DEPARTMENT OF HEALTH SERVICES
AND HOSPITAL INSURANCE

Mental Health Branch

PROVINCE OF BRITISH COLUMBIA

ANNUAL REPORT

1970

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in right of the Province of British Columbia.
1971

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 1970.

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

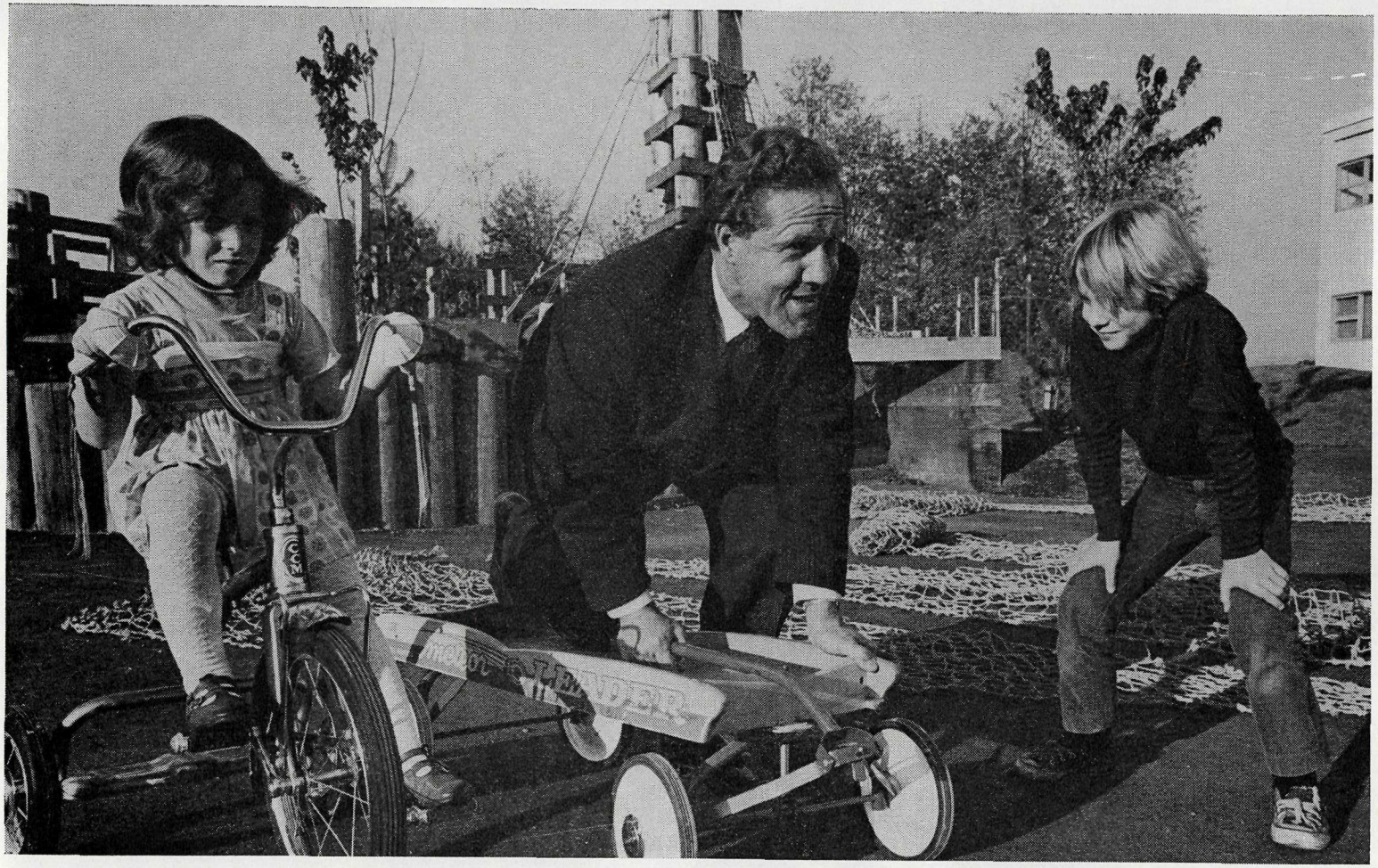
Office of the Minister of Health Services and Hospital Insurance,
Victoria, British Columbia, January 21, 1971.

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE,
MENTAL HEALTH BRANCH,
VICTORIA, BRITISH COLUMBIA, January 21, 1971.

The Honourable Ralph 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 1970.

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



The Honourable Ralph Loffmark gets set for the main event in the " tricycles versus the wagons," during his October visit to the British Columbia Youth Development Centre in Burnaby. —*Vancouver Sun* photo

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE
MENTAL HEALTH BRANCH

THE HONOURABLE RALPH R. 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.,
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. S. MCINNES, B.A., B.D., M.P.H.,
Statistician and Co-ordinator of Community Services.

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. W. WYLIE,
Administrative Officer.

COMMUNITY PSYCHIATRIC PROGRAMMES

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

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

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

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

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

R. L. CAMERON, R.S.W.,
Acting Director, West Kootenay Mental Health Centre.

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

G. GRAHAM ELLIS, B.M., B.CH., D.P.M.,
Director, South Central Interior Mental Health Centre.

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

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

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

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

E. J. SOPP, M.S.W.,
Acting Director, Selkirk Mental Health Centre.

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

S. G. TRAVERS, M.S.W.,
Acting Director, Skeena Mental Health Centre.

J. T. WOOD, M.D.,
Director, Saanich 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.

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

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

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

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

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

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

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

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

BRITISH COLUMBIA YOUTH DEVELOPMENT CENTRE

P. A. LAVELLE, M.B., B.CH., D.P.M.,
Director, Residential Unit.

D. C. SHALMAN, PH.D.,
Director, Psychological Education Clinic.

A. A. CASHMORE, M.D.(LOND.),
Director, Family and Children's Clinic.

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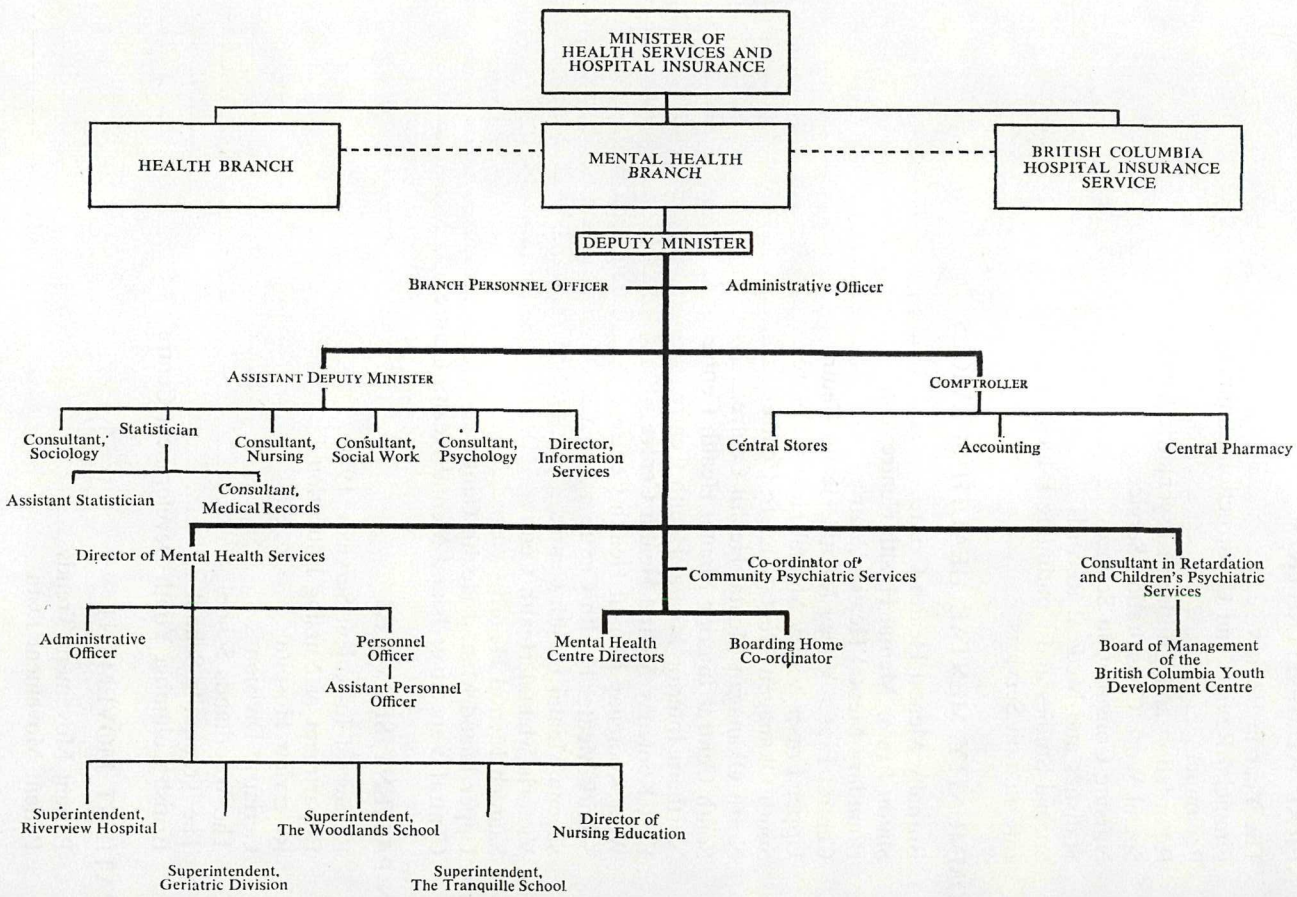

GENERAL ADMINISTRATION

The Year in Review

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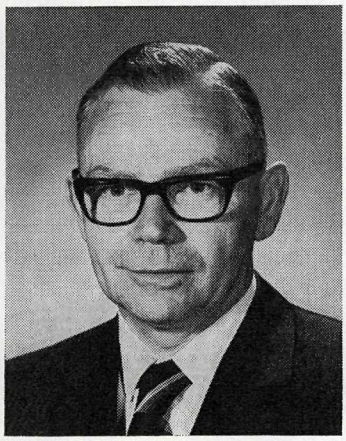
mental health branch



GENERAL ADMINISTRATION

THE YEAR IN REVIEW

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

While every endeavour has been made to maintain a high level of care in our in-patient facilities, in the past year an increasing emphasis has been placed on the continuing development and evaluation of our community programmes. The burgeoning cost of health services renders it imperative that the most effective delivery system of care be designed and maintained. In practical terms, this calls for the reorganization of existing programmes and redeployment of already established resources. The problems involved in such a change are formidable and require a high degree of good will and understanding by the personnel affected, and the co-operation of agencies and other Government departments who share our common concern.

During the year a mental health centre was opened at Nelson to cover the Selkirk region, and a new centre at Terrace provides services to the Skeena area. This brings to 17 the number of centres now established in the Province. Consideration is also being given to relocating certain existing staff in order to permit the opening of a further two or three centres and provide a more equitable distribution of professional personnel. Once this is attained, I anticipate that further expansion in the immediate future will be in the form of extension of existing centres and establishment of satellites, rather than the provision of new ones.

There is still a lack of psychiatrists in the Interior and more remote areas of the Province. I am, therefore, particularly pleased that the Psychiatric Section of the British Columbia Medical Association has arranged for four psychiatrists in private practice in North Vancouver to visit Dawson Creek in rotation. Travelling expenses are borne by the Mental Health Branch and the psychiatrists are retained on a sessional basis to provide consultation. In addition, they are free to consult with local private physicians in their own time. I hope that similar programmes can be developed on an interim basis in other poorly serviced regions. Mental Health Branch Consultants regularly visit the Skeena region to augment the programme undertaken by the mental health centre, with particular emphasis on psychiatric and psychological consultation to schools. Thus, by a pragmatic approach, using those resources available to us, we are gradually providing a network of essential services throughout British Columbia.

The first regional mental health centre was established in Kelowna in 1962. Within the over-all policy laid down by the Branch, this and subsequent centres have enjoyed a high degree of local autonomy, so that they can most effectively

meet the particular needs of their community and use to best advantage the varying expertise of their staff. The advent of Medicare, the redefinition of the Provincial Mental Health Programme in 1967, and the changing concepts in the provision of health and social services are but a few of the factors over the past five years that have challenged the ingenuity and ability of the centres. It has, therefore, appeared appropriate during the past year to conduct an intensive study and evaluation of the mental health centre programme to date. We are attempting to define more clearly the unique role of the mental health centre in the community, and to evolve techniques which will allow this relatively small professional group, each responsible for a population of 50,000 to 120,000 people, to have the optimal impact on the mental well-being of the communities which they serve.

Specific community psychiatric services continue to develop. The number of psychiatric beds in general hospitals has increased from 348 to 382 in the past year and a further 129 are in an advanced stage of planning or construction. Appropriately used, these beds facilitate admission, shorten the period of hospitalization, and permit a rapid return of the patient to family and work. In November, the Minister of Health Services and Hospital Insurance approved establishment of day and night care and out-patient services at the Eric Martin Institute of Psychiatry, the Vancouver General Hospital, Lions Gate Hospital, and the Prince George Hospital, in addition to the service already approved at the Health Sciences Centre. The therapeutic and economic advantage of partial hospitalization in many cases cannot be over-emphasized.

We have been able to maintain a well-supervised boarding-home programme in co-operation with the Department of Rehabilitation and Social Improvement; however, I regret that we have not made better progress in establishing boarding-home programmes outside the Lower Mainland and Victoria area on a regional basis. This programme would not only enable certain patients to be retained in their community, but would allow for the ready return of the patients who have spent a relatively short period of time in the Riverview Hospital. In addition, it would allow for the relocation of the longer-term mentally ill and retarded closer to their families. We have had limited success in returning or diverting eligible patients into extended-care facilities close to their place of residence.

The Branch Consultants have been particularly active during the past 12 months visiting the centres and establishing new programmes. In view of the professional and geographic isolation of many of the centres, the ongoing support and advice of these Consultants is most necessary.

We have worked closely with the Department of Rehabilitation and Social Improvement on improving standards and controls, and in co-ordinating services to the emotionally disturbed child. The Youth Resources Panel, an interdepartmental professional advisory group, met regularly, reporting to the Deputy Ministers' Committee and to the Sub-Committee of Cabinet. The Rate Board, with representation from the Department of Rehabilitation and Social Improvement and the Mental Health Branch, reviewed the programme and standards of a variety of facilities for children operated by private agencies, and advised the Deputy Minister of the Department of Rehabilitation and Social Improvement on the appropriate *per diem* rates of payment.

Grants under the *Treatment Resources Act* were approved by Treasury Board for the following agencies:—

Granville School Society	$36,666.66
Pacific Centre for Human Development	79,435.15
Vanderhoof and District Association for Handicapped Children	17,000.00
Powell River and District Association	20,031.00

The British Columbia Youth Development Centre at Burnaby was placed under a board of management composed of representatives of the Mental Health Branch, Department of Rehabilitation and Social Improvement, and the Department of Education. The programme has developed satisfactorily and treatment results are good. In the latter part of the year, accommodation for a day centre was completed in the basement of the Burnaby Mental Health Centre, freeing the third cottage for residential care.

I am pleased to record that the Forensic Clinic, previously situated in the Burnaby Mental Health Centre, was relocated in Vancouver. The Department of Psychiatry, University of British Columbia, is providing direction and supervision, while the staff is provided by the Mental Health Branch. This includes a position for a teaching fellowship.

Detailed discussion on the activity of the in-patient mental health facilities is contained elsewhere in this Report; however, I must stress the increasing heavy demands that are being made upon these institutions. This is due to a number of interrelated factors.

Each year we attempt to develop higher standards of care, more sophisticated treatment programmes, and better administrative services. The provision of mere custodial care is no longer acceptable, and our staff are constantly endeavouring to improve the level of functioning of even the most severely ill and retarded in our hospitals. One has only to look at the long-term wards at Riverview Hospital, see the vastly improved behaviour of the severely retarded at The Tranquille School on being placed in the new Sage Building, or visit the autistic ward at The Woodlands School, and many other programmes, to realize the potential for improvement that exists in these groups.

The days when patients assisted in running the services of mental hospitals or schools for retarded are fast disappearing, and those able to function adequately in a work situation have largely been returned to the community, or have been placed in small, self-supporting units prior to discharge. This lack of patient help has placed an increasingly heavy burden on our service departments, particularly the dietary, housekeeping, and laundries.

Finally, the percentage of infirm, severely retarded, and disabled patients that remain in our hospitals has increased markedly. Inevitably, this has placed increasingly heavy demands upon our nursing staff.

In order that we can accurately assess the changes taking place in our patient population, the Consultant in Sociology devised and carried out a survey of all patients in our institutions. This project, which was carried out with the excellent cooperation of ward staff, provided us with detailed information of the level of function and nursing need of every patient according to ward and area of residence. This not only permits us to identify readily those patients requiring alternative and more appropriate types of care and allows us to plan accordingly but, if carried out annually, will enable us to accurately assess the increasing demands for service within our institutions.

This study, our own experience, and that of other provinces and countries, has clearly demonstrated that many patients can and should be returned to their community, providing adequate back-up resources are available to them. This enables the hospitals to direct their full resources to that relatively limited group of patients who require residential hospital care.

The programme for 1971 will emphasize the continuation of community-based services and the expansion of facilities, services, and treatment programmes.

FINANCIAL REVIEW AND CONSTRUCTION SUMMARY

Financial statements of the British Columbia Mental Health Branch for the fiscal year ended March 31, 1970, are included at the end of the Annual Report.

Table A, a recapitulation of financial activities of the in-patient units, shows a daily average population of 5,567.14, a decrease of 249.66 from the fiscal year 1968/69. However, due chiefly to salary adjustments and over-all maintenance expenditure, an increase of $4,782,620, the daily *per capita* increased from $12.81 in 1968/69 to $15.74. The increase of $4,782,620 was made up of $3,931,155 in salaries and the balance of $851,465 in supplies and expenses.

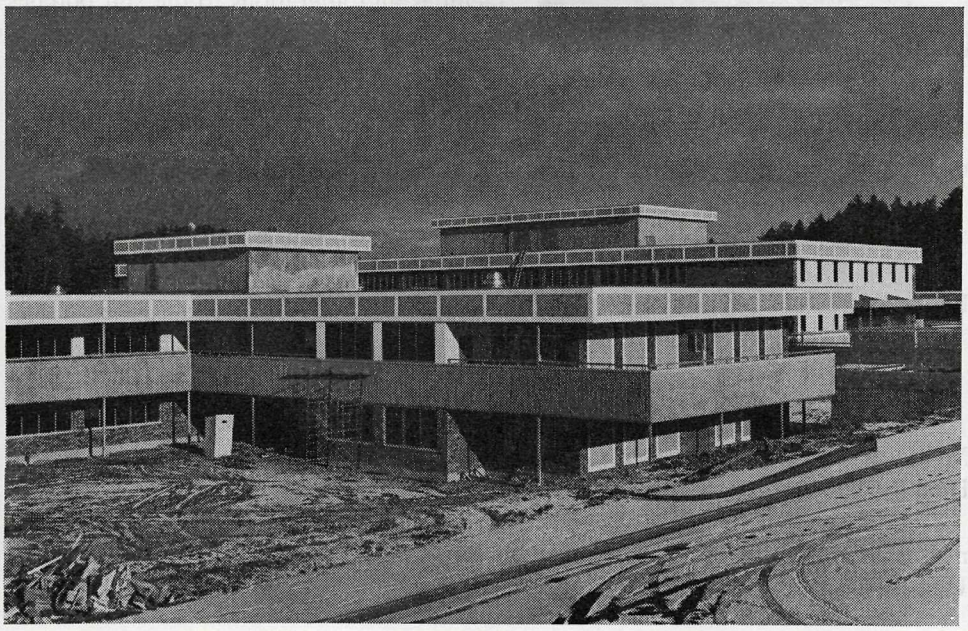
Maintenance revenue increased from $2,089,722 in 1968/69 to $2,116,207 in 1969/70.

Department of Agriculture farm operations at Essondale and Tranquille supplied the in-patient units with milk, meat, and vegetables valued at approximately $500,000 during the year under review.

MAJOR CAPITAL PROJECTS

Eric Martin Institute, Victoria.—The Honourable W. A. C. Bennett, Prime Minister of British Columbia, officially opened this new building on January 20, 1970.

On January 15, 1970, the patients housed in the Bay Pavilion, the psychiatric unit of the Royal Jubilee Hospital, were transferred to the Eric Martin Institute.



The 300-bed Glendale Hospital, Victoria, will come into operation early in 1971.

On February 24, 1970, 25 extended-care patients were transferred from The Woodlands School in New Westminster to the Eric Martin Institute, and on June 3, 1970, an additional 23 patients were transferred. These transfers took place by means of a helicopter, which was provided by 442 Squadron, Canadian Forces Base, Comox.

Glendale Hospital, Victoria.—The general contractor for this 320-bed facility was delayed during the summer due to labour difficulties in the construction industry. At the year-end good progress was being made and it was anticipated that the contract would be completed early in 1971. After the general contract is completed, the Department of Public Works will call for tenders for landscaping and site work.

A new society, The Glendale Lodge Society, was formed and a board of directors appointed to operate this new facility.

Renovation of Centre Building, The Woodlands School, New Westminster.—A contract in the amount of $298,792 was let for phase three of this project, which will provide a new patients' cafeteria, new offices, and general upgrading of the basement area.

The Department of Public Works completed preliminary plans for five new 20-bed patients' units to replace Wing 4 of the Centre Building, Wards J and K, G and Con.

Recently renovated ward and patient dining areas in the West Lawn Building, Riverview Hospital, Essondale.

Renovation of the West Lawn Building, Riverview Hospital, Essondale.—Phase one of this project was completed and the Department of Public Works finalized plans and specifications for phase two. Renovations included the modernizing of bathroom facilities and alterations to the sun porches to provide medication and examination rooms.

Renovation of Riverside Building, Riverview Hospital, Essondale.—The Department of Public Works was developing a programme for this project.

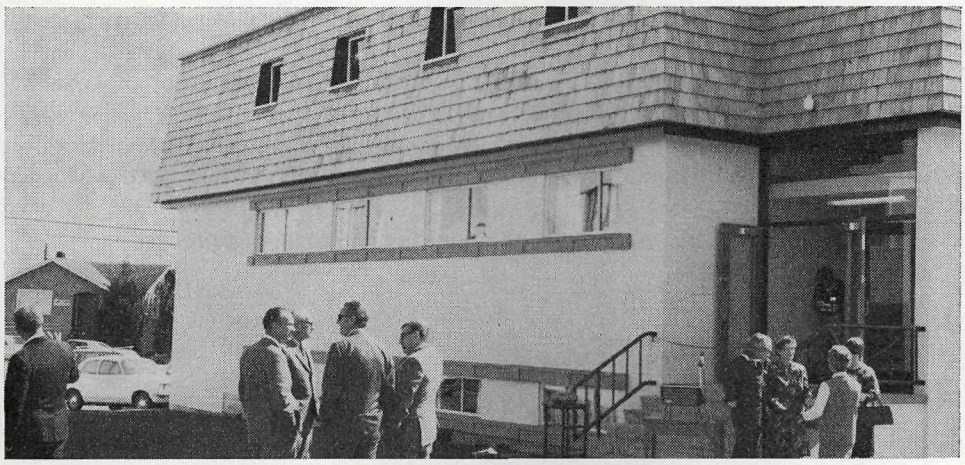
Laundry, Riverview Hospital, Essondale.—The Department of Public Works was investigating sites for the location of a new laundry.

Five 20-bed Units, The Tranquille School, Tranquille.—The Department of Public Works completed preliminary plans for this project.

COMMUNITY SERVICES

Two mental health centres opened during the period under review—Selkirk Mental Health Centre, Nelson, started operating in April, 1970, and Skeena Mental Health Centre, Terrace, started operating in May, 1970.

