F. G. Tucker to the position of Deputy Director of Mental Health Services. Dr. Tucker has been employed in the Mental Health Services Branch since 1952. He is certified in the specialty of psychiatry by the Royal College of Physicians and Surgeons of Canada. He has also taken further training in administrative psychiatry at Columbia University in New York. He will report to the Deputy Minister and Director of Mental Health Services and will be responsible for the supervision of the operations of the Crease Clinic, Provincial Mental Hospital, schools for retarded, and the geriatric facilities. In addition, the Mental Health Centre in Burnaby and the Department of Nursing Education will be reporting to the Deputy Director. This reorganization of the Branch office will result in an improvement in the efficiency of operations and will provide the opportunity to offer more in the way of supervision and direct services to the units.

During the year a complete study has been made of mental health legislation in the Province, with a view to providing recommendations for changes which would encompass the most recent advances in psychiatric and mental health concepts. A new *Mental Health Act* was passed at the session of the Legislature in the spring of 1964. This Act consolidates all the features of five Acts dealing with mental health —namely, *Clinics of Psychological Medicine Act, Mental Hospitals Act, Schools for Mental Defectives Act, Provincial Child Guidance Clinics Act,* and *Provincial Mental Health Centres Act.*

Procedures for admission are modified to emphasize the medical reasons for the admission of a patient to hospital. Admissions to hospitals under this Act may be made either on an informal basis or on an involuntary basis, depending upon the particular circumstances of the patient whose admission is being sought.

Features of the Act are provided to encourage the development of locally operated mental health services. Provision is made to enable mental health societies to be formed, which may be authorized to undertake to operate a mental health service or a part of such service. This provision will also allow the opportunity of establishing and developing new services under the terms of this new legislation.

This Act will come into force upon proclamation.

At the present time an extensive and active programme of construction of new mental health facilities is in the planning stage.

Property has been purchased adjacent to the grounds of the Jubilee Hospital in Victoria. A new mental health facility is being planned for this site, which will provide accommodation for comprehensive mental health care both on an in-patient and an out-patient basis. Plans are being made for the renovation of the apartment house on this site to provide temporary expanded accommodation for the Mental Health Centre, Victoria. This will enable the expansion of this service pending the planning and construction of the new facilities on this site.

The Deerholme Building at Tranquille is being renovated to enable the school to care for 70 more patients. A new 100-bed unit is being planned for The Tranquille School to provide increased accommodation for retarded children requiring institutional care. At the same time a site has been chosen in the Royal Oak area for the locating of an entirely new school for mentally retarded, to accommodate initially up to 400. The planning for this unit is proceeding.

STATISTICAL COMMENTS

Examination of the accompanying tables will show a steady increase in the number of patients seeking help from the divisions of the Mental Health Services. During the year 4,569 patients were admitted to the in-patient units of this service. This represents the highest number of admissions to the service in its history. Actually there were 321 more patients admitted during 1963/64 than during the fiscal year 1962/63. In spite of the increase in admissions, the number of separations from the services remained very high. This has resulted in a net increase of 31 in the total resident population throughout the service. The increase in total resident population during this past year is mainly the result of the increased number of admissions to the schools for the mentally retarded. The increase of service to the people is indicated by the extremely high number of patients who have received care and services throughout our various units. During the year 11,711 patients have been cared for and received services in the various units of the Branch. This represents a very marked increase in the amount of care and service being provided to the mentally ill of this Province.

Table 1.—Showing Patients in Residence in the Various Institutions of the Provincial Mental Health Services, April 1, 1963, and March 31, 1964, Together with Increase or Decrease.

Institution	In Residence, Apr. 1, 1963			In Residence, Mar. 31, 1964			Increase (+) or Decrease (—)
	Men	Women	Total	Men	Women	Total	
Crease Clinic	91	127	218	104	142	246	+28
Mental Hospital, Essondale	1,484	1,256	2,740	1,552	1,254	2,806	+66
Mental Home, Colquitz	149	.....	149	.....	.....	.....	—149
The Woodlands School	706	582	1,288	716	600	1,316	+28
The Tranquille School	275	143	418	311	158	469	+51
Valleyview Hospital, Essondale	252	477	729	277	464	741	+12
Dellview Hospital, Vernon	106	127	233	106	129	235	+2
Skeenaview Hospital, Terrace	295	.....	295	288	.....	288	—7
Totals	3,358	2,712	6,070	3,354	2,747	6,101	+31

Table 2.—Showing in Summary the Admissions and Population Increase of the Mental Health Services Branch for the 10-year Period April 1, 1954, to March 31, 1964.

Year	Total Admissions	Admissions 65 Years and Over	Admissions 15 Years and Under	Voluntary Admissions	Population Increase	Index of Increase
1954/55	2,492	348	71	884	88	3.53
1955/56	2,855	392	58	1,153	26	0.91
1956/57	2,270	385	57	1,083	—78	—2.87
1957/58	2,936	442	106	1,012	38	1.29
1958/59	2,993	425	135	1,118	—90	—3.00
1959/60	3,296	506	182	1,316	20	0.61
1960/61	3,924	580	254	1,695	42	1.07
1961/62	4,193	557	200	2,023	—156	—3.72
1962/63	4,248	554	213	2,086	—63	—1.48
1963/64	4,569	550	243	2,187	31	0.68
Totals	33,776	4,739	1,519	14,557	—142	.....

The psychotic and psychoneurotic cases have been admitted either to the Crease Clinic or the Provincial Mental Hospital, Essondale. The total admissions to these two institutions for the year was 3,999. Of these, 1,609 were admitted to the Crease Clinic and 2,390 to the Provincial Mental Hospital. In the previous year 3,717 were admitted to these two units. There was, therefore, an increase of 282 admissions over the previous year.

Of the total number of patients admitted to these two institutions, over 50 per cent were admitted on a voluntary basis. A total of 2,187 patients was admitted at their own request. This is a desirable trend, which has been encouraged by the improvement of treatment services which are available in these hospitals.

While there has been an increase in the number of patients seeking care in the mental health facilities, the type and variety of services have also been steadily increasing. This results in a heavy demand on the staff, which has been met efficiently. The resident population of the Provincial Mental Hospital, Essondale, has increased from 2,740 on April 1, 1963, to 2,806 on March 31, 1964. This increase of 66 is largely accounted for by the transfer of patients from the Provincial Mental Home, Colquitz, to the Provincial Mental Hospital. Taking into account the transfer of the group of patients from Colquitz, there is actually a decrease in the number of patients in the psychiatric division. At the beginning of the year 3,107 patients were in the three units of the psychiatric division, whereas at the end of the year 3,052 patients were in residence.

During the year 235 patients were admitted to The Woodlands School. Patients are not, as yet, admitted to The Tranquille School. Patients are transferred from The Woodlands School to Tranquille after they have received complete assessment and after any active care or treatment which may be deemed necessary has been provided. At the beginning of the year 1,706 patients were in residence in these two units. As at the end of the year 1,785 patients were in residence. This means a total increase of 79 in residence in these two areas.

The 30-day admission programme has continued to function effectively during this past year. The admission of patients to this programme is more active during the summer months, when a considerable number of residents in each school are able to be home for a short holiday. An opportunity is provided for assessment of the patients admitted in this manner, and it is also possible to offer consultative help to the families of these children.

The three units of the Geriatric Division have continued to provide services to a large number of aged patients suffering from mental symptomatology. Three hundred and thirty-three patients were admitted to these units during the fiscal year. On April 1, 1963, there were 1,257 patients in residence in these three units, whereas on March 31, 1964, 1,264 patients were in residence. There continue to be numerous requests for admission, but it has been possible to provide a variety of services to the patients requesting such admission.

The Community Services Division functioned from three areas during the past year. These clinics are centred in the Mental Health Centres in Burnaby, Victoria, and Kelowna. Each clinic provides services to the immediate community and also to the more remote areas via the travelling clinic. Altogether in these three units a total of 1,438 patients was seen for assessment and diagnosis. Of this group, 874 were adults and 564 were children. Of the total number seen for assessment 448 adults and 280 children entered into an active treatment programme, a total of 728 thus receiving treatment.

MAJOR EVENTS AND TRENDS

One of the important achievements of this year has been the closure of the Provincial Mental Home at Colquitz. This was accomplished in January of 1964. The building at Colquitz was built as a Provincial gaol in 1913. It was transferred to the Provincial Mental Health Services in 1919 to be operated as a mental hospital. It was originally organized to provide care for the " criminally insane." It provided accommodation for the care of approximately 300 patients. Over the years the nature of the patients cared for in this institution has gradually changed. Originally the more disturbed patients and those with criminal propensity were transferred to this facility, but in recent years more chronically regressed patients have been admitted. Plans were instituted in 1962 to close out the operation at Colquitz. Transfers to this institution were discontinued, and a plan to regularly move small groups of patients from Colquitz to the institutions on the Mainland was instituted. The majority of these patients were transferred to the Provincial Mental Hospital at Essondale. This plan proceeded steadily, and the last group of patients was transferred from the Provincial Mental Home on January 29th. As the building was originally designed for a gaol, it did not provide suitable accommodation for the provision of a modern active-treatment programme. The building was formally closed by the Minister of Health Services and Hospital Insurance in a brief ceremony on January 29th, when it was transferred to the Public Works Department.

An active rehabilitation service has been organized in the in-patient units. This service is being provided to all patients, but in particular to patients who have been in hospital for many years. In the mental hospital each patient is thoroughly assessed with a view to placement in some suitable area of training which will help to prepare him for return to the community. The various working areas throughout the hospital are organized to provide suitable placements for these patients to assist them in obtaining experience and training which will be of value to them in their rehabilitation following discharge from hospital. There has been a considerable increase in this service during this past year.

The after-care services associated with the rehabilitation programme have shown a steady increase. This service, originally centred in Venture, was transferred to the Mental Health Centre in Burnaby this year. The facilities in Burnaby are much more suitable, and many additional services can be provided for the patient in after-care. At the end of March, 1964, 1,168 patients were registered in the after-care programme.

Another valuable service in connection with rehabilitation is the boarding-home care programme. It is operated in liaison with the Social Welfare Department and provides for the placement of patients outside hospital in supervised homes. Patients from the Provincial Mental Hospital, The Woodlands School, and Valleyview Hospital have been placed. During the year 288 patients were placed in such boarding homes. This service makes possible the earlier discharge of many patients, and in this way does assist in freeing valuable accommodation for those requiring active hospital care.

With the appointment of a Medical Superintendent and a Superintendent of Nurses at The Tranquille School, it has been possible to proceed with the opening of the Greaves Building to provide care for a group of severely mentally retarded patients with multiple handicaps. Accommodation for 100 patients was provided in this area. This building was occupied by arranging for transfers of mentally retarded patients from The Woodlands School to Tranquille. As a result, further accommodation at The Woodlands School was provided for the admission of mentally retarded from the community.

During the year extensive renovations were made in the buildings designated as Valleyview 1, 2, and 3 at Valleyview Hospital. As a result of the redistribution of patients in the hospital, it was possible to reallocate all patients occupying basement areas. Additional bed accommodation has been made available for the admission of more geriatric patients from the community.

The report of the Mental Health Centre in Kelowna provides information relative to the first full year's operation of the clinic in the Okanagan region. Prior to the development of this centre, all psychiatric services were located in the Lower Mainland in the major cities of Vancouver and Victoria. This new development represents a trend, therefore, in the provision of services in an increasing amount in other areas of the Province. The psychiatrist in such a centre has the responsibility for conducting the affairs of the Mental Health Centre and also has the privilege of conducting a limited amount of psychiatric practice on a private basis. The presence of a psychiatrist in Kelowna has made it possible to develop a psychiatric ward in the general hospital. In this way it has been possible to bring to this area the same types of psychiatric services which are available in the more concentrated communities. The development of the Okanagan region sets a pattern for the bringing of similar services to other areas of the Province. Planning is proceeding for the development of services for the Central Vancouver Island area to be centred in Nanaimo and for the Kootenay area to be centred in Trail. These centres should be opened during the next fiscal year.

GENERAL COMMENTS

The annual graduation exercises for the Department of Nursing Education were held this year in the Vincent Massey Junior High School, New Westminster, on the evening of April 24, 1963. One hundred and six student psychiatric nurses received diplomas. This total consisted of 72 women and 34 men. The graduating class was addressed by Dr. Joseph Lagey, director of research, community Chest and Council of the Greater Vancouver area. The greetings and congratulations of the Government were conveyed to the graduating class by the Honourable Eric Martin, Minister of Health Services and Hospital Insurance.

The 1963 annual meeting of the Council of Psychiatric Nurses was held on April 25, 1963. The Council of Psychiatric Nurses has established a bursary to be known as the Dr. A. M. Gee Travelling Bursary. This bursary is offered to

assist a psychiatric nurse in obtaining more advanced information in the field of psychiatric nursing by a planned visit to another treatment centre. The first bursary was awarded to Mr. R. T. Franklin, psychiatric nurse presently employed at Valleyview Hospital. Arrangements were made to have Mr. Franklin visit at the Neuropsychiatric Institute at the University of California in Los Angeles for a period of one month. This visit was arranged for October, 1963. The training experience resulting from this first Dr. A. M. Gee Travelling Bursary has been reported to be extremely profitable and rewarding.

The Mental Health Services Branch continues to participate in the in-service training programme for senior school counsellors which is conducted under the auspices of the Vancouver School Board. Financial assistance for this programme is provided through a Mental Health Grant. During the school-year 1963/64 nine senior teachers from Vancouver, North Vancouver, and Richmond participated in this programme.

The Canadian Mental Health Association and the Association for Retarded Children of British Columbia continue to co-operate very effectively with various units of the Mental Health Services Branch. Many very useful services are provided by these two organizations on a voluntary basis. The effect of this participation is to stimulate the interest and the concern which the general community has in regard to the operation of the various units of the Mental Health Services. The contribution which these two voluntary organizations make is sincerely appreciated.

The general public appears to be particularly interested in the work and services offered by the units of the Mental Health Services. This is evidenced by the great number of persons who visit the hospitals and schools throughout the services. During the course of the past year many persons have visited either singly or in groups for the purpose of seeing actually what type of services is being provided. This is of great value both to the visitors and to the various units of the Branch.

During the year the following changes in senior administrative staff occurred: Dr. F. G. Tucker appointed to the position of Deputy Director of Mental Health Services; Dr. T. G. Caunt, Medical Superintendent of the Crease Clinic and Provincial Mental Hospital, retired on superannuation; Dr. B. F. Bryson appointed to the position of Medical Superintendent of the Crease Clinic and Provincial Mental Hospital Dr. J. Walsh appointed to the position of Medical Superintendent of Valleyview Hospital; Dr. P. Middleton appointed to the position of Clinical Director of the Crease Clinic and Provincial Mental Hospital, Essondale; Dr. L. A. Kerwood, Medical Superintendent, The Woodlands School, resigned; Dr. W. W. Laughland, Deputy Medical Superintendent of The Woodlands School, resigned; Dr. R. G. Foulkes appointed to the position of Deputy Medical Superintendent of The Woodlands School; Dr. A. J. Bennee appointed to the position of Medical Superintendent of The Tranquille School; Dr. J. Boulding, Deputy Medical Superintendent, Provincial Mental Hospital, resigned.

MENTAL HEALTH GRANT

The Government of Canada, through the Department of National Health and Welfare, made available to British Columbia a Mental Health Grant " to assist in an extended programme for the prevention and treatment of mental illness, including rehabilitation and free treatment." This was the 16th consecutive year that the Mental Health Grant as described was available.

The Mental Health Grant provided for 1963/64 was $784,923. Project submissions totalling $628,217.58 were made to and approved by the Department of

National Health and Welfare. By the end of the fiscal year the Province had received reimbursement in the sum of $581,386.77 for expenditures made on account of approved Mental Health Grant projects. The details of the expenditures are provided in tabular form in the Business Manager's report at page 35.

Twenty projects received support from the Mental Health Grant in 1963/64. Seven of these supported professional staff employed in the programme of the Mental Health Services Branch and, among other developments, made possible the expansion of community mental health centres to Central Vancouver Island and the Kootenay region. There was also provision for expansion of service in the Okanagan Mental Health Centre.

A project to assist the Department of Psychiatry, University of British Columbia, was continued. The purpose of this project is to support in part the postgraduate training of physicians in the specialty of psychiatry in order that they may be available upon completion of their training to expand the public psychiatric services and teaching facilities of the Province.

Mental health programmes for the Metropolitan Health Committees of Victoria and Vancouver were assisted by grants to make available professional psychiatric staff and clerical staff for their clinics.

The School of Social Work, University of British Columbia, was aided by a grant which provided the salary of a student field-work placement supervisor.

Professional training under the grant was provided to a number of social workers who are enrolled in the School of Social Work at the University of British Columbia and to one clinical psychologist who is pursuing advanced studies at the University of Ottawa.

The research projects at the University Departments of Psychiatry and of Pharmacology continue to be important efforts, and they have again been sustained largely by Mental Health Grant funds combined with a Provincial grant-in-aid.

COMPARATIVE SUMMARY OF INCREASES AND DECREASES IN RESIDENT POPULATION BY MAJOR DIVISIONS OF MENTAL HEALTH SERVICES BRANCH, 1954/55 TO 1963/64.

Fiscal Year	Provincial Mental Hospitals	Schools for Mental Defectives	Geriatric Division	Crease Clinic	Total
1954/55	+44	+19	.....	+25	+88
1955/56	+2	+19	+15	−10	+26
1956/57	−70	+14	+9	−31	−78
1957/58	−49	+76	−15	+26	+38
1958/59	−135	+86	−30	−11	−90
1959/60	−253	+93	+156	+24	+20
1960/61	−71	+75	+59	−21	+42
1961/62	−247	+73	+7	+11	−156
1962/63	−100	+62	+12	−37	−63
1963/64	−83	+79	+7	+28	+31

COMPARATIVE SUMMARY OF TOTAL PATIENTS UNDER CARE FOR MAJOR DIVISIONS OF MENTAL HEALTH SERVICES BRANCH BY FISCAL YEARS, 1954/55 TO 1963/64.

Fiscal Year	Provincial Mental Hospitals	Schools for Mental Defectives	Geriatric Division	Crease Clinic	Total
1954/55	5,051	1,263	1,292	1,606	9,212
1955/56	5,247	1,278	1,330	1,894	9,749
1956/57	5,335	1,275	1,287	1,721	9,618
1957/58	5,408	1,373	1,349	1,714	9,844
1958/59	5,377	1,481	1,373	1,744	9,975
1959/60	5,458	1,740	1,459	1,705	10,362
1960/61	5,530	1,868	1,587	1,846	10,831
1961/62	5,803	1,960	1,642	1,876	11,281
1962/63	5,853	2,023	1,677	1,912	11,465
1963/64	6,099	2,042	1,738	1,832	11,711

MOVEMENT OF POPULATION OF MENTAL HEALTH SERVICES, APRIL 1, 1963, TO MARCH 31, 1964

	Psychiatric Division			Schools for Mental Defectives			Geriatric Division			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
In residence, April 1, 1963	1,724	1,383	3,107	981	725	1,706	653	604	1,257	3,358	2,712	6,070
On probation, carried forward from 1962/63	189	448	637	15	10	25	22	22	44	226	480	706
On escape, carried forward from 1962/63	4	1	5		.....	.....	.....	.....	.....	4	1	5
Total as at April 1, 1963	1,917	1,832	3,749	996	735	1,731	675	626	1,301	3,588	3,193	6,781
Admissions—												
First admissions to Mental Health Services	1,052	989	2,041	65	50	115	171	148	319	1,288	1,187	2,475
Readmissions to different institutions	156	218	374	6	.....	6	7	4	11	169	222	391
Readmissions to same institution	808	776	1,584	61	55	116	2	1	3	871	832	1,703
Total admissions	2,016	1,983	3,999	132	105	237	180	153	333	2,328	2,241	4,569
Transfers in	155	28	183	49	25	74	94	10	104	298	63	361
Total admissions to individual institution	2,171	2,011	4,182	181	130	311	274	163	437	2,626	2,304	4,930
Total under care	4,088	3,843	7,931	1,177	865	2,042	949	789	1,738	5,916	5,434	11,350[1]
Separations—												
Discharged in full	1,875	1,937	3,812	81	63	144	15	15	30	1,971	2,015	3,986
Died	93	62	155	9	11	20	211	141	352	313	214	527
On probation but not discharged	226	411	637	14	10	24	34	37	71	274	458	732
Escaped but not discharged	4	.....	4	.....	.....	.....	.....	.....	.....	4	.....	4
Total separations	2,198	2,410	4,608	104	84	188	260	193	453	2,562	2,687	5,249
Transfers out	234	37	271	46	23	69	18	3	21	298	63	361
Total separations from individual institution	2,432	2,447	4,879	150	107	257	278	196	474	2,860	2,750	5,610
Net increase or decrease	−68	+13	−55	+46	+33	+79	+18	−11	+7	−4	+35	+31
In residence, March 31, 1964	1,656	1,396	3,052	1,027	758	1,785	671	593	1,264	3,354	2,747	6,101

[1] Total under care for all Mental Health Services includes total as at April 1, 1963, plus the total admissions to individual institutions minus transfers out.

MOVEMENT OF POPULATION IN INDIVIDUAL INSTITUTIONS, APRIL 1, 1963, TO MARCH 31, 1964

PSYCHIATRIC DIVISION

	Crease Clinic			Provincial Mental Hospitals				Total		
				Essondale			Colquitz			
	M.	F.	T.	M.	F.	T.	M.	M.	F.	T.
In residence, April 1, 1963	91	127	218	1,484	1,256	2,740	149	1,724	1,383	3,107
On probation, carried forward from 1962/63	.....	.....	.....	189	448	637	.....	189	448	637
On escape, carried forward from 1962/63	.....	.....	.....	3	1	4	1	4	1	5
Total as at April 1, 1963	91	127	218	1,676	1,705	3,381	150	1,917	1,832	3,749
Admissions—										
First admissions to Mental Health Services	491	580	1,071	561	409	970	.....	1,052	989	2,041
Readmissions to different institutions	21	38	59	135	180	315	.....	156	218	374
Readmissions to same institution	230	249	479	578	527	1,105	.....	808	776	1,584
Total admissions	742	867	1,609	1,274	1,116	2,390	.....	2,016	1,983	3,999
Transfers in	3	2	5	152	26	178	.....	155	28	183
Total admissions to individual institution	745	869	1,614	1,426	1,142	2,568	.....	2,171	2,011	4,182
Total under care	836	996	1,832	3,102	2,847	5,949	150	4,088	3,843	7,931
Separations—										
Discharged in full	696	828	1,524	1,178	1,109	2,287	1	1,875	1,937	3,812
Died	3	3	6	90	59	149	.....	93	62	155
On probation but not discharged	.....	.....	.....	226	411	637	.....	226	411	637
Escaped but not discharged	.....	.....	.....	4	.....	4	.....	4	.....	4
Total separations	699	831	1,530	1,498	1,579	3,077	1	2,198	2,410	4,608
Transfers out	33	23	56	52	14	66	149	234	37	271
Total separations from individual institution	732	854	1,586	1,550	1,593	3,143	150	2,432	2,447	4,879
Net increase or decrease	+13	+15	+28	+68	−2	+66	−149	−68	+13	−55
In residence, March 31, 1964	104	142	246	1,552	1,254	2,806	.....	1,656	1,396	3,052

MOVEMENT OF POPULATION IN INDIVIDUAL INSTITUTIONS, APRIL 1, 1963, TO MARCH 31, 1964—*Continued*

Schools for Mental Defectives

	The Woodlands School, New Westminster			The Tranquille School, Tranquille			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
In residence, April 1, 1963	706	582	1,288	275	143	418	981	725	1,706
On probation, carried forward from 1962/63	14	10	24	1	.....	1	15	10	25
Total as at April 1, 1963	720	592	1,312	276	143	419	996	735	1,731
Admissions—									
First admissions to Mental Health Services	65	50	115	.....	.....	.....	65	50	115
Readmissions to different institutions	5	.....	5	1	.....	1	6	.....	6
Readmissions to same institution	61	55	116	.....	.....	.....	61	55	116
Total admissions	131	105	236	1	.....	1	132	105	237
Transfers in	7	6	13	42	19	61	49	25	74
Total admissions to individual institution	138	111	249	43	19	62	181	130	311
Total under care	858	703	1,561	319	162	481	1,177	865	2,042
Separations—									
Discharged in full	80	63	143	1	.....	1	81	63	144
Died	7	11	18	2	.....	2	9	11	20
On probation but not discharged	13	10	23	1	.....	1	14	10	24
Total separations	100	84	184	4	.....	4	104	84	188
Transfers out	42	19	61	4	4	8	46	23	69
Total separations from individual institution	142	103	245	8	4	12	150	107	257
Net increase or decrease	+10	+18	+28	+36	+15	+51	+46	+33	+79
In residence, March 31, 1964	716	600	1,316	311	158	469	1,027	758	1,785

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, 1963	252	477	729	106	127	233	295	653	604	1,257
On probation, carried forward from 1962/63	18	18	36	3	4	7	1	22	22	44
Total as at April 1, 1963	270	495	765	109	131	240	296	675	626	1,301
Admissions—										
First admissions to Mental Health Services	121	127	248	41	21	62	9	171	148	319
Readmissions to different institutions	6	3	9	.....	1	1	1	7	4	11
Readmissions to same institution	2	1	3	.....	.....	.....	.....	2	1	3
Total admissions	129	131	260	41	22	63	10	180	153	333
Transfers in	59	10	69	2	.....	2	33	94	10	104
Total admissions to individual institutions	188	141	329	43	22	65	43	274	163	437
Total under care	458	636	1,094	152	153	305	339	949	789	1,738
Separations—										
Discharged in full	10	8	18	3	7	10	2	15	15	30
Died	123	126	249	40	15	55	48	211	141	352
On probation but not discharged	33	35	68	1	2	3	.....	34	37	71
Total separations	166	169	335	44	24	68	50	260	193	453
Transfers out	15	3	18	2	.....	2	1	18	3	21
Total separations from individual institution	181	172	353	46	24	70	51	278	196	474
Net increase or decrease	+25	−13	+12	.....	+2	+2	−7	+18	−11	+7
In residence, March 31, 1964	277	464	741	106	129	235	288	671	593	1,264

BUSINESS MANAGER'S REPORT

F.A. MATHESON, BUSINESS MANAGER

Attached are the financial reports of the British Columbia Mental Health Services Branch for the fiscal year ended March 31, 1964.

These reports are presented as follows: The in-patient care units in Tables A through J comprise Crease Clinic, Provincial Mental Hospital, The Woodlands School, The Tranquille School, Provincial Mental Home (Colquitz), Valleyview Hospital, Dellview Hospital, and Skeenaview Hospital; the Community Services, Department of Nursing Education, and General Administration activities are included further along in this report in Tables K, L, M, and N.

As a point of interest and additional information, it should be mentioned that all figures, with the exception of *per capita* costs and daily average population, have been rounded. This procedure was adopted in conformity with Public Accounts, which appeared in such format for the first time for 1963/64.

As will be seen from Table A, the average number in residence was 6,113.99, an increase of 18.84 over the previous year.

On January 29, 1964, the last of the patients at the Provincial Mental Home, Colquitz, were transferred to the Provincial Mental Hospital, Essondale. With the transfer of these patients, this institution was closed as a branch of the Mental Health Services and the buildings and equipment turned over to the Department of Public Works. The Honourable E. C. F. Martin, Minister of Health Services and Hospital Insurance, and the Honourable W. N. Chant, Minister of Public Works, attended the closing-out ceremonies.

As a result of the closing of this institution, Table G covers an operation for a 10-month period only.

Over-all operational expenditures continued to rise, the total of $17,640,598 shown in this report indicating an increase of $1,285,800 in round figures over the 1962/63 total of $16,354,798.43. Salary increases were the greatest contributing factor, the difference of $1,285,800 being made up of $1,209,070 in salaries and the balance of $76,730 in supplies and expenses.

As a result of the increase in maintenance expenditures, the gross and daily *per capita* costs rose to $7.90 and $7.12 respectively, or increases of 55 and 68 cents over 1962/63.

Patients' maintenance revenue, on the other hand, shows a drop from $2,025,-854.46 in 1962/63 to $1,751,281 in 1963/64, or $274,573.46. This decrease can be attributed chiefly to changes in Federal-Provincial cost-sharing agreements in connection with payments on behalf of war veteran patients.

The Department of Agriculture, through farm operations at Essondale, Colquitz, and Tranquille, supplied produce valued at approximately $450,000 to the various units of the Mental Health Services.

Also appended to this report is a detailed statement listing the assistance provided by the Federal Government in the form of Health Grant projects.

The expenditure of the $581,386.77 made available was a substantial contribution to our programme in the purchase of equipment and provision of personnel and staff-training.

The After-care Clinic, Vancouver, was transferred to the Mental Health Centre, Burnaby. This transfer was made in order to provide the clinic with larger and better quarters in which to carry out this important programme that has expanded considerably since it was started two years ago.

At The Woodlands School, separate housekeeping and dietary services to the wards were introduced. With the introduction of these two departments, it is felt that it will free the nursing staff to concentrate on the care and treatment of the patient, but in addition will also improve the dietary service and housekeeping in the institution.

The Tranquille School continues to expand, with a patient count of 470 as at March 31, 1964, an increase of 51 patients during the year.

Arrangements were made with the Fire Marshal's department to have its instructional unit visit both the Dellview Hospital and the Skeenaview Hospital at least annually to instruct the staff at these two institutions in fire prevention and fire-fighting.

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

Provincial Mental Hospital and Crease Clinic, Essondale.—The new Industrial Therapy Building was officially opened on May 30, 1963, by the Honourable E. C. F. Martin, Minister of Health Services and Hospital Insurance.

The tenders received for the Hillside Building exceeded the estimates, and new plans are being prepared.

Tenders in the amount of $147,827 were received for the renovation of the West Lawn Building kitchen and dining-rooms. The contract for this project is to be let in April, 1964.

Contract in the amount of $76,925 was let for new fire-escapes in the Centre Lawn Building. Work in this connection will be completed in April, 1964.

Plans and specifications have been completed for renovations to ward kitchens, ward dining-rooms, and garbage-handling facilities in the East Lawn Building. It is hoped that the contract for this work will be let early in the next fiscal year.

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

Ward North 1 was completely renovated, and major alterations carried out in the Occupational Therapy Department in the North Lawn Building.

Work in connection with the replacement of the wooden floors in the West Lawn Building is continuing. During this year the wooden floors in two large dormitories and five side rooms were replaced with light-weight concrete and tile floors.

Approximately $25,000 worth of new and replacement furniture was purchased.

Approximately 15,000 worth of new medical equipment was purchased, including a spectrophotofluorometer and a micro projector for the laboratory.

Some $12,000 worth of new laundry equipment and $21,500 worth of new and replacement motor-vehicles were purchased, including a new ambulance.

Valleyview Hospital, Essondale.—Work in connection with the complete renovation and refurnishing of Valleyview Buildings 1, 2, and 3 was completed at a cost of approximately $350,000.

Valleyview Building 10 was demolished, and the site developed into a parking-lot.

Dish-washing machines were purchased for all wards not so equipped.

All ward buildings were supplied with automatic clothes washers and driers.

Approximately $8,500 worth of new furnishings and equipment were purchased in addition to the new furniture and equipment for Valleyview Buildings 1, 2, and 3 mentioned above.

Dellview Hospital, Vernon.—The fire-alarm system was replaced at a cost of approximately $7,000.

Two new air-operated presses and air-cooling units were installed in the laundry.

During the year some $5,000 worth of new furniture was purchased.

Skeenaview Hospital, Terrace.—During the year a major reorganization of this unit took place, changing the operation from two wards to four wards.

This change entailed a considerable amount of work but does provide for a much better segregation of the patients.

A new autoclave was purchased and installed.

Extensive repairs were carried out on the sewage-disposal field.

New automatic battery-operated emergency lights were installed in the dormitories, day rooms, and corridors.

A new window van vehicle was purchased.

A complete public address, record, and tape audio system was purchased and installed.

The Woodlands School, New Westminster.—A complete new dental suite was established in the old administration offices.

The old morgue building was converted into industrial-therapy shops.

A new parking-lot for the Fraserview Building was completed.

Ward " C " was completely renovated.

The Tranquille School, Tranquille.—A considerable amount of work was done on the water system, including the installation of a new 16-inch transite water-line from the Canadian National Railway tracks to main buildings.

A new fire-alarm system was installed in the Greaves Building.

An air-cooling system and a dish-washer were installed in the new patients' dining-room.

An air-cooling system was installed in the laundry.

A new marking-machine and a sox-drier were purchased for the laundry.

The Meadowview Building was renovated for a male staff residence.

Major alterations were made in the Administration Building, and the Public Works offices have been relocated to the second floor.

Nearly $30,000 worth of new equipment and furnishings were purchased during the year.

Preliminary planning for a new 100-bed unit was started.

Victoria.—Plans to convert an apartment block adjacent to the Jubilee Hospital to temporary quarters for the Mental Health Centre, Victoria, until such time as the new mental health facility is built were completed.

Preliminary planning for the new mental health facility to be located adjacent to the Jubilee Hospital was started.

Preliminary planning for a new school for the retarded and a new adolescent treatment unit to be located at Royal Oak has also been started.

Mental Health Centre, Burnaby.—The pharmacy was relocated and enlarged, and a full-time pharmacist employed. This was necessary to take care of the additional load because of the transfer of the After-care Clinic from Vancouver to this unit.

Mental Health Centre, Nanaimo.—The addition to the Public Health Building in Nanaimo to provide facilities for the Mental Health Centre was completed and furnished.

Mental Health Centre, Trail.—Work in connection with the addition to the Public Health Building, Trail, to provide facilities for the new Mental Health Centre is nearly complete and the orders for the necessary furnishings and equipment for this unit forwarded to the Purchasing Commission.

FINANCIAL TABLES

TABLE A.— SHOWING THE AVERAGE NUMBER OF PATIENTS IN RESIDENCE EACH YEAR, THE TOTAL AMOUNTS SPENT FOR MAINTENANCE, AND THE GROSS YEARLY AND DAILY PER CAPITA COST, 1954/55 TO 1963/64.

Institution	Average Number in Residence	Maintenance Expenditure	Yearly *per Capita* Cost	Daily *per Capita* Cost
1954/55				
The Woodlands School	1,204.60	$1,811,848.81	$1,504.11	$4.12
Provincial Mental Hospital, Essondale	3,517.75	4,685,444.76	1,331.94	3.65
Provincial Mental Home, Colquitz	285.74	426,786.04	1,493.62	4.09
Home for the Aged, Port Coquitlam	527.33	739,859.92	1,403.03	3.84
Home for the Aged, Vernon	230.72	368,726.10	1,598.15	4.38
Home for the Aged, Terrace	296.42	328,553.97	1,108.41	3.04
Crease Clinic	238.63	860,673.73	3,606.73	9.88
Totals for the year	6,301.19	$9,221,893.33	$1,463.52	$4.01
1955/56				
The Woodlands School	1,219.45	$2,032,263.32	$1,666.54	$4.55
Provincial Mental Hospital, Essondale	3,508.79	5,377,708.34	1,532.64	4.19
Provincial Mental Home, Colquitz	285.30	428,248.27	1,501.05	4.10
Home for the Aged, Port Coquitlam	539.27	797,392.10	1,478.65	4.04
Home for the Aged, Vernon	229.62	371,438.14	1,617.62	4.42
Home for the Aged, Terrace	287.30	351,087.68	1,222.02	3.34
Crease Clinic	257.96	935,501.07	3,626.54	9.91
Totals for the year	6,327.69	$10,293,638.92	$1,626.76	$4.44
1956/57				
The Woodlands School	1,232.48	$2,246,193.06	$1,822.50	$4.99
Provincial Mental Hospital, Essondale	3,503.60	5,851,370.53	1,670.10	4.58
Provincial Mental Home, Colquitz	284.81	446,497.91	1,567.70	4.30
Home for the Aged, Port Coquitlam	541.83	831,370.73	1,534.38	4.20
Home for the Aged, Vernon	232.58	402,867.14	1,732.17	4.75
Home for the Aged, Terrace	288.45	350,880.96	1,216.43	3.33
Crease Clinic	232.85	996,288.31	4,278.67	11.72
Totals for the year	6,316.60	$11,125,468.64	$1,761.31	$4.83
1957/58				
The Woodlands School	1,266.21	$2,484,024.86	$1,961.78	$5.37
Provincial Mental Hospital, Essondale	3,410.79	5,716,745.90	1,676.08	4.59
Provincial Mental Home, Colquitz	285.36	460,863.85	1,615.03	4.42
Home for the Aged, Port Coquitlam	538.56	898,225.93	1,667.83	4.57
Home for the Aged, Vernon	231.34	395,584.86	1,709.97	4.68
Home for the Aged, Terrace	288.63	379,826.63	1,315.96	3.61
Crease Clinic	235.31	1,077,897.96	4,580.76	12.55
Totals for the year	6,256.20	$11,413,169.99	$1,824.30	$5.00
1958/59				
The Woodlands School	1,377.31	$2,968,725.50	$2,155.45	$5.91
Provincial Mental Hospital, Essondale	3,301.84	6,088,091.20	1,843.84	5.05
Provincial Mental Home, Colquitz	282.99	488,028.69	1,724.55	4.72
Home for the Aged, Port Coquitlam	539.13	961,921.63	1,784.22	4.89
Home for the Aged, Vernon	226.33	410,529.00	1,813.86	4.97
Home for the Aged, Terrace	282.92	386,804.84	1,367.19	3.75
Crease Clinic	236.88	1,149,344.46	4,852.01	13.29
Totals for the year	6,247.40	$12,453,445.32	$1,993.38	$5.46
1959/60				
Crease Clinic	226.80	$1,233,254.59	$5,437.63	$14.86
Provincial Mental Hospital, Essondale	3,135.48	6,672,849.09	2,128.17	5.81
The Woodlands School	1,395.44	3,443,231.64	2,467.49	6.74
The Tranquille School, Tranquille	53.74	400,957.24	7,461.06	20.39
Provincial Mental Home, Colquitz	283.50	523,480.74	1,846.49	5.05
Valleyview Hospital, Essondale	560.16	1,400,239.30	2,499.71	6.83
Dellview Hospital, Vernon	230.92	444,975.54	1,926.97	5.26
Skeenaview Hospital, Terrace	285.18	412,230.25	1,445.51	3.95
Totals for the year	6,171.22	$14,531,218.39	$2,354.68	$6.43

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, 1954/55 TO 1963/64—*Continued*

Institution	Average Number in Residence	Maintenance Expenditure	Yearly *per Capita* Cost	Daily *per Capita* Cost
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	$,5559.30	$15.23
Provincial Mental Hospital, Essondale	2,824.58	6,927,591.07	2,452.61	6.72
The Woodlands School	1,351.62	3,639,782.25	2,692.90	7.38
The Tranquille School, Tranquille	250.33	657,736.27	2,627.47	7.20
Provincial Mental Home, Colquitz	284.90	507,315.85	1,780.68	4.88
Valleyview Hospital, 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[1]	94.07	414,787.00	4,409.35	14.41
Valleyview Hospital, Essondale	737.69	2,029,118.00	2,750.64	7.52
Dellview Hospital, Vernon	236.51	512,128.00	2,165.35	5.92
Skeenaview Hospital, Terrace	292.83	713,594.00	2,436.89	6.66
Totals for the year	6,113.99	$17,640,598.00	$2,885.28	$7.90

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

TABLE B.—SUMMARY STATEMENT SHOWING THE GROSS AND NET PER CAPITA COST OF PATIENTS IN ALL MENTAL HEALTH SERVICES INSTITUTIONS FOR THE YEAR ENDED MARCH 31, 1964.

