DEPARTMENT OF HEALTH

Mental Health Branch

PROVINCE OF BRITISH COLUMBIA

ANNUAL REPORT

1974

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in right of the Province of British Columbia.
1975

To Colonel the Honourable WALTER S. OWEN, 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, for the year 1974.

DENNIS G. COCKE
Minister of Health

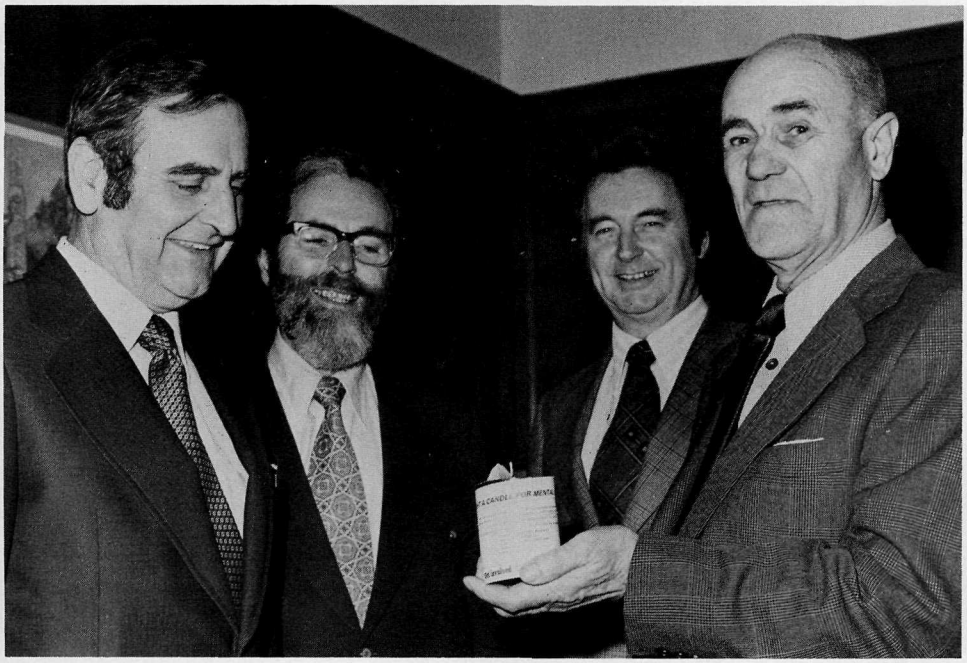
Office of the Minister of Health,
Victoria, B.C., February 18, 1975.

DEPARTMENT OF HEALTH,
MENTAL HEALTH BRANCH,
VICTORIA, B.C., February 18, 1975.

The Honourable Dennis G. Cocke,
Minister of Health, Victoria, B.C.

SIR: I have the honour to submit the Annual Report of the Mental Health Branch for 1974.

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



The Honourable Dennis Cocke, Minister of Health (left), lent his support to the November memebrship drive of the Canadian Mental Health Association (B.C. Division) and is shown receiving a symbolic candle from George Rempel (right), Vice-President and Campaign Chairman. Viewing the presentation are Dr. Roy Watson, President, and Lieut.-Col. Douglas Carter, Executive Director. Candles made in sheltered workshops operated by the CMHA were given with each membership and represented the theme of the drive, "Light a Candle for Mental Health".

DEPARTMENT OF HEALTH

MENTAL HEALTH BRANCH

THE HONOURABLE DENNIS G. COCKE, *Minister of Health*

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., M.R.C.PSYCH., F.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.,
Consultant in Sociology.

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

MRS. C. W. PORTEOUS, B.A., M.A.,
Statistician.

W. A. BLAIR,*
MRS. B. HOPKINS, B.ED.,†
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, Abbotsford 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., A.C.S.W.,
Administrator, Port Alberni Mental Health Centre.

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

M. A. CARVELL, M.N.,
Administrator, Squamish Mental Health Centre.

R. N. CRAWFORD, B.A., B.S.W., M.S.W.,
Administrator, Victoria Mental Health Centre.

C. DEWITT, PH.D.,
Administrator, Fort St. John Mental Health Centre.

E. M. FORSYTH, M.S.W.,
Administrator, Cranbrook Mental Health Centre.

R. GRACEY, B.A., B.D., M.S.W.,
Administrator, Prince Rupert 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),
Administrator, Burnaby Mental Health Centre.

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

---

* Resigned June 15.
† Appointed August 12.

J. KANEVSKY, M.A.‡
Administrator, Courtenay Mental Health Centre.

K. LERNER, B.A., M.S.W.,
Administrator, Langley Mental Health Centre.

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

P. MCARTHUR, P.H.N., R.N.,
Administrator, Port Coquitlam Mental Health Centre.

A. J. MCSWEENEY, M.A.,
Administrator, Sechelt Mental Health Centre.

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

J. M. MOSSING, R.N., B.S.N.,
Administrator, Penticton Mental Health Centre.

A. NEWTON-WHITE, M.S.W.,
Administrator, Saanich Mental Health Centre.

B. SCHIKOWSKY, B.A., M.S.W.,
Administrator, Chilliwack 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., R.S.W.,
Administrator, Nelson Mental Health Centre.

M. STEPHENS, M.S.W.,
Administrator, Williams Lake 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.

P. WHEATLEY, M.S.W.,
Administrator, Kamloops Mental Health Centre.

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

MENTAL HEALTH SERVICES

J. C. JOHNSTON, M.D., F.A.C.H.A.,
Executive Director, 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),
Director, Valleyview Hospital.

J. BOWER, M.D., M.R.C.PSYCH., D.P.M.,
Executive Director, Tranquille.

A. P. HUGHES, M.D., B.SC., C.R.C.P.,
Executive Director, Woodlands.

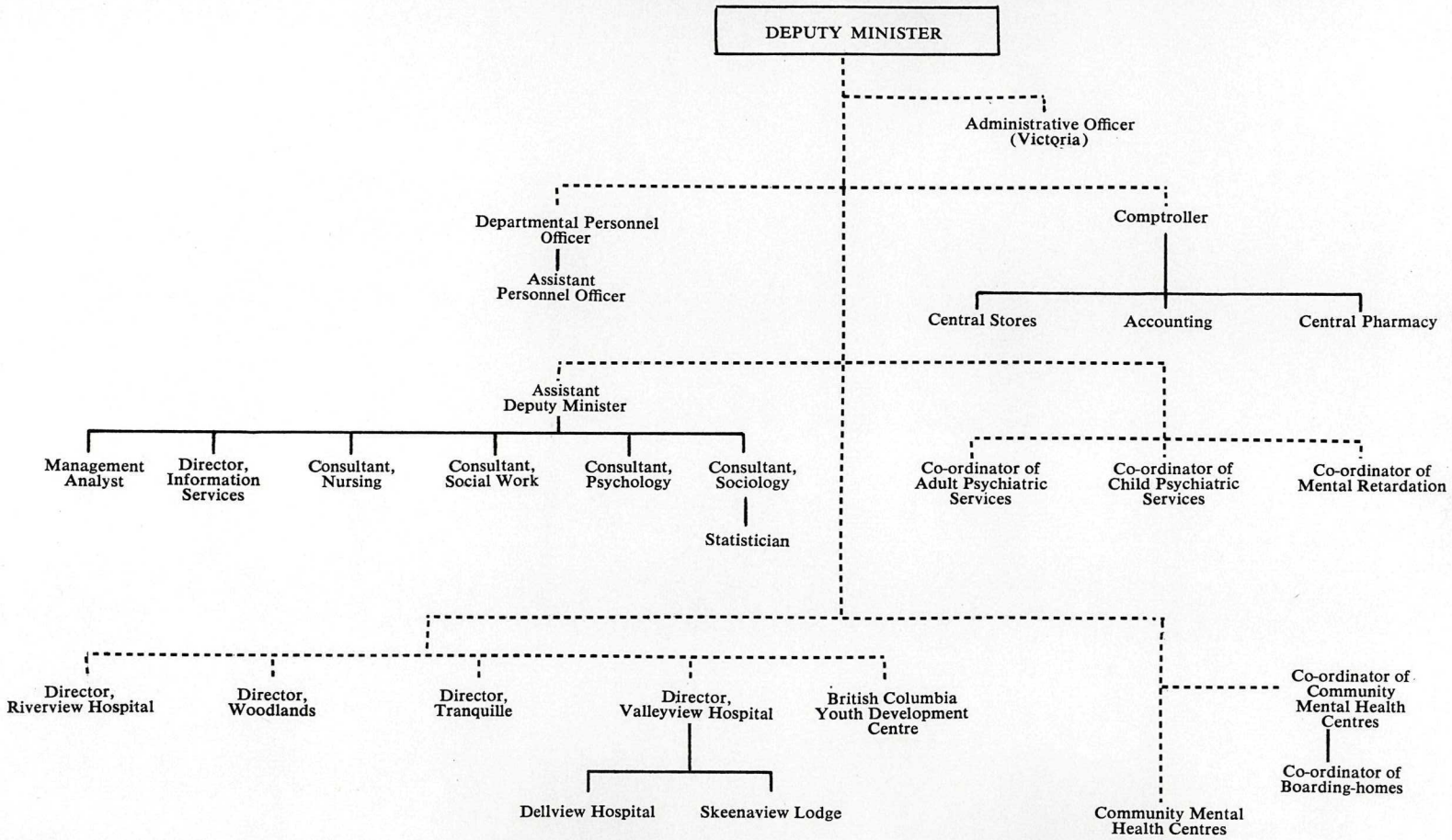
BRITISH COLUMBIA YOUTH DEVELOPMENT CENTRE

P. H. ADILMAN, M.D., F.R.C.P.(C),
Director, Residential Unit.

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

‡ J. L. Kyle, M.A., on educational leave.

MENTAL HEALTH BRANCH ORGANIZATION CHART



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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 work of the Mental Health Branch has been carried on over the past year amidst concerns and anxieties that naturally arise at times of major change. At the conclusion of this fiscal year the Mental Health Branch will cease to exist as an independent entity and its resources will be assigned to the various components that make up the revised Departmental structure. There will be an opportunity within this reorganization for the establishment of new and imaginative programmes, the development of common standards, and the ability to make effective and economic use of the Provincial health resources.

Details of the various programmes are contained in the body of this report and the following comments will merely serve to highlight certain events that have occurred during this year.

Over the past 15 years the expansion of the community mental health programme has often been a matter of expediency and opportunism, as we endeavoured to make optimal use of resources within a particular setting and at a particular point in time. The fact that programmes have tended to vary from region to region has given us an excellent opportunity to study a variety of models upon which to base our future planning.

The Greater Vancouver Mental Health Services project has expanded and consolidated its position. Nine teams are now in operation with a further four proposed for development in the coming months. The staff, always of high calibre, have gained in confidence and experience. In July, this service was augmented by the transfer of the staff of the Family and Children's Programme from the British Columbia Youth Development Centre to the Vancouver region, augmenting the work of the teams and establishing a pre-school programme. The Psychiatric Unit of St. Vincent's Hospital is now functioning, and that of St. Paul's will be open within the foreseeable future. These units, together with those planned for St. Joseph's and Shaughnessy Hospitals, will go a long way to meeting the in-patient needs, as long as these units are effectively used and the back-up resources are available within the community. The lack of these resources in the form of short-stay hostels, day care and activity programmes, supervised residences and workshops, has been a major concern during the past year. Certain steps, however, are now being taken to improve this situation.

The Burnaby Mental Health Service, which also lacks intermediate care facilities, provides a well-integrated mental health programme under one administration. Circumstances which were peculiar to the Burnaby area have permitted us to develop a unique programme on this continent. The support and co-operation of the Community Advisory Board in this area have been particularly gratifying.

The Lower Fraser Valley Regional Programme, consisting of six mental health centres, working co-operatively with the Centre Lawn Unit of Riverview Hospital

and other community facilities, has experienced difficulties probably related to the superimposition of a new programme on established patterns of care. Lack of psychiatrists available to provide after-hour and week-end coverage, on a regional basis, has presented difficulties and delayed the full implementation of this programme.

The mental health centres throughout the remainder of the Province have functioned well, but the perennial shortage of psychiatrists in the Interior and northern parts of British Columbia detracts from the full effectiveness of these units. It should be noticed that the proper utilization of the increasing numbers of psychiatric beds in general hospitals depends upon the availability of local psychiatric consultaton.

The "Core Committee" report on the unitization of Riverview Hospital was received in August. It included reports from unit advisory committees, which were comprised of a cross-section of hospital staff. This report is currently under consideration in the light of the Departmental reorganization. Within the hospital itself programmes have been well maintained in spite of the difficulty of recruiting trained nursing staff and medical staff, particularly in the summer months. The average bed utilization has been reduced to 1,762, compared to 2,002 over a similar period last year, and the official bed establishment is now 1,966. In November the hospital was surveyed for accreditation by the Canadian Council on Hospital Accreditation but the results are presently unknown.

The Psychogeriatric Programme has been well maintained with continuing heavy demands placed upon the nursing divisions. In May the responsibility for the operation of the Skeenaview Hospital at Terrace was transferred to a society and it appears to be functioning well. This is the first established Provincial mental health facility to be transferred to a local board.

In July, responsibility for the Provincial Retardation Programme was transferred to the Department of Human Resources and Woodlands and Tranquille were placed under a Joint Management Committee to facilitate this transfer, which is to be completed by March 31, 1975. As many of the 1,700 patients in the present Boarding Home Programme are retarded, this programme has also been placed under the joint management of the Department of Human Resources and Department of Health indefinitely. The excellent co-operation by all concerned enabled these major moves to be achieved with minimal difficulty.

In August Dr. P. Adilman was appointed Director of the residential unit at the British Columbia Youth Development Centre, and this unit will be working in close collaboration with the Department of Psychiatry, University of British Columbia, in the training of residents and other staff. This unit operates an assessment team, day care centre, and three 15-bed cottages, each headed by a psychiatrist. A period of reorientation is in progress, with full co-operation and participation of the staff. This unit will concentrate increasingly upon the seriously mentally ill child and adolescent, rather than the behaviourly disordered.

The *Forensic Psychiatric Services Commission Act* was passed by the Legislature in March and the first meeting of the Commission took place in July. The Department is working in close co-operation with this Commission in the planning and development of services.

In the coming weeks the Branch staff will be assigned to new positions within the Department, and I would be remiss if I were not to express my sincere personal appreciation to them for the contribution they have made to the Mental Health Branch, and for their friendship and loyalty to me over the past seven years.

ADULT PSYCHIATRIC SERVICES

The work of the Co-ordinator of Adult Psychiatric Services continued in 1974 along the lines established in the previous year. Specific assignments from the Deputy Minister were limited in number and essentially investigative. None provided a major work load as had been the case with the Forensic Psychiatric Services Committee in 1973, when half the available time went into the work of the Committee. As a result, much more time was available for a problem-solving role in relation to mental health centres and the Boarding-home Programme, and the amount of travelling undertaken, mainly by air, increased substantially.

BOARDS AND COMMITTEES

The Co-ordinator continued as the Director of the Community Care Services Society and as a member of the Riverview Hospital Advisory Board.

Useful liaison functions were performed in the Co-ordinator's membership in the Graduate Training Programme Committee of the Department of Psychiatry at UBC and membership in the Section of Psychiatry of the B.C. Medical Association.

MEDICAL STAFFING

Advertising, correspondence, and personal interviews directed toward the recruitment of medical personnel occupied an increased proportion of the working time available during 1974.

Amongst the institutions, only Riverview Hospital had a medical staff shortage, and almost all the mental health centres in, or within easy reach of, major metropolitan areas were staffed. In some areas, such as parts of the Fraser Valley, the mental health centre psychiatric positions were staffed, but the communities were seriously underserviced through lack of adequate numbers of privately practising psychiatrists. As a result, centre psychiatrists were overloaded with direct service commitments, resulting in a relative neglect of some of the community psychiatry functions for which they are recruited. The more remote communities continued to have difficulty in attracting psychiatrists in either public service or private practice. It seemed unlikely that this situation would be resolved until some additional incentives were provided to psychiatrists willing to practise in the less popular locations.

During the year an excellent relationship was maintained with the Registrar and Deputy Registrar of the College of Physicians and Surgeons of British Columbia, both of whom, as in the past, were of the greatest possible assistance concerning medical staff matters.

GENERAL HOSPITAL PSYCHIATRY

Contact was made with a number of general hospitals with regard to their plans and proposals for in-patient or day hospital programmes. Development in this area was slow, and the representatives of many communities appeared to regard these programmes as a desirable bonus over and above essential basic treatment services for the severely disturbed, which they continued to expect central Provincial programmes to provide. There appeared to be a continuing need for public education with regard to the prime necessity for services to be provided locally.

MENTAL HEALTH CENTRES

Work in relation to the mental health centres involved consultation about medical staffing, and a number of attempts to place psychiatrists in centres where they were needed. Other centre consultations were, for the most part, related to the solution of specific problems.

The mental health centres in the Lower Fraser Valley were placed under the administrative direction of the Consultant in Sociology with whom collaborative attempts were made at developing closer relationships among these six centres, with an inter-relationship in their programmes, at least in the area of the care of patients admitted to Riverview Hospital. This had been a complex situation, rendered more difficult by a shortage of psychiatrists in the centres concerned early in the year. The project appeared to be progressing more satisfactorily at the end of the year, with all the mental health centres fully, or almost fully, staffed psychiatrically. With all these centres having psychiatrists who provided some service in Centre Lawn at Riverview, there appeared a possibility of movement toward an integrated programme in this region.

The Co-ordinator was able to maintain a realistic contact with the everyday problems of clinical psychiatry through a one-day-a-week service on the staff of the mental health centre in Sechelt. This was a salutary experience, supporting the contention that all consultants should retain at least some small direct service responsibility in order to avoid becoming divorced from the day-to-day problems of their specialty.

It appeared that such a diversity of responsibility on the part of the Co-ordinator, with all the travelling and consultation involved, constituted a load which no one individual was probably capable of satisfactorily completing. This raised the question of whether the responsibility should not devolve upon two or more individuals regionally assigned, rather than by one individual who could respond only to those areas where the demand was greatest at any particular time.

RETARDATION AND CHILDREN'S PSYCHIATRIC SERVICES

In the early part of the year a policy decision was made to transfer the responsibility for services to the mentally retarded from the Department of Health to the Department of Human Resources. Ontario had recently made a similar transfer and British Columbia was the last Province where the Health Department had such primary responsibility. In order to arrange the transfer in a smooth fashion, a Management Committee consisting of representatives from the Mental Health Branch and the Department of Human Resources was set up to oversee the operations of the three institutions for the mentally retarded, and to plan future programmes of community development. This Management Committee functioned from July 1 until the end of December, when the Department of Human Resources took sole charge. It should be emphasized that although the Department of Human Resources acquired the administration of the institutions and the responsibility for programme planning, the Department of Health would continue to be concerned about the prevention and alleviation of handicapping conditions, and through the mental health centres and the public health units would continue to provide service to the mentally retarded and their families.

The Co-ordinator spent the majority of his time in the planning for this change, as the Mental Health Branch representative on the Management Committee. It was his feeling, and that of his colleagues in the Department of Human Resources, that a smooth transfer had taken place, and he was enthusiastic about future plans.

During the year there was increased emphasis on the provision of care at the community level, and the need for early intervention and remediation of problems. Many areas, particularly in the Lower Mainland, had at least the start of an Infant Development Programme, which aimed at providing necessary services to any child who was severely behind in his or her development. Pre-school programmes followed for the 3 to 5-year-olds, so that the early gaps in services were being filled. Flexible arrangements between Government departments, school boards, and local agencies meant that many children previously excluded from school were able to attend, and an increase in activity centre places provided extra service to retarded young adults. The principal need at the year-end was for a larger number of appropriately trained staff to work in the developing network. It was hoped that agreed courses in child care, and in the care of the handicapped, would be set up in various regional colleges in the near future.

In the Co-ordinator's view the principal requirement for the emotionally disturbed child and adolescent was the provision of regional assessment centres. With the emphasis on local community care, it became increasingly necessary to have a clear idea of each child's problem so that an appropriate programme could be initiated and monitored. The second urgent requirement, unfortunate though it may be, was for a residential programme with a security provision. There were relatively few young people presenting very difficult management problems, but there was no setting where they could be adequately cared for and properly treated.