In September the Upper Island Mental Health Centre, Courtenay, moved into new quarters in the recently completed third-floor addition to the Public Health Unit Building.



Official ceremonies were followed by an Open House, in the September opening of the new quarters for the Upper Island Mental Health Centre, Courtenay.

INSTITUTIONS

Riverview Hospital, Essondale.—Two rather serious fires occurred at the Riverview Hospital during the period under review. On March 26, 1970, a fire started on Ward H3 in the East Lawn Building, and on April 7, 1970, there was a fire on Ward West 2 in the Crease Unit. Fortunately there were no injuries in either of these fires, and the Essondale fire department is to be commended for the efficient manner in which they handled these two emergencies.

A position of Laundry Administrator was created and has now been filled. With this appointment, a number of changes have been made in laundry handling to improve this service to the institutions.

The staff bus subsidies were discontinued on March 31, 1970, and the service was taken over by private operators, without benefit of subsidies.

The Department of Highways started work on a four-lane highway from the three-way interchange, west of the Essondale grounds, past the Crease Unit to the traffic light east of the boilerhouse. Work in connection with the construction of this four-lane highway created certain problems, particularly in the Crease Unit.

The Woodlands School, New Westminster.—Preliminary planning was started in connection with the conversion of Nurses' Home 3 into an academic school, etc.

Planning has been reactivated in connection with providing overnight accommodation at the Gold Creek Camp, Garibaldi Park.

Valleyview Hospital, Essondale.—New fire escapes were installed in Wards 4 and 5, 6 and 7, 8 and 9.

A new 23-passenger bus was in operation during the latter part of the year.

British Columbia Youth Development Centre, Burnaby.—A new board of management, under the chairmanship of Dr. J. S. Bland, Consultant in Retardation and Children's Psychiatric Services, was set up to oversee the operation of this unit.

A new van and trailer was received and placed in operation.

A contract was let for the renovation of the old kitchen area.

Skeenaview Hospital, Terrace.—Preliminary plans for the complete renovation of this facility have been completed and approved.

Mr. W. E. Skillicorn, Supervisor of the Skeenaview Hospital since its opening in 1950, retired October 31, 1970.

Dellview Hospital, Vernon.—An X-ray machine, acquired from the Department of Health, was installed at the year-end.

The Tranquille School, Tranquille.—To enable The Tranquille School to admit patients direct from the community, it was necessary to divide two wards—Spruce Grove and Pine Crest.

Planning for new fire escapes for the Greaves Building was proceeding.

PERSONNEL

The statistics given in the following tables are based on the fiscal year April 1, 1969, to March 31, 1970. During that period changes in the establishment of the Mental Health Branch were as follows:—

General administration and community services	(increase)	5
In-patient care facilities	(increase)	95
Total increase		100

The staff turnover for the fiscal year increased from 23.05 per cent to 25.8 per cent, but since April, 1970, the turnover decreased.

The number of staff recruited during the fiscal year increased by 209, and separations dropped 136. The number of nursing students enrolled dropped, and as of November 15, 1970, totalled 166. The Nursing School received a large number of applicants who did not have the required educational standard.

As of March 31, 1970, total nursing personnel on staff was up 134. Total of all staff was up 232.

Forty-three requests for classification reviews were received during 1970, and forty of these were reviewed by the Branch Personel Department. A total of 37 classification requests was submitted to the Civil Service Commission for further review. Twenty-six of the 37 were approved by the Civil Service Commission for reclassification and the balance were in various stages of study at the year-end.

The studies made in 1969 on recreational instructors, occupational therapists, physiotherapists, telephone operators, and housekeepers were finalized during the year, and resulted in a new series of recreational therapist classifications, professional grouping and better pay for occupational therapists and physiotherapists, some changes in the telephone operators' series, and three grades of hospital housekeepers. Job specifications for psychologists were approved and published.

Grievances, pay adjustments, complaints on various personnel matters, disciplinary matters and terminations, continued to take a lot of the time in this Department.

As of October 31, 1970, the Mental Health Branch had 103 handicapped employees.

STATISTICAL TABLES

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

Staff recruited, excluding students	1,605
Staff separated, transferred, etc., excluding students	1,373
Increase	232
Total staff, excluding students, as of March 31, 1970	4,125
Total staff, excluding students, as of March 31, 1969	3,893
Increase	232

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

Quarterly staff average, excluding students, 1969/70	4,075
Quarterly staff average, excluding students, 1968/69	3,917
Increase	158

	Male	Female	Total
Student enrolment as of March 31, 1970	13	182	195
Student enrolment as of March 31, 1969	19	227	246
Change	−6	−45	−51

Student quarterly average, 1969/70	201
Student quarterly average, 1968/69	259
Change	−58

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

	Recruited	Separated
Physicians	41	41
Registered nurses	91	66
Psychiatric nurses	302	242
Female psychiatric aides	235	236
Male psychiatric aides	75	79
Teachers	8	5
Occupational therapists	16	15
Industrial therapists (seamstress)	6	10
Recreational therapists	10	8
Psychologists	28	18
Social Workers (psychiatric)	25	25
Dietitians	4	3
Cooks	6	9
Kitchen helpers	108	103
Clerks	44	40
Clerk-stenographers	56	50
Laundry workers	46	35
Miscellaneous professional	85	36
Miscellaneous technical	40	32
Miscellaneous	379	317
Sub-totals	1,605	1,370
Miscellaneous adjustments, transfers, etc.	.....	+3
Totals	1,605	1,373

NOTE.—Table B and Table C include 384 staff employed as holiday relief.

TABLE C.—SUMMARY OF STAFF TURNOVER

Nursing Staff

Classification	1968/69	1969/70	Change
	Per Cent	Per Cent	Per Cent
Male psychiatric nurses	12.34	20.6	+8.26
Female psychiatric nurses	28.16	27.77	−0.39
Registered nurses	27.09	41.18	+14.09

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

By Pay Division

Pay Division	Temporary Relief Staff Excluded, 1968/69	Temporary Relief Staff Excluded, 1969/70
	Per Cent	Per Cent
General administration, including mental health centres and nursing education	16.6	28.64
Riverview Hospital	22.9	24.30
The Woodlands School	21.82	22.37
The Tranquille School	23.8	25.4
Valleyview Hospital	32.9	24.5
Dellview Hospital	14.7	19.4
Skeenaview Hospital	47.4	44.0
Mental Health Centre, Burnaby	17.2	30.0
British Columbia Youth Development Centre	12.9	29.5
Over-all turnover	23.05	25.8

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 1968/69		Fiscal Year 1969/70	
	Positions in Establishment as of March 31, 1969	Number on Staff as of March 31, 1969	Positions in Establishment as of March 31, 1970	Number on Staff as of March 31, 1970
General administration	60	52	61	55
Department of Nursing Education	68	68	71	68
Mental health centres	130	101	131	106
Sub-totals	258	221	263	229
In-patient care—				
Riverview Hospital	1,656	1,661	1,680	1,734
The Woodlands School	873	899	924	960
The Tranquille School	372	377	395	410
Valleyview Hospital	448	467	449	469
Dellview Hospital	98	97	98	98
Skeenaview Hospital	74	76	74	76
British Columbia Youth Development Centre	195	93	157	149
Sub-totals	3,682	3,670	3,777	3,896
Total Civil Service positions	3,940	3,891	4,040	4,125
Student psychiatric nurses	325	246	325	195
Totals	4,265	4,137	4,365	4,320

TABLE E.—COMPOSITION OF NURSING STAFF BY UNIT, MENTAL HEALTH BRANCH, AS AT MARCH 31, 1970

Unit	Registered Nurses		Psychiatric Nurses				Psychiatric Aides				Students				Unit Total	Per Cent of Total
	No.	Per Cent	Female	Male	Total	Per Cent	Female	Male	Total	Per Cent	Female	Male	Total	Per Cent		
Riverview Hospital	102	10.68	288	257	545	57.07	203	105	308	32.25	.....	.....	.....	.....	955	.....
Valleyview Hospital	19	5.85	51	104	155	47.69	126	25	151	46.46	.....	.....	.....	.....	325	.....
Dellview Hospital	1	1.56	23	10	33	51.56	18	12	30	46.88	.....	.....	.....	.....	64	.....
Skeenaview Hospital	1	1.89	8	12	20	37.73	27	5	32	60.38	.....	.....	.....	.....	53	.....
The Woodlands School	40	6.24	240	111	351	54.76	163	87	250	39.00	.....	.....	.....	.....	641	.....
The Tranquille School	13	5.10	66	46	112	43.92	86	44	130	50.98	.....	.....	.....	.....	255	.....
Mental Health Centres	16	76.19	2	2	4	19.05	1	.....	1	4.76	.....	.....	.....	.....	21	.....
British Columbia Youth Development Centre	2	100.00	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....
Division of Nursing Education	29	12.95	.....	.....	.....	.....	.....	.....	.....	.....	182	13	195	87.05	224	.....
Totals	223	8.78	678	542	1,220	48.03	624	278	902	35.50	182	13	195	7.69	2,540	100.00
Totals, March 31, 1969	203	8.06	686	478	1,164	46.21	625	281	906	35.96	227	19	246	9.77	2,519	.....
Difference (+ or —)	+20	.....	—8	+64	+56	.....	—1	—3	—4	.....	—45	—6	—51	.....	+21	.....

RETARDATION AND CHILDREN'S PSYCHIATRIC SERVICES

During the year a gradual expansion of community services took place for emotionally disturbed children and for the mentally retarded. Much time was spent in attempting to set up regional blueprints for needed facilities.

Psychiatric services for children, both acute and longer stay, were still insufficient, and in some areas, agencies which had provided excellent service were not able to cope with the new challenges presented by more complicated and sophisticated problems. Together with representatives in other Government departments and community agencies, ways were explored in which services and facilities might be blended to provide an adequate spectrum of resources, so that a disturbed child could be given the appropriate treatment, whether on a day or residential basis.

Three further programmes for the adult mentally retarded were developed by communities during the year. In the north, the Smithers Farm Training Centre began operating and gradually building up to its proposed residential capacity of 30 young people. In the Kootenays, the Dr. Endicott Home developed a residential training programme for 12 adult retarded people, in addition to its existing school programme. At Ladner, the Farm Training Centre expanded its residential capacity from 10 beds to 40.

At the beginning of the year the transfer of young physically handicapped retarded children from The Woodlands School to a ward of the Eric Martin Institute in Victoria provided much-needed extra beds for this type of problem. At the year-end the ward at the Eric Martin Institute had 62 beds for pædiatric extended care, and was providing a considerable additional service for Vancouver Island.

Planning for the Glendale Hospital in Victoria continued and the society that was formed to operate it expected Glendale to be in operation in 1971. This resource will have 150 beds for physically disabled mentally retarded persons of all age-groups, and a further 150 beds for severely retarded children and adults. In addition, it will contain an Out-patient Clinic and a short-stay assessment area for retarded people of all functional levels.

SOCIAL WORK CONSULTATION SERVICES

The year 1970 continued to offer challenge, and to present all social workers in the Mental Health Branch with opportunities for creative and innovative planning and programming for community-based mental health services.

During the year, all mental health institutions and centres were visited. The consultative social services rendered were focused on:—

(1) Development of a broad programme of services to meet the expectations of communities and the service policies of the Branch.

(2) Organizational and clinical procedures for those centres directed by social workers.

(3) Community self-study and social-planning techniques.

(4) Development of community-care facilities for the mentally disordered.

(5) Bibliographical and technical aspects of community education and interpretation for mental health.

In line with the growing emphasis on community-based services for the care and treatment of the mentally disordered, social workers in the institutions and in the mental health centres continued to extend communication and inter-planning ideas toward the major objective of the expansion of services at the community level.

(6) Assistance in the recruitment, retention, and development of staff to the chief personnel officers of the Civil Service Commission and the Mental Health Branch.

(7) Assistance to the School of Social Work, University of British Columbia, in the development of practicum programmes, as well as in the evaluation of social work education content.

(8) Beginning preparation for the manualization of standards of services at pre-school and residential levels, necessary in the care and treatment of mentally disordered children.

(9) Assistance to the Rate Board and Liaison Committee in the study and programme evaluation of new resources in the continuity of the resources needed for the care, training, and treatment of children with emotional and mental disorders.

(10) Consultation to the boarding-home co-ordinator in the regionalization of the development of community-care facilities for adult mentally disordered people.

(11) Consultation in regard to regional planning of social services to mentally retarded children and adults and their families; the co-ordination of agency services necessary in regionalization; and the requirement that planning comprehend needs, both basic and special, as well as demographic and epidemiological factors.

THE BOARDING-HOME PROGRAMME

At the end of 1970 there were approximately 850 persons released from mental health facilities to boarding-home care for whom Mental Health Services provide a continuing overview. In addition, there were many other ex-patients settled into boarding homes who no longer require the services of the Mental Health Branch.

A co-operative programme with the Department of Rehabilitation and Social Improvement for regionalization of the boarding-home programme commenced in the Southern Vancouver Island Region through the appointment of a regional psychiatric boarding-home social worker to the area. This appointment resulted in a consolidation and enhancement of services to the boarding-home clients; and expansion of community programmes with a rehabilitation function, and an expansion of boarding-home resources.

In other areas of the Province, also, there was the development of an encouraging number of new facilities and an increase in community involvement in the programme goals. Reorganization of the occupational therapy programme, provided by Riverview Hospital to the boarding-home clients, resulted in the formation of 12 community occupational therapy centre programmes staffed by community activities volunteers, with the Riverview Occupational Therapist as Consultant.

A study of services and programmes which are desirable, or are already provided within the homes, was undertaken with a view to reassessment of board-care rates.

TABLE I.—BOARDING-HOME PROGRAMME, JANUARY 1 TO OCTOBER 31, 1970

Patient Movement	Riverview Hospital	Valleyview Hospital[1]	The Woodlands School	The Tranquille School
Patients on boarding-home programme as of January 1, 1970	411	60	124	70
New placements during year	70	101	49	40
Returns to boarding-home care from institutions (replacements)	74	10	-----	5
Returns to institution during year	82	27	15	5
Deaths	3	9	-----	1
Discharged from boarding-home programme	29	63	11	-----
Patients on boarding-home programme as of December 31, 1970[2]	447	72	155	115

[1] Figures in this column include projected figures to December 31, 1970.

[2] All totals include a projected figure to December 31, 1970. An additional 56 discharged persons in boarding homes in southern Vancouver Island are supervised by Mental Health Services.

EXPLANATORY NOTES, TABLE I

1. Twice as many placements to boarding-home care were made from Valleyview Hospital as were made in the previous year, reflecting a significant effort on the part of the Social Service staff at Valleyview Hospital. Such placements have a social and financial value and free beds for persons acutely in need of the hospital services.

2. Returns to Riverview Hospital from boarding-home care were significantly down from the previous year (25 per cent fewer returns). The assignment of a Consultant Psychiatrist specifically to the boarding-home programme would seem to be the primary reason for this achievement. Persons were maintained at the boarding-home level by special attention to their treatment needs at a time of stress, who would formerly have been readmitted to hospital for this treatment.

3. About one-third of the persons who return to Riverview Hospital from boarding homes do so because of physical cause rather than psychiatric breakdown. Between one-half to three-quarters of the persons who return to the other reporting institutions do so because of physical causes.

4. Of the 29 Riverview Hospital persons who were discharged from boarding-home care, five were discharged to employment which enabled them to be self-supporting; twelve were discharged to live on their own on Social Allowance, with or without part-time employment; seven returned to live with their families; four moved to other boarding homes under the supervision of the Department of Rehabilitation and Social Improvement; one woman was married. All but two of these persons have maintained the gains made.

5. The policy of Valleyview Hospital is to discharge from leave all persons who are able to pay their own way in boarding homes who are doing well under the care of their community physician. Valleyview continues to provide a consultative service in these cases. Sixty-three such discharges were made in 1970 (projected figure).

TABLE II.—PATIENTS ON BOARDING-HOME LEAVE EMPLOYED AS OF OCTOBER 31, 1970

Degree of Employment and Earnings	Riverview Hospital	The Woodlands School	The Tranquille School
Fully employed, self-supporting	----	----	1
Fully or partially employed, partially self-supporting toward board payment	4	1	1
With seasonal job or small but regular job, earning own comforts, clothing, etc.	30	5	2
Sheltered workshop	1	18	13
Totals	35	24	17

NURSING CONSULTATION SERVICES

Nursing consultation during the past year was channelled into consultation services, educational activities, and study projects.

Twenty-five consultation visits of a general or specific nature were made to 14 mental health centres by the Consultant; regular monthly conferences were held with the Acting Director, Department of Nursing Education; and general visits were paid to Dellview and Skeenaview Hospitals and to The Tranquille School.

The Consultant studied a number of problems on request, gathered data, and submitted reports with recommendations. These concerned matters such as

(1) staffing requirements for a newly opened ward;

(2) bed numbers for various types of psychiatric units;

(3) staffing pattern for an adult psychiatric unit;

(4) changing pattern of long-term residential patients' conditions;

(5) present staffing pattern and nursing-care hours per patient in in-patient facilities;

(6) utilization of different classifications of nursing personnel in in-patient facilities;

(7) evaluation of the functions of the mental health nurse;

(8) five-year projection of nursing-personnel requirements for various types of psychiatric facilities in the Province.

Educational activities included

(1) arranging for orientation of new and visiting nurses to mental health facilities;

(2) arranging for courses for mental health nurses conducted by the Family and Children's Services, British Columbia Youth Development Centre;

(3) providing lecture-discussion sessions with nurses enrolled in various kinds of nursing programmes;

(4) facilitating arrangements for field work and (or) mental health centre experiences for university nurses, students, and faculty;

(5) reviewing applications for continuing education;

(6) participating in the review of nursing curricula in a number of programmes;

(7) assessing the validity of various nursing courses for eligibility for salary bonus.

Considerable time was devoted to the provision of information, regarding the programmes and services of the Mental Health Branch, to nurses interested in employment opportunities. Assistance was provided to the Civil Service Commission

in recruitment measures, and the interviewing and selection of candidates for senior nursing positions.

Photograph taken during graduation exercise of the School of Psychiatric Nursing, April 16, 1970.

The Consultant served on various committees on planning and policy within the Branch, and on professional and education committees in the community. These included the University of British Columbia Course Advisory Committee on Continuing Education for Nurses, the Registered Nurses' Association Board of Nurse Examiners, and the Committee on Nursing Education, the B.C.I.T. Advisory Committee to the Nursing Option, the Council of Psychiatric Nurses, and the Nursing Liaison Committee. Through the medium of the latter, senior nurses involved in mental health, and related areas of education and service, were able to share information and increase their knowledge of mental health programmes and resources in the Province.

STATISTICS AND MEDICAL RECORDS

During the year a full programme of statistical research was undertaken. Routine reports were produced according to plan, and a number of special studies were prepared. New units were included in the statistical system, and changes introduced in the basic reporting systems.

REPORTING FORM DEVELOPMENT

The pre-registration questionnaire for The Woodlands School and The Tranquille School was revised. When all patients are reported on these forms it will be possible to prepare many lists formerly done by hand with tabulating equipment, with minimum delay. In addition, the form for the mental health centres was changed, simplifying reporting, and permitting special research in areas unique to each centre.

ROUTINE DATA RETRIEVAL

A statistical bulletin was issued each month, and special studies accompanied a number of issues. Statistical tables for 1969 were released. In addition, nearly 60 specific requests for data were filled.

SYSTEM DEVELOPMENT

Further work was undertaken to develop a proposal for computer services. With the development of regional services at The Tranquille School, their patients were reported on, utilizing the system used for The Woodlands School.

ADMINISTRATIVE AND PLANNING STUDIES

One-week time-studies of activities and community contacts were conducted for all the mental health centres and the out-patient services of the British Columbia Youth Development Centre. Special data were developed for a committee considering possible reorganization of the Riverview Hospital. Also, special tables were prepared for Riverview Hospital's quarterly medical-care evaluation. A study of dental care at The Tranquille School was completed. In co-operation with the Registry of Handicapped Children and Adults, a sample survey of those registered with unspecified level of retardation was done to ascertain level and resource utilization.

RECORDS DEVELOPMENT AND REPORTING CONTROL

Two new mental health centres opened during the year and required orientation. In addition, changes in clerical personnel in the centres required additional assistance, and special assistance was given to The Tranquille School during their changeover.

SPECIAL STUDIES AND CONTINUING EDUCATION

PSYCHIATRIC HOME CARE

During the year, application was made to the Department of National Health and Welfare for Public Health Research Grant funds to support a study designed to examine home care as a less expensive and more appropriate alternative to mental hospital care. The project will compare home care, which has an " active treatment emphasis," with mental hospital care, in terms of bed replacement, patient progress, and service costs. It will also compare home care, which has an " after-care emphasis," with the absence of home care, in terms of the impact on hospital readmission, patient functioning, and family disruption. This project will provide the type of information required for decision-making, regarding the introduction of home care as a community service, as an appropriate alternative to hospital care in terms of patient care and cost effectiveness.

PATIENT CATEGORIZATION

All patients occupying beds in the six Mental Health Branch operated institutions were surveyed to determine the level of community care most appropriate to the management of their physical and behavioural service requirements. Of the 5,387 patients surveyed, 2,461 displayed characteristics considered to be manageable only in a psychiatric facility. Two thousand three hundred and fifty required essentially personal care and attention, rising from minimal 24-hour supervision found in a basic licensed boarding home to intermediate or intensive personal care. The balance were non-ambulatory patients or those who required 24-hour skilled nursing care and whose behavioural characteristics were of a secondary nature.

NURSING STAFFING STANDARDS

The technique developed to rapidly and systematically document patient characteristics for community-care categorization purposes was in the process of being modified, as an aid to establishing nursing staffing standards which are related to patient service requirements, based on recorded physical and behavioural characteristics.

ADULT PSYCHIATRIC SERVICES

A further extension of the patient-categorization survey has been the definition, for mental health programme planning purposes, of a series of patient-care classifications ranging from acute psychiatric to personal care and attention, for in-resident facilities, and for ambulatory care. As part of a Branch planning project, the establishment of standards, in terms of both bed and programmes required and staffing standards for adult psychiatric services, was in the process of being completed at the year-end.

A series of multi-disciplinary workshops using Branch staff and teachers was organized as part of the programme of continuing education for mental health centre personnel. The first family group therapy took place in November. Others, dealing with learning disabilities in children, behaviour modification, and group techniques were scheduled for early 1971.

INFORMATION SERVICES

The Director was appointed December 15, 1969, and his first major undertaking was production of the Annual Report for that year. In January he co-ordinated the arrangements for the official opening of the Eric Martin Institute of Psychiatry in Victoria, which took place on January 20.

During the following months, efforts were directed toward the development of informational literature, and by the year-end the following major pamphlets had been completed: *The Riverview Hospital Handbook* (revised); *Mental Health in British Columbia; The British Columbia Youth Development Centre, "The Maples"*; and *The Mentally Retarded in British Columbia.* Through the co-operation of the Industrial Therapy Department, Riverview Hospital, pamphlet display racks were made available to the mental health centres.

At the request of the Intra-Governmental Co-ordination Sub-committee, Centennial '71, a summary was prepared of the development of mental health facilities and services in British Columbia for the period 1850 to 1970. In July, major renovations were made to the Branch's exhibit in the British Columbia Building at the Pacific National Exhibition.

Eleven issues of the monthly in-service publication, *The Mental Health Branch Newsletter,* were published during the year and forwarded to all mental health facilities and centres for distribution to their staff members. Publicity arrangements were handled for the transfer of patients by helicopter from The Woodlands School, New Westminster, to the Eric Martin Institute, Victoria, on flights originating in February and June.

Assistance was provided to the staff of the British Columbia Youth Development Centre in their planning for open houses held by the centre on November 8 (for the general public) and November 9 (for professional personnel).

A branch symbol was developed for use on informational material, press releases were written, material in the *Physicians' Administrative Manual* was revised, and a photographic file of senior staff was started. 1970 was a year of orientation and programme development for the Information Services.

