DEPARTMENT OF HEALTH SERVICES
AND HOSPITAL INSURANCE

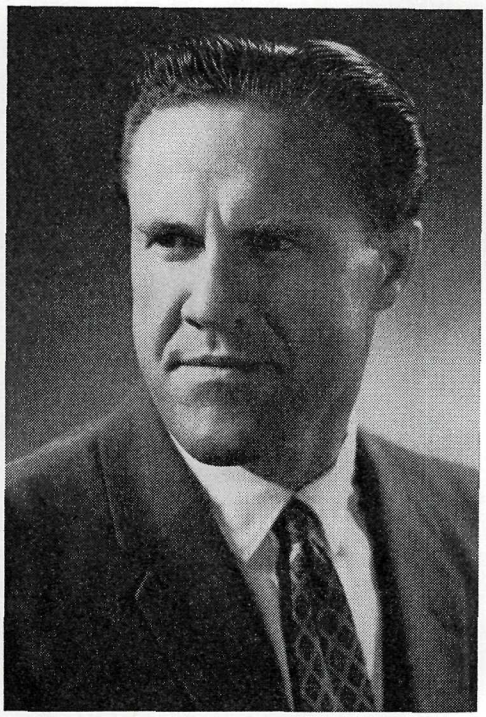
Mental Health Branch

PROVINCE OF BRITISH COLUMBIA

ANNUAL REPORT

1969

Printed by A. SUTTON, Printer to the Queen's Most Excellent Majesty
in right of the Province of British Columbia
1970



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

MAY IT PLEASE YOUR HONOUR:

The undersigned respectfully submits the Annual Report of the Mental Health Branch, Department of Health Services and Hospital Insurance, for the year 1969.

RALPH LOFFMARK,
Minister of Health Services and Hospital Insurance.

Office of the Minister of Health Services and Hospital Insurance,
Victoria, British Columbia, January 22, 1970.

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE,
MENTAL HEALTH BRANCH,
VICTORIA, BRITISH COLUMBIA, January 22, 1970.

The Honourable R. R. Loffmark,
Minister of Health Services and Hospital Insurance,
Victoria, British Columbia.

SIR,—I have the honour to submit the Annual Report of the Mental Health Branch for 1969.

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

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE
MENTAL HEALTH BRANCH

THE HONOURABLE RALPH LOFFMARK, *Minister of Health Services and Hospital Insurance.*

GENERAL ADMINISTRATION

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

A. PORTEOUS,
Assistant Deputy Minister of Mental Health.

J. S. BLAND, B.A., M.B., B.CHIR., D.P.M., C.R.C.P.(C.)
Consultant in Retardation and Children's Psychiatric Services.

F. A. MATHESON,
Departmental Comptroller.

MISS A. K. CARROLL, B.A., M.S.W.,
Social Service Consultant.

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

R. H. GOODACRE, B.A., M.A., C.P.H.,
Sociologist.

R. MCINNES, B.A., B.D., M.P.H.,
Statistician.

K. DENECKE, B.COM.,
Assistant Statistician.

MRS. F. IRELAND, B.A., M.S.W.,
Co-ordinator of Boarding Homes.

R. H. THOMPSON,
Director, Information Services.

N. WYLIE,
Administrative Officer.

COMMUNITY PSYCHIATRIC PROGRAMMES

G. R. MANSFIELD, D.P.M., C.R.C.P.(C.),
Director, West Kootenay Mental Health Centre.

A. J. BENNEE, M.B., B.CH., C.R.C.P.,
Director, North Okanagan Mental Health Centre.

F. E. MCNAIR, B.A., M.D., C.M., C.R.C.P.,
Director, South Okanagan Mental Health Centre.

D. BRASSET, M.S.W.,
Acting Director, South Central Interior Mental Health Centre.

P. ADRIAN, M.S.W.,
Acting Director, Upper Fraser Valley Mental Health Centre.

J. BROWN, M.S.W.,
Acting Director, East Kootenay Mental Health Centre.

P. FLOR-HENRY, M.B., CH.B., M.D., D.P.M.,
Director, Simon Fraser Mental Health Centre.

W. T. LAWSON, M.S.W.,
Acting Director, Central Vancouver Island Mental Health Centre.

J. A. STEEDMAN, M.D.,
Director, Northern Interior Mental Health Centre.

W. C. HOLT, M.D., C.R.C.P.(C.),
Director, Burnaby Mental Health Centre.

W. W. BLACK, M.B., B.SC., D.P.M., C.R.C.P.(C.),
Director, Boundary Mental Health Centre.

E. LUKE, M.B., CH.B., D.P.M., C.R.C.P.(C.),
Director, Central Fraser Valley Mental Health Centre.

J. T. WOOD, M.D.,
Director Saanich Mental Health Centre.

A. L. ARANAS, M.D.,
Director, Victoria Mental Health Centre.

K. J. MACKAY, M.B., B.S., CH.B.(ABERD.), L.M.C.C., C.R.C.P.(C.),
Director, Upper Island Mental Health Centre

MENTAL HEALTH SERVICES

H. W. BRIDGE, M.B., B.CH., M.Sc., C.R.C.P.(C.),
Director of Mental Health Services.

C. B. WATSON, B.A., M.A.,
Administrative Officer.

G. L. TOMALTY, B.A., M.P.A.,
Departmental Personnel Officer.

A. BISHOP, B.ED.,
Assistant Personnel Officer.

MRS. P. A. WEST, R.R.L.,
Consultant in Medical Records and Statistics.

B. F. BRYSON, B.A., M.D., C.M., F.A.P.A., *Superintendent, Riverview Hospital.*

W. J. G. MCFARLANE, B.A., M.D., D.PSYCH., C.R.C.P., *Clinical Director, Riverview Hospital.*

J. WALSH, M.B., B.CH., D.P.M., *Superintendent, Geriatric Division.*

A. P. HUGHES, M.D., B.SC., C.R.C.P., *Superintendent, The Woodlands School.*

J. BOWER, M.D., D.P.M., *Superintendent, The Tranquille School.*

P. A. LAVELLE, M.B., B.CH., D.P.M.,
Director, Residential Unit, British Columbia Youth Development Centre.

A. A. CASHMORE, M.D.(LOND.),
Director, Family and Children's Clinic, British Columbia Youth Development Centre.

D. C. SHALMAN, PH.D.,
Director, Psychological Education Clinic, British Columbia Youth Development Centre.

MRS. E. PAULSON, B.S.N., *Acting Director of Nursing Education.*

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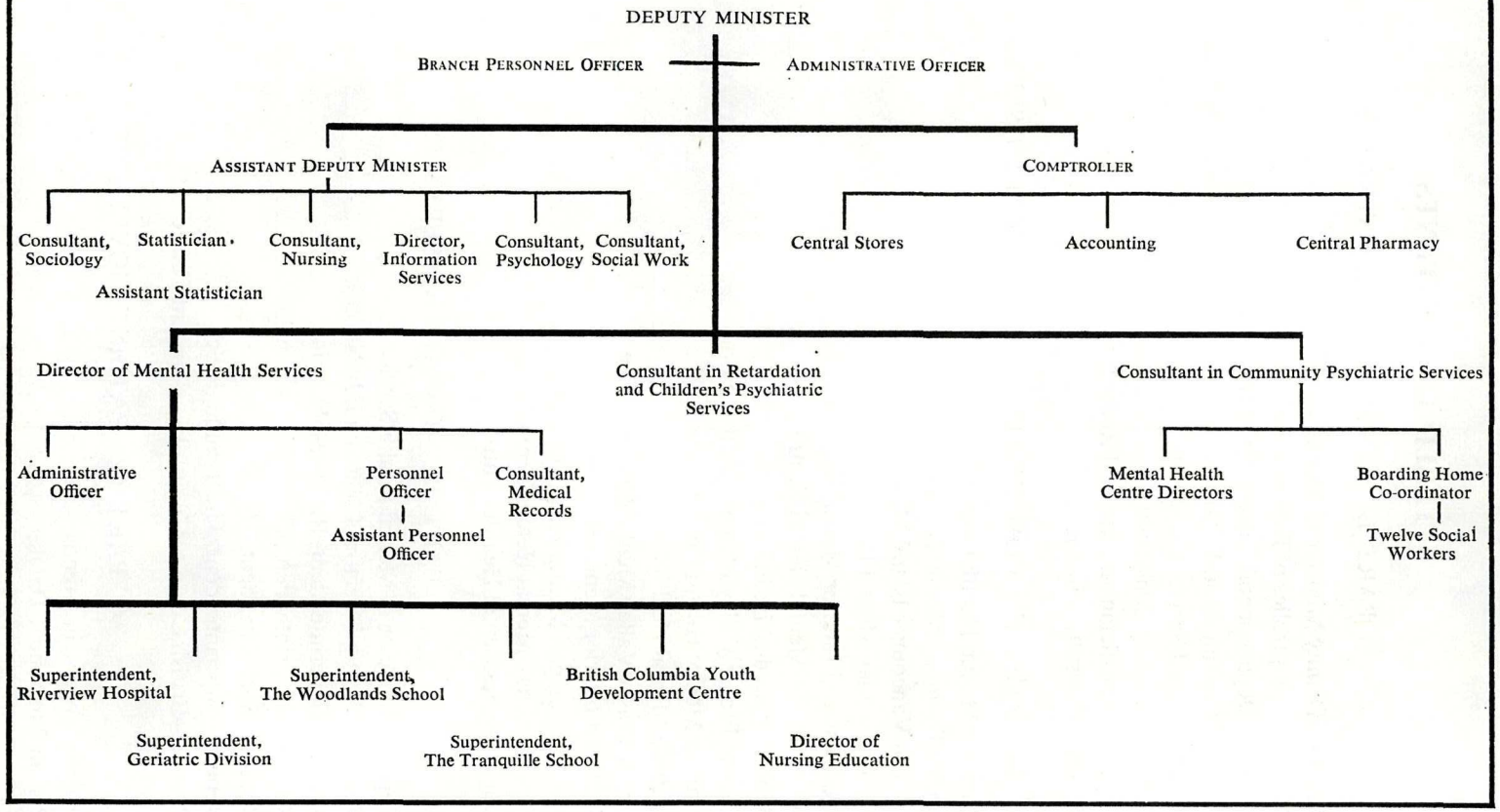
MENTAL HEALTH BRANCH

LINE ORGANIZATION CHART



PART I.—GENERAL ADMINISTRATION

Deputy Minister of Mental Health

Comptroller of Expenditure

Departmental Personnel Officer

Consultant in Retardation and Children's Psychiatric Services

Social Service Consultant

Nursing Consultant

Statistician and Medical Records Consultant

Consultant in Sociology

Report of the Mental Health Branch
1969

PART I.—GENERAL ADMINISTRATION

REPORT OF THE DEPUTY MINISTER OF MENTAL HEALTH

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

I am pleased to report that during the past year the Mental Health Branch has made satisfactory progress toward the goals set down in my Annual Report of 1968.

In order to achieve these aims a further refinement of the Branch Administration took place in April, 1969, and we now have established five divisions, each functioning under its own Director who is responsible to the Deputy Minister. They are as follows:—

Planning Division.
Administration Division.
Mental Health Services Division.
Special Services Division.
Community Mental Health Services Division.

Dr. Roger Congdon, who joined the staff as Consultant in Community Psychiatric Services, resigned in the latter part of the year. In April, 1969, Dr. Bland, the Co-ordinator of Mental Retardation Programmes, assumed the additional responsibility of Consultant in Child Psychiatric Services. As such he will assist in the planning and development of Children's Psychiatric Programmes throughout the Province.

I have been particularly pleased with the improved statistical and evaluative studies being undertaken by our staff, our increasing involvement in community programming, and the excellent liaison and co-operation we have had with other Government departments, particularly the Department of Social Welfare. The administration of our in-service facilities, the business administration and personnel function, and the work of all our consultants, remains at its usual high level of excellence.

In this report, the presentation of the statistical material regarding patients has been greatly simplified. Included are brief tables giving patient-movement data for the institutions and mental health centres for the calendar year 1969. Other statistical data will be published separately early in 1970.

The following over-all developments have, in my opinion, been of particular significance during the past 12 months.

COMMUNITY MENTAL HEALTH PROGRAMME

In addition to the 10 mental health centres already established, new centres have been opened for Boundary, Haney, Courtenay, Cranbrook, and Saanich. Every effort is being made to place in operation, as soon as possible, the two remaining mental health centres which are planned for the Skeena and the East Selkirk regions. Unfortunately, recruitment of mental health professionals for outlying

areas remains a constant problem, and there has been a particular reluctance on the part of psychiatrists to establish outside the metropolitan areas. At present, four mental health centres are being administered on a trial basis by social worker directors rather than by psychiatrists. I have every reason to believe that this alternative approach will prove successful, providing adequate psychiatric consultative and treatment services are made available locally. Failing this, the service of such a centre must, of course, be limited.

All too often the advent of a mental health centre in a community is seen as the answer to all local mental health problems. It may be appropriate, therefore, to stress at this time that the prime object of these centres is not to provide a fully comprehensive diagnostic and treatment programme for a community, but rather to develop, in co-operation with existing resources, a variety of services to meet the particular needs of a region. The majority of existing centres have found it necessary to provide the following services in varying proportions:—

(i) Direct treatment services for adults and children:

(ii) Consultative services to physicians, health, welfare, educational, and correctional agencies:

(iii) Educational programmes, both professional and non-professional:

(iv) Special programmes, e.g., supervision of the long-term patient, boarding-home care, preventative programmes, alcoholism programmes, etc.

The number of acute beds in general hospitals continues to increase with the addition of 203 additional beds during the past year. The Health Sciences Centre, Vancouver, opened in 1969 with an establishment of 60 beds, however, in spite of this addition there remains a continuing need for additional acute psychiatric beds in the general hospitals in metropolitan Vancouver. I am pleased to report that the necessary administrative changes have been completed to permit the Riverview Hospital to be designated as an " open hospital," available to qualified physicians in private practice, for the treatment of their mentally ill patients. This is a programme designed to augment the supply of psychiatric beds in major general hospitals. On September 1, 1969, the Board of Directors of the Royal Jubilee Hospital assumed responsibility for the operation and administration of the Eric Martin Institute, in accordance with the terms of a contract drawn up between the Government of British Columbia and the Board. The majority of administrative problems involved in opening this complex facility have now been dealt with, and the first patients will be admitted in January, 1970. Because of the lack of Federal cost-sharing for 50 of the 170 psychiatric beds, one ward of 50 beds has been allocated for the care of chronic pædiatric cases with retardation, who are eligible for extended care.

In December, 1968, the regulations of the British Columbia *Hospital Insurance Act* were amended to permit the Minister to designate certain hospitals for day-care and out-patient services to psychiatric patients. Once the Department has gained the necessary experience with this programme, I would hope that the programme would be extended.

We have continued to emphasize that it is highly desirable that the mentally ill patient eligible for extended care should be treated in his community on the same basis as the physically ill patient. During the past year we have met with success in the placement of severely handicapped retarded and psychogeriatric cases. In order to give impetus to this programme, consideration is being given to the development of specialized extended-care facilities in association with general hospitals, on a regional basis, for these two categories of patients.

The boarding-home programme for psychiatrically disabled and retarded, operated jointly by the Department of Social Welfare and the Mental Health Branch, continues to be most effective, with a case load of approximately 850. The majority of patients continue to be placed in the Lower Mainland and in the vicinity of Victoria. However, formal agreement has now been reached with the Department of Social Welfare permitting regionalization of this programme. The necessary psychiatric supervision will be provided by the local mental health centre and the programme will be initiated as soon as the necessary social work staff can be recruited.

RETARDATION PROGRAMME

A very high level of care is being provided by our two facilities for retardates. On October 1, 1969, The Tranquille School became a regional facility responsible for the provision of all assessment, admission, and treatment services to the retarded, in those regions of the Province comprising Mental Health Planning Regions 1, 2, and 6. Prior to that date, the majority of patients were first admitted to The Woodlands School and later transferred to The Tranquille School for continuing care. This has necessitated the recruitment of additional professional staff and the admission of a wider variety of diagnostic categories into The Tranquille School programme. The boarding-home and foster-home programme for retardates is running smoothly and the Bevan Lodge, which now houses 67 patients in intermediate care, together with 11 patients in day care, has proved a most successful project, which we hope to repeat in other areas of the Province, thus freeing beds for more severely retarded patients in our major institutions. In April, 1969, the Department of Public Works purchased Our Lady of Fatima School in Maillardville, which has now been extensively renovated and was opened in October, 1969, as an annex to The Woodlands School, for 50 trainees. This facility will be primarily used for the preparation of trainees for placement in the community.

As already mentioned, one ward of the Eric Martin Institute has been designated as an extended-care unit for chronic pædiatric cases with retardation. It is anticipated that in the spring of 1971 the Glendale Hospital at Royal Oak will come into operation and will provide a further 150 extended-care beds and 150 beds for severely retarded. These developments, in conjunction with an expanding boarding-home and intermediate-care programme, should go a long way toward meeting the needs of severely retarded, with or without physical handicaps, in the immediate future.

The community programme for the less-severely retarded trainable and educable individuals has also been proceeding satisfactorily with the provision of special classes, hostels, and improved training programmes. I would particularly wish to note the transfer of the Smithers Experimental Farm from the Federal Government to the Provincial Government, for operation by the local chapter of the Association for Retarded Children of British Columbia as a training centre. Unfortunately, difficulty still exists in providing operating costs for workshops where their prime objective is that of providing activity, rather than training, assessment, or limited productivity.

CHILDREN'S SERVICES

One of the most important advances in the past year has been the establishment of a Youth Resources Panel, composed of senior administrators from the Departments of the Attorney-General, Education, Welfare, British Columbia Hospital Insurance Service, Health Branch, and Mental Health Branch. The prime purpose of this group is to assess the needs of emotionally disturbed children throughout the Province, and to attempt to co-ordinate and integrate planning in the provision of

programmes at the Government level. Children's programmes are administered under a variety of statutes and varying fiscal arrangements, and involve a wide range of professional disciplines. The value of such a committee, therefore, cannot be over-estimated.

The Interdepartmental Case Review Committee, established in 1961 in conjunction with the Special Placement Section of the Department of Social Welfare, continues to deal with the placement of difficult individual cases. It is hoped that, in collaboration with the Department of Social Welfare, this service can be further expanded so that a registry of emotionally disturbed children can, in due course, be established to ensure the most effective use of existing resources.

Capital construction grants have been made available, in accordance with the *Treatment Resources Act* upon the recommendation of the Minister of Health Services and Hospital Insurance, to a variety of non-profit societies who provide care for emotionally disturbed children and retardates. Under this Act, up to one-third of the capital construction cost can be met by Government grant, providing 10 per cent is available from the non-profit society. The remaining 56⅔ per cent of the cost of construction may be obtained through the Central Mortgage and Housing Corporation, or by other means. In the majority of instances, these facilities have been operated on a *per diem* grant provided by the Department of Social Welfare. It has, therefore, been necessary to establish a Rate Board with representation from the Department of Social Welfare and the Mental Health Branch to advise on the administration of this programme. Mention should be made of the increasing involvment of our staff, particularly Dr. J. S. Bland, in the inspection and evaluation of residential treatment centres for children. Steps have also been taken to ensure that regular progress reports on individual patients who are the responsibility of the Superintendent of Child Welfare are submitted on a regular basis.

In August, the British Columbia Youth Development Centre admitted its first patients to the Residential Unit and to the adolescent day-care programme. The Family and Children's Service Division of the complex was, of course, in operation at the beginning of the year, and has continued to provide its high level of service. Six out of the seven classrooms in the Psychoeducational Unit came into operation in September, and this promises to be an extremely valuable programme, with good liaison being established with the Simon Fraser University, Department of Special Education.

In common with other Provinces, British Columbia suffers from a marked shortage of professionals skilled in working with emotionally disturbed children. It has, therefore, been necessary not only to recruit child care counsellors, but to train them before the Residential Unit could be brought into operation. This has led to some fragmentation of the programme, and as a result time will elapse before the buildings can be put to optimal use; however, in the coming year, this Centre will be brought into full operation with complete integration of the three divisions. Not only should the British Columbia Youth Development Centre provide a high caliber of consultative, diagnostic, and treatment programmes, but it should become increasingly involved in the training of the much-needed professional staff.

Mental health is not an easy field in which to work. The demands and expectations of society are all too often unrealistically high, the sense of achievement and reward limited, and enthusiasm can readily give way to cynicism in the face of criticism. In conclusion, therefore, I would like to commend the staff of the Mental Health Branch for their continuing dedication to the care of their patients, and their interest in the mental health of the community at large.

REPORT OF THE COMPTROLLER OF EXPENDITURE

F. A. MATHESON, COMPTROLLER

The following report of the areas for which the Comptroller of Expenditure is responsible covers the period from April 1, 1968, to September 30, 1969.

Financial statements covering the operation of the Mental Health Branch will be prepared for the fiscal year April 1, 1968, to March 31, 1969, as soon as the accounts are reconciled with the public accounts.

The period under review has been a very active one. Major items of particular interest are as follows:—

MAJOR CAPITAL PROJECTS

Headquarters, Victoria.—The Deputy Minister and his staff moved into new quarters in the Dogwood Building on January 15, 1969.

Eric Martin Institute, Victoria.—The Eric Martin Institute was completed and, following negotiations, a contract was signed with the Royal Jubilee Hospital for the operation of the Eric Martin Institute. It is anticipated that this facility will start admitting patients early in January, 1970.

Glendale Hospital, Victoria.—A contract in the amount of $4,914,000 was let for the main hospital unit of the Glendale Hospital in March, 1969.

The contractor was making good progress on this project and it is anticipated that the building will be completed by December, 1970. The boiler-house and laundry were almost completed and all the machinery and equipment had been installed by the year end.

British Columbia Youth Development Centre, Burnaby.—All buildings for this project were completed and accepted by the Department of Public Works from the contractor on March 19, 1969.

The landscaping and the construction of the children's outside play-area was nearing completion.

The first patients were admitted to this facility for treatment in August, 1969.

Renovation of Centre Building, Wards J and K, G and Con, The Woodlands School, New Westminster.—The second phase of this renovation project was completed in September, 1969.

After discussion with the Department of Public Works regarding the completion of the renovation work in Wing 4 of the Centre Building and the buildings housing Wards J and K, G and Con, it was decided that it would be in the best interests of all concerned if these areas were demolished and replaced with five 20-bed cottage units. A start was made on preliminary planning in this connection.

Renovation of West Lawn Building, Riverview Hospital, Essondale.—Work in connection with the major renovation of the West Lawn Building started, and it was expected that the first phase of this project will be completed in February, 1970.

COMMUNITY SERVICES

During the period under review, seven new mental health centres started operating, as follows:—

(1) *South Central Interior Mental Health Centre, Kamloops.*—Started operating in July, 1968, in quarters located in the new public health building.

(2) *Simon Fraser Mental Health Centre, New Westminster.*—Started operating in November, 1968, in rented quarters.

(3) *Mental Health Centre, Saanich.*—Started operating as a separate unit from the Victoria Mental Health Centre in May, 1969. Arrangements were made to provide them with rented quarters located in Royal Oak.

(4) *Central Fraser Valley Mental Health Centre, Haney.*—Started operating in June, 1969, in rented quarters.

(5) *Upper Island Mental Health Centre, Courtenay.*—Started operating in June, 1969. They have been operating out of inadequate facilities in the public health building, Courtenay; however, arrangements were completed to provide them with more suitable rented quarters.

(6) *East Kootenay Mental Health Centre, Cranbrook.*—Started operating in October, 1969, in facilities in the public health building.

(7) *Boundary Mental Health Centre, Cloverdale.*—Started operating in May, 1969. New facilities were provided for this centre in the public health building in Surrey.

INSTITUTIONS

Arrangements were made with the British Columbia Medical Services Plan to cover all patients in mental health institutions under the plan. This became effective on March 1, 1969. In addition, the British Columbia Medical Plan is billed for full-time, part-time, and sessional physicians employed in the institutions, who are providing direct-treatment services to the patients. Billings in this connection started on July 1, 1968.

Buildings, grounds, equipment, and furnishings of all institutions were maintained in a satisfactory manner during the period under review, and a considerable amount of new and replacement equipment and furniture was purchased.

Items of special interest where the institutions are concerned are as follows:—

Riverview Hospital, Essondale.—The Canadian Hospital Association Accreditation Committee inspected the Riverview Hospital and in their report, amongst other things, pointed out certain deficiencies in fire protection. Arrangements were made for the Fire Marshal's Department to make a complete survey of the Riverview Hospital, and the report of the inspection contained numerous recommendations, some of which involved major construction. All recommendations in connection with minor deficiencies were corrected and the Department of Public Works is developing plans to implement major work, which consists mainly of enclosed stairwells for the various buildings.

Outside consultants were employed to make a complete survey of the dietary service at the Riverview Hospital. Their report was received and work has started in carrying out some of the recommendations.

The Department of Public Works employed outside consultants to make a survey of the laundry services being supplied by the Riverview Hospital laundry to not only the Riverview Hospital, but Valleyview Hospital and The Woodlands School. Work was commenced on some of the recommendations in an effort to improve the laundry service on a short-term basis. The report indicated that a new laundry will be required within a five-year period, and preliminary work was started on the planning for the new facility.

The Woodlands School, New Westminster.—The first phase of the new industrial therapy building was completed and is in operation.

Arrangements were made with the Parks Branch for The Woodlands School to use the Gold Creek Camp in Garibaldi Park, which was formerly used by the Attorney-General's Department. The camp has only been used on a day basis,

but it is hoped that in the near future accommodation will be provided in order that the patients may spend a week or two during the summer months in this facility.

Alder Lodge, Maillardville, which was formerly the Lady Fatima School, was purchased by the Government. It provides accommodation for 50 patients and is being used to train patients who are nearly ready for discharge.

New fire escapes were installed in all the cottage units.

A new semi-automatic telephone exchange was installed and is in operation.

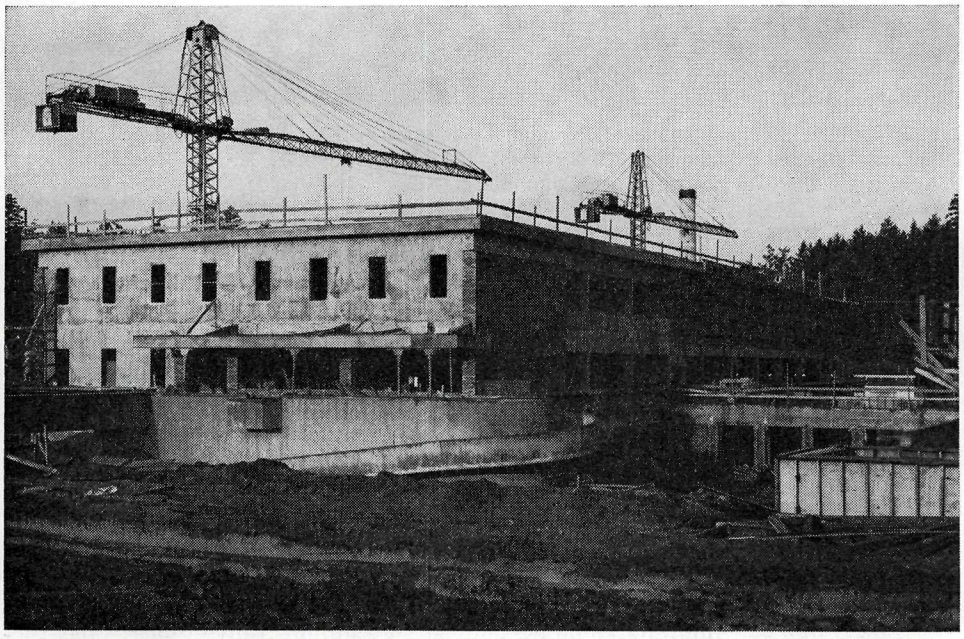
A contract was let for the renovation of Wards 32 and 33.

The Tranquille School, Tranquille.—New dental facilities were provided for The Tranquille School.