NURSING CONSULTATION SERVICES

During the year, nursing consultation services were provided to the Deputy Minister and his staff, to Mental Health Branch institutions and mental health centres, to other Government departments, to community agencies and professional organizations, and to individuals. Within this context a variety of activities were undertaken directly, or in collaboration with others.

A procedure was developed to acquire nursing staff statistics at the ward level in each institution, with the analysis of the reporting providing information on changes in staffing patterns. Assessments were made of the facilities' staffing proposals and nursing estimates. Considerable attention was given to diverse personnel matters, which included provision of professional references and information on employment opportunities; a review of performance appraisals and requests for changes in employment conditions; the assessment of bursary applications, follow-up and replacement of bursary students and graduates; recruitment and selection activities. The serious shortage of nurses with competency in psychiatric in-patient and community mental health practice, and the general lack of applicants for nursing position vacancies in the Mental Health Branch facilities, provoked numerous staffing problems and, consequently, plans to improve recruitment. Through various channels, these concerns were brought to the attention of the Registered Nurses and Psychiatric Nurses Associations, the Public Service Commission, and the Health Manpower Working Group. The recruitment problem was aggravated by the development of new psychiatric services throughout the Province. In this respect the Nursing Liaison Committee began to gather information from existing psychiatric services, in order to develop guidelines for the functional development of in-patient psychiatric nursing programmes.

The need for nurses to acquire specialized training in community mental health nursing, prompted the initiation of an educational project to orient and train basic nurses in community mental health nursing. A full-time director and a teacher were recruited, an advisory committee established, a curriculum of four months' duration designed, and testing tools developed to select 20 nurses for newly established basic community psychiatric nursing positions in mental health centres. A part-time research officer was employed to evaluate the effectiveness of the course. It was anticipated that the project would be completed by July 1975.

At the request of the B.C. Government Employees' Union, the Minister of Health authorized the establishment of a committee to study the role and training of psychiatric aides. The committee, composed of Union and Branch office representatives, had the assistance of a research officer to develop tools for the study, to collect and analyse data. Emphasis was placed on providing an opportunity for every psychiatric aide in Branch facilities to contribute in a variety of ways to the study, which was expected to be completed by February 1975.

Committee responsibilities provided a means of fostering improvement in mental health-psychiatric nursing education and practice. These included the Nursing Liaison Committee; Intradepartmental Senior Nursing Committee, which provided consultation on nursing to the Health and Human Resources Development Group; Psychiatric Nurses Educational Advisory Committee, which provided assistance to the Registered Psychiatric Nurses Association in developing registration

examinations; Advisory Committees to the BCIT Registered Psychiatric Nurse and Registered Nurse programmes; and the Directors of Nursing Council, which developed material for nursing administration input into the bargaining process for collective agreements affecting nurses.

An overview of the state of mental health-psychiatric nursing was obtained through visits to mental health facilities, hospitals and mental health centres, and opportunities were made to meet with nurses providing psychiatric and support services in adjacent general hospitals and public health units.

The Education Centre, Essondale, continued to operate under the administration of the Nursing Consultant. It provided facilities for a wide variety of workshops, seminars, and meetings conducted by the Mental Health Branch, community institutions, and agencies and professional organizations. Two hundred and twelve sessions were held with approximately 4,430 persons attending. It continued to be used as a "second campus" by the B.C. Institute of Technology Psychiatric Nursing Programme with 60 to 110 students two days per week; the BCIT Extension Department used the facilities for 60 students enrolled in a refresher course in basic nursing, eight students in maternity nursing, and 20 students in basic psychiatric nursing. Sixty-five students from the Royal Columbian Hospital completed an eight-week affiliation in psychiatric nursing. In November, 20 nurses commenced a 16-week course in Community Psychiatric Nursing conducted by the Mental Health Branch.

Residence accommodation was provided for 319 persons. Library facilities were made available to Public Service employees and others using the Education Centre, and these comprised 7,250 recorded users. Throughout the year, assessment of the usefulness of the Education Centre for teaching purposes was made by a number of agencies, including the B.C. Institute of Technology, Douglas College, and the B.C. Medical Centre.

The Consultant had the opportunity to participate in several conferences which enhanced her awareness of trends in health care systems. These included (*a*) a workshop on Industrial Relations sponsored by the Provincial Government; (*b*) the Annual Meeting of the Psychiatric Nurses Association of Canada, in the capacity of consultant to the B.C. Registered Psychiatric Nurses Association delegation; and (*c*) an invitational conference of Mental Health Professionals, as the British Columbia nursing representative.

As the year drew to a close, it became increasingly apparent that the many changes occurring in Government service, in the Health Department, and in the Mental Health Branch, mirrored changes in the Province's expectations of the nursing component of mental health programmes. Since nursing services were the foundation for such programmes, the challenge to nurses to meet new expectations was made clear.

SOCIOLOGY CONSULTATION SERVICES

PSYCHIATRIC HOME TREATMENT RESEARCH PROJECT

A pilot study of psychiatric home treatment as an alternative to Riverview Hospital admission began in the summer of 1971. Based in Vancouver, the study was designed to compare domiciliary care with mental hospital care, by means of a multivariate cost effectiveness analysis of the two methods of treatment. Analysis of the results to date indicated that one-third of those patients who otherwise would have been admitted to hospital, were treated in the community, without having to be admitted to hospital during the one year follow-up study period. During the entire study period, hospital staff shortages led to restricted admissions to Riverview Hospital, and consequently the subjects of the study were drawn from a severely ill, and highly pre-screened, psychiatric hospital admission cohort. In fact, at initial assessment, 43 per cent of the patients examined were found to need hospital care, despite their experimental assignment to home treatment.

However, for those who were hospitalized, contact with the home-treatment team in this particular project did not have any significant effect on the length of initial hospital stay, the number of readmissions during the year, or hospital bed replacement. One explanation was that this study showed clearly the fallacy in thinking of home treatment and hospital treatment as an either/or choice. Repeatedly, the treatment team was forced to admit patients who would have been treatable if partial hospitalization had been available, e.g., day treatment, short-term residential treatment, intermediate care and personal care homes, etc. After the initial crises, hospital admission as often reflected the unavailability of essential support services as it did the clinical severity of the illness.

Analysis of comparative costs and cost effectiveness was still under way at the conclusion of the year.

LOWER FRASER VALLEY MENTAL HEALTH SERVICE

In line with the development of community services as alternatives to centralized institutions, the Consultant in Sociology was appointed in May as the Co-ordinator of the Lower Fraser Valley Mental Health Service, comprising the mental health centres at Langley, Maple Ridge, New Westminster, Port Coquitlam, Surrey, and Whalley. Six psychiatric positions were seconded from Riverview Hospital to these centres, for the purpose of encouraging all referrals to Riverview to be screened by the appropriate mental health centre staff. Patients were therefore admitted through the centre and treated by the centre psychiatrist in Riverview, only after available community resources were considered to be inappropriate.

However, a study made of the first seven months of 1974 revealed that approximately one-half of all patients from the Lower Fraser Valley were still being admitted directly to Riverview Hospital, mostly after hours and on week-ends, due to unfilled psychiatric positions and the resultant lack of an on-call, or similar system, to provide psychiatric coverage.

The addition of psychiatric nurses to each of these six mental health centres would enhance their ability to meet the needs of the adult psychiatrically disabled in the community.

CONSULTATION SERVICES

As Mental Health Branch representative, the Consultant in Sociology provided ongoing consultation as a member of the Community Care Facilities Licencing Board, and of the Psychiatric Services Subcommittee of the BCHIS Planning Committee; also to the Departmental task force to establish a data base, the research subcommittee of the task force; and also to the development group for community human resources and health centres, regarding the establishment of a data base for these centres.

PSYCHOLOGY CONSULTATION SERVICES

A major function of the Consultant in Psychology was to provide consultation services both to the Mental Health Branch and to the various mental health facilities throughout the Province. Services in the areas of programme development, implementation, and documentation and analysis were emphasized. More and more resources were being made available in various local communities, with the result that problems could be dealt with at the local level and with community participation. Many innovative health care programmes were developed in the Province during the year. Individual programmes were a balance between direct services, preventive services, and consultation services from and to a variety of community groups. Preventive services were stressed, especially in the more established facilities.

Special consultation services were rendered to the residential unit of the B.C. Youth Development Centre, which provided treatment services for the more severely disturbed youngsters.

As part of long-range mental health planning, a survey was commissioned to determine the type and extent of physical, mental, occupational, and social health problems which exist among the people employed in the fishing, mining, lumber, and construction industries in the more isolated locations in British Columbia. A knowledge of the specific problems which exist in the various areas would assist in providing relevant services.

The emphasis on matching programme or service to specific need was reflected also in a proposed training programme which was developed for child care workers. The specific training needs for this group were determined by studying the needs of both those employed as, and those employing, child care workers in the various types of child care facilities throughout the Province. A similar type of study was conducted by a committee appointed by the Minister to determine the training needs of psychiatric aides employed in the various facilities throughout British Columbia.

Another aspect of Branch level activities was related to the development of a guideline for documenting and analysing the various variables which make up a comprehensive treatment programme. The variables included those relevant to the client, the community, the programme administration, and the funding source.

In view of the fact that the delivery of many services was shared by other Government departments, a determination was made of activities shared by mental health centres and health units, and mental health centres and human resource centres. The aim of this study was to clarify the range of services shared, as well as the degree and type of mutual involvement. The information would be utilized to further improve communication, co-operation, and planning between departments. In addition, the information of the type of services which were of mutual interest with other agencies was important in the development and co-ordination of comprehensive community services. A model for such a delivery system was defined by first determining the various mental health needs of a community, and then the services necessary to deal with those needs. The model also provided a procedure for the assignment of agency resources to each of the services, and an example of how such services could be co-ordinated for implementation, both within a particular agency and between agencies.

MANAGEMENT ANALYST CONSULTATION SERVICES

The services of a Management Analyst were provided to assist the various areas within the Mental Health Branch in the development and maintenance of systems and procedures required to carry out their responsibilities efficiently and effectively. This consultation service included such activities as the analysis of existing systems; the proposal of improved procedures, the design of forms and reports; the planning of information flow, storage, and retrieval; and assistance with the implementation of new procedures. The involvement may be with both manual and automated systems. With regard to the latter, the Management Analyst acted as liaison with the Division of Vital Statistics and the Computer and Consulting Services Branch of the Department of Transport and Communications, both of which provided machine processing services to the Branch.

In 1974, service was provided in the following areas:

A Surgical and Pharmaceutical Inventory Control System was implemented for the Central Pharmacy. This system was expected to result in a considerable reduction in both paper volume and clerical activity.

In co-operation with the Branch statistician, a system was developed to record patient movement in the Burnaby Mental Health Centre.

A project was undertaken to collect and report ward statistics for residential facilities. From data submitted by the facilities on a roster-period basis, a series of reports were produced to summarize such information as bed utilization and hours of nursing care for the various wards and programmes. Three roster periods were examined for each facility.

The *Pharmaceutical and Surgical Supplies Ordering Guide,* issued by the Central Pharmacy, was revised and reprinted. Modifications were made to format as well as content, resulting in a guide which was more accurate and easier to use. A corresponding set of index labels was produced to update the Kardex Files.

Glendale Lodge received assistance in the maintenance of their statistical reporting system. The data collection form was modified and a new file organization was introduced, making it possible to retrieve more comprehensive and accurate information from patient records.

The Management Analyst was named to a task force on the establishment of a health data base. The task force presented its findings and recommendations in a report which would serve as a guide to the Data Processing Consultants responsible for the design of the health data base system.

As chairman of the Forms Control Committee, the Management Analyst continued to be responsible for the design of new forms, the review and revision of existing forms, and the control of reprinting.

Other duties included representing the Branch on the Metric Conversion Committee and, throughout the year, on committees or at meetings whenever systems expertise was requested.

BOARDING-HOME PROGRAMME

At the end of 1974, there were approximately 1,700 persons receiving services in 280 boarding-homes. During the year over 600 placements were made to boarding-homes, 50 per cent of these being referrals received directly from the community. One hundred and forty-six persons were discharged from the programme to more independent forms of living arrangement.

Emphasis throughout the year was on the development of innovative motivational programmes for residents of boarding-homes, individual rehabilitation, development of specialized resources, and projects designed to improve specific areas of service delivery.

Several community voluntary societies were responsible for developing or planning new resources to provide supervised accommodation for mentally handicapped persons. These included the Okanagan Similkameen Housing Society for Handicapped Citizens, which opened a resource for 20 psychiatrically handicapped persons; the Skeenaview Society, which developed Osborne House for mentally handicapped in Terrace; l'Arche Foundation (Vanier), which provided a much needed residence in Burnaby for intellectually handicapped persons; and the Courtenay Mental Health Society, which opened a rehabilitation house.

Projects designed to improve service delivery that were undertaken during the year, in some instances utilizing student manpower, included:

(1) A committee of Boarding-home programme staff examined the value of work done by residents in boarding homes as a therapeutic tool.

(2) A statistical tool to measure the quantity and quality of the services of the activities personnel, developed and instituted by the Occupational Therapy Co-ordinator.

(3) Input into the formulation of a policy in the Department of Human Resources to relieve newly employed boarding-home residents of paying the full cost of their boarding-home care, for a period of time until they were secure enough to move to less costly living arrangements.

(4) An examination of Literacy Programmes to determine their value to residents, to evaluate various teaching methods, and to decide the best approaches to delivery of such a service.

(5) A compilation of the various local interpretations of policy in the Department of Human Resources in respect of boarding-home rate setting, and the provision of ancillary services under the *Social Assistance Act*.

(6) Employment of a student to code material on boarding-home residents for computer programming, to provide for analysis of resident make-up and movement within the programme.

Students were also involved in the Boarding-home Programme as part of their fieldwork experience, including three students from the School of Rehabilitation Medicine, University of British Columbia. Several students from the Welfare Aide Training Course, Langara College, did their fieldwork in various mental health centres. Additionally, staff of the Boarding-home Programme gave assistance to students hired by the Canadian Mental Health Association to survey boarding-homes and programming throughout the Province.

These residents from two boarding-homes in Cranbrook were taken on a bus tour to Expo '74 in June.

Boarding-home staff in Maple Ridge and Mission attended a home nursing course sponsored by the St. John Ambulance. Three of the graduates are shown receiving their certificates.

The establishment of higher ranges of personal care home rates and intermediate care rates by the Department of Human Resources had a significant effect on the Boarding-home Programme. The new rates provided for more flexibility in rate setting to meet specific client needs. A pilot project was undertaken in the Upper Vancouver Island region by the Mental Health Branch and the Department of Human Resources, to test a new payment method which recognized programme provision by boarding-home operators.

Legislated amendments to the *Community Care Facilities Licensing Act* had implications for the Boarding-home Programme. The first of these provided for decentralization of the issuance of a Community Care Facilities Licence to local Community Care Facilities Boards, which would speed up the licensing process. A second amendment provided that licensed Community Care Facilities for nine or less active persons were required to meet only those municipal by-laws applicable to private residences, and some defined fire-safety conditions. This should reduce the cost of converting existing houses to Community Care Facilities use. In addition, the Community Care Facilities Board authorized the Regional Boarding-home Social Workers as representatives of the Board, and defined the social worker's role and responsibilities in relation to the Board.

In order to achieve more definitive co-ordination and co-operation between the two departments of Government concerned in the Boarding-home Programme, i.e., the Department of Health and the Department of Human Resources, a Joint Management Committee for the Programme was appointed by the Ministers of the Departments to review programme needs, developments and problems, and to plan co-operatively for programme expansion.

For purposes of evaluation, exchange of information, problem-solving and staff development, meetings were held throughout the Province with boarding-home operators and programme staff, and Department of Human Resources and Public Health local officials.

The Boarding-home Programme had not been seriously affected by the increasing cost of the provision of this type of care, as had happened to the programme for aged persons. Many licensed homes serving this latter group closed during the year, particularly in highly populated centres, because of rising costs and diminishing returns, and opportunities to sell the property at inflated prices. However, this situation could soon affect the Boarding-home Programme and it might be necessary to look at more innovative ways of providing residential services to clients in the community.

Approximate Distribution of Placements Made and Case Load, Boarding-home Programme, 1974

	Placements Made 1974	Case Load December 31, 1974
Region 1 (Kootenays)	38	74
Region 2 (Okanagan-Thompson)	240	553
Region 3 (Fraser Valley)	144	716
Region 4 (Skeena)	2	2
Region 5 (Greater Vancouver)*	27	51
Region 6 (Cariboo-Peace River)	7	23
Region 7 (Georgia Strait)	84	174
Region 8 (South Vancouver Island)	65	113
Totals	607	1,706

* Burnaby and North Vancouver were the only municipalities of the Greater Vancouver area where placements were made through the Mental Health Branch Boarding-home Programme.

PERSONNEL

The Mental Health Branch establishment was increased by 387 positions during the year to a total of 4,593. In addition, 501 students were hired under the Student Summer Employment Programme. They were employed in jobs relating to work experience, and on innovative projects designed to improve the programmes for patients and residents.

As of November 1, the Branch was employing 114 handicapped persons.

Staff turnover in established positions for the fiscal year 1973/74 was 30.38 per cent, down very slightly from the 30.5 per cent of the previous year.

Twenty nurses for community service were recruited in October, and started a course on November 12 to prepare them for their work in 13 mental health centres throughout the Province.

Forty-four requests for classification reviews were received during the year.

The departmental personnel officer spent four weeks in the United Kingdom late in 1973 recruiting Psychiatric Nurses. As a result 67 nurses reported for duty and 16 were preparing to come to British Columbia as soon as plans and immigration clearances had been finalized. Extensive advertising for psychiatrists and nurses was carried out across Canada during 1974 with unsatisfactory results. Nursing recruitment continued to be difficult.

Positions for personnel officers were established at Riverview Hospital, Valleyview Hospital, Woodlands, and Tranquille, and one additional personnel officer was established for the Victoria Headquarters.

The experiment in using the continuing roster system for nursing at Woodlands proved to be popular with the staff and it remained in effect.

Twelve nursing positions, which were seconded to various units when the Division of Nursing Education finished training nurses, were transferred to these units for in-service education.

Although Skeenaview Hospital was turned over to the Skeenaview Lodge Society, this office continued to provide consultation on personnel matters. The office also continued to handle all routine personnel matters to the end of 1974 for Woodlands and Tranquille, following transfer of these units in July to the Department of Human Resources.

A Safety Officer position was established for the Mental Health Branch to assist all units with safety matters. The position had not been filled by the year-end.

The proposed series of activity therapists, to replace recreational therapists, handicraft instructors, and some rehabilitation officers, was finally agreed to as Activity Workers 1 to 6.

Two employees applied for, and were granted, a disability pension under the *Superannuation Act*.

Twenty grievances were handled by this office, of which 10 were referred to the Public Service Commission for mediation. Of the 20, nine were resolved, nine were denied, and two were still under review at the end of November.

The Departmental Personnel Officer, and his assistant, to a lesser extent, were heavily involved as advisers during negotiations carried out by the Public Service

Commission with the British Columbia Government Employees' Union, the Nurses' Union, the Licensed Professionals' Union, and the components. All Master Agreements, and the majority of the component agreements, applied to various employees in the Mental Health Branch.

Forty-nine Mental Health Branch personnel circulars were issued during 1974 covering all aspects of personnel administration. Many of the former regulations and procedures were superceded by union contracts.

The on-call system of providing temporary relief for minor illness, minor Workmens' Compensation Board cases, and recruitment lag was continued and expanded.

STATISTICS AND MEDICAL RECORDS

During 1974, emphasis was placed primarily on the standardization and computerization of the branch data collection systems. Clerical procedures were revised and information retrieval improved. Some disruption of the statistical system occurred with the replacement of the statistician and statistical clerk.

Two new mental health centres (i.e. Langley and Squamish) as well as five new Vancouver Community Care Teams (i.e., Richmond, Kitsilano, Westside, Blenheim House, and South) were incorporated into the statistical system. In addition, Burnaby Mental Health Centre's 25-bed in-patient unit, and the Victoria Integrated Services for Child and Family Development (VISC), were incorporated into the statistical reporting system.