COMMUNITY MENTAL HEALTH SERVICES

Burnaby Mental Health Centre, Burnaby

Simon Fraser Mental Health Centre, New Westminster

Boundary Mental Health Centre, Surrey

Central Fraser Valley Mental Health Centre, Maple Ridge

Upper Fraser Valley Mental Health Centre, Chilliwack

South Okanagan Mental Health Centre, Kelowna

North Okanagan Mental Health Centre, Vernon

South Central Interior Mental Health Centre, Kamloops

Northern Interior Mental Health Centre, Prince George

East Kootenay Mental Health Centre, Cranbrook

West Kootenay Mental Health Centre, Trail

Selkirk Mental Health Centre, Nelson

Skeena Mental Health Centre, Terrace

Victoria Mental Health Centre, Victoria

Saanich Mental Health Centre, Saanich

Upper Island Mental Health Centre, Courtenay

Central Vancouver Island Mental Health Centre, Nanaimo

mental
health
branch

COMMUNITY MENTAL HEALTH SERVICES

During 1970, with the addition of mental health centres in Nelson and Terrace, local service became available to virtually all populous areas of the Province. These two additions brought the number of mental health centres to 17. Centres are located in Burnaby, Chilliwack, Courtenay, Cranbrook, Kamloops, Kelowna, Maple Ridge, Nanaimo, Nelson, New Westminster, Prince George, Saanich, Surrey, Terrace, Trail, Vernon, and Victoria. There were nearly 5,000 admissions to service at these centres in 1970.

The standard staff complement of a mental health centre consists of a psychiatrist, psychologist, social worker, mental health nurse, and two clerical positions. Notwithstanding intensive recruitment efforts, it was not possible to employ a full staff complement in each mental health centre. Nanaimo and Trail, while without a psychiatrist in the centre, nonetheless had services available through private practitioners, but in Cranbrook, Nelson, and Terrace there was no psychiatric coverage. Consequently, efforts were under way to provide consultative psychiatric services to these centres.

Work progressed on programme clarification and policy development. In direct services to citizens, policy priority was given to the more serious mental, emotional, and behavioural problems. These include major chronic mental illness, major childhood and adolescent maladjustment, acute mental or emotional problems in adults, geriatric mental illness, adult personality disorders, and mental retardation. The mental health centres need not provide direct service for each of these groups, but must insure that they are available in the local community from some source. Besides direct treatment, the centres are concerned with the primary prevention of mental disorder. In primary prevention, the centres work through various community organizations.

During the year, in addition to policy development, the centres began a process of outlining community needs, and defining priorities for their work based on these needs.

BURNABY MENTAL HEALTH CENTRE

The Mental Health Centre, Burnaby, is an out-patient community psychiatric facility located in the approximate geographic centre of the Lower Mainland at the junction of Willingdon Avenue and Canada Way in Burnaby. The centre is organized in three functional, closely related units—the Burnaby out-patient team, the out-patient team serving other geographic areas of British Columbia without their own mental health centre (mainly East Vancouver and North Vancouver), and the day hospital. Referrals to the Centre are on an " open " system, that is, referral

may be made by medical practitioners, social agencies, school and public health personnel, an interested friend or relative, or the patient himself.

The functions of the Mental Health Centre, Burnaby, 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, as seem appropriate and feasible;

(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 definition of mental health and prevention.

During the past year, the Centre maintained its previous treatment and intake loads and developed several indirect treatment services, including a Patients' Social Club, which uses Centre facilities Tuesday evenings. This club provides an opportunity for patients, ex-patients, boarding-home residents, and others in the community with social handicaps to meet together in an ongoing programme of recreational activities.

Last year's report alluded to the provision of direct assessment and treatment services, as well as an educational and consultative programme for public health and school personnel in the Burnaby School District.

The Centre's approach in this area was developed around the application of the principles of learning theory to problems encountered in the classroom.

The Day Hospital continued to offer an almost unique programme of milieu therapy. Testimony to the high regard in which the Day Hospital is held by the professional community was a very large number of requests for educational and orientation programmes in this facility for student nurses, social workers and psychologists, medical students, and interns, as well as staff from other hospitals or institutions (including Lions Gate Hospital and the University of British Columbia Health Sciences Centre) seeking to implement features or parts of the programme in their operations.

1970 had considerable activity in the general area of prevention by mental health centre staff. In addition to programmes such as " Secure " (a programme for the agoraphobic), the Centre worked effectively with a number of professionals and lay groups in the community to provide new and needed services. The Family Life Education Committee was assisted in presenting two courses entitled " Preparation for Marriage," and a further such course was scheduled for 1971. Additional courses were being developed on parent-child and parent-teenager relationships. Centre staff also assisted the Family Planning Clinic in giving counselling to those seeking its services. Under the auspices of the Burnaby Advisory and Co-ordinating Committee, special studies of deficiencies in services in a particular area of Burnaby with a low-rent housing project were carried out. Efforts were made to develop community initiative in this area in improving social and recreational facilities, and a neighbourhood information centre will soon go into operation staffed by " Opportunities Programme " volunteers with the co-operation and backing of the mental health centre and related agencies and organizations.

During the year, teaching programmes continued with nursing, psychology, social work, and rehabilitation medical students. The Day Hospital's rotation for University of British Columbia nurses improved with a more organized orientation programme. An entire new training programme for second year British Columbia Institute of Technology nursing students was developed. Using the Day Hospital and the Out-patient Department, with major assistance from a B.C.I.T. field instructor, the Centre provided practical experience in psychiatry for 18 B.C.I.T. nurses a year, and was becoming a favoured placement for these students. Additional requests for training programmes were received from Vancouver City College Nursing School and from Riverview Hospital. In co-operation with Simon Fraser Mental Health Centre and Royal Columbian Hospital, 1970 saw the first placement of a medical intern in the Centre. Members of the staff were also collaborating with other Mental Health Branch officials in developing in-service training programmes in a number of special areas, including behaviour modification techniques.

During 1970 the Mental Health Centre, Burnaby, continued to search out and apply the latest and most effective techniques to aid the emotionally ill, to develop a community structure and institutions, to prevent emotional disorders, and to do its part in transmitting this knowledge and skill to others.

SIMON FRASER MENTAL HEALTH CENTRE, NEW WESTMINSTER

During 1970 the patient load consistently and considerably increased, and the Centre was soon functioning to maximum capacity. The Centre had an average monthly case load of 151, with an average of 20 new cases evaluated each month. Nevertheless, the waiting-list for both children and adults was approximately three months.

Indirect treatment activities of the Centre were also increasing, and included organization of a crisis centre in New Westminster, systematic contact with the public health units, with the Probation Services, and with the school, as well as with follow-up of patients discharged from the mental hospital. In addition, family psychotherapy had to be carried out more and more, and group psychotherapy for adolescents was being organized.

BOUNDARY MENTAL HEALTH CENTRE, SURREY

At the time of the last report, this Centre had been in operation only a few months, and had commenced direct service only in the last two months of 1969.

From the beginning, requests for direct service were heavy, and this continued during the year. New cases were seen at a rate of about 20 per month, in a proportion of two children to every adult. Referrals of children came from the schools, private physicians, social agencies, and public health nurses, and in roughly that order of frequency. Adults were referred from Riverview for aftercare, private physicians, social welfare, probation services, and the Courts. Most of the adults had chronic problems; for example, psychosis in remission, neurotic characters and other personality difficulties, social inadequacy, etc. Very few were acute forms

of neurosis, depression, or psychosis, which seemed to indicate that these are being dealt with elsewhere, i.e., by referral to private psychiatrists or by direct admission to hospital arranged by attending physicians.

Children's problems in particular involved the Centre with whole families and family therapy, which was time consuming but provided real possibilities for preventive work. This focus on prevention in childhood also decided Centre staff to become involved in a number of cases of marital disharmony. Therapeutic endeavours encompassed individual counselling, psychotherapy of an uncovering or supportive type as necessary, but with an emphasis on brevity and drug therapy.

A full complement of professional staff was present throughout the year, and several attended educational courses or conferences. The mental health nurse, Miss Patience Silbernagel, attended a one-month course, organized by Dr. Cashmore, at the Youth Development Centre. Mr. Andrew Feldmar, psychologist, attended a week-end neuropsychology workshop at the University of Victoria and has also attended, one half-day weekly, an advanced course in psychological testing by Dr. D. Martino at the Youth Development Centre. Miss Joy Bryenton, social worker, attended for two days at "Conference 70," run by the Child Welfare League of America, to see a demonstration in family therapy. Then, in November, both Miss Bryenton and Mr. Feldmar attended a workshop in family therapy run by Dr. Cashmore at the Youth Development Centre.

The demand for direct service during the year accounted for most of the available time, and it will take time to develop indirect services, but a beginning was made. All agencies were advised of the over-all policy for the Centre, emphasizing the intention to provide consultation and educational activities. A monthly consultation visit by the social worker was provided to the Whalley Public Health Unit, which is in the area with the heaviest concentration of social problems.

Orientation meetings were held with school administrators and counsellors, and monthly meetings were held with the senior counsellors of the Surrey School Board, together with the senior public health nurses. The psychologist is the staff member in closest touch with the schools, and he made frequent visits to schools to see children as they behave in class and to discuss practical problems with teachers.

All professional staff members were involved in giving talks to various community groups.

There is a marked lack of community facilities for young people in the area. Mr. Feldmar, staff psychologist, found a number of other people interested in a drop-in centre for youth, and he worked hard at gaining support for the idea in the hope that such a centre could be established in Surrey. At the year-end it looked as if this would be achieved shortly.

A good start has been made by the Centre, which focused mostly on direct service and staff development, with indirect services minimal. This can be expected to change with increasing acceptance by the community.

CENTRAL FRASER VALLEY MENTAL HEALTH CENTRE, MAPLE RIDGE

In March, Mr. Dieter Meiners, M.S.W., Social Work Consultant, joined the Centre, bringing the staff to full complement.

Throughout the year the greater part of the energies of the Centre were utilized in direct treatment service, including assessment and follow-up of children and

adults, referred by schools, the Department of Rehabilitation and Social Improvement, family physicians, probation, the Courts, correctional agencies, self-referral, and others.

Children, adolescents, and their parents were assessed by a multi-disciplinary approach. The findings and recommendations were conveyed to the parents and later to the school personnel at a weekly clinical conference. Consultation was also given to the three general hospitals in the area, and as a result, psychiatric patients were frequently managed in the local hospitals.

The socio-educational functions of the Centre progressed, and some notable contributions were made. The most outstanding finding was the number of children referred with academic problems, and (or) emotionally disturbed, who were found to have dyslexia. Sometimes the diagnosis was made in retrospect. The child whose reading deficit was secondary to an emotional problem was likely to show a rapid gain once remedial tutoring was instituted.

This interest stimulated some of the local teachers to take courses in remedial reading, and the School Board in Maple Ridge appointed three additional remedial teachers.

The Centre's psychologist attended a local school to give a school-entrance battery of screening tests to Grade I children, in order to identify the children most likely to develop learning problems and to set up a preventive programme, and Mission has obtained the services of a school psychologist.

Under the auspices of the Centre, the Maple Ridge Branch of the Association for Parents of Children with Learning Disabilities was formed during the year, and later became a self-sufficient group. The Centre continued to serve in an advisory role.

The local branch of the Canadian Mental Health Association requested the Centre's assistance in establishing a centre for Lay Counselling and Information Service, where people with problems of any nature could go for short-term therapy and, if necessary, be directed to an appropriate agency. An executive committee was established and a three-month pilot study was begun. Social workers, ministers, and nurses donated their time in the evenings to man an office where people could walk in, and the Centre provided lectures on interviewing technique and ongoing case discussion. After three months there were seventeen female and five male clients who had visited the office. The possibility of the group serving an educational function in conjunction with night school and seminar work-shops was being explored at the year-end.

The Centre advised on the desirability of abortion, and the Director is also a member of the Therapeutic Abortion Committee.

The Centre provided service to other community lay and professional groups, and notably among these was the formation of a Big Brothers Association in Maple Ridge.

The Centre was also involved in participation on two seminars dealing with the " Psychological Aspects of Marriage," one held in Maple Ridge and the other in Mission. Lectures on mental health and on the function of the Centre were given to various groups throughout the year, including the nursing staff at Mission Hospital.

In the future the Centre proposes to expand its consultative service to the school, with observation and discussion of the problems at a classroom level, as well as in committee. Closer liaison with school counsellors was also anticipated.

UPPER FRASER VALLEY MENTAL HEALTH CENTRE, CHILLIWACK

This Centre's catchment area remained unchanged during the year, coinciding with the boundaries of School Districts Nos. 32 (Hope), 33 (Chilliwack), and 34 (Abbotsford), as well as the community of Agassiz, which actually falls into the Central Fraser Valley Mental Health Centre's area but is served by this Centre due to geographical proximity, and their utilization of related health and social services from Chilliwack.

Direct assessment and treatment services were sustained fairly consistently with the previous year, referrals coming from physicians, all social agencies, and patients themselves. Patients requiring longer-term individual psychotherapy were generally referred on to private psychiatrists, and the Centre concentrated more on short-term counselling, employing a variety of marital, family and group techniques. Dispensation of psychotropic drugs to physicians for financially handicapped patients continued as an important aspect of the treatment programme.

Indirect services were strengthened as consultative and educational services became more consolidated. Case consultation with the schools and social agencies held high priority, while community groups, such as the Family Life Institute, Canadian Mental Health Association, Association for Children with Learning Disabilities, received support and assistance with projects and programming. Two short workshops, one on short-term counselling and another on group therapy, were sponsored by the Centre with school counsellors and social agencies participating. In addition, team members made themselves available as resource personnel to community groups in family life education and public speaking on related issues in mental health and illness.

Finally, there was a sustained interest in community development for mental health. The Family Life Institutes, established in Abbotsford and Chilliwack in 1969, developed a more definitive identity as an informal drop-in centre for people with a variety of social and emotional problems, and received immediate attention or referral to another agency. Volunteer services in both communities expanded in strength and diversity and became more efficient with improved orientation and training programmes. These new organizations contributed significantly toward citizen involvement in self-help projects and appeared to hold considerable potential in the over-all preventive mental health programme.

SOUTH OKANAGAN MENTAL HEALTH CENTRE, KELOWNA

The South Okanagan Mental Health Centre has undertaken a comprehensive mental health service in a previously unserviced area, with an out-patient service being given in conjunction with the public health unit, a hospital service at the Kelowna General Hospital, and a private service being undertaken by the one psychiatrist in residence here. During the year, there was a substantial reduction of admissions and readmissions to the Riverview Hospital, educational activities

were undertaken in co-operation with the Provincial Mental Health Branch and with the University of British Columbia, and evaluative studies continued to be done, not only with regard to the Centre's effectiveness with its case load, but with regard to significant community problems, such as suicide. The latter studies were undertaken in conjunction with other health resources.

Additional services were required to an extent far beyond the capability of one professional team to meet. The initial population base, when the Centre started in 1962, included 175,000 persons in three health units in the Interior of the Province. Since that time the area serviced has been decreased to one health unit and a population of 75,000 persons. Further thought has to be given with regard to the successful development of the full potential of the Centre.

The Centre continued to use the Nurses' Home at the Kelowna General Hospital for an eight-bed unit. The average length of patient-stay was under 20 days. There was no restriction on the patients admitted to this unit, except the restriction of bed limitation, yet only a handful of patients treated on the ward were certified to Riverview Hospital, either at the time of their stay, or later. This service was fairly equally divided between patients from the Kelowna and Penticton areas, with a few patients coming in from elsewhere. The out-patient services operated from the ward were increasing.

There continued to be many service demands upon the Centre. At times, elective assessments were backlogged four or five weeks, but emergency appointments were dealt with the same week, often the same day. A heavy regular case load of out-patient treatment was undertaken at the Centre. Unfortunately, some persons require supportive assistance over a period of years and the Centre had an accumulation of some patients who took up approximately one-third of the case load, and who really require a special programme to be developed for the continuing community care of the chronically ill. Various members of the professional staff were specifically involved in such major undertakings as consultant service to the schools with regard to emotional problems and special learning problems, the provision of leadership in the community Social Planning Council, and participation in the Citizens Committee to the Family and Children's Court, in the development of new resources to help face family crises and develop methods of strengthening family units.

The Centre's effectiveness will be increased during the coming year with the addition of a second psychiatrist to this community. Dr. Kenneth J. Davies will be joining Dr. McNair in private practice and will also have a sessional appointment at the Centre. There was also prospect of a psychiatrist moving into Penticton.

NORTH OKANAGAN MENTAL HEALTH CENTRE, VERNON

During 1970 this Centre provided the same services as in the previous year.

The Centre's policy of having no restrictions on referrals (i.e., referrals are accepted directly from patients themselves, school counsellors, etc.) resulted in minimal delays and improved the working relationships with schools and other referring agencies. The Centre was without a psychologist until July, when Mr. Frank Hawkhead joined the staff from the United Kingdom.

At the Vernon Jubilee Hospital Psychiatric Unit, for the first seven months of 1970, the bed occupancy was 122 per cent. The average length of stay was 15.6 days. All members of the Centre staff provided helpful service to the Psychiatric Unit, e.g., group therapists, psychological assessment, nurses' conference, helping with rehabilitation, and follow-up of patients.

SOUTH CENTRAL INTERIOR MENTAL HEALTH CENTRE, KAMLOOPS

There was a steady increase in the activities of the Centre during the first part of the year. Staff changes led to a temporary cut-back in the summer, but a marked increase in referrals characterized the autumn. Case-load data for the period November 1, 1969, to October 31, 1970, showed 89 active cases at the onset and 210 at the close; 169 cases were opened and 48 closed.

Two members resigned during the year—Dr. G. A. Carey, psychologist, on April 30, and Mr. Brasset, psychiatric social worker, on December 5. Dr. Ellis, psychiatrist, consulted from July 1 and became full-time Director on September 21. At the year-end the personnel consisted of a psychiatrist, a mental health nurse, and a stenographer. A psychologist had been appointed and was expected on staff early in 1971.

During the year there was an emphasis on public education and professional consultation, which included a series of education lectures sponsored by the Canadian Mental Health Association, but presented by the Centre. Following the Director's arrival, medical referrals increased rapidly and physicians became the main referral source.

The immediate goal of the Centre was to acquire and maintain a full and stable team. It was hoped that this would be achieved by the spring of 1971. At the year-end, direct service received priority and both out-patient and in-patient care were given, the former at the Centre and the latter on the 24-bed psychiatric ward of the Royal Inland Hospital.

When the psychologist arrives, priority will be given to resuming the travelling clinic to Ashcroft, Merritt, Lillooet, and Clearwater. The Director met with relevant persons in these communities to assess the current need.

The Centre provides consultative services in the Greater Kamloops area to the Public Health Service, school counsellors, welfare and probation officers, and the Courts.

It was expected that 1971 would be a year of rapid growth and development, and that not only would there be consolidation of efforts within the catchment area, but that constructive links for co-operation and research would be forged with adjacent centres, particularly in the Okanagan.

NORTHERN INTERIOR MENTAL HEALTH CENTRE, PRINCE GEORGE

The land surface encompassed by this Centre is vast, and it is estimated that within this area there is a population of approximately 156,000. These people are provided with minimal consultative and treatment services by the Centre staff, con-

sisting of a psychiatrist Director, psychiatric social worker, psychologist, and mental health nurse. The service is minimal due to the large population requesting assistance, the vast area, and limited auxiliary resources.

THE SOUTHERN AREA

(100 Mile House, Williams Lake, Quesnel, and adjacent areas)

During the year, the mental health team consulted to this area on the basis of one day per month to each of Williams Lake and Quesnel. The consultation consisted of assessing individual cases for various referral groups in the community, such as public health nurses, social welfare, school staff, and family doctors. On occasion there were referrals from the probation officer or Courts. In addition, all the Riverview Hospital patients discharged to this area were referred to the public health nurse for follow-up.

During the year, there were discussions with various agencies regarding future development of resources. In November a committee was struck in Williams Lake to establish the need for additional services, and the Centre team provided criteria to evaluate the situation.

On several occasions, stimulating discussions in the high schools were held with the students, mainly centred on drug problems, family life, and social concerns.

THE NORTHERN AREA

(Fort Nelson, Fort St. John, Hudson Hope, Chetwynd, Dawson Creek, and adjacent areas)

The provision of service to this area took on a new focus in March of 1970. As a result of Centre staff meetings with various agencies, these groups, together with the medical community, requested increased psychiatric consultation. A consultative service commenced in April, consisting of four psychiatrists, consulting one day to community agencies and one day to the medical doctors. The consultation was on a four-weekly basis in Fort St. John and Dawson Creek. The consultant psychiatrists were on a rotation, so that each came from Vancouver for two days every eight weeks. In addition to the psychiatrist from Vancouver, the mental health nurse from the Centre staff consulted to the area.

Starting in January of 1971, the public health nurses will be notified of the Riverview Hospital discharges, which will provide patients with a better follow-up.

PRINCE GEORGE AND DISTRICT

(East to Valemount and West to Burns Lake)

Much of the Centre's activity and effectiveness was felt in Prince George. Approximately 40 new cases were assessed each month. In addition, each member of the staff was involved in various community projects.

During the past year, the regional hospital programme for day-patients developed and was accepted by the community and Provincial Government. A crisis centre telephone service was established. An expanded volunteer programme of visiting patients at home and assisting with in-patients in the hospital programme proved beneficial. A parents' organization, for those with children with learning disabilities, was formed. The Big Brothers Association became established, a very vital and useful group in this area. The Association for Retarded Children was revitalized by the commitment of a service group to build a hostel in this area. The hostel would provide boarding facilities for retarded children while attending school

or workshop programmes or even while parents vacationed. All these developments took place because of the active involvement of at least one of the Centre staff.

In the past year the mental health team was completed with the addition of a psychologist. The expanded outlook provided by this discipline was beneficial, both to the staff and patients. Because Prince George School District has a large staff in their " special service " department, the psychologist in the unit was able to concentrate on areas other than school problems.

The Centre's staff handled approximately 700 active cases during the year. It was hoped that in 1971 effort will be directed toward prevention.

EAST KOOTENAY MENTAL HEALTH CENTRE, CRANBROOK

During its first complete year of operation, the East Kootenay Mental Health Centre team, consisting of a psychiatric social worker and a mental health nurse, had a direct case load of 160. The Centre operated under an open referral system, accepting referrals from all community social agencies, self referrals, and those directly from the medical practitioners.

Since its inception, this Centre has emphasized prevention as well as treatment. Indirect and preventive services included a variety of activities. Both the psychiatric social worker and the mental health nurse provided a consultative service to doctors, public health nurses, school personnel, social workers, probation officers, and ministers, and accepted a variety of speaking invitations from service clubs, churches, professional groups, schools, P.-T.A., and others. In May, the mental health nurse was a panelist on a Drug Information Forum sponsored by the local School Board for the purpose of sharing drug information with the community at large. The Centre's staff edited a Mental Health Question and Answer column, which ran weekly in the *Cranbrook Daily Townsman* newspaper. During the summer months, the psychiatric social worker, together with the Medical Health Officer and the local Department of Rehabilitation and Social Improvement Supervisor, assisted in the organization of a " head-start " type play-school for 15 4-year-olds. This school operated in the basement of the Community Health Centre Building during July and August, under the direction of a full-time teacher who was assisted by teenagers and local mother volunteers. This pilot project triggered the development of a co-operative pre-school for the area, and stimulated an interest in future work toward the creation of a day-care centre. During the latter part of the year the Centre staff embarked on a limited family life education programme, by offering evening discussion groups to anxious parents of teenagers in both Cranbrook and Kimberley.

The appointment of a psychologist would provide the opportunity to assist the schools in their efforts to identify and help emotionally disturbed children. The addition of this third member would also strengthen the direct-treatment capabilities and permit the provision of a more meaningful and consistent service to the other communities of the catchment area—Creston, Invermere, and Fernie.