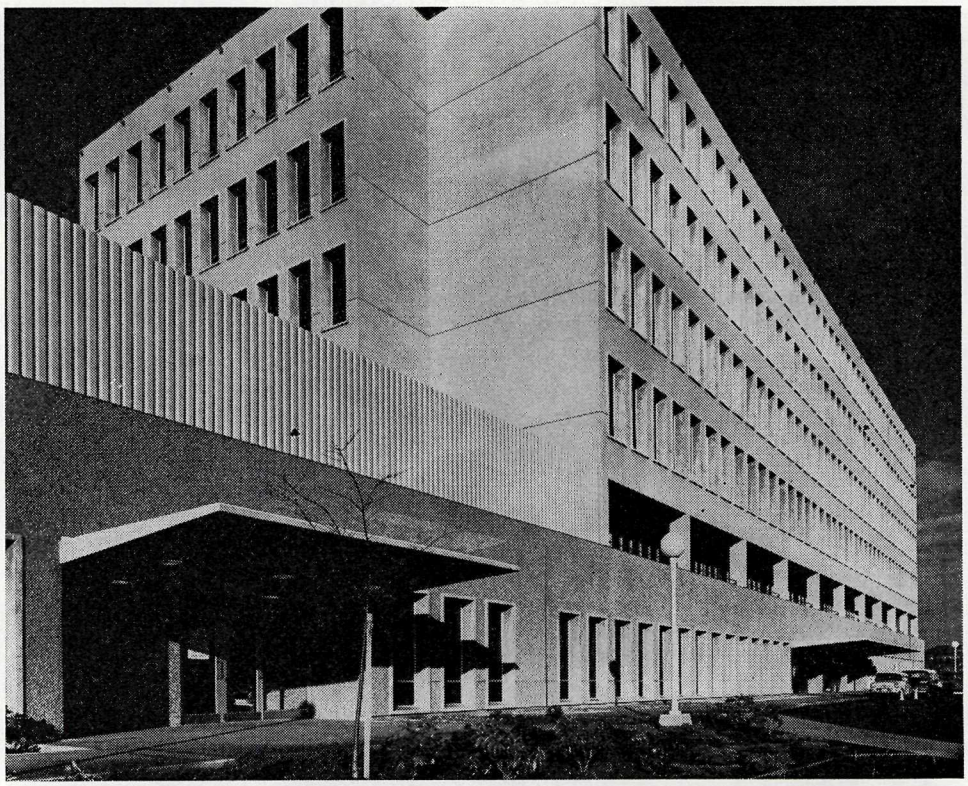
The renovation and addition to the laundry were completed.

Valleyview Hospital, Essondale.—A new ventilation system was installed on Wards 4 and 5, 6 and 7, 8 and 9. A contract was let and work was under way for new fire escapes for these wards.

Skeenaview Hospital, Terrace.—It was expected that this institution would be gradually phased out, and only essential maintenance work has been carried out. However, it later developed that the hospital would not be phased out and, therefore, extensive repairs are now required, including a new kitchen. The Department of Public Works is working on plans in this regard.



Construction on the new Glendale Hospital, Victoria, is progressing according to schedule. The above photograph was taken in December and shows a part of the main building. The hospital will provide care for 300 severely and moderately handicapped, to profoundly retarded, children and adults.



The Eric Martin Institute of Psychiatry, Victoria, British Columbia, will be officially opened on Tuesday, January 20, 1970, by the Honourable W. A. C. Bennett, Prime Minister of the Province of British Columbia.

THE ERIC MARTIN INSTITUTE OF PSYCHIATRY

The Eric Martin Institute provides accommodation for 150 adult beds and 20 pædiatric beds and will serve the residents of Vancouver Island. It was designed and built by the Department of Public Works of the Province of British Columbia at a cost of approximately $6,500,000, including equipment and furnishings.

The building incorporates the modular system of design, which enables the semi-movable partitions to be changed in keeping with future medical requirements, at a minimal cost. This also applies to the mechanical and electrical services, which follow the modular concept. Comprising six floors of reinforced-concrete construction, the Institute's floor plan consists of the following:—

Basement. — Dietary services, staff dining facilities, central storage, and mechanical rooms.

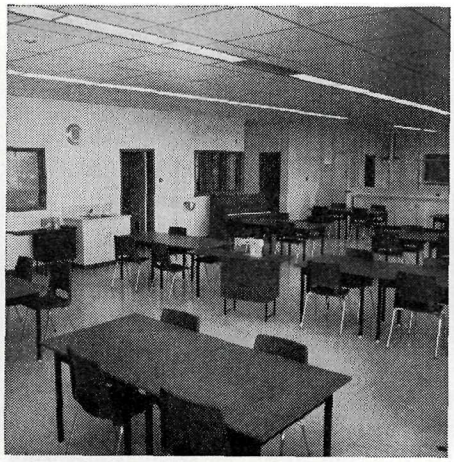
First Floor.—Admitting facilities, clinical and administrative offices; the Victoria Mental Health Centre.

Second Floor.—Day-hospital facilities; occupational and recreation therapy departments; physiotherapy suite.

Third, Fourth, and Fifth Floors.—Adult psychiatric patient accommodation of 150 beds; each nursing-unit combines single, double, and 4-bed rooms.

Sixth Floor.—Accommodation for 20 pædiatric beds located in two self-sufficient nursing-units; the floor has an open-air play deck.

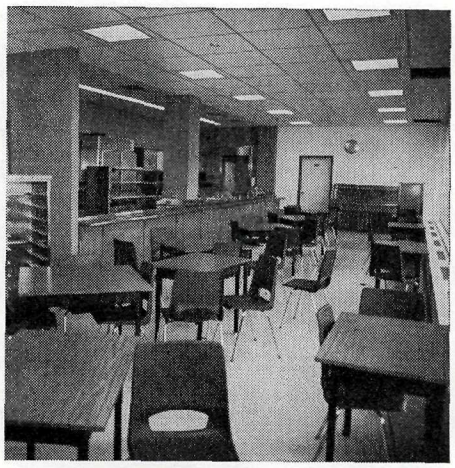
The building is fully air-conditioned for the comfort of patients and staff. A car-park provides parking for 164 cars.

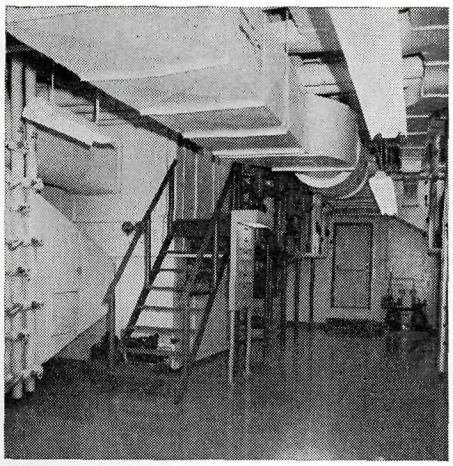


Most of the second floor is devoted to patients' activities and provides facilities for occupational and recreational interests.

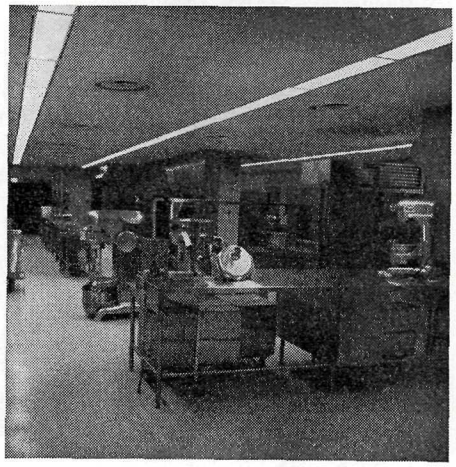
Spacious lounge areas, many with nice views, will be used by patients and their guests for visiting.

Large, cheerful dining areas allow patients to sit at separate tables, and feature modern cafeteria-style equipment.





The building utilizes an outdoor induction system and a high-velocity terminal reheat air system. Steam heat is piped from the Royal Jubilee Hospital.



Modern kitchen facilities, located in the basement, will be used to prepare meals for transport by steam tables to the dining areas.

PERSONNEL REPORT

G. L. TOMALTY, DEPARTMENTAL PERSONNEL OFFICER

The statistics given in Tables A, B, C, D, and E are based on the fiscal year April 1, 1968, to March 31, 1969. They show the following changes in the establishment of the Mental Health Branch during that period:—

Deputy Minister's office and community services	(decrease)	63
In-patient care facilities	(increase)	185
Total increase		122

During the fiscal year the number of staff recruited increased by 132. The number of students recruited decreased by 44, which was attributed to the lower educational standard of applicants, and a high drop-out in the early stages of training, because of inability to meet the requirements of training.

Recruitment in general was similar to last year, as indicated in Table B.

The over-all nursing-staff total was down 28 from the previous year. There was an increase of 54 registered nurses and 69 psychiatric nurses on staff from March 31, 1968, to March 31, 1969. Psychiatric-aide staff decreased by 98, and the number of student nurses in training was down 53.

For the period April 1, 1969, to October 31, 1969, there were 105 new positions approved by Order in Council. These included 52 at The Woodlands School, 26 at Riverview Hospital, 24 at The Tranquille School, 1 at Valleyview Hospital, 1 at the Victoria Mental Health Centre, and 1 in General Administration. All have been activated for recruitment, and the majority were filled by the year-end.

Nursing-staff turnover was down from 27.9 per cent in 1968 to 23.26 per cent, and the total staff turnover for the Branch was down from 26.7 per cent to 23.05 per cent.

During the year this Department was able to take a more active part in classification reviews. As a result of six on-the-job studies, and one other investigation, five requests for reclassification were handled at the Mental Health Branch level. Other requests were forwarded with recommendations for a classification review by the Civil Service Commission. Of these, 22 positions were upgraded, 6 were left at the same level, and 11 have not been finalized through normal classification reviews done by the Civil Service Classification Division.

In addition, studies were made of the Industrial Therapists, Recreational Instructors, Occupational Therapists, Physiotherapists, and at the year-end studies were under way on Telephone Operators and Housekeepers. Industrial Therapists' classifications were changed to Seamstress, but final decisions have not been reached on the other studies.

Progress was made in plans for a series of circulars covering personnel administration policy and procedures for the Mental Health Branch, which will eventually be developed into a complete Personnel Administration Manual.

Recommendations were made to the Civil Service Commission which resulted in eliminating the requirement for normal birth and marriage certificates, and other documents, to be sent by registered mail.

A new Change of Address form was recommended and adopted.

Responsibility for accident prevention throughout the Mental Health Branch was assigned to the Personnel Officer. A policy was issued and a new Safety Pro-

gramme was formally launched at a kick-off in May. Unit personnel were gradually being educated in safety matters.

An organization study of the Nursing Division at Valleyview Hospital was completed, and recommendations forwarded to the Civil Service Commission for approval.

Job specifications were developed and approved for the Mental Health Nurse, 1 and 2; Handicraft Instructors, 1, 2, and 3; Director of Patient Education and Training at two schools; and submitted on Psychologists, 1, 2, 3, 4, and 5.

Considerable work was done on presenting the Mental Health Branch viewpoint regarding the status of the Business Administrators within the Mental Health Branch institutions. This was finalized with the Civil Service Commission in October.

STATISTICAL TABLES

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

Staff recruited, excluding students	1,369
Staff separated, transferred, etc., excluding students	1,237
Increase	132
Total staff, excluding students, as of March 31, 1969	3,893
Total staff, excluding students, as of March 31, 1968	3,761
Increase	132
Quarterly staff average, excluding students, 1968/69	3,917
Quarterly staff average, excluding students, 1967/68	3,805
Increase	112

	Male	Female	Total
Student enrolment as of March 31, 1969	19	227	246
Student enrolment as of March 31, 1968	20	279	299
Change	—1	—52	—53

Student quarterly average, 1968/69	259
Student quarterly average, 1967/68	303
Change	—44

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

	Recruited	Separated
Physicians	44	32
Registered nurses	77	65
Psychiatric nurses	326	253
Female psychiatric aides	239	292
Male psychiatric aides	46	82
Teachers	12	4
Occupational therapists	14	8
Industrial therapists (seamstress)	2	4
Recreational therapists	5	4
Psychologists	20	8
Social workers (psychiatric)	35	26
Dietitians	3	3
Cooks	3	6
Kitchen helpers	79	75
Clerks	27	21
Clerk-stenographers	47	31
Laundry workers	52	39
Miscellaneous professional	29	28
Miscellaneous technical	112	108
Miscellaneous	196	134
Sub-totals	1,369	1,224
Miscellaneous adjustments, transfers, etc.	------	+13
Totals	1,369	1,237

TABLE C.—SUMMARY OF STAFF TURNOVER

Nursing Staff

Classification	1967/68	1968/69	Change
	Per Cent	Per Cent	Per Cent
Male psychiatric nurses	16.9	12.34	−4.56
Female psychiatric nurses	30.6	28.16	−2.44
Registered nurses	34.2	27.09	−7.11

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

By Pay Division

Pay Division	Temporary Relief Staff Excluded, 1967/68	Temporary Relief Staff Excluded, 1968/69
	Per Cent	Per Cent
General Administration, including Mental Health Centres and Nursing Education	19.7	16.6
Riverview Hospital	30.3	22.9
The Woodlands School	28.7	21.82
The Tranquille School	40.6	23.8
Valleyview Hospital	33.8	32.9
Dellview Hospital	27.4	14.7
Skeenaview Hospital	48.4	47.4
Mental Health Centre, Burnaby	21.02	17.2
British Columbia Youth Development Centre	N.A.	12.9
Over-all turnover	26.7	23.05

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

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

	Fiscal Year 1967/68		Fiscal Year 1968/69	
	Positions in Establishment as of March 31, 1968	Number on Staff as of March 31, 1968	Positions in Establishment as of March 31, 1969	Number on Staff as of March 31, 1969
General Administration	60	45	60	52
Department of Nursing Education	68	68	68	68
Mental health centres	193	138	130	101
Sub-totals	321	251	258	221
In-patient care—				
Riverview Hospital	1,638	1,605	1,661	1,661
The Woodlands School	873	897	873	899
The Tranquille School	372	378	372	377
Valleyview Hospital	443	457	448	467
Dellview Hospital	97	97	98	97
Skeenaview Hospital	74	76	74	76
British Columbia Youth Development Centre	-----	-----	157	93
Total of vote	3,497	3,510	3,682	3,670
Total Civil Service positions	3,818	3,761	3,940	3,891
Student psychiatric nurses	325	299	325	246
Totals	4,143	4,060	4,265	4,137

TABLE E.—COMPOSITION OF NURSING STAFF BY UNIT, MENTAL HEALTH BRANCH, AS AT MARCH 31, 1969

Unit	Registered Nurses		Psychiatric Nurses				Psychiatric Aides				Students				Unit Total	Per Cent of Total
	Number	Per Cent	Female	Male	Total	Per Cent	Female	Male	Total	Per Cent	Female	Male	Total	Per Cent		
Riverview Hospital	92	9.67	284	260	544	57.20	208	107	315	33.13	-----	-----	-----	-----	951	37.76
Valleyview Hospital	21	6.38	100	50	150	45.69	131	27	158	47.93	-----	-----	-----	-----	329	13.08
Dellview Hospital	1	1.75	22	11	33	57.89	11	12	23	40.36	-----	-----	-----	-----	57	2.26
Skeenaview Hospital	-----	-----	6	11	17	33.33	29	5	34	66.67	-----	-----	-----	-----	51	2.03
The Woodlands School	36	6.05	211	97	308	51.76	166	85	251	42.19	-----	-----	-----	-----	595	23.58
The Tranquille School	7	2.94	61	47	108	45.58	79	43	122	51.48	-----	-----	-----	-----	237	9.43
Mental Health Centres	10	100.00	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	10	0.39
Mental Health Centre, Burnaby	4	44.44	2	2	4	44.44	-----	1	1	11.12	-----	-----	-----	-----	9	0.37
British Columbia Youth Development Centre	4	80.00	-----	-----	-----	-----	-----	1	1	20.00	-----	-----	-----	-----	5	0.19
Division of Nursing Education	28	10.18	-----	-----	-----	-----	1	-----	1	.36	227	19	246	89.46	275	10.91
Totals	203	8.06	686	478	1,164	46.21	625	281	906	35.96	227	19	246	9.77	2,519	100.00
Totals, March 31, 1968	149	5.85	627	468	1,095	42.99	687	317	1,004	39.42	279	20	299	11.74	2,547	-----
Difference (+ or —)	+54	-----	+59	+10	+69	-----	—62	—36	—98	-----	—52	—1	—53	-----	—28	-----

REPORT OF CONSULTANT IN RETARDATION AND CHILDREN'S PSYCHIATRIC SERVICES

J. S. BLAND, B.A., M.B., B.CHIR., D.P.M., C.R.C.P.(C.)

This Consultant has two principal functions. One is to represent the Deputy Minister on a number of committees and study groups; the other is to assist community agencies in planning and providing appropriate services and facilities. Of particular interest during the past 12 months has been the exploration of ways and means whereby improved standards of care can be attained for all those suffering from mental retardation, and for all children with emotional disorders.

During the year, the Consultant represented the Mental Health Branch on the Youth Resources Panel, the interdepartmental committee on rehabilitation resources, and the Rate Board. Each of these newly formed committees is concerned with ensuring that all Government departments and community agencies co-operate and co-ordinate to avoid unnecessary fragmentation and duplication, so that optimum use may be made of the available resources.

The Consultant visited several communities to learn of their problems at first hand, and in July made a tour of most of the northern cities, being particularly interested in the services available for the mentally retarded. A visit was made to the Smithers Farm, which will provide a much-needed training and occupational service for many of the young adult retarded in northern British Columbia. It is envisaged that between 20 and 30 people will be able to live on the farm, and an increasing number of others attend daily and live in the local community. This resource will be administered by the Provincial Association for the Retarded, with Government support.

The two facilities mentioned in last year's report, Bevan Lodge at Courtenay and Alder Lodge at Maillardville, are now in full operation, with 68 and 50 residents respectively. In the future, there may be a wider application of this type of care and training for the young adult retarded who does not need to be in a hospital or traditional institution.

Many separate agencies provide residential treatment programmes for emotionally disturbed children. Some of these programmes are new and the Mental Health Branch is co-operating with the agency in determining the type of problem that can best be handled by any particular facility. There is little doubt that at present many children are inappropriately placed because of the lack of the needed resource. For example, there needs to be a widespread provision of psychiatric beds for children in general hospitals and also a small number of beds for seriously disturbed adolescents who require long-term care in a security setting.

Definite progress is being made.

REPORT OF SOCIAL SERVICE CONSULTANT

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

During the year, all mental health facilities were visited on request. The following consultative social services were provided:—

(1) Community organization and community planning and development programming.

(2) Evaluation of administration, programme goals, and coverage in the social service departments of the hospitals, training schools, and community mental health centres in the Mental Health Branch as they related to the development of co-operative services with community health, welfare, and rehabilitative resources.

(3) Advice and consultation in the planning and development of family care, boarding home, and special group-care facilities for the mentally disordered adult. The major task accomplished in the boarding-home programme in 1969 was the drafting, in conjunction with the Department of Social Welfare, of a plan for the regionalization of this service. The new programme will serve community public health and social welfare agencies and physicians, as well as the mental health facilities. Additionally, the programme will offer assistance to communities in developing suitable licensed boarding-home resources for the use of mentally disabled citizens not in need of institutionalization.

The provision of resources was enhanced by the passing of the *Treatment Resources Act* in 1969, which provides that grants of money may be made to non-profit organizations for the purpose of providing boarding-home resources offering intermediate levels of care or programme to mentally handicapped persons.

The *Community Care Facilities Licensing Act,* of 1969, made it permissible for a home to accept two disabled boarders without the requirement of a Community Care Facilities License. Riverview Hospital and The Tranquille School were able to expand resources by use of these foster-home types of care.

Prince George, Trail, Kelowna, and Vernon have committees drawn from public-minded lay and professional citizens who are studying and planning their city's resources.

(4) Consultation concerning the development of social service programmes in the psychiatric divisions of general hospitals was sought by directors of mental health centres and the regional social work consultants.

(5) At the end of 1969 there were approximately 686 persons living in the community on boarding-home leave from the Provincial hospitals for the mentally ill and the institutions for the mentally retarded. In addition, there were many other persons fully discharged from the mental health facilities who were also settled into boarding homes.

Gains were made during the year in the provision of boarding-home beds for adult retardates, primarily with the assistance of Government funds. Placements were made into Bevan Lodge, the large colony-type home for retardates sponsored by the Bevan Lodge Association.

At the year-end, inquiries were received from two small licensed private hospitals about the possibility of converting their establishments into boarding homes offering an intermediate care service. These are resources which might well accommodate special retardates or psychiatrically handicapped groups.

Much of the programme from Riverview Hospital consisted of replacement of persons who had come into hospital for brief treatment periods. Many persons in Riverview Hospital could be placed into the existing type of boarding homes if more such homes were available. Provision of these resources will be achieved through regionalization of the programme. The extension of facilities will place increased emphasis on pre-discharge programmes within the hospital, as many patients who are well able to leave the facility experience fear of doing so.

There continued to be a great shortage of homes to serve the young but fairly chronic patient from Riverview Hospital. It is expected that some homes for this group will be opened with assistance under the *Treatment Resources Act* and with new policies in respect of operating costs.

Valleyview Hospital's admission policies and pre-admission services had the effect of limiting the resident population to persons who need an intermediate care resource upon release from hospital. Further, the majority of persons who are released have sufficient private income to pay for a higher level of care, so that this was the type of placement made most frequently from the hospital in 1969.

Discharges from "released on leave" status were up markedly during 1969 from previous years in line with the policy to not retain on hospital status those persons doing well under the care of their community physician. The majority of persons discharged are paying their own care costs. Valleyview Hospital continued to provide emergency consultation following discharge; priority for re-admission; and drugs, if this is necessary from a financial standpoint.

Riverview Hospital continued to provide the services of an occupational therapist and a part-time handicrafts assistant to the programme.

Consultative services regarding boarding-home resources with a view to placement were provided to a variety of community agencies, including child-care agencies and community based psychiatric facilities, as well as to private individuals. Consultation regarding the establishment of boarding-homes resources by organizations was given, and also community orientations to the boarding-home programme.

TABLES AND NOTES

TABLE I.—BOARDING-HOME PROGRAMME, JANUARY 1 TO OCTOBER 31, 1969

Mrs. F. Ireland, Boarding Home Co-ordinator

Patient Movement	Riverview Hospital	Valleyview Hospital[1]	The Woodlands School	The Tranquille School
Patients on boarding-home programme as of January 1, 1969	394	113	89	43
New placements during year	65	46	72	55
Returns to boarding-home care from institutions (replacements)	80	9	13	4
Returns to institutions during year	107	29	17	4
Deaths	9	11	----	----
Discharged from boarding-home programme	14	72	13	27
Patients on boarding-home programme as of December 31, 1969[2]	410	53	145	78

[1] Figures in this column include projected figure to December 31, 1969.
[2] All totals include a projected figure to December 31, 1969.

EXPLANATORY NOTES, TABLE I

1. Three times as many placements into boarding-home care were made from the institutions serving retardates as was the case in 1968. The opening of Bevan Lodge provided 70 new beds in the community. For the first time in the history of the boarding-home programme, more persons were returned to boarding-home care from Riverview Hospital than were placed out for the first time. Please *see* text of this report for further explanation.
2. Returns to Riverview Hospital were proportionately moderately up from previous years.
3. Of the 14 Riverview Hospital patients discharged from boarding-home leave, six were discharged to full-time employment, four to family, two to the supervision of the Department of Social Welfare, one to own resources, and one to private hospital.

The policy of Valleyview Hospital was to discharge from leave all persons able to pay their own way in boarding homes, who were doing well under the care of their community physician. Valleyview continued to provide a consultative service in these cases. Seventy-five such discharges were made in 1969 (projected figure).

The high number of discharges made from The Woodlands School and The Tranquille School were chiefly persons residing in Bevan Lodge, who were discharged to the care of the local community services after three months of stable residence in the home.

TABLE II.—ANALYSIS OF RETURNS TO INSTITUTIONS, JANUARY 31 TO OCTOBER 31, 1969

Reason for Return to Institution	Riverview Hospital	Valley-view Hospital	The Woodlands School	The Tranquille School
Returned for reason of psychiatric illness or behaviour problem	88	19	6	3
Returned for reason of physical condition or other situation (e.g., home closed)	19	10	11	1
Totals	107	29	17	4

EXPLANATORY NOTE, TABLE II

Of the 88 persons returned to Riverview Hospital because of psychiatric or behavioural reasons, 34 went out to boarding-home care again during the reporting period, 26 within less than a month. The majority of the 19 persons returned for physical reasons also went back to boarding-home care, so that about one-half of the total number of persons (107) who were returned to hospital were replaced.

TABLE III.—PATIENTS ON BOARDING-HOME LEAVE EMPLOYED AS OF OCTOBER 31, 1969

Degree of Employment and Earnings	Riverview Hospital	The Woodlands School	The Tranquille School
Fully employed, self-supporting	5	----	1
Fully or partially employed, partially self-supporting toward board payment	12	1	8
With seasonal job or small but regular job; earning own comforts, clothing, etc.	33	4	7
Employed in sheltered workshops	----	13	12
Totals	50	18	28

EXPLANATORY NOTES, TABLE III

1. In addition to the five persons from Riverview Hospital who are fully employed but remain on boarding-home leave, six persons were discharged to full-time employment and one person completed successfully the Chef Training Course at Burnaby Vocational Institute.

2. Over one-third of the persons on boarding-home leave from The Tranquille School were able to secure a degree of useful occupation.

Assistance was given to the personnel officers of the Civil Service Commission and the Branch in recruitment and retention. Assistance was provided to the Branch in staff patterning and projects for on-going staff development. In April of this year, the 26 students from the School of Social Work, University of British Columbia, completed their period of supervised social work in mental health facilities. In September, 24 new social work students started the training programme. Five students were granted Federal Mental Health bursaries to proceed to graduate studies in September, 1969.

Much of the Consultant's responsibility centred around committee work at administrative and inter-departmental levels.

During the year, the incumbent served on the Board of Consultants, Vancouver City College; the Greater Victoria Association for the Retarded; the Voluntary Association for Health and Welfare of British Columbia; the Education Committee of the British Columbia Association of Social Workers; and the Inter-agency Committee, School of Social Work, University of British Columbia.

REPORT OF NURSING CONSULTANT

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

Nursing consultation during the calendar year 1969 encompassed committee work, educational activities, and consultation services.

Committee responsibilities included representing the Branch on two standing committees of the Registered Nurses' Association of British Columbia, which were concerned with preparation and qualification for the practice of nursing in the Province; membership on the Advisory Committee to the Nursing Option, British Columbia Institute of Technology; and on various professional task committees concerned with the development of standards of practice, and courses in continuing education for practice.

Within the service, the Consultant represented nursing on various Branch committees of a planning, advisory, co-ordinating, or informative nature. Among these was the Selection Committee recommending recipients for bursaries for education purposes. During the year the Nursing Council performed the following functions: Approved descriptions of nursing procedures developed by the Core Nursing Procedure Committee; submitted a number of recommendations concerning personnel policies to appropriate authorities; revised an evaluation form used for promotional purposes; conducted a study of the salary bonus system and submitted recommendations for extensive changes; was instrumental in the development of a policy enabling nurses to undertake remedial courses required for registration in the Province; and reviewed Council functions.

Mental health nurses met in conference four times during the year. The size of the membership doubled during this period of time as new mental health centres opened and membership was extended to include representation from the After Care Clinic of the Riverview Hospital and Out-patient Department of The Woodlands School. Work was completed on a brief to the Civil Service Commission which proposed changes in classification and salary for the nurse working in community pyschiatric services. Most nurses participated in an activity study to determine the relationship between the amount of direct patient care and the amount of community centred activities provided by mental health nurses.

The Nursing Liaison Committee met five times. Membership has grown from an initial representation of five to the present membership of 20, representing the mental health services and a wide variety of institutions, agencies, and services concerned with mental health programmes and psychiatric care. The meetings served as a vehicle for communication and education. A number of interesting visits to newly opened areas of psychiatric care were organized, among them the Psychiatric Unit of the Health Sciences Centre, University of British Columbia, and the Children's Psychiatric Unit at the Vancouver General Hospital.

The Consultant's commitments in the realm of education were diverse. They included describing the services and programmes of the Mental Health Branch to nursing students enrolled in various nursing programmes, and to groups of graduate nurses. Meetings were held with nurse educators from the University of British Columbia, the British Columbia Institute of Technology, and general hospital schools of nursing, in order to facilitate arrangements for field experience for undergraduate students and graduate nurses. One- or two-week courses were arranged to orient newly employed mental health nurses and visiting nurses from other countries to the Branch organization and its programmes and services for patients. Several exploratory meetings were held with a variety of professional experts in education and

mental health, with the purpose of developing short courses to extend the therapeutic skills of nurses working in community psychiatric services, and to promote a greater emphasis on mental health and psychiatric content in existing university programmes for nurses. The Consultant was able to visit a number of new facilities to increase her information about developing services in the mental health field. These included the Psychiatric Unit of the University of British Columbia Health Sciences Centre and the Crisis Clinics of Seattle and Vancouver.

Consultation services were provided to the Deputy Minister's office, to several institutions, to mental health centres, and to agencies in the community. Other functions performed during the year included the following: Submissions on education courses for nurses were reviewed; nursing-care complaints were investigated; requests for reconsidering withdrawals from the School of Psychiatric Nursing were reviewed; proposals from nursing organizations concerning requirements for organization, practice, standards, and safety were studied; and an inspection of a proposed facility for retarded infants was conducted.

A number of studies were undertaken, which included: A study of the facts and problems affecting recruitment of nurses into supervisory positions; a study identifying the number of nursing-care hours per patient in one segment of the services; and studies of the organizational structure of nursing administration in two institutions. The Consultant participated in a number of projects undertaken by other members of the Branch Planning Committee, and took part in discussions leading to the acceptance of one facility by the community.

Considerable time was spent in recruitment and selection activities. The Consultant participated in selection panels convened by the Civil Service Commission, interviewed interested nurse applicants for senior nursing positions, and replied to many requests for detailed information about specific nursing positions.

Visits were made to two institutions and mental health centres at Chilliwack, Courtenay, Cranbrook, Haney, Kamloops, Kelowna, Nanaimo, New Westminster, Trail, Saanich, Surrey, Vernon, Victoria, and the Day Hospital of the Burnaby Mental Health Centre. Continuing regular consultation was provided to the Department of Nursing Education, with weekly visits decreased to monthly during the last quarter of the year.