In January 1974, Statistics Canada initiated a monthly out-patient reporting system.

Research during the year focused primarily on basic analyses of patient characteristics.

Two university students were employed during the summer. One compiled the Annual Statistical Report, using a computer programme package instead of the unit record equipment used in the past; the other analysed the data content of the Mental Health Branch statistical forms and produced a number of statistical reports on the "Ward Level Reporting" data.

DEVELOPMENT OF THE STATISTICAL SYSTEM

The major concerns of standardization and computerization of the Mental Health Branch data were pursued both directly and indirectly. A task force on the Department of Health Data Base compiled basic information on type, volume, flow, and purpose of the data. A more detailed analysis of the nature of the data collected was produced by a summer student. Standardization of information, form format, etc., was postponed because of the possible effects of the reorganization of the Department of Health.

Numerous contacts were made regarding reorganizing the statistical system, the most recent development was the establishment of a second task force comprised of the research and systems resource staff within the Branch.

All 1973 data (admissions, discharges, and case load as of December 31, 1973) was stored on computer tape. Data for the mental health centres for 1974 was loaded onto computer tape and could be accessed via a set of computer programmes called SPSS (Statistical Package for the Social Sciences).

Data compiled for the Riverview Out-patient Department since its inception in May 1972, and Riverview's case load, were supplied to the Psychology Department at Riverview Hospital for storage and data analysis via Simon Fraser University. The Medical Records department at Riverview Hospital revised the Riverview statistical form. Data for Riverview was coded according to the new format since January 1974.

ROUTINE DATA RETRIEVAL

Routine statistical reports were generated throughout the year, including the Preliminary Patient Movement Report, the Monthly Statistical Bulletin, the 1973 Annual Statistical Report, the Annual Statistics Canada Institutional Report, and the Statistics Canada Monthly Out-patient Report.

A monthly average of over 2,000 activation and discharge statistical forms were edited by the statistical staff, before being processed and stored by the Division of Vital Statistics. A case load verification was made at the beginning of the year, and a number of units requested subsequent case-load listings.

Specific studies included an analysis of the utilization of the psychiatric units of general hospitals; an analysis of admissions to each institution and out-patient service by diagnosis and school district; and a count of discharge and withdrawals from treatment by primary staff members for each mental health centre.

CONSULTATION

Consultation services were provided to several agencies throughout the year. Issues requiring greatest attention were the transfer of the statistical system for Woodlands and Tranquille to the Department of Human Resources; the transfer of cases from the British Columbia Youth Development Centre statistical system to the out-patient statistical system, initiated by the transfer of the Family and Children's section of British Columbia Youth Development Centre to the Greater Vancouver Mental Health Service, the transfer of cases from Victoria Mental Health Centre to Victoria Integrated Services for Child and Family Development; and the development of the Ward Level Reporting system, which provided a reporting mechanism on patient/staff ratios in the institutions.

Support service was provided in other areas, such as destruction of medical records; retardate diagnostic classification; Glendale Lodge statistical system problems; and the Boarding-home Programme's statistical system problems.

MEDICAL RECORDS DEVELOPMENT AND REPORTING CONTROL

The Medical Records Consultant continued to assume temporarily the duties of a medical records librarian at Riverview Hospital Out-patient Department in Vancouver. Responsibility for co-ordinating and compiling the monthly patient movement report for the residential facilities was assumed from July 1974.

The Consultant, in the role of medical records librarian to the out-patient department, implemented several new procedures with a view to improving the standards of the medical records and to providing new statistical information for Statistics Canada and the Psychiatric Audit Committee. As a result of the Statistics Canada monthly out-patient requirements, a Therapists' Index was designed to provide a monthly unduplicated count of patients treated at the out-patient department. To meet the Psychiatric Audit Committee's requirements the statistical form was adapted to include a therapist's code and length of stay information. In addition, a mechanism was designed to record home visits made by the out-patient department staff.

Three meetings with the Psychiatric Audit Committee were held and information regarding quality of care provided to patients was supplied. Research assistance was given to a psychology student and orientation was given to two health data technology students.

Consultation services and clerical aid were provided when the in-patient unit was opened at Burnaby Mental Health Centre. The Consultant joined with the staff of Burnaby, the systems analyst, and the statistician in designing a system for the Burnaby complex. An evaluation of Valleyview Hospital's medical records system was made with a view to obtaining accreditation.

Orientation was provided to new clerical staff in the mental health centres. The new administrative assistant, and assistant executive director of medical ser-

vices at Riverview Hospital, were oriented by the Consultant regarding the medical records service at the out-patient department.

The Consultant met with the Vancouver Community Care Teams on both a group and individual basis, in order to clarify statistical instructions and definitions.

Advice and instruction regarding medical records policies and procedures for the mental health out-patient service was given to the instructor for community mental health nursing from Riverview's Education Centre. British Columbia Hospital Insurance Service representatives were assisted in their study on linear responsibility.

INFORMATION SERVICES

With the completion of a major priority of the Branch's information service programme, the preparation and printing of informational literature for inservice and public distribution, increased emphasis was placed on assisting the institutions with the development of programmes to meet their specific needs. On the recommendation of the Director of Information Services, a Public Education Committee was appointed at Riverview Hospital, with representation from the hospital's administration, medical and nursing staffs, personnel, housekeeping, and volunteer services. The Director served as a consultant to the committee, which held monthly meetings. Similar committees were proposed for Woodlands and Tranquille. The operation of these two institutions was handed over to the Department of Human Resources in July, and the Director met with his counterpart in that department to discuss the gradual transfer of information services.

Co-ordinated programmes on a departmental basis were facilitated during the year with the introduction of bimonthly meetings of departmental information officers. Subjects for discussion included integrated mailing lists, mid-year reports, mobile exhibits, feature articles, and the production of video tape-recording programmes. A VTR production of the Day Programme at the Burnaby Mental Health Centre was made in August, with the assistance of personnel of the Division of Health Education.

Contemporary educational materials continued to be provided to the mental health centres, the primary sources being the National Institute of Mental Health, and the National Clearinghouse for Drug Abuse Information. For the third consecutive year the centres conducted Open House programmes during national Mental Health Week, in conjunction with the local branches of the Canadian Mental Health Association. The Travelling Display was not rescheduled throughout the Province but, instead, was made available upon request.

The pamphlet *Mental Health in British Columbia* was revised, and *Careers in Mental Health* was republished to meet the demand for copies. The departmental exhibit in the B.C. Pavilion, Vancouver, was dismantled to make room for a physical fitness display organized by Action B.C., which proved to be a highly successful undertaking. Miscellaneous responsibilities included arranging press conferences; the preparation of display advertisements for nurse recruitment; press releases and feature articles; the monthly inservice publication, the *Newsletter;* correspondence; news-clipping service; and editing the Annual Report. The Director continued to serve as a member of the Forms Control Committee.

COMMUNITY MENTAL HEALTH SERVICES

Mental Health Centres

COMMUNITY MENTAL HEALTH SERVICES

During 1974, there was no expansion of services into new localities, but gains of the previous years were consolidated. During the year, 20 psychiatric nurses were added to the community programme, with particular emphasis on providing community services to the type of adult psychiatric patient likely to require hospital care. At the year-end these nurses were undergoing an intensive in-service training programme to adapt them to work in the community. The recruitment of staff in the far north and eastern Interior continued to be a problem. The array of services, numbers served, and thrust of service, remained essentially the same as outlined in the 1973 Annual Report. During the summer of 1974 mental health centre programmes were greatly enhanced by the addition of over 90 college students employed under the student summer programme. They provided a wide variety of services, including special assessment and treatment, to children, adolescents, and the chronically disabled in boarding-homes, and also helped mental health centres evaluate their own services to the community.

Mental health centre regional meetings were held during the year in Prince George, Kelowna, Naramata, Port Coquitlam, and Victoria. The Vancouver Island meeting (above) was held in Victoria in November and was attended by J. W. Mainguy, Senior Consultant to the Minister; Dr. F. G. Tucker, Deputy Minister of Mental Health; and Dr. G. R. F. Elliot, Deputy Minister of Health.

ABBOTSFORD MENTAL HEALTH CENTRE

In October the Centre completed its first full year of functioning as a separate Centre, after having been previously served by a travelling clinic from Chilliwack. Services were provided by an Administrator/social worker, a half-time psychologist, a sessional psychiatrist, a clerk-stenographer, and boarding-home staff shared with the Chilliwack Mental Health Centre.

A variety of services and programmes emanated from the Centre during the year, including direct therapeutic services to clients; consultation and conferences with social, educational, correctional, and medical agencies; planning, co-ordinating, and leading professional and public educational workshops; and participation on a number of committees and projects in the interests of enhancing services and resources for community mental health. The Centre also provided field work opportunities for psychiatric nursing students of BCIT and social work students from UBC.

An Open House held in conjunction with Mental Health Week drew public attention to the presence of the Centre through the publicity of a Mental Health Profile presented by the Centre. This consisted of a series of talks, demonstration, discussion groups, and displays on two successive evenings, which drew approximately 100 people.

The boarding-home programme saw some expansion, with additional residences being approved, and a greater increase of the utilization of the boarding-home programme from local referral sources. A varied and stimulating year-round activity programme, highlighted by a summer outdoor camping experience for the boarding-home residents, was the result of the energy and imagination of the boarding-home social worker, the activity therapist, and community volunteers in the programme.

BURNABY MENTAL HEALTH CENTRE

In 1974, vigorous growth and development of the range and extent of psychiatric services was provided to the citizens of Burnaby by the Mental Health Burnaby organization. The programme's objectives were to provide the total spectrum of necessary psychiatric treatment resources for adults, families, and children resident in Burnaby, including out-patient assessment and treatment services, day programmes for adults and children, and an acute psychiatric unit for 24-hour short-term in-patient care.

In-patient unit—On January 3 the short-stay in-patient unit opened in temporary accommodation with 12 beds on the lower level of the building. This was an interim measure while renovations were being made on the main floor for a much larger and better equipped facility, capable of accommodating up to 25 patients. Unfortunately, a construction industry strike, and difficulties in obtaining delivery of equipment, delayed the move to the new quarters by the in-patient unit until November. In the meantime, the capable and enthusiastic staff had provided exemplary inpatient care in inadequate quarters, and together with the Community Care Teams achieved an average length of patient-stay of less than 12 days in the first nine months of operation. This accomplishment occurred in spite of a

50 per cent turnover in nursing personnel, as well as a change of area clinicians and occupational therapists.

Day programme—The existing 30-patient day-programme for adults and adolescents continued during 1974, with the recruitment and training of two additional occupational therapists and two additional nurses. Plans to open a second day-programme had to be postponed due to the delays in the in-patient unit moving to its renovated space, but it was anticipated that a second adult day-programme would be in operation early in 1975. During the year, three adult day-programme workshops were held to assess and revise the present programme and to plan for the new one. A new education and orientation programme for mental health professionals and other interested persons, held the third Friday morning of each month, was inaugurated, in addition to the work experience already offered for new staff, as well as UBC and BCIT students. In view of the increasing interest in the development of new day-hospital programmes throughout the Province, this was a particularly timely and worth-while endeavour.

Building upon last summer's successful experience, a children's day-treatment programme was operated during July and August, with a group of 3 to 7-year-old children served in the mornings, and a group of 8 to 12-year-olds in the afternoons. Additional personnel were available for this programme during the summer, through the summer student employment programme, and the BCIT student nursing programme. Due to this successful experience, three child care counsellors were hired to operate an ongoing programme for 3 to 6-year-old children in quarters vacated by The Maples children's day programme, which was incorporated into the Greater Vancouver Mental Health Service.

Outpatient programme—A dramatic improvement in the accessibility of adult out-patient psychiatric evaluation and treatment was made, with the opening in February of an office on East Hastings Street, and in May an office at Canada Way and Edmonds Street. Additional recruitment of staff continued, as case loads were building in the local teams. and it was gratifying to see referral networks developing in each local area, involving the family physician, public health nurses, community park and recreation personnel, the Human Resources Department, and other interested individuals and agencies. Staff in the community clinics were finding that it was a real advantage to have a definite geographic catchment area within which to work, and an opportunity to have a more intimate knowledge of that particular part of the community, as well as closer relationships with its resources. Continued development of the teams was anticipated for 1975.

In response to ever increasing needs, the number of physicians on the Children's Out-patient Services was increased, and a comprehensive plan for development to meet this demand was developed.

Consultative and educational services—The active consultative and educational services offered by Mental Health, Burnaby, were continued during the year. Training programmes for psychology, nursing, occupational therapy, and social work students from UBC, Simon Fraser, and BCIT, expanded as new services developed and more personnel became available. Psychiatric consultation service to Burnaby General Hospital, and consultation and assistance to programmes such as the SeCure Programme for agoraphobics, Burnaby Human Resources Department and the Burnaby Family Life Institute, and the Burnaby Parks and Recreation Department, developed and expanded. An in-service education committee, chaired by the Centre's senior psychologist, presented a programme of guest speakers and many of the staff attended local seminars, workshops, and meetings. Work also

continued on the development of more efficient systems of record-keeping, and the evaluation of treatment effectiveness. A special project in the latter was undertaken during the summer, with assistance from the student summer employment programme, as was a project to develop video-taping material.

CHILLIWACK MENTAL HEALTH CENTRE

The Chilliwack Mental Health Centre operated on an open referral system. The underlying philosophy of this system was the belief that in order for a mental health centre to be an integral part of the community it must be open, responsive, and accessible to all members of that community. Its programmes cannot be ancillary to other agencies or isolated from the general public. It must be considered a front-line community service if it was to have any significant impact in the community it serves.

The composition of the Chilliwack Mental Health Centre staff was as follows: one Administrator/social worker, one psychologist, one mental health nurse, one part-time psychiatrist, one part-time boarding-home social worker, two clerk-stenographers, and one half-time clerk-typist. In August, sessional psychiatric involvement at the Centre was reduced from eight sessions to six sessions.

The Centre served an area population of approximately 50,000, which included an estimated 10,000 school-children. The Centre served the City of Chilliwack and the Township of Chilliwhack, which included the towns of Rosedale, Sardis, Yarrow, Greendale, Cultus Lake, and the Armed Forces Base; the City and Municipality of Hope; and the towns of Boston Bar and North Bend. The Municipality of Kent, which included the towns of Agassiz and Harrison Hot Springs, also received mental health services from the Chilliwack Mental Health Centre.

During the year, 434 new cases were activated, which averaged out to 36 new referrals being processed each month. Approximately 18 per cent of clients seen at the Centre were direct referrals of individuals requesting mental health intervention. The largest percentage of the therapists' time was taken up in the provision of direct services to clients.

The Centre provided basically five direct service programmes, which included the following:

(1) A psychological testing programme of school-aged children manifesting behavioural and (or) learning difficulties primarily in the classroom. Psychological tests were also administered upon request from Government agencies, such as the Department of Human Resources, the Corrections Department, and from the Psychiatric Ward of the Chilliwack General Hospital, and from private physicians.

(2) A psychiatric assessment and treatment programme. The psychiatrist also conducted transactional analysis groups.

(3) A family and marital counselling programme.

(4) An open referral system which results in a more or less basic intervention type of programme.

(5) A free pharmacy programme to those people who could not afford to purchase their drugs and to those people who could afford to

purchase their own drugs but who, it was felt, would not do so if left to themselves. These drugs were provided when prescribed by the psychiatrist, and upon the request of the family physician.

Two Centre therapists, the psychologist and the social worker, were on the Board of Directors of the community sheltered workshop. The social worker was a standing member of the Mental Health Committee of the Chilliwack General Hospital, and also acted as a programme consultant to the psychiatric ward of the hospital. The mental health nurse was involved with a public health nurse in providing joint weekly informal counselling services to the senior high school in the city. She also collaborated with personnel from the Community Services Centre in providing weekly resocialization group meetings for long-term patients residing in the community.

All Centre therapists were standing members of the School District No. 33 Action Committee, which was composed of representatives from the school, Public Health, Department of Human Resources, and Mental Health.

The psychologist provided in-service training in behaviour modification for the lay staff employed by the Sardis Hostel for Retardation. He was also a member of the Aid to Handicapped Committee, and a member of the Agassiz Liaison Committee.

The Centre was approached by the Coqualeetza Society for the preservation and promotion of Indian culture, and accepted their request in assisting them to develop family life programmes.

It appeared that the more the Centre involved itself in indirect community activities, the greater the request for direct services.

Since July the Centre experienced an acute staff shortage, which had an appreciable effect on work output.

COURTENAY MENTAL HEALTH CENTRE

In retrospect, 1974 appeared to be the year in which the local public more fully recognized the role in community development which can be played by the Mental Health Centre staff. Consequently, requests for community service increased.

The local Crisis Centre merged with the Family Services Group, and a more comprehensive training programme for lay counsellors was developed in conjunction with staff members. Training involved 10 weeks of theory followed by an eight-week experiential phase. Those who completed the course would be expected to provide at least one year of volunteer counselling services to the community.

A psychiatric wing was added to St. Joseph's General Hospital during the year and Centre staff members co-operated in the development of this facility. The boarding-home social worker was instrumental in assisting the local Upper Island Mental Health Society in purchasing and developing a residence for those patients who were discharged from the psychiatric wing and not yet ready to return to their usual community environment. In addition, this residence would be used as a preventative facility, with a full-time staff, and consultation provided by the Centre staff. A co-operative venture between the Department of Human Resources and Mental Health to provide treatment services to children in the Comox Valley took place during the summer. Many of the children in this programme were

then assigned to a "special" school in the fall. The staffing, programming, and evaluation of this school became a joint responsibility of the Department of Human Resources, Mental Health, and the School District.

A series of "Living with Children" training courses, available to any interested North Island residents, was provided. Modified versions of these courses, which promoted the utilization of social learning techniques, were also presented to local boarding-home operators.

Research activities of this Centre involved evaluation of the previously mentioned special school. In addition, work continued on developing, in conjunction with the Branch's consultant in psychology, a model for the delivery of comprehensive community services. It was expected that this model in manual form would be useful to any community agency which was involved in the co-ordinating and implementing of comprehensive community services.

During the year two new group homes were opened—one in Fanny Bay for 12 retarded men and women, and one in Merville for 10 men, most of whom were from Riverview Hospital. It was doubtful that any more boarding-homes should be opened in the Courtenay area, as the present boarding-home population allied to that of Bevan Lodge constituted a weighty number for a community to support in terms of its social, recreational, and health services. There was increasing talk of unemployment in the area, and chances of rehabilitation into employment were considerably lessened.

The picture was different in Campbell River and Powell River, as both these areas required considerable development. A group home provided by a nonprofit organization might be the best facility to provide for each one.

The opening of the Halfway House would relieve some of the pressure on the psychiatric unit, and provide a much-needed community service. The amount of community support and good will shown to the project was gratifying, and reflected an increasingly responsible attitude toward mental illness and retardation.

Altogether, the year was a very busy and productive one, with improvement in both quantity and quality of programme.

Changes and major developments in the Boarding-home Programme, from the case aide's point of view, were as follows:

(1) Assessment forms—as of September 1, the boarding-home rates for residents were individually assessed. Added to this new rate was an assessment of the home. The latter assessment would hopefully act as a financial stimulus with the boarding-home operators, as the better their homes became the more money they were entitled to.

(2) In the assessment form for the boarding-homes money was available for recreation. A few of the operators in the area used this money to hire an activity worker, who went around to the different homes and worked on arts and crafts with the residents.

(3) A fair number of the residents were going to the Opportunity Centre, run by Bevan Lodge, that opened in Courtenay. This was proving to be a productive venture for the residents, many of whom would otherwise be unable to become involved in something outside their homes.

(4) To supplement the work-type setting of the Opportunity Centre, the Administrator of the Centre started a remedial learning class for the mentally handicapped as part of the night-school programme in Courtenay. Participants came from Bevan Lodge, as well as the Boarding-home Programme, and response to the programme was excellent.