During the past year the Centre achieved a good balance between therapeutic and indirect service, and was preserving and expanding its indirect services in order to maintain its role as catalyst and community change agent.

WEST KOOTENAY MENTAL HEALTH CENTRE, TRAIL

The year 1970 represented the beginning of a change in the programme of this facility. While the early months reflected a continuation of the emphasis on direct-treatment services, the second half stressed the community development aspects of mental health. The central components of this latter programme were the development of needed community resources for children and adults, consultation to other agencies and professionals, lay and professional education, and the stimulation of volunteer programmes to complement the professional efforts. With the opening of the Cranbrook (September, 1969) and Nelson (June, 1970) Mental Health Centres, the region served by this facility now encompasses a population of approximately 44,000 people.

The Centre's efforts were directed toward fuller utilization of lay and professional resources, in order to cope with the mental health needs of individuals, families, and groups within our catchment area.

Dr. G. R. Mansfield resigned as Director of the Centre as of August 31, 1970, but continued to work in close liaison with us, serving as a valuable consultant and treatment resource. The addition to our staff of Mr. Steven Horvath, psychologist, as of September 1, 1970, added greatly to the skills offered by the Centre. The provision of acute-treatment services through private psychiatry and the Trail Regional Hospital's Psychiatric Unit will enable our staff to expand its preventive and educational programmes in the future.

The demand for direct service continued to be excessive, in terms of the professional staff available, and a screening programme was established to ensure the best use of resources available. Consultation and support to other agencies and professionals was being actively encouraged in order to assist them in carrying out treatment services to individuals and families. In setting priorities, a programme was developed which emphasized parent, family, and marital counselling; preventive follow-up of patients discharged from acute-treatment units; and individual and group therapy for adolescents and young adults (stressing emergency or focal psychotherapy).

The Centre supported, in an advisory capacity, groups such as the Canadian Mental Health Association and the Association for Community Planning.

Miss L. L. Pollard, mental health nurse, was instrumental in the establishment of a Canadian Mental Health Association chapter in Grand Forks, as well as providing programme material, and gave an orientation lecture-discussion series for new volunteers.

Assistance was provided to the Association for Community Planning in carrying out an extensive professional survey which delineated resource needs of the district. Staff also spoke at meetings of numerous community groups to stimulate interest in broad planning of services, and served on committees in the area of research.

The Youth Liaison Committee continued to be a vital body in fostering interagency communication and case consultation.

Another aspect of Centre work involved the continuation of two activity-discussion groups for adolescents and the one-parent family group. In addition,

staff were in the process of developing, under a lay counsellor, a group for pre-delinquent boys, and are doing so in co-operation with the Probation Service.

The Centre was also closely involved in the formation of a Big Brother Association in Trail.

Co-operative arrangements with the Trail Regional Hospital were established in June for the dispensing of medication for indigent patients. This was an important preventive measure, in that those persons who need this type of assistance in order to continue to function at a higher level in the community are not denied access by reason of cost.

Presentation to, and participation in, lay and professional education continued to be a significant aspect of the Centre's work. All staff members were involved in lectures, group discussions, film presentations, seminars, radio talks, and workshops. Some of the themes covered were mental illness, child development, community mental health needs, drugs, alcoholism, marriage, mental retardation, and adolescent adjustment difficulties. Several series were presented to such groups as the Homemakers, prenatal classes, church Family Life groups, volunteers, mothers of pre-school children, and hospital nurses. These covered a wide range of mental health related topics and were directed toward enabling others to become more effective in their work.

SELKIRK MENTAL HEALTH CENTRE, NELSON

The Centre is located in Nelson and was opened in June, 1970. It serves a catchment area situated between the Selkirk and Purcell Mountains and serves a population of approximately 30,000 persons.

The Centre is comprised of a psychiatric social worker, and a clerk-stenographer and a community mental health nurse who joined the staff in August and September respectively. The Centre was housed in temporary quarters in the Selkirk Health Unit, and moved into its own office in December.

During the first month of operation, much time was spent in acquainting the community with the Centre.

During the year a backlog of case situations, and the general community concern about mental health, necessitated involvement in immediate therapy, or assessment and referral of urgent cases, and a broader approach to the problems of the community. Specific cases were mostly medical or self-referrals, until arrangements for referrals and (or) consultation with the Department of Rehabilitation and Social Improvement and the school system had been made.

The Centre assisted university and senior high school students, together with a group of citizen volunteers interested in their problems, to establish a Crisis Centre primarily organized to handle the cases of acute drug abuse, and to interest university students to become involved in a programme akin to Big Brothers. It also arranged a drug seminar for those manning the Crisis Centre.

The Centre also provided a seminar to hospital nurses on the handling of severely disturbed patients. Centre staff presented one evening in a series of night-school courses in pre-school child development, and provided films and discussions for the Police Department in the various aspects of identifying and dealing with people with various types of mental illness. Lectures and discussions were held in

classes of Grade X to Grade XII students, ranging from 10 to 65 persons on a variety of topics.

In addition to Nelson, the Centre visited and consulted with local authorities in Kaslo, Nakusp, Salmo, and Slocan, and was successful in establishing regular monthly consultative clinics in each community, setting up Mental Health Advisory Boards, and assisting the communities to identify and deal with some very trying social and community problems.

The consultative clinics involved all those professionals and semi-professionals who serve these often isolated communities in which personal and family problems have gone untouched for years. There were a number of services available to the public, but it required an enabling and co-ordinating body to make better use of them, and in this respect the Centre appeared to have served well.

The Centre is a member of, and has taken an active part in, such organizations as the Provincial Rehabilitation Committee, Youth Services Committee, Union Board of Health, Chamber of Commerce Youth Services, etc. It was successful in having speeches and items of interest carried by the local newspaper and radio station.

During a brief period of time, and despite its small number of staff, the Centre has made an impact upon the area, but it will require some time for a full programme to be developed. For two professional staff to deal with five separate communities with many hundreds of cases requires almost total emphasis upon consultative clinics.

The Centre's staff will continue to accept direct referrals, but on a limited basis, and with re-referral to an appropriate agency at the earliest opportunity.

During the year, considerable effort was expended in internal discussions, and in the preparation of written outlines, toward developing a community mental health service.

SKEENA MENTAL HEALTH CENTRE, TERRACE

The Skeena Mental Health Centre opened in June, 1970. The area of responsibility for the Centre is that of the Skeena Public Health Unit. The population of this area is approximately 58,728, according to 1969 statistics. The Centre is located in Terrace, which is geographically the centre of the area served.

The staff included a psychiatric social worker, a psychologist, and a stenographer. Psychological and psychiatric consultation were also available from a travelling team from The Maples.

The Centre provided direct and indirect services to the area served, and there were 86 active cases as of November 27 on the files. During the year an extensive travelling clinic programme was initiated. The Centre provided consultative services to physicians, schools, social agencies, and ministerial groups, and the staff was active in the promotion and development of local community services. The Centre provided educational programmes both to professional and non-professional groups, and the topics ranged from "Alienated and Alienating Youth " to " Fight Training."

The Centre was still developing, and considerable time was spent in assessing the mental health needs of the area. Public education was a priority, and was implemented through the use of television, radio, newspaper, and public meetings.

VICTORIA MENTAL HEALTH CENTRE, VICTORIA

During the year, the Victoria Mental Health Centre provided its multi-disciplinary services to the various community agencies. However, due to the fluctuation in staff numbers, the direct-treatment service, which is a sustaining function of this Centre, and the referral-intake system, were streamlined to meet the demands without jeopardizing the quality of the treatment programme.

The retardation programme functioned very well. Considerable time was spent by Mrs. Bridget Moncrieff, psychiatric social worker assigned to this programme, with the Pearkes Clinic for Handicapped Children. This resulted in the development in the community of two important resources:—

(1) The Society and class for autistic children; and

(2) The Tuesday Club for severely physically and (or) mentally handicapped youngsters.

Mrs. Moncrieff's functions became increasingly significant as a result of her active involvement with the various families, physicians, and agencies. As a result of the publicity concerning the autistic children, many anxious parents asked for assessment and (or) advice concerning their children.

The boarding-home programme during the first four months of 1970 was supervised mainly by Mrs. Rebecca Hoodless, mental health nurse, until the appointment of Mr. Paul Bingham, psychiatric social worker. He is responsible for the placement and rehabilitation of the many psychiatrically handicapped patients in the areas covered by School Districts Nos. 61, 62, 63, and 64.

The art therapy programme, under the supervision of two volunteer art teachers and the mental health nurse, progressed considerably. The patients participating in this programme had their paintings exhibited at the Vancouver Art Gallery, in connection with a Canada-wide competition.

The Centre was active in the assessment and recommendation for cases referred by the legal profession. This function is very significant and needs further expansion in terms of treatment for the criminal offenders, and an appropriate facility is needed to carry out psychiatric treatment and (or) a rehabilitation programme for these people in this community. The Eric Martin Institute of Psychiatry is unable to provide this, due to lack of a security ward.

As of September, 1970, this Centre became a practicum placement facility for the doctor of philosophy psychology candidates of the University of Victoria. It differs from the other placements in that its service is primarily extra-institutional. Dr. Frank Spellacy, a neuropsychologist from the University of Victoria, is in charge of the practicum programme, and also provides services for the Centre's Neuropsychology Unit. Since October, 1969, the date the Unit commenced operation, 61 cases had been tested, with a total of 183 testing sessions done by Mr. William de Bosch Kemper, psychologist assistant.

Other psychological testing and evaluation, normally done by our full-time master of arts psychologist, Mrs. Marianne Webb, who had been on leave of absence since July, 1970, was done by the psychologists assigned to the Neuropsychology Unit.

Various members of the professional staff participated in the preventive aspect of community psychiatry by providing consultations, talks, and lectures to the various community organizations. Staff were actively involved in lecturing to the student nurses of the Royal Jubilee Hospital and St. Joseph's Hospital schools of nursing, and lectures were also given to various schools in the community.

SAANICH MENTAL HEALTH CENTRE, SAANICH

On January 9, 1970, the Centre moved from its location in the Eric Martin Institute in Victoria to the Credit Union Building on West Saanich Road, Royal Oak. The new location is close to being the demographic centre of the region served, and considerably reduces the distance travelled by patients or clients from Central Saanich, North Saanich, Sidney, and the Gulf Islands. Total population of the catchment area is approximately 100,000 people, in a region which contains urban areas, suburban areas, and extensive rural lands.

The staff consisted of a psychiatrist Director, a clinical psychologist, a mental health nurse, two psychiatric social workers, and two office staff.

Services during the year included diagnostic studies done with patients referred by their family doctors. Diagnostic assessments were also done at the request of professionals from other agencies, including those of the Family and Children's Court, Family and Children's Service, Greater Victoria Metropolitan Board of Health, Saanich Welfare Department, Provincial Department of Rehabilitation and Social Improvement, John Howard Society, Canada Manpower, Rehabilitation Service, Cool-Aid, Citizens' Counselling Centre, and others. These studies were undertaken if other resources were not available to the referring agency.

The number of cases in treatment almost doubled the number served prior to the move to Royal Oak, including a substantially higher proportion of school children and adolescents. Waiting-lists were either minimal or non-existent, and therefore the Centre was able to provide rapid assessments for most agencies. As a result, the services were utilized to a considerable extent by the people in School District No. 62, which is outside of the Centre's geographic region.

Efforts in preventive psychiatry, and other aspects of primary prevention, were developed through a number of activities. The Centre was particularly active during the year in work with the school districts. Assistance was provided in the development of a workshop on the problems of adolescents, including the drug problem, for School District No. 63. It was a two-day programme involving training work with all the teachers in the district. There was also a brief workshop on drugs and drug abuse for the school counsellors, public health nurses, principals, and administrators and their assistants in School District No. 63. Centre staff participated in presenting the psychiatric and medical side of the drug problem, in a workshop on drug abuse at School District No. 68 in Nanaimo, and presented a similar programme to the community members and the Family Life Association of Port Alberni. A lecture was prepared on the problems of communication that exist between adolescents and adults, and was presented to the Principals' and Vice-Principals' Association of Vancouver Island in Nanaimo, and to the Principals' and Vice-Principals' Association of British Columbia in Vancouver. Lectures and consultative services were

provided by Dr. Wood for the School District No. 61 pilot project on training elementary teachers in Family Life education. All of the professional staff members in mental health work participated in the development of consultative activities with other individuals and agencies. Much of this work followed traditional lines in which the Centre provided services for other agencies in the assessment of their clients.

This first year in the Centre's new location was one in which the staff invested considerable effort in getting to know, and working with, the professionals of other agencies who serve the region. The ultimate benefit of this will be felt eventually by clients needing help in the area of emotional problems, regardless of which agency it may be that is serving them.

UPPER ISLAND MENTAL HEALTH CENTRE, COURTENAY

The Centre's area of responsibility includes the communities of Courtenay, Comox, and Campbell River, and extends north of Fanny Bay to Cape Scott, including various small islands along the eastern coast. Demographically, the population is quite scattered, but totals approximately 75,000.

During the year the Centre provided primarily direct psychiatric services, and the monthly case load averaged 30 new cases per month. As a secondary function, the Centre was involved in some community-oriented services, and these included a weekly Travelling Clinic to Campbell River; monthly, as of August, 1970, to Gold River; and monthly, as of October, 1970, to the Port Hardy area. In these communities the clinics provide direct consultation and case management; act in an advisory capacity to various community groups; and consult and advise the school districts of the areas. Representatives from the Centre attended meetings of the Rehabilitation Committees. Staff interactions with St. Joseph's General Hospital, Comox, and Cumberland General Hospital were very rewarding. Liaison with Central Vancouver Island Mental Health Centre was useful, and some children from the area attended the summer camp conducted by the Nanaimo staff. The Centre was involved in the evolution of the Big Brother movement locally, and with two developing Crisis Centres in Courtenay and Gold River.

The Centre's interaction with dependents of the Canadian Forces Base, Comox, personnel was in the nature of direct service, and the percentage of dependents seen was high, especially in the area of counselling of a family nature.

In the following year the Centre intends to shift the emphasis of service from a direct to a more indirect approach and, also, to concentrate on education.

CENTRAL VANCOUVER ISLAND MENTAL HEALTH CENTRE, NANAIMO

The staff of the Central Vancouver Island Mental Health Centre consisted of a clinical psychologist, a mental health nurse, a part-time pharmacist, a part-time receptionist, a stenographer, and a social worker as Acting Director. The lack of

medical staff was compensated for by an expansion of private psychiatric services in the area. Nanaimo has three psychiatrists in private practice, and psychiatrists are practising part-time in Duncan and Port Alberni. Dr. J. E. Boulding, of Nanaimo, acts as the Centre's psychiatric consultant on a sessional basis. In addition, Family Life Associations are now functioning actively in all three of these communities.

The Centre's emphasis was on consultative work with community groups and agencies, educational programmes, group training for counsellors, and work with schools. The Centre also did assessment and short-term therapy sessions with a small number of children. Chronic cases were referred successfully to local physicians, and through them to other community resources. Cases involving marital counselling were referred to the local Family Life Association. Since the beginning of the year our case load was reduced by about 50 per cent through closing and referring inactive cases.

The Centre worked very closely with all school districts in the area, and during the year held close to 100 school conferences, as well as many group meetings with school counsellors, teachers, and principals. In return, some school special counsellors provided psychometric services for children on the case load.

Camp Nan-Wah-Kawi, a school camp operated by the Centre, serves Courtenay and Campbell River, as well as the Nanaimo area. In 1970 the camp took 28 children, selected from a large number of referrals as showing extremely difficult school and behaviour problems, for a two-week period. A day-long workshop for parents was held prior to camp, and visits were made to every school. A professional staff of 20, including three from the Centre, worked intensively with these children, using the behaviour-modification approach. Contracts were made between children and teachers, and the children were heavily rewarded for the completion of these, as well as for certain selected behaviours. The programme was highly structured, with relatively few periods of free time. At the beginning of camp, each child was given the Valett Psychoeducational Inventory of Learning Skills.

The camp was extremely successful in terms of the children's enjoyment, active participation in classroom work, and other group activities, and the absence of aggressive and unco-operative behaviour. Extensive daily records were kept on the behaviour of each child, and these, together with the results of the Valett testing, were compiled into a detailed assessment and prescription for home and school functioning. These have been interpreted to parents and teachers through school conferences. Follow-up visits will be made to each school, and a further parents' workshop is scheduled for January, 1971.

Invaluable assistance was received over the year from the Central Vancouver Island Health Unit, and in particular from the public health nurses. Without their skills in making home visits and reporting on these, the Centre could not have functioned.

IN-PATIENT SERVICES

Review of In-patient Services, 1970

Department of Nursing Education

Riverview Hospital

Geriatric Division

The Woodlands School

The Tranquille School

British Columbia Youth Development Centre,
The Maples, Burnaby

mental
health
branch

IN-PATIENT SERVICES

REVIEW, 1970

The policy of the Mental Health Branch, formulated in 1967, has, with each succeeding year, been increasingly implemented, with resultant changes in the demands upon the in-patient facilities. In order to provide the best possible service to the groups in greatest need, the in-patient facilities have, during 1970, continuously reviewed their policies and procedures, and where possible, adjusted their programmes in order to provide the optimum service to the appropriate patient groups.

As the policy is implemented throughout the Province, certain pressures develop in the in-patient services, which make the maintenance of existing standards of patient care difficult. Increasing numbers of mentally disordered or mentally retarded people can be treated and cared for in a variety of community resources, with the result that the in-patient facilities deal with patients who require a great deal more service. During 1970, the percentage of in-patients who required large amounts of staff time increased substantially, placing ever greater demands upon the staffs of the institutions.

The in-patient populations included greatly increased numbers of old patients, bedridden patients, and the more severely mentally disturbed and the more severely and profoundly retarded, all of whom require greatly increased allocations of staff time merely to maintain existing standards of care. This circumstance renders it essential that the institutions continuously review their programmes and procedures in order to make the most effective use of their resources.

In order to assess the needs and make economic use of resources, a great deal of work was done in the institutions, in conjunction with Mr. Goodacre and other members of the Deputy Minister's staff, in determining the most effective and economical type of operation. Surveys of patient populations, and categorization of patients according to the type and quantity of service required to care for them, progressed well during the year. Statistical confirmation became available which supported the earlier impression that many in-patients in the Mental Health Services are in institutions, not because it is the most appropriate means of dealing with their cases, but simply because the type of resource which would be most effective and most economical for their care does not exist in sufficient quantity in the community. When the various community programmes can be developed to meet the full requirements of the population, it can be confidently predicted that two-fifths of the in-patient population presently in the institutions will be able to be returned to resources in the community.

In Riverview Hospital, the ongoing review of policies and practices has had the following results: The clarification of admitting policy; closer identification of types of care needed by varying patient groups; steps to formalize the hospital's relationship with the Faculty of Medicine of the University of British Columbia; consulta-

tion toward the expansion and transfer of the out-patient department to Vancouver in co-operation with the University of British Columbia; and greater clinical involvement in the boarding-home programme, to which a full-time psychiatrist has been assigned. A committee was set up to report to the Deputy Minister on the feasibility of an internal reorganization of the hospital, in such a way as to assign predetermined amounts of the various available services to geographic regions and specific communities within the Province. This latter objective is essential in order to avoid duplication and to ensure that the community facilities continue to serve the groups in greatest psychiatric need, rather than to select particular types of cases and leave Riverview Hospital with the burden of continuing to care for those psychiatric patients who were being admitted to the Mental Health Services before the new community facilities were established. Experience in other areas has shown this latter measure to be essential if the work of the mental hospital is to be taken over by the community resources.

The Geriatric Division showed increasing energy and activity in its community involvement during the year. Although the hospital continued to give an excellent service to many hundreds of geriatric patients who might more appropriately be cared for in boarding homes or nursing homes and whose need for psychiatric treatment or supervision is very limited, the accent was on active psychiatric assessment and treatment, and the provision of effective consultation services to the community. The community consultation service has an educational as well as a clinical value, in that the consultants are commonly able to indicate to the medical and nursing profession in the community the type of treatment and resource which might be suitable for those many patients referred for admission to Valleyview Hospital, but not in fact in need of the psychiatric services for the provision of which Valleyview Hospital exists.

Dellview Hospital at Vernon also continued throughout the year to upgrade its standards of service to patients and to increase its activity in terms of community involvement in the district. Regular psychiatric consultations by the Director of the North Okanagan Mental Health Centre, and a close working relationship with that and other centres, greatly increased the involvement of the hospital in the life of the community.

The Retardation Services continued to develop along lines similar to those in other divisions of the Mental Health Services. The accent was upon increased community responsibility and provision of care in the form of hostels, group homes, sheltered workshops, etc., and the in-patient facilities participated in and co-operated with this trend. The result was that the percentage of severely and profoundly retarded trainees in The Woodlands School and The Tranquille School continued to increase. Of the less severely retarded, only those with concomitant emotional disorders of a more severe kind are admitted.

The Woodlands School was preoccupied during 1970 with taking steps to maintain standards at their existing levels, without the necessary staff increases. Special attention was directed to attempting to hire staff with the best and most appropriate qualifications, and increasing and improving in-service education programmes for staff. The application of the most suitable methods of training and treatment in given areas also proved effective in such programmes as behaviour modification, and the introduction of a therapeutic community approach to groups who benefit from this service.

During the year The Woodlands School staff undertook a great deal of public education, and many groups had orientation visits. The close liaison with many faculties and departments of the University of British Columbia continued.

Perhaps the best single index of the enthusiasm and dedication of The Woodlands School staff in promoting patient welfare was the camping programme, which was only made possible by the donation by many staff members of a total of hundreds of volunteer hours of their own off-duty time, for which they asked no return in time off or financial remuneration.

The Tranquille School went through many changes in orientation and activity during 1970. The school essentially operated as a pleasant, custodial annex to The Woodlands School until October, 1969, when it achieved independence and was made responsible for its own admission programme and services to Mental Health Planning Regions 1, 2, and 6. Throughout 1970, all levels and categories of staff in the school worked most energetically to set up a programme that would accent training and treatment for the severely and profoundly retarded children and adults of the Interior of the Province. Although the programme was hampered by delays in minor construction and the outbreaks of epidemics of two infectious diseases, by the later months of 1970 the programme had been progressing along the lines planned, although at a slower rate due to temporary staff shortages. In many areas, the improvement in standards of care and service was quite evident, and great credit was due all department heads for their energy and enthusiasm in working together co-operatively under the leadership of Dr. John Bower.

Early in 1970, the British Columbia Youth Development Centre at Burnaby was separated administratively from the in-patient services and its subsequent administration has been by a board of management chaired by Dr. J. S. Bland, Consultant in Retardation and Children's Psychiatric Services, with board members representing Mental Health Services, the Department of Education, and the Department of Rehabilitation and Social Improvement.

The Department of Nursing Education continued its established programme under the direction of Mrs. Paulson.

Graduation ceremonies were held in the New Westminster Secondary School Auditorium on the evening of April 16, 1970. The graduating class of 87 included 5 men. The speaker was Dr. Frank McNair, Director of the South Okanagan Mental Health Centre.

The annual meeting of the Council of Psychiatric Nurses was held on April 30, 1970.

As the volume of service needed to maintain the standards of care of a changing patient population increases, the work of the volunteers in the in-patient facilities becomes ever more valuable, and is greatly appreciated.

DEPARTMENT OF NURSING EDUCATION

During the year, ongoing changes and modifications took place in all programmes conducted in the Department. Increased emphasis focused on the patient as an individual, and on additional community facilities available to assist him in all stages of his illness and rehabilitation.

The total enrolment of students in the psychiatric nursing programme was 90—81 women and 9 men. These were selected from 347 applicants. Two-thirds of the applicants not accepted failed to meet academic requirements. Eighty-eight students (83 women and 5 men) completed the programme; of these, 38 were graduates of the February class, and 50 of the September class. Twenty-eight students withdrew from the programme for a variety of reasons; none withdrew because of academic failure. The year-end census was 164, as compared to 184 the previous year.

