DEPARTMENT OF HEALTH SERVICES
AND HOSPITAL INSURANCE

Mental Health Branch

PROVINCE OF BRITISH COLUMBIA

ANNUAL REPORT

1972

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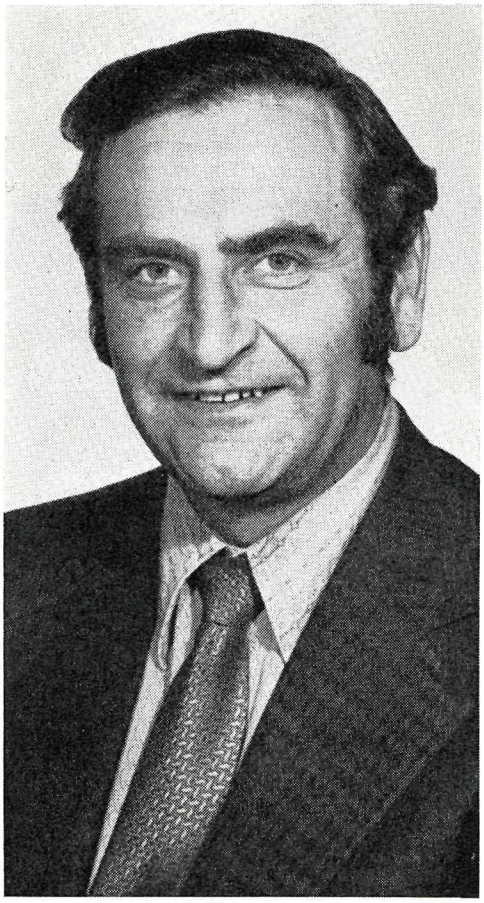
1973



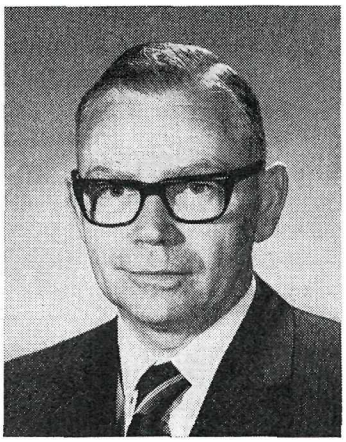
To Colonel the Honourable JOHN R. NICHOLSON, P.C., O.B.E., Q.C., LL.D.,
Lieutenant-Governor of the Province of British Columbia.

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 1972.

DENNIS G. COCKE
Minister of Health Services and Hospital Insurance,

Office of the Minister of Health Services and Hospital Insurance,
Victoria, B.C., January 25, 1973.



DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE,
MENTAL HEALTH BRANCH,
VICTORIA, B.C., January 25, 1973.

The Honourable Dennis G. Cocke,
Minister of Health Services and Hospital Insurance,
Victoria, B.C.

SIR: I have the honour to submit the Annual Report of the Mental Health Branch for 1972.

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

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE

MENTAL HEALTH BRANCH

THE HONOURABLE DENNIS G. COCKE, *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., M.R.C.PSYCH., D.P.M.,
Co-ordinator of Mental Retardation and Children's Psychiatric Services.

H. W. BRIDGE, M.A., M.B., B.CH., B.A.O., M.SC., C.R.C.P.(C.),
Co-ordinator of Adult Psychiatric Services.

F. A. MATHESON,
Departmental Comptroller.

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

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

R. S. MCINNES, B.A., B.D., M.P.H.,
Co-ordinator of Mental Health Centres.

A. G. DEVRIES, PH.D.,
Consultant in Psychology.

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

P. BINGHAM, M.S.W.,
Assistant Co-ordinator of Boarding-homes.

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

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

K. DENECKE, B.COM.,
Statistician.

W. A. BLAIR,
Management Analyst.

R. H. THOMPSON,
Director, Information Services.

N. W. WYLIE,
Administrative Officer.

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

COMMUNITY MENTAL HEALTH CENTRES

P. ADRIAN, M.S.W.,
Administrator, Chilliwack Mental Health Centre.

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

Y. BLEDSOE, M.S.W.,
Administrator, Powell River Mental Health Centre.

J. S. BROWN, M.S.W.,
Administrator, Whalley Mental Health Centre.

V. N. BROWN, M.S.W.,
Administrator, Port Alberni Mental Health Centre.

R. L. CAMERON, M.S.W., R.S.W.,
Administrator, Trail Mental Health Centre.

G. G. ELLIS, M.A., B.M., B.CH., D.P.M., F.R.C.P.(C.), M.R.C.PSYCH.,
Director, Kamloops Mental Health Centre.

A. GEDDES, B.S.N.,
Administrator, Cranbrook Mental Health Centre.

F. J. HANNAH, M.A.,
Administrator, New Westminster Mental Health Centre.

A. I. HOLMES, B.A., M.S.W.,
Administrator, Kelowna Mental Health Centre.

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

P. HUMPHREY, B.A., M.S.W.,
Administrator, Williams Lake Mental Health Centre.

J. A. HUTTON, M.S.W.,
Administrator, Duncan Mental Health Centre.

J. L. KYLE, M.A.,
Administrator, Courtenay Mental Health Centre.

F. R. LINGE, M.A.,
Administrator, Penticton Mental Health Centre.

E. LITTLE, B.S.N.,
Administrator, Fort St. John Mental Health Centre.

S. G. LITTLE, M.D.,
Director, Port Coquitlam Mental Health Centre.

E. LUKE, M.B., CH.B., D.P.M., F.R.C.P., M.R.C.PSYCH.,
Director, Maple Ridge Mental Health Centre.

D. L. MITCHELL, B.ED., M.A.,
Administrator, Surrey Mental Health Centre.

J. SNYDER, B.SC., B.S.W., M.S.W.,
Administrator, Prince George Mental Health Centre.

E. J. SOPP, M.S.W.,
Administrator, Nelson Mental Health Centre.

S. G. TRAVERS, M.S.W.,
Administrator, Terrace Mental Health Centre.

R. D. TURNER, B.A., B.S.W., M.S.W.,
Administrator, Nanaimo Mental Health Centre.

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

S. ZIMMERMAN, B.S.W.,
Administrator, Vernon Mental Health Centre.

MENTAL HEALTH SERVICES

J. C. JOHNSTON, M.D., F.A.C.H.A.,
Superintendent, Riverview Hospital.

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

W. W. BLACK, M.B., B.SC., D.P.M., C.R.C.P.(C.),
Superintendent, Geriatric Division.

J. BOWER, M.D., M.R.C.PSYCH., D.P.M.,
Superintendent, The Tranquille School.

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

M. E. CAMPBELL, R.N., B.N., M.A.,
Acting 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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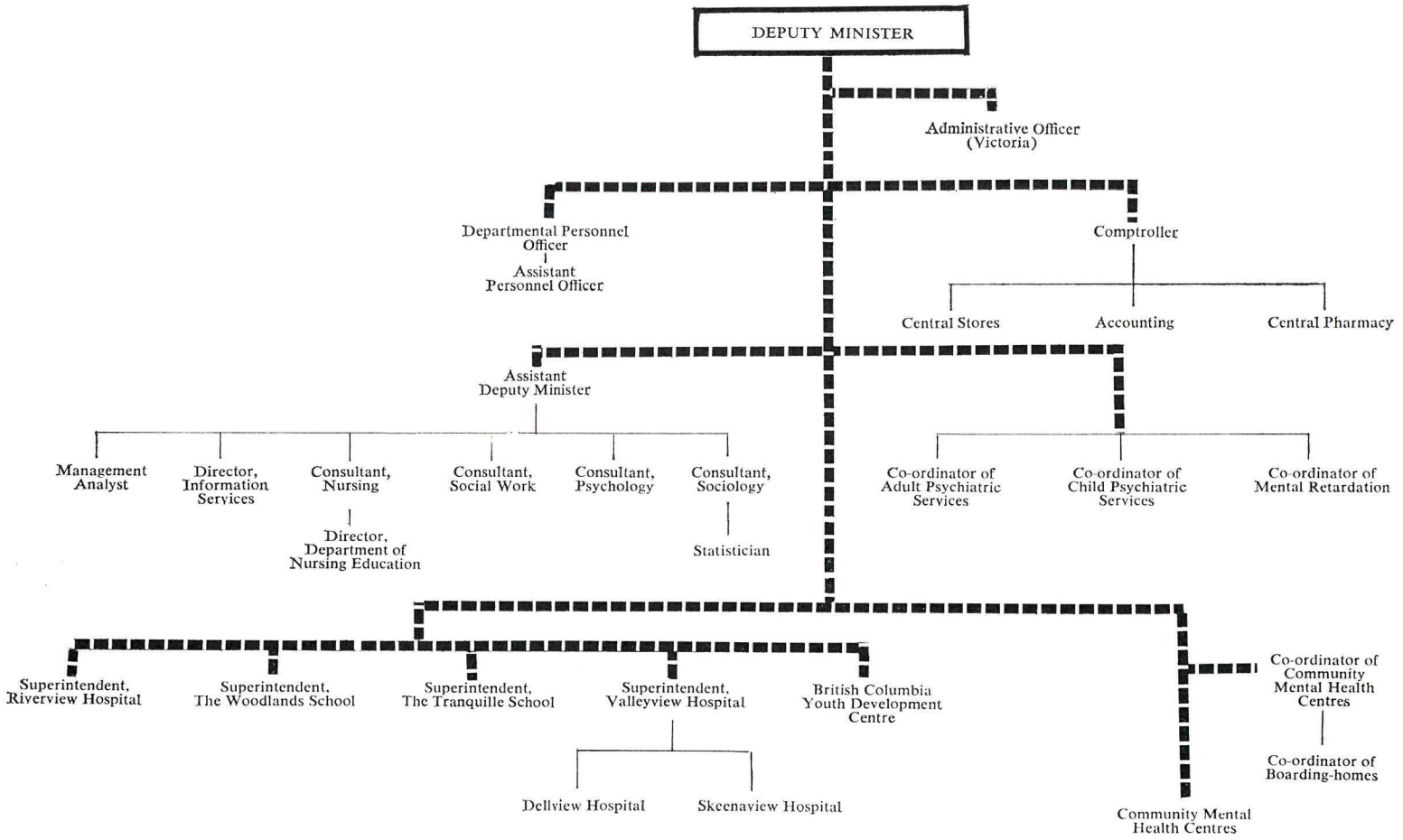
MENTAL HEALTH BRANCH ORGANIZATION CHART



GENERAL ADMINISTRATION

The Year in Review

Construction, Maintenance, and Business Review

Personnel

Adult Psychiatric Services

Retardation and Children's Psychiatric Services

Nursing Consultation Services

Boarding-home Programme

Special Studies and Continuing Education

Psychology Consultation Services

Management Analyst Consultation Services

Statistics and Medical Records

Information Services

GENERAL ADMINISTRATION

THE YEAR IN REVIEW

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

The accelerating rate of social change and the attendant problems, together with mounting concern over the cost of health care, have had a particular impact upon the field of mental health. The complexity of devising and implementing a programme which crosses so many established boundaries increases each year. Nevertheless, major advances continue to be made in services to the mentally ill and retarded of the Province.

Details of the various programmes are contained in the body of this Report, and at this point I wish only to emphasize developments of special significance.

The community programme has expanded in the past year and we are on the threshold of major and exciting changes in the Greater Vancouver region. An Advisory Mental Health Committee to the Metropolitan Board of Health has been appointed to co-ordinate and plan a composite community mental health programme for this region, with a special emphasis on alternative methods of care and provision of "back-up resources." The necessary planning and research staff will be made available through the Mental Health Branch.

In May the Riverview Hospital Out-patient Department was transferred from Burnaby to East Broadway and expanded its ability to provide pre-admission assessments and limited out-patient services. The programme was augmented by the Home Treatment Programme. An extensive scientific evaluation is in process, but it would appear that this has been a successful project which, at its peak, with a team of nine, maintained 180 patients in the community who would otherwise have been admitted to hospital.

New mental health centres have been established at Port Alberni and Williams Lake and as soon as staff can be recruited a centre will be opened at Prince Rupert. This brings to 26 the number of mental health centres in the Province. A lack of psychiatrists in outlying areas remains a problem, although there are signs that this may be improving. Admissions to Riverview Hospital have declined from 288 per 100,000 population in 1966/67 to 139 per 100,000 in the year 1971, and there are indications that the new mental health centre programmes, backed up by psychiatric beds in general hospitals, have been a significant factor in this improvement.

At the end of the year there were approximately 1,300 patients in boarding-homes supervised by the Mental Health Branch. While many were formerly in our major institutions, an increasing percentage are placed directly from, and within, their community. An occupational therapy supervisor and four activity therapists were appointed to the Lower Fraser Valley region and I hope that similar programmes can be established in other regions of the Province. A successful boarding-home programme requires constant strict surveillance if it is not to deteriorate

rapidly. It also requires many and varied resources, and more flexible funding than is at present readily available.

In June, Dr. Bruce Bryson retired from the superintendency of the Riverview Hospital after 33 years of service. I would like to pay tribute to his dedication and to the care that he gave the many patients for whom he was responsible during his long career. We were glad to welcome Dr. J. C. Johnston, formerly Executive Director of the Calgary General Hospital, to replace Dr. Bryson. His extensive experience and zeal will be invaluable in the reorganization of this facility.

Riverview Hospital has faced a critical situation for most of this year due to the acute shortage of trained psychiatrists on staff. This caused a serious reduction of admissions, especially from the Vancouver area, and reduced the effectiveness of the new Out-patient Department. I trust that the revised salary scales will enable us to recruit adequate numbers of trained staff, and that, by tying the various divisions of the hospital more closely with the communities they serve, all staff will find they have a stimulating and satisfying job. An Advisory Board was appointed in August, consisting of Dr. Milton H. Miller, Head of the Department of Psychiatry, University of British Columbia; Mrs. H. Gemeroy, Director of Nursing, Health Sciences Centre; S. T. Richards, Director of Medical Options, B.C. Institute of Technology, together with Dr. H. W. Bridge, Dr. J. H. Cumming, and A. Porteous of this Branch, and I am grateful to them for their invaluable advice and assistance.

The retardation programme has developed very satisfactorily and The Woodlands School and The Tranquille School have provided a high-quality service. The expansion of community resources has enabled these schools to limit admissions to individuals who really require this particular level of care. During the year, grants were made to the following retardation facilities:

Cloverdale Association for the Mentally Retarded.

Dawson Creek Society for Retarded Children.

Greater Victoria Association for Retarded.

Nanaimo Association for Retarded.

New Westminster and District Society for the Retarded.

North Shore Association for the Mentally Retarded.

Quesnel and District Association for Retarded Children.

Vancouver Association for the Mentally Retarded.

To ensure that these services are effectively used, a Mental Retardation Co-ordinator was added to the Lower Fraser Valley region, and other regions will be covered in the coming year. Great credit is due the British Columbia Association For the Mentally Retarded, which continues to operate residential, school, and workshop facilities for the retarded. Excellent services are also provided by the Bevan Lodge Society, which operates Bevan Lodge in Courtenay, and the Glendale Lodge Society, operators of the Glendale Lodge, Victoria. Glendale Lodge is now in full operation and will increase its out-patient services and travelling clinics in the coming year, with funds made available by the Mental Health Branch.

An effective psychogeriatric programme has been maintained with increased emphasis on activation. We look forward to expanding in the community consultation service. Of note was the incorporation of the Skeenaview Lodge Society, which, it is anticipated, will take over the operation of the Skeenaview Hospital on April 1, 1973.

The needs of emotionally disturbed children remain a priority and grants for community agencies were made as follows:

	$
Cedar Lodge Society	43,314.00
Gateway School	20,000.00
Kelowna Group Living Home Society	2,333.33
Mennonite Receiving Committee	8,000.00
Prince George Receiving Home Society	58,933.00

This programme especially involves many Government departments and agencies and the co-ordination of planning and the delivery system remains unsatisfactory.

Dr. Milton Miller was appointed as Professor and Head of the Department of Psychiatry, University of British Columbia, in January. This was an event of major significance not only to the university but to the Mental Health Branch, and, during the past 12 months, Dr. Miller has never failed to meet our requests for advice or assistance. We look forward to working in close association with him and his colleagues.

In September, the responsibility for training the psychiatric nurses was transferred from the Mental Health Branch to the B.C. Institute of Technology. While the Branch facilities will still be used, the responsibility for the programme will be vested in the Department of Education. I am particularly pleased that the new curriculum provides the psychiatric nurse with further avenues of advance.

Two new members have joined the Branch staff, Dr. A. G. Devries, as Consultant in Psychology and A. Blair, as Management Analyst. They are making a valuable contribution to the Branch administration and operation. In June, Miss Alice Carroll, Consultant in Social Work, retired. Her accomplishments in the mental health field in the more than 20 years with the Mental Health Branch are too numerous to list. The successful programmes she initiated are testimony enough. I know that I and my colleagues throughout the Branch will miss the benefit of her advice and the warmth of her friendship.

CONSTRUCTION, MAINTENANCE, AND BUSINESS REVIEW

Riverview Hospital, Essondale

The renovation of rented quarters to house the Out-patient Department in Vancouver was completed and the new facilities came into operation on January 18, 1972.

Conversion of the boilerhouse from coal to gas was completed during the year.

Contracts totalling approximately $300,000 were awarded for fire escapes in the Crease Unit and the East Lawn Building. Planning was continued for additional fire escapes in the other buildings, as recommended by the Fire Marshal.

Renovations to the Riverside Building and the recreational therapy addition were out to tender at the year-end.

Renovation of the West Lawn Building (planning of phase 3 of this project) was still under way.

Tenders were called for alterations to Nurses' Homes 6, 7, and 8, to provide patient accommodation and office space.

Planning for a new laundry continued.

The Woodlands School, New Westminster

Tenders were called for the renovation of Nurses' Home 3 to an academic and activity building.

A contract in the amount of $379,300 was let for the completion of the industrial therapy building.

The contract for the ventilation of Cedar, Pine, Birch, and Willow Cottages was completed, and planning continued on the five new 20-bed units.

The Tranquille School, Tranquille

Installation of fire escapes in the Greaves Building was completed.

Planning continued on the four 20-bed units and Training Centre.

Skeenaview Hospital, Terrace

The contract for phase 1 in the renovation programme for this unit was completed and planning for phase 2 continued.

In addition to the foregoing, a large number of minor projects were carried out by the Department of Public Works.

BUSINESS

During the year under review there were a number of changes in the business administration of the institutions, as follows:

Dellview Hospital, Vernon—L. W. Fox, Supervisor, retired and was succeeded by V. Phillips, formerly the Supervisor at the Skeenaview Hospital in Terrace.

Skeenaview Hospital, Terrace—V. Phillips, Supervisor, transferred to the Dellview Hospital, Vernon, and was succeeded by W. G. W. Fraser.

The Tranquille School, Tranquille—E. V. R. Merrick, Business Administrator, retired and was succeeded by Mrs. Corine Lindsay.

British Columbia Youth Development Centre, Burnaby—R. McCallum retired and was succeeded by L. McClintick.

The Assessment Committee again had a very active year, with a large increase in the number of cases referred to it.

The Department of Highways completed work on the new four-lane highway adjacent to the Riverview Hospital grounds.

A new Public Works Order in Council was passed to provide improvement in traffic control and parking at all Government institutions.

Patients from the Provincial Home, Kamloops, were transferred to temporary quarters at The Tranquille School during the year. This was necessary as the Department of Public Works were demolishing the existing Provincial Home, which will be replaced by a new building.

Three new mental health centres were opened at Port Alberni, Prince Rupert, and Williams Lake.

PERSONNEL

During the year, Branch personnel regulations and procedures were promulgated throughout the Service by means of personnel circulars. Twenty-eight circulars were issued in 1972, including detailed instructions concerning employee appraisals, requisitions for appointment to a Civil Service position, an on-call system for in-patient care, part-time continuous employees, and the procedures for handling cases of disabled employees.

Fifty-one requests for classification reviews were received, and 35 were reviewed by Branch personnel officers, who turned down five and forwarded 29 to the Civil Service Commission with recommendations for upgrading. Of these, the Civil Service Commission refused two, approved 11, and had 16 under review at the year-end.

The review of all Child Care Counsellor job specifications, which started in 1971, was finalized during the year. The new series will also replace the child care worker series.

The statistics given in Tables 1 and 2 were based on the fiscal year ending March 31, 1972. During that period, the establishment of permanent positions increased by one.

The staff turnover for the fiscal year 1971/72, temporary staff excluded, was 13.36 per cent, down from the 21.82-per-cent turnover for 1970/71. No obvious reason could be determined for the decrease.

A serious shortage of registered nurses and psychiatric nurses developed during 1972, and advertising across Canada and in the United Kingdom was continuing at the year-end. Some success was evident by the fall and late in the year.

The recruitment of psychiatrists, psychologists, psychiatric social workers, and occupational therapists remained a problem, although the situation, with the exception of psychiatrists, had shown some improvement. Extensive advertising was being carried out for these professional classifications.

Twelve grievances were considered at the second step in 1972. Five were settled or turned down at the Deputy Minister level, and the remainder were referred to the Chief Personnel Officer of the Civil Service Commission for further action.

An on-call system project, started in 1971 for nursing staff, was completed at The Woodlands School. Regulations and procedures were subsequently issued, and late in the year other facilities were using the on-call system as a means of meeting day-to-day deficiences in staff due to minor illness, recruitment lag, and short-term WCB injuries.

The psychiatric student nurse enrolment decreased in 1971/72 from 143 to 87, as of March 31, 1972. The class intake for February 1972 was the last for the Mental Health Branch's Division of Nursing Education. The training of psychiatric nurses was transferred to the B.C. Institute of Technology, Burnaby, and their first class started in September 1972.

The Departmental Personnel Officer, G. L. Tomalty, was appointed to a special Commission of Inquiry, which was formed to study and report on employer/employee relations to the office of the Provincial Secretary.

As at November 1, 1972, the Branch employed 123 handicapped persons.

Sick leave granted with pay in 1972 averaged 8.44 days per employee, and without pay averaged 1.5 days.