Gross operating costs—	
Crease Clinic	$1,442,627
Provincial Mental Hospital, Essondale	7,534,673
The Woodlands School, New Westminster	3,916,660
Tranquille School, Tranquille	1,077,011
Provincial Mental Home, Colquitz[1]	414,787
Valleyview Hospital, Essondale	2,029,118
Dellview Hospital, Vernon	512,128
Skeenaview Hospital, Terrace	713,594
Gross cost of all institutions	$17,640,598
Less collections remitted to Treasury	1,751,281
	$15,889,317
Daily average population	6,113.99
Gross *per capita* cost, one year	$2,885.28
Gross *per capita* cost, one day	$7.90
Net *per capita* cost, one year	$2,598.85
Net *per capita* cost, one day	$7.12

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

1954/55	$1,343,848.02	1959/60	$1,821,810.53
1955/56	1,358,708.26	1960/61	1,906,847.71
1956/57	1,546,266.32	1961/62	2,150,802.56
1957/58	1,724,046.70	1962/63	2,025,854.46
1958/59	1,838,158.33	1963/64	1,751,281.00

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

TABLE C.—EXPENSE STATEMENT OF THE CREASE CLINIC OF PSYCHOLOGICAL MEDICINE, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1964

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Actual Cost of Operation	Yearly *per Capita* Cost
Salaries	$1,094,021	.....	$1,094,021	$4,958.62
Office expense	4,060	.....	4,060	18.40
Travelling expense	3,675	.....	3,675	16.66
Office furniture and equipment	2,019	.....	2,019	9.15
Heat, light, power, and water	25,000	.....	25,000	113.31
Medical care	73,713	.....	73,713	334.10
Dietary	112,242	.....	112,242	508.73
Laundry	19,861	.....	19,861	90.02
Gratuities	3,307	.....	3,307	14.99
Patients' library	715	.....	715	3.24
Transportation	4,640	.....	4,640	21.03
General supplies	41,366	.....	41,366	187.49
Occupational and recreational therapy	11,830	.....	11,830	53.62
General expense	1,139	.....	1,139	5.16
Buildings, grounds, etc.	.....	$49,378	49,378	223.80
Less—				
Rent deductions	*3,947*	.....	*3,947*	*17.89*
Sundry receipts	*392*	.....	*392*	*1.78*
Totals	$1,393,249	$49,378	$1,442,627	$6,538.67

TABLE D.—EXPENSE STATEMENT OF THE PROVINCIAL MENTAL HOSPITAL, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1964

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *per Capita* Cost
			Plus on Hand, Mar. 31, 1963	*Less* on Hand Mar. 31, 1964		
Salaries	$4,590,543	.....	.....	.....	$4,590,543	$1,644.18
Office expense	51,849	.....	.....	.....	51,849	18.57
Travelling expense	14,714	.....	.....	.....	14,714	5.27
Office furniture and equipment	4,466	.....	.....	.....	4,466	1.60
Heat, light, power, and water	343,799	.....	$33,006	$12,689	364,116	130.41
Medical care	373,188	.....	170,810	193,119	350,879	125.67
Dietary	1,083,338	.....	95,828	110,705	1,068,461	382.69
Laundry	*28,944*	.....	.....	.....	*28,944*	*10.37*
Gratuities	13,597	.....	.....	.....	13,597	4.87
Patients' library	677	.....	.....	.....	677	.24
Maintenance and operation of equipment	12,749	.....	.....	.....	12,749	4.57
Transportation	23,568	.....	.....	.....	23,568	8.44
General supplies	392,947	.....	129,142	115,316	406,773	145.69
Occupational and recreational therapy	8,757	.....	.....	.....	8,757	3.14
Audio-visual department	10,059	.....	.....	.....	10,059	3.60
Patient education	208	.....	.....	.....	208	.07
Burials	5,725	.....	.....	.....	5,725	2.05
General expense	26,191	.....	.....	.....	26,191	9.38
Buildings, grounds, etc.	.....	$656,023	305,592	339,077	622,538	222.97
Less—						
Rent deductions	*10,994*	.....	.....	.....	*10,994*	*3.94*
Sundry receipts	*1,259*	.....	.....	.....	*1,259*	*.45*
Totals	$6,915,178	$656,023	$734,378	$770,906	$7,534,673	$2,698.67

TABLE E.—EXPENSE STATEMENT OF THE WOODLANDS SCHOOL, NEW WESTMINSTER, FOR 12 MONTHS ENDED MARCH 31, 1964

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *Per Capita* Cost
			Plus on Hand, Mar. 31, 1963	*Less* on Hand Mar. 31, 1964		
Salaries	$2,753,160	.....	.....	.....	$2,753,160	$2,107.52
Office expense	13,732	.....	.....	.....	13,732	10.51
Travelling expense	3,335	.....	.....	.....	3,335	2.55
Office furniture and equipment	3,005	.....	.....	.....	3,005	2.30
Heat, light, power, and water	106,064	.....	$1,677	$1,058	106,682	81.66
Medical care	104,864	.....	32,688	26,288	111,265	85.17
Dietary	433,390	.....	.....	.....	433,390	331.76
Laundry	36,000	.....	.....	.....	36,000	27.56
Gratuities	3,220	.....	.....	.....	3,220	2.46
Maintenance and operation of equipment	5,049	.....	.....	.....	5,049	3.86
Transportation	2,133	.....	.....	.....	2,133	1.63
General supplies	186,652	.....	.....	.....	186,652	142.88
Occupational and recreational therapy	4,912	.....	.....	.....	4,912	3.76
Audio-visual department	2,008	.....	.....	.....	2,008	1.54
Patient education	2,906	.....	.....	.....	2,906	2.22
Burials	480	.....	.....	.....	480	.37
General expense	19,252	.....	.....	.....	19,252	14.74
Buildings, grounds, etc.	.....	$233,038	.....	.....	233,038	178.39
Less—						
Rent deductions	*3,042*	.....	.....	.....	*3,042*	*2.33*
Sundry receipts	*517*	.....	.....	.....	*517*	*.40*
Totals	$3,676,603	$233,038	$34,365	$27,346	$3,916,660	$2,998.17

TABLE F.—EXPENSE STATEMENT OF THE TRANQUILLE SCHOOL, TRANQUILLE, FOR 12 MONTHS ENDED MARCH 31, 1964

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *Per Capita* Cost
			Plus on Hand Mar. 31, 1963	*Less* on Hand Mar. 31, 1964		
Salaries	$482,438	.....	.....	.....	$482,438	$1,111.81
Office expense	6,515	.....	.....	.....	6,515	15.01
Travelling expense	5,940	.....	.....	.....	5,940	13.69
Office furniture and equipment	1,354	.....	.....	.....	1,354	3.12
Heat, light, power, and water	63,387	.....	$11,624	$8,639	66,372	152.96
Medical care	31,921	.....	.....	.....	31,921	73.56
Dietary	167,337	.....	4,300	6,820	164,817	379.83
Laundry	3,641	.....	.....	.....	3,641	8.39
Gratuities	4,380	.....	.....	.....	4,380	10.09
Patients' library	13	.....	.....	.....	13	.03
Maintenance and operation of equipment	1,621	.....	.....	.....	1,621	3.74
Transportation	2,584	.....	.....	.....	2,584	5.96
General supplies	93,555	.....	18,484	29,302	82,737	190.67
Occupational and recreational therapy	5,018	.....	140	132	5,026	11.58
Audio-visual department	188	.....	.....	.....	188	.43
Burials	528	.....	.....	.....	528	1.22
General expense	5,391	.....	.....	.....	5,391	12.42
Buildings, grounds, etc.	.....	$224,834	.....	.....	224,834	518.15
Less—						
Rent deductions	*13,083*	.....	.....	.....	*13,083*	*30.15*
Sundry receipts	*206*	.....	.....	.....	*206*	*.47*
Totals	$862,522	$224,834	$34,548	$44,893	$1,077,011	$2,482.05

TABLE G.—EXPENSE STATEMENT OF THE PROVINCIAL MENTAL HOME, COLQUITZ, FOR 10 MONTHS ENDED JANUARY 29, 1964[1]

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *per Capita* Cost
			Plus on Hand, Mar. 31, 1963	*Less* on Hand Jan. 29, 1964		
Salaries	$312,069	.....	.....	.....	$312,069	$3,317.41
Office expense	456	.....	.....	.....	456	4.85
Travelling expense	673	.....	.....	.....	673	7.15
Heat, light, power, and water	23,551	.....	$364	$696	23,219	246.83
Medical care	1,223	.....	.....	.....	1,223	13.00
Dietary	33,836	.....	5,480	2,500	36,816	391.37
Laundry	271	.....	.....	.....	271	2.88
Maintenance and operation of equipment	826	.....	.....	.....	826	8.78
Transportation	1,545	.....	.....	.....	1.545	16.42
General supplies	4,931	.....	5,264	4,150	6,045	64.26
Occupational and recreational therapy	315	.....	.....	.....	315	3.35
Audio-visual department	388	.....	.....	.....	388	4.12
Burials	273	.....	.....	.....	273	2.90
General expense	1,388	.....	.....	.....	1,388	14.75
Buildings, grounds, etc.	.....	$30,165	.....	.....	30,165	320.67
Less—						
Rent deductions	*483*	.....	.....	.....	*483*	*5.13*
Sundry receipts	*402*	.....	.....	.....	*402*	*4.27*
Totals	$380,860	$30,165	$11,108	$7,346	$414,787	$4,409.35

[1] Provincial Mental Home, Colquitz, closed January 29, 1964.

TABLE H.—EXPENSE STATEMENT OF THE VALLEYVIEW HOSPITAL, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1964

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Actual Cost of Operation	Yearly *per Capita* Cost
Salaries	$1,431,056	.....	$1,431,056	$1,939.92
Office expense	8,305	.....	8,305	11.26
Travelling expense	2,463	.....	2,463	3.34
Office furniture and equipment	518	.....	518	.70
Heat, light, power, and water	63,550	.....	63,550	86.15
Medical care	100,012	.....	100,012	135.57
Dietary	246,721	.....	246,721	334.45
Laundry	19,000	.....	19,000	25.76
Gratuities	387	.....	387	.52
Maintenance and operation of equipment	5,001	.....	5,001	6.78
Transportation	27	.....	27	.04
General supplies	85,801	.....	85,801	116.31
Occupational and recreational therapy	1,692	.....	1,692	2.29
Audio-visual department	1,005	.....	1,005	1.36
Burials	1,440	.....	1,440	1.95
General expense	1,191	.....	1,191	1.61
Buildings, grounds, etc.	.....	$62,697	62,697	84.99
Less—				
Rent deductions	*1,299*	.....	*1,299*	*1.76*
Sundry receipts	*449*	.....	*449*	*.61*
Totals	$1,966,421	$62,697	$2,029,118	$2,750.64

TABLE I.—EXPENSE STATEMENT OF THE DELLVIEW HOSPITAL, VERNON, FOR 12 MONTHS ENDED MARCH 31,1964

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *per Capita* Cost
			Plus on Hand, Mar. 31, 1963	*Less* on Hand Mar. 31, 1964		
Salaries	$318,393	.....	.....	.....	$318,393	$1,346.21
Office expense	1,922	.....	.....	.....	1,922	8.13
Travelling expense	389	.....	.....	.....	389	1.64
Office furniture and equipment	210	.....	.....	.....	210	.89
Heat, light, power, and water	22,265	.....	$1,130	$605	22,790	96.36
Medical care	12,890	.....	4,402	4,940	12,352	52.23
Dietary	65,770	.....	2,308	3,545	64,533	272.85
Laundry	2,751	.....	.....	.....	2,751	11.63
Transportation	92	.....	.....	.....	92	.39
General supplies	23,321	.....	12,268	12,886	22,703	95.99
Occupational and recreational therapy	112	.....	.....	.....	112	.47
Audio-visual department	77	.....	.....	.....	77	.33
Burials	2,940	.....	.....	.....	2,940	12.43
General expense	2,054	.....	.....	.....	2,054	8.68
Buildings, grounds, etc.	.....	$62,627	.....	.....	62,627	264.80
Less—						
Rent deductions	*1,362*	.....	.....	.....	*1,362*	*5.76*
Sundry receipts	*455*	.....	.....	.....	*455*	*1.92*
Totals	$451,369	$62,627	$20,108	$21,976	$512,128	$2,165.35

TABLE J.—EXPENSE STATEMENT OF THE SKEENAVIEW HOSPITAL, TERRACE, FOR 12 MONTHS ENDED MARCH 31, 1964

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure as per Public Accounts	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *per Capita* Cost
			Plus on Hand, Mar. 31, 1963	*Less* on Hand Mar. 31, 1964		
Salaries	$494,106	.....	.....	.....	$494,106	$1,687.35
Office expense	687	.....	.....	.....	687	2.35
Travelling expense	645	.....	.....	.....	645	2.20
Office furniture and equipment	409	.....	.....	.....	409	1.40
Heat, light, power, and water	27,095	.....	$750	$1,475	26,370	90.05
Medical care	10,773	.....	.....	.....	10,773	36.79
Dietary	83,161	.....	6,232	5,900	83,493	285.12
Laundry	2,236	.....	.....	.....	2,236	7.64
Maintenance and operation of equipment	1,425	.....	.....	.....	1,425	4.87
Transportation	2,156	.....	.....	.....	2,156	7.36
General supplies	17,465	.....	15,373	11,622	21,216	72.45
Occupational and recreational therapy	114	.....	.....	.....	114	.39
Audio-visual department	1,135	.....	.....	.....	1,135	3.88
Motor-vehicles and accessories	1,721	.....	.....	.....	1,721	5.88
Burials	5,916	.....	.....	.....	5,916	20.20
General expense	1,848	.....	.....	.....	1,848	6.31
Buildings, grounds, etc.	.....	$63,182	.....	.....	63,182	215.76
Less rent deductions	*3,838*	.....	.....	.....	*3,838*	*13.11*
Totals	$647,054	$63,182	$22,355	$18,997	$713,594	$2,436.89

TABLE K.—EXPENSE STATEMENT OF THE COMMUNITY SERVICES FOR 12 MONTHS ENDED MARCH 31, 1964

Mental Health Centre, Burnaby

Salaries	$460,208
Office expense	3,591
Travelling expense	8,502
Office furniture and equipment	1,108
Heat, light, power, and water	18,378
Medical care	20,430
Dietary	6,398
Laundry	1,500
Transportation	1,023
Maintenance and operation of equipment	2,059
General supplies	7,218
Occupational and recreational therapy	1,509
Patients' education	799
General expense	1,023
Buildings, grounds, etc.	39,652
Less rent	*20*
Total	$573,378

Mental Health Centre, Victoria

Salaries	$51,239
Office expense	574
Travelling expense	1,573
Office furniture and equipment	924
Medical care	7,115
Maintenance and operation of equipment	532
General expense	1,312
Total	$63,269

Mental Health Centre, Kelowna

Salaries	$26,126
Office expense	160
Travelling expense	1,841
Office furniture and equipment	531
Medical care	2,418
Maintenance and operation of equipment	318
General supplies	85
General expense	435
Total	$31,914

Expansion of Community Services

Expenditure	$65,055

Grand total, $733,616

TABLE L.—EXPENSE STATEMENTS OF THE REHABILITATION CENTRES FOR 12 MONTHS ENDED MARCH 31, 1964

Vista Rehabilitation Centre	
Salaries	$13,589
Office expense	98
Travelling expense	62
Heat, light, power, and water	1,011
Dietary	3,753
General supplies	218
General Expense	457
Buildings, grounds, etc.	162
Less rent	*20*
Total	$19,330
Venture Rehabilitation Centre	
Salaries	$11,897
Office expense	72
Heat, light, power, and water	830
Dietary	7,144
General supplies	754
General expense	306
Buildings, grounds, etc.	175
Total	$21,178
Rehabilitation and After-care Programme	
Salaries	$37,214
Office expense	248
Travelling expense	2,812
Medical care	41,000
Heat, light, power, and water	1,090
Maintenance and operation of equipment	18
General supplies	24
General expense	232
Less rent	*555*
Total	$82,083

Grand total, $122,591

TABLE M.—EXPENSE STATEMENT OF GENERAL ADMINISTRATION, MENTAL HEALTH SERVICES BRANCH, FOR 12 MONTHS ENDED MARCH 31, 1964

Salaries	$193,714
Office expense	5,946
Travelling expense	10,042
Office furniture and equipment	1,211
General expense	1,949
Grant to trustees of Patients' Comfort Fund	5,000
Grant to Department of Neurological Research, University of British Columbia	22,500
Administration of *Psychiatric Nurses Act*	2,193
Council of Psychiatric Nurses for Bursary Trust Fund	1,200
Subscription, Social Service Index	245
Less miscellaneous receipts	*8,226*
Total	$235,774

TABLE N.—EXPENSE STATEMENT OF THE DEPARTMENT OF NURSING EDUCATION, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1964

Salaries	$734,099
Office expense	6,842
Travelling expense	427
Office furniture and equipment	158
Medical care	250
Dietary	7,659
Laundry	5,000
General supplies	13,011
General expense	1,514
Less rent deductions	*13,080*
Total	$755,880

EXPENDITURE MADE UNDER FEDERAL HEALTH GRANTS FOR PROVINCE OF BRITISH COLUMBIA, YEAR ENDED MARCH 31, 1964

Assistance to Provincial Mental Hospitals—		
Equipment	$729.00	
Staff salaries	298,431.89	
		$299,160.89
The Woodlands School, New Westminster—Staff salaries		29,524.14
Assistance to the Geriatric Division (Skeenaview)—Equipment		3,108.00
Mental Health Centre, Burnaby—Staff salaries		14,460.00
Division of Nursing Education—Staff salaries		6,468.00
Consultant staff, Mental Health Services Branch—Staff salaries		4,896.00
Assistance to the Department of Psychiatry		41,281.75
Assistance to the Department of Social Work		4,083.31
Neurological Research Unit at University of British Columbia—		
Epidemiologic studies in hospitalized psychiatric illness	$13,961.84	
Neurobiologic analysis of behaviour	10,886.70	
Central amines and psychoactive drugs	13,467.77	
An investigation of short-term memory and 'neural excitability with special reference to elderly, memory-disordered psychiatric patients	3,187.35	
" p-Methoxyphenyl Derivatives in Human Urine "	7,923.51	
" Pharmacological and E.E.G. Analysis of Psychoactive Drugs Used in Combination (Beneficial and (or) Harmful Effects)"	5,499.96	
		54,927.13
University of Victoria—A development and validation study of psychometric test of mental impairment in brain-damaged children		2,186.86
Mental hygiene programme, Greater Victoria Board of Health		4,263.50
Mental hygiene programme, Metropolitan Health Committee, Vancouver		47,260.00
Psychiatric services, Vancouver General Hospital		22,381.41
Assistance to the British Columbia Epilepsy Society		5,000.00
Assistance to the Children's Foundation		12,200.00
General personnel training—Postgraduate training		30,185.78
Total		$581,386.77

PERSONNEL REPORT

J. DOWLING, PERSONNEL OFFICER

The establishment of the Mental Health Services Branch increased by 133 positions during the fiscal year. The quarterly average of persons on staff, excluding students, rose from 3,107 to 3,223 for an increase of 116 employees. The Branch improved its position in respect to the numbers employed in professional and technical classifications with the exception of clinical psychologists and instructors of nursing. In the latter classification, staff turnover ran to 47 per cent, and two positions remained vacant throughout the fiscal year, notwithstanding considerable effort by the Civil Service Commission to fill them. Nursing instructors with adequate psychiatric preparation are scarce and much in demand. There was a 22-per-cent increase in turnover within all registered nurse classifications. Over-all staff turnover rose by 2 per cent, which is to be expected in a period of increasing job opportunities.

The employment of both registered and psychiatric nurses on a part-time basis (three days per week) has continued, with 57 so employed as of March 31, 1964.

Short-term relief staff, numbering 276, was hired during the year, an increase of about 28 per cent over the previous fiscal year. This has strengthened our staffing position in all units of the Branch and is much more effective than trying to build relief requirements into the permanent establishment.

An extensive training programme was carried on throughout the year. Particulars are given elsewhere in this Report.

The staff who became redundant upon the closure of the Provincial Mental Home, Colquitz, were dealt with mainly by transfer to vacancies in other units of the Mental Health Services Branch. About 14 were absorbed into vacancies in other Government departments. Every employee was offered a comparable position. Minor demotions were inevitable, but in no case was an employee's salary affected. Generous arrangements were made to cover moving, travelling, and incidental expenses associated with transfer. A refresher course was arranged through the Division of Nursing Education, with the majority of the Colquitz staff participating.

The problems of providing trained personnel for the 100-bed Greaves Building, infirmary unit at The Tranquille School, were finally overcome, and the transfer of patients from The Woodlands School took place in the last quarter of the fiscal year.

Planning to staff a further expansion of facilities in The Tranquille School was begun.

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

(1) A survey of all clerical and stenographic positions within the Department. This survey was initiated by the Civil Service Commission. With a few minor exceptions, this section of Branch activity was found to be well organized, properly staffed and classified.

(2) A realignment of nursing classifications within The Tranquille School staff.

(3) A review of staffing in the Business Administration Section of The Tranquille School to determine necessary changes arising out of an expanded operation.

(4) A review of pharmacy staffing to accommodate expanded treatment facilities in the Lower Mainland region.

(5) The establishment of new positions for the new Mental Health Centres at Nanaimo and Trail and action to recruit into them.

(6) Further extension of the food-service function and its separation from nursing service.
(7) Further extension of housekeeping services and the separation of this function from nursing service.
(8) The provision of additional personnel to staff additional activities within the new Industrial Therapy Building at the Provincial Mental Hospital, Essondale.

STATISTICAL TABLES

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

Staff recruited, excluding students	1,059
Staff separated, transferred, etc., excluding students	941
Increase	118
Total staff, excluding students, as of March 31, 1964	3,213
Total staff, excluding students, as of March 31, 1963	3,095
Increase	118
Quarterly staff average, excluding students, 1963/64	3,223
Quarterly staff average, excluding students, 1962/63	3,107
Increase	116

	Male	Female	Total
Student enrolment as of March 31, 1964	60	204	264
Student enrolment as of March 31, 1963	74	172	246
Change	−14	+32	+18

Student quarterly average, 1963/64	238
Student quarterly average, 1962/63	238
Change	*Nil*

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

	Established Positions	
	Recruited	Separated
Physicians	26	18
Registered nurses	46	45
Psychiatric nurses	230	208
Female psychiatric aides	167	107
Male psychiatric aides	67	86
Teachers	1	1
Occupational therapists	11	10
Recreational therapists	4	5
Industrial therapists	4	2
Psychologists	5	8
Social workers	15	9
Dieticians	4	3
Cooks	2	7
Kitchen helpers	37	27
Clerks	7	5
Clerk-stenographers	42	33
Trades	1	1
Laundry-workers	11	12
Miscellaneous professional	12	6
Miscellaneous technical	5	7
Miscellaneous	86	65
Sub-totals	783	665
Temporary relief staff recruited	276	------
Temporary relief staff separated	------	214
Temporary relief staff transferred, etc.	------	62
Totals	1,059	941

TABLE C.—SUMMARY OF STAFF TURNOVER

By Major Classification

Classification	1962/63	1963/64	Change
	Per Cent	Per Cent	Per Cent
Student psychiatric nurses	15.6	19.7	+4.1
Male psychiatric nurses	9.8	10.4	+.6
Female psychiatric nurses	29.7	31.5	+1.8
Registered nurses	21.2	43.6	+22.4

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

By Pay Division

Pay Division	Temporary Relief Staff Excluded, 1962/63	Temporary Relief Staff Excluded, 1963/64
	Per Cent	Per Cent
General Administration	11.4	10.8
Department of Nursing Education[1]	23.2	19.6
Crease Clinic and Provincial Mental Hospital, Essondale	15.1	18.7
Provincial Mental Home, Colquitz	47.7	------
The Woodlands School	18.2	20.8
The Tranquille School	19.4	23.0
Valleyview Hospital	23.6	29.4
Dellview Hospital	26.2	23.1
Skeenaview Hospital	14.5	21.7
Mental Health Centres	25.8	17.5
Over-all turnover	18.6	20.6

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

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

	Fiscal Year 1962/63		Fiscal Year 1963/64	
	Positions in Establishment as of Mar. 31, 1963	Number on Staff as of Mar. 31, 1963	Positions in Establishment as of Mar. 31, 1964	Number on Staff as of Mar. 31, 1964
General Administration	38	35	39	37
Department of Nursing Education	55	56	60	56
Mental Health Centres	106	93	135	100
Sub-totals	199	184	234	193
In-patient care—				
Crease Clinic	284	277	287	282
Provincial Mental Hospital, Essondale	1,153	1,137	1,232	1,210
Provincial Mental Home, Colquitz	80	63	------	------
The Woodlands School	766	777	817	770
The Tranquille School	189	113	195	183
Valleyview Hospital	413	402	440	424
Dellview Hospital	80	80	86	85
Skeenaview Hospital	62	62	68	66
Total of vote	3,027	2,911	3,125	3,020
Total Civil Service positions	3,226	3,095	3,359	3,213[1]
Student psychiatric nurses	325	246	325	264
Totals	3,551	3,341	3,684	3,477

[1] Includes 69 part-time employees.

TABLE E.—COMPOSITION OF NURSING STAFF BY UNIT AS OF MARCH 31, 1964

Unit	Registered Nurses		Psychiatric Nurses				Psychiatric Aides				Students				Unit Total	Per Cent of Total
	Number	Per Cent	Female	Male	Total	Per Cent	Female	Male	Total	Per Cent	Female	Male	Total	Per Cent		
Provincial Mental Hospital, Essondale	48	5.32	177	223	400	44.35	179	140	319	35.36	125	10	135	14.97	902	37.88
Crease Clinic	19	7.51	40	51	91	35.97	43	28	71	28.06	40	32	72	28.46	253	10.63
Valleyview Hospital	10	2.87	85	63	148	42.53	129	37	166	47.70	15	9	24	6.90	348	14.61
Dellview Hospital	1	1.67	15	4	19	31.67	26	14	40	66.66	.....	.....	.....	.....	60	2.52
Skeenaview Hospital	1	2.22	.....	12	12	26.67	14	18	32	71.11	.....	.....	.....	.....	45	1.89
The Woodlands School	11	1.73	155	97	252	39.56	182	159	341	53.53	24	9	33	5.18	637	26.75
The Tranquille School	6	4.88	27	26	53	43.09	30	34	64	52.03	.....	.....	.....	.....	123	5.17
Mental Health Centres	7	53.85	2	2	4	30.77	2	.....	2	15.38	.....	.....	.....	.....	13	0.55
Totals	103	4.32	501	478	979	41.12	605	430	1,035	43.47	204	60	264	11.09	2,381	100.00
Totals, March 31, 1963	99	4.29	485	479	964	41.80	544	453	997	43.23	172	74	246	10.67	2,306	.....
Difference (+ or −)	+4	+0.03	+16	−1	+15	−0.68	+61	−23	+38	+0.24	+32	−14	+18	+0.42	+75	.....

Figures include part-time (three days per week) registered nurses or psychiatric nurses: Crease Clinic and Provincial Mental Hospital, Essondale, 23; The Woodlands School, 29; Valleyview Hospital, 5.

REPORT OF THE PROVINCIAL SUPERVISOR OF PSYCHIATRIC SOCIAL WORK

MISS A. K. CARROLL, PROVINCIAL SUPERVISOR

The year was an active and challenging one for the social workers in the social service departments of the divisions of the Mental Health Services. The thrust forward in the evolution of new concepts in the field of intervention and treatment of mental illness as well as the reaffirmation of the valuable and useful in traditional approaches has resulted in relatively extensive restructuring of patterns of administration, therapeutic organization, and staffing throughout the social service departments. Observable throughout are trends toward

(1) a growing flexibility and extension in the functions of all professionals, including social work;
(2) an integration of hospital treatment services with community health, welfare, education, and rehabilitation services in a way that affords a continuum of treatment and a comprehensiveness of programme;
(3) treatment planning based on the patient in his family group wherein the family is the unit to be treated;
(4) the evolution of a treatment process which involves a programme of intervention oriented to the clarification, management, and control of crisis situations as these arise in patients' lives;
(5) the extension of community mental health services through the unitization of hospital services and their integration on a regional basis with community mental health services;
(6) the growth of decentralization of services and the development of community mental health centres in line with the increasing emphasis on treating the mentally ill in small units in their community environment.

The impact of the changes as outlined above on mental health social services continues to stimulate the need for refocussing of social services as well as to require continuing relocation of social-work staffs. The demands consequent on these changes continually require that social workers make full use of their professional training in order that their contribution be effective in the treatment of patients as well as supportive of the extensive change operative in both the content and environment of community mental health services today. Additionally it is very important that personnel be given opportunities through the use of advanced-study resources, institutes, and seminars to keep abreast of current changes in the field of social-work knowledge and practice consequent upon advances in the behavioural sciences.

The mobility (movement through promotion and resignation) of line staff has dropped sharply over the past four years. For example, mobility of line staff in 1961 stood at 48 per cent of the total establishment for line social workers, whereas the mobility of supervisory staff in 1961 stood at 18.7 per cent. This year this mobility stood at 11.6 per cent of line staff and 13 per cent of supervisory staff. The increased mobility in the latter group undoubtedly reflects the promotional opportunities which the development of community mental health centres offers line workers.

PROFESSIONAL EDUCATION AND STAFF-DEVELOPMENT PROGRAMME

SOCIAL SERVICE DEPARTMENT, MENTAL HEALTH SERVICES

A total of 24 first- and second-year students was placed within the Mental Health Services for field-work experience. This student-training programme in

which social-work supervisory and senior practitioner personnel co-operate with the field-unit supervisors of the School of Social Work, offers staff a valuable opportunity for contact with the University and for orientation to changes and advances in the content of social-work knowledge and practice. The responsibility of this officer in regard to student-training is that of developing a variety of field-work placements in the Mental Health Services for use in the training of student social workers. This year, with the aid of Health Grant financing, a project concerned with the provision of field-work experience to seven first-year B.S.W. students was developed, attached to the After-care Services, Provincial Mental Hospital and Crease Clinic, with supervision from a member of the faculty of the School of Social Work. Cases for field-work practice were assigned from the after-care patient loads of Centre Lawn and East Lawn Buildings and averaged 10 to 12 cases per student during the period of their experience. According to the evaluation of the University, this project operated most effectively as a training resource; additionally, many patients benefited from the service which this group of students, under adequate supervision, were able to give to patients, who on leaving hospital face very often with great courage challenging situations in their resettlement in the community.

Of the group of 24 students, 14 were placed in the Provincial Mental Hospital and Crease Clinic for field-work experience; 7 in the Mental Health Centre, Burnaby; 2 in The Woodlands School; and 1 in Valleyview Hospital.

Social Work Consultative Service

This is a staff service to medical superintendents and chief social workers in divisions of the Mental Health Services. This year the service entailed 42.6 per cent of the consultant's time. Direct consultative service was given to all divisions during this year on social-work programme related to:—

(1) Personnel procurement, maintenance, and retention; staffing and staff patterning; organization and administration of social services in hospitals and community centres:

(2) Patient selection; programmes of remotivation to use of intermediate-care facilities such as boarding and family-care home nursing homes; community resettlement of improved mentally ill adults, aged, and retarded; foster-home care programme for mentally retarded children resident in training-schools:

(3) Administration and organization of an interdivisional family-care and boarding-home programme and the integration of this service with those of community health and welfare services:

(4) Admission and discharge functions of social service departments in hospitals and clinics:

(5) Organizational and functional changes in social services, particularly as these concern relocation of staff, and re-emphasis on basic and new skills necessary in relation to changes and expansion in mental health community organization.

DISTRIBUTION OF CONSULTATIVE RESPONSIBILITIES

Provincial Mental Hospital and Crease Clinic

In light of demands in the changing situation as noted in item (5) above, the chief social worker in this division requested consultative services in relation to the organization of social services to meet treatment and rehabilitation needs of the large numbers of adolescents being admitted to the Provincial Mental Hospital and

Crease Clinic. The structuring of a research design and the development of suitable instruments revealed a marked increase in the admission rate over the last two years; an average age of 16; the prevailing problems to be those associated largely with adolescent development and adjustment and only in some instances with mental illness; the great majority to be native born, of average intelligence, from weak or broken family groups, and largely resident in urban centres.

In order to cover the needs of the adolescent group as well as to carry out social-work responsibilities to other priority groups of patients, relocation of staff was recommended and the institution of a group-centred approach preferable in pre-admission and pre-discharge service areas of treatment.

The Woodlands School

Consultation was requested and offered in the areas of pre-admission consultation to community public health agencies developed by this social service department over the last two years. This has required the careful distributing of social service staff in relation to public health units in order to assist public health nurses active with families having the care and supervision of retardates, some of whom are awaiting admission, others who are on leave from the School.

Consultation has continued relative to the implementation of the project (described in the report of last year) for the placement of children resident in the School in foster homes. This is a co-operative service with Child Welfare Division of the Department of Social Welfare. Its implementation got under way this year as an urgently needed and valuable additional facility in the care and training of the retarded child resident in an institution but in need of the nurturing care of a substitute family when own is unable or unfit.

Further consultative services were offered in relation to the community resettlement of trained and socialized adult retardates resident in The Woodlands School. A beginning to implementation of programme was made this year. Again this programme is a co-operative one with Provincial and municipal departments of social welfare.

The Tranquille School

This year saw the establishment of a social service department in The Tranquille School. Consultation has been available on a regularly scheduled basis of one week per month during the year. The service has been focused on social-work organization, administration, functions, services, and the pattern of staffing requisite to the present stage of growth of the School and community as resources in a broad programme for the retarded. A project for the resettlement of trained and socialized adult retardates resident in the School has been submitted, with a beginning made to its implementation by the organization of School and community services. Consultation around the implementation of a programme for the resettlement of trained and socialized adult retarded residents with their families, relatives, or friends has been completed. A research design was evolved to isolate significant aspects of the familial situations of these retardates. Incidental to these findings a considerable number of residents have been referred for this service.

Valleyview Hospital

The chief social worker in this division has been active in the development of a social service programme in the following areas: Pre-admission, post-admission, and post-discharge. Additional to these foci, an extensive total institutional-centred community education and interpretation programme concerning newer concepts and

services in community-based geriatric services has been carried on by the staff of the hospital.

A pre-admission service to the aged and their families is effective only in relation to the adequacy of community health, welfare, recreational, and housing facilities for the aged, whether these latter be own home, communal or group facilities, boarding or nursing homes. However, precipitate and unnecessary admissions of aged persons have been prevented to a degree by the use of resources in the family itself and in the community before the admission of the aged patient.

The resettlement of aged patients who have benefited from treatment with either family or in a boarding or nursing home has been extended. Again these facilities must have available to them adequate health, welfare, and recreational services as well as services geared to the development of adequate standards of geriatric care in the home or the boarding- and nursing-home setting.

Boarding-home and Family-care Programme

During this year this officer has taken responsibility for the direction of this programme. In 1959 the Provincial Mental Hospital began a family-care and boarding-home programme for 100 patients. This was a co-operative service with the Divisions of Welfare Institutions and Field Services of the Department of Social Welfare. In 1961 the number of patients for placement was increased to 250, and in 1963 to 350 following discussion and policy formulation between the departments concerned. During the year 141 women from the long-term treatment unit of the Provincial Mental Hospital were placed in boarding or family-care homes; 93 men patients were placed from the long-term treatment unit of West Lawn. Additionally, 6 adult retardates were placed from The Woodlands School and 48 aged patients from Valleyview Hospital.

Mental Health Centres, Burnaby, Victoria, and Kelowna

Regular consultation has been available to the social service departments in the Mental Health Centres, Burnaby and Victoria. Two visits were made to the Mental Health Centre, Okanagan Region, located in Kelowna. Social workers in these centres must work as expert generalists as the centres are not only concerned with mental health services to the community but must be concerned with services to families and community institutions such as school, church, courts, and industry. Consultation has therefore been centred on generalized family social services and the organization and administration of the social workers' contribution, as well as on those aspects of community development and organization needs, services, and skills. Individual social problems are largely complex and multifaceted, requiring extensive treatment competency. Case loads are heavy and intake very high. Matters pertaining to staff supports and programmes for staff development are extremely important, and programmes to meet these needs are of signal importance.