CRANBROOK MENTAL HEALTH CENTRE

During the year the Centre was staffed with a full-time social worker/Administrator until September 30, a part-time social worker, a temporary psychologist for four months, a sessional psychiatrist from Calgary who made occasional visits to the area, a full-time boarding-home case-aide, a part-time pharmacist, and two clerical staff. Some consultation was provided by the Branch's Co-ordinator of Adult Psychiatric Services. It was expected that the three full-time positions for social worker, psychologist, and psychiatrist would be filled before the year's end.

The geographical area covered was the East Kootenay, with the exception of Creston, which was transferred to the care of the Nelson Mental Health Centre in March. The population served was approximately 50,000.

The Centre's services consisted of direct treatment, consultation to other agencies and groups, and involvement with community planning groups. Travelling clinics were held in Fernie, Invermere, and Kimberley once a month. Golden was visited during the summer months.

The psychiatrist, with some student staff, provided consultative services to the local physicians, the 10-bed psychiatric unit in the Cranbrook Hospital, and the various agencies. During the summer he began to visit the Invermere area and would be closely involved in the operation of a local co-ordinating committee which organized in the fall.

In Cranbrook the Centre helped to establish a Family and Marriage Counselling Bureau of voluntary counsellors who had previous training and experience in counselling. The Bureau had been in operation since January, and a similar programme was planned for Kimberley. During the summer four students were hired to work in the Cranbrook and Kimberley Crisis Centres, where they made a significant contribution.

The psychologist and social worker/Administrator provided consultation to a planning committee in Golden, which was studying the community's needs and resources.

The Centre's social worker/Administrator was on a committee of local professionals in Kimberley which had been working with the Development Group from Victoria in planning the establishment of an integrated Community Health and Human Resources Centre.

The boarding-home case-aide helped the operators to form their own local Boarding-home Association. She also organized a very successful visit of the residents to Expo in Spokane. Four residents were working in incentive programmes financed by the Department of Human Resources.

While the heavy demand for direct treatment in the area continued, the mobilization of some of the communities to form planning and counselling groups would help meet some of this demand, and would require the Centre to become more involved in consultative and preventive programmes in the future.

DUNCAN MENTAL HEALTH CENTRE

The Duncan Mental Health Centre continued to grow in terms of staff and the range of programmes it was able to offer to the community. The staff consisted of an Administrator/psychiatric social worker; two sessional psychiatrists; a full-time

psychologist, and one psychologist part-time for children's services; a social worker who was Regional Boarding Home Co-ordinator, a case aide, and an activity therapist to the Boarding-home Programme.

In order to make its services as available as possible the Centre operated on an open door policy, i.e., it was not necessary for an individual to be referred.

The greatest demand was for direct service, and with the addition of the two psychologists, the Centre significantly increased its capability in this regard. An art therapy programme was provided for children two or three days per week. This programme was under the supervision of the Registered Art Therapist from the Victoria Mental Health Centre.

During the summer, services were increased in several areas through the use of the Provincial Government Student Employment Programme. The projects carried out included an early intervention programme for pre-school children; a summer camping programme for boarding-home patients; and community recreation and social service programmes. A summer student also served as Activity Co-ordinator for psychiatric patients in the Cowichan District Hospital, and another as programme assistant to the Cowichan Opportunity Centre.

Direct service also took the form of group sessions in relaxation therapy, transactional analysis—adults and adolescent groups, and small group work with children.

The Boarding-home Programme, which supervised approximately 85 residents in the Duncan and Nanaimo regions, underwent considerable change due to the development of more psychiatric services in these communities. The addition of an activity therapist to the programme proved to be most helpful.

Consultative services were provided to the Cowichan District Family Life Association, the Cowichan District Hospital, the Cowichan Opportunity Centre day-care and workshop programmes, the Lake Cowichan Activity and Resource Centre, and the Regional District Activity Centre in Duncan.

Consultation with personnel within the school system and special education programme was a regular function. Daily consultation was provided to the nursing staff in the hospital's psychiatric unit, as well as working in close co-operation with the medical practitioners involved.

Centre staff were active in a Regional District committee working toward the development of a new in-patient and day-care centre for psychiastric patients under the auspices of the Cowichan District Hospital.

Transactional analysis was used as a means of educating interested people in other approaches to self-awareness and understanding. This took the form of weekly group sessions, as well as one workshop programme. The Malaspina Adult Education Programme was an effective way to reach out into the community with educational and preventive mental health programmes.

During the year the Centre was a member of the Team Service Group in Lake Cowichan. This team was made up of representatives from all agencies working in the area and it met twice monthly. The result was an integrated service to the people of this area, as well as the development of new services, such as day care, Meals on Wheels, and a regionally funded activity centre programme.

The Centre was also represented on a Senior Citizens Advisory Council which was formed through the concern for adult education programmes for senior citizens. It expanded its focus and had the potential for integrating services to the senior citizens, as well as facilitating integration of the senior citizen within the community through a variety of programmes and activities.

The Centre continued its involvement in the Community Options Society, which attempted to provide and (or) promote a range of alternative programmes for adolescents. One of the basic aims of the Society was to stress the need for the community to assume responsibility for its own children. In general, the community seemed more than willing to do this, but in the case of acting-out adolescents, the test was more than they bargained for. It would appear that this would continue to be an area of difficuty for all concerned.

Centre staff looked forward to continual development and broader involvement in the community during the coming year.

FORT ST. JOHN MENTAL HEALTH CENTRE

The Centre commenced operations in February with the arrival of the psychologist. The active monthly case load increased from 12 to 56, at which point it became too heavy for one therapist. The psychologist's wife, a psychiatric nurse, joined the staff in July, and during the remainder of the year they travelled extensively as a team.

Clinics were held in Dawson Creek, in the Public Health Unit, each Monday and Tuesday, with an approximate case load of 110. On Fridays they alternated between Fort Nelson and Chetwynd. Wednesday and Thursday was spent in Fort St. John, with an estimated case load of 141. Various types of counselling were provided, with emphasis on marital and adolescent problems, and four group sessions were held each week.

The Centre's relationship with outside agencies continued to improve throughout the year.

KAMLOOPS MENTAL HEALTH CENTRE

The population served by the Centre continued to grow at an estimated rate of 5.5 per cent, making the current population an estimated 89,000, according to the Thompson-Nicola Regional District. The number of new referrals increased, although the complement of staff was reduced. The Centre received four hours of psychiatric consultation a week, which did not adversely affect the number of physician referrals which had shown considerable growth. Less desirable was the effect on long-term psychiatric patients, who were required to attend general practitioners for the supervision of their medications. The long-term psychiatric patient typically cannot cope with the appointment routine of a busy family practice, and often needs more visits and more time than the physician has available. However, the Centre's mental health nurse did a commendable job of working with physicians for the provision of medical services to these patients, as well as maintaining contact with many others through a weekly drop-in programme. The long-term patient was also served by the boarding-home programme, and approximately 80 patients were housed in a total of 35 boarding-homes. Seventy per cent of these patients had employment or were working in the workshop. All residents were encouraged to participate in a number of recreational programmes, which were given tremendous support through a community-sponsored Local Initiatives Project during the winter. At the year-end the Centre's staff included a half-time occupational therapist.

The Centre provided psychiatric social work services, in the form of crisis and ongoing counselling, for individuals, couples, and families. There was a particularly notable increase in the demand for marriage counselling, with more referrals of this nature coming from physicians. A new programme developed for the Centre by the psychologist commenced in October offering full treatment of emotional and behaviour disorders in children of the seven to nine age-group. Ten children were enrolled in the programme, which was carried out by four staff, in addition to mental health personnel. The School Board and the Department of Human Resources were both contributing staff positions.

Centre staff worked closely with voluntary agencies including the Family Life Association and the Crisis Line service, the Canadian Mental Health Association, the Homemakers, the Youth Resources Society, the Retarded Children's Association and the Sheltered Workshop, the Child Development Centre and the Community Resource Board. These agencies carried a great deal of the load, enabling the Centre staff to cope with the high growth rate in Kamloops. However, it was becoming more difficult for the staff to cope with demands for increased service in the outlying communities.

Staff once again enjoyed the vitality and enthusiasm of the student participation in Centre programmes, both from the summer employment opportunities and as part of Cariboo College training. 1974 was a rewarding year for staff, especially in the growth of support services in the private sector. For the coming year it was hoped that a psychiatrist would move to the area and assume the Centre's allotment of sessions.

KELOWNA MENTAL HEALTH CENTRE

During 1974 there continued to be a considerable demand for direct services, and much staff time was utilized in this way. Many individuals, couples, families, and groups received service in their community and were able to maintain family, friend, and employment ties to complement their therapy. Many times interagency co-operation was required to make the service effective.

Education and prevention also ranked high on the priority list, and courses and seminars were presented to the general public, and consultation was made available to a variety of professional people.

Several students worked on research projects during the summer. Centre staff attached considerable value to research on a local level, and would like to see more work of this nature throughout the Province.

The Kelowna Addiction Treatment Centre continued to operate successfully. An operating grant was received from the Drug, Alcohol, and Tobacco Commission which permitted the employment of a co-ordinator, a counsellor, and the rental of office space.

An occupational therapist joined the staff to work on the Boarding-home Programme, and she was instrumental in initiating a number of programmes to enhance the lives of boarding-home residents.

For the first time the Centre had a psychology resident, for four months during the summer. He was working on his doctorate in psychology, and spent time with all major agencies in the community, gaining invaluable field experience. The

Department of Psychology, University of British Columbia, was extremely pleased with this programme, and wished to see it established on a permanent basis. The Centre endorsed the proposal and supported a continuation of field placements.

In the coming year the Centre looked forward to closer involvement with other agencies and professionals, in meeting the needs of local citizens.

LANGLEY MENTAL HEALTH CENTRE

During 1974 the Langley Mental Health Centre completed its first year of operation in an ever-increasing catchment area which was estimated to be 44,000 as of September. Staff members included a social worker who served as the Administrator, a clerk-stenographer, a sessional psychiatrist, a half-time psychologist, a part-time pharmacist, a boarding-home social worker, and a part-time case aide for the boarding-home programme. Also, the occupational therapy co-ordinator for the boarding-home programme spent several hours a week providing direction and support to volunteers and boarding-home operators regarding activities for residents. A result of this was a weekly "drop-in centre" for a group of elderly individuals from several of the boarding-homes.

Despite a reduced staff ratio to population served, the Centre remained very busy in the field of direct service as demand was relatively high. This was largely due to the fact that treatment resources were practically nonexistent in the community. The system of referral was open, and besides taking referrals from individuals and families, the Centre accepted referrals from physicians, the school district, Human Resources, public health, probation, and several voluntary services. There was an over-all average of 26 cases activated per month. Average waiting period for direct service was approximately two to three weeks. An average of six admissions or readmissions to Riverview took place each month, and the sessional pyschiatrist spent three out of six sessions at Riverview dealing with admissions (including Abbotsford) and discharges. In this regard, a fair amount of follow-up and after care was also provided by the Centre. The pharmacist provided service to clientele attending the Centre, boarding-homes, and community physicians, and filled an average of 70 prescriptions per month. The boarding-home programme was extended to include approximately 30 intermediate care beds at Langley Lodge, a modern high-rise senior citizens facility with a total capacity for 176 residents. One special means of direct service was in provision of full-team assessments for children and their families. This was done particularly in cases where no previous psychiatric, psychological, and social work-ups had been conducted. Also, a weekly drop-in was held at the Centre for ex-Riverview patients, their relatives, and friends.

Co-operation and communication with local agencies and groups serving people in need of help developed increasingly during the year. Consultations, letters of support, meetings, as well as talks to several groups of school principals, were ways which contributed to closer working relationships. Also, staff were active in community development and organization to augment present services and programmes. A successful Open House was held during Mental Health Week and there was excellent coverage by the press and radio. As an elected board member the Administrator was involved with the newly formed Langley Community Services Resource Society. The prime function of this service was to establish

an umbrella organization in the community which would co-ordinate and integrate the delivery of initiated services to people. The Administrator was also involved in an advisory capacity on the Alternate Learning Environment Project, which was established to assist youths who for various reasons were not fitting into the regular school programme. Experience had shown that, given an alternate school environment, abilities and talents had developed in a manner which fostered growth of a positive self-concept. The Centre's psychologist was also involved on the Board of Family Life Services, with the anticipated hopes of jointly planning programmes regarding the recruitment and training of volunteers as lay counsellors.

MAPLE RIDGE MENTAL HEALTH CENTRE

Direct services involving the care of acute and chronic psychotics continued to be the Centre's principal field of endeavour. There were 768 active cases on the case load as of the end of September, and an average of 30 new cases were seen each month.

The involvement of the community in social services and self-help groups increased during the year. This appeared to be part of a growing social awareness in communities, and the Centre, mainly through its social workers, became involved in the network of social services in the community.

Interagency meetings with case discussions on the local level took place in Haney and Mission. The regional social worker was involved with the Community Services Council, in the local Crisis Centre, and Neighbourhood House, including assisting in the training of volunteers. He also participated in a survey of community needs under the sponsorship of the Community Services Council. The Centre was active, in conjunction with the Port Coquitlam Mental Health Centre, in the planning of a Mental Health Centre Youth Camp at Harrison Lake.

As an outcome of much combined effort by Government agencies in Maple Ridge, a Youth Centre was established under the direction of Central City Mission. Staff included 15 child care workers, and at the year-end 87 Maple Ridge children were receiving services. The Centre's psychologist played a considerable part in establishing the Youth Centre, and served on the Board. It was planned to have an extension of a live-in group care home under the auspices of the same agency.

The class for emotionally disturbed children which was set up in the Mental Health Centre last year, in conjunction with the School Board, proved extremely rewarding in terms of accelerating academic achievement of the children and improved behaviour. Consequently, the concept of this "attainment class" was extended by two additional classes to which Centre staff provided medical and assessment services. The mental health nurse and the psychologist also saw the children in play therapy, in small weekly group. The mothers of these children frequently became involved in an 8 to 10-week class on parental management conducted by the nurse.

An attempt was made to follow up alcoholics seen by Centre staff, who were residents of the local Halfway House. It appeared that the needs of the alcoholic were being met in a piecemeal way. A multidisciplinary unit for short-term active treatment and extensive follow-up, and the use of hostels for long-term care of those socially isolated alcoholics requiring rehabilitation, appeared to be indicated.

One of the summer students compiled a list of books, films, and other materials which could be used by various agencies in town as part of a Family Life Education Programme which the Centre proposed to initiate within the community.

A psychiatrist joined the Mental Health Centre staff during the year, and it was anticipated that her services in caring directly for the patients in the Centre's catchment area, i.e., Maple Ridge and Mission, would lead to continuity of care. The expansion of this continuity was further anticipated by the addition of two community psychiatric nurses to the establishment. In November the nurses began a four-month course in orientation in community psychiatry, and by giving more extensive follow-up to discharged patients and assessing emergency situations with the community, it was hoped they would prevent and reduce the number of hospital in-patient admissions.

Permission was given for a 10-bed psychiatric unit in the local Maple Ridge Hospital, with provision for day care, and discussions with the architect were under way at the year-end.

There had been a great thrust forward in the Boarding-home Programme in the last few years, and this continued through 1974. The rehabilitative aspects of the Boarding-home Programme were being stressed, and the residents were encouraged, through self-improvement, social, education, and work groups, to improved their self-esteem and utilize their potential.

A survey of Maple Ridge secondary students and drop-outs was completed in regard to their sexual attitudes and involvement in drug taking. A comparison of findings in regard to drug taking, including tobacco, alcohol, soft and hard drugs, was made between Maple Ridge in 1973, Vancouver in 1970, and six British Columbia school districts in 1969. There was no great difference between the Vancouver and Maple Ridge survey results. The use of alcohol, marijuana, and heroin was a little higher in Maple Ridge in 1973 than it was in Vancouver in 1970. The use of LSD was considerably lower, which was anticipated in view of the reported concerns over the adverse effects of LSD among drug users. All the rates of use were higher for Maple Ridge than for the students of the six districts surveyed in 1969. Surveys of this kind were extremely important in indicating to the proper authorities what types of drugs were being used in the teenage population and where the focus of prevention should be placed.

In all surveys, illicit (under-age) use of alcohol represented by far the most common use of drugs, followed by smoking and the experimental use of marijuana. The slight increase in heroin use was a matter for concern.

The survey of sexual attitudes highlighted the need for sexual education in the schools, and the apparent lack of responsibility of the young male in regard to sexuality. The local School Board expressed considerable interest in these findings and a summary of the findings was prepared at the request of the School Board for the information of administrative and school personnel. The findings were also published in summary form in the local newspaper. Contrary to the expectations of the School Board there was no public outcry about such knowledge being disseminated, and it did not appear that there would be any active resistance among the parents to a more widespread dissemination of knowledge. The main anxiety appeared to lie with the educators, who anticipated adverse criticism from parents regarding family life education and, in particular, education for sexuality, within the school system.

NANAIMO MENTAL HEALTH CENTRE

The full-time staff of the Nanaimo Mental Health Centre consisted of an Administrator/social worker, a clinical psychologist, a psychiatric social worker, a medical records receptionist, and a stenographer. The Centre continued to utilize the services of a part-time pharmacist, who dispensed psychotropic medication on referral from physicians and private psychiatrists. A part-time social worker attached to the Boarding-home Programme was available one day a week. The psychiatric consultant position was vacant during the year. A psychiatric nurse, following a training period, was to commence work in March of 1975. It was expected that she would be working in close collaboration with the Public Health Unit, in efforts to maintain the chronic population within their own community.

The Centre's catchment area extended from Qualicum to Ladysmith, encompassing a population of approximately 58,000. Interdisciplinary travelling clinics were held on a weekly basis in the Parksville and Qualicum area. Due to the large proportion of retired families in the Parksville area there was an increase in the provision of broad psychogeriatric services to individuals over the age of 70.

Community consultation to agencies which related to community mental health programmes continued as a priority of the Centre, which was represented on such groups as Malaspina College, Family Division Committee, Advisory Committee for Guthrie Centre, Canadian Mental Health Association, Nanaimo Association for Retarded Children, Parents Without Partners, Parksville Interagency Committee, Family Life Association, Steps to Maturity, and the Nanaimo Association for Intervention and Development, and Nanaimo Neurological and Cerebral Palsy Association. Many of these agencies assisted the Centre in providing supportive mental health services within the framework of prevention.

During the year the Centre was active in the development of the Nanaimo Community Resource Board, which culminated in the early summer with the appointment of Board members by the Nanaimo Regional District. At the year-end the Resource Board was in the process of forming a society which would hopefully enable the orderly development of both statutory and nonstatutory agencies.

The Centre was also involved in the development of an analogous structure, the Nanaimo Justice Council, initiated by the Department of the Attorney-General. The Centre was represented on the steering committee of this organization, which enabled staff to provide input in an effort to integrate all levels of the judicial systems, and link allied supportive and consultative services.

During the year the Centre, in co-operation with the Canadian Mental Health Association, was in the process of expanding the Nanaimo Contact Programme. This outreach service was designed to provide services on two major fronts—a drop-in clinic for parents of children up to 5 years of age, and an activity programme for people of all ages who were experiencing emotional difficulties. Two activity aides employed by the programme were based in the psychiatric ward of the Nanaimo Regional Hospital, facilitating the interchange of patients between hospital and community. Application was made for increased funding through a number of sources, including LIP. This programme had also been utilized as a field-work placement for students from Malaspina College, and as a training experience for teacher aides.

The Centre provided direct treatment services to individuals and families within the catchment area, either on referral from community agencies, physicians, or on a self-referral basis. Treatment may take the form of marital counselling, child

management at home and at school, family therapy, group therapy, or individualized supportive services.

The Centre experienced a 33-per-cent increase in referrals for direct treatment services over the same period last year, and attempted to meet this growing demand through an expansion of group therapy programmes, and an increase in training and consultative services.

Centre staff continued to provide liaison between the Nanaimo Regional Hospital and the Provincial institutions, specifically Riverview and Valleyview Hospitals. Pre-admission assessments were being performed on a routine basis in an attempt to develop alternatives to hospitalization.