TABLE 1—COMPARISON OF STAFF TOTALS, SHOWING TOTALS FOR THE PRECEDING FISCAL YEAR

	Fiscal Year 1970/71		Fiscal Year 1971/72	
	Positions in Establishment, March 31, 1971	Number on Staff, March 31, 1971	Positions in Establishment, March 31, 1972	Number on Staff, March 31, 1972
General administration	61	53	60	58
Department of Nursing Education	71	62	68	59
Mental Health Centres and Boarding-home Programme	141	139	166	155
Subtotals	273	254	294	272
In-patient care—				
Riverview Hospital	1,685	1,759	1,677	1,777
The Woodlands School	924	955	924	990
The Tranquille School	395	404	396	411
Valleyview Hospital	449	482	449	492
Dellview Hospital	98	100	98	100
Skeenaview Hospital	74	77	74	73
B.C. Youth Development Centre	156	136	143	140
Subtotals	3,781	3,913	3,761	3,983
Total Civil Service positions	4,054	4,167	4,055	4,255
Student psychiatric nurses	325	143	325	87
Totals	4,379	4,310	4,380	4,342

TABLE 2—BREAKDOWN BY CLASSIFICATION OF RECRUITMENT AND SEPARATION ACTIVITY FOR THE MENTAL HEALTH BRANCH, EXCLUDING STUDENT PSYCHIATRIC NURSES AND TEMPORARY RELIEF STAFF.

	Recruited	Separated
Physicians	38	35
Medical interns	12	12
Registered nurses	75	69
Psychiatric nurses	186	221
Female psychiatric aides	339	270
Male psychiatric aides	94	94
Teachers	9	6
Occupational therapists	13	17
Seamstresses	3	4
Recreational therapists	9	8
Psychologists	26	23
Psychiatric social workers	47	21
Dietitians	4	3
Cook's helpers	72	59
Clerks	31	30
Clerk-Stenographers	70	42
Laundry workers	60	72
Child care counsellors	15	17
Miscellaneous professional	16	6
Miscellaneous technical	49	44
Miscellaneous	295	270
Totals	1,463	1,323

ADULT PSYCHIATRIC SERVICES

1972 was the first complete year of the existence of the position of Co-ordinator of Adult Psychiatric Services.

Early in the year, much time was spent in consulting at Riverview Hospital, not only in regard to the development of a regionalization programme, but in consultation with the Executive Director on a variety of administrative matters. Meetings of boards and committees were numerous and time-consuming, as was the correspondence related to medical staff recruitment. In conjunction with Dr. J. Cumming, R. S. McInnes, and R. H. Goodacre, some progress was made on the regionalization programme based on the Centre Lawn Unit of Riverview Hospital.

In late July the function of the Co-ordinator's position was reviewed and an attempt made to delineate responsibilities and establish priorities. As a result, the Co-ordinator's function became more useful in its contribution to the total activity of the Branch.

SPECIFIC ACTIVITIES OF THE CO-ORDINATOR

Boards and committees—

(1) Riverview Advisory Board.

(2) B.C. Youth Development Centre Board of Management.

(3) Graduate Training Committee, Department of Psychiatry, UBC.

(4) Task Committee, Section of Psychiatry, B.C. Medical Association. Although not officially appointed by the Branch, membership on this temporary committee appeared to be a legitimate function in the Branch interest.

Riverview Hospital—Following the appointment of Dr. J. C. Johnston as Executive Director, involvement with Riverview Hospital was considerably reduced and was restricted to

(1) Advisory Board membership;

(2) Regional Programme, Centre Lawn;

(3) medical staffing.

Medical staffing—Changed circumstances and revised routines greatly reduced the time required for this function. Recommendations for basic changes in various areas were documented and the prospects for improving medical staff quantity and quality appeared excellent.

Mental health centres—After a preliminary series of visits, contacts with mental health centres were limited and mostly problem-solving in nature. The centres were becoming increasingly aware that the Co-ordinator was available for consultation in various roles, and this activity appeared likely to expand into a major function of the Co-ordinator. Particularly in matters related to general hospitals, the medical profession, and community agencies, many centres required guidance and assistance, and in some instances this could be coupled with limited direct clinical service where no psychiatrist was available to the centre. Psychiatric units of general hospitals appeared to show little uniformity of function, and it seemed they may

be treating different patient populations of lesser urgency. A study of this topic, and the introduction of steps to ensure the provision of services to those patients most urgently in need of them, would probably constitute a major responsibility for the Co-ordinator in the near future.

Projects—Two projects were outstanding at the year-end:

(1) The development of the combined In-patient and Day-care Programme involving the hospital and the mental health centre in Burnaby.

(2) The Forensic Programme project was in process and a draft proposal was close to completion.

RETARDATION AND CHILDREN'S PSYCHIATRIC SERVICES

During 1972 there was improved co-ordination and a better use of existing resources for the retarded and children with emotional disorders, but little in the development of new services.

The institutions for the retarded had very short waiting-lists. They offered out-patient services, both for initial assessment and for follow-up advice on care and management. These services acted as adjuncts to improving community ability to sustain a handicapped child, and enabled many parents to continue home care whereas previously they would have requested admission to an institution. One exciting innovation was the initiation of an infant-stimulation programme in Vancouver, which was co-sponsored by the Metropolitan Public Health Department and the Vancouver Association for the Mentally Retarded. More pre-school programmes were available throughout the Province, and the "Carefree" organization provided much-needed parental relief. The principal lack was adequate co-ordination of programmes for the adult handicapped. A greater variety of residential accommodation was needed, but even more important was the development of additional workshop and activity centres with sound financial backing, and a transportation system to enable the handicapped to attend regularly.

The CELDIC Report was a focus for reconsidering services to children, and the B.C. CELDIC Committee was active in catalysing many group discussions in communities. In addition, there were two major workshops on the delivery of services to troubled children. All authorities seemed to agree that, to be effective, services to children must be available in a co-ordinated way, and in the local community. Some special centres might be required on a Province-wide basis, but these should be minimal. This thinking fits in well with the Branch's policy to regionalize mental health services, and it was anticipated that considerable progress would take place in the next year.

The Co-ordinator acted as a resource person to communities and agencies which were involved in providing care for the retarded, and for children with emotional disorders. In addition, he played an "ombudsman" role, both within the Department and in discussions with other departments of Government, in an effort to ensure that the needs of people with these problems were vigorously represented.

NURSING CONSULTATION SERVICES

The functions of the Consultant in Nursing during 1972 were to (*a*) provide the Deputy Minister with information, counsel, and assistance as required; (*b*) undertake studies, surveys, and projects as directed; (*c*) supply information, counsel, and assistance to Mental Health Branch institutions, community centres, agencies, and individuals on request; and (*d*) participate with administrators, educators, health workers, and other personnel in planning and evaluating mental health programmes and services.

In accord with these purposes, individual nursing visits were made to mental health centres at New Westminster, Saanich, Vernon, Penticton, Kelowna, Chilliwack, Nelson, Whalley, Maple Ridge, Port Coquitlam, Surrey, and Trail. In conjunction with other consultants, several visits were made to the centre at Cranbrook, which underwent changes in staffing and programme. Visits to the various centres also provided opportunities to meet with nursing staff in psychiatric units of local general hospitals when one was located in the vicinity. It was gratifying to note a distinct acceleration in co-operation and collaborative planning between these hospital units and the corresponding mental health centres, especially in the Interior of the Province.

Within the Service, consultation was provided on request to Directors of Nursing concerning matters specific to their hospitals. Considerable time was allotted to Civil Service Commission personnel at both Victoria and Essondale with respect to recruitment and selection of staff, and review and revision of job specifications and position classifications. Similarly, counselling was afforded to a number of nurses concerning problems affecting employment, education, and trends in current nursing practice. Information concerning nursing service, nursing administration, and community mental health nursing was compiled and made available to a variety of individuals and groups studying health care, treatment of illness, and continuity of services. Recommendations were made to the Deputy Minister with respect to nursing practice, nursing education, and personnel policies affecting nursing. A one-day conference for the three senior staff education nurses was arranged, and a two-day conference for mental health nurses.

A number of projects were undertaken, studies conducted, and recommendations made. Among these were

(*a*) identification of criteria for the utilization of beds at Riverview Hospital, collaboratively with the Co-ordinator of Adult Psychiatric Services;

(*b*) effectiveness of the use of two part-time nurses in one mental health nurse position;

(*c*) studies of nursing categories, classifications, and job specifications, one for direct care and the other for supervisory levels of nursing staff;

(*d*) identification of factors in institutions which appeared to be impeding the transfer of in-patients to boarding-homes;

(*e*) inspection of a psychiatric facility collaboratively with other Government inspectors;

(*f*) investigation of complaints regarding provision of nursing services and of unusual occurrences affecting nursing staff;
(*g*) development of a proposal and plan for a comprehensive study to define required nursing standards and effective utilization of nursing staff;
(*h*) promotion of a proposal to study what nursing functions are required from a multidisciplinary regional team in liaison between community and hospital;
(*i*) exploration of the possibilities for a postbasic clinical programme in psychiatric nursing being developed in this Province;
(*j*) computation of nursing staff requirements for all nursing departments according to arbitrarily set standards of nursing care hours.

Continuing direction was provided to the Department of Nursing Education at Essondale, the management of which rested in the capable hands of the Acting Director, Mrs. E. Paulson. Major changes in that department concerned the transfer of the psychiatric nursing programme from the authority of the Department of Health Services and Hospital Insurance, Mental Health Branch, to that of the Department of Education, B.C. Institute of Technology.

Of interest to nursing services within the Branch was the availability for the first time of a number of special projects supported financially by the Branch. A total of 13 was awarded to nursing departments.

Various methods were used to reaffirm communication and liaison with professional organizations, health care and education institutions and agencies. Contributing toward this goal were the several meetings of the Nursing Liaison Committee, attendance at a variety of university-connected nursing events, and meetings with nurses and educators representative of various agencies. Among these, it was of value to participate in sessions of the Public Health Service Staff Conference held at the University of British Columbia, the Psychiatric Nurses' Association Silver Anniversary programme in Burnaby, and the Registered Nurses' Association of British Columbia annual meeting in Vernon. Arrangements were facilitated for public health nurse students at the University of British Columbia to have field work in mental health centres. Mental health nurses were also enabled to provide some orientation to their work for faculty teaching courses, to prepare nurses for community health and mental health work.

Support was received from the Mental Health Branch for a number of bursaries to assist nurses to further their professional education. Five nurses were undertaking university graduate work studies; 10 nurses enrolled in the B.C. Institute of Technology or Vancouver City College registered nurse courses; and five nurses enrolled in the Extension Course on leadership sponsored jointly by the Canadian Nurses' Association and the Canadian Hospital Association.

At the year-end, plans for increasing the availability of mental health programmes and services to the populations of both urban and rural areas in the Province were expanding and showed promise of realization. The impact of far-reaching changes on the nursing departments of the various facilities would continue to provide a never-ending challenge to the competence, endurance, and innovative skills of the over 2,000 nursing personnel in the Mental Health Branch.

BOARDING-HOME PROGRAMME

Activity in the Boarding-home Programme in 1972 was centred on problem solving, and policy and procedural matters, following extensive expansion and regionalization of the programme in the middle of 1971. Much of this activity was directed toward the development of co-operation for the programme between staffs of the Mental Health Branch, Health Branch, Department of Rehabilitation and Social Improvement, and community volunteer agencies. Procedures regarding selection and placement of candidates from the Mental Health institutional facilities were defined; a systematic reporting system designed to facilitate data retrieval was developed; a brochure for general distribution describing the programme was produced; and a proposed set of Regulations and Standards for Homes for Mentally Handicapped Persons, including those for an intermediate level of care, was presented to the Community Care Facilities Board for consideration.

At the end of the year approximately 1,300 persons were being supervised by the Mental Health Branch, in 118 licensed boarding-homes and 64 unlicensed two-person homes. Four hundred and seventy placements were made through the Boarding-home Programme, 157 of these were persons placed into homes directly from the community, usually avoiding an institutional admission. The rate of return to the institutions from the programme was consistently less than 1 per cent each month, reflecting the provision of considerable community back-up service to the programme. Approximately 110 persons were discharged from the programme to more independent forms of living arrangement.

It was increasingly evident that many of the persons remaining in the institutions would require a higher level of care in the community than that provided for in the programme.

One of the major developments during the year was the provision to the programme of staff positions for one occupational therapist and four activity therapists. The pattern of development of this programme took the form of a demonstration project in the Lower Mainland, in view of the fact that a comprehensive community-based occupational therapy service was a fairly new concept. By the year-end it had already proved most valuable in helping to achieve one of the goals of the Boarding-home Programme, i.e., that of a meaningful community life for mentally handicapped persons, as opposed to a repetition of sedentary institutional living experiences.

Other developments throughout the year included favourable newspaper coverage at local levels, which helped to open up the programme; the continuation of monthly workshops for boarding-home operators in the Lower Mainland, and the initiation of these in other parts of the Province; two conferences for the Boarding-home Programme staff, one of which was on mental retardation; and an assistant to the Boarding-home Co-ordinator was appointed.

Miss A. K. Carroll, formerly the Consultant in Social Work, Mental Health Branch, who initiated the Boarding-home Programme in British Columbia in 1959, and who devoted a great deal of time and energy to its development, retired in June of 1972.

Approximate Distribution of Placements Made and Case Load, Boarding-home Programme, 1972

	Placements Made, 1972	Case Load Dec. 31, 1972
Region 1 (Kootenay)	19	48
Region 2 (Okanagan-Thompson)	162	322
Region 3 (Fraser Valley)	150	619
Region 4 (Skeena)	10	7
Region 5[1] (Greater Vancouver)	7	35
Region 6 (Cariboo-Peace River)	26	33
Region 7 (Georgia Strait)	51	102
Region 8 (South Vancouver Island)	45	134
Totals	470	1,300

[1] Burnaby and North Vancouver are the only municipalities of the Greater Vancouver area where placements are made through the Mental Health Branch Boarding-home Programme.

SPECIAL STUDIES AND CONTINUING EDUCATION

PSYCHIATRIC HOME TREATMENT RESEARCH PROJECT

A study of home treatment as an alternative to hospitalization began during the summer of 1971 with the recruitment of research and treatment staff. The first patient was admitted to the study in August 1971. The last patient to be admitted for treatment and follow-up for a one-year period was entered into the study in September 1972.

For a period of one year, patients were admitted to the project on one of three bases:

(1) Patients actually awarded an admission to hospital, but assigned directly to the Home Treatment Service.

(2) Patients admitted to hospital, then to home treatment on discharge.

(3) Patients admitted to hospital, but not to home treatment on discharge.

Analyses of the final results, scheduled for October 1973, would be undertaken for the purposes of

(1) evaluating home care as an alternative to hospital care, in which it would be determined, by patient category, the extent to which hospital-bed days could be reduced by such a service; the comparability in effect of care provided in the home and that provided in hospital; and cost-effectiveness analysis of the services provided;

(2) developing a screening instrument for the systematic selection of patients who would be predicted to benefit from admission to a home-care programme.

PATIENT CATEGORIZATION

A repeat of the 1970 survey was carried out in March 1972 of all patients occupying beds in Branch institutions, to determine the category of community care facility most appropriate to the management of their physical and behavioural service requirements. Of the 5,029 patients surveyed, 2,329 exhibited characteristics considered to be manageable only in a psychiatric facility. Of the balance, 2,332 required personal care and attention, rising from minimal 24-hour supervision provided in a basic licensed boarding-home to high-level, intensive care. An additional 121 required 24-hour skilled nursing care, as well as 247 who, in addition, were nonambulatory, and whose behavioural characteristics were of a secondary nature.

The 2,332 patients requiring only personal care and attention were further surveyed individually by institutional staff to determine not only which level of community care was required, but also how long it would be before discharge could be anticipated.

GENERAL PLANNING

Draft standards for use as guidelines to determine community requirements for mental health facilities were completed and reviewed with mental health centre

administrators as to their application locally. Further meetings were planned, with the objective of drafting planning blueprints for each of the eight mental health planning regions.

CONTINUING EDUCATION

Three committees established late in 1971 to prepare recommendations to meet mental health centre staff educational requirements in the fields of retardation, psychogeriatric, and children's services had submitted their reports by the year-end. Priorities in terms of Branch programme requirements were in the process of being developed in order to plan for an integrated programme of continuing education for the coming year.

Three workshops arising from recommendations of these committees were organized, one in retardation for the boarding-home social workers, case aides, and activity therapists; and two in psychogeriatrics for Lower Mainland mental health centre, public health, and Department of Rehabilitation and Social Improvement staff.

PSYCHOLOGY CONSULTATION SERVICES

The position of Consultant in Psychology was filled on April 1, 1972. During the first six months the Consultant visited the various mental health facilities throughout the Province. A total of 26 mental health centres had been developed in the Province by the end of 1972. Twenty-one of the centres had opened within the past five years, including three in 1972. In addition, there were eight major residential facilities for treatment of the mentally disordered, the emotionally disturbed, and the mentally retarded. As mental health programmes and services evolved in this period of rapid growth, they were primarily responsible for meeting the specific needs of the people in their respective catchment areas. This was achieved by close co-operation with local resource people, and by encouraging local initiative in the field of mental health. As a result, special attention was given to the development of consultation services for local resources, and to the training of mental health personnel, with the ultimate aim to assist local people at different levels in the early identification and prevention of mental health problems.

During the year the Provincial Government entered into an agreement to support the Granville Centre for Children, Vancouver, a day treatment centre for children up to age 12 who, for reasons of emotional disturbance, behavioural problems, or deliquency, had been expelled from the normal school system, but who were still able to remain in their home setting. It was apparent from the many referrals that this facility provided a much-needed service. In addition to providing specialized treatment services, the aim of the Granville Centre was to document and package different treatment techniques and make these available to teachers and other interested people throughout the Province.

The agreement of the Government to support the Granville Centre was part of the general concentration on developing new facilities with specialized treatment programmes in the area of child care. Specific attention was given to the integration of various child care services throughout the Province, and in the development of facilities in areas of special need. At the year-end, several proposals were being considered and discussed for implementation. The emphasis on providing Province-wide integrated child-care services, together with the increasing knowledge about individual community needs for adult treatment and prevention services, made the past year one of much progress in the mental health field, and promised further improvements in the years to come in the total mental health delivery system.

MANAGEMENT ANALYST CONSULTATION SERVICES

The position of Management Analyst was added to the Headquarters staff in February 1972.

Major responsibilities involved various studies, systems analysis, establishment of standard methods and procedures, and forms design.

Assignments were generally established on a priority basis.

In co-operation with the Pharmacist Consultant, a study of drug dispensing and distribution practices relative to mental health centres was carried out. An alternative method for requisitioning medications was proposed, and a Narcotic and Controlled Drugs register produced, to standardize recording requirements of the Division of Narcotic Control.

The format of the Mental Health Branch *Drug Formulary* was revised to provide a standard and comprehensive reference facility which could be readily updated with minimal effort.

A system of reporting boarding-home referral, recording after-placement activity and required statistical information, was implemented.

Studies were carried out at The Woodlands School which involved the Medical Records area and the Volunteer Services Department, and, at the year-end, there was considerable involvement regarding the production of a branch-wide Management Information System.

The design and submission for production of new and revised forms was carried out through this office.

Preparation of data processing specifications, layouts, and the liaison between the Data Centre and the Branch relative to the production of required output from the Patient/Residence Categorization Study, was also handled from this area.

A system, along with associated forms, was designed to accommodate the need for a standard approach in requesting funds for special projects (available through recruitment savings), and, if approved, to provide adequate budgetary controls.

The Management Analyst was appointed to the Forms Control Committee and attended several meetings during the year.

STATISTICS AND MEDICAL RECORDS

A major objective during the year was to achieve a smoother flow of statistical data from all facilities. One product of this effort was the compilation of a Preliminary Patient Movement Report. Emphasis was also placed on developing a statistical programme easily adaptable to computer data processing. A number of research projects was carried out, including an analysis of first admissions to Riverview Hospital, a study of patient characteristics for the Riverview Hospital Out-patient Department, and an analysis of patients seen in mental health centres. Three additional mental health centres commenced operation during the year and were incorporated into the statistical reporting system. The Medical Records Consultant was ill for the first five months of the year, and the resulting work load was carried out by the Statistician and by temporary assistance. Renovation of data processing facilities in the Division of Vital Statistics limited the flow of statistics from June until late August.

During the year a representative of Statistics Canada visited the office to discuss collection and publication of out-patient statistics from all provinces. The Riverview Hospital Out-patient Department commenced operations in Vancouver in April, requiring incorporation into the statistical reporting system and the assistance of the Medical Records Consultant to set up medical records.

DEVELOPMENT OF THE STATISTICAL SYSTEM

Keeping in mind the principal objective of developing a statistical system easily adaptable to computer usage, steps were taken to clarify a number of problems encountered in the use of statistical forms. A major project involved converting the storing of medical records in mental health centres from a numerical to an alphabetical filing system. This resulted in greater efficiency in the identification and retrieval of patient files in each centre. To incorporate the Riverview Hospital Out-patient Department into the statistical reporting system, the mental health centre statistical form was temporarily used to record patient data. Lists showing psychiatric nomenclature and statistical codes were reprinted in single-page form, for better perception and greater accuracy in recording diagnoses. Improvements were also made in the waiting-list statistical form, and the new form will be used in 1973. Reporting forms and related instructions were developed for the Boarding-home Programme. The Tranquille School Out-patient Department was opened, and incorporated into the statistical system.

The Medical Records Consultant visited a number of facilities to offer advice and orientation concerning improvements made in the medical records and statistical system.

ROUTINE DATA RETRIEVAL

A Preliminary Patient Movement Report was introduced during the year. This report showed patient data from all facilities within two weeks from the end of the reporting month. Although the report contained preliminary data only, it was a timely record of patient movement in branch facilities. The *Monthly Statistical Bulletin* was continued, however, as a more accurate report of patient movement. Other statistical reports prepared included the 1971 Annual Statistical Report and routine data submissions to Statistics Canada. Numerous requests for Mental Health Branch

data were received from the facilities and public sources, to aid in research and planning studies. Admission data for patients of Indian and Eskimo origin were prepared for the Director, Indian Advisory Act.

ADMINISTRATIVE AND PLANNING STUDIES

Major projects included an analysis of first admissions to Riverview Hospital to identify the regions and school districts patients were admitted from, and an analysis of patients seen at the Riverview Hospital Out-patient Department. Also completed was an inventory of mental health facilities in British Columbia and a study of characteristics of patients seen in mental health centres.

Population data by school districts, including school district maps, were sent to all Branch facilities. Case-load listings were sent to all centres to verify medical record inventories. A pilot study to determine reasons why physicians refer patients to the Riverview Hospital was initiated by the Director of the Kamloops Mental Health Centre. This study may be enlarged to include all admissions to Riverview Hospital, other than from metropolitan Vancouver.