During this initial year of full-time responsibilities, the Consultant developed a keen appreciation of the potential scope of nursing in the multi-disciplinary services to which the Mental Health Branch is committed.

REPORT OF THE STATISTICIANS AND THE MEDICAL RECORDS CONSULTANT

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

During the year an assistant statistician was added to the Branch headquarters, new units commenced operation and were added to the statistical reporting system. Serious planning and negotiation regarding computer services was undertaken. Regional mental health data were produced and a major planning study completed.

STATISTICAL DATA SYSTEM

REPORTING FORM DEVELOPMENT

In order to provide a more realistic basis for describing patient movement at the Riverview Hospital and to provide information for purposes of medical audit, the statistical reporting system for the Riverview Hospital was revised to provide for an entry-exit system.

With the opening of the Youth Development Centre in Burnaby during the year, first for out-patient care and later for residential care, a reporting system was devised to meet the unique needs of this facility.

ROUTINE DATA RETRIEVAL

During the year there were approximately 50 requests for data from within the Branch and other departments of Government, both Provincial and Federal, and outside the Government. These ranged from simple tabulations to more detailed studies relating to Branch patients and their characteristics. Commencing with April, a monthly statistical bulletin was issued containing monthly patient movement and a brief article dealing with some aspect of patient statistics. In addition, detailed statistical tables for the calendar year 1968 were issued. It is expected that similar tables for the calendar year 1969 will be issued some time in the first quarter of 1970.

SYSTEM DEVELOPMENT

At the beginning of the year a diagnostic code conversion was prepared for translating the code of the American Association on Mental Deficiency to the code of the American Psychiatric Association, for reporting to the Dominion Bureau of Statistics. The A.A.M.D. code is used for Branch statistical purposes in describing the diagnosis for the mentally retarded.

The most significant work on improving the data system for the Mental Health Branch is the current effort to put the system on electronic data processing. With the aid of a Branch Committee on Computer Services, a survey was made of mental health computer applications in North America, and a considerable amount of material was assembled on each of the major developments under way or being planned. A final report of this Committee described those applications in the Branch which promised the greatest payoff in EDP conversion. The computer should provide considerable gains in administration and clinical management. At the end of the year the statistician was working closely with a representative from the Data Processing Centre in considering the needs of the Branch.

ADMINISTRATIVE AND PLANNING STUDIES

The major administrative study during the year was related to the need for psychogeriatric beds throughout the Province. Because of normal increases in applications for admission to the Valleyview Hospital, Dellview Hospital, and Skeenaview Hospital, it became apparent that some assessment of the situation was necessary. The study included not only the immediate demands upon these facilities, but their relationship to other facilities for the care of elderly persons, such as general hospitals, extended care, boarding homes, and private hospitals. A variety of alternatives to increasing beds in the Branch's facilities was outlined.

Toward the end of the year, a time study was developed to describe the full spectrum of activities in a mental health centre. A pilot administration of this survey was undertaken in the Victoria Mental Health Centre and results analysed and circulated throughout the Branch. It is anticipated that this study will be conducted throughout the Branch on an annual sampling basis. It seemed particularly useful in highlighting the various aspects of community service provided by mental health centres, as distinct from the direct treatment of patients.

To provide a base for planning in local areas throughout the Province, mental health and related data were organized in statistical notebooks and distributed throughout the Branch. These data include characteristics and location of the residence of Mental Health Branch patients served by various facilities; patients in psychiatric units of general hospitals; beds in various sheltered-care facilities, including boarding homes, private hospitals, and extended-care units; and general population characteristics.

MEDICAL RECORDS DEVELOPMENT AND REPORTING CONTROL

Consultation

Five new mental health centres were opened during the year, and services were given to each in the form of either a personal visit to the centre or a visit by the Director and his secretary to the Medical Records Consultant. With a complete turnover of clerical staff occurring the same month in the Nanaimo Mental Health Centre, two visits were undertaken to assist the newly appointed clerks. At The Tranquille School the medical records librarian resigned and was replaced by her assistant. This, plus the fact that the School is operating as a regional mental retardation facility, necessitated several visits by the Medical Records Consultant to assist in orientation.

Training

During the year, three staff members at the Riverview Hospital completed the Accredited Records Technician correspondence course and qualified for the A.R.T. degree. The Civil Service Commission has now recognized qualified medical records personnel by providing special categories based on qualification and experience with appropriate wage scales.

REPORT OF CONSULTANT IN SOCIOLOGY

R. H. GOODACRE, B.A., M.A., C.P.H.

RESEARCH

Studies of patients in acute general hospitals reveal that a significant number of patients occupying expensive beds might be better treated in alternative and less expensive levels of care within the community.

The same observation has been made with respect to bed occupancy in mental hospitals. Consequently, as a step toward implementing the Branch's policy of developing levels of care which are most appropriate to the patient's service requirements and as close to the patient's own community as is practicable, two hospital utilization study projects involving institutions operated by the Mental Health Branch were under way at the year-end.

1. *Patient Categorization.*—This project centred on the development of a check list for the rapid and systematic recording of patient characteristics and services for every patient occupying a bed operated by the Branch. Analysis of the data will reveal the nature, volume, and geographical location of services that would be required by patients for whom a different level of care would be more appropriate. The check list was designed in co-operation with the Superintendent of the Valleyview Hospital, who has had considerable experience in classifying patients in terms of their care requirements, and in whose institution initial application of the categorization technique will take place.

2. *Psychiatric Home Care.*—Care in the patient's own home, as an alternative to hospital admission, was also under examination by the Branch. As an appropriate level of care for some patients, home care has the potential of replacing a substantial number of hospital bed-days with a form of care generally believed to be as effective as hospital care, with the added advantage that it provides a service which involves the social and familial structure around the patient, as well as with the patient himself.

In order to document the value of home care in a systematic manner and with some acceptable degree of precision, a demonstration psychiatric home care programme was currently being planned, utilizing Riverview Hospital admissions as a basis for a controlled study. This programme will be analysed in terms of its impact on the replacement of hospital bed-days, and also compared with hospital care with respect to patient progress and costs of providing service. Following completion of the research design, an application for funds under the Public Health Research Grant will be made for financial support of the project.

STAFF DEVELOPMENT

Toward the latter part of the year, this Consultant's area of responsibility was extended to include the initiation of in-service education programmes, directed at the staffs of both the Mental Health Centres and institutions. A review of existing staff development activities, educational resources, and training requirements was being undertaken.

PART II.—COMMUNITY MENTAL HEALTH SERVICES

Burnaby Mental Health Centre, Burnaby

South Okanagan Mental Health Centre, Kelowna

Central Vancouver Island Mental Health Centre, Nanaimo

West Kootenay Mental Health Centre, Trail

South Central Interior Mental Health Centre, Kamloops

Simon Fraser Mental Health Centre, New Westminster

Boundary Mental Health Centre, Surrey

Central Fraser Valley Mental Health Centre, Haney

Saanich Mental Health Centre, Victoria

Victoria Mental Health Centre, Victoria

Upper Fraser Valley Mental Health Centre, Chilliwack

Northern Interior Mental Health Centre, Prince George

North Okanagan Mental Health Centre, Vernon

East Kootenay Mental Health Centre, Cranbrook

Upper Island Mental Health Centre, Courtenay

PART II.—COMMUNITY MENTAL HEALTH SERVICES

BURNABY MENTAL HEALTH CENTRE, BURNABY

W. C. HOLT, B.A., M.D., C.R.C.P.(C.), DIRECTOR

The Mental Health Centre, Burnaby, is an out-patient community psychiatric facility located in the proximate geographic centre of the Lower Mainland. It is organized in three functional units—the Burnaby out-patient team, the out-patient team serving other geographic areas of the Province which do not have mental health centres, and the day hospital staff. Referrals to the Centre may be made by medical practitioners, social agencies, school or public health personnel, interested friends or relatives, or by the patient.

The functions of the Burnaby Mental Health Centre are:—

(1) To provide comprehensive, diagnostic, and consultative services to adults and children with emotional disorders from the Burnaby community, as well as limited treatment facilities:

(2) To provide similar services to adults from other areas of the Province not served by local mental health centres, especially east Vancouver:

(3) To provide specialized treatment resources, such as day hospitals (milieu therapy), behaviour therapy, group and family therapies:

(4) To engage in training of health care personnel, and research on emotional illnesses and their treatment:

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

During 1969, a number of developments and changes occurred. One of the most prominent was the gradual withdrawal of the centre from travelling clinic work, as new local mental health centres opened. In January, 1969, the Centre was providing regular travelling clinic services to Boundary Health Unit, Central Fraser Valley Health Unit, Coast-Garibaldi Health Unit, and Skeena Health Unit. During the summer, with the opening of the Central Fraser Valley Mental Health Centre at Haney, and the Boundary Mental Health Centre in Surrey, travelling clinic services to these areas were phased out. In the fall, travelling clinic service to Coast-Garibaldi Health Unit was phased out through the Upper Island Mental Health Centre in Courtenay assuming responsibility for the services to Powell River, and services to Squamish and the Sunshine Coast being provided directly at the British Columbia Youth Development Centre and Mental Health Centre, Burnaby. At that time it was agreed that the Family and Children's Clinic of the British Columbia Youth Development Centre would assume responsibility for the Skeena travelling clinic, due to the specialized nature of the services required in that region.

There continued to be very considerable direct service demand, especially for children's services in Burnaby. At the year-end, the Centre was to assume the provision of services to the Burnaby school system and public health unit, some of which had formerly been provided by the Mental Hygiene Division of the City of Vancouver's Metropolitan Health Services. Involvement here will be both in direct clinical services with individual patients and families, and also in an active educational and consultative programme with the Burnaby public health and school personnel.

The day hospital milieu therapy programme continued to be the only one of its kind available in the Province and had not only a major direct treatment function, but also provided training and orientation for increasing numbers of mental health professionals of all disciplines. During the year, one-day workshops on the programme were held in March and December. The focus of the programme continued to be based on a " here and now " reality, with patients encouraged to assume major amounts of responsibility for themselves. Work was under way to use behavioural-rating scales and other measures, to provide more objective assessment of therapeutic outcomes.

Also in the area of direct services, arrangements were made with Dr. Huckvale, Medical Officer at the British Columbia Institute of Technology, to provide psychiatric assessment, consultation, and treatment on an organized basis with students for that institution. Another new direct service this past year was a behavioural-therapy approach to the treatment of agoraphobics in groups, being undertaken by our chief psychologist and a social worker. There was also a vastly increased use of the video-tape facilities in the treatment of individuals, couples, and groups. This was proving to be a most useful and fascinating technique and new possibilities were constantly being explored. It is hoped that the Centre will be able to produce several teaching tapes for editing accumulated material, including a tape on Gestalt therapy.

The Mental Health Centre continued to be actively involved in the area of indirect services. Work with the " Secure " organization continued. Consultation to schools and community agencies, and a variety of educational and preventive services with churches, service organizations, and other groups, continued to occupy a considerable amount of professional time at the Centre. A seminar on group-therapy techniques for senior secondary-school special counsellors was given over a three-month period in the spring. The Centre also continued to provide field training and internship placement for nurses and students in occupational therapy, social work, and psychology, and visitors from other institutions in all mental health disciplines continued to study and contribute to the Centre's programme and operation.

During the year a research committee was formed for the first time, composed of interested members of the major disciplines represented in the Centre. The purpose of the committee is to stimulate interest in research (primarily directed toward programme development and evaluation) at the Centre, and also to provide advice on feasibility and research design.

In the area of staff training and development, the Centre continued to show a vital and growing interest and activity. Regular self-educational activities in the Centre continued to take place and there was a great interest on the part of all staff in attending professional meetings, workshops, and training sessions, both regionally and nationally. The Centre was fortunate in the past year in being able to present, in conjunction with the British Columbia Youth Development Centre, the two educational programmes for staff and other interested professionals.

SOUTH OKANAGAN MENTAL HEALTH CENTRE, KELOWNA

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

During the year an evaluation of the South Okanagan Mental Health Centre was undertaken, providing the data noted below. The regionally based mental health centre provides a comprehensive service.

Normally, supervision by the Mental Health Branch office is minimal. Branch consultants are available for visits, and members of the team can meet regularly with others of the same profession.

Recruitment and retention of staff are major problems for mental health centres in the Province, as well as for related professions. It would seem that the regional district, set up by the Provincial Government in an attempt to decentralize administration, should become the sponsor of the community centre. Consideration should be given to the development of additional decentralized treatment resources, in particular, to increasing preventative programmes. Various factors are contributing to changes in the role of the mental health centre. Because of changes in the patterns of medical care, the general practitioner is becoming involved in family problems not wholly medical, and more general hospitals are offering psychiatric services locally, which will take some of the load off mental hospitals. Mental health centres will still be involved with a large number of chronic patients, and will be increasingly concerned with older people. The extension of social services also makes demands on the mental health centre team, e.g., to supervise the permanently unemployable, to provide marriage counselling in case of threatened divorce, to advise in decisions for abortion, and to assist in the work of the Family Court.

The following were significant factors in evaluating the programme during the past year at the South Okanagan Mental Health Centre:—

(*a*) First admissions to Riverview were reduced from 67 to 46 over a five-year period, while the population increased 50 per cent:

(*b*) The Centre did not seem to be acquiring a new population of emotionally disturbed people:

(*c*) The greatest case load of patients came in the under-16 category, followed closely by the age-group 16 to 25; approximately 60 per cent of the total number of patients seen in any one year were under 25 years of age:

(*d*) Mental health centres were considerably less costly in terms of medication than, for example, the Riverview Hospital:

(*e*) Suicide rates in the South Okanagan Health Unit area remained well above the Provincial and national averages, however, the number of suicides known to have received previous psychiatric consultation remained relatively low.

In future, greater cognizance must be made of the social-educational model for mental health centres. Community-centred treatment increasingly requires rehabilitation aids, correctional staff, family and volunteer support, child-protection components, and school consultation, as well as doctors in hospitals. Certain gaps in psychiatric service must be closed, particularly in terms of treating other than middle-class clientele.

The future needs of the regional mental health centres can only be met through organized planning, preferably on the basis of epidemiological data. Questions to be answered include:—

(1) The correlation between the incidence of disorder and a demand for service:

(2) The critical incidence of such syndromes as autism, pseudoretardation, dyslexia, and failure of academic motivation:

(3) The number of hospital beds per 1,000 population required for a children's service, and the number of special foster-home beds needed to back them up.

Mental health centres, until the present, concentrated on therapeutic and secondary preventive services to patients and their families. There is an increasing need for more primary prevention programmes, plus the provision for extended consultation to community agencies.

One mental health centre can provide a general psychiatric service for a population of 30,000 people living within an approximate radius of 20 miles. Public acceptance and confidence in the mental health centre depends primarily on the services offered. If the services are of high quality, preventive programmes, community education, and consultations to other professional resources are well received. In future planning for other counselling services on a regional basis, consideration should be given to locating the various existing services in adjacent downtown accommodations, for better co-ordination and utilization. All staff members on the mental health team can serve the community as fully qualified professionals engaged in treatment and consultative services.

With the increase in community mental health centres, there is a corresponding decrease in travel to other regions and increased time available for local consultation. As the number of related professional personnel in a community increases, there is a decrease in the need for psychological assessment, especially of school-aged children. The result is that more of the psychologist's time is freed for research into mental health problems in the community, for evaluation of the mental health centres programmes, and for the training of allied professional groups.

At present, mental health centres can be more effective than the traditional mental hospital service. There is a need for pilot services in other strategic locations in the Province. It is also recognized that successful planning for future community mental health centres rests upon effective data collection from those already in existence.

CENTRAL VANCOUVER ISLAND MENTAL HEALTH CENTRE, NANAIMO

W. T. LAWSON, M.S.W., ACTING DIRECTOR

With the opening of the Mental Health Centre at Courtenay, the Nanaimo clinic area was reduced considerably, but still serves a population of approximately 125,000, working from the Nanaimo office with bi-monthly travelling clinics to Duncan and Port Alberni.

Dr. S. E. Jensen, Clinic Director, resigned on September 30, 1969, to take a teaching position in Eastern Canada, and Mr. W. T. Lawson, M.S.W., was appointed Acting Director on December 1, 1969.

During the year, the programme of the clinic was moving gradually away from direct service to individual clients, toward increasing community involvement in the form of educational programmes, and consultative services to other agencies and community groups. The Centre staff have been working toward a team approach to problems where other agencies and organizations are involved. The psychologist initiated a workshop training programme in group method with teachers, probation officers, and welfare workers, which will cut down individual referrals to the clinic by making it possible to handle problems at an intermediary stage. She was also conducting a training programme in behaviour modification techniques with teachers in the Ladysmith area, which in effect considerably reduced the need for individual contact with the emotionally disturbed children in the school district.

An effective working relationship was established with school districts, with clinic staff going into the schools for regular conferences and consultations. In return, some of the school districts were giving psychometric services to children referred by the clinic outside their area. A programme of formal liaison with the Medical Health Officer was initiated, and the clinic was participating in a monthly inter-agency seminar set up by the rehabilitation officer.

Under Dr. Jensen's direction, 28 emotionally disturbed children attended Camp Nan-Wah-Kawi for a three-week period at Cowichan Lake. Three workshops were held for parents of children attending the camp. Dr. Mitchell will be camp director for the coming year, and is already involved in screening referrals, planning programme, and recruiting staff. A study of the effectiveness of this camp programme conducted under a mental health grant by Dr. Koopman was being written up and should be completed in 1970.

The mental health nurse carried an active programme of group work with adolescents, helped to develop school conferences, represented the clinic at the monthly meeting of the Nanaimo rehabilitation committee, provided consultative services to public health nurses on referrals and follow-up care, did liaison work with family physicians in referrals of patients who needed chronic care, co-ordinated the liaison work with the Riverview Hospital, and served as a member of the Board of Directors of the camp and of the local Canadian Mental Health Association. The clinic worked closely with the staff of the Central Vancouver Island Health Unit, and relied heavily on the skilled work being done by the public health nurses in home visiting and other related services. Dr. Jensen and Dr. Mitchell served as members of the Board, and on the Screening Committee for the Lions Manor Home for retarded children. Dr. Jensen was involved with the probation officers in organizing and carrying out a hiking programme for adolescent boys to the west coast of the Island. Dr. Mitchell was working with teachers and children at the Christopher Robbins school for retarded children, in a specialized programme to assist the development of speech and improving social behaviour.

WEST KOOTENAY MENTAL HEALTH CENTRE, TRAIL

G. R. MANSFIELD, M.D., D.P.M., C.R.C.P.(C.), DIRECTOR

This annual report covers the activities of the fifth year of service contributed by this unit. In accordance with the change in philosophy of the Mental Health Branch, certain changing trends are evident. The change in policy from being a direct service oriented organization, to one which concerns itself with being a catalyst in promoting and co-ordinating all programmes having a bearing on mental health, must be translated into action at the community level.

DIRECT SERVICE

Efforts have been made to curtail the excessively heavy direct service offered, with the result that a higher quality, more effective service has been possible. The wide spectrum of therapy available has not been changed. A substantial amount of service is being utilized by schools, the medical profession, correctional institutions, the Department of Social Welfare, and Public Health.

A number of factors have made it possible to ease the direct service load. The travelling clinic to Cranbrook was discontinued with the opening of the East Kootenay Mental Health Centre. The population in the West Kootenays diminished with the completion of the dam construction and thousands of migrant construction workers left the area. A psychiatric nurse was added to the staff.

A 24-bed psychiatric unit in the Trail Regional Hospital will be completed in early 1970 and will provide in-patient, intensive, acute-treatment care. A 50-bed extended-care unit will open about the same time. Thought was being given to the need for additional facilities falling into the intermediate and chronic care categories.

The Association for Community Planning of Health and Welfare Services is becoming a more effective body in identifying community needs. There is always difficulty in finding interested people to take advantage of the *Treatment Resources Act* and make plans a reality.

PROGRAMMES

The Trail Youth Liaison Committee continued to function effectively and is an excellent example of the harmonious integration of all community agencies. The Probation Service continued to use the Mental Health Centre on a formal and informal basis. The Programme for Perceptually Handicapped Children is running smoothly. The psychiatric nurse is fostering the formation of a local branch of " Parents of Children with Learning Disabilities." A workshop to help the teachers identify these children was sponsored by the Adult Education Department, with whom there has always been a close working liaison. Monthly visits are made to the two specially equipped classrooms for the perceptually handicapped in this area. A group for one-parent families has been started. The C.M.H.A. volunteers continued to receive guidance and orientation lectures.

EDUCATION

Community demands for education are heavy. All the professional staff have participated in radio talks, panels, seminars, group discussions, and lectures. Nursing education includes formal lectures at the hospital. The clergy have responded with keen interest in expanding the church's role in fostering mental health in the community. Workshops have been held at their request to assist them

in becoming more skilled as counsellors, in hospital visiting, and in expanding the church's work in contributing to community mental health.

An active " Family Life " series sponsored by one denomination is being well received. Requests are still being received from the schools for our educational approach to drug abuse. Requests for workshops to help young mothers cope more adequately are now being received from beyond the Trail area.

SUMMARY

The year 1969 brought the region served by the West Kootenay Mental Health Centre one step closer to achieving a comprehensive mental health service. There have been many satisfactions in broad areas of achievement. The staff are acutely aware that there are needs yet to be identified, priorities to be established, and community resources inspired to action. The character of the mental health centre may change in the future but at the present stage of development, the medical model finds acceptance by the community more easily and therefore works more effectively.

SOUTH CENTRAL INTERIOR MENTAL HEALTH CENTRE, KAMLOOPS

DAVID BRASSET, M.S.W., ACTING DIRECTOR

The year 1969 was one of steady expansion and entrenchment of services at the Mental Health Centre. This extension of services accompanied a corresponding increased proficiency of its staff, and an improvement in the quality of its consultative, educational, and direct-service programmes.

The year began with 28 mental health cases, all of which had been previously activated and treated by Dr. Bower or Mr. Brasset. At the year-end there were 115 active cases, with some 35 terminations in addition to those. The volume of activity greatly increased from that provided in January by two part-time personnel, to over 150 hours of patient interviews per month, numerous and private professional consultations, and an evolving educational programme carried on by a staff of four.

Referrals for mental health services came from a great variety of sources. Referral agencies found it increasingly convenient to direct patients to the Centre, which endeavoured to return information on patients promptly and clearly to the referral source. Patients came from all parts of the mental health area, though the city region was the primary area of concern. Referrals originated in particular with officers of the Department of Social Welfare, the Corrections Branch, Public Health, private physicians, and the schools, as well as elsewhere. At the year-end the amount of consultation offered to family physicians was increasing as the physicians became more aware of the Centre's services, and its programmes were gaining their support.

The Mental Health Centre assembled interesting data on the results of its treatment of adolescent drug users. Preliminary results indicated that slightly over 90 per cent of people referred to the Centre for drug abuse ceased to take drugs with regularity following their first interview. (Regularity was defined as "the frequency with which one took drugs in the initial problem stage, or planned and purposeful drug use within a coterie of drug users.")

The Mental Health Centre began using the method of direct observation as an education method for other agencies. In appropriate cases the assessment of patients was carried out in the presence of the person who made the referral. This method had an enthusiastic reception from professional people dealing with the patients, and resulted in a much greater understanding of the patient's problems on their behalf. In addition, colleagues mentioned that they had profited from observing the Centre's techniques of assessment.

Various staff members have, during the past months, participated in staff education conferences of the school counselling services. In addition to this participation in staff development conferences for the school, we are now planning to hold conferences with probation officers and social workers. These meetings so far have been limited to the discussion of individual patients and our assessment methods as mentioned above.

Early in 1970 the Mental Health Centre will start a travelling clinic service on an experimental but regular basis to several key locations in the area. These travelling clinics were being planned in close consultation with the Medical Health Officer. The idea was to provide primarily a diagnostic and planning service for agencies in the local areas. Patients will be assessed in the mornings, and in the afternoons the Mental Health Centre will convene a meeting with the various persons in the community responsible for the management of treatment of the

cases. These meetings will attempt to help with the total planning for the persons assessed. This proposal has met with enthusiastic approval from those professionals who are in the areas involved.

The Mental Health Centre, as one of its principle activities, is providing personnel for public education lectures in a programme sponsored by the Canadian Mental Health Association. This programme will begin on January 13, 1970, and will continue for 12 weeks. The area of consideration is community mental health, and the public will be invited, as well as volunteer workers with the Canadian Mental Health Association. Similar public education lectures were planned in conjunction with the travelling clinics. These lectures will deal with a variety of subjects of interest to parents, such as child growth and development, communications theory, and so on.

The year was one of development in terms of programme, policy, public relations, and staff competency.

SIMON FRASER MENTAL HEALTH CENTRE, NEW WESTMINSTER

DR. P. FLOR-HENRY, M.B., CH.B., M.D., D.P.M., DIRECTOR

During the year it became apparent that, although in the past eight months the Centre was able to discharge an increasing number of cases (i.e., 22 as opposed to *nil* in the previous six months), the total number of ongoing cases was increasing, as was the total number of new referrals for both adults and children (a total of 10 in May, 1969, as compared with a total of 23 in September, 1969).

The following statistics indicate that there is a great need for direct treatment in the Simon Fraser region. There are many collective problems, such as the widespread use of the hallucinogenics and glue and other toxic agents amongst the school children and young adult population, the problem of alcoholism in run-down areas, the question of the psychiatric supervision of the boarding homes, and so on. In spite of the pressure of direct clinical work, the Centre has, nevertheless, systematically integrated itself with a number of public services such as Public Health, Social Welfare, schools, Probation Services, Royal Columbian Hospital, Riverview Hospital, and the Police Department.

In addition to regular clinical commitments, the Mental Health Centre staff participated in discussions with various community and professional groups. These included talks to school principals, school teachers, public health nurses, university students in the social sciences (U.B.C.), and talks in other mental health centres, as well as a lecture at the Department of Pædiatric Neurology, Health Centre for Children. The community problems discussed centred on the "generation gap," and more specifically on the use and abuse of illegal drugs, notably L.S.D., but also glue, amphetamine, and belladonna. These discussions were organized around a formal presentation of a paper, with the occasional use of tape-recorded interviews and films.

In order to provide a continuity of patient care, the Mental Health Centre team regularly conferred about in-patients at Centre Lawn Unit of Riverview Hospital, which admits patients from the Simon Fraser Health Unit catchment area. Post-hospitalization disposal was reviewed weekly with Public Health, and follow-up was initiated in those cases where the patient was not discharged in care of his general practitioner or appropriate resource.

Consultation and follow-up in conjunction with Public Health and Social Welfare was systematically conducted.

Proposed projects included the systematic follow-up of all attempted suicides seen in the Emergency Department of the Royal Columbian Hospital. The initiation of a group-therapy programme was planned. The Mental Health Centre offered the Royal Columbian Hospital a training programme which would allow interns of the hospital to learn something about the problems of community mental health and some elements of child psychiatry and clinical psychiatry in general.

TABLE 1.—STATISTICAL REPORT, APRIL 1, 1968, TO MARCH 31, 1969*

	New			"Ongoing"	Grand Total
	Children	Adults	Total		
November, 1968	4	1	5	—	5
December, 1968	3	4	7	2	9
January, 1969	7	9	16	24	40
February, 1969	6	8	14	36	50
March, 1969	9	4	13	58	71

* It should be noted that the Simon Fraser Mental Health Centre opened on November 1, 1968.

TABLE 2.—NEW AND "ONGOING" CASES CUMULATIVE WITH PROJECTION

	New			"Ongoing"	Grand Total
	Children	Adults	Total		
April, 1969	7	9	16	79	95
May, 1969	7	3	10	93	103
June, 1969	9	8	17	69	86
July, 1969	12	6	18	66	84
August, 1969	6	6	12	58	70
September, 1969	11	12	23	74	97
October, 1969	10	13	23	127	150
November, 1969	8	9	18	89	107
December, 1969	9	11	----	------	------

NOTE.—Two research projects were under way—(1) organic, environmental, and emotional factors associated with minimal cerebral dysfunction, and (2) phycho-social definition of adolescent population comparing drug-users (approximately 25 per cent) versus non-users (approximately 75 per cent). The first project was being carried out in collaboration with Boundary and Central Fraser Valley Mental Health Centres, and the second in collaboration with the Public Health Department of the Simon Fraser Health Region and the schools.

BOUNDARY MENTAL HEALTH CENTRE, SURREY

W. W. Black, M.B. B.Sc., D.P.M., C.R.C.P.(C.), Director

This is a new mental health centre established to serve an area south of the Fraser River, comprising the Municipalities of Surrey and Delta, with a total population of about 130,000. The greatest concentration of people is in the North Surrey/North Delta area, with others at Ladner/Tsawwassen, White Rock, and Cloverdale.

The Mental Health Centre is located in a new wing attached to the Boundary Health Centre, which is adjacent to the new Surrey Municipal Centre, at the junction of Highway No. 10 and the King George VI Highway.

The Director, social worker, and secretary took office on June 1, 1969, and the psychologist on October 1, 1969. Since the new building was not ready until October, 1969, temporary accommodation was found in the Cloverdale Health Unit.