Stage One orientation courses are arranged according to need. At The Woodlands School and Valleyview Hospital, classes are given when the required number of new aides is available. At Riverview Hospital, new aides receive classes immediately upon employment.

Stage Two courses are scheduled when it is convenient for the facilities concerned to release aides. At The Woodlands School, instruction will be provided by the multi-disciplinary in-service education.

At Riverview Hospital, clinical programmes for aides continued in the six units during the year. Attendance and staff participation increased.

Two hundred and thirty-one students completed their affiliation in psychiatric nursing—77 from the Royal Columbian Hospital School of Nursing, New Westminster; 43 from St. Joseph's Hospital School of Nursing, Victoria; 85 from St. Paul's Hospital School of Nursing, Vancouver; 6 from the University of British Columbia School of Nursing; and 20 public health nurses of the Health Branch. The last group of students (basic baccalaureate degree) from the University of British Columbia School of Nursing completed its affiliation at the Riverview Hospital in April as plans were being formulated for students to have their clinical experience in psychiatric nursing at the Health Sciences Centre. In August, the St. Joseph's Hospital School of Nursing (Victoria) withdrew from the programme as plans were in process for affiliation at the Eric Martin Institute in 1971.

The liaison between the Division of Occupational Health and the Student Nurses' Infirmary, which commenced in the latter part of 1969, proved to be functionally feasible and successful, and enabled continuity of health care to employees who become ill or injured at work.

Residence accommodation was provided for 229 students and 153 transient staff. Due to the fact that more students are now living out (50 at the end of the year) and the smaller enrolment classes, two residences are vacant.

RIVERVIEW HOSPITAL

GENERAL COMMENTS

During 1970, Riverview Hospital continued to provide a comprehensive psychiatric in-patient and out-patient service for adult mentally ill residents of British Columbia. It is recognized that many changes are taking place in our society and that it is the responsibility of the hospital to be aware of the changing needs in our community, and to be prepared to meet the challenges of new demands in the care and treatment of the mentally ill.

Every effort was made to reassess the hospital's programmes in the light of new knowledge and trends in accepted modern psychiatric treatment methods, with special emphasis on preserving the dignity of the individual and the development of independence and self-reliance in all residents. The development of a treatment milieu, in which a patient may have the maximum opportunity to deal with his problems, and a co-ordinated team approach to treatment and rehabilitative measures, continued to be the guidelines for all staff at Riverview Hospital. Increased involvement of the community in the affairs of the hospital continued to be encouraging, and staff members were increasingly interested and involved in the development of new resources for psychiatric care in the community. During the year a number of significant steps were taken in line with these concepts. In June, the Riverview Hospital admitting policy was reviewed and formally written to clarify the present function of the hospital in relation to the type of mental disorder for which this facility is able to provide appropriate care and treatment. Riverview is primarily committed to the care and treatment of the adult mentally ill person and provides comprehensive treatment programmes designed for the adult individual, but which are most inappropriate for the care of children.

Kitchen, Centre Lawn Unit (dietician and cook).

A special committee, composed of consultants from the office of the Deputy Minister of Mental Health and senior officers from Riverview, was recently formed to study the feasibility and organizational changes required to regionalize the hospital in order that it may better serve the community and the needs of the various hospital regions for in-patient psychiatric treatment services.

In September, a further reduction in the official bed count was sanctioned, which reflects the gradually decreasing resident population, and, in particular, the need to reduce patient congestion and crowding of wards in order to appropriately treat and rehabilitate the mentally ill person. At the year-end the official bed count for Riverview Hospital was 2,898, a decrease of 121 since July, 1968, and 136 since October, 1966.

The statistical record of patient movement during 1970 showed a general increase compared to 1969. There were significant increases in the number of admissions, but there was a concomitant increase in separations to boarding-home placements and out-patient care, so that the average resident population was slightly reduced. During 1970, the average daily resident population numbered 2,506, compared to 2,541 for the previous year. The number in the boarding-home programme

averaged 430, an increase of 27, while the average number of patients under out-patient supervision was 1,132, an increase of 64.

During 1970, Riverview Hospital provided 905,741 patient-days of care and treatment for in-patients in the facility.

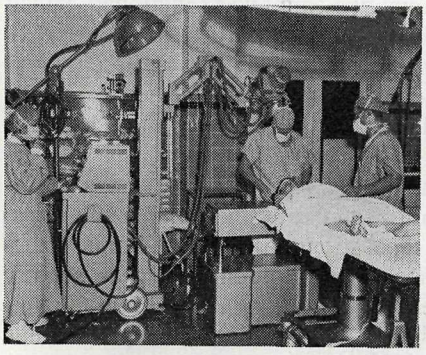
TREATMENT SERVICES

During the past year there was a significant change in the direction of the population trends noted in the previous Annual Report. The number of patients admitted to Riverview Hospital in 1970 increased from the comparable figure for 1969, thus reversing a downward trend in admissions that had begun only in the previous year. The number of patients in residence remained relatively stationary compared to the previous year, while a progressive increase in patients on boarding-home leave continued, resulting in a significant change in the resident population of the hospital. Long-term patients with a minimal residual disability have been resettled in the community, leaving, in hospital, patients with greater residual psychiatric disabilities, or who are more aged and infirm. The effect of this population change is that the remaining long-term patients can contribute less to their own care and, in fact, require more active staff care in hospital and a more intensive rehabilitation and follow-up service if they are to be successfully rehabilitated to the community. During February, a hospital-wide " categorization of patients " survey was initiated by the Consultant in Sociology and carried out by the nursing staff, the results of which will be most helpful in determining the areas of greatest need, and the type and quality of care and treatment required to serve the changing resident population.

In an effort to meet these needs, increased emphasis was placed on out-patient care and rehabilitation. The capacity of the Venture Rehabilitation Residence for men was increased by six additional beds. A supervising psychiatrist was assigned on a full-time basis to the Rehabilitation Department and boarding-home programme. Workshops were initiated for the boarding-home operators, and a closer co-operation with the community physicians was fostered in addition to the continued visits to each home and each patient by the hospital psychiatrist and social worker.

Plans were initiated to move the Vancouver section of the Out-patient Department into Vancouver City, and to establish a closer liaison with the Vancouver General Hospital. Plans for the initiation of a pilot home-care treatment project were submitted by the Consultant in Sociology.

Workshop projects in the long-stay areas increased in scope, from which some patients may be graduated into sheltered workshops in the community, as these are developed.



Patient receives radiology services.

A behaviour modification project, utilizing the principles of learning theory, was initiated in the East Lawn Unit. This project was supported by a National Health grant to our Psychology Department. The interest and utilization of the therapeutic community approach continued, particularly on the university-affiliated Clinical Teaching Unit. Liaison with the University of British Columbia, Department of Psychiatry, was strengthened with the appointment of the Clinical Director to the Advisory Committee to the Acting Head of

of the University Department, and to the Resident Graduate Selection and Admissions Committee. This Clinical Teaching Unit is now recognized by the Royal College of Physicians and Surgeons of Canada for postgraduate training in psychiatry within the university's Department of Psychiatry training programme.

The Department of Surgery at the University of British Columbia found it necessary to terminate the surgical residency programme, which necessitated the appointment of a full-time Surgical House Officer. With the continuing support and service of the consulting surgeons, it was possible to continue without interruption the surgical service for Riverview and Valleyview Hospitals and The Woodlands School.

A serious effort was made during the year to develop and refine techniques for measuring and improving the quality of care provided to Riverview Hospital patients. Within the framework of the Medical Staff Organization, psychiatrically and surgically oriented Medical Audit Committees intensively reviewed the quality of medical care received by patients during the year. Of the many recommendations made by these committees, several important programmes were implemented to safeguard the health of our patients. The annual physical " check-up " examinations are now being accompanied by routine blood and urine tests, and all female patients over the age of 20 are receiving cytological examinations for uterine cancer. In addition, anæsthesia for all patients receiving electroconvulsive therapy is now being administered by a certified anæsthetist. The dental health of patients in the long-stay areas is also being enhanced by the introduction of routine prophylactic dental examinations, in addition to the normal service for dental problems. The installation of three new dental chairs, replacing outmoded equipment, further enhanced the dental service. A Poison Control Information Centre was established in the North Lawn Unit and is constantly available to the Essondale area. Cardiac-monitoring equipment, with synchronized defibrillator, was obtained during the year, but, due to the lack of specially trained nursing staff, it was not possible to put the monitoring equipment into service.

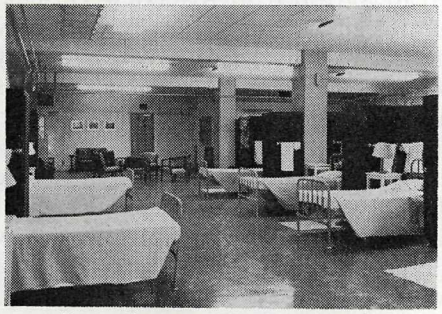
Educational programmes in association with the University of British Columbia were conducted for postgraduate residents in psychiatry, undergraduate medical students, students in the faculties of nursing, law, social work, education, and in the School of Rehabilitation Medicine. Programmes, lectures, or practical experience were provided for nurses from the British Columbia Institute of Technology and other hospitals, psychology students, church ministers, police recruits, laboratory technicians, student sanitary inspectors, school counsellors, as well as the general public. In-service orientation for new staff of the various mental health centres was also being provided.

Due to the declining number of tuberculous patients in hospital, together with modern chemotherapies for this disorder, it was possible to reduce the number of beds for tuberculous patients to six, so that the remaining beds on this 16-bed ward could be converted to use for patients suffering from chronic brain syndrome.

The Medical Staff Organization held is first annual meeting on the evening of February 18, at which time reports of the various committees were presented. During the year, increased emphasis was placed on further improvement in the credentials and qualifications of members of the active medical staff. Six physicians took their certification examinations in psychiatry. One physician took his fellowship examination, one the fellowship examination in internal medicine, and nine physicians took other qualifying examinations. As of mid-1970, there was a total of 92 doctors with either active, consulting, courtesy, resident, or honorary staff appointment to Riverview Hospital.

Unfortunately, toward the latter part of 1970, emphasis had to be shifted toward efforts to maintain the quality of service and to minimize restrictions imposed by the inability to replace staff resigning. The d fficulty in filling certain medical-record positions led to the decision to postpone the request for a further survey by the Canadian Council on Hospital Accreditation.

The Nursing Division continued to maintain a quality nursing service to all patients, although hampered by a variety of situations which, at times, seriously encroached on the quality and amount of nursing care provided. Nursing staff was freed of housekeeping duties in all but one unit of the hospital. However, the loss of nursing positions required to implement this change, together with a continuing high level of staff illness, increased vacation allotments, and increasing hours of nursing care required by the ageing population in the long-stay areas of the hospital, was cause for much concern. Experience during the year further indicated the immediate need for additional infirmary wards, and additional nursing service to meet the needs of our elderly patients.



Recently renovated ward in West Lawn Building.

Nursing personnel continued to be involved in a variety of multi-disciplinary treatment programmes, including the development of an additional patient-integrated ward programme in the Crease Unit, and an adolescent-group programme in Centre Lawn. Special care was provided for six infants who accompanied their mothers on admission to hospital, where the presence of the infant was considered especially significant in the treatment programme for the mothers.

Early in the year a nurse was assigned to assist in introducing and co-ordinating the new centralized programme for administering electroconvulsive therapy in each unit. Approximately 500 such treatments were given monthly by the medical staff, the intravenous anæsthesia being conducted by an anæsthetist.

Three new minimal-care residences were opened for men, which provide more home-like living conditions for 41 men. The previously established minimal care programmes for women continued to operate most satisfactorily.

Resident camping programmes were again found to be very valuable experiences for many long-stay patients. Two camp-sites were available, and through the voluntary donation of time, in addition to their regular duties, nursing staff provided this important recreational opportunity for a total of 186 men and women.

In August, Miss M. L. Carmack, Director of Nursing, was welcomed back from educational leave, having obtained the degree, bachelor of science in nursing, at the University of Washington. In addition, three nurses obtained dual qualifications by successfully completing the two-year option programme at the Britsh Columbia Institute of Technology. Another two were in their second year. Several nursing staff were also assisted in attending programmes offered by the Extension Department, University of British Columbia, on behaviour therapy and implementation of change in nursing service. The stimulation and increased knowledge provided by such courses are considered vitally important in the maintenance of a high standard of patient care.

Psychiatric social services were provided for 4,385 patients, representing 3,363 in-patients and 1,022 out-patients. Service to the latter group increased considerably, primarily through home-visiting, which is time-consuming but nevertheless

indispensable in preventing unnecessary returns to hospital. Pre-admission social service was also stressed, not only for the provision of direct service to families of referred patients, but in terms of preventive work, better utilization of hospital beds, and education of the community toward greater understanding of the hospital and its most appropriate use, as one of a range of services for mentally ill persons.

The Psychology Department, in its major service commitment of psychometric evaluation of patients, prepared over 500 reports in response to referrals for diagnostic evaluation, intellectual measurement, and personality assessment. The automated testing system became operational early in the year, through computer access provided by the Department of Psychology, Simon Fraser University. In addition, psychology staff provided psychotherapeutic services, involving over 300 group and conjoint therapeutic services, and a similar number of individual interviews.

A wide range of occupational therapy and recreational therapy programmes was made available to patients. Increasing emphasis was placed on attempts to expand occupational therapy service to patients in the boarding-home programme, and greater patient awareness of the community through recreational programmes involving community resources. The Canadian Mental Health Association Volunteers continued to be most helpful in this regard.

At the end of September, Rev. John F. O'Neil, the first full-time chaplain appointed to the Mental Health Services, left the hospital on retirement following 17 years of service. During the year, special attention was given to the role of the Chaplain Service in the hospital, and steps were taken to involve the chaplains to a greater degree with the therapeutic programmes of the hospital, and in fostering greater involvement by community clergy in the care of patients.

The medical records staff expanded service in several areas, particularly in the development of improved procedures for the provision of separation notices of Riverview patients to the mental health centres. In addition, reorganization of procedures for recording daily hospital census was also accomplished, which provided a clearer picture of the daily bed occupancy and will be helpful in a proposed study of the bed utilization in the hospital. An assistant medical record librarian was appointed the first of the year, as a first step toward implementing the recommendations of the Canadian Council on Hospital Accreditation for a Medical Record Department, as outlined in the previous Annual Report. Unfortunately, it was not possible to proceed further in the development of this service. The demands for statistical data are becoming greater each year, and the need for electronic data processing, in order to produce information in a more rapid and acceptable manner, is especially felt in this area. There was a considerable increase in the number of surveys requested, and a greater utilization of the medical record for study and research during 1970.

ADMINISTRATIVE SERVICES

The emphasis in the administrative divisions continued to be placed on the achievement of maximum effectiveness of service, at minimum cost. The continuing decline of reliable and effective patient help, and the problems of staff recruitment in many areas, were of special concern throughout the year.

The year was notable for increased co-operation and liaison with the Provincial and local levels of the executive structure within the Psychiatric Nurses Association of British Columbia, and the British Columbia Government Employees' Union. Monthly meetings were initiated among the Essondale Executive of the Psychiatric Nurses Association, the Superintendent, Director of Nursing, and the Personnel

Officer for the purpose of informal exchanges of opinions and information, and factual communication concerning controversial topics. It was felt that these meetings and the frequent contacts between the Personnel Officer and the various representatives of the employee organizations throughout the year served to allay many false rumours and resulted in a marked reduction in the number of grievances.

In October, a 20-week course in supervisor training was instituted for Housekeeping Supervisors, drawn not only from Riverview Hospital but from most of the mental health facilities in the Lower Mainland area.

The appointment of a Laundry Administrator during the year was of considerable assistance to the Business Administrator in updating the laundry, linen, and clothing services to Riverview, Valleyview, and The Woodlands School. As a result of improved staff utilization and management procedures, and the introduction of several pieces of new equipment, the main laundry plant increased production by 600,000 pounds, and the dry-cleaning plant by 24,000 pounds. The need for a replacement laundry to correct the urgent problems of outdated and overworked equipment, and improved working conditions for staff and patients, was still of paramount importance. During the year, much time was spent with architects and consultants in reviewing the total hospital requirements for laundry, linen, and clothing service, and in developing plans for a replacement laundry. A start was also made in the introduction of the use of synthetic fabrics and coloured materials to replace the standard white linens and sheeting. A new look was also being developed for staff uniforms and improved patient wearing-apparel.

A Committee on Linen and Clothing Standards was established, under the Riverview Business Administrator, to study the updating and development of systems and methods to provide a higher standard of service within the various mental health facilities.

The productivity of the Industrial Therapy Department was enhanced by the completion of a new chromium plating and storage building. New teaching and work procedures were developed with the change to polyester " wash and wear " fabrics.

The Audio-Visual Section experienced increased demands for service, particularly in the Film Library. Requests from out-of-hospital sources for films had grown to such an extent that it was necessary to completely revise the *Film Catalogue,* which was reprinted by the hospital printing department.

Approximately 150 patients contributed each day to the work in the Industrial Therapy Division, and were placed there through the Rehabilitation Department for therapeutic and educational purposes, and trade-training experience.

Housekeeping services were extended during the year to all patient-occupied areas in the large East Lawn Unit, and to Home 10, which was used as a residence for patients from West Lawn during the renovation programme. Due to lack of patient help and a deficiency in housekeeping staff, several areas, including the Riverside Unit and the dining areas, were of concern in maintaining satisfactory housekeeping standards.

Early in the year the dietary service was reviewed by professional food service consultants, and recommendations made for improving the efficiency and effectiveness of the service. The recommendation that a central commissary concept of food production be implemented was under a feasibility study, using the large East Lawn kitchen as the central food-production area. During the year, ever-increasing demands were placed on the Dietary Department by treatment programmes requiring extra catering for social activities for patients, and menu modifications for special diets. During February, many dietary staff were able to benefit from an in-service training programme for food handlers, conducted by the Simon Fraser Health Unit.

The Public Works Department carried out normal maintenance of the buildings and there were no major breakdowns in utility service. Although this Department was unable to complete a number of much-needed projects, several projects were completed. Noteworthy among them were the renovations to the garage compound, the provision of a metal-plating shop at the rear of the Industrial Therapy Building, the renewal of East Lawn floors, and the West-2 and West-4 carpeting.

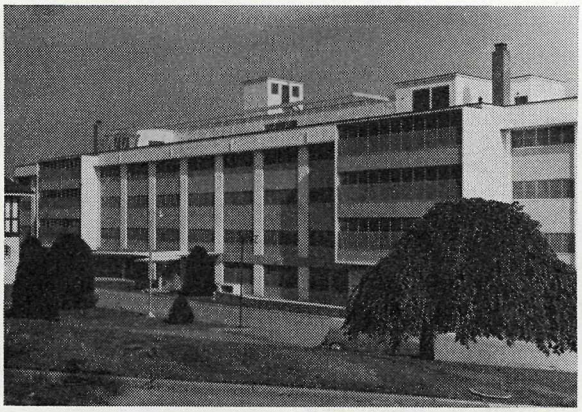
GERIATRIC DIVISION

This Division is made up of three mental health facilities, with a total complement of 1,306 beds. Valleyview Hospital is the largest of the three units, with 767 beds, and accepts patients from the Lower Mainland and adjacent areas of the Province, as well as from Vancouver Island and the Gulf Islands. Dellview Hospital, Vernon, consisting of 239 beds, accepts patients from the Okanagan and Kootenay areas. Skeenaview Hospital, Terrace, with 300 beds, all for males, accepts patients from the northwestern part of the Province. Boundaries are not clearly drawn and, for convenience of transportation, patients from the extreme northern areas may have to be admitted to Valleyview Hospital. Persons aged 70 years and over, suffering from psychiatric illness and in need of treatment, or whose behaviour due to psychiatric illness is so disturbed that they cannot be adequately cared for elsewhere in the community, are accepted for admission. Organic deterioration leading to dependency, without a behaviour problem, is not considered sufficient to warrant committal to a geriatric mental health facility. Pressures to admit patients are unequally distributed, and Valleyview Hospital, on which the pressure is greatest, transfers patients to other units when possible, to relieve this pressure. The least demand for the beds available is in the Skeenaview Hospital area.

VALLEYVIEW HOSPITAL

In spite of the fact that two-thirds of the beds are allocated to female patients, the greatest admitting pressures were for female admissions. This was accounted for by the preponderance of females in the population, especially in urban areas, and also to the fact that the average length of stay in hospital is greater for female than for male patients.

To meet, in part at least, the problems raised by waiting-lists, the hospital provided a medical consultation service in the Lower Mainland area. This service was designed to assess the need for admission. It was most effective, however, in granting priority for admission to those most in need of treatment, as well as those whose behaviour is most disturbed.



This is the main building of the Valleyview Hospital, Essondale.

Of the beds made available for new admissions during the year, 44 per cent were due to deaths, mainly in the long-term care areas.

Applications for admission were received at an average rate of 58 per month, an increase of two over the previous year.

Of this number, 43 who resided in the Lower Mainland area were seen in consultation by the hospital's medical staff. As a result of assessment, one-third of those seen were not considered to be suitable for committal to a mental health

facility. Admissions averaged 37 per month, two less per month than in the previous year.

The rehabilitation and discharge programme was successful, especially in the latter half of the year. An average of 19 patients per month were discharged, an increase of nine per month over the previous year. Of the total number of patients returned to the community, 53 per cent went to boarding homes or guest homes, 33 per cent returned to their own homes or those of relatives or friends, and 13 per cent went to private hospitals. One patient, through the efforts of friends, was admitted to an extended-care facility. Of those patients who went to boarding homes or guest houses, over 80 per cent had adequate finances to meet care costs for at least a year.

Fifty-one patients were transferred to Dellview Hospital and nine patients were transferred to Skeenaview Hospital.

A special survey, with a view to categorizing patients in accordance with nursing-care needs, was completed at the beginning of the year.

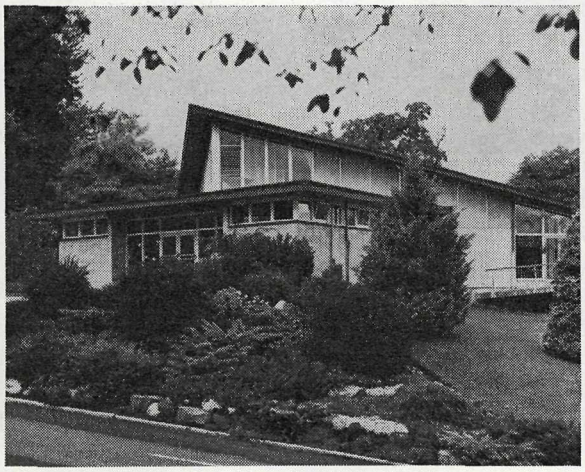
Treatment Services

The hospital's permanent medical staff was maintained at full strength during the year. While a considerable proportion of medical services was devoted to care and treatment of physical illnesses, better co-ordination and involvement of ancillary services led to improved psychiatric treatment and rehabilitation programmes.

The hospital's dental department provided a satisfactory programme of dental care for patients.

The services of consultants in all specialties were available as required.

The pathological laboratory, under the supervision of the pathologist at Riverview Hospital, functioned satisfactorily. Work continued on the checking of new methods in order to improve the quality and quantity of output.



Valleyview Chapel and Auditorium.

A good standard of nursing care for patients was maintained. The nursing staff total of 320 showed an improvement in the ratio of nurses to aides, but they still formed only slightly more than half the total. A review of nursing practices and procedures was made, with a view to economy of staff time. Several minor changes, including adjustment of patient accommodation, were necessary to enable the staff to provide adequate care for patients.

Two senior nurses attended a workshop on behaviour therapy, and the Director of Nursing attended an institute on " Implementation of Change." Both were held in Vancouver. One psychiatric nurse completed general nursing training at the British Columbia Institute of Technology.