MEDICAL RECORDS DEVELOPMENT AND REPORTING CONTROL

Consultative and orientation visits were arranged with existing and newly opened mental health centres. Medical record reference kits and instructive manuals were made available to all new centres. Following a study of the Medical Records Consultant's work load, a large segment of routine data processing and the Mental Health Centre Master Patient Index were transferred to head office in Victoria. Consequently, more time was available to instruct staff in facilities on medical record systems, and to uphold standards in record-keeping. This included assisting the Riverview Hospital Out-patient Department to bring the medical record system up-to-date, resolving patient accounting in the Boarding-home Programme, and procedural changes at Riverview Hospital to process "escapes." Procedural memoranda were sent to all centres concerning the transfer of medical records between facilities. A statistical reporting system and medical records were set up for The Tranquille School Out-patient Department. Discussions were held with The Woodlands School concerning modification in medical record filing, and an improved method of filing was introduced. At the year-end, discussions were under way concerning medical record-keeping for patients on the Boarding-home Programme.

INFORMATION SERVICES

The progressive development of a branch programme of information services continued in 1972.

There was a continuing emphasis on the need for published informational literature. A new pamphlet for The Woodlands School was printed in April, and at the year-end a pamphlet explaining the Boarding-home Programme, and a Tranquille School pamphlet for professional personnel, were at the printers. In addition, reprints of existing pamphlets were under way, and the *Volunteer's Handbook,* used by Riverview's Volunteer Services Department, was being revised.

A beginning was made on the development of audio-visual material for both in-service and public use. Two 15-minute 8-mm. films, produced by the Bevan Lodge Society and showing activities of the residents at the Lodge, were edited into one 15-minute film. The script and choice of film locations were completed for the production of an 8-mm. film dealing with the Boarding-home Programme. Assistance was given in planning a 30-minute programme on the boarding-home plan, which was taped in November for presentation on Victoria's cablevision station early in December. Final editing was completed of the 16-mm. colour-sound film production by the Audio-Visual Section of Riverview Hospital, titled "Safe Is Cool," for use in the Branch's accident-prevention programme. The film was also recommended for use in the Province's general hospitals by the Accident Prevention Division, Civil Service Commission.

Assistance was given in planning the official opening in April of the new Outpatient Department for Riverview Hospital. Numerous press releases were issued during the year. Articles were submitted for publication in the British Columbia *Medical Journal,* and special features were written for newspapers. In co-operation with the Canadian Mental Health Association, an Open House programme was developed for use by the mental health centres in observance of Mental Health Week in May. The programme was highly successful and consideration was being given to making it an annual event. The travelling display was set up in 18 communities throughout the Province, in department stores, shopping malls, and other public areas. Major revisions to the branch exhibit in the B.C. Building at the Pacific National Exhibition were completed in 1972.

Eleven issues of the *Newsletter,* an in-service publication, were published, and material for the *Physicians' Administrative Manual* was revised. An orientation kit was prepared and provided to all new senior staff. The Director continued to serve as a member of the Forms Control Committee. Other duties included serving as public relations consultant to the facilities, replying to general correspondence, and publishing the Annual Report.

COMMUNITY MENTAL HEALTH SERVICES

Mental Health Centres

COMMUNITY MENTAL HEALTH SERVICES

During 1972, with the addition of mental health centres at Port Alberni and Williams Lake, local services became more widely available than ever. Facilities for a new centre at Prince Rupert were also made available, but considerable difficulty was experienced in recruiting the necessary staff. These additions brought the number of mental health centres to 26. Previously existing centres were located in Burnaby, Chilliwack, Courtenay, Cranbrook, Duncan, Fort St. John, Kamloops, Kelowna, Maple Ridge, Nanaimo, Nelson, New Westminster, Penticton, Port Coquitlam, Powell River, Prince George, Saanich, Surrey, Terrace, Trail, Vernon, Victoria, and Whalley. There were approximately 6,500 admissions to service at these centres in 1972. The standard staff of a mental health centre consisted of a psychiatrist, psychologist, social worker, mental health nurse, and clerical positions, and in many centres, a boarding-home social worker. In some of the newer centres a smaller complement of staff was established. All centres provided direct services to persons with emotional and behavioural problems, and assisted various community organizations and services in the promotion of mental health and the alleviation of mental illness. Most of the centres reported a wide spectrum of involvement with community agencies and organizations during the year. Since mental illness is a "social disease," this involvement with others in the community was a prerequisite for effective service. Provision of the services of a psychiatrist in some of the outlying areas of the Province remained a problem. However, 1972 saw the addition of these specialists to a number of areas not previously covered, and an increase in some of the centres previously covered by only one psychiatrist.

BURNABY MENTAL HEALTH CENTRE

The Burnaby Mental Health Centre, 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, consisted in 1972 of adult and child out-patient teams and a Day Hospital facility. The functions of the Centre were

(1) to provide adults and children from the Burnaby community with comprehensive diagnostic services through interviews, psychological and laboratory investigations;

(2) to provide the most effective possible treatment methods for those in distress, using both somatic and psychological methods, including individual, marital, family, and group methods of physcotherapy, behaviour therapy, and, through the Day Hospital Programme, milieu therapy;

(3) to provide consultative services to personnel in schools and other community agencies;
(4) to engage in the training of health care personnel and research on emotional illnesses and their treatment;
(5) to employ the knowledge and skills of multidisciplinary 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.

Many previously existing special programmes and services were continued during the year, including the Tuesday Evening Social Club, the follow-up care of Riverview boarding-home patients, the consultation programme to the Burnaby schools, and assistance to the Burnaby Family Life Institute with its marriage preparation programme. The SeCure programme for agoraphobics again expanded its sphere of operations to include other parts of the Fraser Valley. This expansion was assisted by staff appearances on radio and television broadcasts, and an ongoing back-up service to individual members of the organization provided by the Centre's social service department.

One of the features of the social scene in 1972 was a continued expansion in community volunteer and self-help programmes. The Burnaby Information Centre, which was developed under the auspices of the Burnaby United Community Services Co-ordinator with assistance from staff of the Burnaby Mental Health Centre, vastly expanded its services in 1972, assisted by a Local Incentives Programme grant. At the year-end the opening of a second centre in North Burnaby was being planned. The original South Burnaby Centre expanded from a minimal number of calls to more than 500 calls per month.

Another community development in Burnaby during the year was the opening, on a part-time basis, of a Burnaby branch of the Volunteer Bureau. Opportunities for Youth, and Local Incentives Programme grants, also resulted in numerous human services programmes being started in the Burnaby community. These offered a variety of visiting, babysitting, transportation, and counselling services in the community.

An additional encouraging development during 1972 was an obvious increase in awareness of the need and willingness to provide for comprehensive planning for mental health resources on a regional basis. Evidence of this was the holding of regional planning meetings by Mental Health Branch staff, the formation of the Greater Vancouver Metropolitan Mental Health Advisory and Planning Committee, and a Task Force of the Section of Psychiatry to advise the new Minister of Health Services and Hospital Insurance regarding priorities in the provision of mental health services. The Burnaby Mental Health Centre was well represented in all these bodies.

Educational programmes for nursing, psychology, social work, and rehabilitation medicine students continued at the Centre during 1972. With the appointment of a new head of the Department of Psychiatry at UBC, the Centre looked forward to the prospect of providing educational experiences for UBC medical students and psychiatric residents in the future.

Centre staff were asked during the year to provide a variety of educational and public relations presentations to a broad spectrum of community organizations and institutions, including the schools, church groups, night school programmes, social clubs, and professional societies.

Continued effort was expended in the development of the Day Hospital milieu-therapy programme, and workshops on the programme were held in March and December. The Centre continued to receive a great deal of positive reaction from

individual professionals and agencies in the community concerning the effectiveness of this type of treatment approach, and efforts were continued to improve techniques in group therapy in the application of transactional analysis principles. The Day Hospital was under a great deal of pressure to provide educational experiences for a variety of nursing and occupational therapy students, as well as personnel from other institutions throughout the Province and in Washington State who were interested in or developing similar programmes.

Further negotiations took place with the B.C. Hospital Insurance Service, with the Burnaby General Hospital, and with the Greater Vancouver Regional Hospital District, directed toward the development of comprehensive in-patient, out-patient, and day-treatment facilities for psychiatric patients in Burnaby.

During 1972 the staff of the Centre 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 transmit this knowledge and skill to others.

CHILLIWACK MENTAL HEALTH CENTRE

This Centre functioned throughout the year with a full staff complement and served the communities of Chilliwack, Abbotsford, Hope, and Agassiz. The policy of an open referral system, along with significant involvement in provision of direct services, was maintained. There was constant effort to offset direct treatment demands with greater involvement of the front-line agency personnel, and to employ group methods of intervention whenever feasible.

The Centre staff were instrumental in the establishment of several new community resources and services in the area during the year. "The Fish," an emergency 24-hour, good-neighbour service, went into operation in Chilliwack. The Centre also assisted in the organization of a local chapter of the SeCure organization, a self-help programme for people suffering from agoraphobia.

Of great interest to the Centre was the opening of a new 22-bed psychiatric unit in the Chilliwack General Hospital. The Centre staff were active in the orientation and training of hospital staff in the early stages of its functioning, and continued to provide weekly consultation to the ward and also endeavoured to integrate the services of the Centre with the hospital. The new mental health addition to the Abbotsford Health Unit was slated for official opening early in 1973.

The Boarding-home Programme was strengthened with the employment of an activity therapist and half-time case aide to the boarding-home social worker. There was sustained interest in community care facilities, and several new resources were added to the Boarding-home Programme.

COURTENAY MENTAL HEALTH CENTRE

As in previous years, Centre operations in 1972 were divided between direct client contact and the more indirect community consultative work. Centre staffing remained complete and included sessional psychiatric, pharmaceutical, and pædiatric services. During the first half of the year, direct services for the northern island area primarily involved pædiatric and neuropsychological evaluations, coupled with

parent-teacher counselling. The establishment of a local CMHA chapter appeared likely, but the rather transient nature of the population and the geographical barriers impeded the progress.

The Boarding-home Programme became functional and, due to the preparatory ground work by the boarding-home team, community acceptance appeared to be good.

During the year this Centre and various other community agencies participated in several co-operative ventures which were aimed toward identifying and alleviating unmet community needs. During the spring the local Family Court Committee created a subcommittee to explore the question of summer activities for the youth of the Comox Valley. This group, which included a representative from the Centre, was instrumental in planning and developing a Drop-in Centre, which was housed in the Courtenay Recreation Association hall, and a wide range of activities throughout the summer. The Courtenay Recreation Association proved to be a valuable resource in the community as it provided not only the standard recreational opportunities, but also specialized services; perceptual motor training for the Special Education Classes; and intergrated recreational facilities for Bevan Lodge.

Also, during the spring, the Adult Education Service of the Courtenay School District requested help in developing something "new and different" to be presented during the spring semester. To meet this challenge, representatives from the School Counselling Service, Public Health, Mental Health, and the Ministerial Association jointly created a Parent Study Group which was conducted by one of the school counsellors. At the conclusion of the sessions many of the parents who had participated elected to continue their independent sessions. Two staff members were also instrumental in the development and ongoing support of the Single Parents' Group.

The Upper Island Mental Health Society sponsored an open house at the Centre during National Mental Health Week which aided in increasing public awareness of Centre functions. The society was involved with exploring and initiating several community mental health projects which would be beneficial to the members of the various communities.

Communication between the mental health centres on Vancouver Island increased during the year and the Nanaimo, Duncan, and Courtenay centres began an evaluation of the common needs of their entire region. The initial step was to survey the needs and expectations of those individuals and agencies who work with children in the area. The ultimate goal would be to identify gaps in service and explore possible remedies.

CRANBROOK MENTAL HEALTH CENTRE

The Cranbrook Mental Health Centre experienced much activity and change in 1972.

There was a lot of involvement in the schools on the part of the psychologist, particularly in Kimberley, Creston, and Cranbrook. A good deal of attention was given to children with learning disorders and with emotional disturbances. Other than assessments, most of the work was directed toward consultation with teachers, counsellors, and supervisors.

Centre staff participated in consultation, direct service, and assessment for Department of Rehabilitation and Social Improvement staff, and co-operation between the two offices continued.

Mental health staff initiated, in conjunction with the Department of Rehabilitation and Social Improvement and other community representatives, an expanded Child Care Society to cover the East Kootenays. The society was instrumental in creating a special foster-care home for disturbed children under the age of 12. All children were placed on a voluntary basis by the family, and the family was involved throughout the stay of the child in the foster home. A home for adolescents was being established in Kimberley under the auspices of the society.

In conjunction with the Cranbrook Mental Health Association, a Grandmother Surrogate Programme was in operation since March and worked intensively with 14 different families. Centre staff, social improvement officials, schools, and public health were involved in some of the assessments.

A psychiatrist was appointed to the Centre in April and contributed greatly to the psychiatric aspects of the mental health programme in the East Kootenays. She was intensively involved in work with the Kimberley, Cranbrook, and Fernie hospitals, and held clinics in these communities, as well as in Creston.

The Centre underwent a major change in staff in October. The social worker and the psychologist moved to Port Alberni, a nurse administrator arrived from Prince George, the mental health nurse on staff resigned, and the psychiatrist went on leave of absence because of illness. By November the major changes had settled down and a new psychiatric social worker commenced employment.

The programme of direct service and community consultation continued and arrangements were made to visit the outlying communities regularly.

DUNCAN
MENTAL HEALTH CENTRE

During the year the Duncan Mental Health Centre continued to expand, both in terms of staff and in the amount of service offered. In addition to the Administrator and the psychiatrist, new members included the appointment of a Regional Boarding-home Co-ordinator, and a case aide, who commenced service in Duncan in June. The Centre moved to new offices on Gibbins Road in October.

The Centre also obtained further part-time assistance from a psychiatrist in April, and this developed into a full-time position as of August 1.

Psychological services were provided on a bi-monthly basis by the psychologist and his staff from the Victoria Mental Health Centre.

The Centre operated on an open referral system, which proved to be most satisfactory. Staff endeavoured to provide an immediate source of help to those in severe stress, while at the same time they encouraged the greater use of existing facilities, where applicable. Where necessary, the Centre helped to create new services. The catchment area was concentrated in the Cowichan Valley, and staff energies were focused on the two largest population bases—Duncan and Lake Cowichan.

In Duncan the Centre participated in the development of the Cowichan Crisis Centre.

In Lake Cowichan, consultative services were provided, as well as weekly visits to the Community Activity Centre, which provided programmes and activities to people of all ages. It has been most successful as a model of preventive community health activity.

All staff members were active in working toward a more effective pattern of community service through close liaison with other organizations and agencies. This

included work with existing Government agencies, Family Counselling Service, the Cowichan District Hospital staff, Crisis Centre Volunteers, school counsellors, and many others.

At the year-end the most intensive demand was for direct treatment services. It was felt that a great deal of effort must be made to insure an expansion of indirect services through the organization of a day-care centre and an activity centre.

FORT ST. JOHN MENTAL HEALTH CENTRE

In October the Fort St. John Mental Health Centre completed its first full year of service. The Centre served the geographical area covered by School Districts Nos. 59, 60, and 81, which contained an area population of approximately 48,000.

The initial objective of the Centre was to determine community needs and to become acquainted with community agencies and resources. Effective working relationships were established with community agencies, and the Centre worked closely with the local health units and the public health nurses.

Provision of direct service formed a large part of the Centre's programme, which operated under an open referral system, accepting self-referrals or referrals from any agency. A wide range of problems was dealt with in direct treatment, including children with emotional or learning disabilities, acute emotional problems, chronic mental illness, and marital and family crisis. The Centre was involved in assessment prior to hospitalization, and in the follow-up of patients after hospital discharge. Staff were requested to assess people with emotional problems who were hospitalized in the local hospital. As of November 1972, the Centre had an active case load of 123.

During the year, Centre staff participated in travelling clinics, with Dawson Creek being visited one day per week, and visits to Chetwynd, Hudson Hope, Pouce Coupe, and Fort Nelson as required.

A considerable amount of time was spent in a consultative capacity to agencies and organizations, and in specific case conferences with staff from other disciplines and agencies.

The staff psychologist conducted two series of workshops, one in Fort St. John and one in Fort Nelson, to instruct teachers in testing methods. The aim of the workshops was to increase the number of people who could assess children with learning disabilities.

Educational talks were given to numerous groups in the community, on different aspects of mental health and the Centre's function and services.

KAMLOOPS MENTAL HEALTH CENTRE

The population of Greater Kamloops continued to increase rapidly during the year, as did the prevalence of family problems and marriage breakdown. The Centre's time was evenly distributed between direct and indirect service, but over-all pressures led to increasing emphasis of the indirect role.

The available service to schools was reduced for four months in the summer, in the absence of a psychologist, but the other staff positions remained filled, and there was a full complement at the year-end. There were regular Travelling Clinics to two outlying communities, and on request to two smaller ones. There was little demand for free medication from local physicians, and the nurse was able to dispense for the chronic patients without the need for a pharmacist.

The Director became head of the Psychiatry Section of the Royal Inland Hospital and a member of the Hospital Planning Committee. The Centre's staff became more involved in the continuing education of the psychiatry ward nurses. During the year there was a steady movement toward closer working arrangements between the Centre and the hospital.

Volunteer counselling services expanded in 1972. Centre staff became members of the board of the Crisis Centre and the Family Life Association, and instituted counselling training sessions.

Heroin usage among young people increased during the year. The Narcotic Foundation offered to help set up a facility, but the project was dropped when no local physician applied for a part-time position with the facility. The Centre did not plan to become directly involved in treatment of narcotic addicts, but consulted with the Public Health Officer on the matter. If programme evaluations which were under way in other areas showed success, a further approach to the Foundation would be made next year, as the physicians-community polarization on the issue was lessening following a symposium on drug abuse, sponsored by the former.

The spread of volunteer organizations during the year led to fears of lack of control, overlapping of effort, and increasing fragmentation. The year ended on a positive note with the formation of a six-man health planning committee, which included the Director, whose role was to advise the regional district on future health needs and to co-ordinate and ensure the most efficient use of facilities already available in the area.

KELOWNA
MENTAL HEALTH CENTRE

This Centre opened in the summer of 1962, serving the North and South Okanagan Health Units and the South Central Health Unit. It was the first regional mental health centre to be established outside of the Lower Mainland-Victoria area, and heralded the new approach to the provision of mental health services to the people of British Columbia. During the past 10 years the geographic area served by the Okanagan Mental Health Centre gradually decreased. In 1972 the catchment area was the Central Okanagan, with a population of approximately 50,000 people.

The former Director, a psychiatrist, went to half-time service at the Mental Health Centre in January 1972 and a psychiatric social worker became the Centre Administrator. At the year-end, three psychiatrists worked half-time at the Centre and half-time in private practice. A child psychiatrist was actively engaged in providing educative and consultative services to professionals in the community, as well as direct service.

An excellent rapport with other professional personnel in the community continued during the year, and the Centre spearheaded discussion locally toward the idea of geographic proximity of health and welfare services.

Close liaison was maintained with the Psychiatric Ward of the Kelowna General Hospital, with members attending weekly ward rounds and a monthly dinner meeting of all Centre staff members, off-duty nurses from the Psychiatric Ward, and two senior public health nurses. Two of the psychiatrists alternated yearly as the physician-in-charge of the Psychiatric Ward. Early in 1973 the new Psychriatric Ward will be opened, providing 23 beds and including a holding area to settle the more disturbed patients. In the present ward many patients were being seen on an informal out-patient basis, and it was felt that the new ward will require Day Hospital services in the near future.

The Centre, together with Branch Administration, had discussions with the Department of Psychiatry of the University of British Columbia, concerning the placement of a psychiatric resident in Kelowna, and this could conceivably begin in 1973. This exposure in training seemed vital for psychiatrists to understand what benefits and satisfactions are found in community psychiatry.

During the year staff members provided more specialized services such as family therapy and marriage counselling, and more diversified activities such as community organization, preventive and educative programmes, and consultation. The Centre's psychologist was very involved in research projects, and was invited to present a paper to the annual meeting of the American Public Health Association in Atlantic City, New Jersey.

The Boarding-home Programme, in its first full year of operation, was quite successful, and the boarding-home social worker, who was shared with the mental health centre in Penticton, was involved in more placements than any other area. This provided an opportunity for many people to return to the community and also served the local area by providing alternative living arrangements. One of her responsibilities, along with Public Health personnel and Department of Rehabilitation and Social Improvement staff, was to help upgrade the facilities and services to people living in boarding-homes.

Community response to meeting local requirements was seen in the new services begun during the year. Centre staff were considerably involved in some of these new services, which included Family Planning Clinic, Big Sisters, Elizabeth Fry Society, Health Educator Programme, R.S.Q. Centre, Methadone Maintenance Programme, and the Discovery Club. The position of Health Educator, funded by the Vancouver Foundation as a pilot project, was used to develop an integrated Family Life Programme in the schools and community. The R.S.Q. Centre was established as a resource for young people experiencing "bad trips" and problems with drugs. The Methadone Maintenance Programme was a controlled service for narcotic addicts, handled co-operatively by local professional people. The Discovery Club was established by the local chapter of the Canadian Mental Health Association to provide social and recreational opportunities to handicapped people.

MAPLE RIDGE MENTAL HEALTH CENTRE

During the year it was found that, in the field of direct services, general practitioners were making greater use of the Centre to assess their acute psychiatric emergencies. As a result of this assessment, hospitalization might be prevented and follow-up could take place on an out-patient basis. It was equally important, of course, to follow-up patients after hospitalization. In general, the family physician

in most cases preferred to carry on with this aspect of care himself, unless it was a difficult or severe condition which needed more specialized review.

On May 6 the new offices for the Centre were officially opened. Staff were involved in discussions concerning the regionalization of Riverview Hospital. This included psychiatric and social assessment before admission, and suitable planning between the hospital and community centre as to the type of follow-up required.

During the year there were approximately 200 patients in boarding-homes in the Central Fraser Valley region. The regional boarding-home social worker arranged meetings with Public Health officials and the Department of Rehabilitation and Social Improvement, so that a closer liaison could exist between the departments in respect to the ongoing care of boarding-home residents and the regulation of facilities. The appointment of an activity therapist facilitated the provision of a workshop milieu for the boarding-home residents.

A successful summer camp was held for the residents near Hope, and plans were being developed to provide this type of vacation for the residents every summer. Efforts were under way to expand the use of volunteers in all aspects of the Boarding-home Programme, and to also increase community involvement and understanding through knowledge and education. The residents themselves were encouraged to organize and promote social activities and group-therapy discussions, and form their own executive. Workshops were held with the boarding-home operators, and others were being planned.

In addition to the assessment of disturbed school-children, the Centre's psychologist and the mental health nurse attended the schools to observe children and to set up programmes. These included an early screening of children with specific language disability, and a conditioned learning approach to behaviour modification for a child whose behaviour pattern in school was disruptive. The Director attended a meeting with the Parent-Teachers' Association to deal informally with parental problems in relation to children's emotional disturbances. Group therapy was conducted with a special class at a local school and a group for mothers and children called Parent-Effectiveness Training was held weekly at the Centre. There was also a class for disturbed boys involving play therapy with the object of discussing feelings and attitudes as displayed and highlighted during play.