Because of the initial accommodation problem and the lack of facilities and materials (no attempt was made to initiate a direct patient service), the time was employed in contacting important agencies and key people in the area, particularly the school personnel with whom close working arrangements are so necessary. During this period also, members of the team made visits to other mental health centres and to the in-patient psychiatric centres in the Vancouver area to acquaint themselves with the various programmes.

Dr. L. D. Kornder, Director of the Boundary Health Unit, arranged the official opening ceremony, which took place on November 5, 1969. Mr. Robert Wenman, M.L.A. for Delta, officiated in place of the Honourable Ralph R. Loffmark, Minister of Health Services and Hospital Insurance, who was unable to be present. There were 40 guests representing the municipalities, regional health units, and the Mental Health Branch.

In view of the population of the area and the large school population (about 37,000), as well as the scarcity of other psychiatric facilities (two psychiatrists are in private practice in North Surrey), a heavy demand for direct clinical service was to be expected.

Consultations to professionals and agencies in the area had begun before the new building was opened, and are being continued and plans are under way for educational programmes directed at these groups, as well as others.

It is anticipated that this first year of operation will necessarily involve a number of modifications and changes in plans, as experience shows where need is greatest and professional action can be most economically applied.

CENTRAL FRASER VALLEY MENTAL HEALTH CENTRE, HANEY

ELIZABETH LUKE, M.B., CH.B., D.P.M., C.R.C.P.(C.), DIRECTOR

This unit, opened on June 1, 1969, serves the Central Fraser Valley area, which covers an area of 2,840 square miles with a population of approximately 63,000.

The Department of Public Works surveyed the accommodation and plans to carry out alterations which will make the building more functional as a mental health centre. A children's play area, which allows for observation, is considered important, as the psychologist intends to carry out remedial programming to improve motor co-ordination and remedy perceptual motor handicaps. The observation room will also be used for instruction of parents and teachers.

The headquarters are in Haney, but patients are also seen in the Health Units in Mission and Langley.

The Centre provides community psychiatry, covering the whole spectrum of mental illness. Assistance is given to the Government agencies dealing with alcoholism and young offenders in the region. A great deal of attention has been given to the school system, because primary prevention and education are the most valuable areas of work.

The psychologist has done a great deal of useful work in establishing communication with the school and advising them with respect to children who cannot readily adapt to the school system. An adjustment class for emotionally disturbed children was recently created in Mission, and Mrs. Palvesky will attend regularly as an observer and to offer assistance to the teacher. The team also visited schools in Haney and observed the facilities for the trainable retarded, slow learners, and occupational classes. The Director and psychologist attended a meeting with the School Superintendent and other officials in Mission, to discuss the future development of their remedial programmes.

Each week a conference is held with the Social Welfare Department, Probation, public health nurses, and school counsellors to discuss ongoing cases.

The social worker and mental health nurse are involved in making a survey of groups in the community who are socially isolated and who might participate in group counselling. The mental health nurse has taken a special interest in marital counselling, where the problem is social rather than psychiatric. The social worker attended a meeting of the local clergy and discussed the function of the Mental Health Centre. In future he will also be lecturing to the schools on mental illness. It is intended that, at a later date, we will give lectures to the schools on social problems, e.g., the abuse of drugs.

There has been interest expressed on the part of the ministers and community leaders regarding the advisability of setting up an agency for lay counselling in this area.

The Centre also takes an active part in giving consultation on psychiatric problems to the Maple Ridge and Mission Hospitals, and rehabilitation agencies in the area.

The Director and psychologist are involved with the staff at Alouette River Unit in the assessment of a training programme they are starting for their residents, who are placed there for involuntary treatment. They also visited the Half-way Home for Alcoholics in Haney, and intend to promote interest in community resources for alcoholics. The Director attended the Annual Conference of Alcholics Anonymous held at the Alouette River Unit.

Members of the team alternately visited the monthly graduation ceremony at the Boulder Bay Camp. This is an outward-bound type of programme, which serves as part of the total facility of the Haney Correctional Institution. The team feels it is important to understand the various facilities available, because of their consultative function at the institution.

The Director and the mental health nurse addressed a meeting of the local registered nurses, giving a lecture on mental illness and the functions of the clinic.

SAANICH MENTAL HEALTH CENTRE, VICTORIA

J. T. Wood, M.D., Director

The Saanich Mental Health Centre and Victoria Mental Health Centre were formed on May 1, 1969, from a division of the staff of the South Vancouver Island Mental Health Centre. Each centre had a designated geographic area for its service. Saanich Mental Health Centre was planned to serve the communities and areas of Saanich, Central Saanich, North Saanich, Sidney, and the Gulf Islands—a region containing some urban areas, some suburban, and some rural lands, and a total population of about 100,000 persons. The initial staff of the Saanich Mental Health Centre included five professional mental health workers, i.e., psychiatrist (Director), clinical psychologist, mental health nurse, and two psychiatric social workers. All other personnel serving the Centre were shared by both units, since both were situated in the Eric Martin Institute.

The location of the Saanich Mental Health Centre outside the geographic area served created some problems resulting in a greater proportion of services being provided to persons located closer to the Centre. Demographic studies indicated a population shift to be anticipated over the next 10 years, with Saanich becoming the most populous municipality in the Greater Victoria area. The decision was made to seek a more equitable geographic basis and the Royal Oak area was chosen. This will be more accessible to patients and to those interested in helping, including staff members of other agencies, teachers, educational counsellors, clergymen, etc.

Diagnostic studies were done with patients who were referred for this service by their family doctors, and at the request of professionals of other agencies, including those of the Family and Children's Court, Family and Children's Service, Greater Victoria Metropolitan Health Department, Welfare Department, John Howard Society, and others. These studies are undertaken if other resources are not available to the referring agency. Some studies were made in response to requests by clergymen, school counsellors, or the patients themselves. Information derived from an evaluation is used to help the patient, or the referring agency, make an appropriate choice of treatment services. In Victoria most of the required services are in the community and therefore it is up to the family doctor to direct the patient to a private psychiatrist or to plan so that he can best serve the patient.

In order to avoid the necessity of waiting-lists for services, both diagnostic and therapeutic, an attempt is made to refer all appropriate cases to private therapists, or larger agencies able to provide for the service needed.

In some cases there are compelling reasons why the best service to a patient may be that provided by the Mental Health Centre via direct treatment. If the Centre undertakes treatment it does not compromise the treatment method in favour of economy of time, but treats the patient by the plan that will best serve to lead to his recovery. Fortunately, the brief intensive psychotherapies are often found appropriate. The Centre also utilizes conjoint methods, including parent-child therapies, sibling therapy, marriage couple-counselling, etc. Group therapy ranging from family therapy to larger units was undertaken as required.

Indirect services, included under the heading of "Community Psychiatry," were regularly explored and implemented. Primary prevention services in the areas of education to reduce the incidence of mental illness merit a great deal of effort. Improving mental health education may ultimately both reduce the incidence and morbidity of mental illness, and save expensive out-patient and hospitalization costs. Perhaps the greatest economy is in the reduction of human misery and the enabling

of persons who might otherwise be dependent on public support to remain independent and employed.

Efforts in primary prevention occurred in many different activities, all related to education, regarding problems of mental illness. Some of the services offered by staff of the Saanich Mental Health Centre in this project include:—

(1) An adult education programme developed by the Canadian Mental Health Association on the subject of mental health communication. The Centre assisted in the development of the programme, and Dr. Wood provided one of the two-hour lectures entitled " Crisis in Family Life."

(2) Consultation with Dr. E. Patriarche on her programme on Family Life Education and Sex Education as a part of the curriculum of School District No. 61. The Centre participated with Dr. Patriarche in some innovative approaches to make the work more effective with Grade VIII, X, and XII students.

(3) Consultation with a task force of administrators, principals, school counsellors, and a public health physician as a " Task Force to Study the Drug Problem " in School District No. 63 and to make plans to develop a programme to meet the needs in this area.

(4) Consultation with the Board of Education, School District No. 63, on research projects involving use of their premises and pupils.

(5) Participation with the Family Life Education Association in developing a workshop for parents on the subject " How to Help Today's Kids Cope with Tomorrow."

(6) Lecturing and guidance for Family Life Education Association (now a branch of Citizens' Counselling Centre) in a voluntary group leadership development programme.

(7) Regular and frequent consultations with members of the Victoria Council of Churches, Victoria Medical Society, and social workers from several agencies in the development of programme, staff, and a training programme for Citizens' Counselling Centre, a supervised volunteer counselling agency with multiple interests in community mental health.

(8) Consultations with the Canadian Mental Health Association at the Advisory Board level on programme and planning; also, in the direct service area regarding utilization of the White Cross Centre for rehabilitation of former patients needing a resocialization programme.

(9) Consultations with the supervisor of training of student nurses in the Royal Jubilee Hospital to provide part of their training programme during their rotation in a psychiatric unit. Several lectures on " Community Psychiatry " and " The Hostile Patient " were given.

(10) Participation as chairman of a panel discussion at the University of Victoria, sponsored by the Registered Nurses' Association, on the subject of "Adolescence and Its Roles."

(11) Close liaison, guidance, and support for a group of citizens in Sidney interested in working toward obtaining better services for their community in the field of mental health.

(12) Working with the Canadian Mental Health Association, Community Council, Citizens' Counselling Centre, psychiatric sector, and others of the medical profession in considering means of meeting community needs via a " Crisis Centre." This programme is still developing and needs much community organization and leadership.

(13) Working with the Canadian Mental Health Association as a " resource person " in a programme for the police forces of Oak Bay, Esquimalt, Victoria, Saanich, and the R.C.M.P. on " Managing the Violent Patient " (40 officers were involved).

(14) Previewing films with Dr. E. Patriarche, Dr. F. E. Wood, Mr. Derek French, and others, on the subjects of (1) Marijuana, (2) LSD, and (3) Sex Education, to evaluate their merits for school use. Part of this was done at the Provincial Education Department, part at School District No. 61.

(15) Consultation and development of liaison with the Youth Council at the facility known as " Cool Aide " to facilitate the adolescents being able to utilize Centre services.

(16) Consultation on a weekly basis with a group of probation officers of the Children's and Family Court *re* special problems in their work, and ways in which the Centre's services can be more effectively utilized.

VICTORIA MENTAL HEALTH CENTRE, VICTORIA

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

From January 1 to April 30, 1969, the South Vancouver Island Mental Health Centre was under the directorship of Dr. A. R. Stewart. As of May 1, 1969, the Centre was divided into the Victoria Mental Health Centre, serving School Districts No. 61 and 62, and the Saanich Mental Health Centre, serving School Districts 63 and 64, with Dr. A. L. Aranas and Dr. J. T. Wood as the respective Directors. Each Centre functions autonomously, although situated in the same building.

The division of the Centre necessitated the reorganization and assignment of professional staff. As in previous years, the greater bulk of our case load is focused on direct-treatment services. To overcome the increasing demands for direct intervention, especially with problem families and children, a child psychiatrist on sessional employment provides a most successful lecture-demonstration course on family modification with a group of general practitioners of the Greater Victoria area, in conjunction with the Victoria Medical Society.

For a few months the Centre had the services of a social worker who worked with the Boarding Home Central Placement of the City Welfare. This facilitated the placement and follow up of patients who were discharged from Riverview Hospital back to the community.

The Neuropsychology Laboratory of the Department of Psychology of the University of Victoria is now functioning under the ægis of the Victoria Mental Health Centre. This is a valuable addition to this Centre, as we have been faced with numerous problems of evaluating brain-damaged patients, especially school children, suspected to have minimal organic brain dysfunction. Although the Centre has a full-time psychometrician who administers the highly specialized neuropsychological tests, it is still handicapped by the lack of a full-time Ph.D. neuropsychologist.

The Centre moved to the ground floor of the Eric Martin Institute of Psychiatry on May 7, 1969, without disruption in service.

UPPER FRASER VALLEY MENTAL HEALTH CENTRE, CHILLIWACK

P. G. ADRIAN, B.A., M.S.W., ACTING DIRECTOR

A number of administrative and organizational changes transpired during the year. Dr. Jilek, who resigned as Director of the Centre in June, remains affiliated on a sessional part-time basis as consultant psychiatrist to the Centre. With the change to non-medical administration, the Centre developed an open referral system, thus accepting referrals from all social agencies, as well as self-referrals. The Central Fraser Valley Mental Health Centre in Haney opened in June and serves Mission and Langley, previously served by travelling clinics from the Upper Fraser Valley Mental Health Centre. The Centre's region now coincides with the boundaries of the Upper Fraser Valley Health Unit, and has enabled us to increase services in Abbotsford and Hope from monthly clinics to weekly and bi-monthly respectively. Referrals in these communities are still made to the local health units, with schedules and appointments being arranged at the Mental Health Centre.

Clinical activity showed considerable increases, with average monthly activations showing a 42 per cent increase with a total of 237 activations in the first nine months of the year, compared with 163 activations in the same period the previous year. The average monthly active case load showed a 22 per cent increase, ranging from a case load of 242 in 1968, compared to 295 in the current year. Direct services provided over the year included psychiatric, psychological, social, and nursing assessments; chemotherapy; individual, marriage, family, and group therapy. The schools continue to be our largest referral source.

To date all referrals have been attended to, together with an assessment and consultation within a reasonably short time. The Centre has tried to control the demand for direct services by developing more effective patterns for indirect consultation with referring agencies. For example, the Centre has initiated a plan of school consultation whereby school children who are considered by the teacher and public health nurse to be in need of mental health assessment have a pre-referral consultation visit to the classroom by a member of the mental health team, in company with the district public health nurse and special school counsellor. Similarly, team members have made themselves available in educational, consultative, and supportive roles by participating in joint interviewing, in case discussion, as co-therapists in group sessions, in public-speaking engagements, and in committee work in conjunction with agencies, professional personnel, and other organizations, including social workers, public health nurses, probation officers, Manpower counsellors, school counsellors, directors of hospital nursing, adult education directors, Canadian Mental Health Association, Big Brothers' Chapter, Homemakers Service, Volunteer Bureau, Family Life Institute, and Community Chest and Councils.

Development of auxiliary community services and resources for mental health has held high priority, as it appears that a range of primary resources are almost mandatory in order to offer an effective out-patient clinical service. In Chilliwack, mental health team members have assisted and supported in the formation of a Volunteer and Information Bureau, Big Brothers' Chapter, Family Life Institute, and in the revitalization of the local branch of the Canadian Mental Health Association. In Abbotsford, members have participated in the organization of a Volunteer and Information Bureau, a Big Brothers' Chapter, and a Family Life Institute similar to the one already mentioned. Direct and indirect involvement on a continuing basis is anticipated, due to their function in total concept of community mental health.

NORTHERN INTERIOR MENTAL HEALTH CENTRE, PRINCE GEORGE

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

The Northern Interior Mental Health Centre has been very busy throughout the whole year. The patient-movement data to August 31, 1969, were: Active cases, 722; entries, 46; exits, 48; end-of-month active cases, 720. The clinic has difficulty in closing cases, and therefore the case load is statistically misleading.

The clinic personnel consists of two stenographers, a mental health nurse, psychiatric social worker, and a psychiatrist. We hope to include a psychologist on our team in the near future.

The Centre continued its consultative work with the school's special services, the gaols and R.C.M.P., and local legal and medical professions. The City of Prince George Resources Planning Board was very active during the year and the city now has, in addition to Homemaking Services and the Alcoholic Halfway House, a Receiving Home for Children and a Group Living Home for Teenagers. A Red Feather Campaign was organized, a Day Programme set up, and it would appear that in the past year and a half there has been a whole evolution in the social services available to the people of this city and surrounding area. The local general hospital continues to provide 10 beds for psychiatric patients.

NORTH OKANAGAN MENTAL HEALTH CENTRE, VERNON

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

In 1969 the population served by this unit was 56,000. Travelling clinics are held two days a month at both Salmon Arm and Revelstoke, and the remainder of the time is devoted to Vernon and district. Cases are also seen from Golden.

Dellview Hospital is served in a consultative role, and is visited for one hour each week, when all new cases are psychiatrically assessed and other cases are seen when necessary.

Regular monthly meetings are held with public health nurses and with school counsellors in addition to our meetings to discuss individual cases as required.

The Psychiatric Unit at the Vernon Jubilee Hospital has officially eight beds. The bed occupancy for the first six months of 1969 was 8.5, which is 106 per cent. The average length of stay of patients in the hospital unit was 13 days.

The attempt by the Mental Health Centre to encourage the development of a Community Social Co-ordinating and Planning Organization over the past year has resulted in the formation of a Vernon Social Planning Council whose purposes are to

(1) encourage communication and co-operation among existing health and welfare services;

(2) identify specific social needs of the community, with a view to meeting them.

In June, a Steering Committee was named as an interim committee to function until January, 1970, when terms of reference will be cleared and an election of officers held. Our mental health nurse, who serves as secretary to the committee, was largely responsible for laying all the groundwork involved.

The psychologist has spent most of his time assessing children with learning difficulties. In the last 2¼ years he has seen a total of 236 children under the age of 11, and of these, 146 (56 per cent) have had learning disabilities. This does not include the figures for children seen by the special school counsellor. It is evident this is a very serious and prevalent problem. A large percentage of these children are referred because of behaviour difficulties, and not always because of any particularly obvious learning problem.

The psychologist met regularly with the Supervisor of Elementary Education, teachers, and other school authorities to discuss problem cases, many of them not yet referred to the clinic. This proved to be a good screening procedure for those outlying areas without their own special school counsellor or psychologist.

Most of the marriage and family therapy is done by the social worker, and the following is a short report on 140 cases seen between June, 1967, and August, 1969:—

S. ZIMMERMAN, M.S.W.

Included in this report are only those couples and families for whom marriage or family therapy was the principal method of treatment, and for whom treatment has terminated.

An attempt was made to determine the results of treatment of these patients. It is realized that there must be some degree of subjectivity, but there was a very strong attempt to remain objective.

Results were tabulated in the following way:—

	Points
No improvement	0
Some improvement, but not sufficient in the opinion of therapist and patients	1

	Points
Those who felt better, but considered by the therapist to need more work	2
Those where the therapist and patients both agreed that no more help was needed	3

Total number of couples and families treated	125
Total number of interviews with all these couples and families	567
Average number of interviews per couple or family	4.23
Total result points	205
Average number of result points per couple or family	1.64

Other points of interest:—

Nineteen families received only one interview, nine of which had 0 result points. Average number of result points for other 10 families was 1.8.

On the other end of the scale, 15 families or couples received 9 to 18 interviews. Their average result point was also 1.8.

The average result of those who received 3, 4, 5, 6 interviews (those right around average) was 1.75 result points (60 couples and families, 105 result points, and two with unknown results). It looks as if there is little or no correlation between number of interviews and effectiveness of treatment. (Interviews are almost always weekly or bi-weekly.)

Twenty-two couples and families were judged to have achieved 3 points, while 17 were judged to have had 0 points.

Questionnaires were sent out to determine the opinions of the couples and families as to the degree of help they received from marriage and family treatment. They were asked the question: " What do you feel were the results of your contact with the Mental Health Centre? " They were given three choices:—

No improvement in family relationships.
Slight improvement in family relationships.
Much improvement in family relationships.

Ninety-six of these questionnaires were sent out; 35 were returned, 30 of which were signed. The results of these questionnaires showed considerable similarity between the results which the families gave themselves, and the Centre's results. These 30 families' own assessments indicate a figure of 57 points; the Centre's evaluation gave them 51.

It had been hoped that the average result points would have been higher. On the other hand, 117 out of 134 received at least some help.

The low figure for average number of interviews was a pleasant surprise. This enables us to provide direct treatment to a far-greater population than is usual in this work. Also, it was interesting that the average result points were virtually unaffected by the number of interviews.

During the year the social worker held 28 sessions of class discussions, for two periods a week, with one of the more-disturbed school classes, with the accent on social problem solving.

The social worker has also been taking pre-natal classes to discuss with prospective mothers " prevention of emotional problems in children."

The majority of cases referred to the Mental Health Centre are seen by the psychiatrist first. Emphasis is placed on the importance of marriage and family

therapy, wherever possible. There is no waiting list and cases are usually seen within a few days of referral. Urgent cases are seen almost immediately.

Public health nurses are requested to submit a brief report on their referrals and audiograms and Snellen eye-tests are done by public health nurses on all the children they refer to the Centre.

There is a good co-operative relationship in the region between doctors in private practice and the Mental Health Centre. The majority of cases are channelled through the family doctor. Some school children are referred by school authorities in conjunction with the public health nurse, and the family doctor is notified and invited to submit a report on the patient.

A review of recent statistics shows that the Vernon mental health region saw 427 new cases in the last 12 months. This figure is higher in comparison to most other areas. One possible explanation is that cases are seen more expeditiously and less time is taken in work-up and in conferences. Another explanation is that this unit possibly spends less time on agency contacts, educational programmes, lectures, and other special projects and devotes more time to therapy.

EAST KOOTENAY MENTAL HEALTH CENTRE, CRANBROOK

J. Brown, M.S.W., Acting Director

The East Kootenay Mental Health Centre was officially opened on November 1, 1969. Housed in a new three-story building on the grounds of the Cranbrook and District Hospital, this latest decentralized community Mental Health Centre will emphasize prevention as well as treatment. An effective, short-term treatment programme which can reach a large number of people, and a consultative service to strengthen the knowledge, confidence, and skills of existing community professionals will be offered by this Centre when appointments have been made to all staff positions.

Until a full staff is recruited, the East Kootenay Mental Health Centre will be concentrating on the continuing casework treatment of cases already assessed and diagnosed by the West Kootenay Travelling Clinic. In December, the Centre accepted approximately 15 new marital and family counselling cases referred from East Kootenay doctors and agencies. Considerable time was devoted to community education and to providing an informal psychiatric social work consultative service.

UPPER ISLAND MENTAL HEALTH CENTRE, COURTENAY

K. J. MACKAY, M.B., B.CH., M.SC., C.R.C.P.(C.), DIRECTOR

The Upper Island Mental Health Centre opened in June, 1969, and is situated in the Upper Island Health Unit in Courtenay.

Direct service was offered on medical and community agency referral to persons from Comox, Courtenay, Cumberland, and Royston areas, as well as the district below Oyster River. A travelling clinic was instituted to cover the Campbell River area. In-hospital consultative services were provided, principally at St. Joseph's Hospital in Comox, but also at the Cumberland General Hospital, on request by community physicians. The Director was looking into the possibility of enlarging services of the Centre by periodic contact at longer intervals with outlying areas of the upper Island, such as Port Hardy, Port McNeill, Alert Bay, Port Alice, Gold River, and Tahsis. This Centre was assigned the responsibility of providing travelling clinic service to the Powell River area. School Districts Nos. 47, 71, 72, 84, and 85 fall within the scope of the area serviced by this Centre.

Consultative services were offered to the Probation Service and Department of Social Welfare, in both Courtenay and Campbell River. The social worker maintained regular contact with the Department of Social Welfare, particularly in Campbell River, where indirect consultation was provided to case workers covering the more remote areas in the northern part of the Island. Frequent informal consultations were held with Probation Officers and school counsellors.

The Mental Health Centre is responsible for the supervision of the programme in the Bevan Lodge, which is a residential boarding home for 70 adult retardates, operated by the Bevan Lodge Association.

This Centre enjoyed a great deal of community support and interest since its opening in June.

PART III.—IN-PATIENT SERVICES

Director of Mental Health Services

Director of Nursing Education

Superintendent, Riverview Hospital

Superintendent, Geriatric Division

Superintendent, The Woodlands School

Superintendent, The Tranquille School

British Columbia Youth Development Centre, "The Maples," Burnaby

PART III.—IN-PATIENT SERVICES

REPORT OF THE DIRECTOR OF MENTAL HEALTH SERVICES

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

The work of the Mental Health Services during the year fell into two major categories. The first category included such services as the provision of in-patient security for the mentally disordered, whose treatment is a concern of the Courts, or involves protection of the public. It also included limited but very specialized services to certain categories of the severely mentally retarded.

The second function of Mental Health Services concerned itself with the development of a broad range of services which are needed by communities throughout the Province and which are the prime goal and objective of this Branch.

The prime responsibility of the Director is in regard to the standards of care and treatment within the mental health facilities of the Province. In both functional categories of the Mental Health Services, priority has been given to maintain the present standards where they are satisfactory, and to upgrade them where they fall short. This has not been an easy task, but Mental Health Services standards have continued to rise toward the goal of equalling those applicable to the physically ill.

In most areas trends in patient population continued to show as a slow reduction in admissions and resident population. It is to be hoped that this reflects the increase in alternative resources in the community. An adverse factor is the difficulty of placing the retarded in the community to make room for new admissions, and the necessity during part of the year to restrict admissions to the Riverview Hospital. During the year there was a medical staff shortage. Fortunately, by the year's end, almost every medical staff vacancy at Riverview had been filled.

Following the assessment of Riverview Hospital by the Canadian Council on Hospital Accreditation, measures were initiated to meet the requirements of the Council in the areas that were considered unacceptable. In addition to progressive changes stimulated by the requirements of the Council, a further progressive move has been the development of an excellent liaison between the Psychology Department and Simon Fraser University.

In the Geriatric Division, it has been possible to raise the standards of medical care at Dellview and Valleyview, and at Valleyview the Community Consultation Service has been further expanded with the arrival of Dr. John Robertsen to fill the newly created position of Deputy Superintendent.

Developments in services to the retarded during the year have been made possible with the opening of Bevan Lodge by a private society in Courtenay, which relieved the in-patient institutions of the Mental Health Services of nearly 60 patients. In October, the opening of Alder Lodge in Maillardville as an extension of The Woodlands School relieved the school of approximately 50 patients.

During the year a great deal of planning took part toward the development, by The Tranquille School, of a comprehensive regional service for Regions 1, 2, and 6. This programme was established on October 1, 1969, and relieved The Woodlands School waiting-list of responsibility for approximately 90 patients, whose residence is in the Interior, and provision for whose care now falls upon The Tranquille School. The full benefit of this regionalization in relieving the waiting-list problem will be more apparent upon the completion within a short time of minor alterations by the Department of Public Works.

The British Columbia Youth Development Centre at The Maples, Burnaby, which inaugurated its service in 1968 with only the Family and Children's Clinic operating, continued to develop, and opened the Residential Unit and the Psychological Education Clinic during the year. The Residential Unit received its first inpatients on August 4, 1969. The function of the Residential Unit has been gradually gathering pace and, toward the end of the year, two of the three cottages were in use, one as a day clinic and the other as a residential unit. Subject to completion of structural repairs, it is anticipated that the third cottage will open in the spring of 1970.

In spite of the very real problems, the matrix of a viable and valuable treatment programme, which is needed by large numbers of children and adolescents in the Province, is already apparent, and may be expected to develop steadily over the next 6 to 12 months.

The Psychological Education Clinic, after a difficult inaugural period, went into almost full operation in September, 1969, and is developing a number of different programmes which will ultimately provide a valuable resource to the other units and to other agencies.

The Department of Nursing Education has continued under the Acting Directorship of Mrs. E. Paulson, to whom we are indebted for carrying out the duties until a suitable replacement is located.

The Department's graduation ceremonies for 7 men and 132 women took place in the auditorium of the New Westminster Secondary School on the evening of April 17, 1969. The address to the graduates was given by Dr. L. E. Ranta, Director of Medical Services, Vancouver General Hospital.

The Annual Meeting of the Council of Psychiatric Nurses for 1969 was held on April 21, 1969.

The continuation of the valuable contribution made to the Mental Health Services by the various volunteer workers is gratefully acknowledged.

DEPARTMENT OF NURSING EDUCATION

MRS. E. PAULSON, ACTING DIRECTOR

During the year, the Department experienced a number of faculty changes. Seven instructors resigned and their positions were subsequently filled. Three instructors were granted educational leave—one senior instructor attended university during the first four months, another attended a six-week session at summer school, and the third commenced university in September. The resignations created extensive changes in clinical assignments, which required a period of adjustment for both the nursing services involved, and the faculty.

The Department received 1,308 requests for Information Bulletins and applications regarding the psychiatric nursing programme. Four hundred and three applications were processed as compared with 389 in the previous year. One hundred and thirteen (103 women and 10 men) enrolled in the spring and fall classes; 58 less than in 1968. One hundred and three of the students who enrolled had complete secondary-school standing, 82 were on an Academic-Technical programme and the remainder on a Vocational programme. Of the 290 applications who were rejected, the majority did not have acceptable educational requirements, which accounts for the smaller enrolment in the spring and fall classes. One hundred and thirty-five students (128 women and 7 men) completed the programme.

The psychiatric aide programme conducted 25 five-day courses, 11 at the Education Centre and 14 at The Woodlands School. The number of aides who attended the classes totalled 222. In October, the senior instructor in charge of the programme gave classes to 46 aides at the Dellview and Skeenaview Hospitals. A review of the programme was in process at the year-end, and a questionnaire was circulated to all wards in the Riverview Hospital and The Woodlands School.