NELSON MENTAL HEALTH CENTRE

The year 1974 was a busy one in all fields of direct therapy, consultation to agencies, educational programmes, and a wide variety of community development. The normal staff complement of four was reached for the first time since the Centre opened four years ago. Despite this, the demands for direct therapy increased measurably. Additional staff, such as a special needs child care worker provided by the Department of Human Resources, helped to relieve the growing load to some extent. In addition, the unique and large-scale use of child care assistants used by the psychologist enabled treatment of more cases of special needs children than could possibly have been accommodated by the present staff.

The Centre's load and commitment were further increased by the inclusion of the total School District No. 86 in the catchment area. Creston and area was a more than average intensive need area, i.e., social assistance cases in Creston alone were double those in either Nelson or Trail, which had three to four times the population base.

The Centre continued with the aim of primary prevention in community mental health. Over a protracted period involved deliberations took place in the community, as it sought the total integration of social and health services. However, this failed due to the lack of positive support.

The Nelson Community Service Centre, whose presence materially reduced the Centre's emergency case load, continued with an expanding programme. The Nelson Youth Activity Society's Programme, and the Kootenay Society for the Handicapped Workshop, also involved the Centre's personnel to a considerable degree. A great deal of time was spent in the development of the Community Resources Board of Nelson, which was adequately funded, functioning, and effective by the year-end.

The Centre was also involved in maintaining programmes to volunteers; student summer programmes; presenting papers to various commissions and hearings, such as the Family Court hearings; and in providing counselling services (staff were involved in single parent groups, panels on child care, the emotional effects of overeating, etc.).

Psychiatric services were available with a sessional psychiatrist serving the Centre. The Kootenay Lake District Hospital opened a psychiatric wing to serve this catchment area.

The Boarding-home Programme continued to grow slowly in numbers and in programme content. There must, however, be better service provision for the needs

of the chronically ill who have been discharged from Riverview but who periodically become acutely ill, thus putting a strain on community health services that are not designed or prepared to cope with them.

There was a continuing need to develop an accurate and effective case finding system at the pre-school and school level.

During October, Centre staff attended a mental health centre regional meeting, which proved its value and effectiveness in the sharing of centre programme content, and in improved relationships both between centres, and between centres and senior officials.

NEW WESTMINSTER MENTAL HEALTH CENTRE

The Centre continued to utilize other community services to meet mental health needs in the area, and accepted for direct patient service only those who appeared most clearly to be otherwise unattended. This was reflected in the statistical trends for 1974 compared with 1973; requests for service showed an increase, whereas direct service showed a decrease, and community service involvements for promotion of mental health proliferated. The majority of direct service concerned adult care, and the average waiting period was one week or less.

The Mental Health Centre staff participated in a broad range of community service activities.

Centre staff were involved with the formation of a day-care society for the establishment of centres for children under three years.

Participation with the United Good Neighbour Board of Directors continued and included work with the Allocations Committee, the Membership Committee, and toward the year-end, a Committee for expansion of the Community Information Service Bureau.

During 1974, staff were on the local YM/YWCA Board of Directors and Community Development Committee, Committee for Aid to the Handicapped, and represented the Centre regularly at meetings of the City Council's Health and Welfare Committee.

Quarterly joint staff meetings with the Public Health Unit and separately with the Social Services Department were initiated by the Centre to encourage communication efforts. Meetings with the latter department partly prompted establishment of a local Family Development Service (funded through Human Resources), to specialize in family therapy and family life education.

Regular consultation was made available to elementary school teachers through one staff member visiting local schools on a rotating schedule.

A programme of regular consultation with the counselling department of the local secondary school resulted in the formation of two counselling groups for students appearing at psychosocial risk.

As in the previous year, the Centre continued to advocate strongly the establishment of psychiatric facilities in the Royal Columbian Hospital. Staff were persistently involved with mobilizing meetings regarding the issue, and in formulating recommendations for various aspects of the major services anticipated, namely day hospital, in-patient, and emergency care. As a result, the day hospital is expected to materialize in early 1975.

Centre staff regularly reviewed the patients in the Boarding-home Programme associated with the Centre, the majority of such boarding-home residents being located in the Coquitlam section of the catchment area.

Staff were significantly involved in the development of a local Activity Centre (Sha-Sha Club) for the handicapped. The Activity Centre was sponsored by the local branch of the Canadian Mental Health Association, and accommodated an average of 25 people per month from the registry of the Mental Health Centre, and another 55 potential clients.

Various Centre staff were engaged with the local Detached Youth Programme on a variety of levels, including the Detached Youth Programme Advisory Board, community committees, and conjoint family counselling.

The Lifeline Crisis and Information Centre received continuing consultation from mental health staff by means of introductory sessions for volunteers, workshops for phone counsellors, back-up professional contact regarding specific individuals, and programme advisory group membership.

The Centre offered several other consultation programmes for the benefit of staff from other services, such as Douglas College, Public Health, and Human Resources.

The Centre assisted Canada Manpower and other agencies in developing a local workshop ("Incentive Crafts") for the encouragement of adults who would otherwise have difficulty in producing marketable craftwork.

Interaction with Riverview Hospital improved and some staff were appointed to the Centre and to Centre Lawn Unit; some Riverview staff became more available to the New Westminster community, and communication improved with the Riverview Psychology Department's behaviour therapy service. Two community psychiatric nurses joined the Centre staff and commenced in-service training in November. Three other nurses from the same training programme were field-placed with the Centre.

On request of the B.C. Alcohol and Drug Commission the Centre agreed to serve as a liaison between Commission and community.

Working closely with other community agencies the Centre actively encouraged multiagency efforts to explore and deliver human services.

The Centre served as field placement for three sets of B.C. Institute of Technology students in psychiatric nursing, and as a summer placement for two students through the Provincial Government's student summer programme.

Near the end of 1974 the Centre co-sponsored, with school personnel in counselling and remediation, a brief workshop for 20 elementary school teachers, focusing upon classroom behaviour management methods. This was expected to be the first of a series of such workshops.

Staff paid increased attention to developing methods to more accurately outline current services, priorities, and to chart the Centre's plan for subsequent, local community mental health programming.

PENTICTON MENTAL HEALTH CENTRE

In 1974, the third complete year of the Mental Health Centre's operation, the community saw the completion of the Retirement Centre complex to serve the large retirement population in Penticton and surrounding districts. The complex is a testimony to the high-level co-operation of the whole community to achieve a

specific goal for its residents. The hazard in the past had been factionalism, fragmentation, and duplication. Achievement of a common goal in the magnitude of the Retirement Centre complex was significant for the future of other services in Penticton.

Stimulated by the numerous official reports (CELDIC, Hastings, Foulkes), the community continued discussions to ascertain how much co-ordination and integration was possible and realistic. A community workshop in March, at Naramata, for 126 representatives of the public, institutions, agencies, and associations, provided information as to present services, and discussion concerning future organization of service, for example, a community resources board. A Carry-On Committee to assess feasibility and methods was elected, with respresentatives from the lay public, professionals, and significant groups who had spearheaded much of the community action. A community resource board may be inevitable through legislation, before sufficient consensus is obtained through group process.

The local Health and Welfare Association, operating as the interim co-ordinator of nonstatutory services, prepared a global budget for Government approval, and provided a local information services centre and a regional directory of health, welfare, and recreational services, plus extended volunteer services.

A Penticton-based professional advisory committee responsible to the Okanagan Similkameen Society for Community Mental Health, a regionally represented body to participate in ascertaining mental health needs and assist in programme planning, asked five major groups to review its function and role in the current facets of the community's development.

Professionals and lay members greatly benefited from an information sharing Community Liaison Committee meeting once monthly, which was begun approximately one year ago.

In such a context, the role of Centre staff remained primarily as enabling and low-profile. Meaningful support was given through direct service, consultation and education to the Retirement Centre, the community workshop, and the five groups served by one professional advisory committee (the Administrator of the Mental Health Centre, two psychiatric consultants and the head nurse of the psychiatric unit were also on this committee) as well as the whole community and region at large.

Staffing remained the same, though the Mental Health Centre's staff involvement increased. Princeton and Oliver each asked for a full-time mental health worker. Service to date included direct service on a partial basis in Princeton, Oliver, Keremeos, and Cawston, with principle emphasis on consultation. Princeton also met with SPARC personnel, and began plans to expand the present health unit office into a small community Health and Human Resources Centre.

Within the network of local psychiatric services the Penticton Regional Hospital day-care programming (for 20 spaces) began in September, in temporary quarters within the hospital. Plans included an intensive treatment programme, a support programme, and part-time services for individuals able to receive psychiatric care on a day-care basis.

The Mental Health Centre shared summer student staff with the Penticton Regional Hospital Psychiatric Unit, and the South Okanagan Human Resources Centre, to jointly sponsor a summer recreational programme for children and adolescents who found it difficult to relate to others, and needed to learn to structure a day with meaningful activity.

The Mental Health Centre staff prepared an Advanced Skills Training Course for Child Care Counsellors and paramedical personnel within the community. The

purpose was to provide in-service training for permanent staff and new staff members which would assist in their helping roles. The course consisted of three hours per week for 15 weeks. An independent evaluator from the School of Social Work, University of British Columbia, was selected to evaluate the programme. At the year-end preparations were under way to having the course administered through the Penticton Campus of the Okanagan College.

Parenting sessions during the year were under the auspices of the local Canadian Mental Health Association, with the assistance of the staff of the Naramata Centre for Continuing Education.

The Centre's psychologist participated in a two-month "wilderness project" funded by the Department of Human Resources, sponsored by the South Okanagan Human Resources Centre.

The Group Living Home Society for Handicapped Citizens, formed one year ago, obtained a building with space for 19 persons, which would provide halfway house accommodation and boarding-home type accommodation for mentally and physically handicapped adults in the region. It was expected to be ready for occupancy by the year-end.

Last year the Penticton Training Centre extended its services to encompass a work-assessment and work-training for mentally handicapped and physically handicapped persons, and during October it was able to place a trainee in full-time employment in the community.

Centre staff and one of the psychiatric consultants participated in a newly organized support ministry to clergy and their families through consultation, assessment and treatment, thus enlarging the network of mental health services available to clergy and their families in British Columbia.

In the fall, Penticton and Summerland were funded through the Education Department and the Department of Human Resources for special rehabilitation classes for school dropouts.

In all of these significant major developments in 1974, staff members provided leadership, support, consultation, and education. The future of the Mental Health Centre will be dependent on developments inherent in the reorganization of the Health Department in providing adequate health services to the community and region.

PORT ALBERNI MENTAL HEALTH CENTRE

As a result of almost two years' work the Centre accumulated a "population" of chronic patients in 1974 who required long-term management. These patients needed many services and a pattern was emerging of partnership between the Mental Health Centre, the family doctor, the Department of Human Resources, Probation Services, Homemakers', Family Guidance (including alcohol counselling), the schools, the courts and the RCMP, as well as the employers of many of these patients.

Hospital consultations gradually increased and numbered between 200 and 250 per year. Most of these were consultations in which the general practitioner continued to care for his own patient while in the hospital.

In the area of forensic psychiatry, slow but steady progress was made and the Centre was consulted a number of times on the management of people with psychia-

tric problems. Active and direct liaison with the Probation Service continued during the year.

The free medication programme operated very smoothly, due to the excellent services of the hospital administration and the pharmacist. Approximately 420 prescriptions were issued under this service.

The psychiatrist and the psychologist attended meetings of the Aid to Handicapped, a committee which provided valuable services to many of the Centre's clients in return for periodic psychiatric consultation. During the summer, under the special arrangements of the Department of Human Resources, the Centre acquired the services of a home-visitor. She worked directly under the psychiatrist and was of great help in the management of more difficult patients, particularly the older patient, and the chronic depressed younger housewife and mother. This activity continued, on a limited basis, during the winter through the use of a work incentive programme. The Centre required more space in order to introduce group activity programmes involving various type of therapy, particularly art, and the use of relaxation and exercise techniques.

A psychiatric nurse was expected to join the staff in March 1975.

The case load for children consistently increased during the year, with heavy demands for both therapeutic and diagnostic services. In as many cases as possible, the children were referred back to the school counsellor, the Probation Officer, a Big Brother, the foster parents or Human Resources, for care, with the psychiatrist or psychologist acting as consultant. There still remained, however, a hard-core group of children who demanded consistent therapeutic intervention and management by Centre staff. Because of the staff shortage services were very limited for the Tofino, Ucluelet, and Franklin River areas.

During the summer eight students worked with 47 children under an activity-oriented therapy programme. These children were placed in small groups and seen daily throughout the summer. In addition, 17 youngsters were seen on an individual basis by these students. This programme was very beneficial for the children in terms of the feedback from parents and teachers. Some techniques in bioenergetics were introduced with these groups with surprisingly beneficial results.

The psychologist did a considerable amount of follow-up work regarding patients of the Port Alberni area who attended the Nan-Wah-Kawi summer camp.

During the year Centre staff were involved in consultative and seminar-type meetings with the Interagency Committee, Family Guidance, Human Resources, school counsellors, civil groups and sororities, Mental Health Association, personnel officers and management. Mental health administration served on the steering committee for studying the creation of the Human Resources Board. The Administrator served on the Interagency Administrative Group involving Family Court, Board of Education, Human Resources, and Probation Service, which met once a month to co-ordinate existing programmes and to plan new ones relating to children and adults with varied needs in the Alberni Valley. Such programmes as the Gill School Session, or "Project 70-74," originated from these community-oriented meetings. The psychiatrist and the psychologist attended the bimonthly meetings of the Inter-agency Committee where individual cases and family situations were discussed with the participating agencies; school counsellors, public health nurses, teachers Human Resources, the social workers and, in some instances, the family doctor.

A large group of citizens, as well as agency representatives in the area, met in May to discuss boarding-home problems and ways in which the community could help.

PORT COQUITLAM MENTAL HEALTH CENTRE

During the year the Centre provided service to a catchment area with a population of over 100,000. The majority of staff time was spent in providing direct service to clients, in the forms of individual therapy, group therapy, family therapy, and play therapy for children.

The boarding-home activity therapist ran a creative activities programme for boarding-home residents and others with chronic mental illness who were unable to use other community facilities. The boarding-home social worker and her case aide were successful in helping boarding-home residents move into independent living situations.

The sessional psychiatrist and one of the mental health nurses succeeded in integrating more adult psychiatric services into the community, and made Riverview more accessible to local physicians and Centre staff.

The Centre ran a residential summer camp for emotionally disturbed children, and accepted children from Burnaby, Maple Ridge, and New Westminster, as these centres contributed to the staffing and organizing of the camp.

In the community, time was devoted to developing a full-time sheltered work shop and activities centre for the chronically mentally ill. The psychologist developed a preventive consultative service in one of the senior high schools.

Two new positions were added to the Centre during the year, one social worker and one psychiatric nurse. The social worker enabled the Centre to provide ongoing groups for pre-teens and adolescents, and the psychiatric nurse increased the service to the chronically mentally ill.

All Centre staff were involved with field students in psychiatric nursing from BCIT, social work students and psychology students from UBC, and were also involved in the new in-service programme for psychiatric nurses entering community mental health.

POWELL RIVER MENTAL HEALTH CENTRE

This Centre continued to operate in a flexible manner with a core staff of a psychiatrist and a social worker. In addition, in July the Centre obtained the part-time services of a psychometrician, who proved invaluable as an incisive diagnostic aid.

The Special Services to Children Programme offered by the Department of Human Resources enabled the Centre to further enlarge its service of in-depth assessment and treatment, particularly to multiproblem families. The use of this programme enabled the staff to provide individualized back-up services in the areas of parent effectiveness, behaviour modification, and tutoring of emotionally difficult children.

The biggest expansion during the year was the Centre's increased involvement in community development, and many new programmes were established through the direct participation of staff. An alternative school for drop-outs was started, designed to reach the potentially, as well as already academically alienated students.

Assistance was given a local Drug and Alcohol Council in funding, selecting, and hiring a Family Counsellor, specifically for families with a chemically dependent member. The Centre provided ongoing help in the form of direct case consultation.

The establishment of a Children's Committee composed of Centre staff and representatives from Human Resources, probation, the school, public health, and the Sliammon Indian Band home-school co-ordinator, proved a boon in joint decision-making process. It not only served as a clearinghouse for deciding which agencies could offer the most effective help in individual situations, but also as a vehicle for development of innovative programmes.

The Centre played a significant part in the difficult task of mobilizing public support for a Community Resource Board. This effort was rewarded at the year-end by the establishment of the Powell River Community Resources Society. This was a major landmark in working toward a more cohesive health and social services network, with priorities expressed at the local community level.

PRINCE GEORGE MENTAL HEALTH CENTRE

The Prince George Mental Health Centre served an area from the Alberta border in the east to Granisle in the west, and from Hixon in the south to Pine Pass in the north. The 1974 population figure for the area was approximately 100,000.

Early in the year the Centre was also responsible for the Peace River area, which had a population of approximately 50,000. This area was transferred to the Fort St. John Mental Health Centre, after a pyschologist was recruited in February.

At the year-end the Centre's staff included one mental health nurse, two social workers (one the Administrator), one psychologist, and one boarding-home social worker.

During 1974 the Centre maintained a balance between direct and indirect services. In the area of direct services more emphasis was placed on working with groups, and the mental health nurse and the social worker were most active, creating and maintaining groups for adolescents, women and parents, and children. Indirect services were continued, with consultation to all public and private community agencies, and representation on various community organizations.

The Centre maintained its open door policy, which continued to be met with wide community approval.

With regard to outlying areas the Centre maintained its policy of visiting on request, primarily for consultative and educative purposes. The Centre also was continuing to provide pharmaceutical services to the Granisle area, until that new establishment gets organized.

In February the Centre contracted to the Prince George Regional Hospital to handle Centre medications. This improved service tremendously, and completely eliminated the problems inherent in the previous system of part-time pharmacists.

The Centre worked in close co-operation with public health to interest other agencies—for example, Human Resources, schools, probation, Alcoholism Foundation, Community Resources Board—in possible involvement in sharing space in the proposed new health building, which was tentatively slated for completion in the summer of 1976.

The Boarding-home Programme continued to provide an active service to the community. There were eight unlicensed and one licensed home, providing care for 22 patients.

PRINCE RUPERT MENTAL HEALTH CENTRE

The Prince Rupert Mental Health Centre completed its first full year of operation on October 5. The staff consisted of the Administrator/social worker and a clerk-stenographer. The Centre's catchment area included not only Prince Rupert, but also the Queen Charlotte Islands and as far south at Ocean Falls, with an overall population of approximately 27,000.

A total of 316 adults and children used the Centre for direct patient service in the 12-month period. The Centre endeavoured to meet a variety of problems, including drug abuse, alcoholism, marital breakdown, and trouble families. The active case load at the year-end was approximately 170. The Centre operated on an open referral system and referrals came through most of the established agencies, along with a high proportion of self-referrals. The model of treatment included psychotherapy, joint marital counselling, and family therapy. A heavy demand for direct patient services continued through the year.

Educational services included two sessions on effective parenting involving 34 families. There appeared to be a high interest for this kind of service, and under the auspices of the Adult Education Programme of the school board district it reached a number of people who benefited from the courses. The Administrator gave talks to elementary and high school students on some basic mental health concepts. In-service training seminars were also held with medical, social, and child care workers.

The Administrator endeavoured to provide a variety of consultation services to other health and social workers, as well as teachers within the school system. He acted as a consultant to a study group seeking to implement a family life education course on the Queen Charlotte Islands. Monthly visits were made to the islands. Other consultation services were carried out with other agencies, including Public Health, Department of Human Resources, Family Court Division, probation services, schools, and medical practitioners.

The Administrator acted as a consultant to a steering committee endeavouring to set up an Activity Centre for the mentally and socially handicapped. He also served as a Director of the Friendship House Association, an agency that provided accommodation for transient men, and other vital social and educational services.

Pharmaceutical services were successfully negotiated with the pharmacist of the Prince Rupert Regional Hospital to provide for distribution of psychiatric drugs to patients. This also provided a greater liaison with the local hospital and medical practitioners.

The Centre employed two summer students who carried out a research project in regard to the high drop-out rate among high school students.

As the year progressed it became more apparent that the Centre was taking on the role of a crisis centre involving short-term treatment. This role would seem to be quite appropriate in an area noted for a very high turnover of people.