During the year a Homemaker Service was developed in Maple Ridge which proved to be a valuable service in fulfilling a real social need, for example, when mothers were ill or when recovering from mental illness.

A Crisis Centre was also started in Maple Ridge. The original concept was the involvement of young people with particular emphasis on drugs, but it was altered somewhat to include family and marital therapy.

An Interne Training Programme in community mental health centres commenced in the month of July. The internes were from the Royal Columbian Hospital and, as part of their orientation in psychiatry, spent three weeks at Riverview Hospital and one full day at the community Mental Health Centre.

A new extended-care unit for the general hospital in Maple Ridge was being planned, and the Director approached the planning committee regarding the desirability of having a psychiatric unit in the hospital.

Staff were actively engaged in the evaluation of alcoholics at the Halfway House, and a consultative service was provided to Twin Maples and the Haney Correctional Centre.

NANAIMO
MENTAL HEALTH CENTRE

Staff of the Nanaimo Mental Health Centre consisted of a social worker Administrator, a clinical psychologist, a stenographer, and a medical records clerk-receptionist. There was also a part-time pharmacist and a part-time boarding-home social worker. At the beginning of August the Centre secured the services of a psychiatrist for two days a week as a consultant, and to assist in the provision of in-service education to community agencies.

Concurrent with the establishment of the Port Alberni Mental Health Centre on October 2, 1972, Nanaimo's catchment area was reduced. At the year-end the Centre serviced a population of 48,000, extending from Nanaimo to Qualicum and south to Ladysmith. Generic services to the Parksville-Qualicum area were being increased.

The Centre's activities were focused on the establishment of a preventive community-based mental health programme utilizing existing resources, and enabling the establishment of facilities in response to changing community needs and priorities. In accordance with the Centre's primary role of prevention, the staff emphasized the promulgation of sound mental health concepts to mental health carriers within the catchment area. This was being implemented through educational programmes, group training for professional and lay personnel, and consultative services.

The Centre provided direct treatment and assessment services to individuals and families. The demonstrated need by several agencies resulted in an increased amount of time allocated to the treatment of teen-agers and adults. Consultation and assessment services were provided on request. When appropriate, staff members stressed the need to treat the individual within his family situation and, if necessary, intervened on the community level to prevent similar incidents reoccurring.

Correlating with the current emphasis on community care of the mentally ill, the Centre worked with Public Health to develop a supportive programme, specifically related to the follow-up of discharged patients who have been under treatment in a Provincial hospital.

Ongoing liaison was established with the Nanaimo Regional Hospital's psychiatric ward in order to provide a complementary community-oriented treatment service. Also, communication among the Provincial hospitals, the community, and the Nanaimo Regional Hospital was being facilitated through the Centre's involvement in the Mental Health Branch's regionalization programme.

The Centre was shifting priorities in accordance with a growing number of requests from the schools to provide more assistance and consultation in the area of preventive mental hygiene on the part of parents, families, and teachers, particularly within the school-age population. The direct treatment of elementary school children was slowly being reduced in the area of learning disabilities, while there will be an expansion in services to emotionally disturbed children. This move resulted from the recent appointment of two special counsellors to the Nanaimo School District.

The Centre was, therefore, increasingly aware of the need to work with diverse agencies, thereby reaching indirectly a greater number of people. The support and co-operation provided by the Central Vancouver Island Health Unit proved of great value throughout the year.

NELSON
MENTAL HEALTH CENTRE

1972 was an extremely busy year in all fields of direct client therapy, consultation to agencies, educational programmes, and community development. The Selkirk area was going through a period of steady growth, and would soon face very rapid expansion with new industrial projects. Drug-related problems continued to be a major concern. The area was considered by some to have one of the highest drug-use ratios in the west, and the reported drug-related suicide attempts rose from three cases per year in 1966 to somewhere in the order of four or five cases per week in 1972.

Time-consuming but, hopefully, the most fruitful efforts of the Centre in the long run, involved community development. The list was very lengthy and each area absorbed a tremendous amount of time and energy on the part of the Centre's staff.

A Volunteer Bureau was established under the Canadian Mental Health Association to provide spot service, case aides (in operation since January 1972), and staff for the Nelson Community Service Centre. By the year-end the NCSC was on a firm administrative and programme basis, involving crisis and short-term counselling, Big Brothers, Single Parents' Groups, Legal Aid, and so on.

The recently reactivated Nelson Branch of the Canadian Mental Health Association was involved in establishing an Activity Centre and programme for the area. The Centre was also involved in Hospital and Public Health Unit in-service education programmes, and provided continuing consultation to the New Denver Youth Centre, the Dr. Endicott Home, and other organizations.

Innumerable reports were prepared and meetings of the Psychiatric Facilities Committee attended, favouring integrated treatment services in the soon-to-be-established 12-bed psychiatric ward at Kootenay Lake District Hospital.

Staff were also involved in the considerable preparation required for the establishment of the position of health resources worker, later to become Community Health Educator, which was filled by the year-end.

The cataloguing of children in the area by age, for varying learning disabilities and needs, took place during the year.

The Centre also provided consultation to the Ministerial Association on the preparation for six-session Premarital Workshop, and organized a three-day Family Counselling Workshop for clergy. Advice on behavioural training and techniques was given at a Selkirk College Workshop, and consultation services were available to all schools.

During the year the Centre held a number of mental health clinics in all communities throughout the area.

NEW WESTMINSTER
MENTAL HEALTH CENTRE

This Centre continued to operate under a flexible intake system for both direct service (individual and (or) group approaches) and consultation.

There was an increasing participation in community services intended to maintain and enhance the psychosocial well-being of people within the Centre's catchment area. Included among the Centre's efforts to assist the community during the

year were the following: Participation in the establishment of a residence as a local receiving home for children; the initiation of effort toward developing a local branch of the Association for Children With Learning Disabilities; the arrangement of a classroom behaviour-modification workshop for teachers, co-sponsored by Douglas College; experience of the struggle for survival and then the deterioration of a local crisis centre ("Togetherness"); involvement with the Branch Psychogeriatrics Committee; participation in the Coquitlam Share Society (particularly the Lifeline section;) organization of a detached youth worker programme; consultation with an interprofessional *ad hoc* committee to develop a sense of community in Coquitlam; contribution to Riverview Hospital's regionalization planning; work with the Mental Health Centre-Douglas College "Camp Pilot" for children, held in Chase; participation in the UGN-UCS Budget Review Committee; development of a discussion group for parents; liaison with Riverview Psychology Department regarding assistance with behaviour-modification programmes for adults; strengthening the liaison of the Centre with the local branch of the Canadian Mental Health Association and local Department of Rehabilitation and Social Improvement staff, resulting in the co-ordination of a camp for adults held on Gossip Island; field placement of two UBC master students in social welfare, and their Faculty Field Instructor for two days per week at the Centre; liaison with a local workshop for adults who are mentally retarded; attendance at a meeting of health and welfare agencies and volunteers, the most well-represented gathering in 18 months. Other activities involved participation in workshops and meetings in a variety of capacities.

Projections for 1973 commitments included the general promotion of co-operative mental health services and programmes in the area, and co-ordinated efforts in serving others.

PENTICTON MENTAL HEALTH CENTRE

By October 1972, the Penticton Mental Health Centre had been in operation for one full year. The area served by this Centre was the Regional District of Okanagan-Similkameen, bounded roughly by the area contained south of Peachland to the border, on the west to the east gate of Manning Park, and on the east to Anarchist Mountain. The 1971 statistics showed the region to have 42,129 people with a 3-per-cent yearly increase in population since 1966. In other words, the population was relatively stable with the exception of Princeton, which was growing very rapidly because of mining interests.

At the year-end the Centre had four part-time medical/psychiatric consultants, a part-time community mental health nurse, social worker, boarding-home social worker, and pharmacist, and a Psychologist/Administrator. With the addition of a third psychiatrist in the Penticton area, and one pædiatrician with extensive knowledge of child emotional and learning disorders, the Centre felt that direct service could be minimized and the staff psychiatrists could be used primarily for consultation and indirect services. The non-psychiatric Mental Health staff provided direct service, limited primarily to brief crisis intervention, and assistance with other treatment plans where their special skills were required.

During the year there was a shift of emphasis in the functions and services provided by the Penticton Mental Health Centre. Centre staff were endeavouring to establish and direct facilities and programmes, to practise and promote the concept of community mental health. This concept required a comprehensive service inte-

grating treatment, consultation, education, prevention, and research into a meaningful and humane service to people.

In a broader sense the Centre viewed itself as a catalyst which, with a number of other agencies, could effect changes in attitude, making it easier to act. The Centre was concerned about overlapping services, preventive services, treatment resources, and gaps in services, as well as the expressed needs of the community.

The increase in staffing made it easier to provide consultative services to the more outlying areas. The mental health nurse regularly visited certain outlying areas which generated a large number of referrals to the local hospital's Psychiatric Unit, to determine possible causes.

Under the auspices of the Canadian Mental Health Association, staff members participated in two "Parenting in the 70's" forums, which consisted of eight sessions each and focused attention on the problems that parents have in raising their children in today's society.

All staff members served on various professional Advisory Boards throughout the community. The two primary bodies were the Okanagan Neurological Association, which attempted to co-ordinate the best possible services for the neurologically impaired, and the Okanagan-Similkameen Society for Community Mental Health. This registered society had board members drawn from every geographical region in the area and every sector of the community. The society and the Centre worked together on an epidemiological survey of existing and aniticipated needs in this area. Staff also provided regular consultative services to Probation, the Department of Rehabilitation and Social Improvement, City Welfare, the Penticton Hospital, the Penticton Training Centre, and the Human Resources Society.

In January 1972 a boarding-home social worker began working out of the Centre two days a week. She devoted a great deal of time in the Oliver/Osoyoos area, where there were five boarding-home programmes in operation.

Regular consultation was given to all schools in the Penticton area, and to a lesser extent in the outlying areas. Schools made specific requests for assistance in developing behaviour-modification programmes, and for staff training for their counsellors in group-therapy processes.

The Centre assisted local physicians in setting up a Methadone Maintenance Clinic. There was some concern that this would attract addicts from other areas in the Province, but this did not develop.

During 1972 the Centre attempted to determine the priorities and needs in the area, in order to avoid any duplication of services in this very highly organized community. Increasing emphasis was placed on indirect services.

PORT ALBERNI MENTAL HEALTH CENTRE

The Administrator arrived to open the Port Alberni Mental Health Centre on October 2, 1972. Prior to this time the Nanaimo Mental Health Centre had provided a travelling clinic to the area. At the year-end negotiations were under way to acquire the services of a psychiatrist, beginning January 1, 1973. In the meantime, a Consultant from Nanaimo had visited the Centre twice a month for this purpose.

The Port Alberni community needs appeared to fall into three general areas—

Care and treatment of chronic cases—Approximately 30 admissions from the Port Alberni area were made to Riverview each year. It was the opinion of social

agencies and medical people in the area that a large percentage of these cases were chronic, and plans were being developed for their care in the community. A number of discussions took place with medical personnel, hospital personnel, and members of social agencies.

Children—In 1972 there were approximately 9,000 school-children in the Port Alberni area. School counsellors and special teachers were concerned regarding the provision of treatment, educational, and consultative services.

Community organization—Port Alberni, an extremely vital community, had a great many groups which were active and interested in a mental health programme. It was apparent that a good deal of the Centre's time would have to be devoted to integrating, co-ordinating, and working with these groups.

PORT COQUITLAM MENTAL HEALTH CENTRE

1972 was the Centre's first full year of operation, and staff members operated out of two locations—the Centre's offices in Port Coquitlam and the Simon Fraser Health Unit in Coquitlam.

The two main service areas were direct service to individual patients and those workers involved with them in the community; and in community development work. Major emphasis was on direct service, especially with regard to services for children, due to the fact that the Centre offers the best, the most economical and, in some cases, the only, such service. During the year the Centre was instrumental in launching the summer camp for emotionally disturbed children, and staff contributed a great deal of time to the planning and actual operation. Staff also participated in planning the organization of a Sheltered Workshop for the area, which would serve Centre patients as well as those with other handicaps. The Centre gave support to the SHARE Society, which is a broadly based community organization trying to develop socially useful resources for the area, and encouraged the Family Court Committee to try to develop a residential treatment centre for children.

With regard to direct service to patients, the Centre projected its new patient assessment to be 217 by the end of the year, of these 175 would be children. Many of the adults seen were referred from Riverview for follow-up, and the rate of this was increasing measurably at the year-end. Centre staff felt that every case assessed must have follow-up service if required and that this took precedence over further new assessments.

The Centre was also involved in the Boarding-home programme for ex Riverview patients, and assessed 80 patients at least once during the year. A good integration of the boarding-home worker's activities and those of the rest of the team had taken place and the programme was developing well. Most of the referrals needed intensive or sustaining treatment. The community workers who referred these cases were able to screen those they could carry and those with whom additional assistance was needed. They used the Centre on a consultative basis for their case load.

The Centre used a variety of approaches in treatment. Considered one of the most effective methods for difficult cases was total team involvement in family therapy. The more traditional approach of one team member seeing the child and another seeing the family was also used. The Centre provided a good deal of marital therapy. At the year-end a group of girls aged 9 to 12 was attending weekly therapy, and the staff intended to organize additional groups.

POWELL RIVER MENTAL HEALTH CENTRE

The Powell River Mental Health Centre completed its first full year in 1972. For the first six months the staff consisted of a psychiatric social worker, and administrative and psychiatric consultation was provided by the Courtenay Mental Health Centre. A full-time psychiatrist joined the Centre in July.

The initial tasks of the Centre were those of any new service—surveying needs and establishing working relationships in the community. Direct service was focused at first on treatment of families. With the coming of a full-time psychiatrist, the direct treatment load maintained a steady intake increase of about 21 a month. An attempt was made to create a balance with indirect service, emphasizing the consultative services to the major community agencies. Centre staff consulted regularly with representatives of Public Health, Department of Rehabilitation and Social Improvement, Probation, Crisis Centre, and Youth Services, and occasionally with schools, workshops, and the boarding-home for retardates. The Centre was endeavouring to keep up with demands for service by using volunteers and trying to increase the effectiveness and acceptability of the Crisis Centre. Mental Health Centre staff also were encouraging new community services, in particular a family and marital counselling service.

The Centre instituted a questionnaire type of evaluation to be used at intake, at the end of active treatment, and at a later follow-up. Other community agencies were contacted to determine ways of improving service, in order to obtain maximum effectiveness.

PRINCE GEORGE MENTAL HEALTH CENTRE

1972 was a busy and varied year for the Prince George Mental Health Centre.

Continued emphasis in programme was directed toward prevention and public education. Good progress was made, including consultation to a local group regarding creative drama as a therapeutic approach in working with psychiatric in-patients; and an excellent relationship with local representatives of the Department of Rehabilitation and Social Improvement with respect to consultation in family, marital, and group therapy, and so on.

The staff continued their involvement in local organizations, with Centre representation on boards and committees, in order to be actively involved in local community planning. In general, more staff time was devoted to educative and consultative tasks, and less into direct treatment.

The Boarding-home Programme saw progressive changes during the year, with the addition of a part-time case aide and the opening of a new boarding-home in October for seven mildly retarded adults. The boarding-home social worker initiated a number of imaginative programmes, including a monthly social for boarding-home residents, with their own band supplying dance music; and conferences of boarding-home operators with emphasis on their education in various areas of mental illness and retardation.

Williams Lake and Quesnel were each visited once a month in 1972, until the new mental health centre was established in Williams Lake at the beginning of October. Extra visits were made in August and September to introduce the new team to the community and assist them in getting oriented. The team consisted of a psy-

chologist and a social worker, and served the Cariboo and Chilcotin areas. Major outlying communities visited included Quesnel and 100 Mile House, where the service emphasis was consultative and community involvement.

Regular monthly visits were made to Vanderhoof. Occasionally meetings were called to include doctors and school personnel in addition to Public Health and Government welfare representatives.

Arrangements were made to visit Burns Lake for two days every two months, and were also made to visit McBride, Valemount, and Mackenzie once or twice each year.

The Centre's Administrator transferred to the Cranbrook Mental Health Centre in September.

SAANICH MENTAL HEALTH CENTRE

In 1972 the Saanich Mental Health Centre completed its third year of operation at the Royal Oak location near the intersection of important crossroads, close to the demographic centre of the region it served. It provided assessment services and some treatment to residents of Saanich, Central Saanich, North Saanich, Sidney, and the Gulf Islands. This centre worked in close collaboration with all other public and private agencies serving this population, and steps to further improve this collaboration were in progress at the year-end.

The Centre provided services to agencies and individuals in the area, in an effort to reduce the incidence of emotional disturbance. Staff worked in the development of community mental health projects with the following agencies: School Districts Nos. 61, 62, and 63; the Greater Victoria Metropolitan Board of Health; Probation Officers, and staff members of the Family Court; the John Howard Society; the Department of Rehabilitation and Social Improvement; Family and Children's Services; the Canadian Mental Health Association; and the Citizens Counselling Centre. During the year the Saanich Peninsula Guidance Association emerged to serve the outer end of the peninsula from Brentwood to Sidney. The mental health nurse was closely associated with this development and served as a member of their Board of Directors, and the Centre's Director served as a consultant. A programme was developed by this group for training participants in volunteer counselling skills.

An in-service training programme for staff of the Saanich Mental Health Centre was developed. Members of other agencies were invited to participate, including the staff of the Family and Children's Services, Saanich Social Services, and members of the Saanich Peninsula Guidance Association.

Centre staff worked with professionals and volunteers from a number of agencies in the Sidney area in developing the Community Co-ordinating Council, an interagency luncheon meeting of professionals and volunteers involved in helping people. Steps toward the development of a similar programme in Victoria were initiated by Family and Children's Services. Consultative planning involving the staff psychologist resulted in the sponsoring of a series of five lectures, in School District No. 63, on children with learning disabilities.

"Cornerstone," one of the most exciting developments during the year, was the result of conjoint efforts by the volunteer group known as Cordova Bay Irregulars, and the Canadian Mental Health Association. Staff members of the Centre participated in the planning and development of the programme and in providing ongoing

consultation services. "Cornerstone" was a rehabilitation and activity centre designed to help in the resocialization of isolated persons, including patients in boarding-homes, former mental patients, and elderly people. The programme had two staff members employed under the Local Initiatives Programme and the majority of its staff were volunteers from the Cordova Bay Irregulars.

The Centre continued to have a heavy commitment in the area of providing patients with diagnostic assessments and with treatment in selected cases. There was an open referral system and the Centre received patients from physicians and from agencies. A large number of people reached the Centre through their own efforts. A number of new programmes were in development at the year-end and the majority of the established projects were flourishing. The Centre provided prompt back-up service with its clinical facilities for those programmes needing assistance.

SURREY MENTAL HEALTH CENTRE

During the year the staff worked to reduce the time they spent in direct service, and to develop alternatives. Approximately two-thirds of the time was spent in consultation about direct service to clients, and one-third in co-operative work with other community people in developing mental health services for the area (such as Deltassist, Family Life Association, a special Canadian Mental Health Association committee, and a community counselling service agenda).

The Centre's psychiatrist divided her sessional time between the assessment of new clients, and ongoing assessments of regional boarding-home residents. The regional social worker devoted the majority of his time to consultation and group work with clients, and also assisted in developing community services. The mental health nurse had similar work interests, and was very much involved in developing the local Canadian Mental Health Association committee.

The Administrator's time was spent in a consultative capacity, as well as in group and individual work with clients. Her interests included community projects (e.g., mental health workshops, learning disabilities treatment project, developing a Family Life Association, and co-ordinated counselling services agenda) and administration responsibilities.

During the year there was an expansion of services to the regional Boarding-home Programme in the area.

The mental retardation social worker began a survey of services to the retarded and assumed some direct service responsibilities, as well as serving as liaison between The Woodlands School and the community.

In 1972 the Surrey Mental Health Centre team worked toward providing a balance between direct and consultative services to clients and service to the community. Staff anticipated dividing their time evenly between direct and community service in 1973, and envisaged training more volunteers to assist in achieving this goal.

TERRACE MENTAL HEALTH CENTRE

The focus of the Terrace Mental Health Centre during the year was directed toward making it a more integral part of the community. The question of direct service versus indirect service was a continuing one, and it was difficult to establish

priorities in terms of community demand and results. The development of a comprehensive centre programme which met the needs for all mental health services was complicated by the large geographic area that the Centre served and the particular patient population. The traditional mental health service did not seem appropriate for the north, and efforts were made to have a more creative and innovative approach.

The area the Centre geographically covered included the Queen Charlotte Islands in the west, through to Houston in the east. At the year-end Prince Rupert was in the process of opening a mental health centre, and visits to that community were discontinued. The staff and travelling clinics covered as far south as Ocean Falls and as far north as Stewart. The population of the area was 64,426 in 1971, and in 1972 it was thought to be between 70,000 and 75,000.

Staff members included a psychologist, a psychiatric social worker, a boarding-home social worker, and a stenographer.

Psychological and psychiatric consultation were provided by the Director of the Victoria Mental Health Centre and by staff of the British Columbia Youth Development Centre.

The Centre's main priority was the strengthening of resources in the community and the development of new ones, in a more widespread attempt at the prevention of mental disorders. Centre staff spent a great deal of time studying the needs and resources of the communities served, and developing comprehensive plans to fill the needs with the optimum amount of community involvement. This was particularly evident in the outlying areas visited on a travelling clinic basis. For example, in the Queen Charlotte Islands, which most agencies visited only on a monthly basis, there was a definite need to have people on the Islands providing counselling services, psychological assessments, and other services that a mental health centre would provide in a local community. There was also a need to co-ordinate the existing resources in order to get maximum output from them.

There was a constant attempt by the communities to turn over the responsibility for their so-called mental health problems to the Centre. Centre staff encouraged their involvement, and this was evident in the approach and basic policies which contributed to a greater effectiveness of both community resources and Centre personnel. An example of this was the consultative service which the Centre provided to the agencies in the Hazelton and Houston areas. Centre personnel met with these resource people on a once-per-month basis, providing consultation both for individual problems and a more global consultation for larger community problems.

During the year there were requests for a great deal of direct service from the Centre. The patient count at the end of October was 155, but this was not representative of the request for direct services, as the waiting period was approximately one month for other than emergency cases.

Centre personnel were involved in many community education and planning groups, for example, family life education; in-service education for hospital personnel, physicians, and the clergy in the areas that were served; a homemaker's service in Prince Rupert; the Northern Training Centre in Smithers, and the Alice Olson Home for the Retarded in Terrace. The Terrace Hospital Board and Regional District requested Centre staff to participate in the planning stages of in-patient psychiatric care in Terrace, and the Union Board of Health requested input for their future planning in the area of mental health.