Central Branch Responsibilities

These have centred largely around two conference bodies—namely, the Unit Administrative Conference and the Interdepartmental Case Review Committee. Attendance has involved responsibilities to research, report, and chair sessions.

Also the responsibility for community development has required activity in the following areas: Community Placements Committee of the Association of Re- and Valleyview Hospital. The students' background ranged as follows: Academic, Grade VII to University Entrance; service time, 0 to 16 years; age, 19 to 60 years.

tarded Children of British Columbia; Canadian Mental Health, Scientific Planning Committee; Esther Irwin Home Consultants Committee to Executive and Board; Welfare and Recreation Division of the Council of Agencies; Division for the Guidance of the Handicapped Council of Agencies; and the Welfare Institutions Licensing Board.

This has been a challenging and stimulating year of practice.

REPORT OF THE DIRECTOR OF NURSING SERVICES

MISS B. J. MITCHELL, DIRECTOR OF NURSING SERVICES

THE DEPARTMENT OF NURSING EDUCATION

The major function of the department is to conduct educational programmes in psychiatric nursing. The psychiatric nursing and the psychiatric aide programmes are designed to provide prepared nursing staff for the Mental Health Services of this Province; the post-basic programme offers refresher courses to selected staff of the nursing service departments of the Mental Health Services. The affiliate and registered nurse programmes are designed to prepare psychiatrically oriented registered nurses for a wide variety of health services in the Province.

PSYCHIATRIC NURSING PROGRAMME

Student census—	
April 1, 1963	253 (178 women, 75 men)
March 31, 1964	264 (204 women, 60 men)
Enrolled	147 (121 women, 26 men)

Ninety-five students (69 women and 26 men) completed the programme, a decrease of 12 compared to the previous year. Withdrawals for the fiscal year numbered 47, of which nearly 50 per cent were attributed to personality unsuited to psychiatric nursing.

The graduate of this programme received an average of 650 hours of planned academic and clinical instruction. Guidance and supervision during tours of duty on psychiatric, geriatric, mental retardation, and medical-surgical services were provided by nursing service staffs.

AFFILIATE PROGRAMME

Two hundred and twenty-seven students from the six hospital schools of nursing completed the 12-week experience in psychiatric nursing. At the request of the Provincial Health Branch, eight public health nurses enrolled in the programme. It was enriched by additional field trips, meetings, interviews, and clinical assignments to meet their specific needs.

CLINICAL PROGRAMME FOR REGISTERED NURSES

Thirteen students successfully completed this six-month guided experience in psychiatric nursing. Each student participated in 250 hours of planned academic and clinical instruction. Guidance and supervision of the individual student's practice of psychiatric nursing was provided by the instructor responsible for the programme.

Forty-seven students have completed this programme since its implementation in the fall of 1960. Of this number: 13 (36 per cent) were employed by Mental Health Services for a period of time; 10 (22 per cent) are currently employed.

PSYCHIATRIC AIDE PROGRAMME

The purposes of the psychiatric aide programme are twofold: to enable the aide to learn his/her role and responsibilities in relation to other people within the work setting and to improve his/her quality of nursing care.

Seven 10-day orientation courses were offered to a total enrolment of 88 male and female psychiatric aides from Crease Clinic and Provincial Mental Hospital

Post-basic Programme for Senior Nursing Staff

Two six-week refresher courses, with a total enroment of 17, were offered to male psychiatric nurses transferring from the Provincial Mental Home, Colquitz, to units at Essondale. Course content consisted of 45 hours of psychiatric nursing, 7 hours of medical nursing, and 18 hours of nursing arts. A four-week clinical assignment included experience on psychiatric and medical wards.

Faculty

Senior instructors carry administrative and academic teaching responsibilities for their respective educational programmes. All other instructors have classroom as well as clinical teaching assignments. Activities other than these are organized and implemented through the department's standing committees. These are the Administrative, Faculty, Curriculum, Library, Out-of-Department Examinations, and the Selection and Evaluation Committees. Through these, important projects begun the previous year were completed or continued. Some of these involved correlation of curriculum content for the psychiatric nursing programme, reorganization of library holdings and methods of utilization, preparation and grading of eligibility and qualifying examinations, review of applications, and evaluation of the total performance of psychiatric nursing students.

Faculty members were privileged to attend and participate in several educational events. Most noteworthy was a workshop conducted by the Canadian Nurses' Association on " Schools of Nursing Improvement Programme."

Miss Margaret Lonergan completed her Master's degree programme at the University of Washington and resumed responsibility for the administration of the Department of Nursing Education in October.

Consultation to Units

Consultation visits were made to the Crease Clinic and Provincial Mental Hospital, Valleyview Hospital, The Woodlands School, Mental Health Centre in Burnaby, and The Tranquille School. Extensive study and plans for the reorganization of the nursing services for the two largest hospital units was considered of utmost importance to the future development of the nursing services.

Recruitment of Nurses

Following widespread advertising for registered nurses in local papers across Canada and in journals, a total of 126 nurses requested further information about employment via letter or interview.

Employment of Psychiatric Nurse Graduates

	September, 1963, Class			February, 1964, Class		
	Women	Men	Total	Women	Men	Total
Number in class	30	17	47	29	7	36
Number employed in Mental Health Services—						
Crease Clinic and Provincial Mental Hospital	9	10	19	9	3	12
Valleyview Hospital	8	2	10	5	1	6
The Woodlands School	9	3	12	5	1	6
The Tranquille School	—	—	—	4	—	4
Totals	26	15	41	23	5	28

COMMITTEE AND EDUCATIONAL ACTIVITIES

The purpose, function, and structure of the Nursing Council (formerly the Unit Nursing Conference) were outlined by the members and approved by the Deputy Director of Mental Health Services. The Council supervised the activities of the Core Nursing Procedure Committee and Nursing Supplies Committee, and several revised nursing procedures were approved. Kardex cards to include nursing-care plans were prepared and introduced on several wards in the three large hospital units.

The Nursing Liaison Committee met every two months and prepared a detailed description of the functions of the public health nurse in meeting the needs of the psychiatric patient and his family in the community. A blueprint was proposed for liaison between the Mental Health Services and the public health agencies involving the use of liason nurses.

REPORT OF THE CONSULTANT IN MEDICAL RECORDS AND STATISTICS

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

With the appointment of the Deputy Director of Mental Health Services, opportunity has been developed through the new unit administrative conferences to learn more of the particular functions and goals of each unit in the Lower Mainland, and this has proven of great value to this Consultant.

CONSULTATION TO UNITS

PROVINCIAL MENTAL HOSPITAL AND CREASE CLINIC

With the return of the Medical Records Supervisor to this area, visits by the Consultant were lessened. The Medical Records Supervisor completed her course under Federal grant and passed the qualifying examinations with honours to obtain registration as a medical record librarian. This is the first such qualified person in the Mental Health Services of this Province.

Further consultation and assistance were given in the study made of a group of admissions to Crease Clinic. This project was concluded in March, 1964, at the end of one year, and the results have been tabulated for the use of the Crease Clinic Unit Director.

Assistance was given to the Medical Superintendent by supplying statistics for a study of the problems in treatment of adolescents.

As a result of the work of the Admissions and Discharge Committee, of which this Consultant is a member, the admission procedures in Crease Clinic have been reorganized and set up with an admitting clerk in charge of the office. The Consultant attended several planning sessions for this.

A Medical Records Committee has been set up for the Mental Hospital-Crease Clinic area, with the Consultant as ex officio member.

The co-operation being given to Dr. A. Barbeau, Director of the Neurogenetic Centre, University of Montreal, in the research project on Huntington's chorea, is now being shared with Dr. K. Berry, Director of Neurology.

SCHOOLS FOR MENTAL DEFECTIVES

Two visits were paid to The Tranquille School during the year. Assistance and advice were given in setting up an organized medical records department and orienting the new staff member for this area. Most of one week was spent in this department on the second visit. Consultation was requested in setting up an index at Tranquille of all in-patients of the Mental Health Services for civil defence purposes, and this project is proceeding.

GERIATRIC DIVISION

The statistical data were partially reviewed, and as a follow-up the Medical Superintendent has requested statistics regarding the length of stay of patients.

MENTAL HEALTH CENTRES

The revision of the forms for gathering administrative and treatment statistics was completed, and the forms will go into use on April 1, 1964, in all Mental Health Centres.

An index of cases has been set up in the Consultant's office covering all the Mental Health Centres.

With the development of the Mental Health Centre in Kelowna, consultation was requested by the Director with reference to the duties of the clerk-stenographer with a view to obtaining assistance.

At the request of the Director of the Mental Health Centre in Kelowna, a report was compiled covering admissions to the in-patient units from the area served by this unit.

Statistics

At the request of the Dominion Bureau of Statistics, a check was made of its listing of cases in the Mental Health Services in-patient units.

The request for comments for preparation of the next revision of the International Classification of Diseases, now under way by the World Health Organization, was brought to the attention of the senior medical staff. Their submissions were forwarded for consideration by the Canadian committee.

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

REPORT OF THE MEDICAL SUPERINTENDENT

B. V. BRYSON, MEDICAL SUPERINTENDENT

GENERAL COMMENTS

The fiscal year ended March 31, 1964, has been a busy and productive one for this division of the Mental Health Services, during which time a total of 7,781 patients has received psychiatric care and treatment within the Provincial Mental Hospital and Crease Clinic. The total in-residence population in the two institutions has increased by 94, and at the year's end stands at 3,052 including 2,806 in the Mental Hospital and 246 in the Crease Clinic.

Treatment and administrative policies have continued without major changes, and every effort has been made to provide a progressive and up-to-date standard of service to all patients.

Several major changes have occurred in the ranks of the senior officers in this division following the retirement on superannuation of Dr. T. G. Caunt, August 31, 1963. Dr. Caunt will long be remembered for his devoted interest in the welfare of patients, his understanding guidance and consideration of staff, and his loyalty to this hospital, in which many progressive advances in psychiatric care and treatment have been instituted during his tenure of office.

On September 1, 1963, Dr. B. F. Bryson, formerly Medical Superintendent of the Geriatric Division, was appointed to the position of Medical Superintendent of the Provincial Mental Hospital and Crease Clinic.

Dr. John Walsh, Deputy Medical Superintendent of this division since 1956, was appointed as Medical Superintendent of the Geriatric Division, effective September 1, 1963.

On June 1, 1963, Dr. F. G. Tucker, Clinical Director, left this division to assume greater responsibilities as the Deputy Director of Mental Health Services. On November 1, 1963, Dr. P. M. Middleton, formerly Unit Director of the East Lawn Building, was appointed to the position of Clinical Director.

During the past year more patients have been received and cared for than ever before, and several major advances have been achieved, including the opening of the new Industrial Therapy Building and the development to full operation of the Rehabilitation Department. Details of the various department activities covering the operation of the Crease Clinic and Provincial Mental Hospital will be noted in the following reports.

The Medical Superintendent wishes to commend the staff of this division for their continued loyalty and support throughout the year. The interdepartmental co-operation has been most gratifying, and all have devoted their skills and interests toward the common goal of providing the best care and treatment possible.

CREASE CLINIC OF PSYCHOLOGICAL MEDICINE

The Crease Clinic has now served the citizens of British Columbia for 13 years, and has continued to provide an intensive and varied programme of in-resident psychiatric care for mentally disordered persons whose illnesses were considered amenable to treatment within a four-month period.

Pre-admission assessment of prospective patients by the Crease Clinic admitting officer and social service staff wherever possible has ensured that the acute-treatment services available have been utilized for those persons most in need of short-term therapy. Although the number of admissions has decreased slightly, the number of voluntary admissions has increased.

As will be noted in the following table, there were 1,614 admissions, including 745 men and 869 women, to the Crease Clinic this past year, a decrease of 43 compared to the previous 12 months. Of this total, 1,189 patients came to the hospital voluntarily, representing 73.6 per cent of admissions. This is an increase of 13 or 1.1 per cent over the previous year.

	Male	Female	Total
In residence, April 1, 1963	91	127	218
Admissions—			
First admissions	491	580	1,071
Readmissions to a different institution of Mental Health Services	21	38	59
Readmissions to the same institution	230	249	479
Admissions direct from Provincial Mental Hospital	3	2	5
Total admissions	745	869	1,614
Total under care	836	996	1,832
Separations—			
Discharged in full	696	828	1,524
Discharged direct to Provincial Mental Hospital	32	23	55
Discharged direct to Valleyview Hospital	1	——	1
Died	3	3	6
Total separations	732	854	1,586
Net increase or decrease	+13	+15	+28
In residence, March 31, 1964	104	142	246

Separations for the year totalled 1,586, of which 1,524 (696 men and 828 women) or 96 per cent were returned directly to the community. Of the remainder, 55 required a longer period of treatment and were admitted to the Provincial Mental Hospital. There were six deaths due to natural causes.

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

PROVINCIAL MENTAL HOSPITAL

At the end of the fiscal year the Provincial Mental Hospital completed 91 years of service to the mentally ill of British Columbia. This year has seen the highest number of admissions and separations ever recorded.

The resident population on March 31, 1964, was 2,806 (1,552 men and 1,254 women) and represents an increase of 66 or 2.4 per cent of the number in residence a year previously. However, the number of patients admitted for care increased by 332 or 14.8 per cent as compared to the previous year and totalled 2,568.

The following table gives a summary of the movement of population for the Provincial Mental Hospital for the year ended March 31, 1964:—

	Male	Female	Total
In residence, April 1, 1963	1,484	1,256	2,740
On probation, carried forward from 1962/63	189	448	637
On escape, carried forward from 1962/63	3	1	4
Total as at April 1, 1963	1,676	1,705	3,381
Admissions—			
First admissions	561	409	970
Readmissions to a different institution of Mental Health Services	135	180	315
Readmissions to the same institution	578	527	1,105
Admissions direct from Crease Clinic	32	23	55
	1,306	1,139	2,445
Transfers from Provincial Mental Home, Colquitz	111	.....	111
Transfers from geriatric units	9	3	12
Total admissions	1,426	1,142	2,568
Total under care	3,102	2,847	5,949
Separations—			
Discharged in full	1,178	1,109	2,287
Discharged direct to Crease Clinic	3	2	5
Died	90	59	149
Transferred to geriatric units	46	10	56
Transferred to schools for mental defectives	3	2	5
On probation and still out	226	411	637
On escape but not discharged	4	.....	4
Total separations	1,550	1,593	3,143
Net increase or decrease	+68	−2	+66
In residence, March 31, 1964	1,552	1,254	2,806

As will be noted, there were 1,426 men and 1,142 women admitted from various sources during the year. Of particular interest is the 111 men transferred from the Provincial Mental Home, Colquitz, which ceased operation as a mental hospital as of January 29, 1964. It is this large number of continued-treatment patients which is primarily responsible for the increased resident count.

Of the total admissions, 1,035 or 42 per cent were on a voluntary basis. This is an increase of 98 or 10.4 per cent compared to last year.

Separations from this area increased markedly by 315, and for the year totalled 3,143, including practically equal numbers of men and women. The great majority were returned to the community, there being 2,287 discharges in full and 637 on probation, representing 93 per cent of total separations. Five patients were considered suitable for transfer to the Crease Clinic, while 56 were accepted into the Geriatric Division and five to the school for mental defectives.

Deaths in the Provincial Mental Hospital decreased this year by 15, to a total of 149, representing 4.7 per cent of total separations and 2.5 per cent of the total number of patients under care.

The average daily patient population was 2,791.99. This is an increase of 72.67 compared to the previous year. The average monthly admission rate has been 182.5.

The number of newly admitted patients requiring special security supervision increased during the year and totalled 172, there being 119 men and 4 women transferred by Order in Council from Oakalla Prison, 18 men admitted from the British Columbia Penitentiary, and 16 men and 5 women admitted by Magistrate's warrant for psychiatric assessment.

Treatment Services

This has been another busy year. In general the problems, the stresses, and the work involved in our operation—but also its satisfactions and interest—are more nearly proportional to our turnover of patients than to the total number in residence.

This year, closure of the Provincial Mental Home at Colquitz raised the patient population of the Provincial Mental Hospital and Crease Clinic above the 3,000 mark, below which it had dropped last year for the first time since 1934. However, the increase was just under 100, which was less than the number received on transfer from Colquitz and was achieved in spite of an increase of admissions of 300 over the previous year. In fact the admissions exceeded 4,000 for the first time in the history of the Province. Ten years ago they stood at 44 admissions per week; this year, 78 admissions per week.

Sixty per cent of all our admissions are now volunteers and 40 per cent are readmissions. This suggests acceptance of our facilities by our citizens in general, including those who have personal experience of them. These days only 20 per cent of our patients are transferred to longer-term treatment buildings from the admission units, and even then half of those so transferred are able to be discharged within two further months.

Despite the better than fourfold increase during the last 10 years of out-patient psychiatric facilities of various kinds, many patients still arrive who could better be treated as out-patients while continuing to live at home and in some cases while remaining employed. In the near future we will be extending our pre-admission inquiries and attempting to deflect many such patients to out-patient services, which will need to be considerably increased and augmented by short-stay psychiatric wards or beds in general hospitals on a regional basis as the years go by.

There has been no major innovation in treatment during the past year, but emphasis has been redirected to controlling untoward behaviour by means other than chemical, with the recognition of certain insidious side effects due to administering ataractic drugs over long periods in fairly high dosage. The definitive paper on this topic by Dr. Greiner and Dr. Berry appeared in the Canadian Medical Association Journal in March, 1964, and has excited world-wide interest.

For the 700 patients in the admission or short-stay areas, the emphasis of treatment and of the daily programme of activity in the hospital is, of course, on eliminating the emotional or behavioural abnormality which caused the need to be admitted to hospital and thus to promote early return to productive life before dependency on others has become established.

Some 2,000 patients in the continued-treatment areas have already spent a year or longer in hospital, and with them the emphasis is on strengthening the self-reliance and overcoming the tendency to be dependent, which, in many cases, persists after the major emotional and behavioural abnormalities have been eliminated or at least brought well under control by means, for example, of small doses of maintenance medication such as can be continued at home.

Activity programmes of many kinds, including participation in various aspects of the work of the institution, are being extended as far as possible, for it is the idle and unstimulated patient whose behaviour is most likely to deteriorate. Both in these work programmes and in our industrial-therapy service, the main product is the increased motivation and employability and self-reliance of the patient. The other production is incidental, but since realistic work programmes are, of necessity, productive ones, the output is in many cases most impressive.

Two years ago mention was made in the report of my predecessor of the establishment on the female side of the Crease Clinic of a regime whereby all patients were admitted, treated, and eventually discharged from the same ward by the same treatment team. To achieve this it was necessary that all the wards should become open wards. This was extended subsequently to the male side of the Crease Clinic, and in this last year the same concept has been applied in the female section of the

Centre Lawn Building, which is the admitting area of the Provincial Mental Hospital. All that is preventing its establishment in the male side of this unit is the presence of the problematical group of patients, who have been referred to in the reports of previous years, who come to us from the prisons and penitentiaries. The emphasis on security for this group of patients accords poorly with the treatment concepts of a modern mental hospital. This group is increasing rapidly in number, and last year was of the order of 150. These male patients, together with 200 voluntary alcoholic admissions, have hitherto prevented the establishment of integrated treatment teams on the male side of the Centre Lawn area, and accordingly plans are well advanced for the relocation of these two groups to another admitting area. The total number of male security patients whose freedom of movement is strictly curtailed due to their past involvement in criminal activity in residence at any one time is now of the order of 95.

During the year a new category was established of supervising psychiatrist, two of whom assist the Unit Director in each of the two admitting areas. In addition, the North Lawn Building was established as a separate unit under the direction of an internist. Thus only the Riverside area, which accommodates over 400 male patients, remains to be established as a separate unit in its own right. This process of unitization, which was started in 1960, has made for much greater clinical flexibility.

After-care Clinic

The After-care Clinic, established initially in quarters at 445 West 13th Avenue, Vancouver, was moved to its present location in the Mental Health Centre in Burnaby on September 3, 1963. This doubles the number of offices and waiting-room space. This move has also brought about the availability of a pharmacist full time (shared with the Mental Health Centre), limited use of laboratory services, availability of somatic-treatment facilities, and social functions.

There has been a continuing increase in the number of patients registered, from 863 on March 31, 1963, to 1,168 on March 31, 1964. The total monthly patient visits increased from an estimated 500 visits per month at the beginning of the year to 607 visits in March, 1964. This latter increase was the result of increased number of doctors from the hospital being able to give time to follow-up service. Eighteen doctors and 11 social workers have been assigned to provide ½-day service each per week.

Some emergency services have been supplied, including visiting at the Vancouver General Hospital emergency department, home visits, emergency consultations and treatments, but only during the working hours of the clinic. Evening follow-up clinics are held once monthly for a limited number of patients unable to attend during the day. These services have been focused on follow-up patients just discharged from hospital or within the past two years. Where time has permitted, emergency consultations and treatment of other referrals from general practitioners have been undertaken, and especially pre-admission assessments have been done on patients seeking Crease Clinic admission.

It is anticipated that more emergency consultations and brief somatic treatments, such as electroconvulsive therapy, can be used on an out-patient basis, and thus prevent hospitalization when social service and psychiatric staff are available to maintain the immediate auxiliary supports. There has been an increasing use of this service as the year progressed.

Women's Nursing Division

In the Women's Division of Nursing the following trends have become increasingly evident:—

(*a*) Nursing staff are spending more time with groups of patients either assisting in therapy or in some cases conducting groups:

(*b*) There are more ward clerks being utilized, which allows those in charge of wards to supervise more adequately the nursing care:

(*c*) Team or group nursing is now accepted by staff and employed on more wards throughout the hospital, thereby further changing the tradition of assigning personnel to specific patients (which is the goal) rather than to areas:

(*d*) There is a greater acceptance of in-service education and, in fact, a growing demand for it on the part of all levels of staff:

(*e*) A closer relationship is developing between personnel of the Men's and Women's Divisions of Nursing, which indicates more unity of purpose in goals for nursing care as well as readiness for the integration of staff in ward situations:

(*f*) There is evident a better understanding of their administrative and supervisory role by the nursing supervisors.

All of these trends contribute to the improvement of patient care.

During the year, graduate nurses and students either assisted or led the following groups of patients: Adolescents, those on insulin or electroshock therapy, as well as many interest groups, such as music appreciation, activities groups, or more generally, in aiding patient groups in planning ward entertainment.

Team nursing has spread in the past year from the Crease Clinic to include the remaining three buildings. At this date it is in effect on all three wards in the Crease Clinic, two of the four wards in Centre Lawn, one ward in East Lawn, and one ward in North Lawn.

The in-service programme was co-ordinated by one supervisor, assisted by the Co-ordinator of Rehabilitation. The theme was "Rehabilitation," in accordance with the changing trends within this hospital. It was presented to both the Men's and Women's Divisions of Nursing (a staff of approximately 924), although it was impossible for all to attend. Specific programmes, consisting of tours, lectures, and discussions, were planned for each of the charge nurse and assistant charge nurse groups. Individual programmes were also presented to the staff nurses and psychiatric aides. It was felt that these were most useful in interpreting the philosophy of rehabilitation.

Since first commenced in 1959, in-service programmes have contributed to a better relationship between the Men's and Women's Divisions of Nursing due to the fact that both groups have an opportunity to exchange views and information, as well as to learn together. Increasingly, nursing procedures and policies have gone out to ward areas over the signatures of the heads of both departments. In August of 1963 the Men's Division was acutely short of staff, and, at that time, six psychiatric aides from this division were loaned to that department for several months. This proved to be a most successful experiment. In July of 1963 this division employed a male supervisor who was assigned to North Lawn Building, where there are men and women patients as well as staff. This has proved most useful and satisfactory to all concerned. September also furthered this precedent, when male staff were directly employed in the Women's Division upon the opening of a men's infirmary ward in North Lawn.

Nursing supervisors have been involved in administrative problems and the formation of nursing policies and procedures. For instance, this department has been concerned with orientation programmes for all levels of staff, and a committee has been set up to examine the present situation and to draw up plans which would be used in order to improve the situation and ultimately the efficiency of patient care.

The Central Supply Department received two more nurses' aides, bringing the staff up to a total of six. This department now has included the Riverside area within its service, as well as continuing to expand: for example, in January of 1963 it provided 5,000 dressings to the different areas, and in March of 1964 a little over 8,000 were being distributed. At present, plans are being submitted for larger quarters since it has outgrown its present facilities.

The surgical unit continues to increase in scope. It has increased the number of surgical procedures, from 130 in 1953, when it opened, to 755 in the past year. The consultations in the department have also increased from 952 in 1957, when they first commenced, to 3,523 in the past year.

During the year one head nurse completed the year's extension course in Administration of Nursing Units, jointly sponsored by the Canadian Nurses' Association and the Hospital Association. One supervisor was granted leave of absence to attend McGill University, and one nurse is presently on six months' leave of absence to attend a clinical course presented at the same university. Six nurses attended the Operating-room Institute in Vancouver, and many psychiatric nurses attended the various sessions of the Psychiatric Nurses' Association's educational programme. The Directors of Nursing Institute in Vancouver was attended by the Superintendent of Nurses.

Men's Nursing Division

During the past year there has been a steady advance in the calibre of nursing care offered by this department. The staff have found themselves being caught up in a more rapidly moving stream of progress. The changing philosophies of the treatment and care of the acutely ill, as well as recent philosophies of remotivation and rehabilitation for the longer-term patients, have stimulated the enthusiasm and initiative of the nursing staff. They show versatility and adaptability to their changing role in a new era of progress in mental health.

In each nursing unit, well-organized and skilled psychiatric teams operate under a unit medical director. The unit nursing supervisor co-ordinates the various nursing activities with other disciplines' activities to carry out the policies and philosophies deemed to be most appropriate for that particular unit.

In the acute-treatment areas of the Provincial Mental Hospital, nursing staff have been involved in various mixed-group therapies with other disciplines, such as medical staff, psychology, social service, occupational therapy, and recreational therapy.

In the continued-treatment areas of West Lawn and Riverside, greater emphasis has been placed on remotivation, reactivation, and resocialization groups. It has proven to be a valuable form of therapy for long-term patients. The enthusiasm and efforts of our staff have been admirable. They have been helped considerably in their efforts by the generosity of a number of agencies in the community which donated tickets to enable patients to attend public entertainments. The opening of the new Coquitlam sports centre proved to be a real boon because of its proximity to the hospital, and because invitations were received regularly to attend lacrosse and hockey games as well as many other major functions.

Nineteen University of British Columbia affiliate student nurses who were assigned to Riverside Unit in July assisted in the resocialization programme for patients. They were chiefly responsible for organizing a boat trip to Wigwam Inn for a day's outing for 35 of the patients. This was only one of many events which these students planned and carried out. The patients showed their appreciation by organizing a party for the student nurses.

All areas enjoyed the Christmas season, which commenced with parties in the various units. Community groups and entertainers came in to make the parties more enjoyable. Wards were colourful with their decorations. Large numbers of patients were taken on bus tours through Vancouver so that they might enjoy the Christmas lights. The season ended suitably with a big New Year's Eve dance on December 31, 1963.

In January, 1964, the last group of patients arrived at the hospital from the Provincial Mental Home, Colquitz, by bus, and were quickly assigned to various wards. The 19 staff from the Provincial Mental Home, Colquitz, who were assigned to this service came in two groups—one in January and one in February. They were immediately enrolled in the Department of Nursing Education for a refresher course of six weeks prior to being assigned to ward duty.

A nursing-care plan and Kardex system has been introduced and put into operation on a trial basis on the men's wards in Crease Clinic. It has proven very satisfactory thus far. The Kardex is a compact type of information and reference-card file which can contain information on 40 patients and can be transported with ease by the nurse during ward rounds.

The introduction of the narrative chart to all areas has proven to be quite valuable to the nursing as well as medical staff.

Team nursing is another more efficient and progressive step taken by this department. It is now on West 3 and West 4 in Crease Clinic. If it is successful, it will be expanded to include other areas in the male service.

The Central Supply has now extended its service to the Riverside Unit. This service has eliminated many of the problems of obtaining sterile supplies.

Five nurses were granted leave of absence to attend the second half of an institute sponsored by the British Columbia Psychiatric Nurses' Association and led by Dr. Bach, a prominent group therapist and psychologist from Los Angeles. This was a six-day course conducted at Harrison Hot Springs Hotel. The concluding address of Dr. Bach was given at the Nursing Education Centre, Essondale. All levels of staff attended this lecture.

The nursing service has been conducting a series of in-service lectures since last December for charge, assistant charge, and psychiatric nurses and aides. The theme this year was " Rehabilitation." There has been an average of 93 per cent attendance from the male staff. In addition, the Department of Nursing Education has conducted a series of aide orientation lectures extending over 10 days. As many aides as possible have been allowed to attend, and the results have been gratifying. Fire lectures have also been consistently attended by our staff as they could be spared. All medical and staff seminars have been well attended by the nursing staff.

The grounds supervisors had a very busy year. They have done a lot to keep our patients out of difficulties on the grounds by counselling and supervision. During the past year they interviewed a total of 3,375 patients (1,836 male and 1,539 female) prior to these patients being granted grounds privileges.

Department of Psychology

The past year has been one of satisfactory progress in the Psychology Department, but there was a slight decrement in the activity of the department over that recorded for the previous year.

One hundred and thirty-three lectures were given, mainly within the framework of instructional programmes for nurse trainees, but included as well talks delivered to affiliating groups and visitors.

A total of 2,141 psychological tests was administered, the greater number of which were used in the preparation of written reports about patients. Altogether, 605 such reports were submitted in response to requests made for diagnostic evaluation, intellectual measurement, and personality assessment.

The department continued its programmes of group psychotherapy. Seven hundred and twelve group meetings were conducted, the majority within the context of intensive psychotherapy services for the acutely ill schizophrenic patient and the neurotic patient within the Crease Clinic. However, attention was given also to maintaining therapy services at the After-care Centre and to establishing new programmes within the Provincial Mental Hospital.

Research interest has continued strongly. Seven studies were undertaken: five examined the efficacy of various therapeutic measures, one elaborated a specific psychiatric deficit, and one related to staff selection.

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

Social Services

As in previous years, the social-work staff was engaged primarily in the provision of services designed to alleviate the wide range of social problems presented by the patients in treatment. Understandably a large proportion of social-work time in every unit of the Provincial Mental Hospital and Crease Clinic was devoted to the formulation and implementation of discharge or alternate-care plans, including, where necessary, arrangements for ongoing social and casework services, either through the medium of a mental health facility or by referral to other appropriate community resources. Particular note should be made at this point of those patients within the adolescent and young adult age range who, because of their peculiar needs and related problems, required specialized services, not only during hospitalization, but in the area of discharge planning as well.

For the purpose of estimating the extent of services required by the adolescent patients generally, a survey was undertaken by the Crease Clinic Social Service Department of all patients 16 years and under who were admitted to the clinic during the calendar year 1963. The study encompassed 106 young patients, some of whom were suffering from psychiatric illnesses, with, however, a significant number of others exhibiting symptoms of behaviour disorders of varying degrees of severity. Findings revealed that a comparatively high percentage of social-work man-hours was, of necessity, devoted to adolescent patients, not only in terms of direct services (both case and group), but indirectly in effecting liaison with community social agencies and resources in preparation for discharge.

In both the Crease Clinic and the Centre Lawn Building it was found that the most economical means of providing coverage for these patients was to work with them in groups. This has been of value in strengthening and building peer relation-

ships. In the Crease Clinic the casework-group work service was ably augmented by an activities programme under the leadership of the disciplines of nursing, recreational therapy, and occupational therapy, with the entire programme being co-ordinated under the direction of the Assistant Unit Director.

In other areas of social-work practice, the Crease Clinic Social Service Department, in co-operation with the admitting officer and Unit Director, initiated a pre-admission service to prospective women patients as a pilot project over a six-month period. On evaluation, the programme was found to be of sufficient benefit to warrant continuance and possible expansion, since it enabled both patients and families to prepare in advance for the event of hospitalization, thereby relieving them of many domestic concerns which would otherwise interfere with treatment. In addition, it contributed to pre-admission screening through the provision of pertinent social information and subsequently in arranging referral to community social agencies when this was recommended as a more suitable treatment plan.

In the Centre Lawn (Admitting) Building of the Provincial Mental Hospital, the Brief Services and Admissions Section was particularly active during the year, in line with the increase of admissions and correspondingly rapid turnover of patient loads.

The selection and preparation of patients for placement in boarding homes under the ongoing supervision of the hospital continued to be a major responsibility of social workers assigned to the long-term treatment units. As of the end of the year, 207 patients, comprised of 82 men and 125 women, were so placed in licensed boarding homes in the Lower Mainland and Fraser Valley areas. In addition, a small number of non-ambulatory patients, whose psychiatric disabilities were sufficiently improved to permit discharge, were resettled in community private hospitals, primarily in the vicinity of the Fraser Valley.

Members of the department were also active in the area of after-care services. Eleven team social workers from the Provincial Mental Hospital and Crease Clinic reported for duty at the After-care Clinic on the basis of one-half day per week, and were responsible for rendering services to some 33 per cent of the clinic's total population of 1,000 (March 31, 1964). Although the services were largely of a brief nature, continuing services were given in situations involving young children or where the patient was a mentally disturbed child or adolescent. During the year, close contact was maintained with various health and welfare agencies, with many case conferences being held on behalf of patients.

Two developments within the After-care Clinic have been important assets in meeting the continuing needs of patients and their families. One of these, the housewives' group, has met regularly under the guidance of the social group worker and has achieved to a considerable degree its purpose of supporting group members in dealing with day-to-day problems in adjustment. The second development is the evening clinic, which, for approximately two years, has been conducted on a weekly basis for the benefit of patients and their relatives in managing problems related to the psychiatric illness of a family member.

In the area of clerical services, a new and useful development initiated by the head stenographer was the completion of an office manual which standardizes the most practical clerical procedures within the department, and which should serve as a valuable aid in the orientation and instruction of new clerical staff.

Numerically the work of the department is depicted in the statistical summaries for the year. In the Provincial Mental Hospital a total of 3,325 patients was given service, as compared with 2,974 in the previous year, thereby involving the social-

work staff in more than 10,000 interviews with, or on behalf of, patients. Similarly in the Crease Clinic social and casework services were extended to 1,588 patients, which figure, except for a slight increase of 134 cases, remained fairly consistent with that of the previous year. Coverage of this group entailed some 8,000 interviews.

Educational commitments were fulfilled by participation in orientation programmes for professional groups and members of social-work agencies and allied disciplines, through speaking engagements with interested community organizations and in the provision of field-work supervision to seven students from the School of Social Work, University of British Columbia, who were assigned for practical experience in the Crease Clinic and Provincial Mental Hospital. A further group of seven students, allocated to the After-care Clinic and under the supervision of a field instructor from the School of Social Work, maintained liaison with the central services at Essondale in order to gain a comprehensive understanding of the treatment programme.

A review of the activities of the department for the year points to a continuing process of integration of social services with those of other treatment disciplines and liaison with community agencies in the interest of improved patient service. Changes in programme have been dictated by demonstrated patient needs and developments within the treatment programme.

Rehabilitation Department

The Rehabilitation Department, established in the early part of 1963, has developed rapidly and successfully during the past year.

Job placement of patients in the hospital work areas was already in progress at the time of the inception of the programme, and two psychiatric nurses (one male and one female), known as job placement officers, assigned to this particular duty were transferred to this department at the time of its inception.

With the appointment of an occupational therapist in November, 1963, a programme of work assessments was instituted. The female job placement officer and the occupational therapist commenced a job analysis of all the work areas of the hospital, devising at the same time a grading system whereby patients would be classified according to ability. This survey made it possible to determine the level of competence of the patients presently employed, as well as the complexity of tasks they would be performing. From this it was possible to evolve job training and payment plans.

By March, 1964, the team was complete with the appointment of a social worker who is responsible for the patients referred to the Rehabilitation Department for long-term planning.

With the completion of the survey by the end of the year, token payment of employed patients was anticipated for early in April. The patients have been classified into five grades, and the payments will range from 75 cents to $1.50 every two weeks.

At the present time 60 per cent of the patients (excluding Crease Clinic) are engaged in some form of occupational therapy. During the year a total of 1,226 men and 724 women were assigned tasks commensurate with their ability in the hospital work areas. In addition, 429 men and 203 women were transferred to a different task or work area.

The grading of patients and the prospect of receiving even token payments has had a most salutary effect upon the patients. There has been an increased interest in working and a noticeable improvement in the actual performance itself. In addi-

tion to the therapeutic aspect of working, many long-term patients have found the experience invaluable as preparation for eventual adjustment in the community.

The administration of Venture and Vista was transferred to the Department of Rehabilitation and specifically to the social worker on the team. The goal has been for the two centres to become a rehabilitative resource.

During the year, 71 patients were transferred to Vista and 35 to Venture. The largest percentage of the patients going to the two half-way houses required a Vancouver address while seeking employment and generally an opportunity to test out their capacity to adjust to living in the community again. A goodly number were placed for the purpose of completing secondary school or taking vocational training. Of the patients going to Vista, 26 per cent returned to the hospital, whereas only 14 per cent of the Venture patients required rehospitalization. The remaining number of patients went to boarding homes or on Social Allowance, or made a good adjustment in the community. It is planned that both centres will develop programmes for the benefit of after-care patients on a non-resident basis. A start has been made in that direction with satisfactory results.

With the appointment of an occupational therapist, the assessment programme was established. During the period from November, 1963, to March 31, 1964, 100 patients were referred for assessment. Out of this number, only 84 were actually involved in an assessment. Some patients were assessed more than once, either because they were re-referred while still at the hospital or were readmitted. Those patients who were not assessed were referred to job placement officers or were discharged before their assessment. Effective assessment of patients is important in the planning of retraining and seeking of employment as the National Employment Service now uses the work assessment as a reference.