The Social Service Department operated at almost full strength throughout the year. Workers were increasingly involved in group work with convalescent patients.

This brought the workers into earlier and closer contact with patients who have potential for discharge. The position of Director of the Physiotherapy Department was vacant from June to November, when a replacement was obtained. A part-time podiatrist was attached to the Department.

The Occupational Therapy Department maintained its full complement of staff during the year, and a good therapeutic programme was provided for patients. An average number of 97 patients attended the centre daily. Classes were also held on wards for those patients unable to attend the centre. Five volunteer workers contributed to this programme.

The Recreational Therapy Department, ably assisted by 10 regular volunteers, provided a varied programme of entertainment for patients.

Business Administration

Regular maintenance and decoration of buildings was well maintained by the Public Works Department.

The increase in cost of meals provided for staff, from 30 cents to 75 cents, reduced the attendance for meals by approximately 50 per cent.

A 24-passenger bus was purchased for the Recreational Therapy Department, to be used for taking patients on bus trips.

An accident prevention programme was in operation, and some improvement in the incidence of accidents to staff was reported.

DELLVIEW HOSPITAL, VERNON

This hospital is situated adjacent to the Vernon Jubilee Hospital, where special services are available as required. Medical services were supplied by a visiting physician, part-time, and a psychiatric consultation service was provided on a regular basis.

Ophthalmic and podiatry services were provided by visiting physicians. Dental requirements were met by a local dental surgeon.

Admissions from the community averaged seven per month. From other geriatric units, 51 patients were transferred in.

Three patients per month were discharged from hosptial. Private hospitals are not available in this area, but the accommodation available in boarding homes and guest houses has been adequate and satisfactory.

A good standard of nursing care was maintained.

The Director of Nursing attended an institute on " Implementation of Change " at Vancouver as part of the in-service training programme for staff.

A full and continuing programme of occupational and recreational therapy was provided for patients. Volunteers from the community gave valuable help in handicraft sessions and in arranging entertainment.

Categorization of patients in accordance with nursing-care needs was completed during the year.

Business Administration

During the year, responsibility for the maintenance of personnel records and establishment control files was transferred from Valleyview Hospital to Dellview Hospital.

The capacity and efficiency of the laundry was increased by the replacement of some machinery.

An X-ray apparatus for taking miniature chest films, loaned by the Division of Tuberculosis Control, was installed. This will provide a chest X-ray service for patients, staff, and community.

SKEENAVIEW HOSPITAL, TERRACE

The demand for the admission of patients in this area was less than one per month, and the patient population was maintained by transfers from Valleyview and Dellview Hospitals.

Three patients were discharged to the community and three patients were transferred to Valleyview Hospital.

Medical services are provided by a local physician on a part-time basis. Special diagnostic and treatment facilites, including surgery, are available at the local Mills Memorial Hospital.

An occupational therapy programme, mostly in woodworking, was of great value.

A recreational programme received considerable help from local service and church organizations. The mingling of patients with community groups has been of great benefit to patients.

Business Administration

Plans were being developed for total renovation of the kitchen, with a small addition. Foundation and other external repairs have continued.

Mr. W. E. Skillicorn, Supervisor of the hospital since its opening 20 years ago, retired on October 31. The new Supervisor, Mr. Vernon Phillips, was appointed and took up duty on November 16, 1970.

THE WOODLANDS SCHOOL

The first consideration for any retarded child or adult is how to meet his needs in his own home and community, and The Woodlands School's role is that of providing, primarily, a supportive service. The school helps communities who, though they have a wide spectrum of services, find need for special programming or care for an individual.

The school is fortunate in the planning that has gone into its renovated buildings, and which is being projected for new buildings. Emphasis has been placed on privacy, on the opportunity to care for personal possessions, and on toilet and bathing facilities that will permit training for a maximum degree of self-care. The availability of new resources, especially Glendale Hospital, will bring some relief in the school's overcrowding, which will permit Woodlands to carry out its role of training residents for return to the community.

Definite attention was paid to improving the quality of personnel and the delivery of their services.

During the year, a multi-discipline in-service education committee was reactivated to look after all aspects of ongoing educational needs of staff for the entire institution. The chairman of this committee is Miss Schultz, Co-ordinator of In-service Education, a position newly created. Medical grand rounds were held monthly, and the Hospital Unit had weekly ward rounds. In the Psychiatric Unit, comprehensive seminars in basic psychiatry were provided for all members of the clinical teams.

In a facility the size of The Woodlands School, the efficient delivery of specialized services is dependent on adequate communication. Toward this end, a number of committees were formed, responsible to the Superintendent through the programme committee, which is the senior clinical and administrative personnel. Minutes of Department and Unit meetings, as well as monthly reports, received wide circulation among the staff. Probably the most consistent vehicle of communication at The Woodlands School was the weekly news bulletin, which listed the various meetings, clinics, and other events for the following week, and has a second page for brief items of interest.

The search for new and more efficient ways of delivering service was carried out at various levels of the organization. The therapeutic community approach has proven of considerable success when applied to the wards for severely disturbed, and acting-out adolescents and young adults at The Woodlands School. In the fall, one of the wards in the Training Unit became the focus for a multi-discipline behavioural approach under the capable guidance of Mrs. Bernard, Head of the Psychology Department, and had the complete support of other departments. The Academic School programme adapted some of the methods of behaviour therapy to their delivery of service.

Young psychotic and severely emotionally disturbed educable children were able this year, for the first time, to progress at their own rate from ward treatment programmes to kindergarten and primary class because of the adoption of an

integrated curriculum and consistent methods of behaviour modification. Through a similar innovation begun last year, trainable children and adolescents were progressing through early developmental programmes into a pre-community placement programme, which will prepare them for boarding homes. X-ray films are now read and stored at The Woodlands School, instead of Riverview. A consultant radiologist from the community gave us direct and excellent service, so that staff physicians and consultants were able to receive prompt diagnostic help.

An audio teacher helps a retarded child through the developmental stage in learning to speak.

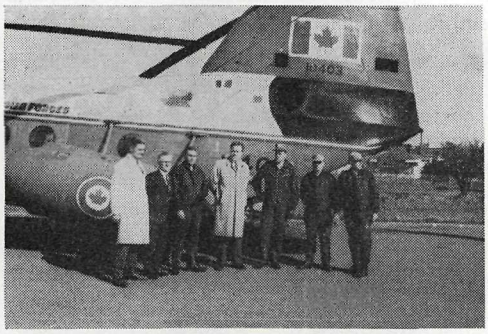
A number of activities took place this past year, in an effort to foster more parental involvement. As in other years, there have been two issues of the newsletter to parents. Visiting hours were altered, and contain only a few restrictions. Hospital Unit residents can be visited between the hours of 9 a.m. to 8 p.m.; Training Unit and Psychiatric Unit, 2 to 9 p.m., and without restrictions on the week-end. A number of wards planned " open house " programmes to acquaint the parents and community with the staff, programme, and the physical plant.

The Woodlands School has close liaison with a number of different faculties at the University of British Columbia. Staff attended workshops and seminars sponsored by the university, and the various faculties use The Woodlands School as a training area for their students. Educational Medical, Physiotherapy, Social Work, Nursing, and Physical Education students spend varying amounts of time at The Woodlands School, from orientation tours to field work placements.

The Minister is an interested spectator, on the arrival in Victoria, as patients are carried from the Canadian Forces helicopter to a waiting bus, supplied by the British Columbia Society for Crippled Children.

Numerous agencies visited Woodlands during this past year. Some of the senior administrative and clinical staff were members of professional advisory panels and boards of directors giving direct community service through a variety of organizations.

The Woodlands School received an increasing number of requests for groups to have orientation visits, but the limitation of staff time and the interruption of resident programmes would not permit extensive involvement. An " open house " for Lower Mainland Grade XII students was arranged in March. The orientation was presented four times in two days to a total of 300 students. For the many others for whom no visit could be arranged, suitable films were suggested, or referral to other resources that would provide additional information in the field of mental retardation. Thirty-one children attended " Summer Magic," a highly successful and most enjoyable playground programme, operated by the Burnaby Parks and Recreation Department.



The Minister met the first flight when it arrived at the Eric Martin Institute in Victoria, and posed with the helicopter crew from 442 Squadron, Canadian Forces Base, Comox.

The school's waiting-list, which stood at 200 at the first of the year, was reduced by about one-third, as of September 30. In that period there were 61 names added to the waiting-list, and 142 admissions to the institution. There was a decrease in the number of 30-day admissions in the first nine months of 1970, as compared with the same period of 1969. As of September 30, there were 305 residents in supervised boarding homes and other community placements.

There has been a general decrease in communicable diseases at The Woodlands School during the year, particularly in the enteric diseases. A great deal of credit for this goes to the public health nurse, and to the continuous and perseverent health education given to nursing personnel and the multi-discipline co-workers. Staff are aware of the catastrophic effects of epidemics in the institution, and all departments co-operate completely in preventive programmes.

In February and June a total of 48 multiple-handicapped children were transferred from The Woodlands School to the Eric Martin Institute in Victoria, by means of an Armed Forces helicopter. This was a very humane method of transfer for the children, and was most economical in the use of staff time.

Dr. F. G. Tucker (centre), Dr. A. P. Hughes, and Dr. H. W. Bridge were photographed on the carnival midway as they discussed the day's events.

The Carnival is an annual event in May of each year. As well as the extensive participation of staff in this event, volunteers donate a great deal of time, and the surrounding community becomes involved in the parade and the day's events, which are always appreciated. The majority of camping for Woodlands' residents during the year was again on a day basis to Gold Creek Camp. One of the highlights was the period of several weeks when nursing staff volunteered their free time in order to provide for an overnight camping experience for a few of the residents at the camp. Community camps were utilized for some of the physically handicapped children, as well as some of the school boys and girls. These community camp experiences were made possible through the generous financial support provided by parents and radio station CKNW, New Westminster.

TRAINING, EDUCATIONAL, AND TREATMENT SERVICES

The residents of The Woodlands School are divided into three functional units, and the multi-discipline team approach is the basic concept in terms of training and care throughout all three units.

The Hospital Unit, although an extended-care facility, also provides acute care for physical illness as needed for the other two units. The nursing staff in this unit provided a high standard of care, and with the help of other departments, were able to conduct a number of programmes and projects.

A programme for 15 blind youngsters was in operation under the co-ordination and direction of the nursing staff. Most of the emphasis was placed on self-care skills, but the Training and Education Department augmented the programme with motor tactile and auditory perceptual training.

Twenty beds were set aside in one ward to handle all the acute physical illness for the entire institution. General anæsthetics were being administered regularly at The Woodlands School for dental work. The pre-anæsthetic and post-anæsthetic supervision and care was carried out on this acute medical ward.

The therapeutic community approach in the Psychiatric Unit has already been referred to as one of the more progressive programmes introduced this past year. An improvement of patients, an increased morale of staff, and a greater parental involvement were attributed to this programme. During the year there was a re-evaluation of the special-treatment ward for autistic children. One of the greatest hopes in the treatment programme for the brighter residents is that of a half-way house, and a more extensive involvement in vocational and rehabilitation programming.

For the first half of the year, Dr. Brooks, Deputy Superintendent, was carrying the responsibilities of the Director of the Training Unit, as well as all of his other responsibilities. On July 2, Mr. L. Leaf was appointed as the Director of this unit. Emphasis in the Training Unit was placed on the development of training programmes which will help prepare residents of the unit to return to the community, especially to supervised boarding homes. Alder Lodge in Maillardville has been successful in meeting these objectives. Within the Training Unit a greater integration of male and female nursing staff on wards has provided a more home-like environment. Team nursing with the profoundly and severely retarded residents is proving of value.

Out-patient assessments continued to be carried out four days per week, and for the period January to September, 121 patients were seen.

The Medical Records Department processed over 900 referrals to medical consultants. The institution of a podiatry service within the hospital area will improve the care of our residents. The clinical and chromosomal laboratories were offering a high standard of investigative procedures, which was due not only to the competency of the laboratory staff, but also to the liaison that has been established between the laboratory and the Vancouver General Hospital, and University of British Columbia laboratories. The school is particularly indebted to the Department of Genetics, University of British Columbia, for their continuing consultative services.

The Physiotherapy Department provides a consultative service to the nursing personnel in regard to the management of physical handicaps, and to the types of equipment that would be most beneficial.

The school is indebted to the Western Institute for the Deaf for the excellent audiological assessments given to the residents.

The Director of Nursing, Miss Curle, was evaluating the utilization of nursing staff to determine if there were ways in which their skills could be used more effectively. There is an apparent change in the role of the psychiatric nurse and the psychiatric aide at The Woodlands School, from one who primarily delivers care, to one who has a prime responsibility for providing developmental training. The Nursing Department has recognized their need for assistance from educators and psychologists, in order to organize and operate these developmental programmes.

To support the concept of regionalized services to the retarded, a social worker from The Woodlands School was loaned to the North Shore to make a preliminary survey of the retarded in their community, and their needs. One of the obvious needs revealed in the survey was the lack of co-ordination of services, with a result that resources are not always being used effectively and efficiently.

The function of the Training and Education Department is to set up learning situations for the residents of The Woodlands School. Field trips to the community, and community recreational experiences, many made possible by volunteers, organizations, and agencies outside the Mental Health Services, increased substantially over the last year. Seventy-five post-school-age residents, one-third with major physical handicaps, as well as retardation, worked and earned in our sheltered workshops. This year, for the first time, these steady workers enjoyed a week's vacation with pay from the workshop. Regular reports of progress in vocational training were instituted, and 18 residents received awards for their achievements. Nonetheless, the disappointments and failures of some of our young adults who have moved into the community promoted a searching reappraisal of vocational and rehabilitation services. The recognized need for planning to integrate ward life, workshops, training areas, and intra-mural jobs into a goal-directed preparation for community employment resulted in a submission being made for a National Health grant. This submission recognized the resident's need for complementary social growth as well as vocational training. In addition to structured recreational programmes in our gym, swimming-pool, and games room, a " Drop-in " Centre, requiring the co-operation of several disciplines, was enjoyed by many residents. Community recreation was enjoyed this year by hundreds of Woodlands' residents as they took part in such programmes as swimming, bowling, visits to zoos, and professional sports events.

During the year, Mrs. P. Bernard was appointed Head of the Psychology Department. Her leadership and desire to introduce innovative dynamic programmes had its impact on most of the clinical departments at The Woodlands School. She has directed the department's time and efforts to ward problems and on finding ways of increasing the discharge rate, rather than on psychometric assessments. To this end the psychologists became increasingly active in group therapy, behaviour modification, staff guidance, and inter-disciplinary projects.

A total of 14,473 hours of service was given by the volunteers during this year, in contrast to 9,521 hours in 1969. Part of this additional service could be contributed to the availability of full-time, paid stenographic services in the department this year. To be effective, volunteers require special in-service programmes, and two such programmes were conducted at The Woodlands School in the fall.

The Provincial Auxiliary to The Woodlands School continued to extend their fullest co-operation to the volunteer projects of the institution. A great deal of organization went into the preparations for the annual Christmas Light Tour, which was enjoyed by over 600 of our residents. The CKNW Orphans Fund continued to be most supportive of the special financial needs of various programmes within the institution.

BUSINESS ADMINISTRATION

The establishment at The Woodlands School remained at a total of 924 positions. Some of the departments, especially Medical Records and the Business Office, had considerable turnover during the year. The number of days lost due to illness and workmen's compensation increased considerably. In the period of the first nine months, a total of 8,106 days was lost due to illness, and a total of 540 days lost due to accidents.

Regular monthly meetings, held with local members of the Employees' Union and the Psychiatric Nurses Association, were an effective method of improving communication between employees and management. The frequency of compensatable accidents within the institution showed an appreciable decline during the year, even though the number of days lost due to accidents increased. The programme of six-monthly accident-prevention competitions continued and at the end of each period a dinner was held honouring the representatives from the winning zones.

The Business Administrator spent a good deal of time with representatives of the Construction and Design Division of the Department of Public Works, with regard to planning for the many proposed structural alterations of the institution.

The plans for Wards 71 and 74 playgrounds were submitted and were enthusiastically received by all the members of our staff.

Further meetings were held with representatives of the Branch, and the Department of Public Works, regarding Gold Creek Camp. It was proposed that the Department of Public Works provide the services, e.g., light, heat, water, cooking facilities, and a mess hall, as well as some basic housing accommodation, and the branch would endeavour to enlist the assistance of outside community services, agencies, and individuals to further develop the site over a period of years.

The three renovated wards in Wing II of Centre Building were completed early in the new year, and are now very cheerful and homelike.

The Business Administrator reorganized the parking areas at The Woodlands School, and issued parking stickers, which resulted in a vast improvement in our parking situation.

Funds were provided from the Patients' Comfort Fund for the purchase of a special Bunny Bus to be used for the transportation of multi-handicapped patients and for the purchase of 20 Cassette Playback machines.

The local Department of Public Works provided a doorway leading from the Ward 71 playground directly into the ward area. This has made the management of patients in this area much easier for the ward staff.

The Department of Public Works has installed one speed arrester on the grounds, with the intent that if this proves satisfactory the remainder would be installed as per our request.

Five fire alarms were transmitted to the New Westminster Fire Department during the year, four of these were false alarms. The Business Administrator met with the Fire Chief from the City of New Westminster, and representatives of the Department of Public Works, to discuss ways in which the number of false alarms being transmitted could be minimized.

Part of the new fire-alarm system was installed, including a new master enunciator board at the powerhouse and an enunciator map at the back entrance gate.

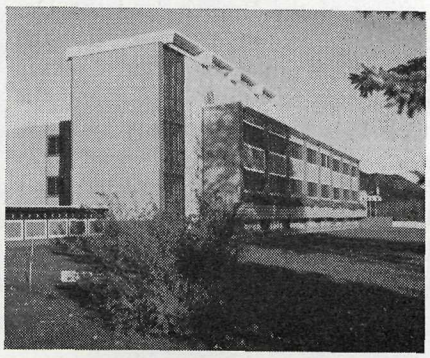
The various shops in the Industrial Therapy Department provided a variety of custom items for use throughout the institution, such as special clothing, orthopædic shoes, special reclining chairs for cerebral palsy patients, television stands, and commode chairs. In additon, they repaired and maintained countless items of clothing, furniture, and other equipment.

THE TRANQUILLE SCHOOL

The past year was one that considerably altered the character of the school in virtually every area. The accent was on change, seen as the culmination of the treatment-team process, and permeation of the therapeutic approach, to training and treatment to all levels in the school.

Tranquille, traditionally, was thought of as an area largely devoted to the custodial care of the mentally retarded. However, from the very first, the staff experimented with training methods and other programmes for the retarded. All the patients for permanent admission to the school were first screened by The Woodlands School, and most of them came as transfers from that institution.

At the end of 1968, regionalization was first suggested, and the patient progress toward regionalization had continually accelerated until Tranquille became an independent training-school hospital. During the year, the emphasis within the school was placed on training methods, with team participation in virtually all areas of the school's work.



The 300-bed Sage Building at The Tranquille School.

The school is now in its regional function as an independent hospital centre for the mentally retarded. The focal point of the programme was centred on the pædiatric ward, and a special staff has been placed there. The regional area is roughly comprised of Health Unit areas 1, 2, and 6.

During the year there were 26 permanent admissions to Tranquille School, while 10 30-day admissions were accommodated. Also during the year 60 patients were transferred to boarding homes and three went on extended leave.

MEDICAL AND TREATMENT SERVICES

The direction of Clinical Medical Services was assumed by Dr. M. A. A. Setty, an internist whose efforts were largely directed toward the medical and extended-care areas of the school. Dr. Setty is building up a modern pattern of delivery of medical service to the trainee-patients, which has resulted in improvement in patient care. He was assisted by a full-time physician, Dr. V. Neumann, and a part-time one, Dr. Gordon E. Tomm. All the patients have had a physical examination during the year. A very effective consultation service embraced all the specialists in the area. Laboratory investigations were carried out at the Royal Inland Hospital in Kamloops. Dr. Setty founded a Department of Electrocardiography. The Physiotherapy Department, with a full-time therapist, Miss V. Ornar, was of great help to the patients.

Treatments at Tranquille were given both individually and in group settings. Generally speaking, the medical treatments were given by the medical staff on the wards. Other treatments, such as behaviour-modification procedures, were con-

ducted by Mrs. Harmon and the staff; and other professional staff conducted group therapy and behavioural therapy sessions.

Psychiatric consultations were given by the Superintendent, with application to therapeutic procedures and treatment, and consultative services were extended to the mental health centre and to other agencies and facilities throughout Kamloops and the region. The Social Work Department was extremely busy providing psychotherapeutic procedures for the families of the mentally retarded who required this type of service.

NURSING SERVICES

This is the largest department within the school. Directed by Mr. Alex McIntosh, its operations extended to many areas of the school. In addition to giving normal nursing care to the patients, its members were involved in social work, administration, training, and in clinical teams. Members of the profession were seconded to other departments frequently on a full-time basis. Much extra nursing time was needed because the new focus on training took a great deal of time, especially in behaviour-modification areas.

PSYCHOLOGICAL SERVICES

Mrs. Alice Harmon directed this department for the year and, in addition to psychological duties, made commendable contributions to training and behaviour-modification programmes. She was conducting continuous staff education and seminars in training and behaviour modification; was a member of the clinical and management teams, and provided consultative and educational services to the community. Together with a co-author, she published a book on behaviour modification.

SOCIAL WORK SERVICES

This department is headed by Mr. Horst Maerzke, who was responsible for the waiting-list, Out-patient Department, community employment, and the after-care programme throughout the area, together with a therapeutic treatment programme, and also served as a member of the clinical and administrative teams.

GENERAL

During Mental Health Week, May 1 to 8, the school held "open house." A large barbecue was held at the end of September. These, together with Carnival Day, were the social highlights of the year. Carnival Day placed greater emphasis on more participation by the patients, which gave the patients a much greater feeling of satisfaction and achievement.

The school was grateful to Dr. H. M. Richards, Medical Health Officer, for his services during the year.

A seven-day-week operation took place in the Laundry Department, with approximately 54 trainees working in that area.

The Transportation Department had eight vehicles of different types and sizes, which travelled a total of 99,848 miles during the year.

Half-a-dozen female trainees in the Housekeeping Department were being instructed in working alongside the female building service workers in the Greaves Building.

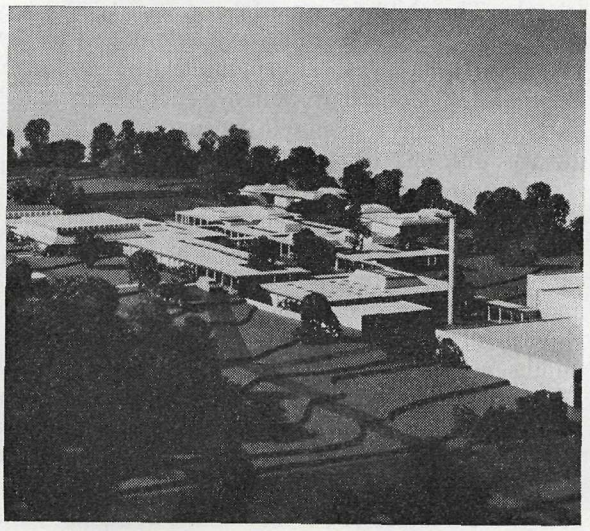
The Fire Department did its usual excellent job. All standpipes were upgraded, new hose replacement completed, and new nozzles and drip valves installed.

Some progress was made in the installation of the fire-alarm system.

Public Works was able to make the necessary divisions on the top floors of Main and Central Buildings to create four wards out of two.

The school Safety Committee is to be congratulated on its hard work in this field, and a day-long workshop was conducted on November 23, involving committee members and a faculty from the outside.