At the end of October a team from Riverview Hospital, consisting of a psychiatrist, a psychologist, a social worker, and a public health nurse, arrived to initiate the first of regular monthly services to Prince Rupert. Prior to their visit a questionnaire was circulated among the medical professionals, to gain some information concerning their expectations in the form of service that they wish to see provided.

Prince Rupert continued to expand in industrial and economic forms, as well as increase in population. The Centre endeavoured to keep up with these demands, and at the same time provide a variety of services that would keep people within the community and treat them with whatever resources were available.

SAANICH MENTAL HEALTH CENTRE

The Saanich Mental Health Centre continued to operate in its Royal Oak location, and served the same region as in previous years. Staff members worked in close collaboration with the public and private agencies serving the area, and the Centre provided direct treatment and assessment services to individuals and families.

The Centre had teams, or staff members, visit Ganges, Sidney, and Brentwood to serve people who, for valid reasons, could not attend the Centre. The visits helped the Centre to establish closer contact with these communities, and helped in assessing community needs.

The Centre worked closely with projects initiated by laymen who were interested in developing a healthier community. The Citizens Counselling Centre in Victoria was very active in training volunteers in marriage counselling. It also conducted seminars to promote healthier family life. The Centre also worked closely with the Saanich Peninsula Guidance Association, which was developing a service similar to the Citizens Counselling Centre in the Sidney area. The Cornerstone Project, a resocialization and rehabilitative programme developed jointly by the Canadian Mental Health Association and the Cordova Bay Irregulars (a citizens' group in Cordova Bay), continued to give active service to people residing in boarding-homes, and also to members living in the community. The Centre also provided leadership to indigenous citizens' groups who were trying to improve housing, legal services, welfare, employment, and day-care centres.

Consultation was given to the Boarding-home Programme for former mental patients, and also to the Springwood Training Centre, a residential training facility for mentally retarded young people. These programmes were of a high calibre because of well-trained able operators. The summer students were a real asset to these programmes.

The goals for 1975 will be to continue the existing programmes, with particular emphasis on co-operation with other agencies to find ways and means to develop stronger and healthier family units, which is the key to good mental health.

SECHELT MENTAL HEALTH CENTRE

The Sechelt Mental Health Centre completed its first full year of operation serving the Sunshine Coast. The Centre very quickly became an active segment of the rather sparse services in this area, which tended to guard its individuality, and only reluctantly used the more centralized services of the Vancouver metropolis. This attitude led to considerable interest in community development and optimism that comprehensive services could be developed by active citizen involvement.

Despite this feeling, it was apparent that the community was not a homogeneous one, but rather was made up of a core of permanent residents and a large, more transient group, who sought to solve their problems by retreating from the urban areas to what they hoped was a less artificial life of living close to nature. A large influx of summer people occurred annually, but did not seem to make very significant demands on the health and social agencies.

The staff of the Centre consisted of one full-time Administrator/psychologist, weekly psychiatric sessions, and one part-time clerical staff. Approximately 75 open cases were carried monthly, by the year-end. An open referral policy operated successfully, with the majority of referrals coming from the physicians in private practice. The schools made considerable demand for service, as the school system did not have a psychologist on staff, although some consultation services were available through UBC. A relationship was maintained with the Squamish Mental Health Centre, and while this was considered valuable for consultation, the two Centres functioned separately and the staff did not give direct patient service in the alternate area.

The majority of time was spent in direct patient service. The demands were great but service was provided on a very immediate basis. Staff were available to be called in on cases handled by the other community agencies, and worked closely with public health, Human Resources, RCMP, probation and the local general hospital. The hospital asked for considerable consultation, as there were many occasions when the hospital handled patients with psychiatric problems, although there were not any psychiatric beds.

Through the hiring of a summer student it was possible to offer a recreation programme for youngsters with social and emotional problems. The programme served 19 children from the primary schools, and also served as a good learning experience for the Centre in the problems of operating a community-wide programme in a very widespread area. The availability of volunteers to supply transportation was extremely helpful.

There was a great deal of involvement by the Administrator in the development of improved community services. Much time was devoted to the newly formed Community Resource Society, which, within its first year, had planned and obtained funding for two vital community services. Staff were also instrumental in developing regular inter-agency meetings through which problems were shared in providing co-ordinated services on a case level, as well as communication on new and planned modifications within the various agencies.

A major area of concern in the area was service for geriatric patients. The elderly made up an unusually large percentage of the population, and more services were necessary for this group. While there were senior citizens' housing and extended-care beds in the local hospital, there were no boarding-homes or nursing-home facilities in the area. The Centre had been involved in exploring suitable facilities and more efficient access to the facilities outside the geographic area, but it became evident that this need would have to be met locally, and at the year-end staff were involved with other agencies in promoting this service.

This first year saw the Mental Health Centre become a meaningful part of the Sunshine Coast health service. The increasing demands for service meant continued and expanded involvement in a large number of new community projects.

SQUAMISH MENTAL HEALTH CENTRE

The prime focus of the Squamish Mental Health Centre in 1974 was to mobilize the professional community to co-ordinate their services, and thereby facilitate the better use of the Centre as an educational, consultative, and treatment resource. This proved to be a difficult task, due to the Centre's close proximity to Vancouver. The constant flux of professionals, coupled with the lack of direction from supervisory staff based outside the community, also led to a lack of knowledge of community problems and (or) the authority to bring about changes.

In January, a survey to discover what services the professionals wished the Centre to provide, showed that treatment services and assistance in studying community problems received highest priority. Since that time, there was an increase in requests for consultation both on an individual and agency-group basis. Several conferences were also held, to discuss mental health cases involving several agencies.

Monthly meetings of professionals, instigated by the Centre, continued throughout the year. The purpose of the meetings was to study resources within the community and subsequently define gaps in services, and act in an advisory capacity to the Community Resource Board once this was established. As a direct result of these meetings, a Homemakers Service was established in August, which was instrumental in setting up a sheltered workshop for the handicapped in September.

The Squamish Mental Health Centre continued to remain active on the committee for "Special Services for Children," organized in March under the direction of the Department of Human Resources. A directory, outlining the resources available for children in the Britannia and Squamish areas, was compiled.

A good liaison with Riverview Hospital, and Lions Gate Hospital psychiatric unit in North Vancouver, was established, with the Centre attending patient conferences and providing family counselling while patients were still hospitalized. There was evidence that admissions to Lions Gate Hospital were considerably reduced, and admissions to Riverview were almost always from the single, transient population.

There continued to be an increasing demand on the Centre to provide direct treatment services and consultation to the Squamish and Mount Currie Indian Bands. This proposed a real challenge, as problems referred were chronic, cultural, and often demanding of time and energy, in spite of the excellent co-operation received from Indian health workers.

During the year a High School Student Counsellors' Programme was set up by the Centre to assist in social rehabilitation of children, ages 4 to 10 years. In the summer months, a university student was employed to supplement this programme through play therapy.

SURREY MENTAL HEALTH CENTRE

During 1974 the Surrey Mental Health Centre catchment area grew to an estimated 125,000 people. Approximately 68,000 of these lived in the Delta area, and the remainder resided in the South Surrey and White Rock areas. Activations and reactivations in the Delta area were significant and represented a great demand from that area.

Centre clients in 1974 participated in various individual therapy groups as well as Adolescent Growth Groups, Adult Therapy Groups, Child Management Groups, Play Therapy, and Marriage and Family Therapy Groups. There were always at least four full-time members on staff to provide these services. There were approximately 140 residents in regional boarding-homes, who received consistent group and individual therapy, and medical supervision from the Centre.

Among the community projects which involved Centre staff were the submissions of an extensive project proposal through the Family Life Association to the Surrey Social Services Department and which involved the following: Extension of a summer project ("Tuning In"), which offered "Big Brother" type service to delinquent adolescents in the catchment area; the provision of several free public education courses on Child Management, Child Development, and Growth in Marriage, as well as continued legal forums (in co-operation with the Vancouver People's Law School); the contribution of major efforts which culminated in the establishment of regional councils for residents and operators of regional boarding-homes; and expansion of services to the retarded, involving an infant stimulation pre-school programme.

Centre staff supervised and provided fairly extensive field placement experiences for three graduate students from the University of Western Washington (all studying on the Masters Programme in psychology). These three students participated in therapy sessions with staff, in consultation with educators, and provided some psychometric services to clients of the Centre. One of these students acted as co-ordinator of the summer programme sponsored by the Centre, which involved working on a recreational-based programme with delinquent adolescents from the catchment area.

In addition to direct service to clients, consultation with community groups, and helping to develop much needed services for adults and children, the Centre established a general liaison with the staff of the Peace Arch and Surrey Memorial Hospitals, as well as an improvement in relationships with Centre Lawn staff at Riverview.

It was recognized that more should be done in terms of improving the total delivery of community mental health services to residents of the area, but the dramatic increase in the size of the catchment area placed excessive demands on the existing staff.

TERRACE MENTAL HEALTH CENTRE

The Terrace Mental Health Centre continued toward the development of comprehensive mental health services both on a community and regional level. A number of forward moves were made in this direction. This was particularly evident in areas of boarding-home facilities and in co-ordination of services with other agencies.

The area the Centre covered geographically was extremely large, and included that of the Skeena Health Unit, other than Prince Rupert, Ocean Falls, and Queen Charlotte Islands. The furthest north that the travelling clinic went during the year was Telegraph Creek. There was a regular travelling clinic to Kitimat, Hazelton, Smithers, and Houston.

Staff members included a social worker, a psychiatric social worker, a part-time psychiatrist, a part-time pharmacist, a pædiatrician on a sessional basis, and

two stenographers. Staffing was a problem because it was difficult to recruit qualified professional people.

The total number of activations and reactivations of files from October 1973 to October 1974 was 420. This number was not truly reflective of the need for mental health services, due to the difficulties encountered in providing an adequate service in a large geographic area.

During the year there was a major expansion of the boarding-home programme. Skeenaview Society purchased two homes to provide boarding-home facilities to 20 people. These homes would work in conjunction with other facilities, such as the Three Rivers Workshop, Mills Memorial Hospital, and the Northern Training Centre.

The expansion of services to outlying communities was given priority, and was evident in the time spent in communities such as Kitimat and Smithers. The increasing of the time of the consulting psychiatrist was of particular importance.

Consultation and in-service education for professional and lay personnel also received a great deal of attention. This service was particularly important in the northern area of the Province due to lack of qualified people. The co-ordination of resources was also of great importance.

The upgrading of existing resources, as well as the establishment of new ones, required a great deal of time from personnel at the Centre. For example, the research and planned establishment of a Child Development Centre in Terrace was a combined effort between a number of agencies, as well as the involvement of local volunteers and pædiatricians.

The goals for 1975 would be continued expansion of services to areas such as Kitimat and Houston, and the continuing effort to develop a closer liaison with other agencies and community people.

TRAIL
MENTAL HEALTH CENTRE

The year 1974 was marked by the increasing growth of mental health services in this region. With a focus on consolidation, integration, and prevention, Centre staff were actively involved in a wide range of programmes. There were many social and health developments which had a significant mental health component, and Centre staff provided consultation and advisory direction.

In the area of direct services, over 200 individuals and their families were provided with counselling, follow-up, placement, and psychological assistance. This included child guidance, marital counselling, individual therapy, group work, and family therapy.

The boarding-home programme continued to expand with an increase from 31 to 45 people in residence. Through the initiative of the boarding-home social worker, many residents took part in social activities, travelled to Expo '74, and participated in sheltered workshop activities.

Community development functions of staff members included active advisory roles in such groups as the Canadian Mental Health Association, the Trail and District Association for Community Planning, Big Brothers, Kootenay Society for the Handicapped, Union Board of Health, Rossland Integration Project, Trail Methadone Clinic, Youth Liaison Committee, Trail Group Home Society, and the Aid to the Handicapped Committee. Indirect consultative functions were provided to such programmes as the Weekend Attendance Programme, Alternate Education

Programme, Grand Forks Community Human Resources and Health Centre, Grand Forks Society for the Handicapped, and the Youth Hostel Society.

Community education and information programmes involved staff in panels, radio talks, a Centre "Open House," Family Life groups, and workshops for professionals and volunteer groups. Staff were directly involved in an advisory, student supervision, and educational function for the Nursing and Social Service Aide programmes at Selkirk College.

To increase its consultative effectiveness the Centre continued to provide travelling clinic services to the Grand Forks and Castlegar areas. Fewer and more intensive interagency case conferences, particularly in regard to school-children, were arranged to provide greater assistance to teachers and other agencies, which provided needed service to individuals and families with special or severe problems.

Three programmes of special interest were developed during the year. The mental health nurse worked closely with volunteers, Public Health, the hospital's psychiatric unit, and other professional staff, toward the development of a comprehensive programme for persons with long lasting emotional problems. This involved putting together a Community Resources Folder for discharged patients; screening, selection, and orientation of CMHA volunteers for hospital and home visitings; group work with several people after discharge; and interagency meetings directed toward continued improvement of follow-up services.

A second programme involved three summer students who worked with some 35 children in therapeutic, recreational, and camping activities. The fourth student completed the revision of a Community Services Directory, as well as the development and distribution of a community questionnaire which assisted in determining attitudes and suggested directions for the further development of mental health programmes. Subsequent to these, arrangements were made to employ three child care workers through the Department of Human Resources "Special Services to Children" Programme. This co-operative endeavour was begun in order to extend the summer programme, under the supervision of the Centre psychologist.

Centre staff were very active in working with different community groups toward the development of integrated services at the local level. With a long history of co-operation, co-ordination, and communication between community, professionals, and agencies in the area, staff were hopeful that a truly integrated and accessible social and health service system could become a reality in the near future.

Administratively, the development of new programmes and greater community involvement increased the work load significantly. The considerable assistance of the clerical staff in these areas made it possible to avoid a large decrease in the maintenance of client and consultative functions.

The Centre's goals through the next year included—expansion of the boarding-home programme to maintain the emphasis on decreased institutional care, with a particular need to develop personal care homes in the Grand Forks and Trail areas; continued development of follow-up and volunteer programmes; maintenance of limited but stable and effective direct services; increased services to children with special mental health needs, in order to prevent the development of more serious disorders; focus on meaningful integration of local services; and more effective consultation and education at the professional and community level with the introduction of programmes primarily preventive in nature. With a small staff of four professional workers, the Centre has been fortunate to work in an area where the potential for the development of volunteer and other lay groups made it possible to extend mental health services to a wider range of people than might otherwise be expected. While there were many areas of unmet needs, it was hoped that

professional manpower could gradually be increased and, with the further development of effective co-ordination between community groups, the mental health programmes would reach a point where the majority of people within the region would have access to these services.

VERNON MENTAL HEALTH CENTRE

In 1974 the Vernon Mental Health Centre attempted to continue to service as comprehensively as possible the mental health needs of the North Okanagan community. Consultation and education programmes were greatly expanded, in spite of the very heavy demand for direct treatment.

The boarding-home programme took care of approximately 260 patients and was functioning well with the addition of a second boarding-home social worker during the year.

Team members included a psychologist, a mental health nurse, a psychiatrist, two social workers in charge of the boarding-home programme, a full-time case aide for the boarding-home programme, two full-time stenographers, a part-time typist, and a social worker/Administrator. There were also five summer students employed for a period of four months.

The Centre continued with a variety of treatment programmes, including reality-oriented brief service, behaviour modification, marriage and family therapy, and group therapy, and also medical supportive care for chronic patients.

A specific programme was developed in consultation with the elementary schools, involving acting-out children. This programme diminished the need for direct treatment of school-children from Grades I to VII. The programme involved a conference between all the school personnel involved with a child, and two staff members from the Centre. Sometimes the parents of the child were included in the conference. A specific programme was worked out with the school, to make it virtually impossible for the acting-out child to interfere with the teacher's freedom to teach, and other students' freedom to learn. The success rate in this programme (about 11 or 12 conferences) has been 100 per cent. Schools were being encouraged to use the Centre's services for elementary children.

The other service that was greatly expanded was in the field of Parent Education. The Centre provided "Parent Effectiveness Training" courses and approximately 400 parents took advantage of these. This programme was expanded to "Teacher Effectiveness Training," in which all the staff at two schools participated. These principles were also used in consultation with other agencies, especially for example, Human Resources.

During the year Centre staff provided travelling clinic services twice each month to Salmon Arm and Revelstoke. Consultation and education programmes were being applied in these communities as well.

Staff also gave a good deal of time to new services in the community, including Mara House, an assessment and planning centre for children from the ages of 6 to 16. The Centre's psychologist was on the professional advisory board and a number of staff gave a lot of time to staff training, as well as weekly consultations. There was a new pædiatric extended-care unit, and the psychologist provided instruction in behaviour modification, which formed the basis of their programme. This same programme was soon to be added to the adult extended-care unit.

Perhaps the greatest unmet need in the community was the lack of another psychiatrist. The psychiatric ward of the Vernon Jubilee Hospital received only an hour or two of consultation a week from the Centre's psychiatrist, because of the other pressures on her time.

The Centre's goals for 1975 were to increase the consultation and education programmes, which would eventually reduce the demand for direct treatment.

VICTORIA MENTAL HEALTH CENTRE

During the year the Centre experienced rapid change within its catchment area, and there was a resultant need for evaluative practice in all areas of service delivery. With the development of the Integrated Services Project into a functioning reality, the project staff moved from the Mental Health Centre into their own accommodation. The removal of the responsibility for services to children enabled the Centre to work toward achieving its goal of developing a more comprehensive service to adults.

There was also a need to shift and devise new patterns of service delivery as the result of changes in the administration of the Department of Human Resources and of Public Health. The development of district neighbourhood offices by the former, and the incorporation of the latter into the Capital Regional District, presented an opportunity not only to develop co-operative planning with those major organizations, but also to achieve flexibility in meeting the changing needs in the community.

The Boarding-home Programme, despite staffing vacancies, was able to accomplish a degree of integration of services in relation to both community agencies and to the Eric Martin Institute of Psychiatry, Royal Jubilee Hospital. The Boarding-home Programme provided not only a basic model of service, but the imaginative beginnings for the development of a comprehensive community programme for the psychiatrically disabled in the Capital Region.

The year was one of greater involvement with students, through summer employment in the Boarding-home and the Art Therapy Programmes. In both areas, valuable contributions were made by the students to the Centre's services. There was an expansion of co-operative efforts with the University of Victoria, in that students from both the Department of Psychology and the Department of Education were given an opportunity to gain practical experience in a community mental health centre. This programme was broadened with the beginning of the fall term, by giving students more training in intensive therapy techniques, through working with patients of the Centre.

A closer working relationship was developed with the Eric Martin Institute of Psychiatry, with the Centre becoming more actively involved in the referral of patients from emergency, and in developing responsibility for more active participation in follow-up care on referral from the Institute.

Consultative services were continued, mostly in areas of community planning (in conjunction with other community agencies). The greatest demand for service was, however, for direct patient treatment. It was foreseen that consultative services may be more in demand, as the community achieves its goal of integrated neighbourhood services, and this Centre was ready to meet that need.

Throughout the year, staff participated in educational programmes at the community level; talks, lectures, and participation in symposiums were carried out in conjunction with community agencies and private groups.

During the year the groundwork was laid for what was anticipated to be a better integration of service in the area of mental health service delivery, and for the establishment of district service through miniclinics, in conjunction with the Department of Human Resources and Capital Regional District Health Services. It was hoped that staffing will allow for the provision of teams to serve such a programme.

The Art Therapy Programme developed into a successful treatment facility, and expanded its programme to include the training of art therapists from other areas of the Province and from the University of Victoria. The Art Therapy Programme, beginning in September, was providing a training centre for students who will eventually graduate with a degree in art therapy.

This Centre's interest in forensic psychiatry remained unabated and, in the late fall, plans were completed for assisting in assessment and treatment of offenders, as part of the Alternatives to Gaol Programme.

WHALLEY MENTAL HEALTH CENTRE

During the year the Centre carried between 350 and 450 cases per month. Two hundred and seventy-eight new cases were activated during the first 10 months of 1974. These figures did not include 42 boarding-home cases which were also carried by the staff of the Whalley Mental Health Centre.

Generally, the services offered by the Centre could be classified as follows:

The encouragement of self-help groups and organizations within the community, with staff participation in community educational projects.