Although the largest number of the patients on the social worker's case load are located at Vista and Venture, others are in boarding homes or still at the hospital. An attempt has been made to visit with each patient on a weekly basis. During the interviews, consideration was given chiefly to matters concerning vocational training, seeking of employment, as well as enabling the patient to achieve greater self-understanding.

A Consultative Council was established to advise the Medical Superintendent on the ways in which the rehabilitation programme may be developed to the mutual benefit of the patient, hospital, and the community agencies to which referrals are made. The council is composed of senior representatives of the Mental Health Services Branch, the Provincial Rehabilitation Services, the Social Welfare Department, the National Employment Service, the public health units, vocational training schools, and the Division for Guidance of Handicapped, Community Chest and Councils. Through this council a close relationship with the National Employment Service and the Provincial Rehabilitative Services has been enjoyed.

The department also participated in the in-service training of the nursing staff, the subject of rehabilitation having been chosen for presentation for this year's programme.

Occupational Therapy

The Occupational Therapy Department has had a favourable number of staff and has been able to expand its services in several directions during the year. In line with the current concepts of rehabilitation, a number of community-oriented projects have been developed. Work from agencies such as the C.Y.H.A., Y.M.C.A., C.M.H.A. of Vancouver, as well as routine clerical jobs solicited from offices and departments within the hospital, have provided realistic and meaningful work for many of the long-term patients.

An experimental sheltered workshop was set up to handle all the material for the Tuberculosis Society's Christmas seal programme. In this joint project between the Occupational Therapy Department and the Department of Rehabilitation, 50 unemployed patients from the long-term treatment areas of East and West Lawn worked together folding, stapling, and sorting seals and the appeal letters. During the three months in which the patients attended the workshop, the majority displayed an improvement in the level of general functioning, work tolerance, and sociability. As in the previous year, the second stage of preparing this material for distribution was carried out by a group of 30 patients at the society's headquarters.

In conjunction with the boarding-home programme, a home visiting service was initiated. This service was designed to assist and support the boarding-home operators in providing activities for the patients in their charge. At the present time, visits are being made to homes in Yarrow, Steelhead, Maillardville, and Haney. It is anticipated that this service will be extended to other homes as the responsibility for the current programmes are assumed by the operators. Some continuity of service is provided by the therapist also working within the hospital with patients referred for boarding-home assessment. The activities of daily living unit, previously used for this evaluation, was considered a more effective training and assessment facility for patients returning to an independent living situation.

To assist the Department of Rehabilitation in assessing some of the unemployed female patients in the East Lawn Building, a work-assessment group was initiated in January, 1964. The aim of the group was to re-establish work habits and to assess the patients' capabalities in various work areas. At the completion of each group, over 70 per cent of the patients were able to be placed in full-time employment within the hospital, doing mainly the more simple housekeeping and laundry tasks.

The appointment of a part-time commercial artist has enabled the department to provide art instruction to a variety of the patient groups in an extended week-end and evening programme.

Some instruction in typing was given by a visiting member of the Canadian Mental Health Association. To this end, a typing-room was equipped with a number of used typewriters provided by the service department of the Purchasing Commission. This proved to be a valuable resource for patients requiring practice and training in clerical work.

The opening of an infirmary ward in the North Lawn Building necessitated the transfer of the Occupational Therapy Department over to the south side of the building. In planning the new development, a kitchen unit was added to provide a facility for patients to learn simple cookery.

Fifty patients submitted work to the Pacific National Exhibition, and 12 prizes were awarded to this group. The annual sale this year was held in November and realized $1,888.

During the year the staff was active, with 9,910 patients referred to the department and 111,426 treatments were given in the same period. About 10 per cent of staff time was devoted to team meetings and ward rounds involving discussion of referred patients.

An active staff-development programme was carried out with the co-operation of visiting speakers from other departments. Routine orientation lectures were given to a variety of staff and affiliating nursing students.

Educational and supervisory responsibilities increased considerably with the greater number of occupational-therapy students interning in the department. Seven

students, all graduates from the Universities of Toronto, McGill, and Manitoba, were affiliated with the department during the summer months. Additionally a two-month rotating practical training experience was provided for 16 second-year students from the Department of Rehabilitation Medicine, University of British Columbia.

Recreational Therapy

It is reported that, as the majority of the recreational staff are assigned almost full time to units of the hospital, it has been possible to become more aware of the needs of the patients and to contribute more effectively toward developing plans designed to meet the needs.

Paralleling the unit-developed programmes, there has been a continued growth and diversification in the range, variety, and scope of the activities and opportunities offered in areas outside the unit buildings. Notable in this regard is the increasing use and enjoyment of the facilities afforded in Pennington Hall and through the related sports fields, golf course, picnic areas, and the swimming-pool.

In addition to the extensive daily use of the various recreational facilities by individual patients during their moments of freedom from work or treatment assignments, an increasing number of treatment groups enrolling patients in special therapy programmes have found in these facilities and the activities they make possible an invaluable asset in helping the group to develop the interpersonal relationships, which give meaning and purpose to the group approach to treatment. Informality in scheduling and a willingness to adapt to meet the needs of the individual group has made it possible to respond to the many requests and to accommodate or make available almost unlimited use of facilities at many different hours of the day.

The early spring period saw an extension in the number and frequency of regular ward activation programmes, while the late spring and summer months brought their full complement of picnics, cook-outs, and day-long Stanley Park outings. Winter bowling leagues became summer softball leagues. Smaller groups were taken on frequent trips to points of interest, such as industrial plants, concerts, sports events, and fishing trips. Late summer again was the occasion for more than a thousand patients sharing the enjoyment of the Shrine Circus and the Pacific National Exhibition.

Fall and winter again renewed interest in regular ward, unit, and hospital-wide socials, dances, birthday and card parties. Major events included appropriate observations of Carnival Day, Hallowe'en, Thanksgiving, New Year's, Valentine's Day, and Easter, while Christmas celebrations again took the form of unit " open house " parties which saw more than 500 outside entertainers recruited to share in the festivities. Once again, acknowledgment must be given to the important role played by the patients' orchestra in helping to make many of these events possible and popular.

Patients' School

The Patients' School has continued to provide an important formal education service to patients. During the year ended March 31, 1964, the school was open from 8 a.m. to 4 p.m. for 230.5 regular school-days. Thirty-eight male and 37 female patients, with an average age of 22.9 years, were enrolled. Daily classes were conducted for 50 of the students in the East Lawn schoolroom, while individual instruction was provided for 25 who were confined to their wards. Thirty-six students were discharged during the year, and the average attendance period per patient was 10.6 weeks.

Most of the hospital units were represented by those attending school. Eleven students were from West Lawn, 24 from Centre Lawn, 27 from East Lawn, 3 from North Lawn, 1 from Riverside, 1 from Valleyview, and 8 from Crease Clinic.

The completion of an interrupted school-year and ultimate graduation from secondary school were again the primary goals of the majority. To this end both regular classroom instruction and tuition by correspondence courses were offered. Thirty-seven students made use of the latter, following both the General and University Programmes. Of those who continued with the standard grade curricula, 11 were enrolled in the primary grades, 17 in the intermediate grades, and 4 in the senior grades. A study of English fundamentals was undertaken by six new Canadians.

The school now offers instruction in the Reading Skill Builder series provided by the Department of Education. This is a progressive series designed for the adult who has had little formal reading instruction and presents material that is more challenging than the juvenile reading courses and more suited to the older student's ability and interests.

Physiotherapy

Physiotherapy services have been provided to patients through the departments established in the Crease Clinic and East Lawn and North Lawn Buildings. During most of the year a full complement of five trained physiotherapists was available.

Service was considerably increased during the year, when a total of 21,207 treatments was provided for 2,523 patients. This represents an increase of 8,231 treatment periods and 626 more patients treated than during the previous year.

New equipment provided for this department included a wax bath, faradic-galvanic muscle stimulators, ultrasonic equipment, and restorators, all of which has made possible a comprehensive physical treatment service for patients.

Department of Radiology

During the year this department has provided a comprehensive diagnostic service to patients, and year-end reports show an increase in the number of procedures carried out compared to the previous year.

The total number of films taken was 17,638, an increase of 1,395, and involved 12,849 patient examinations and reports. This includes chest films taken as part of the annual tuberculosis survey, during which 2,931 chest films were taken for staff and 6,491 for patients.

Department of Laboratories

There were increased demands for laboratory service throughout the year, both in the fields of diagnosis and in research.

The number of procedures performed totalled 67,243, an increase of 4,960 over the previous year. This increase occurred mainly in the department of bacteriology, where there was a marked increase in the number of smears, cultures, and antibiotic sensitivity tests. In hæmatology there was an increase in blood transfusion procedures. The chemistry department showed a significant increase in the number of routine urinalyses and blood urea nitrogen tests.

There were 197 autopsies performed and 414 surgical tissues examined.

The department has continued to function as a consultative centre in neurology, providing neurological, electroencephalographical, and neurosurgical consultative service to the Provincial Mental Health Services.

Department of Neurology

Clinical neurological consultation in the year totalled 307. These led to the following investigative procedures: 14 pneumoencephalograms, 32 lumbar punctures, 6 myelograms, 3 perimetric examinations, and 7 carotid arteriograms.

A total of 996 encephalograms was performed. Most of these were of the routine variety, but a number of specialized procedures were also carried out, including four alcohol activation studies and two metrazol activation studies.

Dr. Frank Turnbull provided neurosurgical consultation in 53 patients. This led to 16 neurosurgical procedures, apart from the carotid arteriograms already mentioned.

A large number of visitors received guided tours through the department and were given informative talks on electroencephalography. Probably over a dozen groups, totalling well over 200 individuals, were shown through the department. Groups included secondary-school students, university social-work and psychology students, and various women's organizations.

Research activities in co-operation with the Department of Medicine led to the publication of one paper, " Skin Pigmentation and Corneal and Lens Opacities with Prolonged Chlorpromazine Therapy," by Anthony C. Greiner, M.D., and Kenneth Berry, M.D., in the Canadian Medical Association Journal.

Pharmacy Department

The pharmacy has continued to provide for the constant and increasing pharmaceutical needs of the Provincial Mental Hospital and Crease Clinic, as well as operating as a supply and ordering service for the other units and divisions of the Mental Health Services.

The Pharmacy Council has continued to give guidance concerning pharmaceutical policy and in the investigation and use of new drugs in the treatment of the psychiatrically ill patient.

During the year 45,000 units of stock items were dispensed to the wards. Nearly 22,000 individual prescriptions were filled.

Service to boarding homes and other units of the Mental Health Services entailed the mailing of 10,000 items.

Optical Department

The Optical Department has continued to operate throughout the year on a regular part-time basis providing refractive, dispensing, and spectacle-maintenance services.

During the year 825 procedures were carried out, including 508 refractions, 221 other major services, and 96 minor services.

Dental Department

The dental service has continued to be active in all fields of dentistry, and every effort has been made to keep up with increasing demands for all types of dental care and treatment.

Several obturator cases requiring special forms of dentures were handled with satisfactory results, and a number of dentures were also made for patients who were out of hospital on probationary discharge.

A total of 42 patients requiring difficult extraction procedures was successfully treated through the co-operation and facilities of the Crease Clinic Surgical Department.

Denture-marking has continued for newly admitted patients as required, and it is noted that a greater number of patients admitted are in need of proper dentures or are in a very poor state of oral health.

During the year a total of 3,188 patients was seen, who required a wide variety of treatment procedures, including 2,445 extractions, 892 fillings, 1,162 denture fittings, 400 prophylactic treatments, and 797 initial oral examinations. In addition, 241 dentures were processed to completion and 290 repairs made to damaged sets. A total of 529 dentures was marked for identification and 79 gold castings prepared.

Chaplain

Rev. John F. O'Neil, E.D., B.A., L.Th., C.P.H.C., Protestant chaplain for the Provincial Mental Hospital and Crease Clinic, has given general direction to this department throughout the year.

Rev. R. Fred Filer, the chaplain at Valleyview Hospital, has continued to aid this hospital through his willing assistance by ministering to the patients in North Lawn Building in addition to his own work at Valleyview.

On February 17, 1964, Rev. William S. Lacko, S.J., was appointed as the first full-time Catholic chaplain for the Essondale area, and will now be able to give a more comprehensive service to patients of the Catholic faith compared to that possible previously while serving on a part-time basis. Father Lacko is also proficient as an interpreter in 14 European languages and has been of great assistance to our medical, nursing, and social service departments in this capacity.

The spiritual needs of the patients have been faithfully ministered to through the efforts of the chaplains that we have on our staff.

Two events of especial importance occurred during the year. One is that through the efforts of the chaplains, especially those of Reverend O'Neil, a major portion of one of the television productions of the Heritage series of the Canadian Broadcasting Corporation was produced in this hospital and was shown on the nation-wide network. This required a great deal of effort and extra time that was freely given by the hospital staff and is a credit both to the chaplain service and to the C.B.C.

Secondly, through the co-operation of the Canadian Mental Health Association volunteers and the hospital chaplains, 35 choirs from the churches in the Greater Vancouver-New Westminster area came to the hospital and assisted at the regular services of divine worship in Pennington Hall on Sunday mornings.

With the appointment of Father Lacko as a full-time chaplain, it is now possible for Roman Catholic patients and staff to observe their feasts of obligation apart from Sundays and Christmas.

Special services commemorating Remembrance Day, Good Friday, and Christmas have been maintained.

Throughout the year, music for the regular weekly church services in Pennington Hall has been supplied by Mr. Lojze Smrekar, who has also given freely of his time to provide music for ward services.

Library

Both the patients' library and the medical library have been greatly augmented during the year with the appointment of a full-time library assistant to work with the branch librarian.

Most of the older titles have been removed from the patients' library and sent to outlying areas to furnish services for patients unable to visit the Crease Clinic, and a comprehensive selection of new books, both fiction and non-fiction, including classical works in poetry and drama, for which there has been a considerable demand, is steadily being acquired. The library has encouraged with professional guidance and advice, as well as the provision of books, the formation of discussion groups by both nursing staff and volunteers among the patients at the Provincial Mental Hospital. Awareness of both staff and patients of the library facilities available has been stimulated by the library undertaking the regular publication of book lists, critical reviews, and other material in the patients' magazine, The Leader.

During the year 479 additions were made to the patients' library, while 135 volumes each were sent to the Skeenaview and Dellview Hospitals and 400 to the North Lawn library. A total of 4,169 titles is available in the Crease Clinic library for patients' use.

The medical library has been of increasing service to professional-staff members, especially to the medical staff and allied disciplines. There has been an extensive use of interlibrary loan privileges, and the librarian has handled a heavy volume of references for the medical staff. A large number of new journals has been added to the current list, and the acquisition of many back numbers has permitted the binding of many more volumes than before; these now total 688. The librarian has made continuing efforts to co-ordinate the Mental Health Services libraries, for example, by cataloguing the newly acquired volumes at the Mental Health Centre, Burnaby, and at The Woodlands School and by acting as a cataloguing consultant for the School of Nursing library. The manifold advantages of this co-ordination are obvious, one of the chief benefits being the interchange of volumes among the various libraries.

During the year 227 additions were bought for the medical library, bringing the total collection to 3,220. In addition there are 136 current journal subscriptions.

Business Administration

It was at the beginning of the year that the Industrial Therapy Building was opened. This fine building consolidates a department spread out over the hospital into one area. Among the new facilities are included a spray-paint booth and bake-oven facility, a television and radio repair shop, an expanded and more modern print-shop, an excellent shoe manufacture and repair shop, and an expanded mattress-shop. With this new facility our hospital is now able to produce its own spring-filled mattresses, to repair and refinish the patients' beds, and to fulfill virtually all the printing requirements. At the same time it is possible to provide a therapeutic experience for patients employed in the department.

New equipment in the laundry, which includes four tumblers and three lint-collectors, has done much to improve the tumble-dry section of this department and to make better use of laundry floor space.

Changes have taken place in the admitting procedures in the Crease Clinic, such that from one master admitting form it is possible to prepare various clinical forms and cards of different sizes with accuracy and with much saving of time. It is expected that this procedure will be extended to the Provincial Mental Hospital, and that its potential for wider application will be exploited.

New furniture has been purchased in order to improve the appearance of the wards. This, together with the installation of fibreglass drapes, is doing much to improve the appearance of patients' areas.

During the year Mrs. West, of the Medical Records Department, returned from educational leave as a qualified medical-records librarian, having taken the year's course at the Royal Columbian Hospital. Mr. W. E. Gueho, general office supervisor, completed the course in Hospital Organization and Management sponsored by the Canadian Hospital Association and was awarded the diploma.

Diet kitchens are being modernized wherever possible. In the Riverside Building a new and vastly improved dish-washing set-up has been installed. In the Centre Lawn Building a tray service system for serving the patients has been introduced.

Laundry

The laundry manager reports a year of increased production as well as increased service. Minor refinements in procedures and techniques were made in a number of instances and have done much to eliminate problems. During the year 9,645,085 pounds of linen were processed, along with 131,110 pounds of dry-cleaning. This reflected an increase over the previous year's production of 84,315 pounds of linen and 20,720 pounds of dry-cleaning. The increase in items required to be processed appears to be a direct result of an increase in the amount of clothing collected for patients by the Canadian Mental Health Association volunteer group.

New equipment installed during the year included three lint-collectors and three dry-tumblers, the latter replacing worn-out equipment.

Audio-Visual Department

The 35-mm. and 16-mm. recreation shows have been lengthened, and the variety increased as patient outlook has improved.

Many staff members have now been trained to operate the 16-mm. projectors for educational films. This means that such films can be shown when required at departmental convenience, with film damage and projector trouble being kept to a minimum.

The moving of the radio-telephone base and aerial from the Fire Hall to the Riverside Building has resulted in much better radio-telephone coverage to The Woodlands School and Vancouver, besides Essondale. There are now 16 mobile sets in operation.

During the year 35-mm. films were shown 140 times to 34,091 patients and 16-mm. films were shown 324 times to 16,063 patients. The educational film library now has 422 registered borrowers, who used 1,473 films from our library.

Medical Records

During the year the Medical Records Department assisted in several surveys and projects, the more significant of which included one for the Crease Clinic Unit Director on 170 admissions and one on Order in Council and special-security patients.

With the extension of Mental Health Services throughout the Province, the department is now forwarding copies of discharge synopses to the appropriate Mental Health Centres.

The conveying of medical information between the hospital and the After-care Clinic has been facilitated by doing away with duplicate files and the placing of all notes directly on the patient's hospital file.

A Medical Record Committee was organized in February, 1964, for the purpose of elevating and maintaining the standards of medical records in the Provincial Mental Hospital and Crease Clinic. This committee has already effected

worth-while changes and will strive, among other things, to improve forms and methods presently employed in maintaining the medical records.

Due to the sharp increase in Provincial Mental Hospital admissions and separations during the year, together with demands by medical staff for more up-to-date records and the need for accelerating the flow of medical information to doctors in the community, stenographic staff has been increased. These additions have enabled us to provide our medical staff with considerably improved service.

Major changes in the organizational set-up of the Crease Clinic admitting area were effected with the Chief Admitting Clerk and her assistant moving out of the Crease Clinic records office to the admitting suite. Nursing staff formerly employed in this area were replaced by the admitting clerks, an additional clerk's position being established to help assume the duties formerly undertaken by the nurses. Procedural changes were also initiated in conjunction with this move, the main one being the installation of a duplicating-machine for processing the necessary forms and cards from a master stencil. This has facilitated procedures related to the forwarding of admission advice letters to the various agencies involved and in lessening the burden of typing the numerous index cards required.

Dietary Department

The dietetics administrator reported a year in which there were continued improvements made in the department. In addition, more dietary aides joined the department, thus enabling an improved standard of service to be given to patients, particularly in the East Lawn Building. Although miscellaneous items, small equipment, and several pieces of much-needed large equipment were received by the department, the following advances in increased services and new functions are notable:—

(1) A completely renovated dish-washing area in Riverside kitchen equipped with a new Hobart dish-washer and garburator.
(2) A stainless-steel canopy, complete with fan to the outside, was installed over all the electrical equipment in Riverside Cottage kitchen.
(3) New tables and chairs were received in the West Lawn Building's two downstairs dining-rooms. Partial tray service was implemented on A-1 Infirmary Ward in this unit, and the outdated divided trays were replaced by Melmac plastic service.
(4) N-1 Infirmary Ward was opened in North Lawn Building, and food service was increased to include it. The main kitchen received an electric floor-scrubber.
(5) New chairs were received for the two Crease Clinic staff dining-rooms.
(6) Food services in East Lawn Building Wards J-3 and H-1 were taken over by dietary aides. The large institutional-size rectangle tables in J-4 dining-room were replaced by smaller round ones.
(7) Centre Lawn kitchen is now providing hot cart food service to E-3 Admitting Ward. Much work was done here regarding refrigerators and the steam-kettle cookery yard.
(8) With the automatic telephone exchange, all dietary offices and each kitchen now have interhospital communication.

Industrial Therapy Department

The new Industrial Therapy Building has been a major scene of interest since its opening a year ago and has been host to many interested groups from outside the hospital as well as organized groups within the hospital. Patient activity has been

very keen in all training areas, with a marked improvement in patient outlook, rehabilitation, and over-all increased productivity.

Patient statistics for the year are as follows:—

Total patients employed in trade-shops	2,537
Patients progressed to hospital work level	119
Patients discharged to community	161

Productivity figures for the year are as follows:—

	Manufactured Items	Repaired Items
Dry-goods Section	74,975	.....
Mending Section	.....	110,515
Tailoring Section	6,250	8,541
Mattress and Canvas Section	6,482	1,389
Printing Section	1,843,798	.....
Machine and Metalsmithing Section	2,219	1,461
Cabinet-shop	847	2,367
Upholstery Section	703	800
Uniform Section	9,274	10,113
Shoe Section	206	3,029
Paint Finishing Section (for nine-month period)	.....	2,629
Electronics Section (for six-month period)	.....	232

Volunteer Services

It is interesting to note that this service now completes 10 years of activity within the hospital and has developed from a small group of six volunteers who visited the Crease Clinic one-half day per week to the large group which now numbers 169, providing services on six days and four evenings per week throughout the whole of the Mental Hospital and Crease Clinic as well as Valleyview.

During the year the volunteers made 2,490 individual visits and provided 12,084 hours of direct service to the patients. An additional 10,000 hours of indirect service was provided through luncheons, picnics, various forms of entertainment, and work related to the apparel-shops.

The apparel-shops continued in the customary fashion of excellence. A total of 2,336 patients received 12,219 articles of clothing. In addition to clothing there were 4,376 small articles distributed, most of which were given out as prizes for Carnival Day games. Preparations are now under way to combine both the men's and women's apparel-shops in a more suitable structure. It is hoped that this move will improve the efficiency of the shop and in turn raise the standard of quality of the clothing distributed.

The annual Christmas gift programme was not quite as successful as past years, although it was still possible to give every patient in hospital a suitable Christmas gift. Over 7,000 individual gifts were received, tallied, and wrapped by volunteers.

Mr. Hugh Picket, of Famous Artists, has been most helpful this year in assisting patients to attend activities away from the hospital. Over 500 tickets were donated to plays, concerts, and other activities in the Queen Elizabeth Theatre, Theatre Under the Stars, and the Moscow Circus. On many occasions we have had permission to send as many patients as possible to these events.

One of the most popular additions to our programme this year was the Paint for Fun Club initiated in the Crease Clinic. A local amateur painting group called Garibaldi Workshop volunteered its service. The programme was organized into

two groups. Talented or experienced painters could paint in oils or water colours with the guidance and help of our expert volunteers. The other group was one of novices who had desire but no experience. A skilled volunteer took this group and lectured as well as demonstrated the methods of sketching and painting.

A programme on the male security ward of A-4 initiated another new activity this year. A bi-weekly discussion group was formed with from 8 to 10 patients, the group participants being selected by the medical staff and nurses. Arrangements were made to begin by showing appropriate films followed by discussion. Gradually preparatory reading material was obtained from the library and several interesting discussions on varied topics took place. The programme has been successful.

There has been a considerable increase of community interest indicated this past year. Some 25 groups, representative of all types of organizations, have visited the hospital for a total of 587 individuals. There has also been a noticeable increase in volunteers coming from the districts surrounding the hospital, such as Port Moody and Port Coquitlam.

One of the most interesting aspects of the community interest is that of the secondary schools. Apparently several schools now include some instruction in psychology and sociology, and as a result have requested opportunities to visit the mental health facilities. Arrangements were made for discussions and presentations by medical staff for 200 students in groups of 25. From all reports this type of programme was most meaningful, and the schools have indicated their wish to continue again in the coming term.

Civil Defence

Following the retirement of Dr. T. G. Caunt at the end of August, Dr. B. F. Bryson, Medical Superintendent, was appointed as Civil Defence Co-ordinator for the Essondale area.

During the year there has been a general lessening of interest and activity in civil defence, but the Essondale Planning Committee has continued to meet each month in order to maintain its organization and preparedness for local emergencies.

Communication and contact with the Vancouver Target Area and Provincial Civil Defence authorities has also been maintained through receipt of correspondence and bulletins and by the attendance of senior officers from Vancouver at the Essondale Planning Committee meetings.

The head of the welfare service attended an Institute in Emergency Welfare at Victoria, and a member of the Fire Department took part in a rescue course in the same city during the year.

Two classes of incoming student nurses received orientation and instruction in hospital disaster preparedness.

The communication department has been active training staff members to qualify for this necessary work should a local or national emergency arise. The Provincial Communications Officer is kept aware of our facilities and progress.

STATISTICAL TABLES

CREASE CLINIC

TABLE 1.—MOVEMENT OF POPULATION, CREASE CLINIC, APRIL 1, 1963, TO MARCH 31, 1964

	Male	Female	Total
In residence, April 1, 1963	91	127	218
Admissions—			
First admissions	491	580	1,071
Readmissions to a different institution of Mental Health Services	21	38	59
Readmissions to the same institution	230	249	479
Admissions direct from Provincial Mental Hospital, Essondale	3	2	5
Total admissions	745	869	1,614
Total under care	836	996	1,832
Separations—			
Discharged in full	696	828	1,524
Discharged direct to Provincial Mental Hospital, Essondale	32	23	55
Discharged direct to Valleyview Hospital	1	.....	1
Died	3	3	6
Total separations	732	854	1,586
Net increase	+13	+15	+28
In residence, March 31, 1964	104	142	246

TABLE 2.—FIRST ADMISSIONS TO CREASE CLINIC BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Health Unit	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 1	2	1	3
,, ,, ,, 2	5	5	10
,, ,, ,, 3	1	4	5
,, ,, ,, 5	----	4	4
Selkirk, Nelson—			
School District No. 7	3	1	4
,, ,, ,, 10	1	1	2
West Kootenay, Trail—			
School District No. 9	2	2	4
,, ,, ,, 11	7	12	19
,, ,, ,, 12	3	1	4
South Okanagan, Kelowna—			
School District No. 14	1	2	3
,, ,, ,, 15	1	4	5
,, ,, ,, 16	1	2	3
,, ,, ,, 23	4	3	7
,, ,, ,, 77	----	1	1
North Okanagan, Vernon—			
School District No. 19	2	----	2
,, ,, ,, 20	2	2	4
,, ,, ,, 22	----	3	3
,, ,, ,, 78	1	----	1
South Central, Kamloops—			
School District No. 24	4	4	8
,, ,, ,, 29	2	----	2
,, ,, ,, 30	----	3	3
,, ,, ,, 31	----	3	3
Cariboo, Williams Lake—			
School District No. 27	4	4	8
,, ,, ,, 28	3	4	7
Northern Interior, Prince George—			
School District No. 55	1	2	3
,, ,, ,, 56	1	----	1
,, ,, ,, 57	10	8	18
,, ,, ,, 58	2	2	4
Upper Fraser Valley, Chilliwack—			
School District No. 32	2	2	4
,, ,, ,, 33	7	10	17
,, ,, ,, 34	9	8	17
Boundary, Cloverdale—			
School District No. 35	9	7	16
,, ,, ,, 36	36	53	89
,, ,, ,, 37	7	7	14
Metropolitan Health Committee, Vancouver—			
School District No. 38	17	17	34
,, ,, ,, 39	181	206	387
,, ,, ,, 41	29	48	77
Metropolitan Health Committee, Vancouver—*Continued*			
School District No. 44	21	30	51
,, ,, ,, 45	8	13	21
Simon Fraser, New Westminster—			
School District No. 40	18	24	42
,, ,, ,, 43	14	14	28
North Fraser Valley, Mission—			
School District No. 42	5	8	13
,, ,, ,, 75	7	5	12
,, ,, ,, 76	----	3	3
Upper Island, Courtenay—			
School District No. 47	4	8	12
,, ,, ,, 71	2	1	3
,, ,, ,, 72	2	3	5
,, ,, ,, 73	1	1	2
Skeena, Prince Rupert—			
School District No. 50	1	1	2
,, ,, ,, 52	3	5	8
,, ,, ,, 53	6	2	8
Peace River, Dawson Creek—			
School District No. 59	5	3	8
,, ,, ,, 60	1	2	3
,, ,, ,, 81	2	2	4
Greater Victoria Metropolitan Board of Health—			
Greater Victoria—School District No. 61	9	12	21
Saanich and South Vancouver Island—			
School District No. 62	1	2	3
,, ,, ,, 63	1	3	4
Central Vancouver Island, Nanaimo—			
School District No. 65	3	3	6
,, ,, ,, 66	1	1	2
,, ,, ,, 67	2	2	4
,, ,, ,, 68	10	7	17
,, ,, ,, 69	1	4	5
,, ,, ,, 70	5	6	11
School districts not covered by *health units*—			
School District No. 46	----	5	5
,, ,, ,, 48	----	2	2
,, ,, ,, 49	3	----	3
,, ,, ,, 80	4	4	8
Unorganized	3	3	6
Unknown	5	1	6
Ex-Province	6	3	9
Totals	514	619	1,133

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO CREASE CLINIC BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Method of Admission	Age-group (Years)																										Total		Grand Total
	0–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
First Admissions																													
Voluntary	6	1	33	42	41	66	48	55	43	54	49	60	29	35	34	45	30	31	16	27	16	22	5	9	8	7	365	457	822
Certification	5	1	22	14	23	18	12	20	13	20	20	21	19	17	19	13	9	18	4	5	5	5	3	6	1	7	148	162	310
Court order	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	11	2	55	56	64	84	61	75	56	74	69	81	48	52	53	58	39	49	20	32	21	27	8	15	9	14	514	619	1,133
Readmissions																													
Voluntary	—	—	11	2	19	11	23	20	26	20	20	29	21	21	15	22	14	22	16	12	8	14	4	9	1	7	178	189	367
Certification	—	—	3	1	2	6	14	6	10	4	5	11	4	9	5	9	3	5	5	3	—	5	—	1	1	1	52	61	113
Court order	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	—	—	14	3	21	17	37	26	36	24	25	40	26	30	20	31	17	27	21	15	8	19	4	10	2	8	231	250	481

TABLE 4.—FIRST ADMISSIONS TO CREASE CLINIC BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)																										Total		Grand Total
	0–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders—																													
Simple type	—	—	2	5	3	2	1	2	—	—	1	—	—	—	1	—	—	4	1	1	—	—	—	—	—	—	9	14	23
Hebephrenic type	—	—	—	—	1	2	—	—	—	—	2	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	5	3	8
Catatonic type	—	—	1	2	3	2	2	1	1	—	—	—	—	1	—	1	—	—	—	—	1	—	—	—	—	—	8	7	15
Paranoid type	—	—	2	—	6	9	13	2	9	8	7	11	5	6	7	6	3	4	2	—	—	—	—	3	—	1	54	50	104
Acute schizophrenic reaction	1	—	7	4	4	4	7	9	3	3	—	4	1	—	1	—	—	—	—	—	—	—	1	—	—	—	25	24	49
Latent schizophrenia	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
Schizo-affective psychosis	—	—	—	1	—	—	1	—	2	3	1	—	2	1	1	1	—	1	—	1	—	—	—	—	—	—	7	8	15
Schizophrenic childhood type	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Other and unspecified	—	—	1	—	4	1	—	1	—	1	2	1	1	1	1	—	—	—	1	—	—	—	—	—	—	—	10	5	15
Manic-depressive reaction—																													
Manic and circular	—	—	—	1	1	—	—	2	1	3	1	2	2	5	2	2	—	2	—	2	1	—	1	—	—	—	9	19	28
Depressive	—	—	—	—	—	—	1	—	1	—	—	2	1	—	1	—	3	—	—	—	1	1	—	—	1	1	9	4	13
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Involutional melancholia	—	—	—	—	—	—	—	1	—	2	—	1	—	1	2	3	4	5	2	5	1	1	1	—	1	1	11	20	31
Paranoia and paranoid states	—	—	—	1	—	—	—	1	1	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	4	2	6
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	1	2	3
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1	2
Alcoholic psychosis	—	—	—	—	—	—	1	—	1	—	1	—	1	—	1	—	1	—	—	—	—	—	—	—	1	—	7	—	7
Psychosis of other demonstrable etiology—																													
Resulting from epilepsy and other convulsive disorders	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	2
Secondary or due to allergic, endocrine, metabolic, and nutritional diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	2
Secondary or due to diseases of the nervous system and sense organs	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	2	3
Secondary or due to accidents and violence	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified psychoses	—	—	—	—	1	—	—	3	—	2	2	2	—	—	2	4	2	3	2	1	3	1	1	1	1	1	14	18	32
Anxiety reaction without mention of somatic symptoms	—	—	—	3	3	7	4	8	7	5	6	8	4	6	6	7	6	3	1	2	1	5	1	4	1	—	40	58	98
Hysterical reaction without mention of somatic symptoms	—	—	—	3	3	—	2	1	2	1	1	—	1	—	—	2	1	1	—	1	—	—	—	—	—	—	10	9	19
Phobic reaction	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Obsessive-compulsive reaction	—	—	—	—	—	—	1	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	4
Neurotic-depressive reaction	—	—	4	9	16	28	10	27	10	30	23	35	9	18	11	22	11	22	7	14	9	9	1	5	3	7	114	226	340
Psychoneurosis with somatic symptoms (somatization reaction) affecting circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1

Psychoneurotic disorders, other mixed and unspecified types	—	—	1	—	1	1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	3	2	5
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	4	1	5	2	3	—	2	1	1	1	—	—	3	2	—	—	—	—	—	—	—	—	—	—	18	7	25
Paranoid personality	—	—	—	—	—	—	—	—	3	1	3	—	3	—	—	1	1	1	—	—	—	1	—	—	—	—	10	4	14
Cyclothymic personality	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Inadequate personality	—	—	1	3	1	4	—	2	2	1	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	7	10	17
Anti-social personality	—	—	2	2	3	1	1	2	1	—	3	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	12	5	17
Asocial personality	1	—	—	1	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4
Sexual deviation	—	—	2	—	—	—	2	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	—	7
Immature personality—																													
Emotional instability	—	—	1	6	2	5	2	1	1	1	1	1	—	1	—	—	1	—	—	1	—	—	—	—	—	—	8	16	24
Passive-aggressive	1	1	1	1	1	1	4	1	2	1	3	—	2	—	—	1	—	—	—	—	—	—	—	—	—	—	14	6	20
Other and unspecified	—	—	1	2	1	1	—	1	2	1	1	—	4	—	—	1	—	—	—	—	—	—	1	—	—	—	10	6	16
Alcoholism—																													
Chronic	—	—	1	—	—	1	2	—	1	—	3	1	4	2	3	—	—	—	2	—	—	—	—	—	—	—	16	4	20
Other and unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	1	2
Other drug addiction	—	—	—	—	—	—	1	—	—	1	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	1	4	5
Primary childhood behaviour disorders	7	—	16	10	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23	11	34
Mental deficiency—																													
Moron	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Border-line intelligence	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Other and unspecified	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Other and unspecified character, behaviour, and intelligence disorders—Adult situational reaction	—	—	1	—	1	7	1	5	—	5	2	7	1	2	1	3	—	—	—	1	—	1	1	—	—	—	8	31	39
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	2	—	—	—	2	2	4	6
Chronic brain syndrome, N.O.S.	—	—	—	—	2	1	—	—	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	—	—	4	3	7
Epilepsy	1	—	2	—	—	1	—	—	—	—	—	—	—	—	2	—	1	—	—	1	—	—	—	—	—	—	6	2	8
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	1	—	—	—	—	—	1	3	4
Other, unknown, and unspecified conditions	—	—	5	—	—	1	1	1	—	1	—	2	2	3	3	—	3	1	—	—	—	—	—	—	—	—	14	9	23
Totals	11	2	55	56	64	84	61	75	56	74	69	81	48	52	53	58	39	49	20	32	21	27	8	15	9	14	514	619	1,133