BRITISH COLUMBIA YOUTH DEVELOPMENT CENTRE, BURNABY, THE MAPLES



—*John Fulker, photographer*

The British Columbia Youth Development Centre, known as The Maples, provides a comprehensive and intensive treatment service for children and adolescents up to the age of 17 years. It is organized in three functional units — the Family and Children's Clinic, the Psychological Education Clinic, and the Residential Unit, which became operational in 1969.

Mr. Taylor resigned from the Board and a replacement was pending at the year-end.

A board of management was appointed to administer The Maples in February, 1970. The following constituted the board of management:—

Chairman—

Dr. J. S. Bland, Consultant in Retardation and Children's Psychiatric Services.

Members—

Dr. H. W. Bridge, Director of Mental Health Services.

Mr. T. D. Bingham, Director of Programmes, Department of Rehabilitation and Social Improvement.

Mr. C. I. Taylor, Department of Education.

Executive Secretary—

Mr. D. R. McCallum, Business Administrator, Mental Health Services, Burnaby.

An " Open House " at The Maples was held on November 8 and 9 and was attended by a large number of lay and professional people. It was preceded by the first formal visit by the Minister, who accompanied a Press Tour through the buildings. The staff of The Maples were encouraged by the interest shown by lay people and professionals alike, in the extent and variety of services offered to disturbed children and their families.

THE PSYCHOLOGICAL EDUCATION CLINIC

The Psychological Education Clinic experienced a successful year in the first year of operation. The Maples School had a total of 55 children attend seven classes. In September, 1970, we could only operate six classes, since we lost two and one-half teacher positions. At the present time we have 43 children in the school. The children came from a variety of educational and clinical backgrounds and were graded according to their cognitive development and emotional state. They represented several geographical areas, including Vancouver, Burnaby, New Westminster, Coquitlam, Surrey, Richmond, and North Vancouver. The ages of the children ranged from 6 to 15 years, but the majority of the children were between the ages of 7 and 12 years.

It is always difficult to assess success, but one of the criteria is the number of children returned to regular classes. In the first year of operation we accepted children throughout the year and as late as April, but by the end of June 45 per cent were able to return to the regular school system. This figure was encouraging and surpassed expectations. Other examples of success are the increase in the child's self-concept and self-esteem, which leads to improved peer, teacher, and family relationships. The secondary effect of the child having a better concept of himself is that others now find him more enjoyable to have around, and consequently reward him for his new behaviour. It did not take very long before parents were reporting that the child was a pleasure to have in the home, whereas a few months previously they had wanted the child out of the home. The third measure of success is the number of psychosomatic complaints the child had while attending regular school, but no longer requires while attending The Maples School.

One of the main purposes of the Psychological Education Clinic is to try and prevent school problems and related behavioural problems from developing, by working with the child and the family before they reach the point that special schooling is required. The preventive programme consists of providing an assessment service with consultation to the schools and other referral sources. Most success was with the younger child, and after the age of 10 the success rate diminished rather rapidly, demonstrating that prevention requires less time and energy and is a most economical service to provide the community. The preventive programme is not limited to the Lower Mainland area but includes the Province. Assistance was provided to schools in a variety of areas, and a parapetetic psychologist consulted with schools on behaviour management, cognitive problems, and set up workshops. The last workshop on the "Alienated Youth and the Alienating Youth" was of such interest that a repeat has been requested.

Efforts continued to find out more about the children that were admitted into the school, which will, in turn, help with all children's problems. Several studies have been conducted in the past, such as "Self Concept Changes in Adolescents Following Behaviour Modification"; "Assessment of the Critical Dominance Theory of Dyslexia as Measured by a Visual Auditory Integration Task"; "A Computer-assisted Instruction Programme for Children with Learning Disabilities"; and various studies on behaviour modification in the classroom and at home.

THE FAMILY AND CHILDREN'S CLINIC

Intake

The Maples Intake Committee continued as a central team, with representatives from each of the three units. Referrals to the Intake Committee of families requiring the services of the Family and Children's Clinic showed an unusual de-

cline during the middle of the year, with some recovery following publicity in the fall. At the year-end it was not clear what the reasons for such a decline might have been, nor whether it represented a trend that would continue, but it seemed certain that it was not the result of a decrease in the numbers of children and families in need of help.

Assessment and Consultation

These services were provided to agencies, both within and outside the Lower Mainland, which requested help with certain children or families, usually those presenting particularly difficult problems. A continuing service was provided to Brannan Lake School, and to Special Placements and Adoption Sections of the Child Welfare Division.

Travelling Clinic

Several clinic staff members continued to provide varied services alongside the newly developing Skeena Mental Health Centre at Terrace. These included psychiatric consultation to family doctors in Prince Rupert; training sessions and workshops with community groups in Prince Rupert, Terrace, and Smithers; consultation to school boards *re* classroom programmes. Assessment and consultation services to the Coast Garibaldi Health Unit increased during the year, with regular visits by two staff members to Powell River, Gibsons, and Squamish.

Treatment

Psychotherapy in its varied forms continued to be one of the principal functions of the clinic. A large proportion of the families referred to the clinic required some form of psychotherapy for one or all of the family members. When regular weekly out-patient attendance was not possible, e.g., families referred from out of town, experiments are being conducted with a brief, intensive treatment programme which requires the family to live near the clinic for a week. A considerable amount of therapy time is being spent with the children in the pre-school programme and in the school, and with the parents of these children. It is in the area of the treatment services that continuing staff shortages are being most keenly felt.

Day Programmes

The pre-school programme had two groups—one for children from 3 to 4½ years of age at referral, and another for children of 4½ to 5½ years. Referrals to the latter group dwindled during the year, and it was felt that this may be partly due to a policy of integration of the disturbed child into the regular kindergarten setting. Consultation and treatment services were offered to the children of The Maples School, and were provided in a more intensive form to two classes containing children who are severely emotionally disturbed.

Camp

For the second year, a summer camp programme of two weeks' duration was held for 18 children between the ages of 9 and 12 years. After much difficulty, a site was finally located at Chehalis Camp, and it was staffed by nine of the clinic staff, plus three volunteers. The programme was very successful and the experience provided great benefit and insight for both children and staff.

The Community Team

The Community Team completed its first six months of operation at the end of August, and evaluative reports were prepared by Mr. Ricketts, representing the Family and Children's Clinic, and by Dr. Roberta McQueen, representing the Public Health Unit 4 in Vancouver.

Training

Formal training programmes were set up during the year for mental health nurses from regional mental health centres. The training programme lasted for four weeks (an initial phase of three weeks, plus one week two months later).

A five-day " long week-end " programme was being devised for a group of other mental health centre professionals, with an emphasis on family-group therapy. Brief workshops were also held during the year for Probation Officers, homemakers, special school counsellors, and volunteers.

THE RESIDENTIAL TREATMENT UNIT

Development of the Therapeutic Milieu

1970 was a year of steady development of the Residential Treatment Unit. Two cottages provided a therapeutic living experience for up to 30 adolescents of both sexes, and the third cottage continued to function as a Day Clinic. Late in the year, an arts and crafts area was opened, which enabled us to develop further the potential and talents of staff and teenagers.

An " education " programme was operated from February to May as an integral part of living in the cottage. This was run by counsellors, who encouraged youngsters to follow their own general interests. Many have since returned to school.

On February 19, 1970, the second cottage opened, for a younger age-group. It was staffed by more experienced counsellors, and all the lessons learned from opening the first cottage were applied. As a result, this cottage experienced steady development.

The Day Clinic has continued to run smoothly since it was opened in September, 1969. It provides a more structured programme, based on group-therapy methods backed by participation in arts and crafts and physical activities, aimed at developing the youngsters' artistic talents and recognizing their own potential. There was provision for 20 adolescents, and the length of stay averaged four months.

A series of camping expeditions was held during the summer, which paid good dividends in increasing the intimacy and interdependence of the group.

By fall the community feeling among adolescents and staff had developed considerably, and there was general satisfaction with treatment results. A follow-up group was held each Wednesday evening for youngsters who had left the cottages and who wanted to continue their treatment.

Columbia Youth Vista, a non-profit, tax-deductible society, offered to provide extra facilities for the Residential Unit, and ran a successful Fall Fair following the " Open House." This society aims at providing group homes to serve the needs of the Residential Unit and Day Clinic.

Development of the Staff Group

A series of information tours was held to show professional personnel that the programme was operating well, despite the preponderance of delinquent boys for whom there were inadequate facilities. The staff continued to run the education

programme and to provide activities and outings for the young residents. The board of management was formed in February and was seen as a confirmation of the success of the venture, and as a source of further support. There was general relief when the boys were moved out to the cabin near Golden Ears Park, and the staff began to concentrate on restoring the cottage to a therapeutic environment once again.

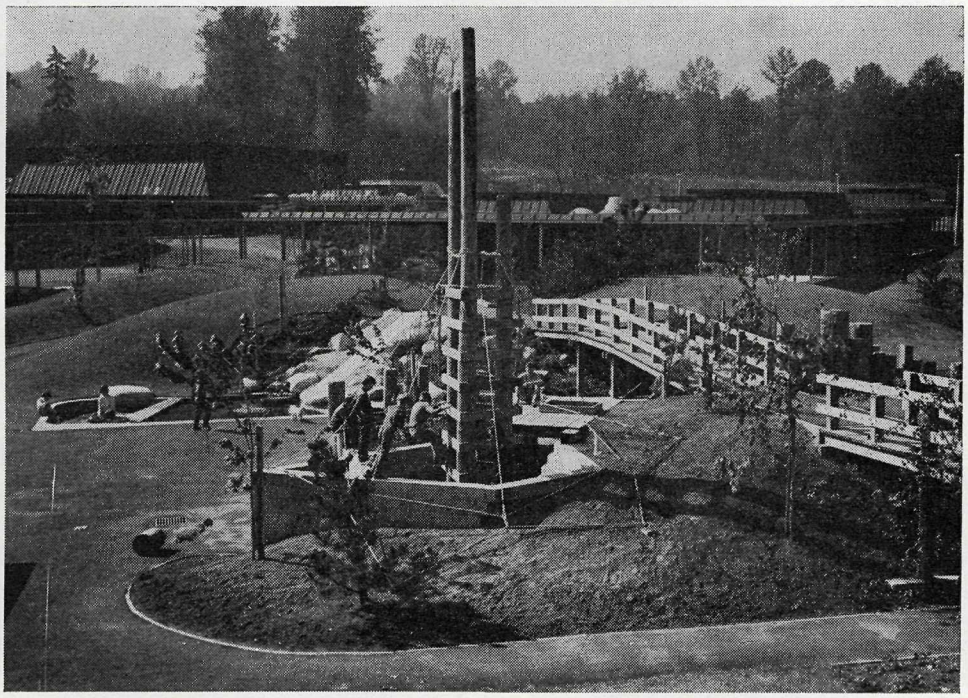
An extensive camping programme took place in the summer. Morale was high, and the improvement in the residents was noticeable.

During the fall there was the " Open House," Fall Fair, in-service training programme, and a deeper participation in the residential community. At the end of a year's full operation, the staff had all grown considerably, as people, felt secure in their ability to handle whatever happened, and looked forward enthusiastically to further expansion and challenge.

Programme

There was a large measure of freedom given in the internal running of the cottages. The residents recognized that freedom in the community must involve responsibility to that community, so they accepted the rules voluntarily, and became involved in a democratic process of relative self-government. A community meeting was held daily, in which young people and staff participated freely.

In addition to the community meetings, there were regular Gestalt Therapy groups available to the youngsters. Staff also used these opportunities to work out a problem. There was another group for staff each week. There were also talking groups, one a direct encounter-confrontation type, the other a non-directive, very relaxed, informal group, in which sensitivity techniques were freely used.



Part of the recreational play area at the British Columbia Youth Development Centre, Burnaby.

Counsellors enjoyed " doing their thing " with the youngsters, and pottery, weaving, knitting, tie-dye, batik, photography, music, cooking, sewing, woodworking, sports, trampoline, sailing, ski-ing, camping, and many other activities were warmly shared. These activities usually provided opportunities for greater contact and increased intimacy, and also for the working-out of aggression. The various resource persons who came in on a sessional basis were used to train counsellors, who have the real responsibility of caring for and helping the youngster to grow.

The needs of families were also catered to. The social workers held groups in which the whole family participated, together with one of the child-care counsellors. Follow-up of these groups is continued even after the youngster has been discharged from care.

At the year-end a parents' group had been instituted which could develop along many lines, e.g., sensitivity experience, information of adolescent growth, learning to relate better as couples, discussing child rearing in the modern world, or the unit-treatment philosophy. The teenage group met with the parents' group from time to time.

It was hoped to be able to have certain parents live in the cottage over a weekend as part of the family therapy.

Social workers also spent a lot of time contacting other agencies, arranging admissions, discharges, follow-up, etc., and relating to the community.

An in-service training programme was run for counsellors. There was a rota system to provide counsellors with the responsibility for doing all the cottage administration, and also for planning and carrying out the daily programme. The Cottage Head acted as a resource person when needed, but otherwise concentrated on the over-all functioning and therapy. Each Friday was a training-day, when half the staff from each cottage attended. The programme was repeated twice to cover all staff.

Future Developments

In order to meet the objectives of the Residential Unit, there are some services which must be provided to complete the process of taking in a non-functioning and rebellious teenager and returning him to the general community as a functioning person. To do this, an outdoor programme is needed to prepare unmotivated youngsters for intimacy in relationships, for assuming responsibility for their own behaviour, and for tackling their own problems. This would enable them to embark on treatment when they arrived at The Maples, and their stay would be considerably shortened. Group homes are required that would meet the needs for discharge from residence, or to provide placement for youngsters who wish to attend the Day Clinic. After a time in the general community, when they have developed perspective, two further services are required—one, a free school at which they can learn at their own speed, with a view to meeting Grade XII educational requirements; the other facility needed is a sheltered workshop, where the youngster can be introduced to work, and learn some money-making skills which will enable him to become a productive member of society.

PATIENT MOVEMENT

Patient Movement Trends

Patient Movement Data

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PATIENT MOVEMENT

PATIENT MOVEMENT TRENDS

TRENDS, SEPTEMBER, 1970

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	3,955	4,008	+1.3	3,705	3,658	+1.3
Riverview	3,247	3,276	+0.9	2,482	2,469	−0.5
Youth Development Centre	21	49	+133.3	9	19	+111.1
Geriatric facilities, total	687	683	−0.6	1,214	1,170	−3.6
Valleyview	505	461	−8.7	729	681	−6.6
Dellview	139	165	+18.7	232	228	−1.7
Skeenaview	43	53	+23.3	253	261	+3.2
Facilities for the mentally retarded	283	312	+10.2	1,861	1,837	−1.3
The Woodlands School	231	257	+11.3	1,251	1,263	+0.9
The Tranquille School	52	55	+5.8	610	574	−5.9
Out-patient Programmes						
Mental health centres, total	3,977	4,721	+18.7	3,973	4,964	+24.9
Burnaby	855	660	−22.8	849	683	−19.6
Chilliwack	297	269	−9.4	254	243	−4.3
Courtenay	44	355	+706.8	44	340	+672.7
Cranbrook (October, 1969)[2]	.....	131	.....	.....	108	.....
Kamloops	90	160	+77.8	84	200	+138.1
Kelowna	332	343	+3.3	293	438	+49.5
Maple Ridge	88	375	+326.1	69	286	+314.5
Nanaimo	254	104	−59.1	483	244	−49.5
Nelson (June, 1970)	.....	16	.....	.....	14	.....
New Westminster	152	232	+52.6	140	262	+87.1
Prince George	658	613	−6.8	719	732	+1.8
Saanich	72	249	+245.8	131	246	+87.8
Surrey (Boundary)	.....	208	.....	.....	178	.....
Terrace (June, 1970)	.....	53	.....	.....	51	.....
Trail	264	135	−48.9	103	42	−59.2
Vernon	399	450	+12.8	487	570	+17.0
Victoria	472	368	−22.0	317	327	+3.2
Riverview Out-patient Service[3]	516	481	−6.8	1,030	1,085	+5.3
Youth Development Centre	646	539	−16.6	335	325	−3.0
Woodlands waiting-list	144	89	−38.2	189	144	−76.7
Tranquille waiting-list	.....	69	.....	100	74	−26.0

[1] Includes permanent transfers, admissions from community, and returns from leave and escapes.
[2] Date in parentheses states date opened.
[3] Does not include about 35 patients in the Centre Lawn out-patient area case load.

PATIENT MOVEMENT DATA

DATA, 1970[1]

Facility	Entries				Exits				
	Total	Direct Admissions	Returns from Leave	Permanent Transfers	Total	Discharges	Leaves	Permanent Transfers	Deaths
All residential facilities, total	4,322	3,555	617	150	4,385	2,044	1,676	150	515
Facilities for the mentally ill	4,010	3,346	558	106	4,052	1,935	1,517	109	491
Riverview Hospital	3,276	2,782	487	7	3,306	1,846	1,334	8	118
Youth Development Centre	55	44	8	3	37	25	8	3	1
Geriatric facilities, total	679	520	63	96	709	64	175	98	372
Valleyview	461	412	44	5	495	53	141	63	238
Dellview	165	96	18	51	169	5	31	32	101
Skeenaview	53	12	1	40	45	6	3	3	33
Facilities for the mentally retarded	312	209	59	44	333	109	159	41	24
The Woodlands School	257	179	53	25	242	94	111	20	17
The Tranquille School	55	30	6	19	91	15	48	21	7
All out-patient facilities, total	------	5,987	------	------	------	4,961	------	------	------
Mental health centres, total	------	4,809	------	------	------	3,747	------	------	------
Burnaby	------	660	------	------	------	826	------	------	------
Chilliwack	------	269	------	------	------	280	------	------	------
Courtenay	------	355	------	------	------	59	------	------	------
Cranbrook (October, 1969)[2]	------	131	------	------	------	23	------	------	------
Kamloops	------	160	------	------	------	44	------	------	------
Kelowna	------	343	------	------	------	198	------	------	------
Maple Ridge	------	375	------	------	------	158	------	------	------
Nanaimo	------	104	------	------	------	343	------	------	------
Nelson (June, 1970)	------	32	------	------	------	5	------	------	------
New Westminster	------	232	------	------	------	110	------	------	------
Prince George	------	613	------	------	------	600	------	------	------
Saanich	------	249	------	------	------	134	------	------	------
Surrey	------	227	------	------	------	40	------	------	------
Terrace (June, 1970)	------	106	------	------	------	6	------	------	------
Trail	------	135	------	------	------	196	------	------	------
Vernon	------	450	------	------	------	367	------	------	------
Victoria	------	368	------	------	------	358	------	------	------
Riverview Out-patient Department	------	481	------	------	------	426	------	------	------
Youth Development Centre	------	539	------	------	------	549	------	------	------
Woodlands waiting-list	------	89	------	------	------	134	------	------	------
Tranquille waiting-list	------	69	------	------	------	105	------	------	------

[1] Table compiled from actual data through September, 1970, and projected for the remainder of year.
[2] Data in parentheses state date that centre became active.

FINANCIAL STATEMENTS

The following are financial reports of the Mental Health Branch for the fiscal year ended March 31, 1970.

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FINANCIAL STATEMENTS

FINANCIAL TABLES

TABLE A.—SHOWING THE AVERAGE NUMBER OF PATIENTS IN RESIDENCE EACH YEAR, THE TOTAL AMOUNTS SPENT FOR MAINTENANCE, AND THE GROSS YEARLY AND DAILY PER CAPITA COST, 1960/61 TO 1969/70.

Institution	Average Number in Residence	Maintenance Expenditure	Yearly *per Capita* Cost	Daily *per Capita* Cost
1960/61				
Crease Clinic	237.72	$1,313,678.32	$5,526.16	$15.14
Provincial Mental Hospital, Essondale	3,008.02	6,775,567.11	2,252.50	6.17
The Woodlands School, New Westminster	1,415.30	3,637,555.12	2,570.17	7.04
The Tranquille School	126.01	542,556.16	4,305.66	11.80
Provincial Mental Home, Colquitz	287.16	518,591.72	1,805.93	4.95
Valleyview Hospital, Essondale	695.41	1,754,500.08	2,522.97	6.91
Dellview Hospital, Vernon	232.05	448,792.02	1,934.03	5.30
Skeenaview Hospital, Terrace	290.70	417,856.55	1,437.41	3.94
Totals for the year	6,292.37	$15,409,097.08	$2,448.85	$6.71
1961/62				
Crease Clinic	241.92	$1,344,906.48	$5,559.30	$15.23
Provincial Mental Hospital, Essondale	2,824.58	6,927,591.07	2,452.61	6.72
The Woodlands School, New Westminster	1,351.62	3,639,782.25	2,692.90	7.38
The Tranquille School	250.33	657,736.27	2,627.47	7.20
Provincial Mental Home, Colquitz	284.90	507,315.85	1,780.68	4.88
Valleyview Hospital, Essondale	736.29	1,848,097.68	2,510.01	6.88
Dellview Hospital, Vernon	230.38	464,314.47	2,015.43	5.52
Skeenaview Hospital, Terrace	287.28	443,255.07	1,542.94	4.23
Totals for the year	6,207.30	$15,832,999.14	$2,550.71	$6.99
1962/63				
Crease Clinic	236.68	$1,371,120.17	$5,793.14	$15.87
Provincial Mental Hospital, Essondale	2,719.32	7,058,027.01	2,595.51	7.11
The Woodlands School, New Westminster	1,365.03	3,817,685.18	2,796.78	7.66
The Tranquille School	307.13	779,642.07	2,538.48	6.95
Provincial Mental Home, Colquitz	214.18	478,229.75	2,232.84	6.12
Valleyview Hospital, Essondale	724.07	1,939,191.04	2,678.18	7.34
Dellview Hospital, Vernon	232.55	469,458.08	2,018.74	5.53
Skeenaview Hospital, Terrace	296.21	441,445.13	1,490.31	4.08
Totals for the year	6,095.15	$16,354,798.43	$2,683.25	$7.35
1963/64				
Crease Clinic	220.63	$1,442,627.00	$6,538.67	$17.87
Provincial Mental Hospital, Essondale	2,791.99	7,534,673.00	2,698.67	7.37
The Woodlands School, New Westminster	1,306.35	3,916,660.00	2,998.17	8.19
The Tranquille School	433.92	1,077,011.00	2,482.05	6.78
Provincial Mental Home, Colquitz	94.07	414,787.00	4,409.35	14.41
Valleyview Hospital, Essondale	737.69	2,029,118.00	2,750.64	7.52
Dellview Hospital, Vernon	236.51	512,128.00	2,165.35	5.92
Skeenaview Hospital, Terrace	292.83	713,594.00	2,436.89	6.66
Totals for the year	6,113.99	$17,640,598.00	$2,885.28	$7.90
1964/65				
Crease Clinic	227.59	$1,573,366.00	$6,936.16	$18.94
Provincial Mental Hospital, Essondale	2,740.84	8,054,536.00	2,938.71	8.05
The Woodlands School, New Westminster	1,314.20	4,501,364.00	3,425.17	9.38
The Tranquille School	512.79	1,509,947.00	2,944.57	8.07
Valleyview Hospital, Essondale	753.91	2,351,885.00	3,119.58	8.55
Dellview Hospital, Vernon	234.70	553,985.00	2,360.40	6.47
Skeenaview Hospital, Terrace	290.44	510,679.00	1,758.29	4.82
Totals for the year	6,074.47	$19,055,762.00	$3,137.02	$8.59

TABLE A.—SHOWING THE AVERAGE NUMBER OF PATIENTS IN RESIDENCE EACH YEAR, THE TOTAL AMOUNTS SPENT FOR MAINTENANCE, AND THE GROSS YEARLY AND DAILY PER CAPITA COST, 1960/61 TO 1969/70—*Continued.*

Institution	Average Number in Residence	Maintenance Expenditure	Yearly *per Capita* Cost	Daily *per Capita* Cost
1965/66				
Riverview Hospital, Essondale	2,797.80	$10,230,637.00	$3,656.67	$10.02
The Woodlands School, New Westminster	1,291.27	4,981,190.00	3,857.59	10.57
The Tranquille School	562.37	1,876,093.00	3,336.05	9.14
Valleyview Hospital, Essondale	763.44	2,510,228.00	3,288.05	9.01
Dellview Hospital, Vernon	227.35	595,532.00	2,619.45	7.18
Skeenaview Hospital, Terrace	295.38	551,447.00	1,866.91	5.11
Totals for the year	5,937.61	$20,745,127.00	$3,493.85	$9.57
1966/67				
Riverview Hospital, Essondale	2,760.21	$11,162,462.00	$4,044.06	$11.08
The Woodlands School, New Westminster	1,307.53	5,376,492.00	4,111.95	11.27
The Tranquille School	602.46	2,267,399.00	3,763.57	10.31
Valleyview Hospital, Essondale	760.73	2,668,056.00	3,507.23	9.61
Dellview Hospital, Vernon	219.13	635,710.00	2,901.06	7.95
Skeenaview Hospital, Terrace	284.32	589,492.00	2,073.34	5.68
Totals for the year	5,934.38	$22,699,611.00	$3,825.10	$10.48
1967/68				
Riverview Hospital, Essondale	2,716.22	$12,111,825.00	$4,459.07	$12.18
The Woodlands School, New Westminster	1,282.95	6,001,180.00	4,677.64	12.78
The Tranquille School	660.10	2,813,051.00	4,261.55	11.64
Valleyview Hospital, Essondale	755.53	2,948,516.00	3,902.58	10.66
Dellview Hospital, Vernon	220.07	734,800.00	3,338.94	9.12
Skeenaview Hospital, Terrace	290.38	666,762.00	2,296.17	6.27
Totals for the year	5,925.25	$25,276,134.00	$4,265.83	$11.66
1968/69				
Riverview Hospital, Essondale	2,643.12	$13,072,972.00	$4,946.04	$13.55
The Woodlands School, New Westminster	1,283.72	6,364,354.00	4,957.74	13.58
The Tranquille School	652.61	3,096,131.00	4,744.23	13.00
Valleyview Hospital, Essondale	746.21	3,165,707.00	4,242.38	11.62
Dellview Hospital, Vernon	225.56	808,169.00	3,582.95	9.82
Skeenaview Hospital, Terrace	265.58	696,355.00	2,622.01	7.18
Totals for the year	5,816.80	$27,203,688.00	$4,676.74	$12.81
1969/70				
Riverview Hospital, Essondale	2,506.21	$15,423,584.00	$6,154.15	$16.86
The Woodlands School, New Westminster	1,257.98	7,534,683.00	5,989.51	16.41
The Tranquille School	608.46	3,593,393.00	5,905.72	16.18
Valleyview Hospital, Essondale	711.15	3,698,227.00	5,200.34	14.25
Dellview Hospital, Vernon	225.36	922,330.00	4,092.69	11.21
Skeenaview Hospital, Terrace	257.98	814,091.00	3,155.64	8.65
Totals for the year	5,567.14	$31,986,308.00	$5,745.55	$15.74

TABLE B.—SUMMARY STATEMENT SHOWING THE GROSS AND NET PER CAPITA COST OF PATIENTS IN ALL MENTAL HEALTH INSTITUTIONS FOR THE YEAR ENDED MARCH 31, 1970.