By the year-end the Centre's main priorities were those of indirect services through consultation and community organization. It was anticipated that the Centre could assist the community in the establishment of other resources and upgrade existing ones, in efforts to deal with direct services.

TRAIL
MENTAL HEALTH CENTRE

During 1972, Centre staff attempted to improve the deliveries of mental health services to its region (with a population of 50,000) by adding certain programme elements and changing others. It was found that the requirements of the Greenwood-Grand Forks and Castlegar-Kinnaird areas could only be effectively met by the provision of residential staff. The demand for direct services for all areas during 1972 increased considerably. In spite of the consultative and treatment support provided to other community agencies and professionals, the greatest over-riding need was for trained, experienced practitioners.

Experience during the year indicated that further development in the Boarding-home Programme was possible, and at least 25 new placements were available prior to the end of the year.

Priority in direct services during 1972 were parent, family, and marital counselling; preventive follow-up of persons discharged from mental health facilities and psychiatric units; and individual and group counselling for adolescents and adults. In connection with the latter, two group-therapy programmes (for pre-adolescent boys and adolescent girls) were initiated prior to the end of the year. Interagency communication and co-operation remained at a high level with two additional programme elements initiated to facilitate this process: monthly interagency conferences, including the UBC Education Clinic Team, in Grand Forks; and twice-monthly clinics and monthly interagency case conferences in Castlegar. The key programme toward co-ordinating community effort was the Annual Trail Community Agency Workshop, held in November, and focused around the CELDIC recommendations and the needs of local children and youth. This was highly successful, largely due to the organizational efforts of the Centre's clerical staff.

In all areas, the need for consultation to schools, Public Health personnel, Family Court and Probation Officers, police officers, physicians, district social workers, clergy, and volunteers placed considerable demands upon the skills of the professional staff. In most instances this effort added to a greater understanding of mental health problems, needs, and services on the part of other agencies, as well as to their ability to provide direct services to their clients. Staff were involved in providing regular advisory and consultative services to the following groups: Trail Regional Hospital Psychiatric Unit; Canadian Mental Health Association in Trail and Grand Forks; Trail and Grand Forks and District Societies for the Handicapped; Family Court Committee; Trail Methadone Clinic; Association for Community Planning; Union Board of Health; Aid to the Handicapped Committee; Trail and District Youth Liaison Committee; and Trail and Castlegar Crisis Centres.

All staff were involved in an extremely wide scope of professional and public activities. These included a two day training workshop for 125 elementary and secondary teachers and counsellors in School District No. 9 (Castlegar-Kinnaird); an evening workshop for 25 elementary teachers in Grand Forks; participation in five of 10 weekly sessions of the Selkirk-Manpower Mental Health Rehabilitators course initiated by this Centre; two seminars for nursing students at Selkirk; the organization of and participation in three of the six weekly sessions of the "Coping or Crying" series sponsored by the Adult Education Department in Trail; training workshops for high school students and the staff of the Trail Crisis Centre; preparation of eight "Health Forum" radio programmes sponsored by the Health Unit. In addition, staff gave talks to such groups as the One Parent organization, women's and men's church groups, family life groups, public forums sponsored by the Cana-

dian Mental Health Association, etc., on a variety of topics (child-raising, parenting, marital relationships, follow-up care to the mentally ill, and other areas related to the prevention of mental health problems). Over all, the Centre continued to make a significant contribution to the level of awareness of mental health needs within the region.

The staff also continued to develop professionally through participation in workshops and seminars in such areas as chemotherapy, personality development, family treatment skills, interprofessional meetings, and administrative courses. In addition members of the staff served on Branch committees dealing with areas relating to regionalization, classification of social work positions, and the development of mental health nursing programmes.

The goals for 1973 would be to consolidate the existing programme, with particular emphasis on increasing the effectiveness of direct services. Centre staff expected to improve their consultative services through closer liaison with individual teachers, physicians, and other agency personnel. An indication of the continued role of the Centre in the region was the increasing number of individuals, groups, and communities requesting treatment, and consultative and development services.

VERNON MENTAL HEALTH CENTRE

The Vernon Mental Health Centre served the same region as in previous years, which coincided with the North Okanagan Health Region and included Golden. The population served was approximately 58,000.

During the year the Centre attempted to maintain a balance between direct treatment and indirect services. Treatment emphasis was on reality-oriented brief service. Marriage and family therapy were used whenever possible, and the group-therapy services were expanded. Behaviour modification was used a great deal since the arrival of the Centre's psychologist in September. The psychiatrist and the Administrator continued to be involved in the group-therapy programme of the Psychiatric Unit of the Vernon Jubilee Hospital.

In the area of indirect services the staff continued to provide consultation to Public Health, Department of Rehabilitation and Social Improvement, general practitioners, and others.

The Centre's open door policy continued to be met with wide community approval.

An attempt was made to enhance the co-ordination of the helping agencies in Vernon, and all agencies were asked to meet regularly so that services could be co-ordinated in a more efficient manner. Monthly meetings of this nature in Salmon Arm were successful.

A whole new field of consultation was opened up through the psychologist's contacts with the schools. Many of the teachers and counsellors in the area became interested in behaviour modification and its application.

The Boarding-home Programme was very active. There were 13 licensed and 13 unlicensed boarding-homes in the area, providing care for 121 patients.

The mental health nurse began a project during the year in one of the schools in Sicamous (a small community just outside Salmon Arm). She was used as a consultant by that school for problem children and their parents, and spent a half day there twice a month.

The travelling clinics to Revelstoke and Salmon Arm continued throughout the year with twice monthly visits to each of these communities.

VICTORIA
MENTAL HEALTH CENTRE

During the year the Victoria Mental Health Centre continued to maintain its various functions in meeting the needs of the community.

The multidisciplinary professional staff of the Centre were busy in providing both direct and indirect treatment services to the many individuals and agencies in the area.

Through the numerous contacts made by the staff with community organizations, agencies, and so on, people began to overcome their reticence and to seek psychiatric assistance in times of crisis. More than 50 per cent of the cases were self-referrals.

The demand for direct treatment made it necessary to focus efforts in this direction, rather than to expand the consultative services.

The art-therapy programme in the Centre proved to be most rewarding. In the Geigy Psychotherapeutic Art Competition, national and regional awards for artistic merit and self expression were given to seven patients participating in the programme.

The psychiatrists and psychologists at the Centre were very busy in the assessment of cases referred by the Provincial Court, Family Court, County Court, and Probation Officers.

Consultative services were also provided to the supervisors at the Attendance Centre, which is under the jurisdiction of the Family Court of the Province of British Columbia. It is a dynamic youth resource for children and adolescents between the ages of 10 and 17 who are on probation.

Regular meetings with the Family Court Probation Officers were held due to increased involvement with their clients and families.

Staff psychologists were extremely busy in providing neuropsychological and educational evaluations to schools in School Districts Nos. 61, 62, 63, 64, 65, and 66. They also tested patients referred from other Centres, and from physicians on Vancouver Island and remote regions in British Columbia. Although the Duncan Mental Health Centre became autonomous in its functioning and services, the psychology staff of the Victoria Mental Health Centre continued to provide services.

On May 4 the Victoria Mental Health Centre held Open House in observance of National Mental Health Week.

Participation in group discussions, talks, lectures, in-service training, and consultations with staff of local agencies and schools played a major role in the Centre's indirect mental health service. Senior professional staff provided lectures and orientation on "Community Mental Health" to students from the University of British Columbia and the University of Victoria.

Three of the staff were actively involved with the Committee for In-service Education in Retardation, and a staff-development programme was instituted. Group therapy with patients was conducted regularly in various areas, both within and outside the Centre.

During the year the Director made several visits to the Mental Health Centre in Terrace to assist the staff in the assessment of psychiatric cases and to consult with local physicians. Lectures and group discussions on subjects related to community psychiatry were given to the staffs of local agencies in that area.

WHALLEY MENTAL HEALTH CENTRE

In 1972 the Whalley Mental Health Centre was responsible for promoting mental health and alleviating mental disorder within its catchment area. The Centre was staffed by a social worker/Administrator, a psychologist, a mental health nurse, and a sessionally appointed psychiatrist.

The provision of direct treatment and rehabilitation during the year tended to be short term, crisis oriented, i.e., staff attempted during one or two interviews to mobilize the client to find his own direction out of crisis, and to provide him with the knowledge of and the ways and means of connecting with relevant supportive resources in our community.

After one year of complete operation, Centre staff were beginning to appreciate that the area epitomized a problem inherent in "urban sprawl." The area was not a "community" as such, because most of the 60,000 residents worked and enjoyed recreation elsewhere. Doctors, schools, and social agencies were inclined to work somewhat autonomously with some overlap, and this fragmentation of community resources inhibited the development of a sense of community.

The Centre team made a concerted effort to work with the professionals of the area, and to participate in the task of co-ordinating existing counselling services. The staff also made themselves available as consultants to emergent self-help groups.

WILLIAMS LAKE MENTAL HEALTH CENTRE

Located in one wing of the Cariboo Health Unit, the Williams Lake Mental Health Centre was formally opened on October 2, 1972. The staff consisted of a clinical psychologist, a psychiatric social worker, and a secretary, and serviced Williams Lake, south to 100 Mile House, north to Quesnel, and west to Bella Coola. The travelling team from the Prince George Mental Health Centre, which previously serviced these communities, had established excellent working relationships and, as a result, the new team received a friendly and co-operative welcome.

The model that the Williams Lake staff attempted to establish was one of consultation rather than a direct service.

The initial period was spent in meeting with members of the professional community in Williams Lake, Quesnel, 100 Mile House, and Lac la Hache. Visits were made to Probation, Department of Rehabilitation and Social Improvement offices, several schools, and to Public Health and community physicians. The staff endeavoured to communicate the Centre's philosophy and policies, and to evolve methods of working co-operatively with the established agencies and personnel. Several consultations developed from these contacts, particularly with the public health nurses and school counsellors. Early in October the Centre was seeing some clients for direct treatment.

Staff attended a meeting of the local Mental Health Association and were introduced to local resource personnel at a Community Council meeting. The clinical psychologist was named to a committee to explore the possibility of Williams Lake getting a detoxification centre. Centre staff also participated in the regional conference attended by Mental Health personnel from Terrace, Fort St. John, and Prince George.

At the year-end the Centre was consulting with community representatives, and endeavouring to determine its objectives for 1973.

IN-PATIENT SERVICES

Department of Nursing Education

Riverview Hospital

Geriatric Division

The Woodlands School

The Tranquille School

British Columbia Youth Development Centre,
The Maples, Burnaby

IN-PATIENT SERVICES

DEPARTMENT OF NURSING EDUCATION

Rapidly developing changes in patterns of care for the mentally ill necessitated a revision of the psychiatric nursing curriculum during the year. It was believed that modification of the existing programme could be achieved more effectively through the diversified resources of an educational facility than from within the limits of a service organization. Consequently, in March, the Mental Health Branch transferred the responsibility for training psychiatric nurses to the B.C. Institute of Technology, under the auspices of the Provincial Department of Education.

As soon as plans for the transfer were finalized, applicants who had applied to this Department for the September 1972 enrolment class were advised to submit applications to the B.C. Institute of Technology. Students of the February and September 1973 classes currently enrolled in the programme were informed that they would complete their training in this Department.

Classroom facilities and residence accommodation were made available to students of the B.C. Institute of Technology. In September, 212 students commenced classes in this Department; of these, 104 enrolled in the psychiatric nursing programme and 108 in the registered nursing programme. Thirty-three students requested residence accommodation.

Bursaries of $175 were made available to the students of the psychiatric nursing programme by the Mental Health Branch. Sixty bursaries had been granted by early November.

The psychiatric nursing programme students totalled 131 at the beginning of the year. Of these, 60 students of the February and September 1972 classes completed the programme, 16 withdrew, and the remaining 55 students of the February and September 1973 classes were completing the programme.

As planned in the curriculum revision, this Department assumed total responsibility for the education and related clinical experience of the psychiatric nursing students. Concurrent teaching and clinical experience were put into effect at the Riverview and Valleyview Hospitals and The Woodlands School; nursing service assisted with the implementation of both. Commencing with the September 1972 class, an elective experience was introduced for senior students to provide them with an opportunity to function as beginning graduates in an area of their choice. Of the 26 students, seven chose to work at the Riverview Hospital, seven at the Valleyview Hospital, and 12 at The Woodlands School. Nursing service assumed responsibility for the students' experience and evaluations. The results were encouraging; students indicated that they had achieved their objectives, evaluations were positive, and several areas requested that the students be assigned to them as graduates.

One hundred and fifty students completed the eight-week affiliation in psychiatric nursing during the year. Sixty-seven students from the Royal Columbian Hospital were enrolled in six rotations, and 83 from the St. Paul's Hospital were enrolled in seven rotations. The annual review of terms of agreement between the Mental

Dr. M. H. Miller, Head of the Department of Psychiatry at UBC, delivered the major address at the graduation exercises held in April.

Health Branch and the General Hospital Schools of Nursing was held in March. The agreement was renewed; it was also agreed that the Acting Director should continue as Co-ordinator of the programme.

Residence accommodation was provided for 310 residents; this number included 242 students, 28 staff, and 40 transients. Residence supervisors continued to provide accommodation and lecture-room facilities for educational conferences, seminars, and workshops for Mental Health Branch staff of the various disciplines. Eighty such sessions were held during the year; there were approximately 2,000 participants and, of these, 115 used residence accommodation.

Concurrent with the transfer of the psychiatric nursing programme to the B.C. Institute of Technology, modification of this Department's establishment was initiated and would be completed by September 1973. This process required the release, for the use of the B.C. Institute of Technology, of 15 faculty positions. The positions were being released as they became vacant.

It was anticipated that the graduates of the new programme would seek employment within the Mental Health Branch facilities and contribute substantially to its expanding mental health programmes.

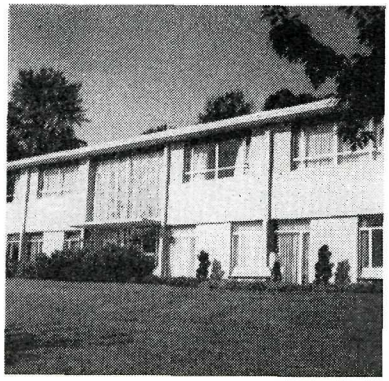
RIVERVIEW HOSPITAL

CLINICAL SERVICES

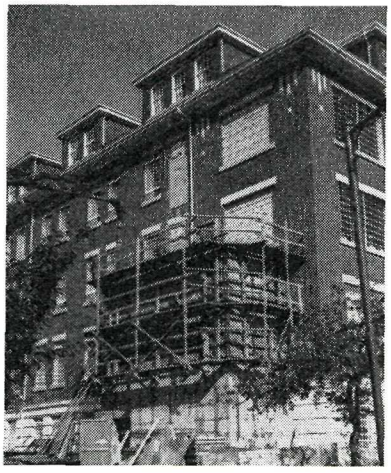
Special efforts to broaden the base of Riverview Hospital's operations were pursued diligently during the year and were expanded from mid-year on. This applied particularly to the development and opening of mental health centres in new areas. These newly created centres would continue to be directly related to the operations of Centre Lawn Unit, in a manner similar to the centres outside the Greater Vancouver area. This programme enhanced the value of Riverview Hospital to local community projects, in that it brought the local resource people into a close and continuing working relationship with Riverview. The major significance of the programme was that it enabled more people to be better cared for in Riverview Hospital, with a more rapid return to home for continued care. The plan created local initiatives and responses not previously existing.

The Vancouver Out-patient Service at East Broadway came into operation in mid-January and provided a new extension of Riverview Hospital operating in that community. The services were unique and included (1) a pre-admission assessment and service to patients referred to Riverview Hospital from the Vancouver area; (2) brief out-patient treatment and (or) referral to other resources as indicated; (3) a Home Treatment Service; (4) after-care for patients discharged from Riverview Hospital; (5) consultation and liaison with the Metropolitan Board of Health and other agencies in Vancouver City; (6) participation in education and research. Dr. Donald B. Coates was appointed to the position of Director of the Out-patient Service in April 1972. In order to facilitate the pre-admission assessment of patients, all calls for the admission of patients from the Vancouver area were being directed to the Out-patient Service.

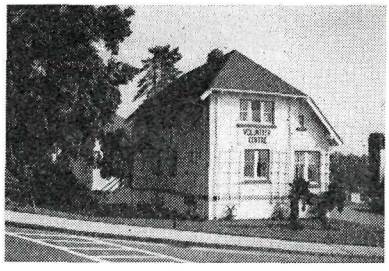
The Home Treatment Service, begun in 1971, continued to increase and extend Riverview Hospital's community enterprises. As the year developed, the programme gave evidence of the need for expansion, and it was likely to be recommended that the Home Treatment Ser-



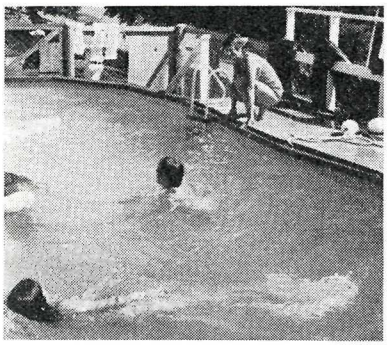
The Hillside Unit provided rehabilitation services for patients awaiting discharge.



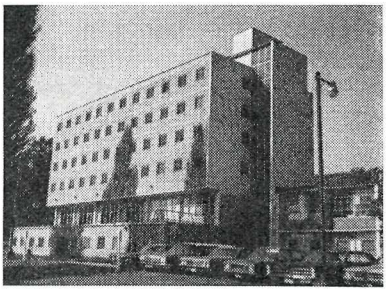
New fire-escape stairwells were added to the Crease Unit.



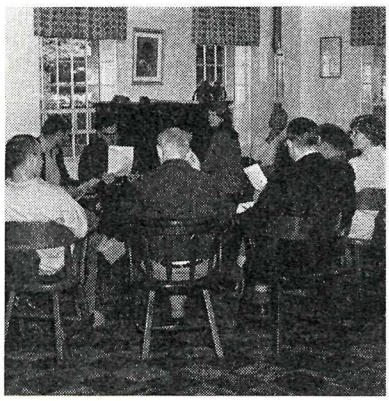
The Volunteer Centre was "headquarters" for the more than 250 volunteers.



The new outdoor swimming-pool was a popular spot during the hot summer.



The Education Centre of the Department of Nursing Education.



A volunteer trained in remotivation accompanies patients during a "singalong."

vice be continued, not as a research project, but as a treatment programme, which would be part of the external services of Riverview Hospital.

A new, co-operative development was the Greater Vancouver Regional Mental Health Planning Committee. This joint committee was established to co-ordinate and facilitate mental health planning and operation for the area. It had an impressive start and should be a most useful agency in assisting Riverview Hospital, and other components, in providing optimal mental health care and services. The Executive Director and the Director of the Out-patient Service were regular members.

The Regionalization Programme, begun in July 1972, proved to be of considerable value for those patients referred from outside the Greater Vancouver area. In this plan, treatment teams were established on each floor of Centre Lawn Unit, which were responsible for the care of the patients from defined areas of the Province, i.e., the mental health centres. This plan enabled the unit staff to have more effective liaison with their counterparts in the community, in the better planning and implementation of mental health care.

The medical staff had a somewhat uncertain year, from several points of view. There was a large turnover, with 18 appointments and 25 resignations, in all categories. This produced a marked shortage, with heavy burdens from increased work loads. The problems attendant forced curtailment of admissions to Crease and Centre Lawn Units. Indications of an improving situation were becoming apparent at the year-end.

Again, as in former years, a number of physicians undertook the Royal College of Physicians and Surgeons of Canada Certification Examinations. Unfortunately, the failure rate was high for the specialty of psychiatry, and the future employment of these persons was in doubt. It was hoped that additional, qualified psychiatrists could be attracted to Riverview to complete the complement at competitive career opportunities.

The Clinical Teaching Unit had to be relocated in Crease Unit because of building changes, however, the teaching programme for most graduate physicians in psychiatry continued. Indeed, the programme was able to be

extended by having residents at the Out-patient Service for a broader learning of community psychiatry.

The finalizing of an affiliation agreement was a step on the way to accreditation.

The general area of education in mental health care covered many areas and in varying degrees. As an example, Riverview Hospital had students in laboratory technology, undergraduate medical students, psychology rehabilitation medicine, nursing students (several hospitals), recreational therapy students, social work, education, pastoral care, physicians, and others. These demonstrations of community awareness were vital to good community health programmes.

New bed assemblies, manufactured by the Industrial Therapy Division, were set up in West Lawn.

DEPARTMENT OF NURSING

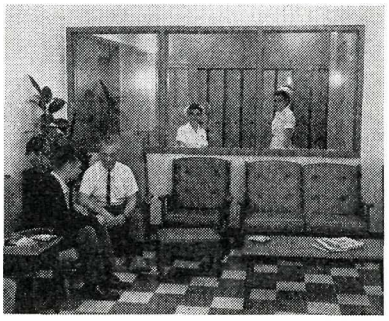
The Department of Nursing continued its policy of improving nursing service and the raising of standards of care.

The ongoing and intensive Staff Development Programme, aimed at improving the quality of nursing, helped in the provision of patient care and was a stimulus in the difficult days of summer.

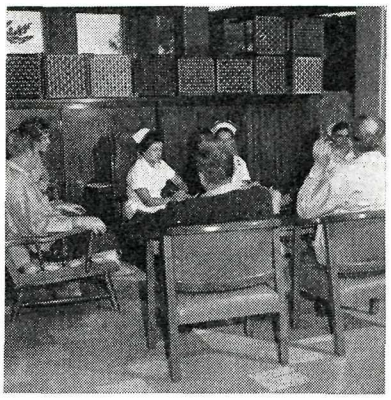
The general level of nursing care and nursing involvement throughout the wards was high.

There were four senior levels of nursing staff changes in the year, with some minor adjustments in organization; these latter were directed toward improving responsibility and activities, and proved to be valuable.

Generally, an improved protective programme, with better recreational opportunities, added to the reduction of incidents. The provision of above-ground swimming-pools at Pennington Hall and Riverside Unit were examples of the improvements that could be made.



A typical Nurses Station in the West Lawn building.



Group meetings are held regularly between patients and staff.

ADMINISTRATIVE SERVICES DIVISION

Dr. B. F. Bryson, Superintendent, retired early in 1972 after many years of devoted service to mental health care and Riverview Hospital. He was succeeded by the appointment of Dr. J. C. Johnston.