TABLE 5.—READMISSIONS TO CREASE CLINIC BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)																										Total		Grand Total
	0–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders—																													
Simple type	—	—	—	—	—	1	—	—	2	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	3	3	6
Hebephrenic type	—	—	1	—	1	—	—	—	—	1	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	5	1	6
Catatonic type	—	—	—	—	1	2	2	—	3	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	8	3	11
Paranoid type	—	—	1	—	2	—	8	6	9	4	7	3	8	8	2	5	1	2	4	1	—	2	—	—	—	—	42	31	73
Acute schizophrenic reaction	—	—	—	—	1	—	2	3	3	—	—	4	2	—	—	2	1	—	—	—	—	—	—	—	—	—	9	9	18
Latent schizophrenia	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	2
Schizo-affective psychosis	—	—	—	—	2	1	—	3	2	1	1	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	7	7	14
Other and unspecified psychoses	—	—	—	—	2	1	4	1	4	3	—	4	—	1	1	1	—	—	—	—	—	—	—	—	—	—	11	11	22
Manic-depressive reaction—																													
Manic and circular	—	—	1	—	—	—	5	1	—	1	1	2	—	2	—	2	1	1	3	—	—	1	—	—	—	—	11	10	21
Depressive	—	—	—	—	—	—	—	—	1	—	1	1	1	1	3	1	4	1	1	—	—	—	—	—	—	—	11	4	15
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2	6	4	5	3	3	1	2	—	—	12	18	30
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Alcoholic psychosis	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Psychosis of other demonstrable etiology—Secondary or due to diseases of the nervous system and sense organs	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Other and unspecified psychoses	—	—	—	—	—	—	1	1	—	1	—	—	—	—	1	2	1	1	1	1	—	1	1	4	—	—	5	11	16
Anxiety reaction without mention of somatic symptoms	—	—	—	—	1	2	4	1	2	1	2	10	1	3	1	5	—	2	1	4	1	3	—	—	—	—	13	31	44
Hysterical reaction without mention of somatic symptoms	—	—	—	—	—	2	—	—	—	—	—	—	—	2	1	—	—	—	1	—	—	—	—	—	—	—	2	4	6
Phobic reaction	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Obsessive-compulsive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Neurotic-depressive reaction	—	—	2	2	2	3	4	6	4	9	6	8	9	10	5	9	5	11	4	4	4	9	1	4	1	8	47	83	130
Psychoneurotic disorders, other mixed and unspecified types	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	—	—	3	—	1	—	2	1	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—	—	6	4	10
Paranoid personality	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	2	1	3
Cyclothymic personality	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Inadequate personality	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Asocial personality	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Sexual deviation	—	—	1	—	2	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	6
Immature personality—																													
Emotional instability	—	—	—	1	—	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4
Passive dependency	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Other and unspecified	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	2

Alcoholism	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	3	—	3
Primary childhood behaviour disorders	—	—	5	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	1	6
Border-line intelligence	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Adult situational reaction	—	—	—	—	1	—	—	1	1	—	—	3	—	—	—	—	—	—	1	—	—	—	—	—	—	3	4	7
Chronic brain sydrome with behavioural reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	—	2
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	2	3
Epilepsy	—	—	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	4
Observation with need for further medical (psychiatric) care	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Totals	—	—	14	3	21	17	37	26	36	24	25	40	26	30	20	31	17	27	21	15	8	19	4	10	2	8	231	250	481

TABLE 6.—FIRST ADMISSIONS TO CREASE CLINIC BY MARITAL STATUS, MENTAL DIAGNOSIS, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

TABLE 7.—READMISSIONS TO CREASE CLINIC BY MARITAL STATUS, MENTAL DIAGNOSIS, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

TABLE 8.—FIRST ADMISSIONS TO CREASE CLINIC BY RELIGION AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

TABLE 9.—FIRST ADMISSIONS TO CREASE CLINIC BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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

TABLE 10.—LIVE DISCHARGES FROM CREASE CLINIC BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)																										Total		Grand Total
	0–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders—																													
Simple type	—	—	—	3	3	5	1	1	2	—	—	—	4	1	2	—	—	1	1	—	—	—	—	—	—	—	13	11	24
Hebephrenic type	—	—	4	—	3	—	2	—	1	—	4	1	1	—	3	—	1	—	—	—	—	—	—	—	—	—	19	1	20
Catatonic type	—	—	—	2	2	3	4	1	3	—	—	1	3	1	1	1	—	—	—	—	—	—	—	—	—	—	13	9	22
Paranoid type	—	—	3	—	6	8	16	11	18	15	11	13	15	11	9	10	7	8	6	1	—	—	—	2	—	1	91	80	171
Acute schizophrenic reaction	—	—	7	4	6	7	9	9	5	6	—	7	1	1	1	2	—	2	—	—	—	—	1	—	—	—	30	38	68
Latent schizophrenia	—	—	—	—	—	1	1	—	—	—	1	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	4	2	6
Schizo-affective psychosis	—	—	1	—	1	4	3	4	3	6	2	5	1	—	3	4	—	3	—	1	—	—	—	—	—	—	14	27	41
Schizophrenic childhood type	2	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	4
Other and unspecified	—	—	1	—	2	1	4	5	7	4	5	6	3	5	—	2	—	1	2	—	—	—	—	—	—	—	24	24	48
Manic-depressive reaction—																													
Manic and circular	—	—	—	2	—	1	4	1	—	1	2	3	1	7	2	3	—	1	3	2	2	—	1	—	—	—	15	21	36
Depressive	—	—	—	—	—	—	—	—	1	—	1	3	2	1	7	1	6	3	2	1	—	—	—	—	1	1	20	10	30
Other	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	2	—	—	—	1	—	1	—	—	—	—	2	5	7
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	1	—	4	3	4	7	7	6	9	7	1	2	—	1	2	26	28	54
Paranoia and paranoid states	—	—	—	1	—	—	—	—	1	1	2	2	1	—	—	—	—	1	—	—	—	1	—	—	—	—	4	6	10
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
Alcoholic psychosis	—	—	—	—	—	—	1	—	1	—	2	—	1	—	3	—	1	—	—	—	—	1	—	—	1	—	10	1	11
Psychosis of other demonstrable etiology—																													
Resulting from brain tumour	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Resulting from epilepsy and other convulsive disorders	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	3	—	3
Secondary or due to allergic, endocrine, metabolic, and nutritional diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	2	1	3
Secondary or due to diseases of the nervous system and sense organs	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	2	1	—	2	—	—	—	—	—	—	4	4	8
Secondary or due to other diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	1	2
Other and unspecified psychoses—																													
Psychosis with mental deficiency	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Psychosis, other and unspecified	1	—	—	—	2	—	1	1	1	3	3	3	1	1	1	5	2	2	4	1	4	3	2	8	2	2	24	29	53
Anxiety reaction without mention of somatic symptoms	—	—	1	2	4	10	8	12	8	7	6	13	5	10	7	8	4	8	—	5	2	4	2	4	1	—	48	83	131
Hysterical reaction without mention of somatic symptoms	—	—	—	2	2	2	2	1	2	1	2	1	1	2	1	—	—	1	1	1	—	1	—	—	—	—	11	12	23
Phobic reaction	—	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
Obsessive-compulsive reaction	—	—	—	2	1	—	—	1	—	1	2	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—	4	6	10
Neurotic-depressive reaction	—	—	5	12	13	28	20	34	14	41	21	42	16	27	13	40	13	30	9	17	10	23	2	7	2	11	138	312	450

Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	1	3	4
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	2
Psychoneurotic disorders, other mixed and unspecified types	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	3
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	2	1	3	4
Syphilis and its sequelæ	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	2
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	4	1	9	1	3	1	3	2	3	—	1	—	2	3	—	—	—	—	—	—	—	—	—	—	25	8	33
Paranoid personality	—	—	—	—	—	—	—	—	1	1	2	—	3	2	—	—	—	—	1	—	—	—	—	—	—	—	7	3	10
Cyclothymic personality	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	2	3
Inadequate personality	—	—	—	1	2	4	1	1	2	1	2	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	10	7	17
Anti-social personality	1	—	3	1	4	2	2	2	—	—	3	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	15	5	20
Asocial personality	1	—	—	2	—	2	2	1	1	—	—	—	2	2	—	—	1	—	—	—	—	—	—	—	—	—	7	7	14
Sexual deviation	—	—	—	—	3	—	2	—	3	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	12	—	12
Other and unspecified	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Immature personality—																													
Emotional instability	—	—	1	6	2	4	4	2	1	—	3	1	—	2	—	—	—	—	—	1	—	—	—	—	—	—	11	16	27
Passive dependency	—	—	1	1	2	—	3	—	7	—	5	—	6	1	—	1	2	1	—	—	—	—	—	—	—	—	26	4	30
Other and unspecified	—	—	—	1	2	2	—	2	3	1	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	8	6	14
Alcoholism—																													
Chronic	—	—	—	—	1	—	1	—	—	—	3	—	3	1	1	—	1	—	2	—	—	—	—	—	—	—	12	1	13
Unspecified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Other drug addiction	—	—	—	—	—	—	1	—	—	1	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	1	3	4
Primary childhood behaviour disorders	4	—	22	12	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26	14	40
Mental deficiency—																													
Moron	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Border-line intelligence	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Other and unspecified	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Other and unspecified character, behaviour, and intelligence disorders	—	—	—	—	2	6	—	5	1	4	2	10	1	2	—	3	1	—	—	1	—	—	1	—	—	—	8	31	39
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	2	1	1	—	1	1	6	2	8
Chronic brain syndrome, N.O.S.	—	—	—	—	1	—	—	2	1	—	—	—	2	—	1	1	1	—	—	1	—	—	—	2	—	—	6	6	12
Epilepsy	1	—	4	—	2	3	—	—	—	—	—	—	—	—	1	—	1	—	—	1	—	1	—	—	—	—	9	5	14
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	—	—	—	—	2	1	3
Observation without need for further medical (psychiatric) care	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	2
Totals	10	1	59	56	77	99	97	99	93	99	93	114	83	84	68	93	55	74	40	46	31	39	13	24	10	23	729	851	1,580

TABLE 11.—LIVE DISCHARGES FROM CREASE CLINIC BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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

TABLE 12.—DEATHS OCCURRING IN CREASE CLINIC BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)																										Total		Grand Total
	0–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Manic depressive reaction																					1						1		1
Involutional melancholia																							1					1	1
Neurotic-depressive reaction																									1		1		1
Immature personality																						1						1	1
Chronic brain syndrome with behavioural reaction																						1						1	1
Chronic brain syndrome, N.O.S.																					1						1		1
Totals																					2	2	1		1		3	3	6

TABLE 13.—DEATHS OCCURRING IN CREASE CLINIC BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Cause of Death	Age-group (Years)																										Total		Grand Total
	0–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Malignant neoplasm																					1						1		1
Rheumatic heart disease																						1						1	1
Arteriosclerotic heart disease																					1				1		2		2
Other diseases of the circulatory system																							1					1	1
Pneumonia																						1						1	1
Totals																					2	2	1		1		3	3	6

PROVINCIAL MENTAL HOSPITAL, ESSONDALE

TABLE 1.—MOVEMENT OF POPULATION, PROVINCIAL MENTAL HOSPITAL, ESSONDALE, FROM APRIL 1, 1963, TO MARCH 31, 1964

	Male	Female	Total
In residence, April 1, 1963	1,484	1,256	2,740
On probation, carried forward from 1962/63	189	448	637
On escape, carried forward from 1962/63	3	1	4
Total as at April 1, 1963	1,676	1,705	3,381
Admissions—			
First admissions	561	409	970
Readmissions to a different institution of Mental Health Services	135	180	315
Readmissions to the same institution	578	527	1,105
Admissions direct from Crease Clinic	32	23	55
Transfers from Provincial Mental Home, Colquitz	111	.....	111
Transfers from geriatric units	9	3	12
Total admissions	1,426	1,142	2,568
Total under care	3,102	2,847	5,949
Separations—			
Discharged in full	1,178	1,109	2,287
Discharged direct to Crease Clinic	3	2	5
Died	90	59	149
Transferred to geriatric units	46	10	56
Transferred to schools for mental defectives	3	2	5
On probation and still out	226	411	637
On escape but not discharged	4	.....	4
Total separations	1,550	1,593	3,143
Net increase or decrease	+68	−2	+66
In residence, March 31, 1964	1,552	1,254	2,806

TABLE 2.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1963, TO MARCH 31, 1964.

Health Unit	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 2	3	5	8
" " " 3	2	1	3
" " " 4	4	—	4
" " " 5	5	—	5
Selkirk, Nelson—			
School District No. 7	3	3	6
" " " 8	1	1	2
" " " 10	—	2	2
West Kootenay, Trail—			
School District No. 9	2	—	2
" " " 11	4	4	8
" " " 12	4	—	4
South Okanagan, Kelowna—			
School District No. 14	1	2	3
" " " 15	7	2	9
" " " 17	1	—	1
" " " 23	3	2	5
North Okanagan, Vernon—			
School District No. 19	2	2	4
" " " 20	2	—	2
" " " 22	2	5	7
" " " 78	1	—	1
South Central, Kamloops—			
School District No. 24	12	7	19
" " " 29	2	—	2
" " " 30	3	3	6
" " " 31	4	3	7
Cariboo, Williams Lake—			
School District No. 27	8	5	13
" " " 28	6	5	11
Northern Interior, Prince George—			
School District No. 55	2	—	2
" " " 57	11	2	13
" " " 58	1	—	1
Upper Fraser Valley, Chilliwack—			
School District No. 32	4	3	7
" " " 33	9	14	23
" " " 34	6	13	19
Boundary, Cloverdale—			
School District No. 35	4	10	14
" " " 36	22	29	51
" " " 37	4	2	6
Metropolitan Health Committee, Vancouver—			
School District No. 38	6	19	25
" " " 39	335	265	600
" " " 41	30	32	62
" " " 44	16	19	35
" " " 45	6	11	17
Simon Fraser, New Westminster—			
School District No. 40	39	15	54
" " " 43	10	14	24
North Fraser Valley, Mission—			
School District No. 42	7	6	13
" " " 75	7	5	12
" " " 76	1	2	3
Upper Island, Courtenay—			
School District No. 47	4	2	6
" " " 71	4	7	11
" " " 72	2	2	4
" " " 73	2	1	3
" " " 74	2	1	3
Skeena, Prince Rupert—			
School District No. 50	2	1	3
" " " 52	7	5	12
" " " 53	1	5	6
" " " 54	2	—	2
Peace River, Dawson Creek—			
School District No. 59	11	4	15
" " " 60	1	1	2
Greater Victoria Metropolitan Board of Health—			
Greater Victoria—School District No. 61	22	17	39
Saanich and South Vancouver Island—			
School District No. 62	2	2	4
" " " 63	5	3	8
" " " 64	1	—	1
Central Vancouver Island, Nanaimo—			
School District No. 65	2	4	6
" " " 67	4	—	4
" " " 68	11	6	17
" " " 69	1	1	2
" " " 70	7	4	11
" " " 79	3	1	4
School districts not covered by health units—			
School District No. 46	4	8	12
" " " 48	1	4	5
" " " 49	2	4	6
" " " 80	2	3	5
Unorganized	1	1	2
Ex-Province	25	9	34
Totals	733	609	1,342

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Method of Admission	Age-group (Years)																												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		Total		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
First Admissions																													
Voluntary	1	1	1	11	20	25	26	29	32	40	48	39	46	29	42	37	30	24	18	10	10	7	4	9	3	1	281	262	543
Warrant	—	—	7	—	8	3	7	—	8	1	2	1	4	—	5	—	2	—	—	1	4	—	1	—	—	—	48	6	54
Certification	2	1	28	22	35	27	31	43	48	28	45	38	36	39	30	25	27	25	27	23	24	19	23	19	22	20	378	329	707
Urgency	—	—	—	1	—	1	1	1	1	—	2	1	1	3	—	—	1	—	1	—	—	—	1	—	1	—	9	7	16
Court order	—	—	6	—	—	—	3	1	—	1	1	1	1	2	—	—	1	—	—	—	—	—	—	—	—	—	12	5	17
Other	—	—	—	—	1	—	—	—	2	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	5	—	5
Totals	3	2	42	34	64	56	68	74	91	70	99	80	88	73	77	62	61	49	46	34	38	26	30	28	26	21	733	609	1,342
Readmissions																													
Voluntary	—	—	—	2	11	10	15	27	23	18	39	31	37	41	39	40	31	25	20	33	10	12	4	13	3	8	232	260	492
Warrant	—	—	4	1	3	2	6	3	7	—	6	1	8	—	8	1	9	—	2	—	—	—	2	—	2	—	57	8	65
Certification	—	—	8	8	28	9	32	15	53	35	59	35	46	47	38	45	40	23	28	19	23	10	19	8	18	7	392	261	653
Urgency	—	—	—	—	—	—	1	—	1	—	—	—	1	—	1	1	—	1	—	—	—	—	1	—	—	—	5	2	7
Court order	—	—	1	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	4	—	4
Other	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	3	2	5
Totals	—	—	13	11	42	22	54	46	86	53	105	67	92	88	86	87	81	49	52	52	33	22	26	21	23	15	693	533	1,226

TABLE 4.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)																										Total		Grand Total
	0–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders—																													
Simple type	—	—	—	—	1	1	2	—	1	1	3	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	8	3	11
Hebephrenic type	—	—	—	—	1	1	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	5
Catatonic type	—	—	4	1	3	2	5	—	4	—	2	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	19	4	23
Paranoid type	—	—	1	1	12	5	12	11	23	13	20	11	10	19	8	9	4	9	6	8	1	2	3	1	2	—	102	89	191
Acute schizophrenic reaction	—	—	2	2	1	3	4	8	3	5	1	3	1	3	—	1	1	—	—	—	—	—	—	—	—	—	13	25	38
Latent schizophrenia	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Schizo-affective psychosis	—	—	—	—	1	4	2	1	—	1	3	5	2	1	1	2	3	1	—	1	—	—	—	—	—	—	12	16	28
Schizophrenic childhood type	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Other and unspecified	1	—	1	1	8	2	5	6	6	7	5	8	6	9	3	5	3	4	3	6	—	1	—	—	—	—	41	49	90
Manic-depressive reaction—																													
Manic and circular	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	2	—	2	2	2	—	1	1	—	1	1	5	10	15
Depressive	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	3	4
Other	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	3	—	2	3	5	1	1	2	—	7	15	22
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	1	2
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	1	3	4	7
Presenile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	1	2
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	5	7	2	1	2	10	9	19
Alcoholic psychosis	—	—	—	—	1	—	6	—	11	1	11	1	9	5	13	1	15	2	6	2	10	—	2	—	1	1	85	13	98
Psychosis of other demonstrable etiology—																													
Resulting from brain tumour	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	2
Resulting from epilepsy and other convulsive disorders	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Secondary or due to allergic, endocrine, metabolic, and nutritional diseases	—	1	—	—	—	—	1	2	—	1	—	1	2	—	—	1	—	1	1	—	—	1	—	—	—	—	4	8	12
Secondary or due to diseases of the blood-forming organs and circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	2	2
Secondary or due to diseases of the nervous system and sense organs	—	—	—	—	—	3	—	1	—	1	1	—	—	—	—	1	1	—	2	1	2	—	2	—	—	—	8	7	15
Secondary or due to accidents and violence	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Secondary or due to other diseases	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	—	3	1	4
Other and unspecified psychoses—																													
Psychosis with mental deficiency	—	—	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Psychosis, other and unspecified	—	—	—	1	—	—	—	1	—	—	—	2	1	1	2	4	—	—	—	—	2	—	1	1	—	—	6	10	16
Anxiety reaction without mention of somatic symptoms	—	—	—	—	—	1	—	7	2	3	—	4	1	7	2	1	1	3	1	—	—	—	—	1	—	—	7	27	34

Hysterical reaction without mention of somatic symptoms	—	—	—	1	—	1	—	1	—	—	—	2	—	1	1	2	—	1	—	—	—	—	—	—	—	—	1	9	10
Obsessive-compulsive reaction	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	3	4
Neurotic-depressive reaction	—	—	—	5	6	9	2	15	6	15	5	23	2	6	5	12	3	11	3	3	2	1	1	3	1	2	36	105	141
Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Psychoneurotic disorders, other mixed and unspecified types	—	—	—	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	2	4
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—	—	—	—	2	1	1	—	—	2	5	7
Syphilis and its sequelæ—Other syphilis of central nervous system	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	2	—	2
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	2	—	1	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	1	6
Paranoid personality	—	—	—	—	—	—	—	—	2	—	2	—	2	—	1	—	—	—	1	—	—	—	—	1	—	—	8	1	9
Inadequate personality	—	—	—	—	3	1	2	2	2	—	3	1	2	—	1	2	1	—	—	—	—	—	—	—	—	—	14	6	20
Anti-social personality	—	—	9	6	10	6	5	1	4	—	6	—	2	1	4	—	1	—	—	—	—	—	—	—	—	—	41	14	55
Asocial personality	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	3	4
Sexual deviation	—	—	1	1	—	—	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	5	1	6
Immature personality—																													
Emotional instability	—	—	—	4	1	3	2	3	1	2	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	5	14	19
Passive aggressive	—	—	2	—	2	2	4	—	4	1	3	1	10	—	4	—	—	—	3	—	—	—	1	—	—	—	33	4	37
Other and unspecified	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Alcoholism—																													
Chronic	—	—	—	1	2	4	5	5	8	9	22	7	22	8	21	6	14	4	6	3	1	2	1	1	—	—	102	50	152
Other and unspecified	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	2	3	—	3	—	—	—	—	—	8	3	11
Other drug addiction	—	—	1	—	—	1	2	—	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	1	—	—	5	4	9
Primary childhood behaviour disorders	—	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	4	8
Mental deficiency—																													
Idiocy and imbecility	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Moron	—	1	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	2	2	4
Border-line intelligence	—	—	2	—	—	—	2	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	6	1	7
Mental deficiency with epilepsy	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified character, behaviour, and intelligence disorders—Adult situational reaction	—	—	—	—	1	2	—	—	1	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	3	3	6
Chronic brain syndrome with behavioural reaction	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	1	2	2	6	7	11	9	23	21	44
Chronic brain sydrome, N.O.S.	—	—	—	—	2	—	—	—	1	—	1	—	5	—	2	—	4	—	4	2	2	—	—	—	1	—	22	2	24
Epilepsy	—	—	2	—	1	1	1	2	—	—	3	3	—	2	1	—	1	—	—	—	—	—	—	—	—	—	9	8	17
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	2
Observation without need for further medical (psychiatric) care	1	—	6	3	3	1	4	1	6	2	3	1	5	3	3	1	3	2	1	1	4	1	2	1	—	—	41	17	58
Other, unknown, and unspecified conditions	—	—	—	—	—	—	—	1	1	1	—	—	—	2	—	1	—	1	—	2	1	1	—	1	3	5	5	15	20
Totals	3	2	42	34	64	56	68	74	91	70	99	80	88	73	77	62	61	49	46	34	38	26	30	28	26	21	733	609	1,342

TABLE 5.—READMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)																										Total		Grand Total
	0–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders—																													
Simple type				1	1	1	2	1	8	1	5		6	1	1		3		1	1	1		1				29	6	35
Hebephrenic type					1	2	2					1			1	1	1				1						6	4	10
Catatonic type					4					3	1		2	6	4	2	3		1						1		16	11	27
Paranoid type			1		10	3	16	6	19	16	30	17	25	22	19	21	14	17	18	11	11	3	15	2	6		184	118	302
Acute schizophrenic reaction					2		1		1		2	1		1	2	1	1										9	3	12
Latent schizophrenia					2				4	1	1		2		1		1			1					1		13	1	14
Schizo-affective psychosis			1		2	2	2	3	2	3	2	1	3	2	3	4	3	1	1								19	16	35
Schizophrenic childhood type			1																								1		1
Other and unspecified			3		7	5	11	8	17	11	15	14	11	17	9	19	7	11	8	8	3	1	1		1		93	94	187
Manic-depressive reaction—																													
Manic and circular						1	1	2		2		6	1	3	1	5		1		1	1	3	2				6	24	30
Depressive														1						1		1		4	1	2	1	9	10
Involutional melancholia														1	1	2		1		3		2		4	1		2	13	15
Paranoia and paranoid states													2								1	1					3	1	4
Psychosis with cerebral arteriosclerosis																					1		1		2	4	4	4	8
Alcoholic psychosis							3	1	8	1	14	2	9	2	10	4	7		10	1	3	1					64	12	76
Psychosis of other demonstrable etiology—																													
Resulting from epilepsy and other convulsive disorders													1														1		1
Secondary or due to infective or parasitic diseases																1												1	1
Secondary or due to allergic, endocrine, metabolic, and nutritional diseases											1		1						1		1						4		4
Secondary or due to diseases of the blood-forming organs and circulatory system																1												1	1
Secondary or due to diseases of the nervous system and sense organs					1									2													1	2	3
Secondary or due to accidents and violence											1				1												2		2
Secondary or due to other diseases																1	1										1	1	2
Other and unspecified psychoses—																													
Psychosis with mental deficiency			1				1	1	1		1				1							1					5	2	7
Psychosis, other and unspecified										1		1		4		1	1	4		1	2	4		1	1	2	4	19	23
Anxiety reaction without mention of somatic symptoms					1			2	1			2		6	2	3	3			4		1		1		2	7	21	28
Hysterical reaction without mention of somatic symptoms												1				1												2	2
Phobic reaction															1												1		1
Obsessive-compulsive reaction																				2								2	2

Neurotic-depressive reaction					1	1		3	1	5	2	6		6	1	7	3	2	1	9	1	3	1	3		3	11	48	59
Psychoneurotic disorders, other mixed and unspecified types																				1		1						2	2
Chronic brain syndrome with neurotic reaction														1						1				1				3	3
Syphilis and its sequelæ																			1		1						2		2
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality			1						2						2		1							2			6	2	8
Inadequate personality							1	1			1			1	3		2	1	1		1						9	3	12
Anti-social personality			2	2	4	2	7	8	5		6	1	2	1	3	1	2										31	15	46
Asocial personality								1				1	1	1													1	3	4
Immature personality—																													
Emotional instability				1		2	1	2	1		1	1															3	6	9
Passive dependency				2	1	1			1				3		2		1				1						9	3	12
Alcoholism—																													
Chronic							1	4	8	5	18	8	14	8	12	5	15	7	5	3	2		4	1	1		80	41	121
Unspecified									1	1					2	2			1		1				1		6	3	9
Other drug addiction							1		1	1		1		1	2	2											4	5	9
Primary childhood behaviour disorders				5																								5	5
Mental deficiency—																													
Idiocy and imbecility					1														1								2		2
Moron						1						1																2	2
Border-line intelligence			1		1		3		1		1				1		5						1				14		14
Mongolism													1														1		1
Mental deficiency with epilepsy					1				1				1								1						4		4
Other and unspecified character, behaviour, and intelligence disorders													1														1		1
Chronic brain syndrome with behavioural reaction					1								1		1				1						4	1	8	1	9
Chronic brain syndrome, N.O.S.										1							3	1		1							3	3	6
Epilepsy					1	1		2	3	1	1	2	5			1	2	1		3							12	11	23
Other diseases of the central nervous system not associated with psychosis														1											3	1	3	2	5
Observation without need for further medical (psychiatric) care			1				1	1			2						2	1						2			6	4	10
Other, unknown, and unspecified conditions			1													2		1		1							1	4	5
Totals			13	11	42	22	54	46	86	53	105	67	92	88	86	87	81	49	51	52	34	22	26	21	23	15	693	533	1,226

TABLE 6.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

TABLE 7.—READMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

TABLE 8.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY RELIGION AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

TABLE 9.—FIRST ADMISSIONS TO PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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

TABLE 10.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1963

Mental Diagnosis	Age-group (Years)																										Total		Grand Total
	0–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders	1	—	14	7	34	29	58	34	98	73	128	105	133	129	144	133	142	128	137	110	130	86	72	82	76	112	1,167	1,028	2,195
Manic-depressive reaction	—	—	—	—	1	—	—	2	—	2	—	6	—	3	3	8	1	7	4	12	5	9	6	11	13	25	33	85	118
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	2	2	3	2	5	1	7	3	6	9	26	35
Paranoia and paranoid states	—	—	—	—	—	—	—	—	2	1	—	—	2	—	—	1	1	—	3	—	2	3	2	—	4	—	16	5	21
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3	4	6	19	10	24	34
Presenile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	2	1	3	2	3	—	—	6	8	14
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	7	6	14	9	17	21	42	39	81
Alcoholic psychosis	—	—	—	—	—	—	3	—	4	—	5	1	4	3	6	3	7	4	9	4	13	4	9	1	1	4	61	24	75
Psychosis of other demonstrable etiology	—	—	—	—	2	1	3	3	2	2	12	3	7	12	4	6	10	8	2	10	10	5	4	7	3	3	59	60	119
Other and unspecified psychoses	—	—	1	—	3	1	2	3	4	5	—	1	1	3	5	4	2	6	1	—	4	7	—	2	1	1	24	33	57
Anxiety reaction	—	—	—	—	1	—	—	3	1	2	—	1	1	1	2	1	—	2	1	—	—	1	—	—	—	5	6	16	22
Hysterical reaction	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	4	4
Obsessive-compulsive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	1	2	3

Neurotic-depressive reaction	—	—	—	1	1	2	—	2	1	3	—	4	—	3	—	7	—	4	3	3	5	—	3	2	—	6	13	37	50
Psychoneurotic disorders, other mixed and unspecified types	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	3	3
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	2	1	—	—	—	—	—	—	1	—	—	1	—	—	—	2	—	3	—	1	3	8	11
Pathological personality	—	—	8	5	3	1	1	4	3	1	2	1	6	—	6	2	5	—	2	1	—	—	—	2	—	—	36	17	53
Immature personality	—	—	1	1	—	—	—	1	1	2	1	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	4	7	11
Alcoholism	—	—	—	—	1	—	—	3	4	2	4	1	2	2	3	4	7	7	3	2	4	3	4	2	—	—	32	26	58
Other drug addiction	—	—	—	—	—	—	1	—	—	—	1	—	—	1	—	1	—	—	—	—	—	1	—	1	—	—	2	4	6
Primary childhood behaviour disorders	—	—	3	4	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	5	9
Mental deficiency	—	—	1	1	3	2	8	5	14	14	16	21	13	26	17	22	17	16	17	11	8	16	10	5	2	4	126	143	269
Other and unspecified character, behaviour, and intelligence disorders	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	2
Chronic brain syndrome with behavioural reaction	—	—	—	—	1	—	—	1	—	—	—	—	1	2	1	—	1	—	2	3	2	1	7	6	4	7	19	20	39
Chronic brain syndrome, N.O.S.	—	—	—	—	1	—	1	—	2	1	2	—	2	2	1	3	7	2	8	4	3	4	2	2	4	2	33	20	53
Epilepsy	—	—	4	1	2	4	1	1	6	4	3	3	4	3	4	1	6	—	1	2	—	—	3	—	—	1	34	20	54
Other diseases of central nervous system not associated with psychosis	—	—	—	—	—	—	1	1	1	—	—	—	—	2	—	3	2	1	3	1	—	2	—	—	—	—	7	10	17
Syphilis and its sequelæ	—	—	—	—	—	—	—	—	—	1	—	—	1	—	2	—	4	6	11	6	15	8	5	3	6	5	44	29	73
Observation without further need for psychiatric care	1	—	3	2	2	—	1	1	1	2	3	—	1	2	—	1	2	2	3	—	2	—	—	1	—	—	19	11	30
Other, unknown, and unspecified conditions	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	3	2	10	4	16	20
Totals	2	—	36	22	57	42	82	65	144	115	177	149	180	196	200	203	215	199	219	181	214	169	147	156	142	234	1,815	1,731	3,546

TABLE 11.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, NUMBER OF PREVIOUS ADMISSIONS, AND SEX, DECEMBER 31, 1963

TABLE 12.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, 25 YEARS OF AGE AND UNDER, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1963

TABLE 13.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, 26 TO 49 YEARS OF AGE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1963

TABLE 14.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOSPITAL, ESSONDALE, 50 YEARS OF AGE AND OVER, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1963

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

TABLE 15.—LIVE DISCHARGES FROM PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)																										Total		Grand Total
	0–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders—																													
Simple type					3	2	4	3	7	6	2	4	2		3	4		1	1		1						23	20	43
Hebephrenic type						1	2	1	1	1				1	1	1		1								1	4	7	11
Catatonic type			1		4		3	1	4	4	2	2	1	4	2	2		1	1	2		1					18	17	35
Paranoid type			2		17	5	16	9	25	22	37	31	29	38	28	32	15	22	12	17	5	10	3	6	4	2	193	194	387
Acute schizophrenic reaction	1				6	6	4	4	6	4	3	4	2	4		4	1										23	26	49
Latent schizophrenia					1	1			2		3		2	1					1								9	2	11
Schizo-affective psychosis					4	5	7	6	4	5	4	10	1	5	3	7	5			2							28	40	68
Schizophrenic childhood type	2																										2		2
Other and unspecified			2	1	11	5	17	19	33	27	24	23	24	34	18	23	14	20	5	12	2	7		2	1		151	173	324
Manic-depressive reaction—																													
Manic and circular						2	1	3		3	1	6	1	1	1	6	1	5	5	1	2	6	4	1	1		17	34	51
Depressive								2						1		2	4	1		3				4		4	4	17	21
Involutional melancholia														1	3	6	2	14	1	6	3	7		6	3	1	12	41	53
Paranoia and paranoid states					1				2	1	1		3		2		1	1	2		1		1				14	2	16
Senile psychosis																									1	2	1	2	3
Psychosis with cerebral arteriosclerosis														1							9	2	3	6	11	6	23	15	38
Alcoholic psychosis					2	1	5	1	14	1	24	3	14	2	17	6	15	4	16	1	11		3		1		122	19	141
Psychosis of other demonstrable etiology—																													
Resulting from brain tumour																								1				1	1
Resulting from epilepsy and other convulsive disorders								1		1	2	4	6	1	1		1	1	2		1	1	1				14	9	23
Secondary or due to infective or parasitic diseases			1													1											1	1	2
Secondary or due to diseases of the blood-forming organs and circulatory system														1							1			1			1	2	3
Secondary or due to diseases of the nervous system and sense organs						2		1		1	2		1			2	2		1				1				7	6	13
Secondary or due to accidents and violence					1						1															1	2	1	3
Secondary or due to other diseases										1							2				1						3	1	4
Other and unspecified psychoses—																													
Psychosis with mental deficiency			1	1			2	3				2				1		1									3	8	11
Psychosis, other and unspecified											2	2		1	2	5	1	4		3	1	3	1	5	1	2	8	25	33
Anxiety reaction without mention of somatic symptoms				1	2	2	1	4	1	4	2	7	1	10	4	4	3	4	1	3			2	1		3	17	43	60
Hysterical reaction without mention of somatic symptoms				2								1		4	1	1											1	8	9
Obsessive-compulsive reaction								1						1						2								4	4

Neurotic-depressive reaction	—	—	—	4	7	9	5	20	10	16	5	26	7	18	5	19	3	15	4	9	4	5	4	9	1	5	55	155	210
Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Psychoneurosis with somatic symptoms (somatization reaction) affecting other systems	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Psychoneurotic disorders, other mixed and unspecified types	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—	1	—	1	—	—	1	—	—	—	—	—	2	4	6
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	—	1	2	1	1	2	2	2	—	6	8	14
Syphilis and its sequelæ	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	3	—	1	1	1	—	1	—	6	4	10
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	3	1	1	—	2	3	3	—	2	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	15	4	19
Paranoid personality	—	—	—	—	—	—	—	—	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	4	2	6
Cyclothymic personality	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Inadequate personality	—	—	—	2	3	4	3	5	3	2	3	—	3	2	1	2	2	2	1	1	—	—	—	—	—	—	19	20	39
Anti-social personality	—	—	10	4	10	8	12	5	5	2	1	3	8	—	3	3	2	—	—	—	—	—	—	—	—	—	51	25	76
Asocial personality	—	—	—	3	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	6
Sexual deviation	—	—	2	—	—	—	1	—	1	—	—	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	7	—	7
Other and unspecified	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Immature personality—																													
Emotional instability	—	—	—	6	1	6	3	4	3	3	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	9	20	29
Passive dependency	1	—	1	3	2	1	2	—	5	1	6	—	12	2	7	—	2	—	3	—	1	—	1	—	—	—	43	7	50
Alcoholism—																													
Chronic	—	—	2	—	2	3	11	7	24	15	41	15	40	20	45	7	25	15	12	5	4	2	4	1	2	—	212	90	302
Unspecified	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	2	—	—	—	2	—	1	—	6	2	8
Other drug addiction	—	—	1	1	2	3	2	2	3	—	1	2	—	1	1	1	1	—	—	—	—	—	—	—	—	—	11	10	21
Primary childhood behaviour disorders	—	—	3	6	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	7	10
Mental deficiency—																													
Idiocy and imbecility	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	3	1	4
Moron	—	—	2	—	1	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	5	2	7
Border-line intelligence	—	1	—	—	1	—	4	1	3	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	10	3	13
Mental deficiency with epilepsy	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Other and unspecified	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	2
Other and unspecified character, behaviour, and intelligence disorders	—	—	—	—	2	2	1	—	—	—	1	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	5	3	8
Chronic brain syndrome with behavioural reaction	—	—	—	—	1	—	—	—	—	—	3	—	—	1	2	—	3	—	1	—	—	1	2	1	10	4	22	7	29
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	2	1	1	—	1	2	1	—	6	4	10
Epilepsy	—	—	3	1	—	3	2	3	1	—	3	1	3	1	1	1	2	2	—	2	1	—	—	—	—	—	16	14	30
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	5	1	5	3	8
Observation without need for further medical (psychiatric) care	—	—	1	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Other, unknown, and unspecified conditions	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	4	1	37	36	87	74	111	112	168	122	181	149	163	160	153	146	113	120	77	73	53	47	37	50	46	33	1,230	1,123	2,353

TABLE 16.—LIVE DISCHARGES FROM PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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

TABLE 17.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)																										Total		Grand Total
	0–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders	—	—	—	—	2	—	1	—	1	—	1	—	1	3	3	—	2	2	4	1	4	1	1	1	9	7	29	15	44
Manic-depressive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	2	2	2	4
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	2	4	6
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	2	1	3	3	5	5	12	10	22
Alcoholic psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	—	1	—	—	—	4	—	4
Psychosis of other demonstrable etiology	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	3	4	1	1	2	1	—	2	1	8	9	17
Other and unspecified psychoses	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	1	2	3
Anxiety reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Obsessive-compulsive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Chronic brain syndrome with neurotic syndrome	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	2	1	3
Syphilis and its sequelæ	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1	1	3	2	5
Chronic alcoholism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Mental deficiency	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	—	—	1	—	—	—	4	—	4
Chronic brain syndrome with behavioural reaction	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	3	—	4	5	9	7	16
Chronic brain syndrome, N. O. S.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	1	1	1	—	4	—	8	2	10
Epilepsy	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other diseases of the central nervous system not associated with psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	1	—	1	—	—	—	1	3	3	6
Totals	—	—	—	1	2	—	1	—	1	2	3	—	3	4	6	3	4	5	14	5	13	8	16	6	27	25	90	59	149

TABLE 18.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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

TABLE 19.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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.	
Late effects of acute encephalitis																1												1	1
Malignant neoplasm											1							1	3	1	5	2			3	3	12	7	19
Asthma										1																		1	1
Chronic alcoholism															1												1		1
Cerebral hæmorrhage and thrombosis															1	1					1		1	2	1	1	4	4	8
Cerebral arteriosclerosis																		1										1	1
Paralysis agitans																					1						1		1
Epilepsy											1			1					1								2	1	3
Other diseases of the brain															1												1		1
Arteriosclerotic heart disease									1					1	1		1		5	1	2	3	5	2	13	7	28	14	42
Acute and subacute bacterial endocarditis																		1										1	1
Left ventricular failure																			1								1		1
Hypertensive heart disease																			1		1		2	1	4	4	8	5	13
Other diseases of the circulatory system													1	2		1	1		1		1	3	3	1	1	1	8	8	16
Pneumonia							1								1		1		2	1	1		2		1	5	9	6	15
Silicosis																					1						1		1
Other diseases of the respiratory system													1													1	1	1	2
Gastric ulcer																							1				1		1
Other diseases of the gastro-intestinal tract					1					1	1							1								1	2	3	5
Diseases of the liver																							1		1		2		2
Diseases of the genito-urinary system															1		1			2			1		3	2	6	4	10
Inborn defect of the muscle				1																								1	1
Accidental death					1								1														2		2
Suicide																		1										1	1
Totals				1	2		1		1	2	3		3	4	6	3	4	5	14	5	13	8	16	6	27	25	90	59	149

TABLE 20.—DEATHS OCCURRING IN PROVINCIAL MENTAL HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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

PART III.—THE WOODLANDS SCHOOL, NEW WESTMINSTER

REPORT OF THE MEDICAL SUPERINTENDENT

F. G. TUCKER, ACTING MEDICAL SUPERINTENDENT

The past year has seen steady progress and development in the therapeutic programme at The Woodlands School in spite of the inevitable disruption arising from the change in senior administrative personnel.