Gross operating costs—	
Riverview Hospital, Essondale	$15,423,584.00
The Woodlands School, New Westminster	7,534,683.00
The Tranquille School, Tranquille	3,593,393.00
Valleyview Hospital, Essondale	3,698,227.00
Dellview Hospital, Vernon	922,330.00
Skeenaview Hospital, Terrace	814,091.00
Gross cost, all institutions	$31,986,308.00
Less collections remitted to Treasury	2,116,207.00
	$29,870,101.00

Daily average population	5,567.14
Gross *per capita* cost, one year	$5,745.55
Gross *per capita* cost, one day	$15.74
Net *per capita* cost, one year	$5,365.43
Net *per capita* cost, one day	$14.70

TABLE C.—EXPENSE STATEMENT OF THE RIVERVIEW HOSPITAL FOR 12 MONTHS ENDED MARCH 31, 1970

(Includes rehabilitation and out-patient services)

Salaries, Supplies, and Operating Expense	Net Vouchered Expenditure	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operations	Yearly *per Capita* Cost
			Plus on Hand, Mar. 31, 1969	*Less* on Hand, Mar. 31, 1970		
Salaries	$10,976,206	.....	.....	.....	$10,976,206	$4,379.60
Office expense	53,821	.....	.....	.....	53,821	21.47
Travelling expense	21,592	.....	.....	.....	21,592	8.61
Office furniture and equipment	6,610	.....	.....	.....	6,610	2.64
Medical care	862,716	.....	$146,221	$140,936	868,001	346.34
Dietary	1,326,682	.....	.....	.....	1,326,682	529.36
Laundry (Credit)	5,898	.....	.....	.....	5,898	2.35
Gratuities to patients	59,715	.....	.....	.....	59,715	23.83
Patients' library	2,178	.....	.....	.....	2,178	.87
Maintenance and operation of equipment	24,520	.....	.....	.....	24,520	9.78
Transportation	21,706	.....	.....	.....	21,706	8.66
General supplies	587,521	.....	138,930	151,765	574,686	229.30
Occupational and recreational therapy	23,578	.....	.....	.....	23,578	9.41
Audio-Visual	18,077	.....	.....	.....	18,077	7.21
Patient education	528	.....	.....	.....	528	.21
Motor-vehicles and accessories	28,575	.....	.....	.....	28,575	11.40
General expense	33,993	.....	.....	.....	33,993	13.56
Burials	1,422	.....	.....	.....	1,422	.58
Buildings, grounds, etc.	.....	$1,484,848	203,500	167,485	1,520,863	606.84
	$14,043,542	$1,484,848	$488,651	$460,186	$15,556,855	$6,207.32
Less—						
Increase in inventory for institutional stores	83,796	.....	.....	.....	83,796	33.43
Rent deductions	7,583	.....	.....	.....	7,583	3.03
Board	39,150	.....	.....	.....	39,150	15.62
Sundry receipts	2,742	.....	.....	.....	2,742	1.09
Adjusted expenditure	$13,910,271	$1,484,848	$488,651	$460,186	$15,423,584	$6,154.15

TABLE D.—EXPENSE STATEMENT OF THE WOODLANDS SCHOOL, NEW WESTMINSTER, FOR 12 MONTHS ENDED MARCH 31, 1970

Salaries, Supplies, and Operating Expense	Vouchered Expenditure	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *per Capita* Cost
			Plus on Hand, Mar. 31, 1969	*Less* on Hand, Mar. 31, 1970		
Salaries	$5,959,049				$5,959,049	$4,737.00
Office expense	13,757				13,757	10.94
Travelling expense	7,086				7,086	5.63
Office furniture and equipment	840				840	.67
Medical care	216,774		$39,685	$38,550	217,909	173.22
Dietary	561,724				561,724	446.53
Laundry	37,133				37,133	29.52
Gratuities to patients	5,483				5,483	4.36
Patients' library	60				60	.05
Maintenance and operation of equipment	6,292				6,292	5.00
Transportation	1,492				1,492	1.19
General supplies	274,730				274,730	218.39
Occupational and recreational therapy	6,218				6,218	4.94
Audio-Visual	6,742				6,742	5.36
Patient education	2,270				2,270	1.80
General expense	26,265				26,265	20.88
Burials	168				168	.13
Buildings, grounds, etc.		$473,170			473,170	376.13
	$7,126,083	$473,170	$39,685	$38,550	$7,600,388	$6,041.74
Less—						
Increase in inventory for institutional stores	43,395				43,395	34.49
Rent deductions	234				234	.19
Board	22,076				22,076	17.55
Adjusted expenditure	$7,060,378	$473,170	$39,685	$38,550	$7,534,683	$5,989.51

TABLE E.—EXPENSE STATEMENT OF THE TRANQUILLE SCHOOL FOR 12 MONTHS ENDED MARCH 31, 1970

Salaries, Supplies, and Operating Expense	Vouchered Expenditure	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *per Capita* Cost
			Plus on Hand, Mar. 31, 1969	*Less* on Hand, Mar. 31, 1970		
Salaries	$2,421,894	.....	.....	.....	$2,421,894	$3,980.37
Office expense	12,173	.....	.....	.....	12,173	20.01
Travelling expense	6,615	.....	.....	.....	6,615	10.87
Office furniture and equipment	1,864	.....	.....	.....	1,864	3.06
Medical care	105,050	.....	.....	.....	105,050	172.65
Dietary	371,902	.....	$9,534	$10,882	370,554	609.00
Laundry	11,437	.....	.....	.....	11,437	18.80
Gratuities to patients	5,080	.....	.....	.....	5,080	8.35
Patients' library	21	.....	.....	.....	21	.03
Maintenance and operation of equipment	4,791	.....	.....	.....	4,791	7.87
Transportation	893	.....	.....	.....	893	1.47
General supplies	101,853	.....	55,917	55,223	102,547	168.53
Occupational and recreational therapy	9,583	.....	.....	.....	9,583	15.75
Audio-Visual	1,142	.....	.....	.....	1,142	1.88
Patient education	1,050	.....	.....	.....	1,050	1.73
Motor-vehicles and accessories	3,296	.....	.....	.....	3,296	5.42
General expense	12,096	.....	.....	.....	12,096	19.88
Burials	716	.....	.....	.....	716	1.18
Buildings, grounds, etc.	.....	$554,313	.....	.....	554,313	911.01
	$3,071,456	$554,313	$65,451	$66,105	$3,625,115	$5,957.86
Less—						
Rent deductions	11,507	.....	.....	.....	11,507	18.92
Board	20,215	.....	.....	.....	20,215	33.22
Adjusted expenditure	$3,039,734	$554,313	$65,451	$66,105	$3,593,393	$5,905.72

TABLE F.—BRITISH COLUMBIA YOUTH DEVELOPMENT CENTRE

The British Columbia Youth Development Centre expenditure statement covers the following departments:—

General Administration for all units of the Mental Health Branch, Burnaby;
Family and Children's Clinic;
Psychological Education Clinic;
Residential Unit.

General Administration covers 43 staff (salaries, $256,476). The salaries for General Administration are divided among the following units:—

	Mental Health Centre, Burnaby	Family and Children's Clinic	Psychological Education	Residential Unit	Total
General Administration salaries	$64,119	$64,119	$32,060	$96,178	$256,476
Unit salaries	----------	252,108	105,814	248,087	606,009
Unit expenses	----------	30,230	20,164	45,700	96,094
	$64,119	$346,457	$158,038	$389,965	$958,579
Buildings and grounds	----------	29,935	14,967	44,903	89,805
Totals	$64,119	$376,392	$173,005	$434,868	$1,048,384

NOTE.—The Family and Children's Clinic, Psychological Education Clinic, and the Residential Unit were all placed into gradual operation during the fiscal year 1969/70.

TABLE G.—EXPENSE STATEMENT OF THE VALLEYVIEW HOSPITAL, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1970

Salaries, Supplies, and Operating Expense	Vouchered Expenditure	Services and Supplies from Public Works Department	Actual Cost of Operations	Yearly *per Capita* Cost
Salaries	$2,976,152	----------	$2,976,152	$4,184.98
Office expense	8,993	----------	8,993	12.65
Travelling expense	3,636	----------	3,636	5.11
Office furniture and equipment	1,147	----------	1,147	1.61
Medical care	173,088	----------	173,088	243.39
Dietary	334,976	----------	334,976	471.03
Laundry	19,894	----------	19,894	27.97
Gratuities to patients	2,031	----------	2,031	2.86
Patients' library	77	----------	77	.11
Maintenance and operation of equipment	4,250	----------	4,250	5.98
Transportation	358	----------	358	.50
General supplies	110,240	----------	110,240	155.02
Occupational and recreational therapy	2,401	----------	2,401	3.38
Motor-vehicles and accessories	8,973	----------	8,973	12.62
Audio-Visual	2,269	----------	2,269	3.19
General expense	1,464	----------	1,464	2.06
Burials	295	----------	295	.41
Buildings, grounds, etc.	----------	$86,051	86,051	121.00
	$3,650,244	$86,051	$3,736,295	$5,253.87
Less—				
Increase in inventory from institutional stores	22,445	----------	22,445	31.56
Rent deductions	143	----------	143	.20
Board	15,480	----------	15,480	21.77
Adjusted expenditure	$3,612,176	$86,051	$3,698,227	$5,200.34

TABLE H.—EXPENSE STATEMENT OF THE DELLVIEW HOSPITAL, VERNON, FOR THE 12 MONTHS ENDED MARCH 31, 1970

Salaries, Supplies, and Operating Expense	Vouchered Expenditure	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *per Capita* Cost
			Plus on Hand, March 31, 1969	*Less* on Hand, March 31, 1970		
Salaries	$636,464	.....	.....	.....	$636,464	$2,824.21
Office expense	1,349	.....	.....	.....	1,349	5.98
Travelling expense	1,304	.....	.....	.....	1,304	5.79
Office furniture and equipment	415	.....	.....	.....	415	1.84
Medical care	27,398	.....	$4,863	$6,171	26,090	115.77
Dietary	92,717	.....	3,754	3,560	92,911	412.27
Laundry	3,794	.....	.....	.....	3,794	16.83
Gratuities to patients	94	.....	.....	.....	94	.42
Maintenance and operation of equipment	316	.....	.....	.....	316	1.40
Transportation	24	.....	.....	.....	24	.11
General supplies	34,535	.....	13,389	14,310	33,614	149.16
Occupational and recreational therapy	367	.....	.....	.....	367	1.63
Audio-Visual	29	.....	.....	.....	29	.13
General expense	2,041	.....	.....	.....	2,041	9.06
Burials	2,895	.....	.....	.....	2,895	12.85
Buildings, grounds, etc.	.....	$125,977	.....	.....	125,977	559.00
	$803,742	$125,977	$22,006	$24,041	$927,684	$4,116.45
Less—						
Rent deductions	1,652	.....	.....	.....	1,652	7.33
Board	3,702	.....	.....	.....	3,702	16.43
Adjusted expenditure	$798,388	$125,977	$22,006	$24,041	$922,330	$4,092.69

TABLE I.—EXPENSE STATEMENT OF THE SKEENAVIEW HOSPITAL, TERRACE, FOR THE 12 MONTHS ENDED MARCH 31, 1970

Salaries, Supplies, and Operating Expense	Vouchered Expenditure	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operation	Yearly *per Capita* Cost
			Plus on Hand, March 31, 1969	*Less* on Hand, March 31, 1970		
Salaries	$495,855	----------	----------	----------	$495,855	$1,922.07
Office expense	2,071	----------	----------	----------	2,071	8.03
Travelling expense	2,386	----------	----------	----------	2,386	9.25
Office furniture and equipment	157	----------	----------	----------	157	.61
Medical care	26,305	----------	----------	----------	26,305	101.96
Dietary	110,768	----------	$6,305	$8,253	108,820	421.82
Laundry	4,462	----------	----------	----------	4,462	17.29
Gratuities to patients	12	----------	----------	----------	12	.05
Patients' library	129	----------	----------	----------	129	.50
Maintenance and operation of equipment	672	----------	----------	----------	672	2.60
Transportation	2,590	----------	----------	----------	2,590	10.04
General supplies	27,429	----------	13,678	11,981	29,126	112.90
Occupational and recreational therapy	905	----------	----------	----------	905	3.51
Audio-Visual	1,786	----------	----------	----------	1,786	6.93
General expense	2,271	----------	----------	----------	2,271	8.80
Burials	6,090	----------	----------	----------	6,090	23.61
Buildings, grounds, etc.	----------	$137,409	----------	----------	137,409	532.63
	$683,888	$137,409	$19,983	$20,234	$821,046	$3,182.60
Less—						
Rent deductions	4,273	----------	----------	----------	4,273	16.56
Board	2,682	----------	----------	----------	2,682	10.40
Adjusted expenditure	$676,933	$137,409	$19,983	$20,234	$814,091	$3,155.64

TABLE J.—EXPENSE STATEMENT OF THE COMMUNITY SERVICES FOR 12 MONTHS ENDED MARCH 31, 1970

	Mental Health Centre Expenditure		Mental Health Centre Expenditure
Burnaby	$480,929	Courtenay	$40,225
Victoria	205,703	Cranbrook	24,150
Kelowna	78,804	Vernon	63,765
Trail	59,037	Nelson	*Nil*
Nanaimo	69,157	Maple Ridge	64,269
Prince George	65,420	Surrey	62,225
Kamloops	40,741	New Westminster	79,561
Chilliwack	59,801	Terrace	2,493
Expansion of Community Services			79,007
Grand total, Community Services			$1,475,287

TABLE K.—EXPENSE STATEMENT OF GENERAL ADMINISTRATION FOR 12 MONTHS ENDED MARCH 31, 1970

Expenditure	$834,558

TABLE L.—EXPENSE STATEMENT OF THE DEPARTMENT OF NURSING EDUCATION FOR 12 MONTHS ENDED MARCH 31, 1970

Expenditure	$1,016,116

TABLE M.—INSTITUTIONAL STORES

Net undistributed stores as per Public Accounts	$148,358
Adjustments *re* farm profit	11,687
	$160,036
Inventory adjustments, *plus* on hand, March 31, 1969	593,244
	$753,280
Less on hand, March 31, 1970	603,644
Net increase in inventory[1]	$149,636

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

Riverview Hospital (56 per cent)	$83,796
Woodlands School (29 per cent)	43,395
Valleyview Hospital (15 per cent)	22,445
	$149,636

RECONCILIATION WITH PUBLIC ACCOUNTS, 1969/70

Table K—General Administration—		
Salaries	$455,535	
Expenses	379,023	
Vouchered expenditure	$834,558	
Deduct salary adjustments	37,212	
As per Public Accounts		$797,346

RECONCILIATION WITH PUBLIC ACCOUNTS, 1969/70—*Continued*

Table L—Department of Nursing Education—			
Salaries		$975,479	
Expenses		40,637	
Vouchered expenditure		$1,016,116	
Deduct salary adjustments		37,008	
As per Public Accounts			$979,108
Table J—			
Mental Health Centre, Burnaby—			
Salaries		$349,550	
Expenses		131,379	
Vouchered expenditure		$480,929	
Deduct—			
Building and grounds	$29,935		
Portion of British Columbia Youth Development Centre salaries	64,119		
		94,054	
As per Public Accounts			386,875
Mental Health Centre, Victoria—			
Salaries		$148,714	
Expenses		56,989	
Vouchered expenditure		$205,703	
Deduct buildings and grounds		3,704	
As per Public Accounts			201,999
Mental Health Centre, Kelowna—			
Salaries		$63,392	
Expenses		15,412	
Vouchered expenditure			78,804
Mental Health Centre, Trail—			
Salaries		$48,436	
Expenses		10,601	
Vouchered expenditure			59,037
Mental Health Centre, Nanaimo—			
Salaries		$43,000	
Expenses		26,157	
Vouchered expenditure			69,157
Mental Health Centre, Prince George—			
Salaries		$54,584	
Expenses		10,836	
Vouchered expenditure			65,420

RECONCILIATION WITH PUBLIC ACCOUNTS, 1969/70—*Continued*

Table J—*Continued*

Mental Health Centre, Kamloops—		
Salaries	$37,248	
Expenses	3,493	
Vouchered expenditure		$40,741
Mental Health Centre, Chilliwack—		
Salaries	$43,806	
Expenses	15,995	
Vouchered expenditure		59,801
Mental Health Centre, Courtenay—		
Salaries	$29,404	
Expenses	10,821	
Vouchered expenditure		40,225
Mental Health Centre, Cranbrook—		
Salaries	$11,080	
Expenses	13,070	
Vouchered expenditure		24,150
Mental Health Centre, Vernon—		
Salaries	$54,132	
Expenses	9,633	
Vouchered expenditure		63,765
Mental Health Centre, Maple Ridge—		
Salaries	$47,376	
Expenses	16,893	
Vouchered expenditure		64,269
Mental Health Centre, Surrey—		
Salaries	$43,126	
Expenses	19,099	
Vouchered expenditure		62,225
Mental Health Centre, New Westminster—		
Salaries	$58,383	
Expenses	21,178	
Vouchered expenditure		79,561
Mental Health Centre, Terrace—Vouchered expenditure		2,493
Expansion of Community Services		79,007
Deduct salary adjustments, all Community Services		76,560

RECONCILIATION WITH PUBLIC ACCOUNTS, 1969/70—*Continued*

Table C—Riverview Hospital (including rehabilitation and out-patient services)—			
Salaries		$10,976,206	
Expenses		4,447,378	
Vouchered expenditure		$15,423,584	
Deduct—			
Salary adjustments	$1,153,284		
Buildings and grounds	1,484,848		
Decrease in inventories	28,465		
		2,666,597	
		$12,756,987	
Add sundry adjustments, rent and board, etc.		133,271	
As per Public Accounts			$12,890,258
Table G—Valleyview Hospital—			
Salaries		$2,976,152	
Expenses		722,075	
Vouchered expenditure		$3,698,227	
Deduct—			
Salary adjustments	$327,612		
Portion of farm profit	1,817		
Buildings and grounds	86,051		
		415,480	
		$3,282,747	
Add sundry adjustments, rent and board, etc.		38,068	
As per Public Accounts			3,320,815
Table H—Dellview Hospital—			
Salaries		$636,464	
Expenses		285,866	
Vouchered expenditure		$922,330	
Deduct—			
Salary adjustments	$70,176		
Buildings and grounds	125,977		
Portion of farm profit	1,038		
		197,191	
		$725,139	
Add—			
Sundry adjustments, rent and board, etc.	$5,354		
Increase in inventories	2,035		
		7,389	
As per Public Accounts			732,528

RECONCILIATION WITH PUBLIC ACCOUNTS, 1969/70—*Continued*

Table I—Skeenaview Hospital—			
Salaries		$495,855	
Expenses		318,236	
Vouchered expenditure		$814,091	
Deduct—			
Salary adjustments	$49,620		
Buildings and grounds	137,409		
		187,029	
		$627,062	
Add—			
Sundry adjustments, rent, board, etc.	$6,955		
Increase in inventories	251		
		7,206	
As per Public Accounts			$634,268
Table D—The Woodlands School—			
Salaries		$5,959,049	
Expenses		1,575,634	
Vouchered expenditure		$7,534,683	
Deduct—			
Salary adjustments	$608,256		
Buildings and grounds	473,170		
Portion of farm profit	3,633		
Decrease in inventory	1,135		
		1,086,194	
		$6,448,489	
Add sundry adjustments, rent, board, etc.		65,705	
As per Public Accounts			6,514,194
Table E—The Tranquille School—			
Salaries		$2,421,894	
Expenses		1,171,499	
Vouchered expenditure		$3,593,393	
Deduct—			
Salary adjustments	$253,212		
Buildings and grounds	554,313		
Portion of farm profit	5,969		
		813,494	
		$2,779,899	

RECONCILIATION WITH PUBLIC ACCOUNTS, 1969/70—*Continued*

Table E—The Tranquille School—*Continued*			
Add—			
Sundry adjustments, rent, board, etc.	$31,722		
Increase in inventory	654		
		$32,376	
As per Public Accounts			$2,812,275
Table F—British Columbia Youth Development Centre—			
Salaries		$862,485	
Expenses		185,899	
Vouchered expenditure		$1,048,384	
Deduct—			
Salary adjustments	$49,908		
Buildings and grounds, etc.	89,805		
		139,713	
As per Public Accounts			908,671
Table M—Net undistributed stores (as per Public Accounts)			148,358
Special Warrants—			
Special Warrant 8—Grant to Youth Resources Society			32,895
Special Warrant 17—Grant to Association of Mentally Retarded of British Columbia			20,000
Special Warrant 18—Grant of the Endicott Home, Creston			35,000
Special Warrant 30—Grant to Kelowna Group Living Home Society			12,667
Total expenditures (as per Public Accounts)			$31,139,352

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