The Administrative Services Division included a large group of people providing vital and supportive services to the nursing and clinical divisions. The departments concerned continued to meet most of their planned objectives for 1972, while at the same time strove for improvements such as expanded pharmaceutical services to keep up-to-date drugs, and drug checks, on all wards; additional coverage to the Out-patient Service; and a review of the quality of all drugs used. The Business Office developed more efficient accounting routines. Additional training courses in driver techniques (for Transport staff); fire prevention and control; and ongoing interdepartmental updating programmes were further indications of continuing improvements.

The Department of Dietetics continued to provide high-quality meals and services to patients and to the staff cafeterias, and a new relief programme was developed. Approximately 20 per cent of all patient meals were for special diets to meet medical needs. The dietetic control of food preparation and handling was improved by new programmes for total processing, and new equipment was being installed.

The Industrial Therapy Department provided a very useful service for the hospital in the areas of furnishings and furniture, upholstery, metal-smithing, and reproduction. The Audio-Visual section had ever-increasing demands for both therapeutic and educational services for Riverview Hospital and other Mental Health Branch services in the Province. A major film production dealing with Riverview's accident-prevention programme was completed during the year. A committee was established to develop policies, procedures, and programmes to ensure maximum utilization of the Department's services.

The Standards Committee and the Traffic Committee typified other groups which provided valuable administrative assistance during the year.

The activities generated and directed through the Department of Personnel included the preparation of bulletins and newsletters, the handling of staff complaints, maintaining liaison with other Mental Health Branch services, initiating safety activities, and providing detailed attention to employee documentation.

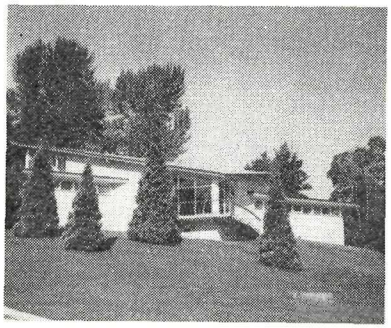
In April 1972 the Minister of Health Services and Hospital Insurance created the Riverview Hospital Advisory Board for the purpose of assisting the Deputy Minister in the operation of the hospital. The Board concerned itself with developing its own philosophy, goals, and operating objectives, and dealt with the required standards for approval and accreditation, so that the hospital would continue to strive for excellence in all its functions.

A Master Planning Committee was created in mid-year. This group of seven hospital staff, joined by a representative of the medical staff, the Assistant Deputy Minister, and the Programme Consultant and Analyst of the Mental Health Branch, was charged with preparing a comprehensive study of Riverview Hospital in order to develop useful plans for the hospital over five-year intervals. The committee met weekly and would prepare its report (having broad input from many related services) and make its recommendations to the Deputy Minister and the Riverview Hospital Advisory Board.

1972 was the 19th year of volunteer services under the auspices of the Canadian Mental Health Association. During the year the 262 volunteers recorded a total of 21,105 hours of work. Their broad programmes were most helpful to the patients and included the provision of clothing; book distribution; tea and anniversary parties;

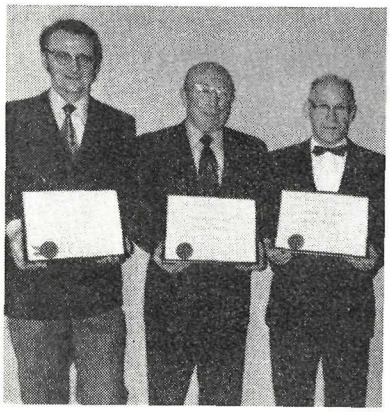
aid to activities of daily living; aid to physiotherapy, occupational therapy, and recreational therapy; handicraft help; and so on. An innovation was the development of free legal aid assistance by a group of young Vancouver lawyers. This was of tremendous help to many of the patients, and plans were being made to expand this service.

GERIATRIC DIVISION



Several patient functions took place during the year in the lovely Valleyview Auditorium.

New skills in the arts and crafts are learned in Skeenaview's Activity Room.



Safety Council awards of merit are proudly displayed by Dellview's departmental heads following the presentation in February.

This Division, comprised of three separate facilities, had a total complement of 1,306 beds during 1972. Valleyview Hospital, the largest of the three units, with 767 beds, accepted patients from the Lower Mainland and adjacent areas, and from Vancouver Island and the Gulf Islands. Dellview Hospital, Vernon, consisting of 239 beds, accepted patients from the Okanagan and Kootenay areas. Skeenaview Hospital, Terrace, with 300 beds, all male, provided care for patients from the northwestern part of the Province. Patients from the extreme northern areas were, on occasion, 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 was so disturbed that they could not be adequately cared for elsewhere in the community, were accepted for admission. Organic deterioration leading to dependency, without a behaviour problem, was not considered sufficient to warrant committal to a Geriatric Mental Health facility.

VALLEYVIEW HOSPITAL

The rate of admissions and discharges continued at about the same level as in the previous year. The trend noted in the reduction in hospital population did not continue. During the first few months of the year there was virtually no waiting-list, but in late spring and early summer there was a sudden increase in applications. This increase, coupled with a lower-than-average death rate during the period, produced a waiting-list of between 60 and 70 people within a few weeks. The surge of applications was not sustained, however, and the waiting-list was gradually disappearing by the year-end. There were a number of indications that the percentage of patients so infirm as to require total nursing care was gradually increasing.

The pre-admission screening programme continued during the year and was found to be a valuable activity.

The position of Assistant Superintendent was filled in October.

New staff for pre-admission screening became possible under a system of limited time projects made available during 1972, which allowed the hospital to try out several schemes. One was the appointment of a Co-ordinator of Volunteers to explore the possibilities of developing a core of regular volunteers, and to provide helpful services to the patients. Other projects included providing extra staff to expand the programme of physical activities to reactivate disabled patients, and developing a programme of patient remotivation.

Occupational therapy and recreational therapy programmes continued at their usual level. Occupational therapy was conducted in the main department in the mornings and there was also an individual programme on a number of the wards. The recreational therapist organized many forms of recreational programmes, including bus trips, outings, and volunteer entertainment.

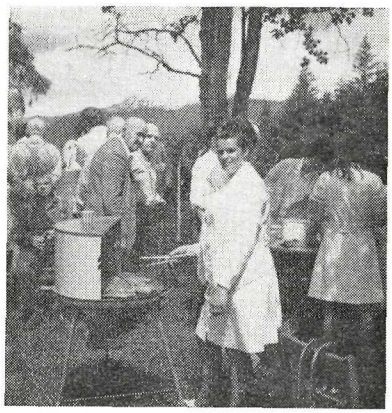
The hospital's dentist retired prematurely because of ill health, and this curtailed the work of the dental department. Emergency and urgent matters were dealt with in the interim by the Riverview dentists, and a replacement commenced work early in November.

The Pathological and X-ray Laboratories continued their high-calibre work at a level greater than in the previous year. The physiotherapist provided excellent services to patients and made herself available to all nursing staff to offer guidance in the best ways to lift and move patients.

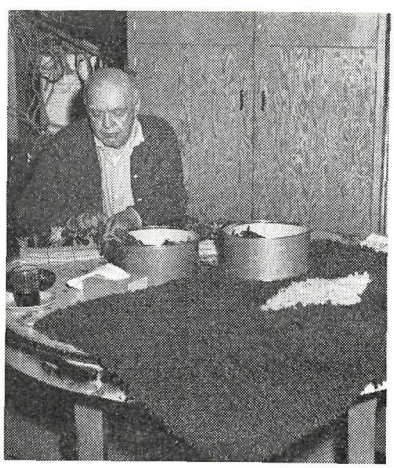
The nursing division of the hospital continued to operate at a high level of efficiency. Nursing staff were difficult to recruit and the proportion of nurses to aides dropped somewhat below the optimum level. Some wards, at the request of the nursing staff, carried out experiments with medication-free days. This continued over periods of several months with generally good results, and showed that it could be done without interference with the patients' treatment and was of benefit to both patients and staff.

The Social Service Department went through the year with its full complement of five workers and discharged its duties very satisfactorily. One member was involved full-time in the admissions service, while the others were mainly engaged in discharge planning and arrange-

Certificates were awarded to Valleyview's volunteers at their annual banquet, held in October.



For Skeenaview patients, an outdoor barbecue is just what the doctor ordered.



Rug-hooking is a popular activity and provides a feeling of accomplishment.

ments, and patient follow-up after their release from hospital. The calibre of patients, tending toward greater infirmity than in former years, presented greater difficulties in achieving discharges. During the year some patients were placed in extended-care units outside of the Lower Mainland area where beds were available.

Chaplaincy services were provided, mainly by the resident chaplain, and services on the individual wards were held on a weekly basis.

The hospital's safety committee met regularly throughout the year under the chairmanship of the Housekeeper.

Arising out of activities of the Psychogeriatric Education Committee, Valleyview Hospital staff members conducted three half-day orientation programmes for professionals in the community. This aimed to give an outline of Valleyview's work and its relation to other community facilities. It was made available to staff of the mental health centres, to public health nurses, V.O.N., social workers from the Department of Rehabilitation and Social Improvement offices, and others. Total attendance numbered around 75 to 80 people, and the sessions were well received.

The Business Administrator, a valuable member of the administration of the hospital, was responsible for the various nonclinical departments, and also functioned as personnel officer.

DELLVIEW HOSPITAL, VERNON

The long-time Administrator retired early in the year. His replacement, formerly Administrator of Skeenaview Hospital at Terrace, assumed his new duties at the beginning of September.

The demand for beds continued at the usual rate of approximately 8 to 10 a month. The medical work of the hospital was carried out by a local surgeon, and psychiatric service was provided on a part-time basis by the Vernon Mental Health Centre.

The Dellview safety committee continued to be active and was gratified that the dietary and culinary services of the hospital received the gold safety award of 1972.

SKEENAVIEW HOSPITAL, TERRACE

Some changes from the pattern of past years were evident at Skeenaview in 1972. The supervisor of the hospital transferred to a similar position at Dellview, and his replacement was appointed in September. During the year there were no transfers of patients from Valleyview to Skeenaview, resulting in a decrease in the patient population to a total of 210. This resulted from the fact that the Valleyview Hospital no longer had the type of patient suitable for placement in Skeenaview. This, and other considerations, prompted an in-depth study of the function of Skeenaview, and plans were advanced for a possible change to a community residential care unit for a broader category of patient.

Despite the gradually declining population in this unit, there was an increasing proportion of infirm patients, and this created greater pressures on the nursing staff. A new programme of reactivation and remotivation was started in 1972 under a full-time co-ordinator, which proved to be a most useful programme for involving elderly patients. Occupational therapy and recreational programmes were also actively pursued by the staff.

Major Public Works projects were under way in 1972. The kitchen and the bathrooms in Westlynn and Infirmary Wards were completed, and exterior coverings constructed on fire exits. The Infirmary was also renovated and redecorated.

THE WOODLANDS SCHOOL

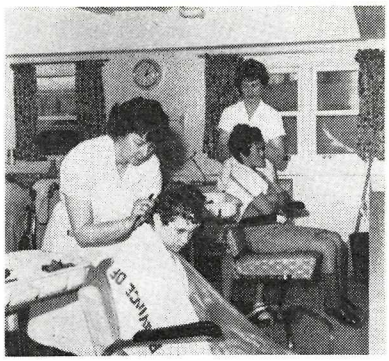
The Woodlands School, a residential facility for the mentally retarded of all ages, many of whom have additional physical or emotional handicaps, served as a specialized back-up resource during the year to community facilities of the western half of the Province. Diagnostic, treatment, and training services were offered. With an increasing complement of community services, only those retarded presenting complex problems were considered eligible for admission to The Woodlands School. As soon as suitable alternate planning, whether it be their own home, foster home, boarding-home, or extended-care facility, could substitute for institutional care, the retarded were returned to their own communities.

During the year the resident population was slightly reduced at 1,100, but what was even more gratifying was the reduction in the waiting-list to under 40. Admissions for the first nine months of 1972 averaged 12 per month, as compared with eight per month for the same period in 1971. Returns to the community averaged 23 per month, as opposed to 15 per month last year for the same nine months.

Before the end of 1971, the Programme Committee, the senior multidiscipline administrative planning body of The Woodlands School, set a number of specific priorities which would assist the mentally retarded in achieving social, emotional, intellectual, and physical maturation, so as to be able to function at maximum potential. It was recognized that the foremost priority must be in-service education, and that the major emphasis must be multidiscipline in approach, and service-oriented. Each of the three Units (Hospital, Training, and Psychiatric) chose the ward programme considered most exigent for this approach. Although innovative programmes were not limited to these three areas, staff time and competence were concentrated on them.

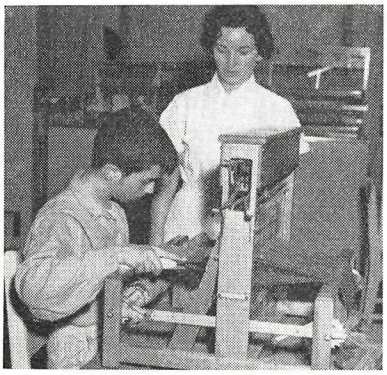
Energies were mobilized to speed up and improve the delivery of service to the residents of

Clowns added to the merriment of the annual carnival and parade.

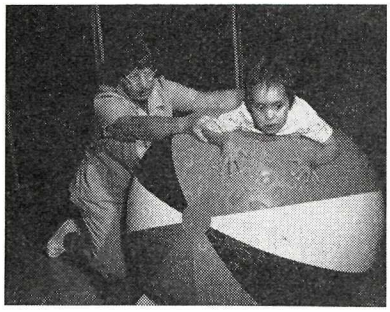


The School's beauty parlour is a popular spot for the young residents.

This little girl is all smiles as she and her nurse take a minute to visit.



The art of weaving is one of several crafts taught in Occupational Therapy.



A work-out on the exercise ball is part of the physiotherapy programme.

Getting the pegs in the right holes takes a lot of thought.

The Woodlands School. By the end of the year, ward clinical teams of nurses, psychiatric aides, doctors, and social workers, also included, whenever it was appropriate to the resident population, such persons as psychologists, occupational therapists, instructional aides, recreational therapists, rehabilitation officers, handicraft instructors, and teachers. The provision of this additional service showed an increase of between 40 to 45 per cent at the end of 1972 as compared with the end of 1971. These changes were made possible by an approximate 30-per-cent increase in the availability of trained staff to fill empty positions in the Training and Education Department. The chronic shortage of professionals with experience and training in mental retardation was overcome by very active recruitment, followed by intensive in-service training.

The new Co-ordinator of In-service Education, together with the assistance and co-operation of other senior staff, made it possible to meet the key priority of in-service education. The Hospital Unit selected Ward 32, toddlers and pre-schoolers, as their top priority area. The project had, as its goals, normalization for the residents, and intensive training for the staff. A more home-like atmosphere and a stimulating kindergarten were taking shape within the Hospital Unit.

Programmes similar to that on Ward 32 were also started on a much more limited scale on three other wards in the Hospital Unit. All but one ward in this unit were integrated with both male and female residents. Multihandicapped residents of the Hospital Unit, many blind or confined to wheel-chairs, discovered the joy of going swimming or out into the community on frequent bus rides. These programmes were possible because a full-time recreational therapist was assigned to the Hospital Unit, and even more so because of the volunteer help from Columbia Bible College, from Twin Maples Correctional Centre, and from a University of British Columbia Opportunity for Youth Group.

The Psychiatric Unit measured their programme with the yardsticks of "normalization" and "communication." Progress in normalization was made by integrating social and programmed activities and living areas and young adults, adolescents, and school pupils.

The use of the Therapeutic Community meetings was expanded and became central to the programmes on the four wards where the moderately and mildly retarded adolescents and young adults reside. A special programme was instituted on the priority wards to teach the residents how to administer their own medications.

The Woodlands School was involved in follow-up of all homocystinurics in the Province of British Columbia, and the same structure was devised as for phenylketonurics. Special diet, paid for by the Province of British Columbia, was supervised from The Woodlands School on an out-patient basis.

Reorganization and full staffing of the Vocational Services Department had its effect on the more capable Psychiatric Unit residents through incentive pay for jobs, opportunities to learn to manage money before discharge, a bachelor survival course, and evening adult education. The Opportunity Rehabilitation Workshop in Vancouver continued to accept training applicants and often hired the applicant on completion of training. The Variety Farm in Ladner provided nonresident training and employment for four residents, and four other residents commuted daily to the Clarke Drive Workshop in Vancouver for training. Woodlands was indebted to the assistance provided by the Vocational Rehabilitation Department of Riverview.

Normalization in the Occupational Therapy Department brought older, more disturbed women from their wards for cooking and social party sessions. The Academic School programme, which served primarily the severely disturbed boys and girls, continued to expand its individual programming for well over 100 pupils from pre-primary to vocational training levels. A behaviour modification approach made it possible to make learning a pleasant event for children who had been excluded from community schools because of uncontrollable behaviour.

In order to maximize the delivery of service by all departments, efforts were made to improve communications and to introduce as much efficiency into administrative duties as possible.

More than 3,000 visitors attended the highly successful Open House, held in May.

An electronic "talking dog" provides great excitement in the speech-therapy classes.

An Alder Lodge resident receives instruction on the use of a coin-operated telephone.

A major source of support during the year was the provision of "on call" nursing personnel to provide relief coverage for short-term staff illness and periods of recruitment lag. This resulted in an improved standard of care to residents and increased staff morale. The new policy was credited with the improvement in the sickness rate seen in the Nursing Department in 1972. The use of part-time nursing staff to cover more efficiently peak periods of residents' training, treatment, and care was partially implemented.

In 1972 approximately 300 volunteers gave over 15,000 hours of service to the residents. They played a very central part in many of the special occasions such as Open House and Carnival Day, but their major involvement was the assistance given in the ongoing day-to-day programmes.

A successful Open House was held on May 3, when over 3,000 visitors toured the school's facilities. Orientation tours for Grade XII students of the Lower Mainland were held in the spring and fall, with 450 in attendance.

1972 saw an expansion of inter-relationship with community educational centres. Close liaison continued with various faculties at the University of British Columbia, such as Social Work, Nursing, Special Education, Recreational Therapy, Rehabilitative Medicine, and the Department of Pædiatrics. Limited use was made of the facility by the Department of Education at Simon Fraser University, and the Psychology Department at the University of Victoria. Schools of Nursing at St. Paul's and the Vancouver General Hospital continued to use Woodlands for educational visits. During the year there were field placements two days per week by Douglas College for their child-care students.

The Superintendent was honoured by being elected Chairman of the North-west Region of the American Association on Mental Deficiency. This region stretches from the Northwest Territories to Alaska, Hawaii, Oregon, and Idaho. The Association held its conference in Vancouver this year, bringing in many outside speakers of world-wide renown.

Together with SPARC and the CELDIC Committee, Woodlands sponsored a conference on the CELDIC Report, which brought over 350 representatives from community for a one-day conference in November. As well as emphasizing Woodlands determination to co-operate in the provision of community services, the conference sensitized many staff at Woodlands to the complexities of the delivery of service in the community.

BUSINESS ADMINISTRATION

Staff establishment at The Woodlands School remained at 924 positions. While there was an increase in the turnover of male psychiatric nurses, the over-all turnover showed a substantial reduction from the previous year.

The Workmen's Compensation Board inspected The Woodlands School, and all unsafe conditions noted in the report were remedied.

Through the Patients' Comfort Fund it was possible to purchase a hydraulic lift for the Cerebral Palsy Bunny Bus, as well as some smaller audio-visual items.

Considerable time was spent in preparing plans to renovate the Nurses' Home in order to accommodate training and education programmes such as academic classes, vocational programmes, a Sheltered Workshop, a volunteers' area for the Apparel Shop, and storage of donated toys and other gifts. It would be necessary to include in this building numerous offices to accommodate in-service education, liaison personnel with university programmes, and clinical staff for the Training Unit. This would permit the demolition of the present academic school building, con-

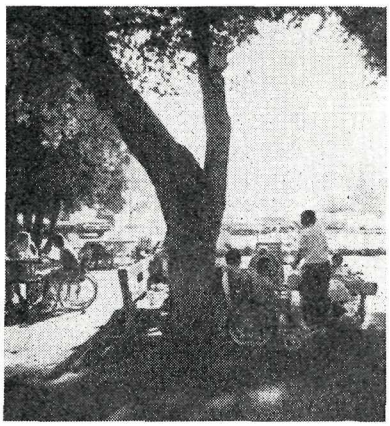
structed in 1945, and a shops building created many years earlier. A number of departments housed in the latter building would be relocated in the new Industrial Therapy Building.

The addition to the Industrial Therapy Building and the playground for two areas were completed late in the year.

Regular meetings were held with local representatives of the British Columbia Government Employees' Union and the Psychiatric Nurses' Association. Relationships between administration and these staff groups were most constructive. The Psychiatric Nurses' Association sponsored, through Canada Manpower, a number of excellent refresher and administrative courses at Douglas College and the B.C. Institute of Technology.

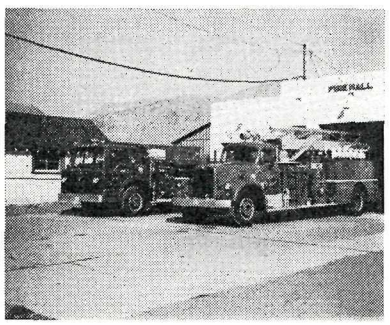
It was anticipated that Gold Creek Camp near Alouette Lake would gradually become a more significant part of the school's programme, and a full-time caretaker was appointed during the year.

THE TRANQUILLE SCHOOL



Wheel-chair patients enjoy the shade of the oak trees in front of the Central Building.

Crafts taught in Occupational Therapy include the making of rugs and pegboards.



Tranquille's modern fire department includes two fire trucks and a staff of nine.

During the year there was a considerable extension of services within The Tranquille School. Drawings and specifications for the five 20-bed units were completed and it was expected that this major project would go to tender by the year-end. An outside elevator system was being installed in the Greaves Building, and when it comes into operation early in 1973 it will add considerably to the safety of the building. Work was also proceeding on improving the fire-alarm system.

An important innovation that occurred during the year was the introduction of regular monthly visits to Victoria by senior personnel, for a conference with the Deputy Minister and branch consultants. Discussions centred around policy, staffing, and other major issues, and proved to be a most effective means of communication.

TREATMENT SERVICES

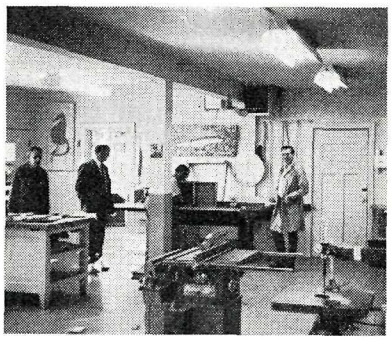
Meetings of the professional staff were held regularly. The clinical team, which consisted of all clinical departmental heads, plus the dietician, met every week, frequently with the Superintendent and occasionally with the Business Administrator. Each ward had a professional team which gave advice to the nurse in charge of the ward and worked with the individual in an integrated way. Other meetings were held for the benefit of physicians, nursing supervisors, and nurses, and the various departments.