Affiliate programmes in psychiatric nursing were conducted for students of the Royal Columbian Hospital, New Westminster; St. Joseph's Hospital, Victoria; St. Paul's Hospital, Vancouver; University of British Columbia School of Nursing, and for public health nurses of the Health Branch. Two hundred and sixty-eight students were enrolled, and of these 226 completed the eight-week programme. The programme co-ordinator had two weeks of field experience at the Fraser Valley Health Unit, and a week's orientation to the Burnaby Mental Health Centre.

Accommodation was provided for 442 residents. The Department loaned one of its residences to nursing services for patients from West Lawn Unit, while the latter is being renovated.

The Department's standing committees accomplished a number of tasks. The Curriculum Committee completed a philosophy for the psychiatric nursing programme, and was proceeding with curriculum content. The Progress Committee reviewed the evaluation of students who were unable to perform satisfactorily and submitted recommendations to the Acting Director of Nursing Education. An Evaluation Guide was prepared and was on a trial basis for the first half of the year. It was being revised and recommendations made by nursing service were being incorporated. The Library Committee inaugurated new systems of cataloguing, which facilitated library functioning and decreased the loss of books. The Examination Committee prepared and marked 57 eligibility examinations for nursing positions. Faculty members of the Recruitment Committee participated in seven vocational conferences—six in the Lower Mainland and Fraser Valley Schools and one at Kamloops.

An Acting Assistant Director was appointed in May, 1969.

RIVERVIEW HOSPITAL

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

GENERAL COMMENTS

During the year, Riverview Hospital continued to provide a comprehensive psychiatric in-patient and out-patient service for the residents of British Columbia. An estimated total of 930,305 patient days-of-care and treatment for 6,114 patients was provided by Riverview Hospital in 1969.

Reports on the activities of the many services and departments which served the needs of Riverview patients during the past twelve months follow.

TREATMENT SERVICES

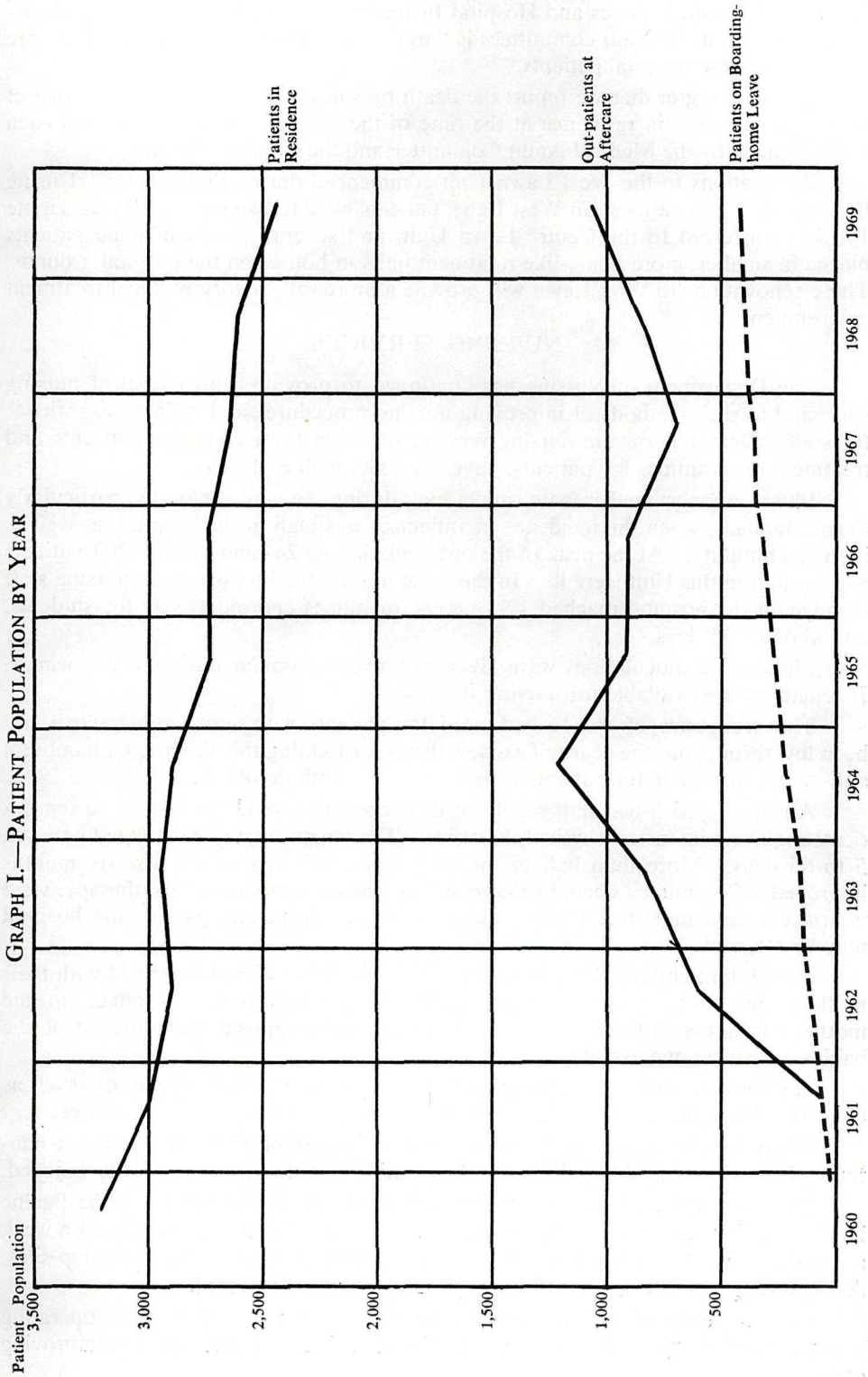
During the year, there was a reduction in the number of patients admitted to Riverview Hospital and a continuing reduction in the resident population of the hospital. At the same time, there was an increase in the number of patients being treated on an out-patient basis at the After Care Department and in the boarding-home programme. These trends, over the past decade, have been plotted on Graph 1 and illustrate an increasing emphasis on care of the patient in the community, wherever appropriate. While the resident population has declined from 3,222 in 1960 to 2,482 in 1969, the total number of patients under care has increased from 3,264 in 1960 to 3,918 in 1969. Unfortunately, the decreased admission rate during 1969 is also partially a reflection of a restriction of admissions necessitated by seasonal medical-staff shortages.

A pilot foster-home programme was initiated during the year, whereby selected patients requiring a family placement would be placed in a supervised family setting. To date, nine such placements have been made. Difficulties continued to be encountered in locating a sufficient number of places in boarding homes for selected patients. However, it is hoped that the reorganization and regionalization of the boarding-home programme will lead to the development of additional such homes in more remote areas of the Province.

In addition to the increased emphasis on out-patient treatment, there has also been an increased use of the therapeutic community approach. Techniques for the administration of somatotherapies and drug therapies have been refined. An intensive nursing-care area for the administration of sleep therapy, intensive pharmacotherapy, and electroconvulsive therapy has been developed on Ward West-4, Crease Unit. At the end of the year plans were initiated to have all anæsthesia for E.C.T. administered by a fully qualified anæsthetist.

The Clinical Teaching Unit, operated in affiliation with the University of British Columbia, now has four psychiatric residents working toward the requirements for certification in psychiatry of the Royal College of Physicians and Surgeons of Canada. These residents are under the direct supervision of a Teaching Fellow and a Clinical Supervisor with joint university/hospital appointments. Two members of the University of British Columbia surgical teaching staff were recruited on a sessional basis to further upgrade the teaching aspects of our surgical residency programme, which is recognized for six months' graduate training in surgery by the Royal College of Physicians and Surgeons of Canada.

At the beginning of the year, the by-laws, rules, and regulations of the Medical Staff Organization, as required for hospital accreditation, were approved by the



GRAPH I.—PATIENT POPULATION BY YEAR

Minister of Health Services and Hospital Insurance. The prime objective of this organization and its relevant committees is " to promote a high quality of medical care for all Riverview Hospital patients."

It is with regret that we report the death by suicide of 11 patients, only one of whom was actually in residence at the time of the suicide. A review of each such death is made by the Medical Audit Committee and the Clinical Director.

Renovations to the West Lawn Unit commenced during the summer. During this period of renovations, 56 West Lawn patients were transferred to Nurses' Home 10, 30 transferred to the Centre Lawn Unit, and several groups of male patients placed in smaller, more home-like treatment units in houses on the hospital grounds. These renovations to West Lawn will provide a more satisfactory physical treatment environment.

NURSING SERVICES

The Department of Nursing has continued to provide a high level of nursing care, and to seek methods of improving nursing procedures and training experience for staff. Demands on the nursing service, resulting from changing concepts and treatment programmes for patients, have been met with enthusiasm.

Illness amongst staff was unusually high during the winter months, particularly during January, when the incidence of Influenza was high in the hospital, as well as in the community. At the peak of the outbreak, in one 24-hour period, 207 patients and 46 staff in this Unit were ill. In the same month, the illness among nursing staff throughout the hospital reached 1,936 days for nurses and aides, 109 for students, a total of 2,045 days.

Flu-vaccine inoculations were given to prevent a similar outbreak this winter. Inoculations are available for nursing staff.

The occupancy of the 16-bed ward for patients with active tuberculosis has been low throughout the year. Two new drugs for treating this disease, enthambutol and isoxyl, were used for patients resistive to other antimicrobials.

An integrated 9-bed unit has been developed to provide nursing care for patients requiring intensive physical therapies. The length of stay has ranged between 5 to 65 days. More than half of the 45 patients referred in the first six months improved. Continuous sleep, or that combined with electroconvulsive therapy, were treatments used most frequently. Suitable patients from any part of the hospital may be referred.

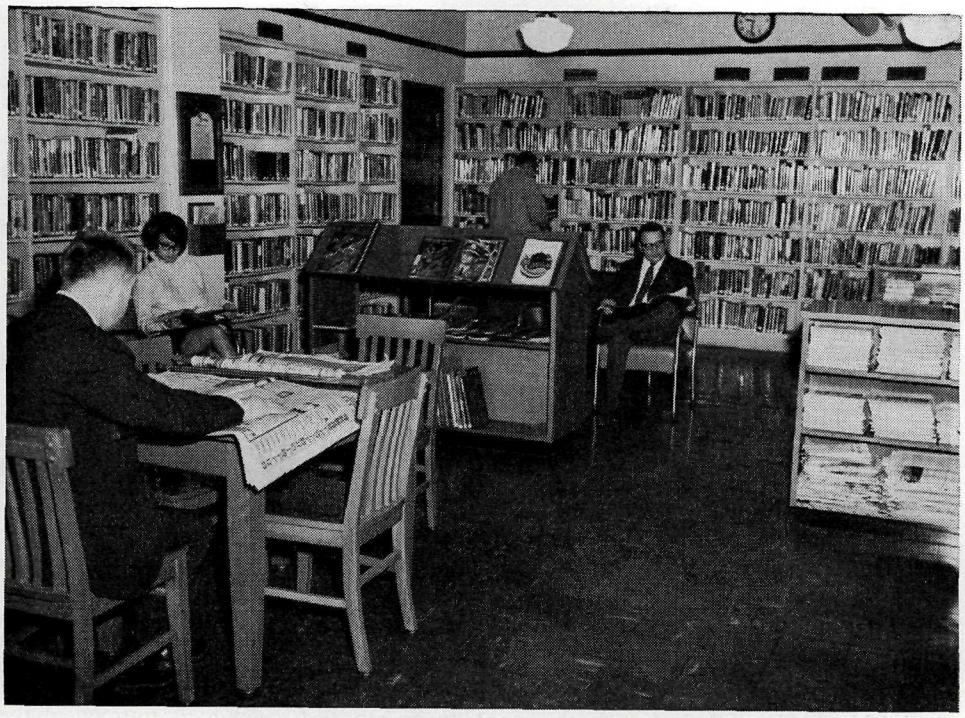
Four infant children have been brought to the hospital and remained with their mothers, who were undergoing treatment. There was beneficial effect on the mother's progress in three instances. Other patients enjoyed the presence of the babies, who were one to eight months old.

A growing number of patients are attending events in the community, such as concerts, the circus, picnics, trips to Stanley Park, swimming, and boat cruises.

Many luncheon outings were arranged in homes of members by the volunteers of the Canadian Mental Health Association. These were especially enjoyed.

Seventeen patients entered articles in the handicraft competition at the Pacific National Exhibition, six winning prizes. Four groups of patients again spent a week at the Garibaldi " Y " Camp, as well as several groups using Government camp-sites. A day outing to Victoria for 65 women was an outstanding event.

Several pieces of excellent equipment have been provided for the operating room, as well as oxygen and suction piped into North Lawn, all helpful in improving care.



A well-stocked patients' library offers a variety of reading material, including current newspapers and magazines.

Skilled instructors in sheltered workshops assist in rehabilitating patients, prior to their return to a useful life within the community.

Staff education courses included:—

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

(*b*) Continuing Education Programmes for Nurses, presented by the Extension Department and School of Nursing at the University of British Columbia.

(*c*) The Psychiatric Nurses Co-ordinated Programme, offered at Vancouver City College.

(*d*) Health Technology, Nursing Option, at the British Columbia Institute of Technology.

(*e*) Tuberculosis and Respiratory Diseases Workshop.

(*f*) Courses in obstetrics and pædiatrics for those with general nursing standing outside of British Columbia.

(*g*) Executive Training Programme XIV.

The Nursing Service at Riverview Hospital is continuing to provide clinical areas for education of nursing students in

(*a*) the psychiatric nursing programme, Mental Health Branch;

(*b*) the programme at St. Paul's Hospital, Royal Columbian Hospital, and St. Joseph's Hospital;

(*c*) the degree programme at the School of Nursing, University of British Columbia.

Similar opportunities are provided for graduate nursing students from the Provincial Health Branch and from the night programme in psychiatric nursing at the British Columbia Institute of Technology.

PSYCHOLOGY DEPARTMENT

The Psychology Department recorded a year of very satisfactory growth. Progress has also been facilitated, both by the success of policies permitting more flexible terms for the recruitment of staff and by the very improved liaison established with the Psychology Department of the Simon Fraser University. In general, these factors have fostered the recruitment of students, staff, and consultants of high quality and have catalysed the Department's endeavours to widen and improve the basis of its contribution to patient welfare.

In total, 60 lectures were delivered to hospital staff within the framework of inservice instruction programmes. The Department has been the co-sponsor of a seminar in epidemiological methods offered to senior undergraduate students in psychology at Simon Fraser University. The success of this affiliation has led to the repetition of this seminar and to the Department's participation in a further seminar relating to behaviour-modification techniques.

The psychometric evaluation of patients continued to be a major service commitment and, appropriately, 360 reports were written in response to referrals for diagnostic evaluation, intellectual measurement, and personality assessment. Refinement continued in the automated testing system described in the 1968 Annual Report and supplement.

During the year, 400 group and conjoint therapeutic sessions and approximately 300 individual interviews were conducted, the majority within the context of hospital and after-care services for security-ward patients. A start was made in the Department's intended introduction of operant-based behaviour-modification procedures to personnel responsible for the management of extended-care patients.

In addition to the major developments represented in the automated testing project and in the operant-ward programme, the Department maintained a variety of other research interests. All data had been collected and an analysis of results was under way at the year-end in the study to examine the predictive efficacy of 17 OHC steroid level in anticipating suicide behaviour. Experimental work had also started in the study to determine the extent to which personality factors rather than " illness " are a determinant of nervous-system activity in schizophrenia.

Student affiliation with the Department was reintroduced in the summer and the programme was organized on a project basis. Previously, the orientation provided two full-time students with an exposure to differing aspects of the psychologist's conventional clinical duties. This year, four were retained on a half-time basis and were given the responsibility of directly participating in two of the projects outlined above.

SOCIAL SERVICES DEPARTMENT

A review of the work of the Social Services Department for the past year points to increased activity at the community level, with some reduction in numbers of patients served at ward-level. This development is consistent with trends to be observed in over-all hospital statistics, which depict a decline in patient admissions in relation to those for previous years. Hospital units admit patients from broad geographic areas, including many isolated and sparsely populated communities, and it remained necessary to provide extensive in-patient services in order to compensate for limitation in local resources.

The need to expand existing out-patient programmes in areas within reasonable access of hospital treatment facilities continued to be important even in large urban centres having available for use a multiplicity of health and welfare agencies. In 1968, arrangements were made to commence a pre-admissions and after-care social service programme in the admitting unit of Centre Lawn which would work in close co-operation with other disciplines in the provision of direct services to patients during these two important phases of their treatment. In May, 1969, in conjunction with local health and welfare authorities, this programme made a further move toward regionalization of services by instituting a pilot project whereby a group of patients from one, and later two public health regions, were admitted to one specific ward in the Centre Lawn Unit. This plan is continuing on a trial basis, subject to periodic review.

In all hospital units, and particularly those offering longer-term care and treatment, a significant proportion of social work time was again required to plan for and to implement community resettlement for selected patients. Despite a general shortage of boarding-home beds in many areas adjacent to the hospital, it was possible to place 171 patients in boarding-home care under the ongoing treatment supervision of the hospital between April 1, 1968, and March 31, 1969, with the co-operation of the Department of Social Welfare and Health Branch. Of this total, 94 were initial placements and 77 involved patients who, during the period of hospitalization, had one or more previous such placements. In addition, 16 patients were sufficiently stabilized to be discharged from the programme to more independent living arrangements. As of September 30, 1969, there were 412 patients residing in licensed community boarding homes and in receipt of continuing services under this programme.

Due to the lack of supervised accommodation available in Vancouver in 1968, and the need for patients discharged from hospitals to engage in normal social living, a pilot project designed to recruit foster homes was initiated on a modest scale by

Riverview Hospital, in co-operation with the Vancouver City Social Service Department. The purpose of the project was to recruit and select private homes which could offer a family-like environment initially to a small number of patients on a trial basis. As a result of recruitment efforts to date, some 50 inquiries have been received from interested householders, of which six homes located in Vancouver City have been used for patients discharged from Crease Unit. Supervision of the homes and the patients is shared between the services of hospital and public welfare.

The work of the Department is depicted in the statistical summaries for the year, which reveal that social and casework services were given a total of 3,828 patients in hospital, and 984 who were registered with hospital after-care services. In addition, 888 patients received pre-admission social services during this period.

REHABILITATION DEPARTMENT

The Rehabilitation Department continued to focus on the problem of making the patient's hospital experience a meaningful preparation for returning to community life. While other departments are more involved in specific treatment of the patient's illness, the Rehabilitation Department is concerned with concrete plans for an adequate social and vocational adjustment following the period of hospitalization. The programme of work placement for patients in hospitals remains a large and active one. During the year, 1,338 patients were referred and placed in work-experience programmes, of these 772 were male and 566 were female. For an improvement in programme, 455 patients were changed from one work area to another. Each placement and change involved an interview with the Rehabilitation Officer, plus follow up of his work and regular written and verbal reports to the referring clinical team. The typical short-stay patient in hospital results in emphasis on short-term work placement as a preparation to his returning to outside employment. As this trend continues, more staff may be necessary to cover work areas which were previously staffed with the long-term patients now discharged.

There has been an increase in community placement activity. The number of jobs found by the Rehabilitation Officers has risen to 96. There has also been a growth in follow-up services to patients with 174 follow-up contacts being made in order to ensure that patients were adjusting satisfactorily to work. There were 292 contacts made with community agencies and employers for this group of patients placed.

Considerable time was spent in working out an improved mode of operation with Canada Manpower. The Rehabilitation Department is now handling all referrals to that organization and this has resulted in an improved communication with their staff. Follow-up information is being transmitted back to the Department, and an improvement in service to patients is developing for those who need help in re-entering the labour market.

The position of Occupational Therapist was filled and the vocational assessment service resumed. There were 66 assessments completed during the year. As a supplement to community facilities for vocational adjustments, this is an important part of the Rehabilitation Department's services.

The Hillside Rehabilitation Unit served a total of 123 patients in 1969. There were patients referred from other wards in the hospital who required special rehabilitation programmes before being discharged. In order to have a variety of programmes to meet the diverse needs of the Hillside residents, the staff there have specialized in different fields, from personal development to community orientation, and classes are available to all residents who need help in these various fields. There

has been an increase in the group-therapy sessions with improved results, following an in-service training programme in group therapy. The Hillside Unit and the Rehabilitation Residence in Vancouver are now working more closely together to complement each other for a smoother flow of patients from hospital to community living.

The Rehabilitation Residences have had a very active year, with a 20 per cent increase in patients served. Seventy-seven patients were resident for various periods of time as they undertook vocational training, sought employment, and otherwise prepared to become self-supporting, productive members of society. There has been more emphasis on group discussion and this has been very useful, both for patients in the houses and as a follow-up technique for patients who have left but still need further supportive help. A social interaction programme has been developed for patients who are temporarily unable to deal with employment problems, or who are showing some return of symptoms.

An awareness of the need for keeping abreast with new developments in rehabilitation and community resources has led to the establishment of in-service training programmes for staff, to increase their skills. In turn, the staff contribute to the education and orientation programmes for staff in other hospital departments.

OCCUPATIONAL THERAPY DEPARTMENT

During the year, the Occupational Therapy Department benefited from a fairly constant, near-full complement of qualified staff. This improved staff situation has enabled the Department to plan more individualized, goal-focused treatment for patients in most areas and has led to several new programmes.

The occupational therapy staff in West Lawn have taken on an added role as activity advisers to assist nursing personnel in planning ward-based programmes to encourage manual, social, and recreational skills in their patients. They are also involved in co-ordinating evening and week-end social activities and outings to community facilities.

Three new programmes have been initiated in Crease Unit to meet the specific needs of patients—(i) a reactivation group for chronic schizophrenics, (ii) a social development group for the socially isolated, (iii) a pre-employment course for those lacking skills in making job applications.

Centre Lawn Unit has been able to expand its services during 1969 (as a result of the greater number of staff). Six wards are now actively involved in occupational therapy programmes and some new media used are proving quite successful, i.e., music therapy, self-care, cooking and shopping groups, and current events. One staff member is active in the adolescent group therapy programme in this Unit.

Various contacts with the community were very successful. Some encouraging responses were met in the realm of sub-contract work for many of the long-stay areas of the hospital. Programmes emphasizing self-care (grooming and general appearance) were given a boost by the generous donations of make-up and beauty aids from two cosmetic companies. An excellent article appeared in the press describing some of the more up-to-date methods being used in psychiatric occupational therapy.

The Construction Shop continued to provide a realistic heavy-work situation for both treatment and assessment purposes. The nine ward groups involved in gardening projects were co-ordinated through this Department and were offered advice and assistance as required. The staff member acts in an advisory capacity at the ward-level for various projects in West Lawn, Centre Lawn, and East Lawn.

During the past year, boarding-home residents were introduced to a more community-oriented, educational programme, which included talks by the R.C.M.P.

on " Road Safety," educational films, practical work-oriented projects, and various competitions judged by members of the community.

Once again the Canadian Mental Health Association volunteers have assisted this Department in preparing for programmes, working with patients, and running social activities in many areas.

Staff attended various educational programmes outside the hospital in the past year, e.g., a three-day course on " New Trends in Psychiatric Occupational Therapy," an afternoon workshop on " Discharge Planning and Community Resources," and a lecture by Dr. Glasser on " Reality Therapy."

Other responsibilities included the supervision of occupational-therapy students, 11 from the University of British Columbia and 3 from the University of Toronto, as well as the orientation and supervision of nursing students and affiliates in respect to occupational therapy.

RECREATIONAL THERAPY DEPARTMENT

The Recreational Therapy Department enjoyed a busy and constructive year, which saw steady development of the two main areas of the Department's work—conducting a broad range of daily therapy sessions as part of the total treatment programme of the hospital, and the provision of a pattern of community recreational opportunities for the total hospital population. The first section of this dual responsibility involved directing a total of 2,444 group-treatment sessions held in all six units, with a total patient attendance of 97,644. The second area, provision of social and recreational opportunities for the whole hospital community, saw numbers of the Rrecreational Therapy Department staff giving leadership and supervision to some 5,330 group sessions held in ward areas, unit recreation rooms, Pennington Hall, sports fields, picnic-grounds, and in community parks, beaches, pools, and facilities throughout the entire Lower Mainland area, with patient attendance totaling 236,795.

Invaluable support for this second section of responsibility with and for patients, was afforded through the co-operation of a host of individuals and groups throughout the community—municipal recreation departments, private agencies, sports and entertainment promoters, co-operating Provincial institutions, the Canadian Mental Health Association, community centres, musical, cultural, artistic, fraternal, and charitable organizations—all contributed toward making possible a broad and stimulating programme of activities for hospital residents.

Such assistance involved scores of people visiting the hospital to contribute their time and talent as members of concert parties, glee clubs, brass bands, dance orchestras, entertainment groups, or simply as additional hosts and hostesses for ward or unit socials. Other contributions took the form of free admissions granted to our patients at concerts, entertainments, and sporting events held throughout the community. Ward R2 was the grateful recipient of a piano contributed by the Canadian Mental Health Association volunteers, while three other pianos purchased through the Patients' Comfort Fund extended the effort to equip all suitable wards with this valuable resource.

The over-all programming followed patterns very similar to previous years. Activities were closely aligned to the passing seasons with a concentration on indoor programming during the winter, all possible emphasis on the out-of-doors during the spring and summer, and a return to indoors with the coming fall. Well-established procedures governed the scheduling of ward, inter-ward, and inter-unit social, recreational, and sports activities throughout the year, while spring and summer saw a repeat of the provision of a special holiday programme for some 700 vaca-

tioning patient-workers. Highlights of the summer season included four periods of resident camping at the Y.M.C.A. Camp Garibaldi; a series of boat trips to Granite Falls and Victoria; attendance at the Shrine Circus and the Pacific National Exhibition. Organized league play added interest to softball, volleyball, bowling, and badminton throughout their seasons, while weekly card socials, bingo parties, and rehearsal meetings for glee clubs, sing-a-long groups, and musical combos served to meet these broader interests.

Festive occasions, such as Valentine's Day, St. Patrick's, Easter, Spring, Hallowe'en, the New Year, etc., were duly marked with suitable special events carried on in ward and unit areas and at the hospital's chief recreation centre, Pennington Hall. The Christmas season was pleasant and noteworthy for a number of special concert events, staff and student choirs which visited throughout the wards, and in a very successful series of Open House celebrations and parties carried out in all six units of the hospital. These latter events resulted in the attendance of over 1,250 special visitors, who journeyed to the hospital to share the Christmas season with their patient-relatives and friends.

The music therapist and her company of talented patient and volunteer musicians were in great demand for ward-centred musical activities, as well as for regular series of concerts and the weekly Pennington Hall dances. Late in the year a proper music studio was set up in the former audio-visual area at Pennington Hall, complete with new piano and a soundproof rehearsal hall.

The Leader, the patient magazine, edited by the Recreational Therapy Department staff, published a full schedule of 14 regular editions, plus a specially decorated Christmas edition involving the work of some 120 patient residents during the year.

PATIENTS' SCHOOL

The school was open for 226.5 regular school-days; 73 patients (52 male and 21 female) were enrolled, which is 12 per cent less than the previous year's total. Thirty were adolescents with an average age of 16.5 years, and 43 were adults with an average age of 27 years. The average period of attendance was 9.9 weeks. Daily classes were conducted for 60 of the students, and individual instruction was provided for 13 who were confined to their wards. Thirty-two patients were discharged.

Through the media of the standard grade curricula and correspondence courses, a diversified programme of instruction designed to provide for the educational needs and personal development of the individual was maintained. Instruction in both academic and vocational subjects was made available and emphasis was placed on a realistic viewpoint concerning appropriate courses which would lead to either continued schooling or employment in the community after discharge. The greatest number of students (35) studied at the junior-secondary grade levels. Eighteen were enrolled in the elementary grades, 15 in the senior-secondary grades, and 5 in the class for new Canadians.

The experimental programme, which was initiated in January, 1968, wherein selected Order in Council patients were permitted to attend the daily classes, was continued and augmented with increasingly satisfactory results. To date, eight patients have participated in this project and two are living in the community in supervised settings, while working and attending upgrading classes. Further expansion of this programme is under consideration.

The trend to fewer classroom referrals was significant. With the co-operation of the medical staff and the Department of Nursing, a higher degree of selectivity in referrals was achieved, making it possible to extend increased individual attention to the students and enabling this Department to participate more fully in the over-all treatment programme.

RADIOLOGY DEPARTMENT

Radiological service was provided for 11,676 patients during the year, involving the processing and reporting on 17,518 films, a moderate increase over the work-load of the previous year. The increase in work was particularly noticeable in the examinations requiring the presence of a radiologist, such as barium meals and barium enemas. The Department is served by six fully qualified radiologists on a part-time basis.

PATHOLOGY DEPARTMENT

This Department reported a total of 78,993 procedures performed, representing 144,786 units (1958 D.B.S. schedule) of clinical laboratory work. Increases occurred in biochemical and bacteriological procedures.

One hundred and thirty autopsy examinations were performed, representing approximately 80 per cent of the deaths that occurred at Riverview, Valleyview, and The Woodlands School.

The Riverview laboratories continue to function as a training-school for laboratory technologists. Two students were successful in receiving their C.S.L.T. certification this year.

The acquisition of an electronic particle counter has proven to be a useful addition to the Hæmatology Department.

The pathologist and technical staff continue to participate in the biochemical investigation of the etiology of schizophrenia.