Early intervention of child management problems. Staff provided consultation and guidance to parents and worked in co-operation with schools, public health, social service, and others who were involved with the child.

Diagnostic and therapeutic service to adults with acute adjustment problems and psychological disturbance. The Centre provided counselling and medication during periods of crisis. Staff helped clients to clarify their adjustment problems, and to make decisions which would relieve their distress. Clients were directed to other resources as necessary.

The establishment, co-ordination, and supervision of services to chronically disabled persons. Rehabilitation was most likely to be required by persons who were retarded or who suffered from chronic disorders.

Centre staff participated in the development of a psychiatric "day hospital" service at Surrey Memorial Hospital, and continued in their consultative roles to the Surrey Rehabilitation Workshop, the Special Teacher Programme, Crisis Centre, Douglas College, and Surrey Centre Youth Workers. Centre personnel also assisted community groups at organizational meetings and in the provision of services, while still maintaining a productive working relationship with the Surrey Social Service, the Probation Department, the schools and public health.

WILLIAMS LAKE MENTAL HEALTH CENTRE

During the first six months of the year the Mental Health staff continued to provide service to the Cariboo and Chilcotin areas. The emphasis was on the consultative and public education approaches, with limited direct service offered in Williams Lake only.

There was an increasing number of requests for consultation from 100 Mile House and from Quesnel. Accordingly, more staff time was spent in these two communities. However, the demand for service continued to increase, and this was particularly noticeable in Quesnel.

The staff became involved in the local Civil Liberties Group and the Cariboo Indian Friendship Society. They participated with the Probation Department in 100 Mile House in setting up an Attendance Centre, a receiving-home for children waiting for a court decision on their future. Staff were also involved in helping the community plan for the establishment of a community resource board. As a result of the efforts of the centre staff, a co-ordinator of counselling services for the area around 100 Mile House was appointed.

In July the Mental Health staff resigned. In September a psychologist joined the staff, followed by a psychiatric social worker in October. This new team spent time getting to know the area, the programmes and the other professionals, and taking travelling clinics outside of Williams Lake as far as Bella Coola. Activity consisted of some direct treatment, assessment, consultation, and involvement in planning with local community groups such as the Canadian Mental Health Association and the Cerebral Palsy Association. The psychologist was on the advisory board of a proposed Child Development Centre, to be operated under the auspices of the Cerebral Palsy Association.

At the year-end plans were being made to move out of the local health unit building because of space limitations.

IN-PATIENT SERVICES

IN-PATIENT SERVICES

RIVERVIEW HOSPITAL

GENERAL COMMENTS

At the beginning of the year it was anticipated that the study of Riverview Hospital undertaken by the Core Committee, established by the Deputy Minister of Mental Health, would recommend the general form the hospital should take in its reorganization to five major programmes. The prime sources of input for the committee came through the Interim Programme Advisory Committees, composed of the majority of disciplines in patient care, administration, and services. Such committees were of inestimable value to the Core Committee in its meetings, deliberations, and conclusions. The Core Committee's Report was completed and forwarded to the Deputy Minister in August.

The Minister's Conference on reorganization of the Department of Health was held in the Education Centre, October 1 and 2, and the general plans indicated new directions, relationships, and roles for Riverview Hospital.

During the year the Vancouver Psychiatric Service Programme, identified as Programme 1 for the Core Committee, continued to function and work in close association with the Greater Vancouver Mental Health Service. This was assisted by the ongoing activities of the Joint Steering Committee, with representatives from Riverview Hospital and the Vancouver-based programme.

The Out-patient Service programmes were not altered in any particular respect, as the Vancouver Psychiatric Service Programme did not, in effect, diminish to any marked degree the operation of the hospital's outpatient services, which continued to meet needs of former in-patients from the Greater Vancouver area. In April a special meeting of the Joint Steering Committee and senior personnel from the Out-patient Services was convened for the purpose of considering the development of a Day Hospital Programme for Vancouver. The proposals were for such a programme to be maintained and operated at the Out-patient Services, and this recommendation was forwarded to the Deputy Minister.

In 1974, physical changes at Riverside Unit were completed, which provided very considerable improvements. It was disconcerting to note that patients continued to escape from the Riverside Unit and that nurses were held responsible in large measure for the security, although they were not trained for these purposes. The provision of the new recreational unit was one of the major achievements for Riverview Hospital. The new facility came into being late in the year, and the Recreational Therapy Department and related services were confident that this building would serve a most important recreational need.

Most of the changes that were necessary for Residences 6, 7, and 8 were accomplished, and Residence 7 remained unoccupied during the year. Residence 8 was named "Sunnyside," and accommodated 40 female patients in the preliminary stages of returning to society. Residence 6 was occupied during the year by the Dental Services and Transport Services. Additional physical changes were needed in order to accommodate business office personnel.

Improvements were made in administrative and organizational functions which facilitated patient interviews, expedited the completion of patients' records, and

improved the preparation of patients to commence treatment. The Riverview Hospital Pharmacy received some physical improvements which permitted more accurate and rapid dispensing of drugs for the individual patients, and for supplying the pharmacy cupboards in the buildings and ward stock.

The Operant Conditioning Programme which was begun in 1972, continued to be of great value and every effort was made throughout 1974 to provide good support for this programme. It was unfortunate that staff shortages continued in the early part of the year and during the summer, so that at times the Operant Programme did suffer from inadequate staffing.

One of the consistent aims in the area of treatment services was the improvement of the quality of care given to patients in the hospital, and a special study group was established for this purpose in the Department of Nursing at North Lawn. The Nursing Staff Development Programme was the basis for the improvement of nursing care in Riverview Hospital.

Due to the physical inadequacies, the C side of West Lawn Unit was closed during the year. Fifty of the patients, with appropriate staff, were transferred to Valleyview Hospital, another 50 patients were sent to East Lawn, and the remainder were placed in suitable wards on the A side of West Lawn.

Very useful functions were provided, and services maintained or improved, in the areas of podiatric services, optometric services, patients' education, barber and beauty services, and in pastoral care services. The Roman Catholic chaplain was transferred from the hospital and his lack of replacement placed a burden on the Protestant chaplain and the part-time clergy personnel who visited Riverview Hospital from their local church communities in the Greater Vancouver area.

During the year a new type of Review Panel was introduced under section 24 of the *Mental Health Act*. The panel's structure was diversified, to include physicians, psychiatrists, and other concerned persons, which enabled patients to be assessed rapidly, carefully, and with some degree of community approach. The Panel commenced its functions in January, and approximately one-third of the 70 patients reviewed were recommended for discharge from the hospital.

Legislation was also introduced to establish the Forensic Psychiatric Services Commission, charged with the total responsibility of forensic care programmes and activities in British Columbia. This will entail new directions for the operation of Riverside Unit and for the care of Order in Council patients throughout Riverview Hospital.

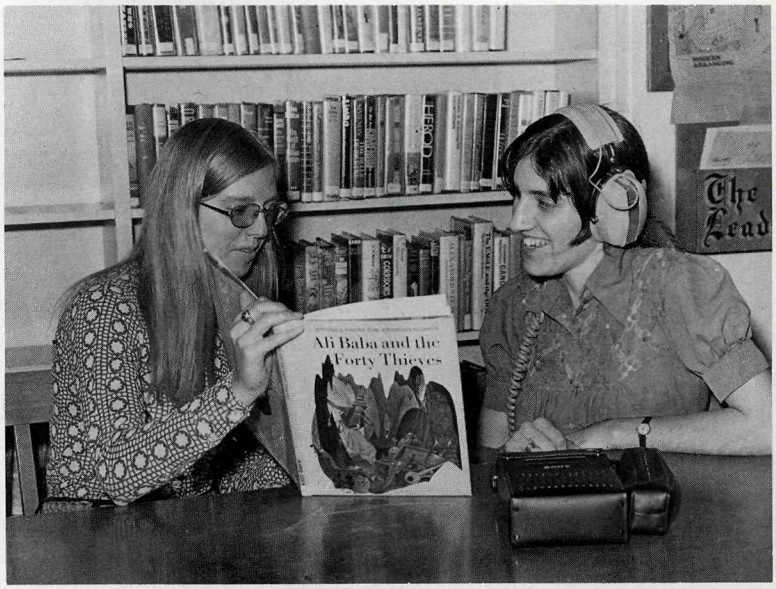
The Joint Steering Committee continued to meet so that Riverview Hospital and the Greater Vancouver Mental Health Service could work together for the citizens of the selected Vancouver health regions.

The Riverview Hospital Advisory Board met twice in the year, and once as Joint Conference Committee. Proposed medical staff by-law changes were not approved, pending changes in the reorganization of Riverview Hospital.

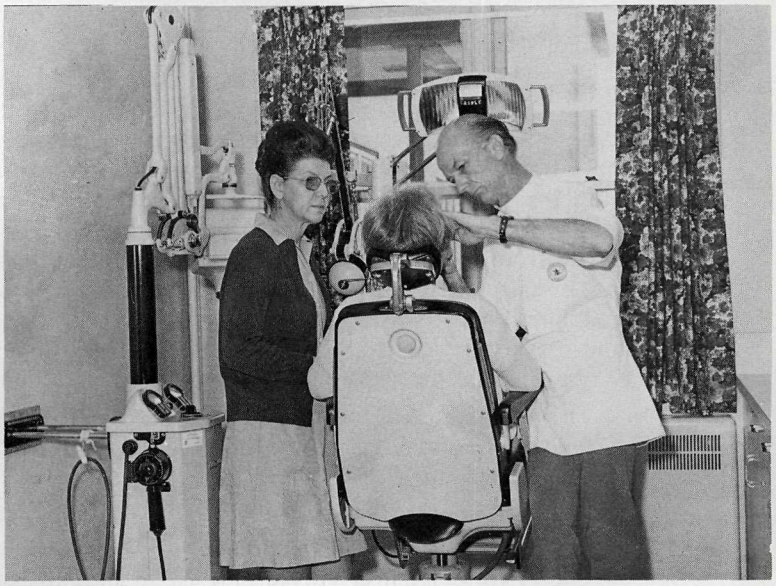
Staff shortages experienced during the summer were partially offset by an additional 30 summer relief positions, and 75 summer students taken on by the nursing department. The average monthly vacancies January to September were 94. The recruitment programme from the United Kingdom provided almost half of the total graduate nurses recruited in the first eight months of the year. This, plus an extensive use of on-call staff, enabled the hospital to provide coverage of its programmes over the summer.

It was clearly evident that there was an increasing need for additional administrative staff at senior and business office levels, as the planning, executing, and assessing of hospital functions became more demanding.

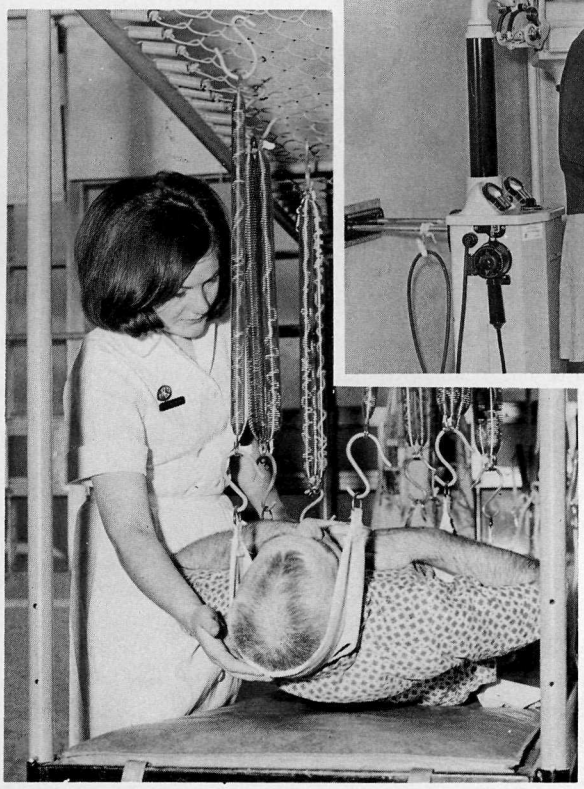
"Talking" books were added to the patient's library in 1974.



RIVERVIEW HOSPITAL:



The hospital's new dental department was completed during the year.



Physiotherapy was an important part of the treatment programme for many patients.

TREATMENT SERVICES

The major changes in treatment programmes developed in the hospital during the year were to accommodate a changing patient population. New psychotherapeutic agents were incorporated in the treatment programme. Behaviour modification programmes in the form of an Operant Conditioning Programme on Ward D5, and aversive conditioning in the Psychology Department, were continued, and a research project in biofeedback techniques was developed.

The changes in the patient population were a reflection of a change in the characteristics of the newly admitted patients, and the increasing age of the long-stay patients in hospital. Many persons voluntarily seeking treatment obtained it in psychiatric units in general hospitals, or in some other community teams, while the more seriously disturbed patients were referred to Riverview for admission. In order to meet the needs of these patients, the operations of the Intensive Psychiatric Care Unit in the Crease building were modified to accept seriously disturbed patients from all areas of the hospital, for a short intensive course of treatment on a closed nine-bed ward. A second ward in the Crease building was developed as a closed ward, with emphasis on behavioural modification for patients requiring this type of approach over a longer time interval. In both instances, however, staff shortages have hampered the development of these programmes.

Since in-patient treatment in Riverview Hospital was only one phase in the over-all treatment programme for most patients, close liaison with other treatment facilities was imperative. This was established with the local regional mental health centres through joint staff meetings, and through psychiatrists who had joint appointments at Riverview Hospital and the relevant mental health centres. These psychiatrists provided the in-patient treatment at Riverview Hospital to all patients admitted from that particular community. Five psychiatrists had such an appointment. Teams of psychiatrists, social worker, and nurse visited the more distant communities, including Prince Rupert, Smithers, Prince George, and Vancouver Island. Liaison was established with the Greater Vancouver Mental Health Service, through the formation of the Joint Steering Committee.

The Out-patient Department located at 96 East Broadway, continued to be a very active resource, carrying an average case load of 755 patients.

Special treatment programmes were developed for certain groups of patients, such as those suffering from organic brain syndrome or those admitted under some provision of the *Criminal Code*.

The Organic Brain Syndrome Project came into being at the beginning of the year in a 42-bed ward in the North Lawn Unit. At the time the project was started the waiting list for patients suffering from chronic organic brain syndrome exceeded 80 patients. During the first 10 months of the year 33 patients were admitted. Because of the great demand for this service, combined with a low recovery rate, the waiting list was again in excess of 80 persons at the year-end.

During the course of the year, steps were taken to develop the Riverside Unit into a specialized forensic service. Female patients could not be housed in the Riverside Unit, but were provided psychiatric treatment in the East Lawn Unit by the services of the forensic psychiatrists, who also tended out-patients at the Forensic Clinic. Ninety-two nonforensic patients were transferred out of the Riverside Unit to other areas of Riverview Hospital. An additional 25 patients had stays of proceedings entered into their cases, and were transferred to other areas of Riverview Hospital, or discharged. As part of this programme, the Riverside Annex was closed, being considered no longer suitable for patient occupancy.

RIVERVIEW HOSPITAL:

Classes in handicrafts were popular with the patients and assisted in their rehabilitation.

Musical sessions, under the guidance of a trained therapist, played an important role on the road to recovery.

Patients in the Hillside Unit relearned their skills in the kitchen, prior to returning to the community.

The "potentially dangerous patient" continued to be of concern, and a committee studied the problem. An Assessment Committee was established to assist in the evaluation of risk in such patients, and in reviewing treatment and rehabilitation plans. Specific recommendations were made for the modification of certain areas of the hospital for this purpose, such as the development of a closed area in the Centre Lawn Unit.

The Medical Staff Organization and its various committees continued actively throughout the year. The Credentials Committee maintained its requirements for physicians to be fully registered in the practice of medicine in British Columbia, before it would recommend a medical staff appointment. With the exception of two physicians previously appointed on temporary registration, all medical staff were fully registered in British Columbia. The Psychiatric Audit Committee continued to review individual patterns of practice, individual treatment problems, and made a full-scale review of the Out-patient Department and the Operant Conditioning Project. At the year-end this Committee was considering a review of the patterns of suicide.

By the end of October, 10 physicians had been granted a medical staff appointment during 1974, and 13 had resigned. As of October 31, eight medical staff positions were vacant.

The average age of the in-patient population increased with the corresponding increase in the number of patients with physical infirmities. To meet the specific needs of these patients, some of the larger wards were divided into small infirmary areas. Six medical staff positions were set aside for general practitioners to provide general medical care for such patients. A part-time specialist in physical medicine was granted a staff appointment to work closely with the consultants in surgery and internal medicine, as well as with the Department of Physiotherapy and Occupational Therapy, and Recreational Therapy. A full-time speech therapist was available early in the year; however, due to her resignation, this position was vacant at the year-end.

A former nurses' home was renovated, and utilized as a special facility for preparing long-stay female patients for return to sheltered accommodation in the community.

With the changed methods of remuneration of physicians, the provision of night-duty doctor coverage for the hospital became more difficult, with a smaller group of salaried physicians providing all this coverage. Specialist consultation at night was available in all specialties, except psychiatry.

Formal affiliation with the University of British Columbia was obtained early in the year. Several of the hospital psychiatrists had university appointments. Residents in psychiatry from the University of British Columbia received training experience at Riverview Hospital. The hospital continued to be active in the affiliation with various educational institutes, such as the B.C. Institute of Technology and Simon Fraser University, in the training of laboratory technologists, psychology, nursing, and social work students.

Research activities in the hospital were hampered by the large and urgent needs for direct patient care. However, research continued in the following: The biochemical basis of schizophrenia, drug research, and research in the biofeed-back mechanisms. The hospital was very active with various research projects underway at the University of British Columbia, including the biochemical factors of schizophrenia and Huntington's Chorea.

ITEMS OF INTEREST

Included in the year's accomplishments were the provisions of Patients' Comfort Allowances with increases; the daily cleaning of buildings by the building service workers; an increase in production in the Industrial Division of useful items for patients' needs; and a special study to improve drug handling and distribution by the Pharmacy.

The Transport Service moved to Residence 6 from its old office in the transport garage area, which resulted in very definite improvement and operation of that service.

Food Services provided 1,891,724 meals during the year, of which 15 per cent required special diets of a therapeutic nature.

Improved methods of handling patient statistics in ward, unit, and Out-patient Services were developed, and were being implemented and placed into a computerized system at the year-end.

The Department of Rehabilitation played a very special role in Riverview Hospital in providing effective services for work placement, including effective follow-up on work performance and guidance for the ex-patient. Forty-six patients were transferred to Venture and Vista.

There was a great need for a modern sheltered workshop, as well as for more personnel and increased efforts at work planning, work placement, and worker supports.

Miss M. L. Carmack, Director of Nursing, resigned September 15 to accept employment with the Registered Nurses' Association of British Columbia, after 12 years' exemplary service. An Acting Director was appointed immediately.

A thorough study of safety conditions at Riverview Hospital was made in April and recommendations for improvements were presented for study.

The survey of the Canadian Council on Hospital Accreditation took place November 4 to 6.

Contractual agreements with certified groups of employees were completed, resulting in very marked increases in paper work and necessitating unexpected clerical staff and personnel staff increases. In addition, because of certain clauses in agreements, considerable changes in work scheduling had to be undertaken.

Approximately 250 volunteers, under the auspices of the Canadian Mental Health Association (B.C. Division), provided 19,000 hours of service. Their "Gift of Hope" project received 7,000 donated items, which were gift wrapped as Christmas presents and distributed to every patient in hospital. The CMHA station wagon logged 10,000 miles in transporting patients to volunteer programmes outside the hospital grounds.

Under the Legal Assistance Programme, 117 patients received legal counselling, of whom 53 were referred to the Legal Aid Society of British Columbia for the appointment of a counsel.

VALLEYVIEW HOSPITAL

During the year, Valleyview Hospital provided 726 beds to serve the psychiatric needs of persons 70 years of age and over. Many of the elderly suffer a form of mental deterioration from physical processes connected with aging. Those who developed behaviour or habits which could not be tolerated in community-care settings were accepted for care at Valleyview.