The Out-patient Department continued to function effectively, and different types of family therapy were introduced. One method involved using a home in which a disturbed child could live with professionals and his own family, in an effort to explore methods for quietening the disturbed behaviour or treating unwanted symptoms. Home visits by a team were also made to families in need of on-site assistance, and this proved to be very successful. Tranquille concentrated on a very direct clinical type of advice to a family, or to an agency, rather than presenting a large amount of academic observation and speculation, which is often confusing to its

recipients. There was some evidence that these services would have to be extended considerably in the not-too-distant future.

The school continued to work on a collegiate basis. Ward teams were allocated to each clinical area and there was also a clinical team which acted in a general supervisory and advisory capacity for the Superintendent. This team had many administrative as well as clinical duties, and consisted of the Clinical Director and the Directors of Nursing, Training, Dietetics, Psychology, and Continuing Education, together with the Business Administrator.

During the year a large number of patients went into boarding-homes and some were accommodated at the new Glendale Hospital in Victoria. There were 39 informal admissions and six 30-day admissions during 1972.

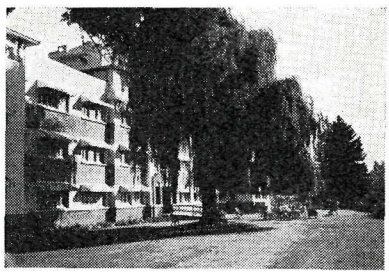


Lamps and coffee tables are included in the work turned out in the Woodwork Shop.

STAFF CHANGES

Several staff changes took place, and some members were attracted by positions on Vancouver Island and the Lower Mainland. The Office Manager, who was also Assistant Business Administrator, left the school in October to take up a position with the Glendale Hospital in Victoria. Early in the year the Business Administrator retired and the position was filled during the summer. At the beginning of the year a diplomate of the American Board of Pædiatrics was appointed Director of Clinical Services. He resigned within six months and the duties were assumed by a certified pædiatrician. During the summer two senior medical students from Glasgow University spent three months at Tranquille and performed very valuable service while receiving instruction in clinical medicine, psychiatry, and the treatment of mental retardation. In the latter part of the year the psychologist left Tranquille in order to join the staff of the mental health centre in Vernon.

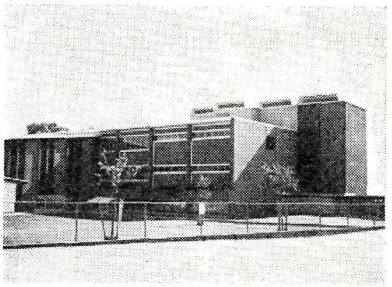
Toward the end of the year a psychiatrist arrived from England and assumed duties at Tranquille in the psychiatric service. His appointment completed the resident medical team.



The Greaves Building accommodates extended-care patients and a small pædiatric ward.

GENERAL

During the course of the year, programmes were set up with the Cariboo College. These were useful to the students and also provided



The Sage Building houses profoundly retarded adults and a 20-bed pædiatric ward.

certain Tranquille School staff with continuing education. Further involvement with the Cariboo College resulted in the presentation of teaching for embryonic social workers, case aides, and other health-care personnel.

Kamp Kiwanis presented some difficulties during the year because of the changing character of the patient-trainee at Tranquille. Toward the year-end a series of meetings was held with Kamp Kiwanis officials and several of the problems were resolved.

The Laundry staff worked all summer on a five-day-a-week basis. This was being monitored by a special committee and by the Business Administrator, and if the five-day-week proved to be successful it would be continued.

At the beginning of the year, Tranquille was asked to accommodate the personnel and residents of the Provincial Home in Kamloops while it was being rebuilt. This was to be a temporary measure for approximately 18 months. Some of the elderly men were housed in the Cedar Grove Ward, while others were housed in a men's residence.

Many of the children at Tranquille attended Fitzwater School, a facility for the mentally retarded in Kamloops, while some of the brighter children attended local grade schools in the city. The Tranquille School was grateful for the co-operation extended by the Superintendent of Schools, the Principal of the Fitzwater School, and also by the South Central Health Unit.

The Superintendent and two senior colleagues—the Director of Nursing and the Head of the Social Work Department—were involved to a considerable extent with the work of the Retarded Children's Association. The Superintendent served on the Advisory Board of both the Association and the Pleasant Services Workshop, while his colleagues were appointed as directors. Both The Tranquille School and the local associations benefited from these relationships.

At regular intervals the Business Administrator, together with the Director of Nursing and the Superintendent, met with the Psychiatric Nurses Union executive, and with the executive of the B.C. Government Employees' Union.

BRITISH COLUMBIA YOUTH DEVELOPMENT CENTRE, BURNABY, THE MAPLES

D. R. McCallum, Business Administrator, retired early in the year and L. S. McClintick was appointed to the position, effective April 1, 1972.

Dr. A. G. Devries, Consultant in Psychology, Mental Health Branch, was appointed a member of the Board of Management, effective April 19, 1972.

The following constituted the Board of Management in 1972:

Chairman—

Dr. J. S. Bland, Co-ordinator of Retardation and Children's Psychiatric Services.

Members—

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

Dr. H. W. Bridge, Co-ordinator of Adult Psychiatric Services.

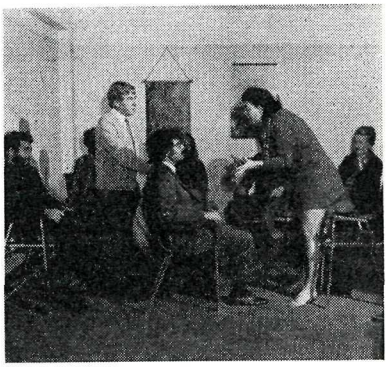
Dr. A. N. McTaggart, private practitioner.

Executive Secretary—

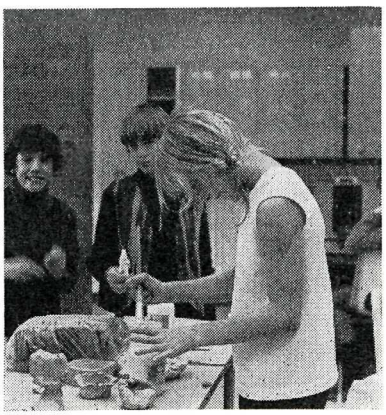
L. S. McClintick, Business Administrator.

FAMILY AND CHILDREN'S CLINIC

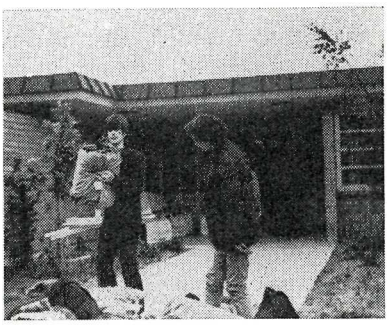
During the year it became increasingly clear to many workers in the field that the future of the mental health movement would be influenced as much, if not more, by lay and professional persons, not designated as mental health workers, as by the members of the established mental health professions. At the same time, it was equally clear that specialist treatment skills, as offered by traditional therapists, were needed for a significant population of disturbed individuals, especially in urban communities, and that some of the specialized treatment was best provided in a central facility. It was hoped that the trend toward decentralization, with the goal of bringing treatment and preventive services



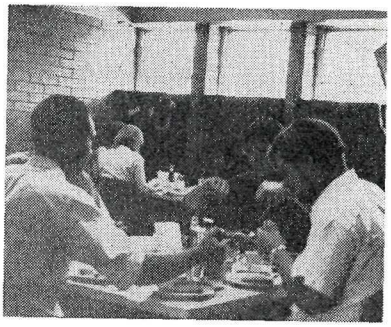
Staff act out situations encountered with residents in role-playing.



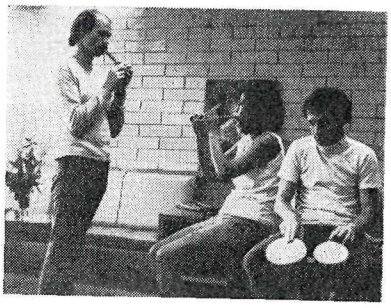
Modelling in clay helps the young residents to communicate.



Equipment is readied for summer camp, which proved highly successful.



Each cottage has its own dining-room for staff and residents.



Self-expression takes many forms, music is one of them.

Play therapy is an important part of the programme conducted in the Family and Children's Clinic.

closer to the family home and community, could be pursued without loss of quality of service and without attenuation of communication between the personnel involved.

Experiments with solutions to these contemporary problems were attempted by the Family and Children's Clinic in 1972. Some of the staff had already been deployed on a maximum part-time assignment to the community; others made sorties into community with "specialist" skills; and other stayed at home with the responsibility for the maintenance of the "central" treatment programmes. The clinic's experience with this model indicated that the concept of a centralized regional unit with "satellite" staff groups radiating into communities was valid, and needed refinement only in terms of numbers of staff, size of population served, and the geographical accessibility of the "central" unit.

The principal functions of the "central" clinic group were to provide

(1) treatment for seriously disturbed children and their families;

(2) training of other persons, including mental health professionals, in psychotherapy or first-line counselling (the operational maxim was that there should be no treatment without training, and no training without treatment).

The treatment population of disturbed children, and their families, comprised

(*a*) all children in the pre-school Day Centre programme, and a number in The Maples School and the residential programme (this group was given priority);

(*b*) families referred by mental health centres;

(*c*) families from the area in Vancouver served by the community team who required more specialized facilities at the clinic;

(*d*) families identified during the course of consultation to other agencies.

The treatment methods were both traditional and innovative. The practice of individual child psychotherapy was maintained, and regular discussion groups were held for interested thera-

pists. A staff psychologist introduced the theories and practice of "holding" techniques in the treatment of disturbed children and in normal child-rearing. Group and family group therapies were also subjects of regular discussion, and provided the main content of training programmes.

The three-week workshops for public health nurses were continued, as well as brief "demonstration" sessions for other Public Health staff (Provincial Supervisors, local health units). Programmes of one to five days were provided for homemakers, Probation Officers, Family Life Education Groups, in-service trainees of the Department of Rehabilitation and Social Improvement, and counselling students from the University of British Columbia. Seminars were conducted with pædiatric and psychiatric nursing students from the B.C. Institute of Technology, social workers from private and Provincial agencies, pre-school education students from Vancouver City College, and pædiatric nurses at Vancouver General Hospital. Students in various numbers were in almost daily attendance as observers in the pre-school day centre, and some of these from Simon Fraser University became available as volunteer helpers, or used the programmes for research in communication, classroom behaviour, and treatment methods. Staff conducted in-service development workshops at The Woodlands School and the Northern Training Centre (Smithers).

Consultation was provided to other agencies, including Willingdon School, the Brannan Lake School, and the Family Court. Several staff from The Maples visited the New Denver Youth Centre for consultation and ongoing staff training. Significant community developments occurred in the Terrace Mental Health Centre area with the formation of an active Youth Resources Committees in Kitimat and Smithers. Consultation and training workshops were provided by The Maples staff together with representatives of the Terrace Mental Health Centre, for groups in Kitimat and Smithers, as well as for others in Terrace, Houston, Masset, and Tlell.

The functions of a "satellite" clinic group were demonstrated by a team of social workers deployed to the Health Unit 4 area in South Vancouver. This model appeared to work well, and there was a considerable enlargement of activities related to schools during the year, and the training, educational, and consultative aspects steadily increased as team members gained experience.

Activities included:

(*a*) *Direct treatment*—Children and families, individual, conjoint, and group methods. Approximately 100 cases were open on an average, and in addition, there were a number of therapy-oriented groups related to schools and other agencies.

(*b*) *Activity Groups*—An extensive programme was developed with 12 such groups in five schools using volunteer leadership. About 30 university students were trained and supervised by Clinic staff, in co-operation with YWCA staff.

(*c*) *Human Relations Groups*—Eighteen groups operated in several schools with staff working with other personnel in the community to develop this type of programme within the structure of the school.

(*d*) *Consultation, education, training, and community organization*—Contributions in this area grew out of daily activities in both direct service and programme development, which were shared with workers in the community. Apart from the educational influences of sharing cases, some more formalized programmes emerged, such as leadership of groups in pre-school mother and child programmes;

prenatal classes; participation in workshops and staff development programmes; training of volunteers and staff in OFY and LIP projects and other areas; and shared treatment activities with other professionals.

Some of the Clinic staff co-operated with a number of professionals in the Lower Mainland mental health centres to provide training, supervision, and service to a camp for disturbed children. This camp was largely staffed by a group of students under the Opportunities for Youth Programme, and was located in the Kamloops area. Seventy-five children from 8½ to 13 years were accommodated in three programmes of 18 days each.

PSYCHOLOGICAL EDUCATION CLINIC

The Psychological Education Clinic offered a variety of services to the community, including direct service, travelling clinics, consultation, training, and research. Direct service was provided in classroom placement, assessments for specific learning disturbances, and through treating behavioural problems. There was also a series of neuropsychological tests that was being expanded to make it more complete. Referrals came primarily from the Lower Mainland, but extended throughout the Province.

The Maples School consists of a seven-classroom building, and at the year-end six of these classrooms were being used by the Psychological Education Clinic. The seventh classroom was used by the Residential Unit, along with one teacher seconded to them. The age-range of the children was from 6 to 13 years, and approximately 45 were attending the school programme. One class had two teachers, while the others had one teacher. An educational consultant and a psychologist, as well as the Director, comprised the functional unit responsible for the educational and treatment programme. The average length of stay for the child was about nine months, during which time the staff endeavoured to discover what constituted the specific learning disability, and ways to remediate it effectively. The child's emotional problems were also worked with through classroom treatment and parental counselling. An additional part of the school programme was a camp experience, which provided intense involvement with the children. Experience indicated that the children's deviant behaviour came under better control following the camp. A secondary benefit to the children from camping was concerned with the process of education, as well as attempting to train them in specific skills. Children in the school programme had difficulty with competitive situations, and staff were able to minimize the peer competition primarily through gymnasium and swimming programmes. They established an environment in which the child could function without indicating to him that success or failure was implicit in his performance. As with the total school programme, the staff concentrated on success and accomplishments, with no attention paid to failures and negative consequences.

There was a continual move to work more directly with the community on preventive programmes. Staff were involved in several parent effectiveness programmes, and participated in a travelling clinic to the northern part of the Province where direct service, consultation, and training workshops were presented. Efforts were directed toward assisting the community in managing their problems without sending the children to the clinic. The school programme was for the very disturbed who could not be maintained in a school setting; however, a great deal of time was also spent with less-disturbed children who were able to stay with their family and in their community school. This was the area the staff considered to be their prime involvement. Working with community groups, including teachers, would ultimately be the most beneficial way to utilize their time and prevent mental illness.

RESIDENTIAL TREATMENT UNIT

During the year the position of Director for the Unit remained vacant, and the Chief Child Care Counsellor continued to act both as Chief Counsellor and Unit Director.

Residential Cottages

The two residential cottages continued to function in much the same manner as the previous year. The focal point for maintaining the established therapeutic milieu was the daily community meeting held in each cottage Monday through Friday. These meetings included all the teen-agers, together with the day and evening staff members on duty for that day.

There was an average of 15 teen-agers per residential cottage at all times, with two or three boys from each cottage spending several months or longer at the newly acquired farmhouse in Aldergrove. Each residential cottage held various excursions of four to five days each to camp-sites or cabin areas, depending on the weather and the facilities available. These excursions, with usually four to six teen-agers and two staff at a time, proved to be one of the most rewarding aspects of the programme and frequently helped to stabilize or revitalize the cottage milieus at critical times.

Day Care Centre

The Day Care Centre found the semester system to be the most productive method of working with teen-agers who were not residents. Each semester lasted between two to four months, depending on the time of year. The teen-agers agreed to commit themselves for the entire semester, and staff social workers, community social workers, and probation officers followed up whenever the commitment was broken.

The tone of the centre and the degree of responsibility accepted by both counsellors and teen-agers in this setting indicated steady improvements during the first eight months of this year. The cottage staff continued to hold monthly camping trips and, as with the residential units, these trips proved to provide some of the most important therapeutic situations for the teen-agers, and an important learning experience for the counsellors.

Farm

Use of The Woodlands School cabins at Golden Ears Park as a permanent camp for youngsters from the Residential Unit was terminated at the end of June because of requirements of the school. A farmhouse in the Aldergrove area was rented, which worked out very well as a replacement for the permanent camp.

Educational Programme for Teen-agers

Since September, several aspects in the education programme were improved and the teacher worked closely with the new Programme Co-ordinator so that each teen-ager was assessed in regard to academic, recreational, arts and crafts skills, and so on. For the first time several teen-agers were in individual gym programmes with the recreational therapist, who catered to their specific needs regarding balance, co-ordination, space perception, etc. The total programme of the Activity Centre ("Turn-on Centre") was also more varied and exciting. Many interesting guest speakers were invited to talk with teen-agers; there was a film-night weekly in the unit, and a surprise "Happening" every Thursday afternoon; and there was a bimonthly Saturday evening "Coffee House" which became a great success. A weekly "Newsletter" was also published by the staff and teen-agers.

Family Therapy and Follow-up Care

One of the most important aspects of the programme was the work of the three social workers with the families of the teen-agers. Where possible, they held frequent family conferences which included one counsellor from the teen-ager's cottage, thus helping to provide continuity in terms of the treatment plan. When families lived out-of-town and were unable to come to the centre, a social worker and a counsellor often travelled to the home for family conferences.

The social workers did considerable individual follow-up care with the teen-agers as required, and the teacher was actively involved in both vocational and academic plans for the teen-agers being discharged.

In-service Training Programme for Staff

The first Training Co-ordinator was appointed during the year, to devote full time to the in-service training programme. Many special sessions were planned for staff in order to provide them with personal experience in group therapy, and with knowledge concerning specific group therapy techniques. Staff had approximately one training day every two weeks. An experienced therapist was hired on a part-time basis (four hours per week for 10 weeks) to provide needed experience and theory in Gestalt therapy for the morning training sessions. Each cottage also held a staff meeting once every two weeks where staff problems, treatment plans for teen-agers, administrative decisions, and other problems were discussed.

At the year-end a new exchange programme was introduced, where one of the staff would exchange places for a week or two with staff from another Residential Unit in the Province. The first of these exchanges took place the last two weeks in October with the Human Resources Centre in Penticton, and proved highly successful for all concerned. The idea was first introduced in one of the meetings of the Association of Child Care Services, of which the unit is an active member.

PATIENT MOVEMENT

Patient Movement Trends

Patient Movement Data

PATIENT MOVEMENT

PATIENT MOVEMENT TRENDS

TRENDS, SEPTEMBER 1972

Facility	Yearly Sum of Entries[1] From—			Resident or Case Load		
	Oct. 1969 to Sept. 1970	Oct. 1970 to Sept. 1971	Oct. 1971 to Sept. 1972	End of Sept. 1970	End of Sept. 1971	End of Sept. 1972
All mental health facilities	10,209	9,871	10,581	12,088	12,179	13,003
Residential programmes	4,306	3,870	3,340	5,495	5,290	4,785
Facilities for the mentally ill	3,994	3,652	3,059	3,658	3,506	3,207
Riverview	3,276	2,962	2,487	2,469	2,336	2,110
Youth Development Centre	39	51	39	19	25	26
Geriatric facilities	679	639	533	1,170	1,155	1,081
Valleyview	461	500	442	681	685	655
Dellview	165	116	76	228	234	214
Skeenaview	53	23	15	261	236	212
Facilities for the mentally retarded	312	218	290	1,837	1,784	1,578
The Woodlands School	257	160	214	1,263	1,217	1,097
The Tranquille School	55	58	76	574	567	481
Out-patient programmes	5,903	6,001	7,241	6,593	6,889	7,218
All mental health centres	4,725	4,958	6,363	4,965	5,422	6,075
Burnaby	660	587	537	683	572	576
Chilliwack	269	321	387	243	313	384
Courtenay	355	255	301	340	178	172
Cranbrook	131	219	382	108	155	332
Duncan (August 1971)[2]	.....	32	189	.....	32	199
Fort St. John (September 1971)[2]	.....	1	142	.....	1	119
Kamloops	160	276	274	200	255	227
Kelowna	343	339	330	438	313	350
Maple Ridge	375	276	371	286	404	371
Nanaimo	104	74	180	244	145	137
Nelson	16	210	152	14	210	247
New Westminster	236	193	168	263	98	136
Penticton (October 1971)[2]	.....	.....	223	.....	.....	171
Port Coquitlam (September 1971)[2]	.....	38	283	.....	38	178
Powell River (January 1972)[2]	.....	.....	120	.....	.....	94
Prince George	613	410	138	732	692	129
Saanich	249	240	301	246	368	444
Surrey	208	190	166	178	164	227
Terrace	53	308	353	51	197	147
Trail	135	207	207	42	157	198
Vernon	450	452	486	570	681	601
Victoria	368	330	507	327	449	520
Whalley (November 1971)[2]	.....	.....	166	.....	.....	116
Riverview Out-patient Department[3]	481	385	407	1,085	1,018	821
Woodlands Out-patient Department[4]	.....	.....	68	.....	.....	54
Tranquille Out-patient Department[5]	.....	.....	28	.....	.....	15
Youth Development Centre	539	534	276	325	268	221
Woodlands waiting-list	89	90	57	144	156	31
Tranquille waiting-list	69	34	42	74	25	1

1 Includes permanent transfers, admissions from community, and returns from leave and escapes.
2 Month Centre/Department commenced reporting.
3 Thirty-three patients active in the Riverview Hospital Centre Lawn Out-patient case load are not included.
4 March 1972.
5 May 1972.