Dr. L. A. Kerwood resigned on January 31, 1964, to take up an appointment at the Verdun Protestant Hospital, Montreal, after eight years as Superintendent, and we are indebted to him for the high standards of care and progressive programme which was developed within the school during his tenure of office. Dr. W. W. Laughland resigned on January 3, 1964, after carrying out the onerous duties of Deputy Medical Superintendent for three years. On December 20, 1963, Dr. R. G. Foulkes was appointed Deputy Medical Superintendent and has proved a most effective medical administrator. Dr. Stewart Bland, of Greylingwell Hospital, England, has been appointed Medical Superintendent and will be taking up his post in August 1964.

There were 1,312 pupils on the register at The Woodlands School on April 1, 1963, with 1,316 registered at the end of the year.

The following table shows the movement of population during the year:—

	Male	Female	Total
In residence, April 1, 1963	706	582	1,288
On probation, carried forward from 1962/63	14	10	24
Total as at April 1, 1963	720	592	1,312
Admissions—			
First admissions	65	50	115
Readmissions to a different institution of Mental Health Services	5	------	5
Readmissions to the same institution	61	55	116
Transfers from The Tranquille School	4	4	8
Transfers from Provincial Mental Hospital, Essondale	3	2	5
Total admissions	138	111	249
Total under care	858	703	1,561
Separations—			
Discharged in full	9	4	13
Discharged in full from temporary care	71	59	130
Died	7	11	18
Transferred to The Tranquille School	42	19	61
On probation and still out	13	10	23
Total separations	142	103	245
Net increase or decrease	+10	+18	+28
In residence, March 31, 1964	716	600	1,316

It was considered necessary prior to the year's end to survey various aspects of the organization of the school with a view to carrying out the remaining recommendations of the 1959 report of the American Psychiatric Association to justify the request for increased professional staff and to bring the total organization in line with contemporary hospital administration. The organization was reviewed in the light of standards of the accrediting agencies, including the American Psychiatric Association and Canadian Council on Hospital Accreditation, and the standards for State residential institutions for the mentally retarded recommended by the American Association on Mental Deficiency.

Committee functions of the medical staff at the beginning of the year were represented by the Pharmacy and Therapeutics Committee alone, but by the year's end the Admitting Committee and Medical Records Committee were in operation and committees on disaster planning, medical audit, and credentials were projected.

At the year's end, some ward reorganization was anticipated, and the institution was considered to be divided, as far as bed allocation is concerned, into the following broad areas: Prolonged hospitalization facilities for multiple handicapped, 400 beds; psychiatric services for retardates, 200 beds; residential accommodation, 800 beds.

Integration of the male and female nursing divisions into one unified nursing staff was ordered by the Deputy Minister, and planning for this was well advanced at the year's end. A high standard of nursing has been maintained in all areas during the past year. The demands on nursing services increase as the proportion of severely retarded and handicapped patients rises in the institution, and the activity programmes increase in scope and intensity.

At the year's end, 200 patients were attending the academic school and increasing numbers receiving the benefits of the play-to-learn therapy classes and the self-care ward programmes. An active camping programme was carried out throughout the summer months, and the staff gave many hours of time in order to make this a success.

The diagnostic clinic functioned throughout the year as an efficient means of applying the multidisciplinary approach to the individual patient and to arrive at a definitive diagnosis and plan for treatment. The total number of patients processed by the diagnostic clinic during the year amounted to 140.

Four clinical pathological conferences were conducted on rare and interesting cases, with visitors from the Department of Pædiatrics, University of British Columbia, and the Crease Clinic present.

Wards J and M have acted as psychiatric wards during the past year, caring for the emotionally disturbed mental retardate. Considerable variation in the degree of retardation in these patients has led to some difficulty in programming. Under the supervision and direction of the psychiatrist, numerous group meetings have been held with patients, staff, and relatives by senior nursing staff, in that way utilizing to a maximum extent the resources available.

During the year the Occupational Therapy Department organized a sheltered workshop as a pilot project. This was carried out in the evening, using the facilities of the Occupational Therapy Department and supported initially by a grant of money from The Woodlands School Auxiliary and the Psychiatric Nurses' Association. It was hoped that the pilot study may recommend its incorporation into the daytime programme where conditions simulating those of actual employment in a small factory can be arranged. We would like to express our appreciation to Mrs. Blackmore for her initiative and for the time which she has donated to this project.

A limited amount of research has continued to be carried out or planned during the 1963/64 fiscal year. Dr. B. Tischler, Director of Pædiatrics and Medical Services, continued with her investigations into the field of phenylketonuria in co-operation with Dr. Thomas Perry, Associate Professor of Pharmacology, University of British Columbia. She also worked closely with Dr. J. Miller, Geneticist of the Department of Pædiatrics, University of British Columbia, and three papers are in process of being published. Dr. Pauline Hughes obtained the necessary requirements to carry out experiments in the " mirror room technique " of treatment of autistic children, pioneered by Dr. Lilli Hofstatter, St. Louis, Mo. The Psychology

Department carried out an investigation of communication training with a small number of children diagnosed as having perceptual dysfunction. In addition a number of new laboratory procedures were introduced.

For the second year there has been no turnover in our social service staff, and this must be considered a major contributing factor to the high level of activity in the department and has permitted expansion of services. Our working relationship with the public health units in the metropolitan Vancouver and New Westminster areas continues to be most satisfactory. We are most appreciative of their co-operation. The Department of Social Welfare field staff and health units continue to provide us with information for the assessment of priorities for admission, and it is anticipated that these will be co-ordinated at the local level during the coming year. Increasing services have been provided for pupils in the school and for their families, which in part reflects the increased efforts to move children and adults out of the institution and back into the family.

The most promising developments in the past year have been development of a foster-home project jointly operated by the Child Welfare Division of the Department of Social Welfare and the Mental Health Services. A boarding-home programme has also been developed for the older well-socialized retarded persons as a co-operative programme with the Department of Social Welfare. As of March 31st 11 pupils had been placed in boarding homes, many of whom had been in the institution for many years (one was admitted in 1910), and who are now adjusting well to their new way of life.

Work placements have continued, although the programme is handicapped by the lack of adequate training areas, and there is a need for greater co-ordination of the training programme within the institution and the community. It is felt that there is an urgent need for group-living accommodation in the community to assist young adult retardates in transition from the institution to a more normal life. A number of our pupils are engaged in employment outside the institution but remain at The Woodlands School for lack of suitable accommodation.

Numerous educational tours, indicating a greatly increased awareness of the general field of retardation, have been held by all departments during the past year. We are particularly happy to see the increasing interest of professional persons and students entering the professions. Some indication of the scope of this service is evident in the fact that over 1,000 professionals and interested persons visited the play-to-learn class alone, and 228 professional persons were conducted on orientation tours by the Social Service Department.

During the year the main emphasis in the Recreational Therapy Department has been on fitness, with the provision of activities that develop strength, flexibility, endurance, and co-ordination and offer opportunities for wholesome use of leisure time. We have introduced into the programmes such activities as gymnastic and tumbling club for boys, bowling for the girls at the local community bowling-alley, and a girls' basketball team which has been most successful in intercommunity competition. There have been an increasing number of classes scheduled on the wards in order to provide coverage for the severely retarded pupil, and a special class has been introduced for blind pupils in the swimming-pool. The auxiliary has contributed generously of time and material, and over 11,000 articles of clothing were distributed to the wards. In recognition of the volunteers' contribution to the school, a reception and buffet was held on May 3rd.

In the business administrative area the most outstanding accomplishments in the year were the introduction of housekeeping and dietary services to the wards at The Woodlands School. Fifty-two positions were established to replace the

patient workers transferred to The Tranquille School, and by judicious use of staff placements, rostering, and proper housekeeping methods, it has been possible to institute housekeeping service, not only into the female areas as planned, but into the male areas also. This has not only provided a high standard of housekeeping, but has freed nursing staff for the duties to which they should be assigned.

The Dietary Division has been reorganized under Mrs. Sylvia May, who joined the staff in November. We look forward to an extended dietary programme on the wards during the next fiscal year, with the introduction of cafeteria feeding for many ambulatory patients.

We are grateful for the dedication of our chaplains, who, in addition to providing religious services and catering to the spiritual needs of our patients, have shared in the work of the religious education committee to provide the necessary religious training and to implement catechism classes for the Roman Catholics. The chaplains have also made themselves available for counselling at any time and acted as liaison persons between the parents of newly admitted children and their local pastors where families have indicated a desire for assistance.

At the year's end the outlook by and large appeared to give grounds for optimism. Moves to Tranquille have permitted the planning for admission of a large number of patients from the waiting list, whose numbers will be reflected in the 1964/65 report. In addition, foster-home and boarding-home placements appear to offer a way to obtain increased discharges from the institution and at the same time provide patients with an opportunity for community living. Improved relations with Governmental and other organizations outside The Woodlands School give promise not only of relieving the immediate pressures, but also of reducing the numbers actually making application for the use of the facility by providing alternative arrangements in the community.

STATISTICAL TABLES

TABLE 1.—MOVEMENT OF POPULATION, THE WOODLANDS SCHOOL, NEW WESTMINSTER, APRIL 1, 1963, TO MARCH 31, 1964

	Male	Female	Total
In residence, April 1, 1963	706	582	1,288
On probation, carried forward from 1962/63	14	10	24
Total as at April 1, 1963	720	592	1,312
Admissions—			
First admissions	65	50	115
Readmissions to a different institution of Mental Health Services	5	.....	5
Readmissions to same institution	61	55	116
Transfers from The Tranquille School	4	4	8
Transfers from Provincial Mental Hospital, Essondale	3	2	5
Total admissions	138	111	249
Total under care	858	703	1,561
Separations—			
Discharged in full	9	4	13
Discharged in full from temporary care	71	59	130
Died	7	11	18
Transferred to The Tranquille School	42	19	61
On probation and still out	13	10	23
Total separations	142	103	245
Net increase	+10	+18	+28
In residence, March 31, 1964	716	600	1,316

TABLE 2.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1963, TO MARCH 31. 1964

Health Unit	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 3	1	—	1
,, ,, ,, 4	2	—	2
West Kootenay, Trail—			
School District No. 11	2	—	2
South Okanagan, Kelowna—			
School District No. 14	1	—	1
,, ,, ,, 23	3	1	4
North Okanagan, Vernon—			
School District No. 20	1	1	2
,, ,, ,, 22	1	1	2
South Central, Kamloops—			
School District No. 24	4	2	6
,, ,, ,, 26	1	—	1
,, ,, ,, 31	1	—	1
Cariboo, Williams Lake—			
School District No. 27	—	4	4
Northern Interior—			
School District No. 56	1	1	2
Prince George—			
School District No. 57	1	—	1
Upper Fraser Valley, Chilliwack—			
School District No. 32	—	1	1
,, ,, ,, 33	—	2	2
,, ,, ,, 34	2	1	3
Boundary, Cloverdale—			
School District No. 35	2	1	3
,, ,, ,, 36	2	2	4
Metropolitan Health Committee, Vancouver—			
School District No. 38	2	2	4
,, ,, ,, 39	23	14	37
,, ,, ,, 41	4	4	8
Metropolitan Health Committee, Vancouver—*Continued*			
School District No. 44	3	4	7
,, ,, ,, 45	1	—	1
Simon Fraser, New Westminster—			
School District No. 40	1	2	3
,, ,, ,, 43	3	—	3
North Fraser Valley, Mission—			
School District No. 42	1	2	3
Upper Island, Courtenay—			
School District No. 47	—	2	2
,, ,, ,, 72	1	1	2
Skeena, Prince Rupert—			
School District No. 54	1	1	2
Peace River, Dawson Creek—			
School District No. 59	—	1	1
Greater Victoria Metropolitan Board of Health—			
Greater Victoria—School District No. 61	3	1	4
Central Vancouver Island, Nanaimo—			
School District No. 65	1	—	1
,, ,, ,, 67	—	1	1
,, ,, ,, 68	1	1	2
,, ,, ,, 70	1	1	2
School districts not covered by health units—			
School District No. 46	2	—	2
,, ,, ,, 49	1	—	1
,, ,, ,, 80	1	—	1
Unorganized	1	—	1
Totals	76	54	130

TABLE 3.—FIRST ADMISSIONS AND READMISSIONS TO THE WOODLANDS SCHOOL BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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																					
Warrant	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Certification	1	1	2	2	1	1	1	1	—	2	3	—	2	2	2	1	1	1	13	11	24
Temporary	—	—	6	9	15	14	10	7	17	5	7	3	5	3	2	1	—	1	62	43	105
Totals	1	1	8	11	16	15	11	8	17	7	11	3	7	5	4	2	1	2	76	54	130
Readmissions																					
Certification	—	—	—	—	3	8	4	3	3	4	—	3	1	3	1	—	—	1	12	22	34
Temporary	—	—	1	1	11	13	10	8	19	6	7	4	2	1	—	1	—	1	50	35	85
Totals	—	—	1	1	14	21	14	11	22	10	7	7	3	4	1	1	—	2	62	57	119

TABLE 4.—FIRST ADMISSIONS AND READMISSIONS TO THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)																		Total		Grand total
	Under 1		1–3		4–6		7–9		10–14		15–19		20–29		30–39		40 and over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
First Admissions																					
Mental deficiency—																					
Idiocy and imbecility	1	—	6	11	10	11	6	3	4	2	4	1	1	—	2	1	—	—	34	29	63
Moron	—	—	—	—	2	3	3	3	10	2	5	—	3	3	2	—	1	1	26	12	38
Border-line intelligence	—	—	—	—	1	—	—	—	3	1	2	2	3	2	—	—	—	—	9	5	14
Mongolism	—	—	2	—	3	1	2	2	—	2	—	—	—	—	—	1	—	1	7	7	14
Other and unspecified types	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Totals	1	1	8	11	16	15	11	8	17	7	11	3	7	5	4	2	1	2	76	54	130
Readmissions																					
Mental deficiency—																					
Idiocy and imbecility	—	—	—	1	8	13	9	9	9	4	2	1	—	1	—	—	—	—	28	29	57
Moron	—	—	—	—	1	3	3	1	8	3	4	3	2	1	1	1	—	2	19	14	33
Border-line intelligence	—	—	—	—	2	—	—	—	2	—	—	3	1	—	—	—	—	—	5	3	8
Mongolism	—	—	1	—	3	5	2	1	3	3	1	—	—	2	—	—	—	—	10	11	21
Totals	—	—	1	1	14	21	14	11	22	10	7	7	3	4	1	1	—	2	62	57	119

TABLE 5.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY RELIGION AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

TABLE 6.—FIRST ADMISSIONS TO THE WOODLANDS SCHOOL BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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

TABLE 7.—RESIDENT POPULATION OF THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1963

Mental Diagnosis	Age-group (Years)																								Total		Grand Total
	Under 1		1–3		4–6		7–9		10–14		15–19		20–29		30–39		40–49		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.	
Schizophrenic disorders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	6	—	6
Mental deficiency—																											
Idiocy and imbecility	—	—	6	6	35	37	53	48	94	73	83	79	75	57	28	37	13	11	15	10	5	8	1	4	408	370	778
Moron	—	—	2	1	4	7	19	14	27	12	55	29	35	34	10	11	8	9	3	4	4	1	1	—	168	122	290
Border-line intelligence	—	—	—	—	2	—	1	—	9	4	14	6	17	7	4	1	1	2	—	3	—	—	—	—	48	23	71
Mongolism	—	—	2	—	4	1	20	8	41	29	16	18	9	7	9	11	3	3	1	1	—	—	—	—	105	78	183
Other and unspecified types	—	1	—	—	—	—	—	1	3	3	2	3	4	4	—	—	—	—	1	—	1	—	—	—	11	12	23
Totals	—	1	10	7	45	45	93	71	174	121	170	135	140	109	51	60	25	25	20	18	10	9	8	4	746	605	1,351[1]

[1] Includes 156 males and 161 females with epilepsy.

TABLE 8.—RESIDENT POPULATION OF THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, DECEMBER 31, 1963

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

TABLE 9.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964.

Mental Diagnosis	Age-group (Years)																		Total		Grand Total
	Under 1		1–3		4–6		7–9		10–14		15–19		20–29		30–39		40 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Live Discharges																					
Other and unspecified psychosis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Mental deficiency—																					
Idiocy and imbecility	—	—	1	5	11	12	6	5	27	9	11	5	7	3	1	2	—	3	64	44	108
Moron	—	—	—	1	3	3	4	1	12	2	7	2	2	4	1	1	—	1	29	15	44
Border-line intelligence	—	—	—	—	1	—	—	—	2	2	4	3	2	1	1	—	—	—	10	6	16
Mongolism	—	—	2	—	5	7	5	3	3	3	1	1	—	2	—	—	—	—	16	16	32
Other and unspecified	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	3	—	3
Totals	—	—	3	6	20	22	15	9	44	16	25	12	12	10	3	3	—	4	122	82	204[1]
Deaths																					
Mental deficiency—																					
Idiocy and imbecility	—	—	—	2	1	—	—	2	2	2	2	—	—	1	—	—	1	—	6	7	13
Moron	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Mongolism	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	—	1	—	4	4
Totals	—	—	—	2	1	—	—	2	2	3	2	—	—	1	—	2	2	1	7	11	18[2]

[1] Includes 41 males and 28 females with epilepsy, 45 imbeciles, 15 morons, 4 border-line intelligence, and 5 mongols.

[2] Includes 2 males and 4 females, idiocy and imbecility with epilepsy, and 1 female, mongoloid with epilepsy.

TABLE 10.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964.

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

TABLE 11.—DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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.	
Septicæmia	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	2
Malignant neoplasm	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Cerebrovascular accident	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Cerebrovascular arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Cerebrospastic infantile paralysis	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1	2
Pneumonia	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	1	1	1	1	5	6
Gastric ulcer	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Congenital anomaly	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2	3
Accidental death	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Totals	—	—	—	2	1	—	—	2	2	3	2	—	—	1	—	2	2	1	7	11	18

TABLE 12.—DEATHS OCCURRING IN THE WOODLANDS SCHOOL BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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

PART IV.—THE TRANQUILLE SCHOOL, TRANQUILLE

REPORT OF THE MEDICAL SUPERINTENDENT

A. J. BENNEE, MEDICAL SUPERINTENDENT

PATIENT POPULATION

	Male	Female	Total
In residence, April 1, 1963	275	143	418
On probation, carried forward from 1962/63	1	----	1
Total as at April 1, 1963	276	143	419
Admissions—			
Readmissions to a different institution of Mental Health Services	1	----	1
Transfers from The Woodlands School	42	19	61
Total admissions	43	19	62
Total under care	319	162	481
Separations—			
Discharged in full	1	----	1
Died	2	----	2
Transferred to The Woodlands School	4	4	8
On probation and still out	1	----	1
Total separations	8	4	12
Net increase or decrease	+36	+15	+51
In residence, March 31, 1964	311	158	469

ADMISSIONS

The main bulk of the admissions to The Tranquille School were transferred from The Woodlands School to fill the Greaves Building; one contingent arrived on August 28, 1963 (23), and another on January 30, 1964 (37), most of them being severely retarded cerebral palsy bed patients.

MEDICAL

The Medical Superintendent assumed duty on April 1, 1963.

Dr. G. Tomm assumed duty as a part-time medical officer, to visit five mornings a week, starting on June 1, 1963.

The Tranquille sick bay was opened on August 26th, with accommodation for five males and five females and in addition one bed for isolation purposes. This has obviated the need for the vast majority of cases being admitted to the Royal Inland Hospital. The number of admissions to sick bay has been 122 to March 31, 1964.

A mass tuberculosis X-ray survey was taken on August 14th. On November 20th oral polio vaccine was administered to all patients who were not ill at the time.

PHARMACY

As from January 21, 1964, a part-time pharmacist was employed.

DENTISTRY

Dr. N. Wilson started duty as a part-time dentist on October 21, 1963, and Dr. D. Vogel was engaged as a part-time dentist on November 7, 1963. Each dentist attends for one half-day weekly. Mrs. M. McIntosh was engaged as a part-

time dental assistant. This obviates the need for any patients to be seen by dentists in Kamloops.

Nursing

On August 21, 1963, Mr. A. McIntosh was appointed Superintendent of Nurses.

The nursing staff was made up as follows:—

	Male	Female	Total
April 1, 1963	43	29	72
March 31, 1964	61	62	123

Two new wards were opened during the year, both cerebral palsy bed-care areas.

Two of the cerebral palsy bed-care wards in the Greaves Building have integrated staff on all shifts. Morale in these areas is very high even though the work load is the heaviest in the institution. Female aides work a 7 to 3 shift in three of the ambulatory male wards. Our policy has been to employ female aides wherever possible as good male aides are in short supply due to competition from a booming construction industry.

Nursing-staff morale is high, with many staff donating some of their off-duty time to patients and helping to plan special occasions, such as Carnival Day, May Day, etc. During the year, staff made many suggestions and participated in planning for expansion of the institution.

Medical Records

This area has been opened up as a separate department with the appointment of Mrs. M. Anderson on March 5, 1964, as a medical-records clerk.

No facilities exist as yet for the storage and filing of admission and discharge cards for all the mental health institutions in British Columbia. (This has been started as a civil defence measure.)

SOCIAL SERVICE DEPARTMENT

On October 7, 1963, Miss E. J. Gregg was taken on strength as a social worker. Since her appointment this department has been concerned with the following services:—

(1) Indirect social services, such as arranging for pupils' holidays, encouraging relatives to maintain contact with patients, etc.

(2) Direct social service of a consultative nature to organizations of Boy Scouts, Girl Guides, and chaplaincy.

(3) Assessment of social service required by newly transferred patients.

(4) Extensive and intensive social work involving counselling and rehabilitation services.

(5) Consultant work in the form of (*a*) group therapy to patients, and (*b*) to other agencies, especially the department of public welfare.

This department is gradually taking over more of the social service responsibilities of The Tranquille School.

Arrangements are made to have fairly large contingents of patients sent to the Lower Mainland for holidays in the summer and for Christmas.

PATIENT EMPLOYMENT

Patients are employed in the laundry, dietary, stores, and, to some extent, Departments of Agriculture and Public Works.

	Male	Female	Total
Patients employed on April 1, 1963	105	83	188
Patients employed on March 31, 1964	134	111	245

VOLUNTEER SERVICES

The Auxiliary of The Tranquille School has gradually increased in numbers and in activity. The organization now has a constitution and is affiliated with the Association for Retarded Children of British Columbia.

Number of volunteers active on April 1, 1963 6

Number of volunteers active on March 31, 1964 116

RECREATIONAL THERAPY

Mr. J. Kelly was appointed and assumed duty as a male recreational-therapy instructor on July 2, 1963. A female instructress has not yet been recruited.

A summer camp was arranged. Carnival Day was a successful undertaking.

OCCUPATIONAL THERAPY

MALE

One hundred and seventy-six patients are now attending day classes, and a large variety of articles have been made by them. The rock-polishing machine is an attraction in the department.

A fair number of school repairs have been carried out and various articles made for The Tranquille School during the year.

FEMALE

An average of 140 girls attend classes, and some are now taking cooking lessons. Regular visits have been made to the sick bay. A large number of articles were sold on Visitors' Day, and many items placed on various wards.

CHAPLAINCY

The Roman Catholic chaplain (Bishop M. Harrington) and the Protestant chaplains (Dean J. C. Jolley and Rev. R. D. McRae) visit weekly.

BUSINESS

On the appointment of the Medical Superintendent, the former Tranquille School supervisor, Mr. E. V. R. Merrick, assumed the role of Business Manager.

Staff

Total strength, April 1, 1963	113
Separations to March 31, 1964	55
	58
Recruited to March 31, 1964	125
Total	183

Heat, Light, and Power

New installations included steam distribution system, boiler feed-water pump, condensate transfer pump, concrete floor in pumproom, two condensate tanks, one deaerating heater, and new steam and return line with condensate return pump and hot and cold water from Greaves Building to cottage residences.

Water and Sewer

Replacements, additions, or improvements during the year were as follows:—

(1) New 16-inch transite replacement water-line from Canadian National Railway tracks to the main buildings:
(2) Additions to water distribution; filtered domestic water:
(3) Major repairs, including considerable cement work at the water intake, to further secure and improve this area:
(4) Relocation and replacement of, and some enlargement of, sewer-lines with manholes reduced to ground-level.

Fire Protection

Three new No. 16 barrel pumper hydrants have been installed.

An emergency fire and disaster plan has been drafted, approved, and placed in operation.

A modern fire-alarm system has been completed in the Greaves Building, and additional fire-lines have been installed.

The Provincial Fire Marshal's 1961 recommendations are 95 per cent complete.

Dietary

We have been able to obtain a dietician of some years' service from the Provincial Mental Hospital at Essondale.

Air-cooling and curtains were installed in the patients' lower dining-room. A separate dish-washing unit was also installed in this area.

Laundry

In addition to doing our own laundry, we still do the laundry for the Provincial Home, Kamloops.

We have now employed some additional staff in the area because of the marked laundry increase and will go to a seven-day week shortly.

The air-cooling system for the laundry was completed this year and seems to be keeping the pressing area much cooler.

Building and Housing

Main Building (Annex) is now in use as a visitors' area—five rooms with kitchenette and common room.

Meadowview has been renovated and placed in use as a much-needed staff residence; we have now gone on to the second floor therein.

In East Pavilion, part of upstairs has been set up as a staff common room and fills a very useful purpose.

High Park, the female staff residence, is just about full to capacity.

Commissionaire Services

These services started last year and proved necessary and useful; they have again been commenced this year for the period May to October.

STATISTICAL TABLES

Table 1.—Movement of Population, The Tranquille School, April 1, 1963, to March 31, 1964

	Male	Female	Total
In residence, April 1, 1963	275	143	418
On probation, carried forward from 1962/63	1	—	1
Total as at April 1, 1963	276	143	419
Admissions—			
Readmissions to a different institution of Mental Health Services	1	—	1
Transfers from The Woodlands School	42	19	61
Total admissions	43	19	62
Total under care	319	162	481
Separations—			
Discharged in full	1	—	1
Died	2	—	2
Transferred to The Woodlands School	4	4	8
On probation and still out	1	—	1
Total separations	8	4	12
Net increase	+36	+15	+51
In residence, March 31, 1964	311	158	469

Table 2.—Transfers to The Tranquille School by Mental Diagnosis, Age-group, and Sex, April 1, 1963, to March 31, 1964

Mental Diagnosis	Age-group (Years)																		Total		Grand Total
	Under 1		1–3		4–6		7–9		10–14		15–19		20–29		30–39		40 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Mental deficiency—																					
Idiocy and imbecility	—	—	—	—	3	—	2	1	18	4	12	4	5	4	—	1	—	3	40	17	57
Moron	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Border-line intelligence	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Mongolism	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	2	1	3
Totals	—	—	—	—	3	—	2	1	18	4	12	5	7	5	1	1	—	3	43	19	62

Table 3.—Resident Population of The Tranquille School by Mental Diagnosis, Age-group, and Sex, December 31, 1963

Mental Diagnosis	Age-group (Years)																		Total		Grand Total
	4–6		7–9		10–14		15–19		20–29		30–39		40–49		50–59		60–69				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Mental deficiency—																					
Imbecility	2	—	1	1	1	4	6	7	45	12	36	13	19	12	11	9	1	2	122	60	182
Moron	—	—	—	—	—	—	7	—	33	20	25	15	16	12	8	4	—	2	89	53	142
Border-line intelligence	—	—	—	—	—	—	—	—	5	1	4	4	1	2	1	—	—	—	11	7	18
Mongolism	—	—	—	—	1	—	7	4	28	19	13	9	4	4	1	1	—	—	54	37	91
Chronic brain syndrome N.O.S.	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Totals	2	—	1	1	2	4	20	11	111	52	78	41	40	31	21	14	1	4	276	158	434[1]

[1] Includes 18 males and 20 females with epilepsy.

Table 4.—Resident Population of The Tranquille School by Mental Diagnosis, Length of Stay, and Sex, December 31, 1963

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

PART V.—PROVINCIAL MENTAL HOME, COLQUITZ

REPORT OF THE MEDICAL SUPERINTENDENT

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

The Provincial Mental Home, Colquitz, ceased to exist as of January 31, 1964. The last group of patients to be transferred to the mental heath units on the Mainland was completed on January 29, 1964, and there were no patients remaining in the institution.

The building was built as a gaol in 1913. It is reported that it was used for a short time as a gaol, and during the 1914–18 war years was used as a naval brig. It is reported on fairly good authority that two murderers were hanged during the war years.

In 1919 the building was assigned to the Provincial Mental Health Services. On March 25, 1919, nine patients came over from Essondale as an advance guard, but there is no record as to who was in charge at that time. Inquiry from the Provincial Archives failed to reveal any information regarding this matter. In June of 1919 Mr. Granby Farrant took charge as supervisor. There was a general increase of patients, and at the last entry in the day book by Mr. Farrant on November 4, 1933, there were 266 patients present in the hospital. On that date Mr. F. M. Spooner took charge as supervisor and remained in office until June 30, 1941, when he was superannuated.

Folowing Mr. Spooner's superannuation, Mr. T. A. Morris was appointed supervisor and remained as so until he was forced to retire due to an injury occurring in 1947.

On May 1, 1947, Dr. L. G. C. d'Easum was appointed Medical Superintendent, being the first medical doctor to take charge. At that time the hospital was full to capacity—291 patients with extra beds available in the infirmary. Dr. d'Easum remained as Medical Superintendent until the close of the institution on January 31, 1964.

It has always been recognized that this building was not suitable as a mental hospital, but during the years has served its purpose well. That purpose was to relieve the Provincial Mental Hospital at Essondale of the difficult and vicious type of patient who could not be controlled by medications then available. With the advent of tranquillizers, this condition no longer prevailed, and it became easier to look after the more difficult patients.

Since April 1st the main concern of the hospital has been the transfer of patients to other mental health units on the Mainland, and I am happy to say that they all have been transferred without mishap. Excess staff has also had to be placed. This has also been accomplished except for one or two members.

The patient census on April 1, 1963, was 149. Since that time 111 patients have been transferred to the Provincial Mental Hospital, Essondale; 25 to Skeenaview Hospital, Terrace; and 12 to Valleyview Hospital, Essondale. One patient was discharged in full to his home in Norway.

The general health of the patients throughout the year was satisfactory, and there were no deaths. Drs. S. S. Avren and W. Dempsey continued to care for the medical and dental needs of the patients respectively.

During the year the Top East Ward was closed, the tailor and shoe repair shop was closed, as was also the Indoor Occupational Therapy Department. The Outdoor Occupational Therapy Department remained open, but with the gradual decrease of patients less and less therapy was carried on. However, with patient help the maintenance of the unit was carried on when and where necessary.

LAUNDRY

During the year past the steady change taking place was felt in all departments as the patients were taken to the Mainland. The Laundry Department was no exception, and the work done was reduced from 3,500 pounds per week to about 300 pounds. Mr. Devine, in charge of the laundry, is to be complimented in the way he carried on with the loss of many of his helpers.

STATISTICAL TABLES

TABLE 1.—MOVEMENT OF POPULATION, PROVINCIAL MENTAL HOME, COLQUITZ,[1] APRIL 1, 1963, TO MARCH 31, 1964

In residence, April 1, 1963	149
On escape, carried forward from 1962/63	1
Total as at April 1, 1963	150
Separations—	
Discharged in full	1
Transferred to Provincial Mental Hospital, Essondale	111
Transferred to Valleyview Hospital, Essondale	13
Transferred to Skeenaview Hospital, Terrace	25
Total separations	150

[1] This institution cared for male patients only and was closed on January 29, 1964.

TABLE 2.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND AGE-GROUP, DECEMBER 31, 1963

Mental Diagnosis	Age-group (Years)										Total
	20–24	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70 and Over	
Schizophrenic reactions	—	1	2	4	9	4	9	7	9	4	49
Manic-depressive reactions	—	—	—	—	—	—	—	—	—	1	1
Mental deficiency	1	—	—	1	—	1	—	1	—	—	4
Epilepsy	—	—	1	—	—	—	—	—	—	—	1
Totals	1	1	3	5	9	5	9	8	9	5	55

TABLE 3.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND NUMBER OF PREVIOUS ADMISSIONS, DECEMBER 31, 1963.

TABLE 4.—RESIDENT POPULATION OF PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND LENGTH OF STAY, DECEMBER 31, 1963

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

TABLE 5.—LIVE DISCHARGES FROM PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND AGE-GROUP, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)											Total
	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70 and Over	
Schizophrenic disorders	.....	1	4	5	8	12	19	19	19	15	20	122
Manic-depressive reaction	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	3	4
Paranoid state	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1
Alcoholic psychosis	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	1
Other and unspecified psychosis	.....	.....	.....	1	.....	.....	1	.....	.....	.....	.....	2
Syphilis and its sequelæ	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	2
Chronic alcoholism	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1
Mental deficiency	1	.....	.....	.....	3	2	3	1	2	1	.....	13
Chronic brain syndrome N.O.S.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1
Epilepsy	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	2	3
Totals	1	1	4	6	12	14	24	20	24	16	28	150

TABLE 6.—LIVE DISCHARGES FROM PROVINCIAL MENTAL HOME, COLQUITZ, BY MENTAL DIAGNOSIS AND LENGTH OF STAY, APRIL 1, 1963, TO MARCH 31, 1964

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

PART VI.—GERIATRIC DIVISION

REPORT OF THE MEDICAL SUPERINTENDENT

J. WALSH, MEDICAL SUPERINTENDENT

During the year 1963/64 a total of 1,738 elderly persons received special care and treatment in the three hospitals of the Geriatric Division of the Mental Health Services Branch, an increase of 86 over the previous year.

During the year 424 applications for admission were received, a decrease of nine. Of this number, 334 were for Valleyview Hospital, 79 for Dellview Hospital at Vernon, and 11 for Skeenaview Hospital at Terrace. Actual admissions to the three hospitals totalled 428, an increase of 21. Of this number, 333 were direct admissions from the community, an increase of 12, and 95 were transfers from other units of the Mental Health Services, an increase of nine.

While every effort is made to accept patients into the hospital which is closest to the patient's family and friends, patients whose disturbed behaviour creates a problem in the home or in the community and who cannot be admitted to the nearest hospital at that time are admitted directly to Valleyview Hospital.

Separations due to death totalled 351, an increase of 28. Separations on discharge to the community totalled 67, an increase of one. The resident population in the three hospitals as of March 31, 1964, was 1,264, a decrease of seven on the figures for the previous year. To this figure may be added 71 patients who were discharged on probation but were still on the hospital register, making a total of 1,335. Of this group of patients on discharge to probation or to boarding-home care, 10 were returned to hospital.

VALLEYVIEW HOSPITAL

The Valleyview Hospital is the largest hospital of the Geriatric Division, and the majority of patients admitted are from the Lower Mainland and Vancouver Island. It has a complement of 818 beds and a total staff of 424. During the year 260 patients were admitted directly from the community and 69 patients were transferred from other units of the Mental Health Services.

This hospital provides an active-treatment programme for psychiatric illnesses associated with the ageing process and is designed to make hospitalization and treatment readily available to elderly patients whose psychiatric illness has led to behaviour problems in the community.

In accordance with modern knowledge of psychiatric illness in elderly persons, every effort is made to emphasize that the capacity of older persons to respond to treatment programmes is much greater than previously assumed and that hospitalization may be only temporary.

The cause of disturbed behaviour in the aged may lie in the environment, and the basic approach to the treatment of emotionally disturbed geriatric patients is to distinguish between the psychological factors which may be dealt with and the irreversible factors of physical decay. Treatment must be initiated early while relative interest remains high and to prevent the patient from lapsing into a state of hopeless acceptance of uselessness and dependency.