DEPARTMENT OF NEUROLOGY

The Department continued to provide service for neurological consultations, electroencephalograph and echoencephalograph examinations. It meets the needs of the Riverview Hospital, the Valleyview Hospital, Burnaby Mental Health Centre, and the Simon Fraser Mental Health Centre. Electroencephalograph examinations are also done for the Provincial penal institutions in the Lower Mainland, such as Oakalla Prison Farm, Haney Correctional Institute, Alouette Rehabilitation Camp, and New Haven.

During the year, 253 neurological consultations were performed and 331 echoencephalographs were done. Electroencephalograms totalled 1,193, of which 190 were at The Woodlands School, 35 at the Burnaby Mental Health Centre, and 968 at Riverview Hospital. This represents a moderate increase over that provided during the previous year.

DENTAL DEPARTMENT

The provision of a full range of dental service to patients was maintained during the year. In May, Dr. W. C. Cusack retired as Senior Dental Officer due to ill health, and was replaced by Dr. W. J. Hilborn, who has been with the Department for some years. Dr. W. F. Oldfield and Mr. F. Burnie joined the staff, giving the Department two dental technicians to cope with the constant demand for dental prostheses.

Laboratory supplies and equipment were increased to provide an orthodontic appliance service for the patients at The Woodlands School.

PHARMACY

Drug security was improved this year by the introduction of sealed polyethylene tote boxes, and by the introduction of " narcotic counters " on some of the wards. The narcotic counters also lessen dispensing time. Direct purchasing was introduced

in April. Under this system a limited number of more bulky surgical supplies are delivered directly from the supplier to the hospital pharmacist. It is anticipated an additional staff pharmacist will be engaged shortly, and this will enable the pharmacy to exercise a greater degree of control of medications on the wards and permit the senior pharmacist to assume much-needed ward liaison and pharmacy administrative duties. A " drug adverse reaction reporting programme " is under study by the Pharmacy and Therapeutics Committee. It is expected that this programme will bring considerable benefits to the patients of this hospital. We are also in the process of establishing a Poison Control Centre for the hospital.

The pharmacist has prepared a " pharmacy letter " to provide a median for conveying information to the medical and nursing staffs regarding new products in the pharmacy, change of brands, adverse drug reactions, drug interactions, etc. It is expected that this will be a regular feature of the pharmacy service to the hospital.

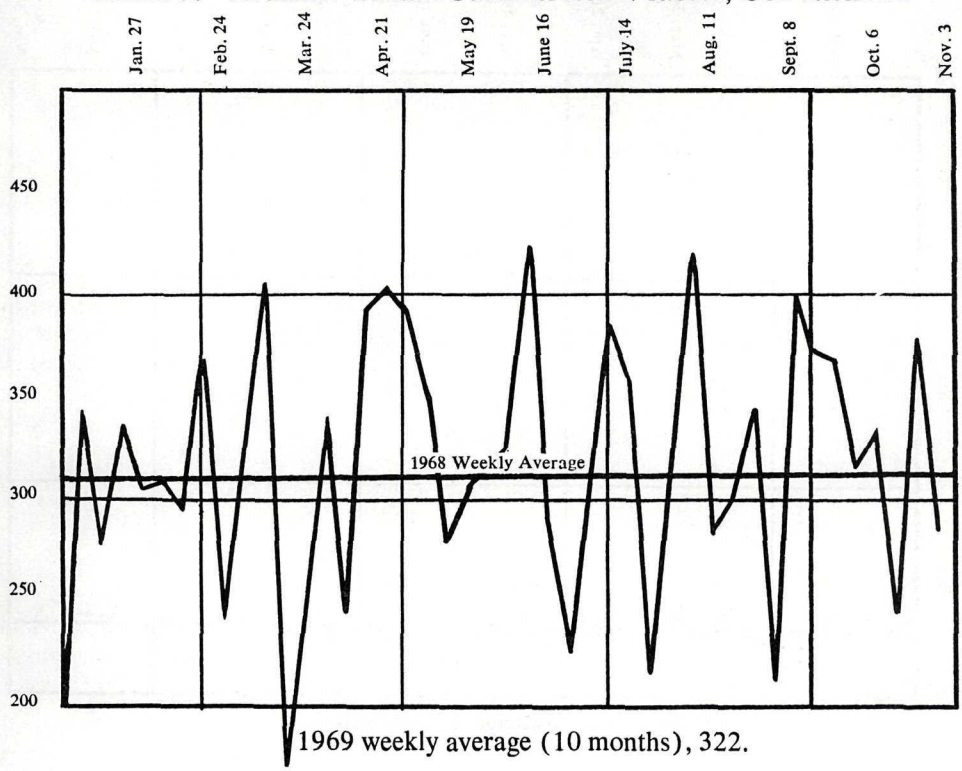
The Riverview Pharmacy Committee met regularly to assess and recommend new additions to the hospital formulary, and to advise on the management and use of pharmaceuticals throughout the hospital.

The following graphs illustrate the year's experience in the flow of medications to patients, by individual prescription, from the Riverview Pharmacy for both in-patients and out-patients. Graph 2 reflects the volume of service to out-patients, primarily patients on extended leave to boarding homes, and concerns only psychiatric medications provided to assist patients in their adjustment in the community and to prevent the need for readmission to hospital.

Graph 3 indicates the volume of all types of medications provided for in-patients, and, of course, reflects the increased load on the pharmacy during winter months when illness amongst the resident population is most prevalent.

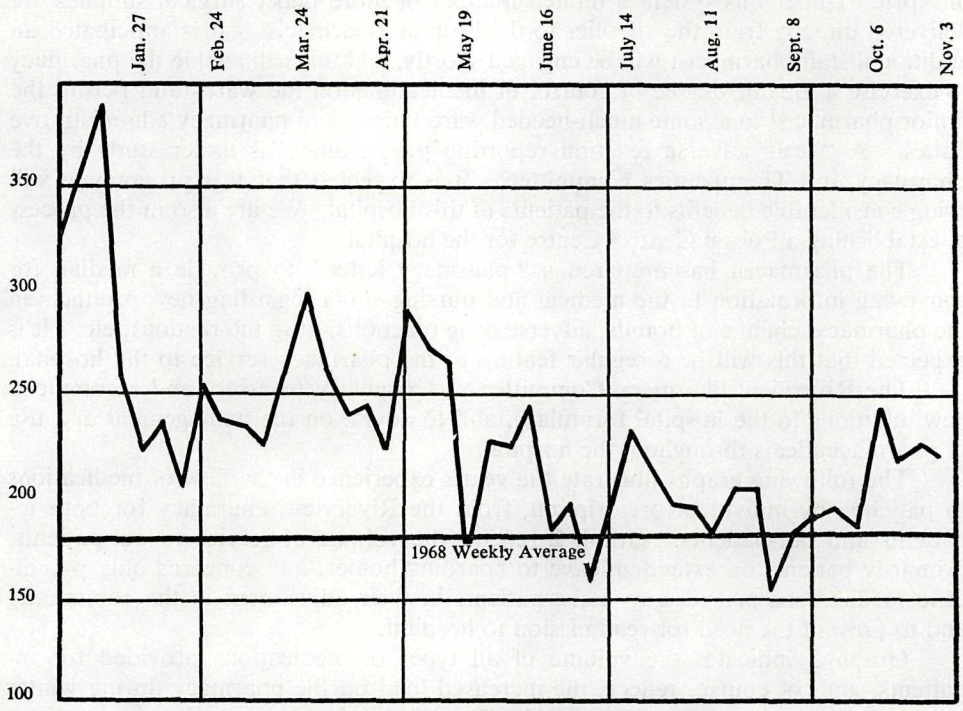
Pharmacy Department, Riverview Hospital

GRAPH 2.—AVERAGE WEEKLY PRESCRIPTION VOLUME, OUT-PATIENTS



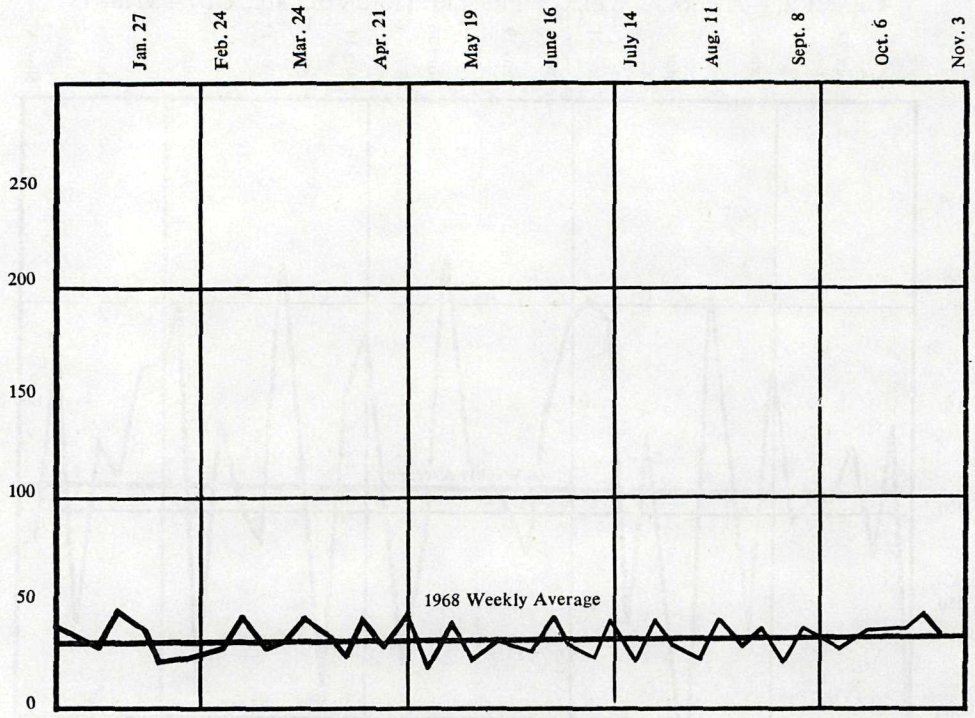
1969 weekly average (10 months), 322.

GRAPH 3.—IN-PATIENTS



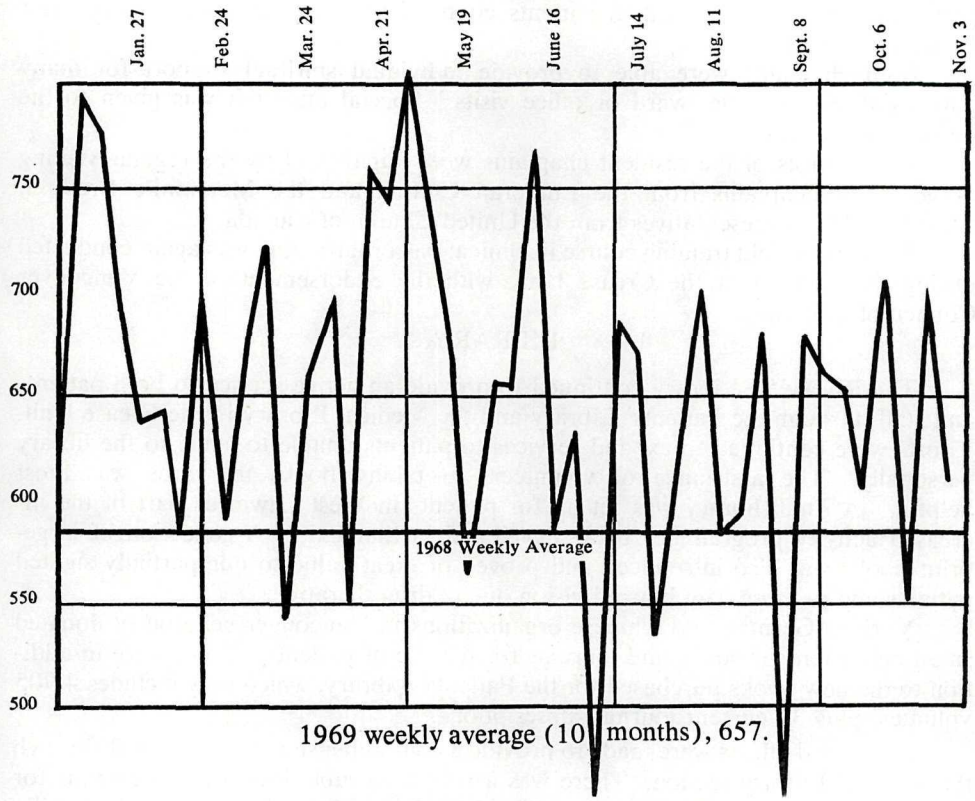
1969 weekly average (10 months), 231.

GRAPH 4.—AVERAGE WEEKLY PRESCRIPTION VOLUME, STAFF



1969 weekly average (10 months), 35.

GRAPH 5.—TOTAL PRESCRIPTION VOLUME



1969 weekly average (10 months), 657.

PHYSIOTHERAPY DEPARTMENT

The Physiotherapy Department has maintained a continuous service to patients in all areas of the hospital through two main centres located in North Lawn and East Lawn Units. In addition, routine pre-operative and post-operative respiratory therapy was provided daily on the Crease Unit Surgical Ward.

A comprehensive range of physiotherapeutic procedures was provided for patients in the two centres mentioned, or on the wards, as required.

During most of the year, a full complement of fully-trained physiotherapists staffed this Department, and in March a Psychiatric Aide (Physio) was added to the complement.

During the latter part of the year, the staff were able to improve liaison with the medical and surgical treatment staff, by becoming involved in the ward rounds in North Lawn. Increased co-operation was developed with the recreational and occupational therapists in this unit, in developing special self-help equipment and individually designed activation programmes for the physically handicapped.

An additional treatment service became available in August with the installation of an ice machine in the North Lawn Unit to provide crushed ice for cryotherapy (ice therapy), a new treatment modality which is becoming a useful form of treatment in selected cases.

CHAPLAIN SERVICES

Regular church services in Pennington Hall and the Crease Unit Chapel were maintained by our resident chaplains, with assistance from the Valleyview chaplain

and community chaplains during periods of illness and vacation. Religious programmes were also provided to patients confined to wards in North Lawn, West Lawn, and East Lawn.

Both chaplains were able to provide individual spiritual support for many patients through special ward or office visits. Special attention was given to the seriously ill patients.

The services of the resident chaplains were augmented by the regular visiting of volunteer chaplains from the Lutheran Church and the Mennonite Brethren Church and by representatives from the United Church of Canada.

A six-week field training course in clinical pastoral training was again conducted during the summer at the Crease Unit, with the endorsement of the Vancouver Council of Churches.

LIBRARY

The Riverview Library continued to provide an active service to both patients and staff, through the Patients' Library and the Medical Library in the Crease Unit. Efforts were continued to expand services to patients unable to come to the library personally. The assistance of volunteers in taking books to wards was most helpful. A small library was set up for patients in West Lawn, as part of the increased activity programmes being developed in that unit. A collection of large-print books was also introduced and proved of great value to our partially sighted patients and to those with blurred vision due to drug therapy.

Various German and Chinese organizations in Vancouver generously donated small collections of books and journals for the use of patients. These were in addition to the new books purchased for the Patients' Library, which now includes 4,905 volumes, plus 37 current journal subscriptions.

Continued efforts were made to provide a comprehensive service to staff through the Medical Library section. There was a very noticeable increase in demands for service from mental health centres, The Woodlands School, and The Tranquille School. A new Xerox service was introduced and medical or other professional staff may obtain copies of articles for their own personal use at a very nominal charge; previously such a service could only be obtained through a lengthy inter-library loan process.

The Library Committee continued to meet regularly to advise and assist the Librarian in the choice of professional texts. The Medical Library received 70 new additions during the year and now lists a total collection of 4,013 books. Circulation of books totalled 1,925, while circulation of journals amounted to 900.

MEDICAL RECORDS DEPARTMENT

During the year the Medical Records Department continued to study and implement new or changed procedures to improve the recording and communication of medical record material, to best serve the needs of the patient, the hospital, and responsible authorities in the community to whom the patient is referred on discharge, e.g., routine notices of discharge are now sent to mental health centres in the patient's area of residence. Within the hospital, changes were made to ensure that a patient's medical record was readily available to the treatment staff and that it would follow the patient upon transfer to the areas.

Greater utilization of statistical data occurred during the year, particularly in conjunction with the Medical Audit Committee's programme. The committee changed their criteria from reviewing sample charts to a more intensive programme of reviewing specific factors of all patients discharged from the hospital. The addi-

tional duties assumed by the Medical Records Department in order to provide significant tables of information from the basic print out of data required hundreds of hours of manual tabulation. The utilization of this minimal amount of data illustrated the fact that further development in statistical gauging of medical care requires computer facilities.

The admitting offices had a number of changes during the year. Renovations started in September, 1969, in the Crease Unit admitting suite. The new construction will create a much better impression for the patient's initial contact with the hospital, and will provide a more compact, cheerful work area for the admitting staff.

The main admitting office in Centre Lawn assumed additional responsibilities on June 1, 1969, with the development of the Centre Lawn out-patient programme. The admitting staff is responsible for registration of all out-patients in this area and also control of the After Care appointment procedures. A pre-admission form was introduced at this time to provide a record of treatment given to those patients who do not necessarily become in-patients.

The primary advance in the Medical Records Department occurred in organizational planning. As a result of the formal recommendations of the Canadian Council on Hospital Accreditation, the Department was reviewed and a draft for reorganization planned.

The reorganization plan separates the Department into three independent divisions, namely: (1) The Medical Secretarial and Stenographic Division, (2) the Medical Record Division, and (3) the Admitting Division. With the co-operation and assistance of the Consultant Medical Record Librarian, Mental Health Branch, and the Classification Section of the Civil Service Commission, the first step of the reorganization came into effect this year. The Civil Service now has official classifications for Medical Record Librarians and Medical Record Technicians. This will enable the hospital to recruit trained medical record personnel and assume the medical record responsibilities recommended by the Accreditation Report.

VOLUNTEER SERVICES

The volunteers at Riverview Hospital and Valleyview Hospital come under the auspices of the British Columbia Division of the Canadian Mental Health Association. 1969 was their fifteenth year of service and it is interesting to note that several of the initial volunteers were still in the regular volunteer programme.

During the past year, 140 regular volunteers (not including volunteer groups) donated a total of 19,350 hours.

The volunteers in the Apparel Shop were kept extremely busy with 1,748 female residents receiving 11,039 articles of clothing and 776 male residents receiving 4,214 articles of clothing. The Apparel Shop was open daily Monday through Friday.

The clothing requisitions for female residents living in boarding homes were again processed through the Volunteer Department. The Apparel Shop volunteers were responsible for filling the orders, which were then delivered to the boarding homes by the social workers. Wherever possible, the residents from the boarding homes were encouraged to visit the Apparel Shop personally, permitting the patient to have a better choice of style, colour, etc., and a better fit in shoes and lingerie. It was noted that the quality and styles of the new lingerie, dresses, sweaters, shoes, etc., have greatly improved.

Other volunteer activities included visiting in all units of Riverview Hospital; Activities of Daily Living shopping; personal shopping; ward parties in R3, River-

side Unit; ward parties in East Lawn Unit and West Lawn Unit; monthly birthday parties in Ward F1, East Lawn Unit, and Riverside Annex; typing classes; magazine and library service in East Lawn and Centre Lawn Units; assisting in the Occupational Therapy Departments; assisting in the Recreational Therapy Departments; personal grooming sessions; hostess service in the Centre Lawn admitting unit; hairdressing service in North Lawn Unit; luncheons and Japanese tea parties. In addition, special visiting was undertaken at the request of ward staff, the patient's family, or the Canadian Mental Health Association.

The volunteer staff also received invaluable assistance in their service to patients from many church organizations, ethnic groups, and private citizens who contributed in a variety of ways, such as organizing luncheons, assisting at parties, providing interpreters, etc. The hospital is very much indebted to the Canadian Mental Health Association volunteers, and the many others who have assisted in their programmes.

Many of the residents were taken for drives and day picnics in the Canadian Mental Health Association station-wagon. They were mainly long-term residents who seldom had the opportunity to leave the hospital. Transportation was supplied for two residents to visit their aged parents in Surrey and Coquitlam nursing homes, on a regular monthly basis.

In the spring of 1968, a pilot project was started where a volunteer was assigned to work directly with the Social Service Department in Crease Unit. The volunteer's role was to provide a friendly liaison between the hospital and the community, to provide transportation, assist the resident in locating suitable living accommodation, and to continue a friendly acquaintance if the resident so desired. Three residents were assigned to this particular volunteer throughout the year. The report from the Social Services Department was most favourable.

The Christmas gift programme was again undertaken by the volunteers and they obtained the use of Nurses' Home No. 5 for sorting and wrapping gifts. This year, additional gifts were purchased to supply the necessary requirements and the gifts donated were superior in quality to those of previous years. A special effort was made to make the gift more suitable for the individual recipient. The nursing staff assisted by personally choosing the gifts for each resident before they were wrapped by the volunteers. Through a great deal of determination and effort on the part of our regular volunteers and the various groups who helped, 2,657 gifts were wrapped and distributed to all the wards of Riverview Hospital by the afternoon of Christmas Eve. Gifts were also sent to Valleyview Hospital, Skeenaview Hospital, Venture, Vista, and various boarding homes.

The Christmas Pageant was presented at Valleyview Auditorium on December 8th, 9th, and 10th. Riverview residents were invited and transportation was provided by the Recreational Therapy Department. The cast comprised of residents, staff, and volunteers, whose combined talents were very much appreciated.

The West Lawn Unit remotivation and reactivation programme received a grant of one thousand dollars from the Canadian Mental Health Association Cigarette Fund, and North Lawn Unit received a grant of five hundred dollars for a similar project. Financial help was given to assist many residents who were being discharged from the hospital. Major purchases for the wards included a piano, rugs, toasters, record-player, records, floral arrangements, coffee percolator, and folding deck-chairs.

The Volunteer Department had the services of a staff tailoress. This service was invaluable to the volunteer programme and was much appreciated by both the volunteers and residents. They also had the services of two residents who assisted in the Tailor Shop and one resident who assisted with housekeeping.

GENERAL ADMINISTRATION AND SERVICE DEPARTMENTS

Personnel Department

During the year the emphasis has been on employee relations, with much time and effort devoted to the cultivation and promotion of lines of communication within the many departments, in order to locate and deal with a variety of problems.

Regular meetings were held with executive members of the Psychiatric Nurses Association of British Columbia and the British Columbia Government Employees' Association, and frank discussions on matters of mutual interest conducted. This saved much time and effort by obviating the need for processing through grievance procedure.

Ten active safety committees were at work within the institution and met once each month for a review of conditions and practices within their areas. Problems arose from a backlog of committee recommendations for the elimination of hazardous conditions. At the year-end a meeting was being arranged between the Hospital Administrator and the Public Works Department to solve the problem.

The success of the Riverview safety programme created a Branch-wide interest in safety, and resulted in the implementation in June of a programme for all institutions, patterned on the procedures in use at Riverview. A " Superintendent's trophy " (a handsomely decorated shield) was donated, to be competed for on an annual basis by the Riverview safety committees. Crease Unit was successful in becoming the first winner and was presented with the trophy by the Superintendent at a special dinner meeting held in February.

On November 12th, some 150 safety committee members from Riverview Hospital, Valleyview Hospital, and The Woodlands School spent a day at the Education Centre Auditorium for a presentation of safety films and lectures. Mr. Tufts, legal counsel for the Workmen's Compensation Board, and Mr. Terry Lawson, management consultant, addressed the committee members.

On November 26th a start was made on in-service training with the Riverview dietary staffs. After an initial meeting with senior dietary staff and cooks, a systematic programme of in-service training for employees was commenced.

The Personnel Officer was involved in other projects, including:—

(*a*) A survey of stenographic services.

(*b*) The employee appraisal system was the subject of examination and discussion of a committee drawn from several departments. Committee findings should result in a revised form of employee appraisal system, more suited to the requirements of our Branch.

(*c*) A six-week course of familiarization in the application of Employee Appraisal Rating forms was given to the Occupational Therapy Department. This course was designed to acquaint supervisory staff with the principles and philosophy of employee appraisal and counselling. Originally designed as a three-session course, the programme was so enthusiastically received that it was expanded to six, and will be given to other departments.

Assistance was given to the Civil Service Commission at Valleyview Lodge in the filling of advertised vacancies and in dealing with promotional vacancies. This Department gratefully acknowledges the assistance and co-operation given by the staff at the Commission.

The Riverview Staff Bulletin continued to be published on a monthly basis.

Business Administration

The 1968 Annual Report reflected the attempts of Riverview Hospital to improve and upgrade many of its administrative concepts and practices. Some of these plans were developed over the past year. Minor administrative improvements were made in the pay and establishment offices. An attempt was made to update the accounting system, which required a Civil Service Commission review of staffing arrangements.

When medicare was introduced during the year, the Medical Care Vote was reduced by a monthly charge of $9,200 to provide coverage under the medical care plan for patients without individual coverage.

Alterations in the Business office and Pay office sections permitted the set-up of a separate Personnel office and a division of Pay, Establishment, and Personnel Functions. Some personnel paper work and duties were assumed by the Pay and Establishment office and this has permitted the Personnel Officer to carry out new and expanding functions.

Laundry Administration

The position of Laundry, Linen, and Clothing Administrator (Administrative Officer I) was approved into the establishment in 1968, but a suitable applicant was not found.

A firm of consultants, Balfour-Beatty Limited, was engaged to review laundry and linen needs and have confirmed the original report that the hospital needs a new laundry plant and delivery system, together with a well-qualified Administrator to manage and co-ordinate the system.

Improvements to the laundry production were brought about by the purchase of new dry-cleaning and finishing equipment, together with small-piece folders and handling equipment. In addition, staff replaced several patients on two of the flatwork ironers.

Several planning meetings were held between Hospital Administration architects and engineers, consultants and representatives of the Deputy Minister's office, and there appeared to be unity of agreement that immediate action must be taken to improve the laundry plant and management functions.

Dietary Department

The consulting firm of Keith Little and Associates completed their report on the Dietary Department in March, and several of their recommendations were implemented. Dietitian's duties were reorganized to facilitate the transition into our ultimate objective of the commissary type of operation. The bakery updated its bread-slicing and wrapping operation with newer equipment and acquired the equipment necessary for the additional services of producing cookies and doughnuts in limited quantities. Heated and refrigerated mobile food carts were put in use for therapeutic diets, in North Lawn and West Lawn buildings. Patient workers, upon whom the Dietary Department has depended, were again greatly reduced in numbers. The total patient complement was withdrawn for medical reasons from the West Lawn kitchen, and it was necessary to get casual assistance to augment staff in this area.

A contract was let for the renovation of the West Lawn dishwashing area. This work should be completed early in the new year. The staff look forward to these changes with considerable enthusiasm.

Housekeeping Department

Significant progress has been made to improve the housekeeping services. Twelve positions approved by Order in Council in 1968, plus 20 nurse-aide position reclassifications, will provide a core of staff to service Crease Unit and East Lawn.

Administrative changes were effected to bring about a closer control of housekeeping and related supplies, with the signing authority for supply withdrawals transferred from Nursing to Housekeeping. A method of linen handling and control was also introduced, together with the establishment of control systems over the issue and use of institutional ward clothing. This will have the effect of lowering costs and improving the quality of articles being issued to patients.

Industrial Therapy

The Industrial Therapy Department had a productive and eventful year. Normal production items showed a steady increase in all departments. The trade sections took a keen interest in active and projected programmes directed toward the updating of hospital facilities, with major emphasis directed toward improving the patients' environment, the provision of personalized wardrobes, lockers, bed design, and architectural improvements in ward renovations.

The Audio-Visual Division continued to provide a vital service through the expanding library of mental health films, which is being used by an increasing number of groups and agencies throughout the Province.

Film use also increased within the Riverview Hospital. New programmes were initiated on the wards, comprising films which will motivate discussion groups. The films were of a clinical, travelogue, or industrial nature.

The Mental Health Branch Film Library contains 216 titles. During the year, emphasis was placed on acquiring scientific films for staff-training purposes; films on the prevention of emotional disturbances, and films pertaining to rehabilitation of the mentally ill. The emphasis in mental health education is on prevention and the scope of the Branch Film Library has become wider.

The Film Library Committee continued to provide professional advice and guidance to the Audio-Visual staff in the selection of new films.

Transport Division

A vehicle preventive-maintenance programme was introduced in September; this project requires the call-in and inspection of cars every 2,000 miles and trucks every 1,000 miles. Plans have been drawn for the renovation of the transport garage by the Department of Public Works. Orders have been raised for the purchase of a new ambulance and it is expected that the ambulance services will be transferred from Nursing to Transport administration as soon as the physical facilities have been improved. The Transport Division also assists in the process of rehabilitation and endeavours to assist patients in auto mechanics trades and to assist in their transition from the hospital.

Communication Service

Riverview Hospital has a very active postal service, with sales during the year amounting to $81,691.25. Provincial Government postage costs were increased by approximately 20 per cent on November 1, 1968, which affected the 1969 working-year.

The switchboard continued to maintain a vital and alert service for the hospital. The operators serviced an average of 1,207 calls on an eight-hour shift.

Emergencies of all types, such as fires, riots, accidents on wards and grounds, escape by maximum-security patients, and many others, were handled with speed and efficiency.