PATIENT MOVEMENT DATA

DATA, 1972[1]

Facility	Entries				Exits				
	Total	Direct Admissions	Returns From Leave	Permanent Transfers	Total	Discharges	Leaves	Permanent Transfers	Deaths
All mental health facilities	10,627	.....	.....	....	10,498	.....	.....	....	.....
Residential programmes	3,133	2,691	418	24	3,637	1,857	1,281	23	476
Facilities for the mentally ill	2,828	2,492	327	9	3,206	1,727	1,023	7	449
Riverview	2,284	1,990	292	2	2,617	1,623	890	5	99
Youth Development Centre	37	37	.....	....	40	37	3	....	.....
Geriatric facilities	507	465	35	7	549	67	130	2	350
Valleyview	433	395	32	6	440	57	119	....	264
Dellview	58	55	3	....	74	5	6	....	63
Skeenaview	16	15	.....	1	35	5	5	2	23
Facilities for the mentally retarded	305	199	91	15	431	130	258	16	27
The Woodlands School	229	141	85	3	313	120	158	14	21
The Tranquille School	76	58	6	12	118	10	100	2	6
Out-patient programmes		7,494				6,861			
All mental health centres		6,498				5,694			
Burnaby		537				533			
Chilliwack		387				316			
Courtenay		301				307			
Cranbrook		382				205			
Duncan (Aug. 1971)[2]		189				30			
Fort St. John (Sept. 1971)[2]		142				47			
Kamloops		274				302			
Kelowna		330				293			
Maple Ridge		371				404			
Nanaimo		180				188			
Nelson		152				115			
New Westminster		168				130			
Penticton (Oct. 1971)[2]		223				68			
Port Alberni (Oct. 1972)[2]		40				4			
Port Coquitlam (Sept. 1971)[2]		283				143			
Powell River (Jan. 1972)[2]		169				36			
Prince George		138				562			
Saanich		301				225			
Surrey		166				103			
Terrace		353				403			
Trail		207				219			
Vernon		486				566			
Victoria		507				436			
Whalley (Nov. 1971)[2]		183				56			
Williams Lake (Oct. 1972)[2]		29				3			
Riverview Out-patient Department[3]		490				604			
Woodlands Out-patient Department[4]		98				26			
Tranquille Out-patient Department[5]		40				19			
Youth Development Centre		276				323			
Woodlands waiting-list		50				131			
Tranquille waiting-list		42				64			

[1] Table compiled from actual data through September 1972, and projected for the remainder of year.
[2] Month Centre/Department commenced reporting.
[3] About 368 patients active in the Riverview Centre Lawn Out-patient area case load are not included.
[4] March 1972.
[5] May 1972.

FINANCIAL STATEMENTS

The following are financial reports of the Mental Health Branch for the fiscal year ended March 31, 1972

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, 1962/63 TO 1971/72.

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

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, 1962/63 TO 1971/72—*Continued.*

Institution	Average Number in Residence	Maintenance Expenditure	Yearly *per Capita* Cost	Daily *per Capita* Cost
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
1970/71				
Riverview Hospital, Essondale	2,510.44	16,186,488.00	6,447.67	17.66
The Woodlands School, New Westminster	1,279.60	8,168,889.00	6,383.94	17.49
The Tranquille School	579.15	3,787,785.00	6,540.25	17.92
Valleyview Hospital, Essondale	685.33	3,824,163.00	5,580.03	15.29
Dellview Hospital, Vernon	225.60	974,623.00	4,320.04	11.84
Skeenaview Hospital, Terrace	254.28	865,471.00	3,403.61	9.32
Totals for the year	5,534.40	33,807,419.00	6,108.60	16.74
1971/72				
Riverview Hospital, Essondale	2,363.70	17,393,443.00	7,358.55	20.11
The Woodlands School, New Westminster	1,216.51	8,745,677.00	7,189.15	19.64
The Tranquille School	548.76	4,149,495.00	7,561.58	20.66
Valleyview Hospital, Essondale	669.84	4,203,563.00	6,275.47	17.15
Dellview Hospital, Vernon	227.41	1,055,612.00	4,641.88	12.68
Skeenaview Hospital, Terrace	233.91	941,455.00	4,024.85	11.00
Totals for the year	5,260.13	36,489,245.00	6,936.95	18.95

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, 1972.

	$
Gross operating costs—	
Riverview Hospital, Essondale	17,393,443
The Woodlands School, New Westminster	8,745,677
The Tranquille School	4,149,495
Valleyview Hospital, Essondale	4,203,563
Dellview Hospital, Vernon	1,055,612
Skeenaview Hospital, Terrace	941,455
	36,489,245
Less collections remitted to Treasury	2,533,279
	33,955,966
Daily average population	5,260.13
Gross *per capita* cost, one year	6,936.95
Gross *per capita* cost, one day	18.95
Net *per capita* cost, one year	6,455.35
Net *per capita* cost, one day	17.64

TABLE C—EXPENSE STATEMENT OF THE RIVERVIEW HOSPITAL (INCLUDES OUT-PATIENT SERVICES) FOR 12 MONTHS ENDED MARCH 31, 1972

Salaries, Supplies, and Operating Expenses	Vouchered Expenditure	Services and Supplies From Public Works Department	Inventory Adjustment		Actual Cost of Operations
			Plus on Hand, March 31, 1971	*Less* on Hand, March 31, 1972	
	$	$	$	$	$
Salaries	13,100,847	.....	.....	.....	13,100,847
Office expense	52,780	.....	.....	.....	52,780
Travelling expense	24,660	.....	.....	.....	24,660
Office furniture and equipment	15,366	.....	.....	.....	15,366
Medical care	753,850	.....	139,827	146,818	746,859
Dietary	1,256,417	.....	.....	.....	1,256,417
Laundry	20,811	.....	.....	.....	20,811
Gratuities to patients	47,172	.....	.....	.....	47,172
Patients' library	4,548	.....	.....	.....	4,548
Maintenance and operation of equipment	26,716	.....	.....	.....	26,716
Transportation	15,711	.....	.....	.....	15,711
General supplies	548,246	.....	149,673	134,468	563,451
Occupational and recreational therapy	11,999	.....	.....	.....	11,999
Audio-Visual	15,823	.....	.....	.....	15,823
Patients' education	301	.....	.....	.....	301
Motor-vehicles and accessories	17,011	.....	.....	.....	17,011
General expense	38,946	.....	.....	.....	38,946
Burials	1,240	.....	.....	.....	1,240
Buildings, grounds, etc.	.....	1,548,002	155,500	165,000	1,538,502
	15,952,444	1,548,002	445,000	446,286	17,499,160
Less—					
Increase in inventory, institutional stores	70,445	.....	.....	.....	70,445
Rent deductions	4,822	.....	.....	.....	4,822
Board	26,543	.....	.....	.....	26,543
Sundry receipts	3,907	.....	.....	.....	3,907
Adjusted expenditure	15,846,727	1,548,002	445,000	446,286	17,393,443

Yearly *per capita* cost—	$
Salaries	5,542.51
Expenses	1,816.04
	7,358.55

TABLE D—EXPENSE STATEMENT OF THE WOODLANDS SCHOOL, NEW WESTMINSTER, FOR 12 MONTHS ENDED MARCH 31, 1972

Salaries, Supplies, and Operating Expenses	Vouchered Expenditure	Services and Supplies From Public Works Department	Inventory Adjustment		Actual Cost of Operations
			Plus on Hand, March 31, 1971	*Less* on Hand, March 31, 1972	
	$	$	$	$	$
Salaries	7,198,516	.....	.....	.....	7,198,516
Office expense	13,140	.....	.....	.....	13,140
Travelling expense	7,037	.....	.....	.....	7,037
Office furniture and equipment	1,178	.....	.....	.....	1,178
Medical care	209,743	.....	37,985	38,100	209,628
Dietary	529,802	.....	.....	.....	529,802
Laundry	39,667	.....	.....	.....	39,667
Gratuities to patients	5,053	.....	.....	.....	5,053
Patients' library	113	.....	.....	.....	113
Maintenance and operation of equipment	6,490	.....	.....	.....	6,490
Transportation	2,058	.....	.....	.....	2,058
General supplies	262,537	.....	.....	.....	262,537
Occupational and recreational therapy	4,845	.....	.....	.....	4,845
Audio-Visual	3,739	.....	.....	.....	3,739
Patient education	2,435	.....	.....	.....	2,435
Motor-vehicles and accessories	7,265	.....	.....	.....	7,265
General expense	28,867	.....	.....	.....	28,867
Burials	785	.....	.....	.....	785
Buildings, grounds, etc.	.....	468,061	.....	.....	468,061
	8,323,270	468,061	37,985	38,100	8,791,216
Less—					
Increase in inventory, institutional stores	36,481	.....	.....	.....	36,481
Board	8,710	.....	.....	.....	8,710
Miscellaneous	348	.....	.....	.....	348
Adjusted expenditure	8,277,731	468,061	37,985	38,100	8,745,677

Yearly *per capita* cost—	$
Salaries	5,917.35
Expenses	1,271.80
	7,189.15

TABLE E—EXPENSE STATEMENT OF THE TRANQUILLE SCHOOL, FOR 12 MONTHS ENDED MARCH 31, 1972

Salaries, Supplies, and Operating Expense	Vouchered Expenditure	Services and Supplies From Public Works Department	Inventory Adjustment		Actual Cost of Operations
			Plus on Hand, March 31, 1971	*Less* on Hand, March 31, 1972	
	$	$	$	$	$
Salaries	2,985,102	.....	.....	.....	2,985,102
Office expense	9,774	.....	.....	.....	9,774
Travelling expense	5,936	.....	.....	.....	5,936
Office furniture and equipment	1,787	.....	.....	.....	1,787
Medical care	96,275	.....	.....	.....	96,275
Dietary	325,188	.....	11,722	11,363	325,547
Laundry	11,465	.....	.....	.....	11,465
Gratuities to patients	4,801	.....	.....	.....	4,801
Patients' library	78	.....	.....	.....	78
Maintenance and operation of equipment	5,318	.....	.....	.....	5,318
Transportation	2,131	.....	.....	.....	2,131
General supplies	97,197	.....	65,095	61,856	100,436
Occupational and recreational therapy	10,657	.....	.....	.....	10,657
Audio-Visual	708	.....	.....	.....	708
Patient education	884	.....	.....	.....	884
Motor-vehicles and accessories	4,292	.....	.....	.....	4,292
General expense	14,214	.....	.....	.....	14,214
Burials	1,515	.....	.....	.....	1,515
Buildings, grounds, etc.	.....	599,699	.....	.....	599,699
	3,577,322	599,699	76,817	73,219	4,180,619
Less—					
Rent deductions	14,434	.....	.....	.....	14,434
Board	16,690	.....	.....	.....	16,690
Adjusted expenditure	3,546,198	599,699	76,817	73,219	4,149,495

Yearly *per capita* cost—	$
Salaries	5,439.72
Expenses	2,121.86
	7,561.58

TABLE F—B.C. YOUTH DEVELOPMENT CENTRE

The B.C. Youth Development Centre expenditure statement covers the following departments:

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

General Administration covers 38 staff (salaries $249,164). The salaries for General Administration are divided among the following units:

	Mental Health Centre, Burnaby	Forensic Clinic	Family and Children's Clinic	Psychological Education Clinic	Residential Unit	Total
	$	$	$	$	$	$
General Administration salaries	49,833	.....	49,833	24,916	124,582	249,164
Unit salaries	.....	31,356	185,622	106,983	401,815	725,776
Temporary assistance	1,592	1,681	13,324	5,753	6,851	29,201
Unit expense	.....	.....	43,475	31,450	53,640	128,565
	51,425	33,037	292,254	169,102	586,888	1,132,706
Buildings and grounds	39,344	.....	32,787	32,787	157,376	262,294
Totals	90,769	33,037	325,041	201,889	744,264	1,395,000

TABLE G—EXPENSE STATEMENT OF THE VALLEYVIEW HOSPITAL, ESSONDALE, FOR 12 MONTHS ENDED MARCH 31, 1972

Salaries, Supplies, and Operating Expenses	Vouchered Expenditure	Services and Supplies from Public Works Department	Actual Cost of Operations
	$	$	$
Salaries	3,514,813	.....	3,514,813
Office expense	8,680	.....	8,680
Travelling expense	4,652	.....	4,652
Office furniture and equipment	2,516	.....	2,516
Medical care	166,051	.....	166,051
Dietary	286,398	.....	286,398
Laundry	19,000	.....	19,000
Gratuities to patients	2,232	.....	2,232
Patients' library	86	.....	86
Maintenance and operation of equipment	6,333	.....	6,333
Transportation	774	.....	774
General supplies	122,448	.....	122,448
Occupational and recreational therapy	2,775	.....	2,775
Audio-Visual	1,272	.....	1,272
Motor-vehicles and accessories	3,093	.....	3,093
General expense	1,546	.....	1,546
Burials	180	.....	180
Buildings, grounds, etc.	.....	90,083	90,083
	4,142,849	90,083	4,232,932
Less—			
Increase in inventory for institutional stores	18,869	.....	18,869
Board	10,500	.....	10,500
Adjusted expenditure	4,113,480	90,083	4,203,563

Yearly *per capita* cost—	$
Salaries	5,247.24
Expenses	1,028.23
	6,275.47

TABLE H—EXPENSE STATEMENT OF THE DELLVIEW HOSPITAL, VERNON, FOR 12 MONTHS ENDED MARCH 31, 1972

Salaries, Supplies, and Operating Expenses	Vouchered Expenditure	Services and Supplies From Public Works Department	Inventory Adjustment		Actual Cost of Operations
			Plus on Hand, March 31, 1971	*Less* on Hand, March 31, 1972	
	$	$	$	$	$
Salaries	747,594	.....	.....	.....	747,594
Office expense	1,400	.....	.....	.....	1,400
Travelling expense	462	.....	.....	.....	462
Medical care	27,157	.....	5,522	5,817	26,862
Office furniture and equipment	481	.....	.....	.....	481
Dietary	93,887	.....	3,835	4,268	93,454
Laundry	3,418	.....	.....	.....	3,418
Gratuities to patients	70	.....	.....	.....	70
Maintenance and operation of equipment	380	.....	.....	.....	380
Transportation	1,364	.....	.....	.....	1,364
General supplies	37,094	.....	12,218	12,891	36,421
Occupational and recreational therapy	604	.....	.....	.....	604
Audio-Visual	56	.....	.....	.....	56
General expense	2,892	.....	.....	.....	2,892
Burials	3,895	.....	.....	.....	3,895
Buildings, grounds, etc.	.....	141,759	.....	.....	141,759
	920,754	141,759	21,575	22,976	1,061,112
Less—					
Rent deductions	1,705	.....	.....	.....	1,705
Board	3,795	.....	.....	.....	3,795
Adjusted expenditure	915,254	141,759	21,575	22,976	1,055,612

Yearly *per capita* cost—	$
Salaries	3,287.43
Expenses	1,354.45
	4.641.88

TABLE I—EXPENSE STATEMENT OF THE SKEENAVIEW HOSPITAL, TERRACE, FOR 12 MONTHS ENDED MARCH 31, 1972

Salaries, Supplies, and Operating Expense	Vouchered Expenditure	Services and Supplies from Public Works Department	Inventory Adjustment		Actual Cost of Operations
			Plus on Hand, March 31, 1971	*Less* on Hand, March 31, 1972	
	$	$	$	$	$
Salaries	601,107	.....	.....	.....	601,107
Office expense	2,038	.....	.....	.....	2,038
Travelling expense	2,527	.....	.....	.....	2,527
Office furniture and equipment	395	.....	.....	.....	395
Medical care	30,636	.....	.....	.....	30,636
Dietary	113,925	.....	10,186	13,248	110,863
Laundry	4,355	.....	.....	.....	4,355
Gratuities to patients	25	.....	.....	.....	25
Patients' library	6	.....	.....	.....	6
Maintenance and operation of equipment	877	.....	.....	.....	877
Transportation	422	.....	.....	.....	422
General supplies	24,816	.....	14,147	12,145	26,818
Occupational and recreational therapy	1,098	.....	.....	.....	1,098
Audio-Visual	1,731	.....	.....	.....	1,731
Motor-vehicles and accessories	3,675	.....	.....	.....	3,675
General expense	1,655	.....	.....	.....	1,655
Burials	4,815	.....	.....	.....	4,815
Buildings, grounds, etc.	.....	155,817	.....	.....	155,817
	794,103	155,817	24,333	25,393	948,860
Less—					
Rent deductions	4,030	.....	.....	.....	4,030
Board	3,375	.....	.....	.....	3,375
Adjusted expenditure	786,698	155,817	24,333	25,393	941,455

Yearly *per capita* cost—	
Salaries	2,569.82
Expenses	1,455.03
	4,024.85

TABLE J—EXPENSE STATEMENT OF THE COMMUNITY SERVICES FOR 12 MONTHS ENDED MARCH 31, 1972

Mental Health Centres—

Burnaby.	Vernon.
Victoria.	Nelson.
Saanich.	Maple Ridge.
Kelowna.	Surrey.
Trail.	New Westminster.
Nanaimo.	Terrace.
Prince George.	Port Coquitlam.
Kamloops.	Whalley.
Chilliwack.	Fort St. John.
Courtenay.	Duncan.
Cranbrook.	Penticton.

Establishment of Community Services, Operation Expenses of Glendale Hospital, Development of Psychiatric Home Treatment Services, Technical Services and Development of New Patient Care Programmes, and Assistance for Retarded Children.

	$
Salaries	1,444,338
Office expense	25,555
Travelling expense	45,771
Office furniture and equipment	15,588
Medical care	287,605
Dietary	4,348
Establishment of community services	87,866
Maintenance and operation of equipment	9,641
Transportation	1,392
General supplies	6,280
O.T. and R.T.	2,196
Patient education	639
Motor-vehicles and accessories	8,866
General expense	5,583
Assistance for retarded children	44,562
Development of psychiatric home treatment services	90,000
Operation expenses, Glendale Hospital	117,593
Technical services and development of new patient care programmes	76,334
	2,274,157
Less salary adjustments	70,224
	2,203,933

TABLE K—EXPENSE STATEMENT OF GENERAL ADMINISTRATION FOR 12 MONTHS ENDED MARCH 31, 1972

	$
Salaries	535,183
Office expense	15,331
Travelling expense	28,333
Office furniture and equipment	5,191
Grant to Trustees of Patients' Comfort Fund	12,000
Printing and publications	5,929
Grant to UBC for mental health research	30,000
Audio-Visual	156
General expense	1,963
Administration of *Psychiatric Nurses Act*	3,035
Psychiatric Nurses Bursary Trust Fund	1,200
Mental health care and training grants	262,312
Stores equipment	744
	901,377
Less salary adjustments	29,868
	871,509

TABLE L—EXPENSE STATEMENT OF THE DEPARTMENT OF NURSING EDUCATION FOR 12 MONTHS ENDED MARCH 31, 1972

	$
Salaries	745,785
Office expense	5,462
Travelling expense	316
Office furniture and equipment	1,032
Medical care	917
Dietary	4,842
Laundry	5,000
General supplies	9,285
Audio-Visual	64
General expense	1,034
Affiliate and postgraduate training	1,592
	775,329
Less salary adjustments	28,368
	746,961

TABLE M—INSTITUTIONAL STORES

	$
Net undistributed stores as per Public Accounts	100,004
Adjustment *re* farm loss	18,481
	81,523
Inventory adjustment, *plus* on hand, March 31, 1971	609,115
	690,638
Less on hand, March 31, 1972	564,843
Net increase in inventory[1]	125,795

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

	$
Riverview Hospital (56 per cent)	70,445
The Woodlands School (29 per cent)	36,481
Valleyview Hospital (15 per cent)	18,869
	125,795

RECONCILIATION WITH PUBLIC ACCOUNTS, 1971/72

	$	$
Table K—General Administration—		
Salaries	535,183	
Expenses	366,194	
	901,377	
Less salary adjustments	29,868	
As per Public Accounts		871,509
Table L—Department of Nursing Education—		
Salaries	745,785	
Expenses	29,544	
	775,329	
Less salary adjustments	28,368	
As per Public Accounts		746,961
Table J—Community Services—		
Salaries	1,444,338	
Expenses	829,819	
	2,274,157	
Less salary adjustments	70,224	
As per Public Accounts		2,203,933

RECONCILIATION WITH PUBLIC ACCOUNTS, 1971/72—*Continued*

Table C—Riverview Hospital and out-patients—		$	$
Salaries		13,100,847	
Expenses		4,292,596	
Vouchered expenditure		17,393,443	
Deduct—	$		
Buildings and grounds	1,548,002		
Salary adjustments	791,556		
		2,339,558	
		15,053,885	
Add—			
Sundry adjustments, rent, board, etc.		105,717	
Increase in inventories		1,286	
As per Public Accounts			15,160,888
Table G—Valleyview Hospital—			
Salaries		3,514,813	
Expenses		688,750	
Vouchered expenditure		4,203,563	
Deduct—			
Buildings and grounds	90,083		
Salary adjustments	201,288		
		291,371	
		3,912,192	
Add—			
Sundry adjustments, rent, board, etc.		29,369	
Portion of farm loss		2,816	
As per Public Accounts			3,944,377
Table H—Dellview Hospital—			
Salaries		747,594	
Expenses		308,018	
Vouchered expenditure		1,055,612	
Deduct—			
Buildings and grounds	141,759		
Salary adjustments	45,120		
		186,879	
		868,733	

RECONCILIATION WITH PUBLIC ACCOUNTS, 1971/72—*Continued*

Add—		$	$
Sundry adjustments, rent, board, etc.		5,500	
Increase in inventories		1,401	
As per Public Accounts			7,920,667

Table I—Skeenaview Hospital—

Salaries		601,107	
Expenses		340,348	
Vouchered expenditure		941,455	
Deduct—	$		
Buildings and grounds	155,817		
Salary adjustments	34,512		
		190,329	
		751,126	
Add—			
Sundry adjustments, rent, board, etc.		7,405	
Increase in inventories		1,060	
As per Public Accounts			759,591

Table D—The Woodlands School—

Salaries		7,198,516	
Expenses		1,547,161	
Vouchered expenditure		8,745,677	
Deduct—			
Buildings and grounds	468,061		
Salary adjustments	408,228		
		876,289	
		7,869,388	
Add—			
Sundry adjustments, board, rent, etc.		45,539	
Portion of farm loss		5,625	
Increase in inventory		115	
As per Public Accounts			7,920,667

RECONCILIATION WITH PUBLIC ACCOUNTS, 1971/72—*Continued*

Table E—The Tranquille School—		$	$
Salaries		2,985,102	
Expenses		1,164,393	
Vouchered expenditure		4,149,495	
Deduct—	$		
Buildings and grounds	599,699		
Salary adjustments	177,708		
Decrease in inventories	3,598		
		781,005	
		3,368,490	
Add—			
Sundry adjustments, board, rent, etc.		31,124	
Portion of farm loss		8,035	
As per Public Accounts			3,407,649
Table F—B.C. Youth Development Centre—			
Salaries		1,004,141	
Expenses		128,565	
As per Public Accounts			1,132,706
Table M—Net Undistributed Stores			100,004
Special Warrants—			
Special Warrant 3—Penticton District Society			38,500
Special Warrant 8—Grant to *Treatment Resources Act*			195,649
Special Warrant 39—Grant to Granville School			30,832
Total expenditure as per Public Accounts			37,388,900

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