The treatment programme utilizes modern techniques as indicated. Ataractic and anti-depressant medication, electroconvulsive therapy, and group psychotherapy each have a place. In order to develop as far as possible within the hospital an

environment that approximates the community life from which the patient came and to which he may return, two wards or cottages of 50 beds each have been established as integrated wards where equal numbers of male and female patients pursue their daily living together. This stimulates patients to maintain or improve their social behaviour as well as enabling them to enjoy a degree of companionship. This arrangement has been confined to the more active patients with prospects of returning to the community.

A high standard of medical care has been provided for the patients. In addition to the hospital medical staff, the services of specialist consultant staff from the Crease Clinic and Provincial Mental Hospital are available as needed. Every effort is made to improve the general health of the patients to treat illnesses and to relieve disabilities which contribute to inactivity and invalidism.

Fifty-nine patients were discharged on probation or to boarding-home care, and of this number, together with others previously discharged, eight were returned to hospital. In order to maintain contact and to support relatives or others who are responsible for the care of discharged patients, a policy has been adopted where, while the patient may leave the hospital on discharge, he still remains on the hospital register indefinitely. In the event of further psychiatric illness his return to hospital can be effected immediately and without formality. Experience so far suggests that, with careful planning for the discharge of patients to the community, the percentage requiring readmission to hospital may be relatively low.

Much credit is due to nursing-home and boarding-home staff and to physicians in the community for the way in which they extend themselves to care for these discharged patients.

The nursing staff has continued to provide a high standard of nursing care. Rearrangement of patient accommodation due to remodelling of buildings has increased over-all activity. Completion of the remodelling of Wards VV1, VV2, and VV3 has provided three pleasant cottage-type wards, all of which are open wards with open visiting privileges. Escort services for appointments for these patients is rarely necessary.

The introduction of planned programmes for " reablement," of electroconvulsive therapy with its prompt response in depressed cases, and of discharge planning has encouraged the nursing staff to still greater efforts for their patients.

The area approved by the School of Nursing for the geriatric training of student nurses has been extended.

The laying of non-skid flooring on ramps, new walks and curbs on the grounds, the purchase of thermal blankets, providing adequate warmth with less weight, and the installation of dish-washers and clothes washers and driers on outside wards have aided nursing staff in contributing to the better care of patients and are appreciated by the nursing staff.

Seventy-eight members of the nursing staff resigned and 84 were taken on staff. The turnover in nursing staff, particularly female graduates, remains high. The employment of part-time nurses was begun in January, 1964, and this arrangement has proved to be satisfactory.

A pleasant and successful innovation was the holding of a garden party in the grounds in August. A total of 429 patients was able to enjoy the party. Nursing staff played a large part, with the willing help of all other departments, in making it a success.

Attendance at educational programmes has been encouraged at all levels. Several nurses attended all or part of a Psychiatric Nurses' Association refresher programme, two senior nurses attended a two-day institute at the University of

Washington, and one nurse attended a special one-month course on bursary at the University of California Medical Centre, Los Angeles. One nurse returned to duty following a year's study at the University of British Columbia.

In-service lectures have been presented regularly. An orientation course for psychiatric aides has been of great value.

The Social Service Department began the year with one worker, reaching its full complement of three during May, 1963. Two new positions were established by the end of the year, and the prospects are that they will be filled by well-qualified workers.

The work of the department may be divided into three main areas—pre-admission, post-admission, and post-discharge. In the pre-admission area there were 110 referrals from the Medical Superintendent, which was doube the number for the previous year. In addition, numerous requests for assistance were received directly. As a result of these referrals and requests, 130 potential patients were found suitable alternate placements, relieving families of problems which could not be accommodated in hospital at the time.

Post-admission services include brief services to patients in relation to concerns of the patients or their relatives and to demands from the Public Trustee concerning patients' affairs. The major part of this work, however, is concerned with planning with suitable patients and their relatives for discharge and return to the community. Improved classification of patients and better communications with other departments have facilitated prompt action on referral.

In the post-discharge area, follow-up services are wholly provided by the Social Service Department and are, of necessity, confined to the Lower Mainland area. In all cases the patient is referred back to his phycician on discharge.

The department has planned visits and provided orientation to Valleyview Hospital to 88 persons, 75 per cent of whom were social workers from the Department of Social Welfare and from other agencies and hospitals. The remainder were persons seeking admission or planning otherwise for relatives. In addition, social service staff have contributed to the orientation of other visiting professionals and to student nurses. The School of Social Work, Unlversity of British Columbia, used the facilities of the hospital for student placement.

The X-ray Department, under the supervision of the radiologist from Crease Clinic, has provided a satisfactory service. Of 4,260 films taken, 41 per cent were part of the annual tuberculosis survey of patients and staff and 25 per cent were referred because of possible fractures due to falling. The incidents of osteoporosis or decalcification of bone is high in old people, and a special project is under way to counteract this deficiency by hormone therapy with and without large doses of calcium.

The laboratory, under the supervision of the pathologist from the Crease Clinic, provides a wide range of diagnostic services. Special bacteriological specimens, mainly for cultures, are referred to the Provincial Mental Hospital laboratory.

The Recreational Therapy Department, as well as arranging the garden party, has provided a varied and suitable programme of entertainment for the patients throughout the year. An adjustment of working-hours has enabled the staff to provide entertainment in the evenings and on Saturdays, when patients are, for the most part, more receptive to such programmes. Apart from regular auditorium and ward programmes, bus and car trips and picnics have aroused much patient interest and enjoyment.

The Occupational Therapy Department has been planning suitable programmes. Activities are geared toward a goal of meeting needs for integration, socialization,

and reactivation of interest. The Vancouver Dahlia Society has regularly provided gardening and social activities for a group of 25 to 35 patients. The society's efforts are much appreciated by patients and staff. Canadian Mental Health Association volunteers have rendered valuable assistance in the department's programme. Occupational therapy has been brought to nearly 500 patients during the year.

Adequate diet is particularly important in correcting nutritional defects, which are common in elderly patients admitted to hospital. The Dietary Department has provided an excellent service in providing all types of special diets as required.

Physiotherapy plays a useful part in the over-all programme of maintaining the maximum activity of which the patient is capable. An average of 39 patients per month has been treated by a qualified therapist. Treatments included infra-red, inductotherm, massage, exercises, ultra-violet light, and ultra-sound.

A podiatry service is supplied on two days each week from the Crease Clinic and Provincial Mental Hospital department.

The Dental Department continued to provide dental care and treatment, as well as giving part-time service to Provincial Mental Hospital. A systematic recall programme is proving to be effective in maintaining dental health for many patients. Of newly admitted patients with some remaining teeth, 50 per cent had poor oral health. Extractions increased by 20 per cent. There is a sharp increase in the making of new dentures, and the number of fillings has decreased, indicating that arrears in this area have been met.

Religious services have been provided by the hospital's Protestant chaplain and by a Roman Catholic chaplain from Crease Clinic. Pastoral visiting brings much comfort to the patients, and special programmes of a religious kind arouse great interest.

The Pharmacy Department has continued to meet the needs of the patients in a wide range of pharmaceuticals and other medical and nursing supplies. A Pharmacy Committee, of which the pharmacist at Valleyview Hospital is a member, meets regularly and makes recommendations to the Mental Health Branch Pharmacy Council in relation to the special needs at Valleyview Hospital.

In the area of business management, responsibilities have increased in the administration of comforts trust funds, particularly in relation to heavier purchases of clothing and personal comforts and admission and discharge arrangements.

Eighteen new positions were addded to the nursing services during the year, two existing positions were reclassified to social workers, and one to a stenographer.

DELLVIEW HOSPITAL

This hospital has a complement of 239 beds, with a total staff complement of 85. It has operated to full capacity during the year. Sixty-four patients were admitted directly from the community, and two patients were received on transfer from other units. During the same period there were 55 deaths, seven discharges, and two patients were transferred to other units.

The general health of this patient group has been maintained at a satisfactory level. For a short period during the winter there was a high incidence of respiratory infection, in which staff members were also involved. Fortunately the illness responded to treatment and was short-lived. A trend toward increasing infirmity of newly admitted patients has been noted. The average age of resident male patients was 78.6 years and of female patients 82 years. Medical coverage is provided by a visiting physician, who makes regular visits and responds readily to emergency calls.

X-ray and laboratory services have been supplied by the Vernon Jubilee Hospital. Administrative and technical advice have been made available as needed. In co-operation with the local public health unit, a clinic was held at the hospital and Sabin oral vaccine was given to all patients and staff who wished to have it.

A good standard of nursing care has been provided. The wards have been divided in a manner that permits a better classification of patients by allowing the placing of patients in groups according to their individual level of capability and alertness.

Associated with the feebleness of old age, 14 patients sustained fractures due to accidental falls, seven involved fractured hips, and the remainder were of a minor nature.

In October a mobile unit of the Division of Tuberculosis Control visited the hospital to conduct the annual chest survey of both patients and staff. No cases of active pulmonary tuberculosis were discovered.

Educational programmes for staff are encouraged. Refresher lectures and discussions have been held in conjunction with the local chapter of the Psychiatric Nurses' Association. A library of current professional periodicals and other instructive literature has been made available.

One staff member attended an institute on the person with long-term illness at the University of Washington.

Dental care and treatment have been provided by a visiting dentist, who attends regularly. A visting optometrist carries out refractions and supplies corrective lenses when needed.

Occupational- and recreational-therapy programmes have been extended with the generous help of volunteers from the Vernon branch of the Canadian Mental Health Association. Interest in community activities is maintained through the willingness of the church and fraternal and service organizations to provide entertainment of all kinds for the patients. Involvement in handicraft work of various kinds produces a feeling of usefulness and a degree of satisfaction, which helps to counteract loneliness and depression.

An adequate dietary service has been provided by the Dietary Department. A dietary aide service, introduced in May, 1963, has proved to be of much value.

The laundry service has also been improved by the addition of three modern compressed-air presses. The installation of an air-cooling unit has improved working conditions.

The Public Works staff has taken care of necessary maintenance and repairs. A new modern fire-alarm system, with its own power supply, has been installed. Fire-prevention and fire-fighting exercises have been held under the direction of members of the Vernon Fire Department.

SKEENAVIEW HOSPITAL

This hospital has a complement of 300 beds and a staff of 66. During the past year 33 patients were transferred in from other units. Ten patients were admitted directly from the community, an increase of five over the previous year. Separations due to death totalled 48, two patients were discharged to the community, and one was transferred to another hospital within the service.

The general physical health of the patients has been maintained at a satisfactory level. The annual X-ray of all patients and staff was conducted by the travelling clinic of the Division of Tuberculosis Control. No cases of active tuberculosis were discovered amongst patients or staff. Ten patients required major surgery. Two patients sustained fractured hips due to accidental falls.

General medical and surgical care and supervision have been provided by visiting physicians, who attend regularly and respond to emergency calls when necessary.

The nursing services have maintained a satisfactory level of nursing care. A change from a two-ward to a four-ward system permitted better classification of patients, with considerable improvement in patient care. A 100-bed open ward and 50-bed infirmary ward with a 6-bed intense-care unit attached have been developed. Involved in these changes was the conversion of a dining-room into a much-needed activities room. This room, with suitable draping, acts as a permanent chapel, a concert hall, with stage, and a movie theatre. Active and enthusiastic local volunteer groups have provided a varied programme of activities for patients.

Religious services are provided by visiting clergy from churches in the community.

In the Dietary Department six female aides have been added to the establishment.

The Public Works Department has carried out the necessary maintenance and repair work. This frequently involves quite major projects. New automatic battery-operated emergency lights have been installed in dormitories, day rooms, and corridors.

STATISTICAL TABLES

VALLEYVIEW HOSPITAL

TABLE 1.—MOVEMENT OF POPULATION, VALLEYVIEW HOSPITAL, ESSONDALE, APRIL 1, 1963, TO MARCH 31, 1964

	Male	Female	Total
In residence, April 1, 1963	252	477	729
On probation, carried forward from 1962/63	18	18	36
Total as at April 1, 1963	270	495	765
Admissions—			
First admissions	121	127	248
Readmissions to a different institution of Mental Health Services	6	3	9
Readmissions to the same institution	2	1	3
Admissions direct from Crease Clinic	1	.....	1
Transfers from geriatric units	1	.....	1
Transfers from psychiatric units	57	10	67
Total admissions	188	141	329
Total under care	458	636	1,094
Separations—			
Discharged in full	10	9	19
Died	123	125	248
Transferred to Provincial Mental Hospital, Essondale	8	3	11
Transferred to other geriatric units	7	.....	7
On probation and still out	33	35	68
Total separations	181	172	353
Net increase or decrease	+25	—13	+12
In residence, March 31, 1964	277	464	741

TABLE 2.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1963, TO MARCH 31, 1964.

Health Unit	Male	Female	Total
East Kootenay, Cranbrook—			
School District No. 2	1	1	2
" " " 4	2	—	2
" " " 5	2	—	2
" " " 18	—	1	1
Selkirk, Nelson—			
School District No. 7	1	—	1
" " " 8	1	—	1
" " " 10	1	—	1
West Kootenay, Trail—			
School District No. 13	1	—	1
South Okanagan, Kelowna—			
School District No. 16	1	—	1
" " " 23	2	—	2
North Okanagan, Vernon—			
School District No. 19	1	—	1
" " " 20	1	—	1
" " " 21	1	—	1
" " " 22	1	—	1
South Central, Kamloops—			
School District No. 30	1	—	1
" " " 31	1	—	1
Upper Fraser Valley, Chilliwack—			
School District No. 32	1	—	1
" " " 33	2	2	4
" " " 34	5	3	8
Boundary, Cloverdale—			
School District No. 35	—	3	3
" " " 36	6	7	13
" " " 37	2	1	3
Metropolitan Health Committee, Vancouver—			
School District No. 39	66	68	134
" " " 41	14	9	23
" " " 44	9	11	20
" " " 45	4	6	10
Simon Fraser, New Westminster—			
School District No. 40	9	7	16
" " " 43	5	2	7
North Fraser Valley, Mission—			
School District No. 42	2	4	6
" " " 75	3	—	3
Upper Island, Courtenay—			
School District No. 47	2	1	3
" " " 71	1	—	1
Skeena, Prince Rupert—			
School District No. 50	2	—	2
" " " 52	1	—	1
" " " 54	—	1	1
Peace River, Dawson Creek—			
School District No. 60	1	1	2
" " " 81	—	1	1
Greater Victoria Metropolitan Board of Health—			
Greater Victoria—School District No. 61	16	3	19
Saanich and South Vancouver Island—			
School District No. 62	1	1	2
" " " 63	3	1	4
" " " 64	2	—	2
Central Vancouver Island, Nanaimo—			
School District No. 68	—	1	1
" " " 69	2	—	2
School districts not covered by health units—			
School District No. 46	2	—	2
" " " 48	—	2	2
Unorganized	1	—	1
Unknown	5	—	5
Totals	185	137	322

TABLE 3.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Method of Admission	Age-group (Years)														Total		Grand Total
	20–39		40–49		50–59		60–69		70–79		80–89		90 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Voluntary	—	—	—	—	1	—	1	—	1	—	1	—	—	—	4	—	4
Warrant	—	—	—	—	—	—	—	—	2	—	1	—	—	—	3	—	3
Certification	1	1	3	—	2	—	15	3	78	62	69	62	10	9	178	137	315
Totals	1	1	3	—	3	—	16	3	81	62	71	62	10	9	185	137	322

TABLE 4.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)														Total		Grand Total
	20–39		40–49		50–59		60–69		70–79		80–89		90 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders	—	1	2	—	1	—	2	—	8	—	2	—	—	—	15	1	16
Manic-depressive reaction	—	—	—	—	—	—	—	—	1	—	2	1	—	—	3	1	4
Senile psychosis	—	—	—	—	—	—	—	—	3	8	3	5	—	1	6	14	20
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	5	—	9	5	10	6	—	—	24	11	35
Psychosis of other demonstrable etiology	—	—	—	—	1	—	—	—	1	—	—	—	—	—	2	—	2
Anxiety reaction without mention of somatic symptons	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Hysterical reaction without mention of somatic symptons	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Neurotic-depressive reaction	—	—	—	—	—	—	—	—	1	1	1	—	—	—	2	1	3
Psychoneurosis with somatic symptons affecting digestive system	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Syphilis and its sequelæ	—	—	—	—	—	—	2	—	2	—	—	—	—	—	4	—	4
Alcoholism	—	—	—	—	—	—	3	—	3	1	—	—	—	—	6	1	7
Mental deficiency	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Chronic brain syndrome with behavioural reaction	—	—	1	—	—	—	2	2	34	18	36	29	7	7	80	56	136
Chronic brain syndrome, N.O.S.	—	—	—	—	1	—	1	—	5	3	5	—	2	—	14	3	17
Epilepsy	—	—	—	—	—	—	—	—	4	1	—	—	—	—	4	1	5
Other, unknown, and unspecified conditions	—	—	—	—	—	—	1	1	7	24	12	21	1	1	21	47	68
Totals	1	1	3	—	3	—	16	3	81	62	71	62	10	9	185	137	322

TABLE 5.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

TABLE 6.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY RELIGION AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

TABLE 7.—FIRST ADMISSIONS TO VALLEYVIEW HOSPITAL, ESSONDALE, BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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

TABLE 8.—RESIDENT POPULATION OF VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1963

Mental Diagnosis	Age-group (Years)																Total		Grand Total
	20–39		40–49		50–59		60–64		65–69		70–74		75–79		80 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders	4	1	4	2	7	—	4	2	2	4	6	10	9	20	4	18	40	57	97
Manic-depressive reactions	—	—	—	—	—	—	—	—	—	—	3	1	1	1	2	2	6	4	10
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	2	1	3
Paranoia and paranoid states	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	1	3	3	6
Senile psychosis	—	—	—	—	—	—	—	—	—	—	1	8	4	23	24	73	29	104	133
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	1	—	—	—	5	9	16	26	31	51	53	86	139
Alcoholic psychosis	—	—	—	—	—	—	1	—	—	1	—	1	1	—	—	—	2	2	4
Psychosis of other demonstrable etiology	—	—	—	—	—	—	—	—	1	—	—	—	1	2	—	—	2	2	4
Anxiety reaction	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	1	2
Hysterical reaction	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
Obsessive-compulsive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Neurotic-depressive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
Psychoneurosis with somatic symptons affecting digestive system	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Chronic brain syndrome with neurotic reaction	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	2	1	3
Alcoholism	—	—	—	—	—	—	—	—	—	—	1	1	1	1	1	—	3	2	5
Mental deficiency	2	5	1	2	1	1	—	1	—	—	1	—	—	1	—	—	5	10	15
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	1	1	18	13	22	35	42	65	83	114	197
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	1	1	—	4	—	2	7	6	7	13	15	28
Epilepsy	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	1	3	1	4
Syphilis and its sequelæ	—	—	1	—	—	—	2	—	—	—	—	—	1	—	—	—	4	—	4
Other, unknown, and unspecified conditions	—	—	—	—	—	—	—	—	—	—	2	7	13	32	15	57	30	96	126
Totals	6	6	6	4	8	1	8	4	5	6	45	51	75	153	131	275	284	500	784

TABLE 9.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964.

Mental Diagnosis	Age-group (Years)																Total		Grand Total
	20–29		30–39		40–49		50–59		60–69		70–79		80–89		90–99				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Live Discharges																			
Schizophrenic disorders	—	—	—	—	1	—	1	1	—	—	1	—	—	—	—	—	3	1	4
Manic-depressive reaction	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Senile psychosis	—	—	—	—	—	—	—	—	—	—	3	—	3	1	—	—	6	1	7
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	3	—	—	3	—	—	3	3	6
Mental deficiency	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	—	—	4	1	3	—	1	—	8	1	9
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	—	—	2	—	—	1	—	—	2	1	3
Senility, N.O.S.	—	—	—	—	—	—	—	—	—	—	1	1	—	2	—	1	1	4	5
Totals	1	—	—	1	1	—	1	1	—	—	15	2	6	7	1	1	25	12	37
Deaths																			
Schizophrenic disorders	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	1	1	4	5
Manic-depressive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Senile psychosis	—	—	—	—	—	—	—	—	—	—	4	10	7	15	2	1	13	26	39
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	7	10	9	12	2	4	18	26	44
Psychosis of other demonstrable etiology	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Other and unspecified psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Hysterical reaction	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Neurotic-depressive reaction	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1	2
Chronic alcoholism	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Mental deficiency	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Chronic brain syndrome with behavioural reaction	—	—	—	—	—	—	—	—	1	—	19	9	32	18	11	7	63	34	97
Chronic brain syndrome, N.O.S.	—	—	—	—	—	—	—	—	1	—	1	—	5	—	—	—	7	—	7
Epilepsy	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Senility, N.O.S.	—	—	—	—	—	—	—	—	—	—	7	8	9	20	1	2	17	30	47
Totals	—	—	—	—	—	—	—	—	3	1	42	42	62	67	16	15	123	125	248

TABLE 10.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964.

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, 1963, TO MARCH 31, 1964

Cause of Death	Age-group (Years)								Total		Grand Total
	60–69		70–79		80–89		90–99				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Malignant neoplasm			3	4		3	1		4	7	11
Benign neoplasm			1						1		1
Diabetes mellitus	1			2	2	1			3	3	6
Senile psychosis					1				1		1
Cerebral vascular accident		1	3	1	1	4			4	6	10
Arteriosclerotic heart disease	1		32	28	51	41	14	15	98	84	182
Hypertensive heart disease			2	1	1	1			3	2	5
Other disease of the heart					1	1			1	1	2
Nephrosclerosis						1				1	1
Generalized arteriosclerosis						1	1		1	1	2
Other diseases of the circulatory system						2				2	2
Influenza				1		4				5	5
Pneumonia				2	1	4			1	6	7
Bronchitis			1						1		1
Diseases of the gastro-intestinal tract	1			1	1				2	1	3
Pyelonephritis				1	2	2			2	3	5
Accidental death				1	1	2			1	3	4
Totals	3	1	42	42	62	67	16	15	123	125	248

TABLE 12.—DEATHS OCCURRING IN VALLEYVIEW HOSPITAL, ESSONDALE, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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

DELLVIEW HOSPITAL

TABLE 1.—MOVEMENT OF POPULATION, DELLVIEW HOSPITAL, VERNON, APRIL 1, 1963, TO MARCH 31, 1964

	Male	Female	Total
In residence, April 1, 1963	106	127	233
On probation, carried forward from 1962/63	3	4	7
Total as at April 1, 1963	109	131	240
Admissions—			
First admissions	41	21	62
Readmissions to a different institution of Mental Health Services	.....	1	1
Transfers from geriatric units	1	.....	1
Transfers from psychiatric units	1	.....	1
Total admissions	43	22	65
Total under care	152	153	305
Separations—			
Discharged in full	3	7	10
Died	40	15	55
Transferred to Provincial Mental Hospital, Essondale	1	.....	1
Transferred to other geriatric units	1	.....	1
On probation and still out	1	2	3
Total separations	46	24	70
Net increase or decrease	.....	+2	+2
In residence, March 31, 1964	106	129	235

TABLE 2.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE AND SEX, APRIL 1, 1963, TO MARCH 31, 1964.

Health Unit and School District	Male	Female	Total	Health Unit and School District	Male	Female	Total
East Kootenay, Cranbrook—				North Okanagan, Vernon—			
School District No. 1	1	.....	1	School District No. 19	.....	1	1
,, ,, ,, 2	1	1	2	,, ,, ,, 20	3	1	4
,, ,, ,, 18	1	.....	1	,, ,, ,, 21	1	1	2
Selkirk, Nelson—				,, ,, ,, 22	10	3	13
School District No. 7	1	.....	1	,, ,, ,, 78	1	1	2
,, ,, ,, 8	1	.....	1	South Central, Kamloops—			
,, ,, ,, 10	1	.....	1	School District No. 24	1	2	3
West Kootenay, Trail—				,, ,, ,, 26	1	.....	1
School District No. 11	4	.....	4	Upper Fraser Valley, Chilliwack—			
,, ,, ,, 12	.....	2	2	*School District No. 34*	1	.....	1
,, ,, ,, 13	1	.....	1	Metropolitan Health Committee, Vancouver—			
South Okanagan, Kelowna—				School District No. 38	1	.....	1
School District No. 14	1	2	3	Skeena, Prince Rupert—			
,, ,, ,, 15	5	6	11	School District No. 52	.....	1	1
,, ,, ,, 17	2	.....	2				
,, ,, ,, 23	3	1	4				
,, ,, ,, 77	2	.....	2				
				Totals	43	22	65

TABLE 3.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY METHOD OF ADMISSION, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Method of Admission	Age-group (Years)										Total		Grand Total
	50–59		60–69		70–79		80–89		90 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Certification	2	—	1	1	15	5	19	15	6	1	43	22	65

TABLE 4.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)										Total		Grand Total
	50–59		60–69		70–79		80–89		90 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Chronic brain syndrome with behavioural reaction	2	—	1	1	15	5	19	15	6	1	43	22	65

TABLE 5.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, MARITAL STATUS, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

TABLE 6.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY RELIGION AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

TABLE 7.—FIRST ADMISSIONS TO DELLVIEW HOSPITAL, VERNON, BY PREVIOUS OCCUPATION AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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

TABLE 8.—RESIDENT POPULATION OF DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, DECEMBER 31, 1963

Mental Diagnosis	Age-group (Years)												Total		Grand Total
	50–59		60–64		65–69		70–74		75–79		80 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorder	—	—	1	—	8	1	6	1	10	9	1	5	26	16	42
Manic depressive reaction	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Senile psychosis	—	—	—	—	—	—	—	—	1	1	7	14	8	15	23
Psychosis with cerebral arteriosclerosis	—	—	—	—	—	—	—	1	2	—	3	—	5	1	6
Psychosis of other demonstrable etiology	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Other and unspecified psychosis	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Neurotic-depressive reaction	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Mental deficiency	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Chronic brain syndrome with behavioural reaction	2	1	—	1	2	5	9	8	18	12	18	50	49	77	126
Chronic brain syndrome, N.O.S.	—	—	—	—	1	—	1	—	4	6	10	16	16	22	38
Totals	2	1	1	1	13	6	18	10	35	28	39	86	108	132	240

TABLE 9. — LIVE DISCHARGES FROM AND DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964.

Mental Diagnosis	Age-group (Years)								Total		Grand Total
	60–69		70–79		80–89		90–99				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Live Discharges											
Schizophrenic disorder	—	—	1	—	—	—	—	—	1	—	1
Chronic brain syndrome with behavioural reaction	—	1	2	4	2	2	—	—	4	7	11
Total	—	1	3	4	2	2	—	—	5	7	12
Deaths											
Chronic brain syndrome with behavioural reaction	5	—	8	5	18	6	6	3	37	14	51
Chronic brain syndrome, N.O.S.	—	—	2	—	—	1	1	—	3	1	4
Total	5	—	10	5	18	7	7	3	40	15	55

TABLE 10. — LIVE DISCHARGES FROM AND DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY MENTAL DIAGNOSIS, LENGTH OF STAY, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964.

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

TABLE 11.—DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Cause of Death	Age-group (Years)								Total		Grand Total
	60–69		70–79		80–89		90–99				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Cerebral thrombosis	—	—	—	—	—	1	—	—	—	1	1
Arteriosclerotic heart disease	5	8	8	5	18	6	7	2	38	15	51
General arteriosclerosis	—	—	1	—	—	—	—	1	1	1	2
Bronchopneumonia	—	—	1	—	—	—	—	—	1	—	1
Total	5	—	10	5	18	7	7	3	40	15	55

TABLE 12.—DEATHS OCCURRING IN DELLVIEW HOSPITAL, VERNON, BY CAUSE OF DEATH, LENGTH OF STAY, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

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

SKEENAVIEW HOSPITAL[1]

TABLE 1.—MOVEMENT OF POPULATION, SKEENAVIEW HOSPITAL, TERRACE, APRIL 1, 1963, TO MARCH 31, 1964

In residence, April 1, 1963	295
On probation, carried forward from 1962/63	1
Total as at April 1, 1963	296
Admissions—	
First admissions	9
Readmissions to a different institution of Mental Health Services	1
Transfers from geriatric units	7
Transfers from psychiatric units	26
Total admissions	43
Total under care	339
Separations—	
Discharged in full	2
Died	48
Transferred to other geriatric units	1
Total separations	51
Net decrease	—7
In residence, March 31, 1964	288

[1] This institution cares for male patients only.

TABLE 2.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE, APRIL 1, 1963, TO MARCH 31, 1964.

Health Unit	Number
Selkirk, Nelson—	
School District No. 7	3
West Kootenay, Trail—	
School District No. 11	1
North Okanagan, Vernon—	
School District No. 21	1
Cariboo, Williams Lake—	
School District No. 28	1
Northern Interior, Prince George—	
School District No. 55	3
,, ,, ,, 56	1
Metropolitan Health Committee, Vancouver—	
School District No. 39	10
Simon Fraser, New Westminster—	
School District No. 40	4
Upper Island, Courtenay—	
School District No. 47	2
,, ,, ,, 71	1
,, ,, ,, 72	1
Skeena, Prince Rupert—	
School District No. 52	2
,, ,, ,, 53	4
,, ,, ,, 54	1
Peace River, Dawson Creek—	
School District No. 59	1
Greater Victoria Metropolitan Board of Health—	
Greater Victoria—School District No. 61	4
Central Vancouver Island, Nanaimo—	
School District No. 65	2
,, ,, ,, 68	1
Total	43

TABLE 3.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY METHOD OF ADMISSION AND AGE-GROUP, APRIL 1, 1963, TO MARCH 31, 1964

Method of Admission	Age-group (Years)						Total
	40–49	50–59	60–69	70–79	80–89	90–99	
Certification	2	8	14	14	1	3	42
Urgency	—	—	—	1	—	—	1
Totals	2	8	14	15	1	3	43

TABLE 4.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND AGE-GROUP, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)						Total
	40–49	50–59	60–69	70–79	80–89	90 and Over	
Schizophrenic disorder	2	7	11	1	—	—	21
Manic-depressive reaction	—	—	—	2	—	—	2
Senile psychosis	—	—	—	2	—	1	3
Psychosis with cerebral arteriosclerosis	—	—	—	2	—	—	2
Alcoholic psychosis	—	—	1	—	—	—	1
Syphilis and its sequelæ	—	—	1	—	—	—	1
Mental deficiency	—	1	1	—	—	—	2
Chronic brain syndrome with behavioural reaction	—	—	—	3	1	—	4
Chronic brain syndrome, N.O.S.	—	—	—	5	—	2	7
Totals	2	8	14	15	1	3	43

TABLE 5.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND MARITAL STATUS, APRIL 1, 1963, TO MARCH 31, 1964

TABLE 6.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY RELIGION, APRIL 1, 1963, TO MARCH 31, 1964

TABLE 7.—FIRST ADMISSIONS TO SKEENAVIEW HOSPITAL, TERRACE, BY PREVIOUS OCCUPATION, APRIL 1, 1963, TO MARCH 31, 1964

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

TABLE 8.—RESIDENT POPULATION OF SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND AGE-GROUP, DECEMBER 31, 1963

Mental Diagnosis	Age-group (Years)							Total
	40–49	50–59	60–64	65–69	70–74	75–79	80 and Over	
Schizophrenic disorder	1	10	19	25	34	44	24	157
Manic-depressive reaction	----	----	----	1	1	2	----	4
Involutional melancholia	----	----	----	----	----	1	----	1
Paranoia and paranoid states	----	----	----	----	----	----	1	1
Senile psychosis	----	----	----	----	6	16	24	46
Presenile psychosis	----	----	----	----	1	----	----	1
Psychosis with cerebral arteriosclerosis	----	----	----	6	5	6	6	23
Alcoholic psychosis	----	----	1	2	1	----	----	4
Psychosis of other demonstrable etiology	----	----	----	----	1	4	----	5
Other and unspecified psychosis	----	----	----	----	1	----	----	1
Alcoholism	----	1	----	2	1	1	----	5
Mental deficiency	----	1	----	----	2	----	1	4
Chronic brain syndrome with behavioural reaction	----	----	----	1	1	----	1	3
Chronic brain syndrome, N.O.S.	----	----	----	----	3	4	----	7
Syphilis and its sequelæ	----	----	5	1	2	3	2	13
Other, unknown, and unspecified conditions	----	----	1	1	----	1	5	8
Totals	1	12	26	39	59	82	64	283

TABLE 9.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND AGE-GROUP, APRIL 1, 1963, TO MARCH 31, 1964.

Mental Diagnosis	Age-group (Years)				Total
	60–69	70–79	80–89	90–99	
Live Discharges					
Schizophrenic disorders	1	----	----	----	1
Senile psychosis	----	----	1	----	1
Senility, N.O.S.	----	1	----	----	1
Total	1	1	1	----	3
Deaths					
Schizophrenic disorders	----	8	1	----	9
Senile psychosis	----	3	5	2	10
Psychosis with cerebral arteriosclerosis	2	3	3	1	9
Psychosis of other demonstrable etiology	----	2	----	----	2
Syphilis and its sequelæ	----	----	1	----	1
Mental deficiency	1	----	----	----	1
Chronic brain syndrome with behavioural reaction	----	2	1	----	3
Chronic brain syndrome, N.O.S.	----	3	4	2	9
Senility, N.O.S.	----	2	1	1	4
Total	3	23	16	6	48

TABLE 10.—LIVE DISCHARGES FROM AND DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY MENTAL DIAGNOSIS AND LENGTH OF STAY, APRIL 1, 1963, TO MARCH 31, 1964.

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

TABLE 11.—DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY CAUSE OF DEATH, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Cause of Death	Age-group (Years)				Total
	60–69	70–79	80–89	90–99	
Malignant neoplasm	2	3	1	----	6
Cerebral hæmorrhage	----	1	1	----	2
Other cerebral paralysis	----	1	----	----	1
Arteriosclerotic heart disease	1	8	8	2	19
Congestive heart failure	----	1	----	----	1
Gangrene of unspecified cause	----	----	----	1	1
Influenza	----	3	1	----	4
Pneumonia	----	4	4	3	11
Pyelonephritis	----	1	----	----	1
Accidental death	----	1	1	----	2
Total	3	23	16	6	48

TABLE 12.—DEATHS OCCURRING IN SKEENAVIEW HOSPITAL, TERRACE, BY CAUSE OF DEATH AND LENGTH OF STAY, APRIL 1, 1963, TO MARCH 31, 1964

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

PART VII.—COMMUNITY MENTAL HEALTH SERVICES

MENTAL HEALTH CENTRE, BURNABY

K. J. DAVIES, DIRECTOR

This has been a remarkable year for staff stability. A record percentage of positions was filled throughout the year with very few changes. This has meant a better integration of service within the centre as well as to the community being served.

The programme of better liaison with the community, which was instituted last year, has continued. The intake teams (psychiatrist, psychologist, social worker, and nurse) in both the Adult and Children's Clinics have provided immediate access to the Mental Health Centre, providing screening, emergency and brief service, consultation or transfer to a treatment team. The number of cases given intensive assessment and agency consultation approximately doubled. Assessed cases in the Adult Clinic increased from 583 to 631 and in the Children's Clinic from 271 to 414. The two multidiscipline treatment teams have also expanded their service from 484 to 535 cases in the Adult Clinic and from 260 to 387 cases in the Children's Clinic. These are record levels of patients treated, and there have been similar expansions in the number of relatives treated, as well as a heavier treatment load in the Adult Day Hospital and the Children's Day Centre.

Despite these increased direct services to the community, the staff has also given increased indirect service by professional education (students of medicine, psychology, social work, nursing, occupational therapy, special school counsellors, probation officers, medical health officers, and clergymen), public education by lecture and demonstration, and liaison committee meetings with other medical and social agencies. The in-service training programmes for all disciplines have also been intensified.

OUT-PATIENT DEPARTMENT

In both the Adult and Children's Clinics all professional staff are now providing about equal time to intensive treatment, brief service, and community consultation. This dilutes the centre's special facility in prolonged psychotherapy but is in keeping with the demands of the community. The greater involvement in family group therapy and group psychotherapy as well as collaborative therapy has resulted in the reduction of total treatment time with many patients. Most of the clinic professional staff have been working on Tuesday evenings to make interviews possible with working family members. The Tuesday evening Social Club has also provided meaningful contact for many patients, their family members, as well as ex-patients.

ADULT DAY HOSPITAL

Over the past year there have been increasing referrals of adolescents with complicated family problems who have not responded to other out-patient and in-patient treatment. This switch of demand for service from adult to adolescent was related to the increasing facilities for adults in the community and the lack of any adolescent in-patient treatment units. An attempt was made to provide service to this group by lowering the admission age to 16 and modifying the Day Hospital programme. The focus was switched from individual to group therapy, and the

milieu programme took precedence over the somatic therapies (electroconvulsive therapy, somnolent insulin, amytal interviews, and medications). Selection necessitated participation of family members and a home assessment became essential for candidates for Day Hospital treatment. Adolescents increased to two-thirds of the Day Hospital population, but problems required that this should be limited to only one-third adolescents. From last year the average stay of patients increased from 30 to 45 days and total patient-days from 3,716 to 5,868. The treatment room was converted into an area for sewing, stenography, beauty-parlour, and a kitchen section.

Direct contacts were made with the various agencies in the community providing educational, rehabilitation, and employment services. Development in these areas is vital to the best operation of this programme, which is set up to accommodate a maximum of 40 patients with any diagnosis, but with the emphasis on acute neurotic and psychotic reactions.

CHILDREN'S DAY CENTRE

Two half-day programmes were carried out this year—one for six autistic children and the other for five children rejected from primary school because of emotional problems. The ages ranged from 4 to 7 years. The autistic children received individual relationship therapy within the Day Centre, as well as family collaborative treatment under a psychiatric team. The mothers were seen weekly by the charge nurse for group discussion about the management of the children, as well as being involved in weekly group psychotherapy. These children and their families are also part of a research project. The other group of primary-school children was involved in Day Centre activities, with an emphasis on creative, expressive endeavours and peer group interaction. Their families were also involved in collaborative or family group therapy under a psychiatric team. The Day Centre staff gave much of their own time to increase knowledge and skill in work with the children and have learned much from their work with the two groups. Both programmes were gratifying experiences for the staff as positive changes in the behaviour of the children were observed.