Barbers and Beauticians

The Barbering Department averaged one haircut per patient every 18 working days. The three beauty parlours and seven licensed operators, who are assisted by an average of 11 patient helpers, provided 34,955 treatments, which included haircuts, hair styling, permanent waves, and a full range of cosmetology.

Building and Grounds

An " environmental management " programme was promoted and developed so that patients could have an atmosphere and surroundings which compliment the therapeutic and treatment processes. For example, a " window dressing " programme was established, providing drapes for the ward areas to relieve the " starkness " of the walls. This was completed in Centre and North Lawn and the Crease Unit development is due for completion early next year. In addition, a programme is being considered which will allow lockers and drawers for the patients so that the patient who is capable of caring for his or her personal effects might be able to have a place to call " his own." This programme is being followed in the West Lawn Building, with the co-operation of the Department of Public Works, and in the East Lawn Building, with the co-operation of the Industrial Therapy Department. Scale models of typical wards were developed, with prototypes of the furnishings to be installed.

Considerable time was spent in liaison with the Department of Public Works on capital project planning. The Business Administrator was actively engaged in the programme of renovations to West Lawn, in planning for the relocation of patients, and in construction phasing. Excellent co-operation has existed between the design division of the Department of Public Works and the hospital, and the West Lawn renovations programme is continuing on schedule. Concurrent with the construction in West Lawn, arrangements were made to occupy Nurses' Home No. 10 and to convert three of the former doctors' houses into minimal-care units for male patients. This not only relieved the strain of overcrowding in West Lawn but greatly benefited the patients assigned to these smaller units. Concurrent with using the former doctors' houses for patient residences, three of the smaller staff houses were converted into fully furnished motel-type accommodation for new employees arriving from the east or overseas. These are rented to the new employees on a three-month settlement basis.

The Department of Public Works was carrying out renovations to the Crease Unit Admitting Suite and provided a new location for the Staff Health Nurse. The Industrial Therapy storage area and plating shop had not been activated, although it was understood that funds for this work were available. Changes required in East Lawn were under consideration by the hospital and the architects. The Department of Public Works was co-operating with the hospital in the provision of a floor-renovation programme in the East Lawn Building and Crease Unit, preceding the introduction of housekeeping services to these areas. Sanding and refinishing of the " F " side of East Lawn and of Wards West-2 and West-4 in Crease Unit was completed. Carpets for the halls of these wards had not yet been provided.

Essondale Civil Defence Disaster Organization

As Civil Defence Co-ordinator for the Essondale area, the Superintendent continued to maintain contact with the office of the Zone Co-ordinator of the Vancouver area through regular Civil Defence reports and directives.

During the spring months, the Essondale Disaster Organization met to review the situation in regard to flood potential and to evaluate possible hazards in the event of earthquake. Plans for dealing with various types of emergencies in the local area were also reviewed and updated.

During November, our Director of Dietetics attended a course on " mass feeding " at the Provincial Civil Defence training centre in Victoria, while another dietitian was accepted to attend a course in " emergency feeding " at the Federal training centre in Arnprior.

GERIATRIC DIVISION

JOHN WALSH, M.B., SUPERINTENDENT

VALLEYVIEW HOSPITAL, ESSONDALE

Bed Complement.—The installation of fire escapes on six wards resulted in a loss of 12 beds, so that the present establishment is 767 beds.

During the year, applications for admission averaged 56 per month, an increase of five over the previous year.

Medical consultations in the community to assess the need for hospitalization for those persons living on the Lower Mainland averaged 42 per month.

The rate of admission was 39 per month. Although two-thirds of hospital beds are allotted to women, an equal number of men and women were admitted. This was accounted for by the higher turnover of male patients. Of those discharged from hospital, the average length of stay for men was 11 months and for women it was 17 months. Also, of those patients who died in hospital, the average length of stay in hospital was 17 months for men and 32 months for women.

About three patients per month were admitted from Vancouver Island and the Gulf Islands.

Of the total number of patients cared for during the year, just over one-quarter died in hospital.

Discharges from hospital averaged 10 per month, a decrease of two on the previous year. There was a significant decrease in the number of patients discharged to nursing homes. A few years ago an equal number of patients were discharged to self-care or to relatives and friends, to boarding homes and to private hospitals, however, during the past year the proportion of patients discharged to private hospitals dropped to 14 per cent. Of those patients discharged to boarding homes, 88 per cent were able to meet care costs.

The proportion of patients requiring full nursing care in hospital is increasing and most of these could be adequately cared for in the community and outside a mental health facility if places could be found for them.

A reclassification of patients to assess need for supervision and nursing care was carried out in January, 1969.

As compared with a similar classification completed in June, 1966, the following changes were noted:—

Class 1 (minimal care) patients decreased by 11.4 per cent.
Class 2 and 3 (intermediate care) patients increased by 5.6 per cent.
Class 4 (full nursing care) patients increased by 5.7 per cent.

The increase in the number of patients requiring simple nursing care was reducing the number of beds available for admissions and forcing a more-rigid application of criteria for admission, thereby preventing this mental health facility from accomplishing the task for which it is intended and designed. The work load of nursing staff has increased accordingly.

Twenty-three patients were transferred to Dellview Hospital to relieve the demands on Valleyview Hospital.

In the hospital, an active treatment and rehabilitation programme was maintained. A qualified psychiatrist joined the staff during the year, and the services of consultants were available as needed.

The Dental Department plays a useful role in the total treatment programme. Each patient is examined on admission and the necessary treatment provided. The

need for denture service has increased, but a local dental laboratory provides a prompt and satisfactory service.

A good standard of nursing care has been provided for patients. Reorganization of this staff at the supervisory level was accomplished, with the object of providing better over-all supervision and guidance to staff.

The Social Service Department operated at full staff for most of the year; one position was vacant for a few months. The reluctance of community resources to accept patients from hospital often detracts from efforts on behalf of those patients.

The post of Director of the Physiotherapy Department, which had been vacant, was filled during the year and an active treatment programme was again in operation. A part-time podiatrist is attached to this Department.

The Occupational Therapy Department has been fully staffed and maintained its programme. Classes are held in the centre and on the wards. Three volunteer workers, recently increased to five, provided valuable assistance. The Dahlia Club of Vancouver continues to help with gardening projects and information, and members made regular monthly visits to the hospital.

The Pathological Department, under the supervision of the pathologist at Riverview Hospital, showed an increase of 50 per cent in the number of tests completed over the previous year. A technique for the semi-micro determination of blood sugars is in use with finger-tip blood, in order to avoid too-frequent vein puncture in certain of the patients.

The Recreational Therapy Department offered a varied programme of entertainment. Volunteers provided 3,000 hours of valuable help to this Department during the year, and local entertainment groups were generous in time and effort on behalf of patients.

In the area of business administration, new fire-alarm systems on all wards became effective in January, 1969.

Work commenced in June on the installation of fire exits on six wards and was completed during the year.

A new bulk gaseous-oxygen system was installed in May and is a considerable improvement over cylinder oxygen used previously.

An accident-prevention programme was organized in July with a view to reducing the incidence of accidents and the resulting time lost from work.

DELLVIEW HOSPITAL, VERNON

This hospital has a complement of 239 beds—150 female and 89 male. Admissions from the community averaged six per month. A rehabilitation programme has enabled the hospital to return patients to private placements, boarding homes, and nursing homes. The number of patients in the community, but still on the hospital register, averaged 43 during the year.

Two patients were discharged to the Jubilee Hospital extended-care facility.

Medical coverage for patients has been satisfactory, and the diagnostic and treatment facilities of the Jubilee Hospital have been used increasingly.

Regular sessions at the hospital by the Director of the local mental health centre have provided good psychiatric service.

Dental, ophthalmic, and podiatry services are provided on a fee-for-service basis.

A good standard of nursing care has been provided for patients and the ratio of graduates to aides has increased because of the greater availability of graduates. The standard of nursing care continues to improve.

In-service training has been stepped up and, where possible, nurses are sent on courses to Vancouver.

Emphasis is placed on the programme of recreation, and the help of local volunteers and other agencies makes it possible to provide a satisfactory entertainment programme. An interesting feature of the programme is that patients who have been discharged from the hospital may take part in the programme and every effort is made to encourage their participation.

SKEENAVIEW HOSPITAL, TERRACE

This hospital has a complement of 300 beds and provided care and treatment for 289 patients. Fifteen patients were admitted from the community, and 27 patients were received on transfer from Valleyview Hospital. Two patients were discharged in full to the community.

The patient population is decreasing. Due to the hospital's geographic isolation there is not a sufficient demand for beds in this area, and it is not possible to keep the beds filled to capacity by transfers from Valleyview Hospital, because patients cannot be separated from relatives and friends. Staffing and maintenance of the buildings has always been a problem. The resident population as of December 31, 1969, was 237.

Satisfactory medical services were provided by a local physician on a part-time basis. The services of the Mills Memorial Hospital are available for diagnostic and surgical procedures.

Despite a low nurse-to-aide ratio, a satisfactory level of care has been maintained.

Occupational therapy was provided for many of the patients, and a good woodworking shop is of especial value.

With the help of local volunteers and several fraternal and church organizations, an extensive programme of entertainment and recreation was provided.

Assistance was given to a few senior nurses to enable them to attend educational courses in the Lower Mainland, and instructional classes for aides were provided by the Department of Nursing Education as part of the programme of in-service training.

The heating plant was converted from coal to gas during the year and this should ensure a more consistent supply of heat to the wards.

THE WOODLANDS SCHOOL

A. PAULINE HUGHES, M.D., B.SC., C.R.C.P., SUPERINTENDENT

This past year has been one of considerable change for The Woodlands School. The policy decision of regionalizing the institutions for retarded will make it more feasible to provide a specialized type of service. Although a catchment area of Mental Health Regions 2, 3, 4, 5, 7, and 8 is still large, it is more consolidated. The fact that the waiting list will be decreased by one third, now that this responsibility is shared with The Tranquille School, will mean that more pre-admission and in-patient service will be available. The increase in community facilities for the retarded has been very encouraging. These facilities cannot meet the need of the physically handicapped child or adult. Until extended-care units accept more responsibility for all ages and not just geriatric patients, the minimal services that The Woodlands School can offer to families having to continue to provide 24-hour nursing care in their own homes will not be adequate. It is expected that the Eric Martin Institute will provide a measure of relief until Glendale Hospital is completed. Many of the highest priority cases on the waiting list will be admitted to the Hospital Unit when some of the present patients are transferred to Victoria.

The opening of Alder Lodge, in the Municipality of Coquitlam, provides a setting in which the staff can prepare residents for living in small residences. The transfer of 50 residents to Alder Lodge permitted the reorganization of the total population at The Woodlands School.

1969 was a busy year for renovations and construction. Alder Lodge required many changes, and the centre block of wards 72, 73, 74 were completed. Although these wards are in an old building, the alterations and bright colours have provided a very acceptable face-lifting. The first phase of the three-phase Industrial Therapy Building is occupied, although not completely finished.

The possibility of construction of new ward facilities, instead of renovating old buildings, is encouraging. The plan to reconstruct some of the accommodation on a regional basis will make the role of the institution more in line with current trends. To confine construction in this site to the minimum buildings required to meet very specialized needs, will permit a more-comprehensive definition of the function of The Woodlands School. The Woodlands School is being recognized as the resource for children and adults unable to adapt to community facilities. The function of The Woodlands School should be to evaluate and assess the problem and then provide the specific programme that will make it possible for the individual resident to return to the community as quickly as possible. To carry out such a role, The Woodlands School is dependent on appropriate services being available in the community, adequate physical plant and equipment, and the availability of adequate staffing. The staffing must be of the quantity and quality to permit carrying out a specialized service.

ADMISSIONS

The waiting list on January 1, 1969, was 275. There was a gradual but sustained increase during the year, with an average 12 new cases being added, and an average of 11 names being removed each month. The waiting list at September 30, 1969, after 106 files were sent to The Tranquille School, decreased to 199.

During the year, approximately 70 patients were given 30-day admissions, to provide family relief and assessment of their condition. Short-stay hostels, developed by the local chapter of the Association for the Retarded Children of British Columbia, decreased the need of The Woodlands School to provide a routine family

relief, and the accommodation has been utilized to provide assessment and short-term treatment.

Although a number of patients were moved into community resources, this did not relieve the pressures for admission in the Hospital Unit, nor on the ward for the treatment of childhood psychosis. The move of patients suitable for extended-care facilities to the Eric Martin Institute will relieve much of the pressure in the Hospital Unit.

The Waiting List Committee, chaired by the Deputy Superintendent and composed of Unit Directors, nursing administration and social workers of the Hospital, Training, and Psychiatric Units, met every second week to discuss admissions. The meetings were valuable in co-ordinating the admission and transfer of residents between the three units. The committee arranged admissions according to priority on the waiting list, and served as a valuable means of communication between the units.

A weekly meeting of the Deputy Superintendent and the Director of the Social Service Department dealt with requests for service, such as applications for the waiting list, temporary admission, request for out-patient assessment, or for transfers from other institutions.

TREATMENT AND TRAINING

Since 1965, The Woodlands School has been divided into three separate functional units—Hospital, Training, and Psychiatric. Each unit serves an in-patient group, as well as the appropriate part of the waiting list, and provides the clinical team an assessment of assigned cases in the Out-patient Department. This organization encourages involvement in the continuum of care for the retarded.

All new admissions were discussed at a multi-discipline diagnostic clinic, at which time diagnosis was coded for statistical purposes, a prognosis agreed upon, and a programme prescribed to help the individual patient reach that prognosis. Diagnostic clinics were held weekly and served a secondary purpose of education and orientation for various university groups.

HOSPITAL UNIT

The Hospital Unit continued to give a high standard of medical care. The team approach remained the basic concept in regard to treatment and training. It is important to emphasize that this high standard of care is only possible due to the dedication of the staff, who work in many areas under difficult conditions. The renovation of some wards will permit improvement of programmes. Low staff-to-patient ratio is a continuing problem in providing patient care.

A programme for the blind started on Ward 21 as a pilot project in 1966 and its usefulness is apparent. By transferring all the blind children to one ward, there is better utilization of facilities and staff. This area will be included in the future planning of renovations.

TRAINING UNIT

This Unit has been without a Director for a time, and is indebted to Dr. Brooks, Deputy Superintendent, who has been Acting Director during this period.

Over 300 of the residents took part in a variety of successful programmes during the spring of the year. Because of structural alterations, the movement of residents to Alder Lodge, and the redistribution of others, programmes were somewhat curtailed after the summer vacation.

Twice during the summer, Training Unit residents took part in the day camping programme at Gold Creek Camp. The continued enthusiasm of staff made

each resident's camp-day a highlight of the year. The location of Gold Creek Camp, with its surrounding scenery, makes this a truly beautiful setting.

This was the first year that an appreciable number of residents of the Training Unit were placed in the community. The Alder Lodge programme was developed specifically for pre-placement training. It had 50 residents (35 men and 15 women) and is considered an additional Training Unit ward. A " neighbourhood tea," held on October 14, was attended by approximately 200 guests, and almost 500 staff from The Woodlands School visited during a special Open House Day two days later. Trainees were transferred within the next few weeks. Whenever possible, service and programming will be provided by the community rather than by the institution. Recognition that those admitted from the waiting list require a higher staff ratio resulted in an increase in the nursing establishment of the Training Unit by 14.

PSYCHIATRIC UNIT

Dr. Stringer was Acting Director of the Psychiatric Unit until Dr. Tamir's appointment on September 1, 1969.

Unit meetings held every second week, and routine ward clinical team meetings, were used to evaluate and plan general programmes, as well as to meet the needs of the individual patient. Staff eagerly supported the development of a therapeutic community for the male security ward, which will be supervised by the Unit Director.

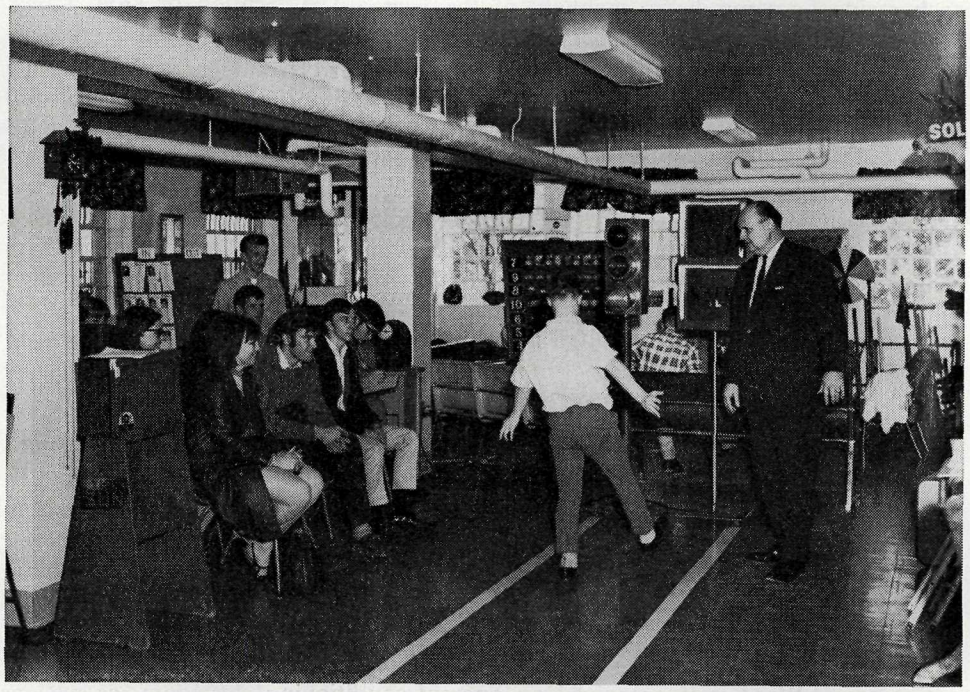
The ward for the treatment of childhood psychosis continued to be a very active area. Ward staff organized an operant-conditioning classroom, as well as a pre-kindergarten programme. Evaluation of the children showed a significant deficit in the auditory component of speech, and programmes were concentrated on this need.

Programming in the Psychiatric Unit was hampered by the inadequacy of ward structures, made temporarily worse because of renovations, as well as a low staff ratio. The over-all change of patient population in the Psychiatric Unit has taken place gradually, and the needs for increased staffing are not as apparent as they were in the Training Unit in connection with the move to Alder Lodge.

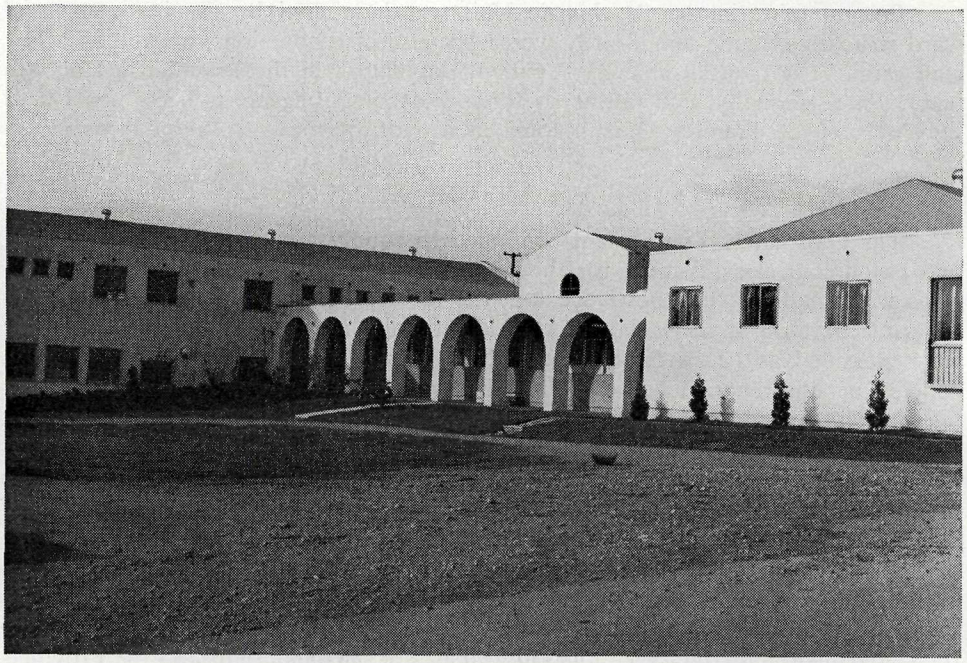
OUT-PATIENT DEPARTMENT

The Out-patient Department continued to supply a complete medical, social, and psychological assessment for the retarded and their families. Recommendations were made in the knowledge that the ideal plan was not always realistic at the time, because of the lack of certain community resources. Recommendations were classified as (*a*) available; (*b*) difficult to obtain; (*c*) unavailable. The conclusions and recommendations were discussed with the family or agency attending the Out-patient Department, and a report was sent to the family physician. Success of this service is indicated by the increasing number of requests for appointments. This service was not entirely a means of gaining long-term admission to The Woodlands School, as this is the recommendation for only about five out of the sixteen new cases seen each month. Counselling and follow-up services were limited, but it is planned to expand this aspect once Tranquille has its own Out-patient Department. Dr. Tischler continued to see an average of three phenylketonuric cases a month. Because of her expertise in this field, it is fair to say that the Department has contact with all known cases of phenylketonuria in the Province.

It is hoped that time and staffing will permit evaluation of the service being given through the Out-patient Department.



" Green says ' Go ' " and Billy takes big steps in the simulated cross-walk in the " Play-to-Learn " classroom of Mr. J. Erdelyi. Field trips to real cross-walks will follow as part of preparation of community living. Future teachers are observers.



A sunny arcade joins the boys' and girls' wings of Alder Lodge, the home in a residential neighbourhood where young people adapt to life in the community before moving out to boarding-homes.

MEDICAL SERVICES

The 11 established positions were filled during the year. Part-time and sessional physicians were employed when full-time staff was not available. There is still a need for more psychiatrists, but the Department was fortunate in the numbers and quality of pædiatricians available. Many physicians, in addition to their recognized duties, gave educational service for both in-service and visiting groups from the university, and the community also participated in research projects. Medical grand rounds were held monthly, at which important topics were presented, often by a professor from the university, or one of the staff consultants. In September, weekly medical rounds in the Hospital Unit were commenced, which were usually case presentations at the ward-level. Often physicians from other hospitals, such as the Health Centre for Children, participated in the formal discussions. These have broadened the training available for the pædiatric resident, who spends a two-month rotation at The Woodlands School. When psychiatric residents are included they will also gain a worth-while perspective of the field of mental retardation. Our consultant staff were most helpful. There was an extension of service for learning disorders available through the Health Centre for Children and the Western Institute for the Deaf. Supervision of the Chromosome Laboratory by the Department of Genetics was appreciated by this Department.

The Radiology Department operated with a technician three days a week. There were approximately 3,800 films taken during the year, which were sent to Riverview for interpretation and reporting.

The Physiotherapy Department provided approximately 5,700 individual treatments during the year. There was an increase in the admission of physically handicapped patients. This was a very busy and worth-while treatment area.

The Medical Records Department maintained its usual high standard, in spite of numerous staff changes. The Supervisor of Medical Records was appointed chairman of a multi-disciplinary Records Committee, and held monthly meetings to evaluate quantity and quality of the clinical files and review forms. An increasing number of community placements and admissions added to the work load of the stenographic and clerical staff.

DENTAL DEPARTMENT

During the year, the Dental Department placed greater emphasis on the importance of treating dental disease in children with mental retardation. It recognized that untreated dental disease can severely restrict the child's progress. Specific steps were taken to produce concrete results in improved dental care. Social workers remarked on dramatic improvements in the emotional behaviour and attitude of patients as a result of the dental treatment they received.

Later in the year, general anæsthesia became available at The Woodlands School to permit a wider dental service. Dr. Baja, the dentist, found that the use of a direct personal approach to each individual patient added to the ease in performing chairside procedures. The 1970 outlook for the Dental Department is optimistic.

NURSING DEPARTMENT

This Department expressed concern over the staffing patterns for nursing care of residents of The Woodlands School. The tabulation on page 94 illustrates the present situation.

Staffing patterns in the Hospital Unit do not permit consideration of total nursing care, but nevertheless an excellent standard of basic nursing care is given.

Wards in this unit, apart from the Isolation Ward, do not meet the B.C.H.I.S. recognized standards of 2.5 nursing-care hours for " extended care."

Miss D. A. Schultz was appointed Instructor of In-Service Education and 1970 will be a year of general upgrading for nursing personnel. Prior to October, Miss Schultz was residential public health nurse. Under her direction, immunization programmes were kept current. The heaviest part of her responsibility was to attempt to prevent and control outbreaks of infectious diseases. Three infectious diseases showed increases in the past year, namely erysipelas, ringworm, and Salmonella. The consultant dermatologist showed that the spread of ringworm was due to bare feet, and staff education programme seemed to control its spread. Salmonella was diagnosed in 11 patients, one of whom died of Salmonella pneumonia and meningitis. Over a three-month period all staff and patients in affected areas were screened for carrier status. Visiting and admissions were restricted. Control and prevention of spread was easier than anticipated, and this was attributed to the effectiveness of the multi-disciplinary in-service education carried out during the previous winter and spring.

One of the deterrents to better hygiene at The Woodlands School was the continuing lack of adequate toilet, washbowl, and bathtub facilities. As the intellectual level of the residents admitted continues to drop, the lack of sanitary facilities will have an increasingly deleterious effect. Newly renovated wards were being planned at a satisfactory level.

The ratio of nurses to psychiatric aides remained fairly constant, and averaged as follows:—

	Per Cent
Hospital Unit (10 Wards)	
Registered nurses	11
Psychiatric nurses	42
Psychiatric aides	47
Psychiatric Unit (10 Wards)	
Psychiatric nurses	60
Psychiatric aides	40
Training Unit (14 Wards)	
Psychiatric nurses	52
Psychiatric aides	48

The Department of Nursing spent some time with visitors from the Royal Jubilee Hospital and with the Nurse Consultant from B.C.H.I.S. to familiarize them with the nursing care in the Fraser View Building. The Superintendent of Nurses spent considerable time with the Director of Patient Training and Education in surveying the needs of patients, as well as the numbers and type of staff required for the developmental programmes which will be available for the residents.

TRAINING AND EDUCATION DEPARTMENT

A Director of Training and Education was appointed on June 1, 1969, allowing The Woodlands School to proceed once more toward co-ordinating programmes into a total spectrum of purposeful training and education. At the year-end nearly all positions (including those in occupation therapy, recreational therapy, academic school and pre-school, and the ward activity training programmes) were filled by

qualified staff. In addition, the services of an education specialist to help supervise and support developmental programmes were secured.

The objective for the training and education programme, which involves about 850 residents, is to provide an appropriate series of learning experiences for each resident, directed toward the achievement of his own goal, as specified by the clinical team. For example, supervised life in the community is such that a goal for many moderately and severely retarded young people, and the preparation of a pre-placement curriculum in the new centre at Alder Lodge, and also at The Woodlands School, was a major effort this year. The ability to handle a job is part of another such goal for many residents, and systematic evaluation and progress reports were started by the Vocational Department. The academic school was able, for the first time, to limit its enrolment to those pupils who were capable of functional literacy, as other residents were placed in the community or enrolled in pre-placement preparation.

This year also brought a variety of difficulties arising from our growing recognition of goal-directed training and education; for instance, the wholesale movement of residents seriously disrupted development programming by nursing staff through the fall. The accurate measurement of progress and the deployment of materials demanded far more in the way of records, reports, inventory, etc., than current clerical personnel could provide.

The Director of Training and Education has shown leadership and provided a valuable link with the university. It has been gratifying to have the assistance and sympathetic scrutiny of an unprecedented number of university students who worked in this Department as students or volunteers.

SOCIAL SERVICE DEPARTMENT

All social work staffing positions were filled with fully trained and qualified people. Three highly experienced workers resigned during the year and, fortunately, were replaced by three enthusiastic candidates. A great deal of each social worker's time was spent on waiting list, admission procedures, out-patient service, and community placement, however they still found time to be a member of a number of ward clinical teams. When waiting-list business is diminished next year, more direct service will be offered to the residents and their families.

The recent increase of community resources made heavy demands on the Social Service Department. Approximately one-third of all occupied community beds were made available during the year for the first time.

The seconding of a social work position to the Victoria Mental Health Centre was of considerable assistance. This social worker was able to give direct service to families of retarded persons on the waiting-list, and in other cases recommended alternate resources to families, that would be more suitable than admission to The Woodlands School.

PSYCHOLOGY DEPARTMENT

Mrs. G. Wing has been Acting Director of the Psychology Department since the appointment of Mrs. Woodward as the Director of Training and Education in June. For the two previous years, Mrs. Woodward was on intermittent educational leaves to obtain her Ph.D., and assisted in programme planning for the Training Unit.

Staffing patterns in this Department have not encouraged the psychologists to participate as members of the clinical team. Much time was taken up with diagnostic testing.

VOLUNTEER SERVICES

A total of 9,521 volunteer-hours of direct service were contributed during 1969. The indirect-service groups continued to support residential programmes, providing money, material, and equipment. Ninety-five residents had corresponding sponsors. Ten yearly birthday parties for each ward were sponsored by the Auxiliary to The Woodlands School and the Volunteers. Recognition of their valuable service was given to the Volunteers on two separate occasions this past year; a tea for the teenage Volunteers and their mothers was held on May 3rd, and a reception and banquet took place on October 8th.

Approximately 800 residents were sponsored to see the Christmas lights, through the generosity of the British Columbia Hydro and the Lions Club. Numerous articles of clothing were distributed by the Apparel Shop. Radio station CKNW continued to be a generous sponsor of residents, at Christmas and throughout the year. Many service clubs contributed time and financial support.

PERSONNEL

The staff establishment was increased this year by 52 new positions, 38 were assigned to Alder Lodge, and 14 to the Training Unit (*see* " Training Unit " on page 90).

Fourteen staff positions were reviewed by the Classification Division of the Civil Service Commission.

Recruitment was good, with the exception of two senior professional positions, the Director of the Training and the Head of the Psychology Department. Staff absenteeism due to illness declined by 10 per cent during the year. Letters of commendation were sent to all staff members who had three years or more continuous service without absenteeism.

Regular meetings were initiated with representatives of the Psychiatric Nurses Association and the Government Employees' Association. These are an effective means of communication and have improved relations between the administration and staff.

SAFETY

Mr. Hayes, Business Administrator, served as a member of the Branch Safety Committee. Many staff attended the safety " kick off," which was organized by the committee, and the staff was represented at the Annual Safety Conference in Vancouver. The Schools' committee continued to be active and effective. Time-loss by staff due to accidents was down considerably in 1969. A semi-annual safety competition was sponsored and an award presented at a special dinner held in October. Three members of the Safety Committee attended a course sponsored by the Vancouver School Board and Mrs. Connell achieved the highest standing of those enrolled.

GENERAL ADMINISTRATION

Mr. Hayes chaired a Core-Committee to co-ordinate and plan all preparations for the opening of Alder Lodge. The committee was very successful and the final move of the patients in October was accomplished with only a minimum of problems.

The Housekeeper continued to experience difficulty in maintaining adequate laundry and linen services, but it is expected that improvements in the central laundry at Riverview will result from the Consultant's report. The Dietary, Pharmacy, and Hairdressing Departments continued to provide a good standard of service.

Building and Grounds

Renovations of the wards in Wing 2, Centre Building, were completed, also the basement area, which is used for patient programmes.

The new Industrial Therapy Building was a welcome addition to the facilities. The new areas provided are a cabinet shop and a paint shop, while the upholstery and sheet-metal work have improved facilities. The four cottages were provided with fire escapes, and new fire doors were installed in the interior ramps. Plans were being drawn for improved ventilation of these four buildings. Additions were made to each cottage to provide garbage and linen storage areas.

A new semi-automatic switchboard has improved the communication facilities.

Renovations for Wards 32/33 in the Fraserview Building provided improved toilet and bathroom facilities, as well as a new dining area. Extensive renovations were made at Alder Lodge. Heat detectors were installed in a number of the buildings. The installation of a new fire-alarm system should be completed next year.

STAFF EDUCATION

The staff of The Woodlands School benefited from the Workshop on Capability, which was jointly sponsored by the Public Trustee's Department.

The Nursing Department gave two groups of 20 nurses in-service education on administration and supervision. Multi-discipline programmes were found to be constructive and many different departments contributed to their success. Numerous staff attended institutes, conventions, and seminars during the year.

Lectures for student psychiatric nurses and psychiatric aides were sponsored by the Department of Nursing Education, and several lectures were given by the staff of The Woodlands School. All new staff were given a six-hour orientation of the institution by Unit Directors and various department heads.

Three members of the nursing staff were granted educational leave of absence and another was enrolled in the Executive Development Training Programme. The housekeeper and four supervisors were enrolled in a training programme at Riverview for housekeeping personnel.

VISITING GROUPS AND COMMUNITY SERVICE

The Woodlands School feel an obligation toward public education in the field of mental retardation. For this reason, various student groups and community organizations were provided with speakers, or an opportunity to learn the methods of helping retarded persons. Visiting groups spent varying lengths of time, from a half-day orientation, to a five- to ten-day workshop, or a full placement of several months. So much staff time was involved in these education programmes that routine visits of high school students and first year university students were dispensed with, and, as an alternative, a restricted open house was being planned for the spring of 1970.

RESEARCH

Two clinical papers were published, two submitted, and two others ready for publication, in which one or more of the staff were co-authors. Additional projects under way this past year were:—

(*a*) Dr. T. L. Perry, Professor, Department of Pharmacology, University of British Columbia, and staff of The Woodlands School, were carrying out biochemical evaluation of mothers of mentally retarded children, especially in instances of more than one retarded sibling. One unusual situ-

ation, in which the mother was discovered to have biochemical findings similar to maple syrup urine disease, was being further investigated.

(*b*) A report and film by Dr. H. Dunn, Professor, Department of Pædiatrics, University of British Columbia, on an unusual case of subacute sclerosing panencephalitis was submitted and accepted for presentation to the Royal College of Physicians and Surgeons. Recent literature attributed this condition to the measles virus, and further research will be conducted.

(*c*) Dr. W. H. Gaddes, Professor, Department of Psychology, University of Victoria, was conducting a study on the effect of Vitamin B_{12} on the learning abilities of mentally retarded. Dr. M. C. Ellis and other persons on staff of The Woodlands School were co-ordinating this study.

(*d*) Dr. H. Patel, Department of Pædiatrics, University of British Columbia, was continuing research at The Woodlands School on carotinemia in mental retardation.

SUMMARY

The positive changes during past year, which clearly defined future trends, were encouraging. It was a year of greater community development and involvement, that highlighted co-operation among staff of The Woodlands School, and constructive relations with other governments and outside agencies.

THE TRANQUILLE SCHOOL

J. BOWER, M.D., D.P.M., SUPERINTENDENT

REGIONALIZATION

1969 has been an exciting year for The Tranquille School. Early in the year the School was advised that it would become self-sufficient and take over its own part of the waiting list previously administered by The Woodlands School. The policy of the Mental Health Branch was for The Tranquille School to admit patients from Mental Health Regions 1, 2, and 6, while The Woodlands School would admit those from all other regions.

The planning of the regional function ran along many lines and The Tranquille School team had to consider division of wards, provision of extra staff, the planning teams such as that for the Out-patient Department, and numerous other items. At year-end, the regional function was in effect, but no regional admissions on a long-term basis had taken place because the division of wards required for admission purposes had not been accomplished, however, this is expected in the very near future.

Virtually all of the staff required to operate regionally are now working at The Tranquille School.

The School has a waiting list of 160 requests for admission, and this is being administered by the Admissions Committee team.

MEDICAL STAFF

During the year, the Medical Superintendent attended a course in psychiatry at the University of British Columbia, while the Senior Clinical Physician, Dr. M. S. Neave, also attended one in child neurology at the same medical school.

Dr. G. Tomm, a part-time physician, continues to help in the clinical work of the School and during the year there have been two resident physicians, other than the Medical Superintendent, who reside at the School and take part in the clinical work and duty list. The last of these physicians arrived during the summer.

The medical services are administered by the Medical Superintendent, Senior Clinical Physician, and Dr. V. Neumann, who are full-time staff members.

During the year a consultant service embodying all of the specialists in the nearby city of Kamloops was set up on a rotation system. It is designed firstly to see that all specialists willing to do so can be associated with The Tranquille School, and secondly to make The Tranquille School another facility of the medical community of the area.

Many patients were admitted to the Royal Inland Hospital in Kamloops for various procedures and treatment, and it was necessary to transfer some to the medical facilities located at the Coast.

Many integrated programmes of a clinical nature, involving the chief members of the professional staff, have been inaugurated and are being followed through to the advantage of all concerned.

The Dental Department continues to function with the part-time services of two dentists.

During the year there were four deaths and no outbreaks of serious illness, although, in the spring of the year, there was some trouble with a slight epidemic of influenza.

The Medical Officer of Health for the South Central Interior Health Unit in Kamloops provides considerable assistance to the School.

SOCIAL WORK AND PSYCHOLOGY

Early in the year, Mr. David Brasset, the senior social worker, transferred as the psychiatric social worker at the Mental Health Centre in Kamloops. He was succeeded by Mr. H. K. Maerzke. Later, another social worker, Mrs. K. Constabaris, was engaged, and Mr. Maerzke's team is now backed up by three other workers.

Mrs. Alic Harmon, a psychologist from Springfield, Illinois, joined the staff.

When the position of Director of Training and Recreation is filled, The Tranquille School will then be able to accomplish its full objectives in the training of the mentally retarded to enable them to adjust to an outside environment.

The boarding home placement areas has been extended to include Fernie.

NURSING SERVICES

In 1969 the Nursing Department was active in many areas of school work other than strictly nursing duties, and the Director of Nursing has given valuable assistance to the regionalization team and to other departments.

During the year there were numerous changes in the Department.

Mrs. D. Thoen, Associate Director of Nursing, and other nursing-staff members, have contributed greatly to the clinical teams that now function in the School.

TRAINING AND RECREATION DEPARTMENT

This Department is functioning to capacity under the Acting Director, assisted by a member of the Recreation Department, together with a staff of occupational therapists, recreational therapists, and workers from the Department of Nursing.

Scouts and Guides have enjoyed the activities of Camp Blackthorn, where they live in a tenting situation. A large log cabin at this camp has been completed by the Scouts under the direction of their Scoutmaster.

Kamp Kiwanis, established by the local Kiwanis Club, continues to supply healthy and enjoyable holidays to the trainees at The Tranquille School.

During the year, this school held its Annual Carnival Day, with the crowning of the May Queen and an enjoyable Pine Crest Barbecue. A school float won a prize in the local Kami Overlander Days Parade.

BUSINESS ADMINISTRATION

This Department, ably directed by Mr. E. V. R. Merrick, with the assistance of Mr. J. Philpot and office staff, has continued to provide a most efficient and comprehensive service to the total programme.

FIRE PROTECTION

Completion of the water distribution system for fire protection, together with the installation of all new No. 1 TC hydrants, was accomplished, and The Tranquille School electricians were proceeding with the installation of the new fire-alarm system.

During " Fire Prevention Week," Fire Chief Murphy held an " at home " at the fire station, during which many interesting and informative demonstrations of the work of our Fire Department were given. This event aroused considerable interest on the part of the 140 people who attended. It is hoped that this " at home " will become one of the annual events of the year.

Dietetics

The Dietitian is evolving interesting dietary programmes, and standard of the meals is excellent. During a day, the average number of meals served is 2,126 to 1,950 patients and 176 staff.

Laundry

The Tranquille Laundry operates on a 7-day-week basis and provides good service to The Tranquille School and the Provincial Men's Home in Kamloops. Some of the trainees work in the laundry under supervision of staff workers.

Laundry, mending, discards, staff and trainee clothing issue and control, and linen issue and control operate through the laundry area under the general supervision of Mr. E. Pyle and his assistant, Mr. G. Angus.

Transportation

The four staff members do a very good job of maintenance and repairs on the seven school vehicles. In addition, they attend to a very large driving programme.

Housekeeping

A new supervisor, Mr. W. Noblet, was engaged. Four more people were recruited to the Housekeeping Department, and the women cleaners in the Greaves Building were reclassified from Cleaning Assistants to Building Service Workers. The Department maintains a high standard of cleaning and maintenance, including the repairs and servicing of everything from electric razors to mechanical beds and wheel-chairs.

Stores

Two men work in this area.

The year's total purchase	$541,178
Service charges	49,612
Shoe repair (included in service charges)	3,565
Dry-cleaning services (included in service charges)	2,337

Grounds, Building, and Housing

Highlights of this programme included the laying of a new floor in the recreation hall, together with interior decoration and new drapes. The Central Building basement area has been completely renewed.

Two washrooms for trainees use have been completed in Hayes and Cooney Fields.

The dairy homogenization plant has been completed and major alterations to the cow barn are currently under way.

Alterations are being made to provide additional office accommodation in the Administration and East Pavilion buildings for the extra staff required for the regionalization programme.

SUMMARY

This has been a very good year for The Tranquille School, with many developments taking place, and it is hoped that this will continue to motivate everyone in the institution.

All members of The Tranquille School staff have co-operated to the utmost degree in giving of their best to the trainee/patients.

THE BRITISH COLUMBIA YOUTH DEVELOPMENT CENTRE, THE MAPLES

RESIDENTIAL UNIT

DR. PETER A. LAVELLE, DIRECTOR

This Unit was established in August, 1969, to provide intensive psychological treatment in a residential setting for 45 children; to provide treatment for a further 20 adolescents in a day clinic; to establish a training programme for child care counsellors; and to carry on research in staff selection, in outcome of training, and into the most effective therapy for adolescents. The Unit consists of three " home " units, each of which can accommodate 15 children, a gymnasium, swimming-pool, and outdoor-games area, and an administration block containing conference hall and offices. There is a cafeteria and a seven-classroom school also within the well-landscaped complex.

At the year-end, two of the homes were in use, one as a Day Clinic, the other as a Residential Unit, and both were treating adolescents 15 to 17 years of age. It is anticipated that the third home will open in the spring of 1970 and will cater to the 12- to 14-year-old age-group. Once these two homes are functioning well, it is envisaged that the Day Clinic will be moved to other premises, and the building in which it is at present located will then be used for residential treatment.

STAFFING

The Unit is now on a three-shift basis, and is staffed by Child Care Counsellors who were recruited early in the year and given a three-month orientation course prior to opening the first home in August. The social workers were recruited and were involved in intake and discharge arrangements and providing therapy, when needed, for the families of adolescents in treatment. In general, the method of whole family groups is used. In the case of families living some distance away, arrangements are made, where possible, for the local social worker to undertake treatment. The Director is a child psychiatrist, with wide experience of out-patient and residential treatment of children and adolescents, as well as family therapy. In addition to his administrative duties, he selects children for admission, plans and supervises their treatment, and runs the staff-training programme.

THERAPY

The basis of therapy is good individual relationships between the counsellors and children within a therapeutic milieu which caters to adolescent needs. They are encouraged to take responsibility in planning their programme, their school activities and home activities, to expect age-adequate behaviour from each other, but also to tolerate regressive or acting-out behaviour. The emphasis is on self-help, within a relatively free programme, in an " open door " non-custodial setting. Adolescents are selected on the basis of treatability, which is their capacity to stay in this setting, to verbalize their problems, and benefit from group therapy.

A daily log is kept in which both the youngsters and counsellors recount the day's activities, and differing accounts are discussed at the shift meetings held each morning and evening. Both staff and adolescents participate in some of the case conferences which are held regularly on each child.

In addition to using a reality therapy approach, the Unit uses Gestalt therapy, a group-based personality integration technique devised by Dr. Fritz Perls.

Staff Training

In preparation for opening the Unit, staff selection and ordering of equipment were completed early in the year. The counsellors began an orientation course on May 2nd which was aimed at fostering open communication, and encouraging the formation of trust and interdependence, to facilitate good team work on each shift. The topics afforded some idea of the group's ability to read discriminatingly and assimilate new material, to work constructively together in covering the field and presenting the material. In the course of learning a new skill, they revealed personal qualities of leadership and teamwork. The counsellors organized their own programme for swimming and life-saving and for first-aid Red Cross certificates, in which all were successful.

Toward the end of the third month the counsellors organized a residential experience during which they played the parts of both counsellors and adolescents. Following this and at the request of the Minister of Health Services and Hospital Insurance, some adolescent boys aged 15 to 17 were admitted. Most of these were children who had not yet been placed by local agencies, or whose summer placement had broken down. After the children had been returned to their agencies, the staff spent a week discussing the experience and formulating a plan of operation.

Direct Service

The first residential home was opened on September 8th and eight boys were admitted, mostly selected from the previous group, at the request of the counsellors. There were some difficulties over control, and also over the temporary lack of equipment. At the year-end, the residential programme was going well, and some teenage girls were about to be admitted.

Of the 12 boys admitted in the first two months of operation, five left and the remaining boys settled in well and a successful outcome is expected for them.

The Day Clinic started on September 15th, admitting three girls and two boys. It has continued to grow and is expected to have 15 adolescents by the end of the year. The programme includes use of gymnasium, arts and crafts, some remedial school work, educational outings, music, all done on a group basis, and therapy is provided by two encounter groups and one Gestalt therapy group weekly.

Training and Education

In-service education continues with one full day per week for each counsellor. This usually includes case conferences and study of case histories; a Gestalt therapy session; and " academic " session, which may include a lecture and discussion or reading. There is also opportunity for improving skills in games, activities, arts and crafts, and learning to teach these, and acquiring skills in using equipment.

In keeping with Mental Health Branch's intention to improve services for children, negotiations are continuing with universities and other institutions aimed at setting up a formal training course for child care counsellors. Since the standard was set in this Unit of employing people with degrees, and paying a good salary, two other agencies have accepted the standard and a third is in process of doing so.

The demand for a training course is rapidly increasing and at present it appears likely that three courses are required—a postgraduate course for those who wish to specialize in treatment; a more programme-oriented course for workers with Grade XII education; and an in-service course for all other workers now in the field, to

include all group homes and professional foster parents. It is anticipated that at least one of these courses will be starting by 1970.

Another course for which a demand has arisen is for educateurs. This profession, now very popular on the continent of Europe, is a combination of teacher and child care counsellor, enabling the educateur to work in the whole range of child care facilities. The Mental Health Branch is also interested in the possibility of assisting the development of an educateur programme in one of the local universities.

Research

Full records are being kept on all the counsellors so that further selection methods can be refined and the outcome of the training experience evaluated. It is intended that these results will be written up for publication when the data are sufficient.

PSYCHOLOGICAL EDUCATION CLINIC

Dr. Denis C. Shalman, Director

The Psychological Education Clinic began the year in borrowed premises. When four lower classrooms in the school became available, the Clinic moved to the new rooms, along with the two classes that were under the direction of Dr. A. Cashmore. The children admitted into these classes had learning problems and severe behaviour disorders. Most of them were either out of school or in the process of being expelled from school. The programme was relatively successful and some of the children were returned to the regular school system by the end of the school-year. During this same period, the community, particularly the schools, became aware of our service and we extended diagnostic assessments and consultations to the schools and other referring sources.

Since September, the school has been opened and all the rooms have been in use. Additional facilities used by the school as part of the programme are the gymnasium and swimming-pool. The school has the gymnasium and swimming-pool for one hour, five mornings a week. Two of the classrooms are under the direction of Dr. Cashmore and his unit, although the teachers and children are the responsibility of " The Maples " school. The Psychological Education Clinic was scheduled to have a section in the new activities building, but due to lack of facilities for the staff in the Residential Unit we moved to a section in the Family and Children's Clinic where we occupy seven offices, a specialized testing-room, three one-way observation rooms, and a storage-conference room. This has the decided advantage of keeping the unit close together, but the disadvantage of being removed from " The Maples " school. In the new activities building there is a large observation room, an audiometic testing-room, and a special testing-room which will be available to the British Columbia Youth Development Centre and, in particular, the Psychological Education Clinic.

The School has been developed along behaviour modification procedures based on operant-conditioning principles for the remediation of learning disabilities and for changing inappropriate behavours. Programmed materals will be used whenever possible, and a comprehensive rating system is being used to evaluate the operant programme.

Staff

There were several staff changes during this period. The three positions for psychologists were filled until September, when one psychologist returned to university to continue his Ph.D. programme. The number of teachers within the unit

increased to nine. The Burnaby School Board placed two teachers in the school, as many of the children come from the Burnaby area. They felt it was to their advantage to have them placed in the school rather than try to offer a programme within their school system.

In August, teachers were recruited for the vacant positions and they received a week of intensive orientation, including instruction in the treatment approach as well as some of the concepts in special learning disabilites. A second programme began in November and covered the areas of learning disabilities, remediation, and behaviour modification. These seminars may be repeated in the new year.

Administrative Concerns

Most of the children coming into " The Maples " school live in the immediate area, however, several of the children have been referred from outlying areas as far away as Cloverdale, Richmond, North Vancouver, and Vancouver, and this has presented a problem with reference to transportation.

At the time the school programme was being planned, the Director of the Residential Unit did not want the adolescents in the programme to be given formal school instruction. Consequently, a school programme was planned which provided schooling for children from the community and Family and Children's Clinic for a morning programme, five days a week. During the afternoon the teachers were available for tutoring the adolescents in the Residential Unit. This programme continued for a month and a half and was then discontinued at the request of the Residential Unit. Consequently, the teachers are now increasing their tutoring load of children referred from the community.

Internship Programme

The internship programme was continued during the year and consisted of three students. The programme was run in conjunction with the Mental Health Centre, Burnaby; Family and Children's Clinic; and Psychological Education Clinic. It was a successful programme, and two of the interns requested employment at the completion of the summer. The programme was similar to the one offered over the past six years which included an introduction to testing techniques, psychotherapeutic approaches, and participation in research programmes.

FAMILY AND CHILDREN'S CLINIC

Dr. A. A. Cashmore, Director

The Clinic continued to have a close functional relationship to the rest of The Maples, not only in the sharing of facilities, staff education, and public relations activities, but also in the structure and function of The Maples Intake Committee, composed of representatives from the Psychological Education and Residential Units, as well as those from the Clinic's intake team. This committee greatly facilitated the assignment of cases to the most-appropriate sector of The Maples' treatment programme, and promoted one of the original concepts of The Maples, namely that of a three-phase treatment operation (out-patient, day-care, and residential phases), which allows for more appropriate and efficient service for the child and his family.

The Family and Children's Clinic continued with approximately the same staff composition as it had formerly, when it was functioning as the Children's Clinic of the Burnaby Mental Health Centre. The clinical emphasis remained on diagnostic and treatment services and, as a result of the establishment of local regional mental

health centres, these services tended to become more second-line, and were requested for more seriously disturbed children and more " difficult " families. There was an increasing number of direct referrals for first-line service from areas without mental health centre facilities, e.g., Vancouver. It was, therefore, decided that some staff will be decentralized to work with agencies in the eastern part of Vancouver and will work out of the offices of Health Unit No. 4 of the Metropolitan Health Services. The first community team to be deployed in this fashion will consist of professionals under the leadership of Mr. D. B. Ricketts, M.S.W., with emphasis on the treatment aspect. The Clinic also has the responsibility of providing travelling clinic services to the Skeena region.

Some specialized day programmes were continued and expanded during 1969. The Maples pre-school programmes cover an age-range of children from 3 to 7 years, and consists mostly of children with language disorders due to emotional deprivation. The staff consists of three child care counsellors and two pre-school teachers. The Clinic also provided clinical supervision and treatment services to two classrooms in The Maples school. One class was composed of autistic children, with teachers from the Burnaby School Board. The second class consisted of a group of children in the 8- to 11-year range whose behaviour made education in the normal school setting impossible. Treatment was being offered to most of the families of those disturbed school-children.

A summer day-camp and a residential camp, both of one week's duration, was provided by staff, under the direction of a group social worker, for some of our more seriously disturbed children. It was felt that this is a programme experience to young professionals in the mental health field, e.g., students in social work, psychology, and medicine. For advice, support, and the loan of equipment, we were indebted to Youth Resources Society.

During the year, several staff members contributed to workshops and seminars and lectures in the fields of psychotherapy and child care, both for our own education, for professionals in other agencies, and for lay groups. Continuing attention was paid to the refinement of more recently acquired therapeutic techniques, such as family group therapy, sensitivity and encounter groups, and " fight training " for married couples. It is intended that short courses in psychotherapy with children will be arranged for interested professionals in the mental health field.

Requests made by the Clinic for volunteer help with some aspects of programme, e.g., transportation, lunch-hour activities for the school-children, were met with an enthusiastic response from the Canadian Mental Health Association, and students of Simon Fraser University. A small committee was set up to deal with the recruitment of volunteers and to co-ordinate their contributions.

PART IV.—PATIENT MOVEMENT

Patient Movement Trends and Data

PART IV.—PATIENT MOVEMENT

PATIENT MOVEMENT TRENDS, SEPTEMBER, 1969

Facility	Sum of Entries[1]			Resident or Case Load		
	24-12 Months Previous	12 Months to Date	Per Cent Change	12 Months Ago	End of Month	Per Cent Change
Residential Programmes						
Facilities for the mentally ill—						
Riverview	3,563	3,247	−8.9	2,638	2,482	−5.9
Youth Development Centre (August, 1969)[2]	-------	14	--------	-------	9	--------
Geriatric facilities, total	687	684	−0.4	1,232	1,214	−1.5
Valleyview	504	505	−0.2	748	729	−2.5
Dellview	154	136	−11.7	226	232	+2.7
Skeenaview	29	43	+48.3	258	253	−1.9
Facilities for the mentally retarded—						
The Woodlands School	206	231	+12.1	1,280	1,251	−2.3
The Tranquille School	49	52	+6.1	653	610	−6.6
Out-patient Programmes						
Mental Health Centres, total	4,328	3,977	−8.1	3,041	3,975	+30.7
Burnaby[3]	1,469	855	−41.8	466	849	+82.2
Chilliwack	219	297	+35.6	236	255	+8.1
Courtenay (July, 1969)	-------	44	--------	-------	44	--------
Haney (June, 1969)	-------	88	--------	-------	69	--------
Kamloops (July, 1968)	18	90	+400.0	15	84	+460.0
Kelowna	367	332	−9.5	273	293	+7.3
Nanaimo	325	254	−21.9	459	483	+5.2
New Westminster (November, 1968)	-------	152	--------	-------	140	--------
Prince George	641	658	+2.6	656	719	+9.6
Saanich (May, 1969)	-------	72	--------	-------	131	--------
Trail	347	264	−23.9	90	103	+14.4
Vernon	510	399	−21.8	418	487	+16.5
Victoria[4]	432	472	+9.3	428	318	−25.7
Riverview Out-patient Service[5]	-------	516	--------	-------	1,030	--------
Youth Development Centre	263	646	+145.6	573	335	−41.5
Woodlands and Tranquille Waiting Lists	94	144	+53.2	260	289	−27.3

[1] Includes permanent transfers, admissions from community, and returns from leave and escape.

[2] Date in parentheses states date opened.

[3] The total case load of the Burnaby Mental Health Centre by the end of May, 1968, was 1,262 cases. The British Columbia Youth Development Centre became active in June, 1968, with a case load of 596, separated from the Burnaby case load of 1,262. During December, 1968, the Youth Development Centre returned 268 cases to the Burnaby Mental Health Centre, which left the Youth Development Centre with a case load of 198 by the end of December, 1968.

[4] After May 1, 1969, the Saanich Mental Health Centre separated from the Victoria Mental Health Centre.

[5] Does not include about 50 patients in the Centre Lawn out-patient area case load.

PATIENT MOVEMENT DATA, 1969[1]

Facility	Total	Entries			Total	Exits			
		Direct Admissions	Returns from Leave	Permanent Transfers		Discharges	Leaves	Permanent Transfers	Deaths
All residential facilities	4,243	3,534	594	115	4,474	2,024	1,697	109	644
Facilities for the mentally ill	3,960	3,322	541	97	4,124	1,943	1,467	91	623
Riverview	3,247	2,760	473	14	3,439	1,907	1,337	14	181
Youth Development Centre (August, 1969)[2]	29	22	7	.....	17	6	10	.....	1
Geriatric facilities, total	684	540	61	83	668	30	120	77	441
Valleyview	505	446	49	10	487	21	99	75	292
Dellview	136	78	12	46	133	8	20	1	104
Skeenaview	43	16	.....	27	48	1	1	1	45
Facilities for the mentally retarded	283	212	53	18	350	81	230	18	21
The Woodlands School	231	174	47	10	256	58	173	9	16
The Tranquille School	52	38	6	8	94	23	57	9	5
All out-patient facilities	.....	5,733	.....	.....	.....	4,885	.....	.....	.....
Mental Health Centres	.....	4,127	.....	.....	.....	3,360	.....	.....	.....
Burnaby	.....	855	.....	.....	.....	740	.....	.....	.....
Chilliwack	.....	297	.....	.....	.....	278	.....	.....	.....
Courtenay (June, 1969)	.....	89	.....	.....	.....	15	.....	.....	.....
Haney (June, 1969)	.....	154	.....	.....	.....	34	.....	.....	.....
Kamloops	.....	102	.....	.....	.....	26	.....	.....	.....
Kelowna	.....	332	.....	.....	.....	312	.....	.....	.....
Nanaimo	.....	254	.....	.....	.....	232	.....	.....	.....
New Westminster	.....	193	.....	.....	.....	23	.....	.....	.....
Prince George	.....	658	.....	.....	.....	596	.....	.....	.....
Saanich (May, 1969)	.....	117	.....	.....	.....	115	.....	.....	.....
Trail	.....	264	.....	.....	.....	251	.....	.....	.....
Vernon	.....	399	.....	.....	.....	330	.....	.....	.....
Victoria	.....	427	.....	.....	.....	408	.....	.....	.....
Youth Development Centre	.....	646	.....	.....	.....	614	.....	.....	.....
Woodlands and Tranquille Waiting Lists[3]	.....	144	.....	.....	.....	215	.....	.....	.....
Riverview Out-patient Service	.....	516	.....	.....	.....	368	.....	.....	.....

[1] Table compiled from actual data through September, 1969, and projected for the remainder of year.
[2] Data in parentheses state date opened.
[3] Includes 100 cases on The Tranquille School waiting list.

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