GROUP-LIVING HOMES

A screening and consultation service is being provided to social welfare group-living homes in Burnaby, Prince George, Smithers, and Kamloops. Individual and group therapy have also been provided to the adolescent boys in the group-living home in Burnaby. These homes are providing an essential service which will be increasing greatly during the coming year, and attempts are being made to provide the personnel and time necessary to give them the appropriate psychiatric service.

AGENCY CONSULTATION SERVICE

Mental Health Centre child psychiatrists have been making weekly visits to the Health Centre for Children, Children's Aid Society, Catholic Children's Aid Society, Juvenile Court, and Willingdon School for Girls to provide consultation, as well as recommend treatment when appropriate. There have been many requests to increase this service to these agencies, as well as extend it to others.

The trend from diagnostic to consultation to educational travelling clinics has continued. The basis of the education is the appropriate use of the psychiatric consultation service, with the goal of an establishment of a community psychiatric clinic.

TRAVELLING CLINICS

To facilitate this education, the travelling team (psychiatrist, psychologist, and social worker) provide a community service to professionals and to the public. The professional service revolves around referrals (from local physicians, medical health officers, public health nurses, school counsellors, social welfare workers, probation officers, and clergymen) who are example cases given full assessment and discussed in conference regarding treatment, recommendations, and supervision of local personnel in their continued management of these cases (only a limited number of these patients can be seen in psychotherapy locally or referred to centres for psychiatric treatment). The public education involves lectures and demonstrations regarding mental health, mental illness, and psychiatric services. Both groups are encouraged to form the appropriate committees and activities necessary for community mental health programmes.

The establishment of a meaningful communication with the community requires fairly frequent visits by the same personnel on the travelling clinic team. This has been set up at one day a week to the Surrey area and 2½ days per month to the Chilliwack area. An Interior travelling clinic (Prince George, Quesnel, Williams Lake, Dawson Creek, and Fort St. John) has been increased during the year to one week bi-monthly. The Kootenay trip (Trail, Nelson, and Cranbrook) has also been visited one week bi-monthly during the year. A community Mental Health Centre is now being established at Trail. A Coastal travelling clinic (Prince Rupert, Terrace, and Kitimat) has received two one-week clinics during the year, but will be increased to one week bi-monthly during the coming year. Powell River and the Sechelt Peninsula have been visited one week bi-annually, which will continue until the newly established health unit there makes more meaningful communication with this area possible.

DEPARTMENT REPORTS

Social Work Supervisor

Social workers in the Adult and Children's Clinics have been showing an increasing concern with the problems related to social supports in the community in regard to out-patients, Day Centre patients, and Day Hospital patients. A stable staff situation has meant a considerably increased volume of work during the past year. The Adult Clinic social workers have a 69-per-cent increase in total interviews and a 32-per-cent increase in numbers of people seen. The Children's Clinic social workers have a 45-per-cent increase in total interviews and an 83-per-cent increase in numbers of people being seen in assessment and treatment. These increases reflect not only increased numbers of patients, but a broader involvement of families. Family group therapy has been of particular interest to all social workers in both clinics and has been used effectively and economically in many cases, as well as being the particular treatment focus of one Children's Clinic team. Social workers have been actively involved in the Day Hospital and Day Centre programmes, as well as out-patient group therapy.

The student programme was enlarged this year year, and seven M.S.W. students from the School of Social Work, University of British Columbia, received their field training in the centre. This extension was an important one in view of the increased enrolment at the School of Social Work. The Mental Health Grants have been basic in improving training, as well as an area of recruiting a high standard of trainees to the Mental Health Services.

The travelling clinic consultant social workers have been active in educational efforts in the local communities in their team role but also individually by giving demonstrations of individual and group therapy techniques. This has proved a very worth-while method of demonstrating approaches to mental health problems as well as interpreting the clinic role in providing more continuity between travelling clinic services and the ongoing services of the local personnel.

Chief Psychologist

The department has two part-time and one full-time psychologist with Ph.D. degrees and the remainder are at the Master's level. The contribution of a clinical psychologist is directly related to the calibre of training, and all should be encouraged to continue their training toward the highest level.

The in-service training has intensified with weekly seminars on psychotherapy, psychodiagnostics, and case presentations. The seminars are open to other sections of the Mental Health Services and are actively attended. There have been weekly liaison meetings with other psychologists in the community, which have resulted in a sharing of ideas and problems. There have been several meetings with the University of British Columbia Department of Psychology to plan a student internship programme for clinical psychologists. This will result in better-trained staff and considerably reduce the training time required when they are employed. One research problem which has involved considerable time is an investigation of childhood autism. The study has involved an assessment of both parents, individually and collectively, and evaluation of parent-child interaction, a study of the child, and group psychotherapy for the mothers. Further research continues on the sociometric assessment of changes of attitude and behaviour in Day Hospital patients. Another investigation is under way delineating the etiology of reading and learning disabilities.

Although psychodiagnostics still occupy the greatest portion of time, there is increasing involvement of psychologists in research projects, as well as both individual and group psychotherapy.

Supervisor of Nursing

The out-patient team nurses have played a more active role as co-ordinator, as well as liaison person, with public health nursing agencies. Home-visiting, mainly for the purpose of assessment, was added to the nurse's function, with very encouraging results. Nurses have been seeing an increasing number of patients in individual supportive therapy, as well as assisting patients in practical aspects of rehabilitation in the community. With the increasing demands and emerging specificity of their roles on the team, the Children's Clinic nurses are finding it difficult to share their time with the Day Centre, where they carry the direct relationship treatment load. The nurses in the Adult Day Hospital programme have increased their group therapy role, as well as being responsible for the therapeutic milieu involved in the somatic therapies. Several revisions have been made in the programme during this past year in an effort to structure an environment in which the demonstrated Day Hospital patients' needs can best be met.

This year the Nursing Department has complied with an increased number of requests from nursing educators and public health agencies for students and staff to receive lectures or spend time at the centre to increase their knowledge and experience in the mental health field. Nursing staff were also involved in the education programmes of students from the University of British Columbia School of

Nursing, the Vancouver General Hospital, St. Paul's Hospital, and the clinical and affiliate and psychiatric nursing programmes of the Education Centre at the Provincial Mental Hospital.

Supervisor of Occupational Therapy

Despite the shortage in occupational-therapy staff, the department remains an integral part of the total treatment programme. It plays an important role in the assessment, treatment, and rehabilitation of the patient. Responsibility for a therapeutic community is shared by staff and patients, and every effort is made to face the attendant problems in a realistic way. The past year has seen many changes in patient population, staff structures, treatment programmes, and departmental activities, but improvement in the effectiveness of occupational therapy in the treatment team has become more and more obvious.

The occupational-therapy staff took part in the in-service training at the centre, and there were many visits from professionals and students from the outside community. During the past year a total of eight occupational-therapy students did their internship of approximately two months each at this centre. Of the eight, six were from the University of British Columbia and two from the University of Toronto.

Business Manager

Organization.—Changes involved the accommodation of the After-care Clinic, effective September 9, 1963, with 11 offices and one waiting-room, plus the relocation of the pharmacy and the employment of a full-time pharmacist.

Personnel.—Staff changes during the year involved 13 resignations with three transferred out, while there were 22 appointments and one transferred in, increasing the strength from 81 to 91 staff members.

STATISTICAL TABLES

TABLE 1.—SUMMARY OF OPERATIONS, MENTAL HEALTH CENTRE, BURNABY, ADULT CLINIC, APRIL 1, 1963, TO MARCH 31, 1964

	Male	Female	Total
Intake Section			
Total number pending at April 1, 1963	12	23	35
Plus assessments—			
Previous Mental Health Services	18	29	47
Other medical units	14	17	31
General practitioners and other specialists	161	256	417
Psychiatrists	44	57	101
	237	359	596
Totals	249	382	631
Disposition of assessments—			
Hospitalization recommended	10	23	33
Social agency recommended	14	28	42
Other medical care recommended	58	86	144
Advice and assessment only	20	27	47
Patient withdrew	21	19	40
Cases opened for treatment	116	179	295
	239	362	601
Total pending at March 31, 1964	10	20	30
Treatment Section			
Patient load—			
Brought forward at April 1, 1963	75	164	239
First admissions	104	141	245
Readmissions	12	38	50
Total admissions	116	179	295
	191	343	534
Less cases closed	81	159	240
Total under treatment at March 31, 1964	110	184	294

Family members under treatment at March 31, 1964: Parents, 19; spouses, 15; other, 3; total, 37.

TABLE 2.—FIRST ADMISSIONS TO MENTAL HEALTH CENTRE, ADULT CLINIC, BY HEALTH UNIT AND SCHOOL DISTRICT OF RESIDENCE, APRIL 1, 1963, TO MARCH 31, 1964.

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

TABLE 3.—FIRST ADMISSIONS TO MENTAL HEALTH CENTRE, ADULT CLINIC, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)																										Total		Grand Total
	0–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders—																													
Simple type	—	—	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Catatonic type	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Paranoid type	—	—	—	—	—	1	—	1	2	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4	7
Acute schizophrenic reaction	—	—	—	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
Latent schizophrenia	—	—	—	1	1	—	—	2	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	6	7
Schizo-affective psychosis	—	—	—	1	—	2	1	—	—	2	1	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	2	8	10
Other and unspecified	—	—	3	—	—	—	—	1	—	—	1	—	—	1	1	1	—	1	—	—	—	—	—	—	—	—	5	4	9
Manic-depressive reaction—																													
Manic and circular	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Depressive	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Involutional melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Paranoia and paranoid states	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Psychotic depressive reaction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Anxiety reaction without mention of somatic symptoms	—	—	1	1	7	1	1	1	1	5	—	1	—	4	—	—	—	1	—	—	1	—	—	—	—	—	11	14	25
Hysterical reaction without mention of somatic symptoms	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Phobic reaction	—	—	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
Obsessive-compulsive reaction	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	1	—	—	—	1	—	—	—	—	—	—	2	3	5
Neurotic-depressive reaction	—	—	1	6	2	5	3	10	4	5	3	3	2	4	1	3	2	2	—	—	1	1	—	—	—	1	19	40	59
Psychoneurosis with somatic symptons (somatization reaction) affecting other systems	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3
Psychoneurotic disorders, other, mixed, and unspecified types	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
General paralysis of insane	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality	—	—	3	3	4	1	3	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	11	6	17
Paranoid personality	—	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	2	2	4
Inadequate personality	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Asocial personality	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Sexual deviation	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other and unspecified	—	—	—	1	1	1	2	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	7
Immature personality—																													
Emotional instability	—	—	—	4	—	2	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	10	10
Passive dependency	—	—	5	2	10	5	1	1	3	3	2	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	22	13	35
Other and unspecified	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Primary childhood behaviour disorders	1	—	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	6	13
Adult situational reaction	—	—	—	—	—	1	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	5	6
Epilepsy	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Totals	1	—	21	30	30	22	15	18	12	21	11	18	7	13	3	6	2	7	—	1	2	2	—	1	—	2	104	141	245

TABLE 4.—READMISSIONS TO MENTAL HEALTH CENTRE, ADULT CLINIC, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)																				Total		Grand Total
	15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		60–64		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.	
Schizophrenic disorders—																							
Paranoid type	—	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	2	1	3
Latent schizophrenia	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	1	2	3
Schizo-affective psychosis	—	—	—	—	—	1	—	1	—	1	—	1	—	—	—	1	—	—	—	—	—	5	5
Other and unspecified	—	—	—	—	—	—	—	1	—	1	1	1	—	—	—	—	—	—	—	—	1	3	4
Manic-depressive reaction—																							
Depressive	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	2	2
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	—	—	—	2	—	—	—	—	—	—	—	4	4
Obsessive-compulsive reaction	—	—	—	—	—	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	3	4
Neurotic-depressive reaction	—	—	—	1	1	—	—	4	1	1	—	1	—	1	—	—	—	1	1	—	3	9	12
Disorders of character, behaviour, and intelligence—																							
Pathological personality—																							
Schizoid personality	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1	2
Cyclothymic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Immature personality—																							
Emotional instability	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Passive dependency	—	—	1	2	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	1	4	5
Totals	—	2	3	4	1	3	1	8	2	8	3	3	—	5	1	3	—	1	1	1	12	38	50

TABLE 5.—FIRST ADMISSIONS TO MENTAL HEALTH CENTRE, ADULT CLINIC, BY MARITAL STATUS, SEX, AND DIAGNOSIS, APRIL 1, 1963, TO MARCH 31, 1964

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

TABLE 6.—SEPARATIONS FROM MENTAL HEALTH CENTRE, ADULT CLINIC, BY MENTAL DIAGNOSIS, AGE-GROUP, AND SEX, APRIL 1, 1963, TO MARCH 31, 1964

Mental Diagnosis	Age-group (Years)																										Total		Grand Total
	0–14		15–19		20–24		25–29		30–34		35–39		40–44		45–49		50–54		55–59		60–64		65–69		70 and Over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Schizophrenic disorders—																													
Simple type									2																		2		2
Paranoid type					3	1		2	2	2	1		2					1									8	6	14
Acute schizophrenic reaction					1		1					1															2	1	3
Latent schizophrenia					2	2				2		1															2	5	7
Schizo-affective psychosis					1		2	1		4	1	2		2		1		1									4	11	15
Other and unspecified						1	2	2		2	1		2	1		3		1									5	10	15
Manic-depressive reaction—																													
Manic and circular												1																1	1
Depressive											1					1											1	1	2
Paranoia and paranoid states								1					1	1													1	2	3
Psychotic depressive reaction													1													1	1	1	2
Anxiety reaction without mention of somatic symptoms			1		2	2	1	1	2	6		2		1													6	12	18
Hysterical reaction without mention of somatic symptoms								1										1										2	2
Phobic reaction				1						1	1																1	2	3
Obsessive-compulsive reaction					1			1			1	3		2		1											2	7	9
Neurotic-depressive reaction				1	2	3	2	7		6	3	2		6	1	2	1	1		1	2	4		1		1	11	35	46
Psychoneurosis with somatic symptoms (somatization reaction) affecting digestive system						1																						1	1
General paralysis of insane			1																								1		1
Disorders of character, behaviour, and intelligence—																													
Pathological personality—																													
Schizoid personality				3	5	1					1																6	4	10
Paranoid personality								1			1		1			1		1									2	3	5
Cyclothymic personality											1																1		1
Inadequate personality					1		1			2	1	1															3	3	6
Asocial personality				1	1																						1	1	2
Sexual deviation					1																						1		1
Other and unspecified				1		1	1				1	1								1							2	4	6
Immature personality—																													
Emotional instability				4	1	4		3		1		1		1													1	14	15
Passive dependency			3	2	5	9		5	2	1		1		2	1	1											11	21	32
Other and unspecified										1																		1	1
Alcoholism—Chronic											1																1		1
Primary childhood behaviour disorders	1		4	4																							5	4	9
Adult situational reaction								1				2										1						4	4
Chronic brain syndrome, N.O.S.																		1										1	1
Epilepsy				1						1																		2	2
Totals	1		9	18	26	25	10	26	8	29	15	18	7	16	2	10	1	7		2	2	5		1		2	81	159	240

TABLE 7.—MOVEMENT OF POPULATION, DAY HOSPITAL, MENTAL HEALTH CENTRE, ADULT CLINIC, APRIL 1, 1963, TO MARCH 31, 1964

	Male	Female	Total
In day hospital, April 1, 1963	10	13	23
Admissions	43	60	103
Readmissions	6	12	18
Totals	59	85	144
Less discharges	54	76	130
In day hospital, March 31, 1964	5	9	14

Total patient-days of those discharged	5,868
Total discharges	130
Average stay in day hospital	45.1 days

TABLE 8.—SUMMARY OF OPERATIONS, MENTAL HEALTH CENTRE, BURNABY, CHILDREN'S CLINIC, APRIL 1, 1963, TO MARCH 31, 1964

	Male	Female	Total
Intake Section			
Total number pending at April 1, 1963	2	1	3
Plus assessments—			
Previous Mental Health Services	5	1	6
Other medical units	10	6	16
General practitioners and other specialists	241	120	361
Psychiatrists	21	10	31
	277	137	414
Total	279	138	417
Disposition of assessments—			
Social agency recommended	12	9	21
Other medical care recommended	7	2	9
Advice and assessment only	87	53	140
Patient withdrew	7	3	10
Cases opened in treatment	155	67	222
	268	134	402
Total pending at March 31, 1964	11	4	15
Treatment Section			
Patient load—			
Brought forward at April 1, 1963	123	42	165
First admissions	124	50	174
Readmissions	31	17	48
Total admissions	155	67	222
	278	109	387
Less cases closed	108	40	148
Total under treatment at March 31, 1964	170	69	239

TABLE 9.—SUMMARY OF DIAGNOSTIC SERVICE GIVEN TO AGENCIES BY MENTAL HEALTH CENTRE, BURNABY, TRAVELLING (CHILDREN'S) CLINICS, APRIL 1, 1963, TO MARCH 31, 1964.

Place of Examination	New		Repeat		Total
	M.	F.	M.	F.	
Local agencies and medical units—					
Children's Aid Society	10	3	9	3	25
Catholic Children's Aid Society	5	1	5	1	12
Juvenile Court	38	13	18	9	78
Willingdon School for Girls	-----	-----	-----	4	4
St. Christopher's School	1	-----	-----	-----	1
Public health units—					
Boundary Health Unit	51	24	34	6	115
Cariboo Health Unit	31	11	8	3	53
North Fraser Health Unit	1	5	2	1	9
Upper Fraser Health Unit	20	10	17	6	53
Kitimat Public Health Services	4	5	1	1	11
Gibsons Public Health Services	7	2	-----	-----	9
East Kootenay Health Unit	13	7	7	2	29
West Kootenay Health Unit	16	7	8	4	35
Peace River Health Unit	8	8	1	-----	17
Selkirk Health Unit	10	3	7	1	21
Skeena Health Unit	13	13	4	-----	30
Upper Island Health Unit	9	5	2	3	19
Totals	237	117	123	44	521

TABLE 10.—SUMMARY OF MENTAL HEALTH CENTRE, BURNABY, TRAVELLING (CHILDREN'S) CLINICS SERVICE, APRIL 1, 1963, TO MARCH 31, 1964

	Total Number of Children Seen on Travelling Clinic	Other Agency Consultative Cases
Vancouver	120	74
Abbotsford	13	4
Burns Lake	-----	1
Chilliwack	39	20
Cranbrook	29	5
Dawson Creek	9	1
Fort St. John	8	-----
Gibsons	9	-----
Kitimat	11	1
Mission	10	-----
Nelson	21	9
Powell River	19	6
Prince George	31	14
Prince Rupert	19	9
Quesnel	12	6
Surrey	115	21
Terrace	11	10
Trail	35	8
Williams Lake	10	4
Totals	521	193

TABLE 11.—SOURCE OF ALL CASES REFERRED TO CHILDREN'S CLINICS AND SERVICE GIVEN, APRIL 1, 1963, TO MARCH 31, 1964

Agency or Source	Number of Cases	Type of Service Given	
		Agency Diagnostic Study	Clinic Direct Service
1. Mental Health Services—			
Crease Clinic	1	.....	1
After Care Clinic	3	.....	3
The Woodlands School	2	.....	2
2. Medical units—			
Beacon Services	5	.....	5
Vancouver General Hospital	3	.....	3
Canadian Arthritis and Rheumatism Society	1	.....	1
Cerebral Palsy Association	1	.....	1
Children's Hospital	1	.....	1
Sunnyhill Hospital	1	.....	1
Health Centre for Children	2	.....	2
G. F. Strong Rehabilitation Centre	2	.....	2
Coqualeetza Indian Hospital	1	.....	1
3. Public health units—			
Boundary Health Unit	131	115	16
Burnaby Health Unit	4	.....	4
Cariboo Health Unit	53	53	.....
North Fraser Health Unit	11	9	2
Upper Fraser Health Unit	56	53	3
Gibsons Public Health Services	14	9	5
Kitimat Public Health Services	11	11	.....
East Kootenay Health Unit	29	29	.....
West Kootenay Health Unit	35	35	.....
Metropolitan Health Unit	11	.....	11
Peace River Health Unit	21	17	4
Selkirk Health Unit	21	21	.....
Simon Fraser Health Unit	12	.....	12
Skeena Health Unit	33	30	3
Upper Island Health Unit	24	19	5
4. Social agencies—			
Department of Social Welfare	39	.....	39
Children's Aid Society	36	25	11
Catholic Children's Aid Society	28	12	16
Family Service Agency	5	.....	5
St. Christopher's School	1	1	.....
5. Correctional agencies—			
Probation Officers	6	.....	6
Provincial Probation Branch	1	.....	1
Juvenile Court	86	78	8
Willingdon School for Girls	20	4	16
6. General practitioners	193	.....	193
7. Private psychiatrists	31	.....	31
Totals	935	521	414

TABLE 12.—DIAGNOSES OF ALL CASES ASSESSED BY CHILDREN'S CLINIC, APRIL 1, 1963, TO MARCH 31, 1964

Diagnoses	Male	Female	Total
Psychotic disorders—			
Schizophrenic reaction—			
Simple type	4	----	4
Childhood type	5	4	9
Psychotic reaction without clearly defined structure	1	----	1
Autism	11	3	14
Psychoneurotic disorders—			
Anxiety reaction	29	13	42
Dissociative reaction	1	2	3
Phobic reaction	3	7	10
Obsessive-compulsive reaction	2	2	4
Depressive reaction	1	2	3
Psychoneurosis with somatic symptoms affecting digestive system	1	1	2
Psychophysiological respiratory reaction	2	----	2
Psychophysiological skin reaction	----	2	2
Psychophysiological musculoskeletal reaction	----	1	1
Psychoneurotic reaction—			
Mixed	11	5	16
Other	20	5	25
Psychoneurotic behaviour disorder	16	10	26
Disorder of character, behaviour, and intelligence—			
Schizoid personality	11	6	17
Paranoid personality	----	2	2
Cyclothymic personality	----	1	1
Inadequate personality	3	----	3
Antisocial personality	2	3	5
Asocial personality	1	2	3
Sexual deviation	4	----	4
Other and unspecified	4	1	5
Emotionally unstable personality	12	5	17
Passive dependent personality	16	5	21
Aggressiveness	5	2	7
Enuresis	2	2	4
Other symptomatic habits	2	----	2
Other and unspecified	8	----	8
Adjustment reaction of infancy	3	----	3
Adjustment reaction of childhood	143	53	196
Adjustment reaction of adolescence	78	49	127
Mental deficiency—			
Idiocy	2	----	2
Severe	7	5	12
Moderate	18	7	25
Mild	28	20	48
Mongolism	2	1	3
Other and unspecified types	----	1	1
Learning disturbance	21	3	24
Speech disturbance	8	2	10
Acute situational maladjustment	1	----	1
Other and unspecified situational reaction	1	----	1
Chronic brain syndrome with behavioural reaction	2	----	2
Chronic brain syndrome of unknown cause	1	----	1
Chronic brain syndrome associated with other diseases and conditions	1	1	2
Chronic brain syndrome associated with intracranial infection	----	2	2
Chronic brain syndrome associated with convulsive disorder	1	2	3
Chronic brain syndrome associated with trauma	1	----	1
Chronic brain syndrome associated with convulsive disorder with behavioural reaction	----	1	1
Observation only	132	66	198
No disease	1	1	2
Incomplete	5	2	7
Totals	633	302	935

MENTAL HEALTH CENTRE, VICTORIA

C. GREGORY, DIRECTOR

GENERAL POLICY AND DEVELOPMENT

During its second year of operation the Mental Health Centre in Victoria has been involved in giving consultative, assessment, diagnostic, and treatment services to Greater Victoria through the Adult and Children's Clinics, and to the rest of Vancouver Island by means of the travelling clinics; in promoting education for both professional personnel and the general public by participating in P.-T.A. courses, university courses, etc.; and in establishing good working relationships with other agencies, both public and private, involved in the mental health field. It is hoped that by these activities we are laying the basis for a comprehensive community mental health service.

Policy over referral is simple: we wish referrals whenever possible to come from a physician, but since many patients are referred through agencies, we do not make this a condition of acceptance. Instead, we accept the case on condition that the agency or individual concerned contacts the patient's doctor, with the object of ensuring not only that he is aware of the fact that a patient of his is attending the centre, but also of extending to him the possibility of participating in planning a therapeutic programme for the patient.

The establishment of good working relations with the various agencies and individuals in the community has continued, and especially with the Victoria Medical Society. A meeting was held with the executive, and the Director was invited to speak to a general meeting of members, and, according to reports, was very well received. Closer ties with the University of Victoria, Department of Psychology, have been formed during the year, and this culminated in the appointment of Dr. Gregory to the post of Honorary Research Fellow in the Department of Psychology in February. Such affiliation with a university department is eminently desirable, for although in itself it is no guarantee of standards of professional service, it is well recognized as an important contributing factor.

STAFF

Dr. Holland, who has been in charge of the Adult Clinic since its inception, is leaving Victoria in July, and arrangements were made before the end of the year for her replacement, Dr. A. Aranas, to commence before she leaves, thus ensuring the minimum interference with the smooth functioning of the clinic.

CHILDREN'S CLINIC

For the first 10 months of the year this clinic consisted of a psychiatrist, who is also Director of the centre, and two social workers, and we shared in the services of a psychologist with the Adult Clinic. The remaining two months were spent with only one social worker. In spite of this there were 280 psychiatric assessments and interviews, 1,279 social-work interviews (an average case load per social worker of 53 per month), and 102 children tested by the psychologist. These figures include those seen on travelling clinics. Of necessity most of the ongoing care has been provided by the social workers, with considerable success measured in terms of improved family relationships, better academic performance and school behaviour, etc., in those seen.

The greater part of our efforts has been bent toward service to those children and families referred by physicians, by the Child Welfare Division (including Brannan Lake School), the Family Court, Family and Children's Service, and Public Health Services (the last being mainly concerned with school-children). In addition, a limited number of adolescents were taken into therapy, the main criterion for acceptance being the likelihood of their benefiting from treatment. With these selected cases the results were most gratifying. This kind of service is of necessity a two-way process, and we have been indebted to those agencies for their co-operation in dealing with those aspects of management of cases which we have neither the staff, the facilities, nor the competence to do. Wherever possible, public health nurses, social workers from agencies, private physicians, probation officers, special counsellors, etc., were involved in conferences to delineate plans for specific patients.

ADULT CLINIC

The main functions of the clinic were after-care, assessment and treatment of new cases where possible, and consulation and education to nurses, agencies, etc. During this year the Adult Clinic was staffed by one psychiatrist and one social worker. After-care and rehabilitation have steadily occupied an ever greater part of the clinic's endeavours, somewhat to the detriment of the acute referrals, although emergency service was available. An important reason for this is that there is a low discharge rate amongst after-care patients, with the inevitable accumulation of cases which must be carried by the clinic. This, plus the fact that Dr. L. Holland planned to resign in July, necessitated the closing of intake, but it must be stressed that this would have occurred even if Dr. Holland had been staying, simply because of the case load being carried reaching saturation.

Several factors contributed to the success of this after-care programme. The supplying of medication to those who needed it but could not afford it has been vital, for there is no doubt that a large proportion of those patients attending the centre would be unable to maintain their level of functioning without the use of the newer drugs. Throughout the years we have been grateful for the excellent co-operation from physicians, social agencies, law-enforement agencies, the National Employment Service, and Provincial and Federal Government departments in all aspects of the adult programme, and most conspicuously in after-care. Another significant factor permitting us to sustain patients in the community has been the development of the use of boarding-home care, where patients could remain for a while under supervision if considered necessary.

Psychotherapy has been in great demand, which has been met by restricting the duration of this type of therapy to three months. When this course was taken, it was conditional on the simultaneous consulation with a responsible relative, for it was found that if this were not done, it led to both a prolongation of therapy and poorly maintained improvement. A noteworthy fact which emerged is that when welfare patients were taken into psychotherapy, their motivation and sense of responsibility improved to such an extent that welfare agencies reported a tendency for these patients to become self-supporting more often and more quickly. This demonstrated once again the fact that proper psychiatric treatment of such patients, in addition to benefiting them individually, represents a direct economic advantage to the community.

During the year there were 146 new psypchiatric assessments and 1,228 interviews plus 790 social-work interviews (the average social-work case load per month was 66), and the number of patients receiving ongoing after-care as at March 31, 1964, was 88.

TRAVELLING CLINICS

These have continued throughout the year and consisted of one visit per month to Nanaimo and a one-day visit each to the Upper Island Health Unit at Courtenay, Comox, and Campbell River. Although this is recognized to have been an inadequate amount of service, the local practitioners recognized that under the circumstances this was the best that could be done and expressed their satisfaction with the quality of service. Naturally this responsibility for the rest of Vancouver Island detracted substantially from the time we were able to devote to Victoria, and it was with much relief that we heard of the appointment of a director to the Mental Health Centre in Nanaimo, who will be responsible for the area covered by both the Central and Upper Island Health Units as from April 1, 1964.

SUMMARY

Consolidation of the first year's work in Victoria in laying the foundations for a community mental health service has proceeded well during the second year, and we have, in addition, been able to supply a minimal service to the rest of Vancouver Island. The purchase of a building and the drawing-up of plans for the new Mental Health Centre in close proximity to the Royal Jubilee Hospital, together with good prospects for an increased rate of recruitment, have contributed to the feeling of optimism with which the year ended.

OKANAGAN MENTAL HEALTH CENTRE, KELOWNA

F. E. McNair, Director

We are reporting on the first full year's experience in developing a hitherto unserviced area in British Columbia. There has been a basic clinic out-patient staff (psychiatrist, social worker, psychologist, and stenographer) working at offices located at the public health unit. There is also a psychiatric unit of 7 beds at the Kelowna General Hospital. Nursing personnel there is headed by a university-graduate registered nurse, and there are occupational-therapy and physiotherapy services. The area served comprises 35,000 square miles and has a population of 150,000. The headquarters city of the clinic, Kelowna, has the greatest concentration of doctors.

The objective has been to provide as comprehensive a service as possible at the headquarters out-patient clinic and hospital and to extend the scope and usefulness of the clinic by travel each month to the other principal cities in the district. Private practice has been carried on up to 15 hours a week, and all hospital patients have been admitted as private cases. However, no diagnostic or economic barrier to hospital admission has been raised. There has been public and professional acceptance and co-ordinated effort from doctors, social workers, public health and probation staff, and special school personnel.

CONSULTATIONS

In the fiscal year, 390 patients have been seen in consultation at the clinic and 209 privately. From the two groups combined, 104 persons have had 126 admissions to the general hospital, 290 have been carried in out-patient treatment, 17 were certified outright, and 10 were certified during treatment or follow-up. The first admission rate to the Provincial Mental Hospitals has been reduced one-third to one-half from the region, and the use of police facilities for the mentally ill has been reduced.

Utilization and effectiveness have been greater nearer the psychiatrist's home town.

Acceptance of the new clinical service and utilization have been high. Despite an average consultation rate of 40 new cases each month at the clinic and 16 new cases in private practice, appointments have been running one month behind at the end of the year. Attendance has been excellent, missed appointments have been rare, and there have been few drop-outs. It has been usual for both parents to accompany a child to the clinic and for a spouse to accompany an adult.

Demand for service was at a peak in the teen years and in the thirties. Nearly all patients seen in consultation under the age of 20 were seen at the clinic by the choice of the psychiatrist. Ancillary services were deemed essential, and consultation with community agencies was the rule.

Psychoneurosis accounts for 28 per cent of the total group but for nearly half of the patients seen privately; psychosis accounted for 17 per cent of the total. On the other hand, of the group treated in the psychiatric unit of the hospital, 46 per cent were psychotic and 30 per cent were psychoneurotic. The control of admissions to the unit lay entirely with the psychiatrist.

TREATMENT

Two hundred and ten patients have been treated at the clinic, 58 of them children's cases. Some children were treated by play therapy, but the major service

to children was given through interviews with parents and consultation with school nurses and special school personnel. One hundred and twenty-six persons have been treated at the psychiatric unit of the Kelowna General Hospital, of whom 79 received follow-up care.

Thirty-one of our hospitalized patients had received previous treatment in a mental hospital or Crease Clinic. The average patient stay in hospital was 17.7 days. Twenty-two patients had repeat admissions.

RESOURCES

There are many health resources in this valley. There are 10 hospitals, 801 hospital beds, 141 medical doctors and 60 specialists, 37 public health nurses, 30 social workers, 6 probation workers, and 4 specialized school personnel. In addition, Kamloops has an institution for the retarded (518 beds) and Vernon has a geriatric hospital (233 beds), managed under other divisions of the Mental Health Services Branch. Each month the Alcoholism Foundation sends a trained social worker into the area as a travelling clinic service.

Much of the mental health work continues to be done by the above-mentioned basic resources. They devote much time and energy in dealing with emotionally troubled patients and supply vital information to us, thereby making our work more effective and helping us treat more people.

A citizens' advisory committee was established under the South Okanagan Union Board of Health to receive quarterly reports and discuss needs for further development of service. A professional advisory committee has also proved helpful. Each major city in the region requires its own citizens' committee to review local mental health needs and gaps in service.

VARIETIES OF SERVICE

Clinic personnel have taken part regularly in professional meetings in each of the towns and also in Mental Health Association meetings, in groups for the retarded and correction groups, and in service clubs and other associations. In addition to the customary office consultations with patients and conferences with community agencies, treatment interviews, and hospital visits, we have spent one week out of four on travelling clinics, have done home visits and visits to nursing homes and to gaol, provided emergency service at nights and on week-ends, and have engaged in the ongoing education of allied staff and volunteers. Clinic time each day has been divided by the noon hour into consultation time and treatment time. Referrals have been accepted from doctors, social workers, public health nurses, and the Court by apportioning time to each professional group, though doctors have always been involved.

ACHIEVEMENT

Reference is made to the annual reports of the Mental Health Services to show that consultation for children from 1957 to 1961 for this region stood at 43, 36, 29, 54, and 44 respectively per annum. In 1962 the figures rose to 155, and this year it is 147.

Again referring to past Annual Reports, the first admissions to the Mental Hospitals and Crease Clinic from 1957 to 1961 appear as follows: 175, 147, 151, 180, and 193. In 1962 the figure was 137. From December 1, 1962, to November 31, 1963, it was 121. The readmission rate has not increased.

The mental hospital admission rate has varied directly with the distance from the headquarters city of the clinic. In Kamloops, 110 miles distant, the admission rate has not been lowered.

Reviewing the mental health reports for the North and South Okanagan, first admissions to Mental Hospitals and Crease Clinic from 1958 to 1961 show 93, 117, 125, and 128 respectively. In the fiscal year 1962/63 the first-admission rate fell to 73, and from December 1, 1962, to November 31, 1963, it was down to 56, less than half the 1961 figure.

There has also been a reduction by one-third in the number of psychiatric cases falling into police hands in Kelowna and Penticton.

The Community Mental Health Service, including an out-patient centre, a hospital service, and private practice, has striven to provide for the needs of patients which cannot be provided for in the community outside itself and has engaged the active participation of other community resources in the total treatment of the patient.

Much reliance was placed on treatment by brief psychotherapy and availability of the clinic to see patients at periods of crisis in their lives. Sustaining clinics, similar to those conducted at the Mental Health Centre, Burnaby, for the chronically sick, assisted by volunteer workers from the Canadian Mental Health Association, are successful in aiding rehabilitation and preventing readmission to hospital.

Many patients who would formerly have been sent to mental hospitals are being treated as out-patients.

SUMMARY

There has been an increased demand for psychiatric service since the advent of the regional clinic, and a wider service has been given than was previously possible. Utilization of service has been the greater nearer the clinic. There has been a reduction in mental hospital admissions by one-half in two of the three health units served. The incidence of death by suicide has not been altered. The service depends greatly on other professional resources. The only limitation on the admission of cases to the psychiatric unit in the general hospital has been on the basis of their willingness to remain voluntarily, though this term is very broadly interpreted. Hospital care has not always been needed even for the acutely psychotic or relapsing psychotic cases. Service has been the key to both professional and community acceptance of regional development.

More psychiatric beds are being planned in the development of the Kelowna General Hospital. The initial population served has been 150,000 people, and this is far too many for one psychiatric team. In the fall of 1963 the Medical Superintendent of the School for the Retarded at Tranquille took over the community service in the Kamloops area by spending two days a month in the health unit there.

STATISTICS FOR THE PERIOD APRIL 1, 1963, TO MARCH 31, 1964

Consultations by Areas

	Adults			Children		
	Male	Female	Total	Male	Female	Total
Kelowna	32	44	76	29	20	49
Penticton	26	41	67	22	18	40
Kamloops	19	25	44	15	8	23
Vernon	12	23	35	10	8	18
Salmon Arm	4	11	15	5	3	8
Revelstoke	2	4	6	5	4	9
Totals	95	148	243	86	61	147

Patients Receiving Regular Treatment

	Adults			Children		
	Male	Female	Total	Male	Female	Total
Kelowna	20	37	57	20	6	26
Penticton	12	28	40	5	8	13
Kamloops	17	16	33	3	3	6
Vernon	3	11	14	2	5	7
Salmon Arm	3	2	5	2	2	4
Revelstoke	-----	3	3	-----	2	2
Totals	55	97	152	32	26	58

Adult Patients Receiving Treatment at Kelowna General Hospital

	Male	Female	Total
South Okanagan—			
Kelowna area	13	35	48
Penticton area	11	36	47
North Okanagan	5	20	25
Kamloops	-----	1	1
Other	3	2	5
Totals	32	94	126

Patients Certified to Crease Clinic, Provincial Mental Hospital, and The Woodlands School

	Adults			Children		
	Male	Female	Total	Male	Female	Total
South Okanagan—						
Kelowna	5	7	12	-----	-----	-----
Penticton	2	1	3	-----	-----	-----
North Okanagan	1	1	2	-----	-----	-----
Totals	8	9	17	-----	-----	-----

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