Admissions to Valleyview showed a slight drop from last year. This was the result of a deliberate reduction in the rate of admissions during January, February, and March, made necessary by a shortage of both nursing and medical staff. The resulting reduction in population allowed one ward to be evacuated. However, at the beginning of July this was reopened to receive 50 patients from Riverview Hospital, along with a suitable complement of nursing staff. Death rate and discharge rates showed little change from last year.

The Minister of Health, the Honourable Dennis Cocke, made an official visit to the hospital in July. He spent a half-day touring the premises and talking with staff, which was very much appreciated.

CLINICAL SERVICES

The pre-admission screening programme was expanded by the addition of an experienced psychiatric nurse and social worker. This allowed better assessments to be made and it became possible to help the referring doctor find alternative community residential care in those cases where it was considered that admission of the patient to Valleyview was not necessary. This resulted in a significantly higher proportion of rejections for admission, which in turn meant a smaller waiting list. In 1974 the longest wait was five weeks, and this was for males only.

One of the hospital's two positions for psychiatrists remained vacant, due to the difficulty of recruiting psychiatrists who were interested in working solely in the geriatric field. The four physician positions remained filled, but because they had to cover all night and week-end duty for the hospital without help from Riverview medical staff, their compensatory repayment of time resulted in a 20 per cent reduction in daytime medical staff, which was a continuing handicap.

Nursing Division staff continued to give excellent service to the patients, and the good reputation of this hospital was largely based on their efforts. However, it was an ever-increasing struggle to maintain the level. Recruitment of nurses continued to be below the requirements, so that the ratio of nurses to aides was at a critical level throughout the year. Aide recruitment was also difficult at times, and to compound the difficulties the rate of turnover of all nursing staff was rapidly rising. Greater use of on-call staff prevented a serious reduction of service. The general health of the patients was good. A continuing problem was to prevent confused, elderly, unsteady walkers against accidental injury to themselves, but still keep them as active as possible. Sickness and accidents amongst the ward staff continued at a very high level and greatly concerned the administration and the Safety Committee.

The reduction of admissions rate referred to previously permitted a change in location of the rehabilitation ward. The former ward had three levels and patients had to be able to negotiate the stairs. Since anyone needing rehabilitation who could not use the stairs was denied the benefit of this programme, it was considered advantageous to have it transferred to a single-level ward. Other ward

changes were also initiated. The only male infirmary ward was integrated to a combined male and female ward. The activation ward was also integrated, to allow a more centralized physiotherapy programme.

An in-service education department was instituted late in 1973 under the direction of a former instructor in the Education Department at Riverview Hospital. Two additional nursing instructors were added later. This department was responsible for organizing all forms of in-service education required for all categories of staff. A good start was made with the development of orientation courses for new staff, initial or refresher short courses for aides, as well as brief sessions for housekeeping staff and a one-day session on telephone answering for clerical staff. This was an important innovation for Valleyview, which could be expected to pay dividends in the future.

The Social Service Department had its six professional positions filled throughout the year and they maintained a good level of work, with some evidence of improved quality.

Occupational and Recreational Departments were an important part of the programme for patients. Over the past few years proportionately more of the patients were physically infirm. Easier means of transportation to the Occupational Therapy Department, as well as more ward-based programmes, were required but would not be possible until additional personnel and proper equipment for transport could be acquired. The Recreational Department was handicapped through most of the year by the continued serious illness of the director. Fortunately, summer students were able to help. Though lacking in knowledge or experience they supplied plenty of enthusiasm and energy which were very appropriate and useful to this area of service.

Volunteer services continued to expand, and provided varied kinds of personal attention and service to patients which could never be rendered by regular staff. Their presence was very much appreciated by patients and staff alike.

During the year a second beautician was added to the staff, and this expanded service was very popular with patients and their families.

The dentist carried on his regular work and also found time for a repeat survey of all patients in the hospital, which showed some degree of improvement in oral hygiene, a result of his educational efforts with ward staff.

The Radiology Department and the Pathological Laboratory continued to maintain a high standard, and provide a most necessary and valuable service.

Another service essential to the elderly patients was provided by the Physiotherapy Department. A second physiotherapist was appointed during the year, which gave a considerable boost to the work and improved the quality of the reactivation service. More visits to the outside wards also became possible, and this was important for direction and support to nursing staff.

A very important service was also provided by the podiatrist, who worked part-time at Riverview Hospital.

ADMINISTRATIVE

Unfortunately, the Business Manager, A. I. Smith, had to go on sick leave in May and was not able to return before his retirement took effect in November. Mr. Smith had a firm and knowledgeable hand on the reins for almost 15 years and under any circumstances his departure would be significant. The problem was compounded with the initiation of union contracts in mid-summer. Fortunately, a capable personnel officer was obtained who was able to help cope with the new personnel practices.

Anticipating Mr. Smith's retirement, a major administrative change was initiated, whereby a qualified hospital administrator (nonmedical) would be sought and the present medical director would then confine his responsibilities to the direction of medical staff and the medical work of the hospital. This was being finalized at the year-end.

Housekeeping services continued with no significant change during the year. Dietary standards were maintained at their previous high level, and an additional dietitian was provided, resulting in improved efficiency.

During the year a variety of building problems was reviewed by the architect from Public Works and a capital study was initiated. It was expected that work on the most urgent needs would commence next year.

DELLVIEW HOSPITAL

The philosophy of the hospital during the year was to foster and maintain the social and cultural conditions which were an integral part of the patient's way of life. The purpose of the hospital was to provide care, treatment, and rehabilitation for the elderly who suffer mental, emotional, or behavioural disturbances associated with the aging process.

During the year many changes and innovations took place in the Nursing Department. In November 1973, 12 temporary assistance staff had been hired, which permitted many additional nursing care hours. In February 1974, an in-service education position was assigned to the hospital, which resulted in a comprehensive orientation programme for new staff being developed, together with a programme of ongoing education for all other staff.

The integration of male and female patients was tried in a small way during the year. Fourteen female patients were integrated into the male ward, which reduced overcrowding in the female ward and resulted in improved behaviour from integrated patients. At the same time, 18 male patients were transferred to an unused nurses' residence, providing greater freedom, privacy, and independence for the patients. The improvement in these patients was dramatic; undesirable behaviour almost disappeared, personal hygiene improved, and withdrawn patients started to take an interest in their surroundings again.

There were no serious staff problems during the year. The recruitment of graduate nurses was good, and all nursing position vacancies were filled.

Staff work loads continued to increase. Approximately 50 per cent of all patients were nonambulatory, and an additional 20 per cent were semiambulatory.

Medical services continued to be provided on a part-time basis, with psychiatric services of one hour per week being provided through the Vernon Mental Health Centre.

A dentist attended one morning each week, with all services performed in Dellview's dental suite. Miniature chest X-ray services were provided by a volunteer technician, with all film developed by the Willow Chest Centre, Vancouver. Approximately 1,300 plates were taken.

Physiotherapy services were contracted through Vernon Jubilee Hospital on a half-time basis commencing in July. This programme provided a much needed service. In addition to direct patient service, the physiotherapist assisted with staff training.

An In-service Education Co-ordinator was added to the establishment early in the year, and newly developed programmes included an orientation programme, tours for the visiting public, and staff immunization programmes. A volunteer programme was also started, attended by 11 candy stripers through Vernon Jubilee Hospital, 40 students from the Clarence Fulton High School, and eight psychology students from Okanagan College.

On May 4, Dellview Hospital hosted its first Open House held in conjunction with Mental Health Week. Approximately 350 visitors toured the hospital. On May 23 the Vernon Medical Association held their regular medical staff meeting at Dellview, with 18 doctors in attendance.

During the last week of September a Safety Week was held, with 16 resource speakers providing 35 various programmes attended by 433 staff. The programme was attended by a Safety Officer from the Public Service Commission, Victoria, with

all other speakers from the local community. Fire drills, films, posters, and a safety quiz contributed to make it a very successful undertaking.

Under the student summer employment programme Dellview employed 12 students, who contributed to improving dietary and housekeeping standards of service. The six psychiatric aide positions allotted to Nursing Service enabled the development of innovative patient programmes. These included the participation of some 60 patients in various undertakings, such as three-day camp-outs, swimming, boating, sing-songs, wiener roasts, cherry-picking, scenic drives to local orchards, tours of local tourist spots, and a number of fishing trips to local trout lakes.

Regional laundry services provided a regular and adequate supply of linens. The Dellview Linen Advisory Committee developed, in co-operation with regional laundry, a number of improved clothing and linen designs to facilitate and improve patient care.

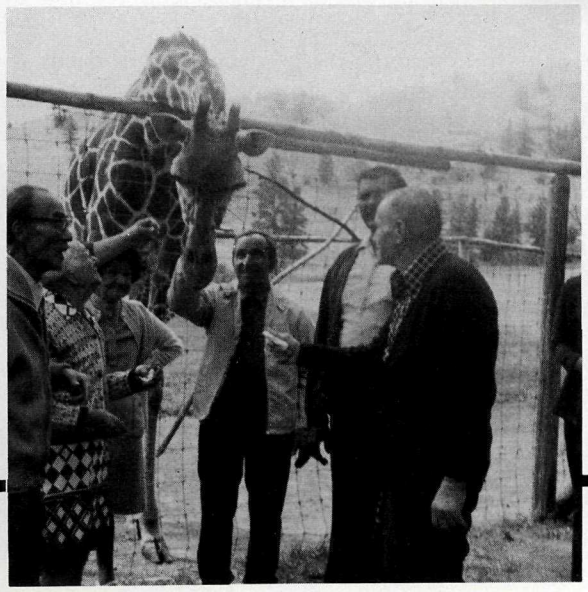
The Dietary Department continued to provide excellent service to all patient areas. Some difficulties were experienced in the summer when the supply of meat products was restricted by a labour strike.

Several staff members participated in continuing educational studies during the year. Courses included "Hospital Organization and Management," "Nursing Unit Administration," "Hospital and Health Care Administration," and a two-week seminar on "Basic Instructional Techniques" at BCIT. One member attended a one-week B.C. Safety Council seminar at UBC. Four staff attended a four-day Labour Relations Seminar held at Valleyview Hospital, and a further 12 were scheduled for a similar course early in 1975.

Additional personnel were approved during 1974 for a total of 20 positions, and at the year-end approval was received for 29 more positions.

Staff held several picnics for the residents during the summer. This one took place at lovely Mara Lake.

Approximately 350 visitors attended Dellview's first Open House, held in May. This group was photographed as they entered the male patients' annex.



Patients considered this trip to the Okanagan Game Farm to be one of the highlights of the year.

SKEENAVIEW LODGE

The basic element at Skeenaview during the year was that of change, involving both improvements and difficulties. Coping with this change occupied the majority of staff time since the beginning of the year.

The general objectives continued to be the maximization of the independence of the individual resident and the creation of a normal environment. The commitment on the part of the staff to the objectives and the over-all improvement of care standards, on an individual and group basis, was one of the few constants.

On May 1, Skeenaview Society assumed responsibility for the operation of Skeenaview Lodge for a trial period of one year. The maximum bed count was 170 and funding was provided through the Department of Human Resources rather than the Mental Health Branch. Applications for admission continued at an increasing rate, and from September on were not below 15. One of the problems was that there were few, if any, facilities for the aged north of the Interior. The Lodge continued to admit only men because to admit women the patient count would have to drop to 150 in order to enable the hospital to convert a dormitory to female use.

Treatment services underwent major changes. Staffing increased considerably and a number of new nurses, primarily from Saskatchewan, were recruited.

The fundamental alteration was a conversion to team nursing. Concurrent with this was a mixing of levels of care on the wards. In order to complement this system three other changes were made:

(1) The capacity of the Occupational Therapy Department was increased by moving it to one of the out-buildings;
(2) A rehabilitation unit, consisting of a nurse, a physiotherapist and an aide, was established to provide more intensive therapy where required; and
(3) Medical services of an acute nature were provided through a small clinic, rather than designating a ward to extended and acute care.

This system, while increasing the therapeutic capacity of the facility, increased demands on the part-time medical staff and the local acute care hospital.

This conversion made greatly increased demands on an inadequate physical plant. Some improvement was being made with additional furnishings and equipment.

Administrative and other services also went through extensive change, primarily in response to reorganization. The demands of a society operation and collective bargaining made the greatest demands on clerical staff. In the dietary area, the move toward greater normalization required increased flexibility in the dining area. Meal hours were extended to two hours, and residents came for dinner when they wished during that period. This was much improved over the more regimented system of ward designation.

In general, reorganization created some problems, however, most of the changes brought about improvement in the level of resident care.

WOODLANDS

Over the past decade Woodlands fulfilled a supportive role to the growing network of community services for the retarded. The main determinant for admission to Woodlands in 1974 was that the individual's behaviour was so disturbing that he could not be handled by the family, the school, the workshop, the group living home, or other community resource providing for his needs. It was for this reason that the residential population of Woodlands included retarded persons of all ages, all degrees of retardation, who were often multihandicapped. As well as providing diagnostic treatment, training, and educational services to prepare residents for return to the community, there was a more intense involvement of staff during the year in innovative and viable service programmes that would strengthen community resources.

The objective to reduce the overcrowding of Woodlands to the approved residential count of 983 was not obtained in 1974. The resident population remained steady at approximately 1,100 for the past three years. Admissions for 1974 to November 1 totalled 48, as compared to 70 for the same period last year. During 1974 the waiting-list varied between 14 and 26. For the last several months of 1974 the waiting-list was static at 14, 12 of whom required an extended-care type of accommodation. Up to November 1 the deaths for 1974 were 13. Included in this number were several who were in community resources but still "on leave" from Woodlands. The Shigella epidemic, which started in 1973, was not controlled until July 1974, and involved nine out of the 34 wards at Woodlands. Additional nursing, laboratory, and housekeeping staff had to be hired in order to control the epidemic. The Public Health Officer made several recommendations in the hope of preventing a similar occurrence.

The most constructive role for Woodlands was that of a Community Resource Centre for the retarded rather than a Holding Centre. To meet this objective there had to be a close working relationship with the community, an adequate quantity and quality of staff, adequate physical facilities, and appropriate and specialized equipment.

The number of staff on establishment increased very little in 1974, but assistance in developing and operating innovative programmes for the residents was provided by many summer students, an LIP Project and an OFY Project centred at Woodlands, and by many dedicated volunteers. The In-service Education Department was increased to five staff during 1974, but in order to provide the variety of training programmes required in such a complex operation as Woodlands, the department utilized the competency of other Woodlands staff, as well as making maximum use of the Staff Development Fund, which provided more group and individual upgrading courses than in any previous year. Many staff enrolled in community college, technical school, or university courses, to improve their knowledge and skills in their work. A restructuring of the Accident Prevention Committee has placed an increased emphasis and awareness on the role of safety.

Labour difficulties and slowness in delivery of equipment delayed the completion of McBride Centre, a large building previously used as a nurses' residence, intended for use for school, workshop, and activity areas; volunteer programmes; and many offices. Overcrowded ward situations, with a lack of many basic facilities, was a major concern to all staff at Woodlands. Many minor improvements involving programming, safety, and comforts for residents were made by the public works staff.

Some of the specialized equipment purchased during the year included a defibrillator and monitor to be used during general anæsthesia in the Dental Department. An ultra-violet visible spectrophotometer purchased for the laboratory permitted closer monitoring of treatment for epilepsy, as well as the performance of the majority of biochemical tests that are part of the evaluation of etiological factors in mental retardation.

TRAINING, EDUCATIONAL, AND TREATMENT SERVICES

The reorganization of Woodlands into five programme units, which was instituted in 1973, progressed slowly in 1974. Senior administrative and supervisory responsibility continued to be shared among the limited number of staff, until the required establishment of programme co-ordinators and assistant directors of nursing could be approved. The year saw a working-out of lines of responsibility and the means of co-operation and co-ordination to best meet the needs of retarded children and adults at Woodlands through programme planning and budgeting.

The Health Care Programme unit consisted of children and adults who were physically handicapped, with the majority meeting the BCHIS criteria for extended-care. This programme unit also provided the acute medical and nursing care for all residents at Woodlands. In the pædiatric extended-care ward extra programmes were introduced to improve motor skills, eye and hand co-ordination, and speech stimulation. There was a growing number of brighter but physically handicapped Woodlands residents who were regularly travelling to Vancouver, New Westminster, Surrey, and Coquitlam, to take part in educational training and recreational programmes.

Staff from Woodlands worked closely with the New Westminster and District Society for the Retarded to develop a special community training home that would meet the need of children resident in the Developmental Opportunity Programme Unit. The proposed 20-bed units with a centralized learning centre located in a nearby community, would hopefully help to rehabilitate the children at Woodlands.

The Intermediate Care Preparation Programme Unit consisted of six wards and Alder Lodge, with a resident population of 218 children and adults. Within this programme unit staff continued their preparation of Woodlands residents for placement into regional boarding-homes. Many of the children at Alder Lodge in Coquitlam attended community school facilities, and a few adults attended local community sheltered workshops.

One of the most significant evidences of community involvement was the Matsqui-Woodlands Project, which involved the Intermediate Care Motivation Programme Unit. Fifteen residents spent three days a week at Matsqui Prison, where they received training, stimulation, and education from a group of specially selected prison inmates. There was a noticeable benefit to both Woodlands residents and the Matsqui inmates from this project.

The Life Education Programme Unit consists of seven wards and the Halfway House, with a resident population of 200 children and adults. The Academic School at Woodlands catered primarily to this group of residents. The children were usually very disturbed and the majority had been excluded from community schools because of behaviour. The adults could not benefit from vocational services or earn their own living. Programming for these residents was a combination of psychiatric treatment; behaviour modification; and educational, vocational, and general learning skills for life adjustment.

Medical care for residents of Woodlands continued to be of a high standard. Liaison was maintained with the Department of Pædiatrics and the Department of Psychiatry at UBC. The Medical Director was appointed a member of the Faculty

Residency Committee, UBC Faculty of Medicine. Special dietary preparations and general supervision of treatment for children diagnosed in British Columbia as Phenylketonuric and Homocystinuric was provided by the Provincial Government through Woodlands and co-ordinated by the Medical Director.

There were a number of staff changes in the Social Service Department during the year. Five students from the UBC School of Social Work received their field placement at Woodlands.

A special project staff completed all the social assistance applications for residents over 17 years, as well as the majority of the nonward admission documentation of children under 17 years. This was part of the procedure required when Woodlands came under the Department of Human Resources.

During the year there was considerable development and restructuring in the Psychology Department, and there was intense involvement by the psychology staff in innovative and viable service programmes, both within and outside Woodlands. One of the psychologists had primary responsibility for developing, co-ordinating, and monitoring the Home Management Programme, which, after a year of preparatory work, commenced active service in August and became a most valuable extension of the Out-patient Department services.

The Director of the Training and Education Department was on extended educational leave in order to complete her doctoral thesis. The four department heads under her direction, that is, Occupational Therapy, Recreational Therapy, School, and Vocational Department, rotated administrative responsibility. The continuous school-year introduced in August 1973 generally proved to be beneficial for the pupil. This was one way of making maximum use of classrooms and equipment.

Involvement with community school programmes was utilized whenever possible. It was anticipated that Jericho Hill School would assume responsibility for at least 28 of the deaf pupils. Planning with Jericho Hill also involved many of Woodlands' blind pupils, who could benefit from their specialized services. Early in the year a film titled "Play-to-Learn," was released by the National Film Board. This was based on one of the teachers and his novel approach to teaching moderately and severely retarded children.

The Head of Recreational Therapy co-ordinated British Columbia's involvement in the Special Olympics held in Winnipeg, and accompanied the 18 residents from Woodlands who took part. He also negotiated an exchange programme between a group of residents from an institution in Ontario and a group from Woodlands. The camp programme at Gold Creek consisted of the usual day and overnight busy schedules, but also saw the start of a semipermanent group of eight, who showed remarkable progress under this scheme.

Through planning and organization of the Vocational Department, 34 adults residing at Woodlands had the opportunity to be enrolled in community workshop. Approximately 230 residents per month enrolled in programmes supervised by the Vocational Services Department.

It was, again, hard to estimate the magnitude of contribution in time, funds, and goodwill provided through volunteer services at Woodlands. The increase of student volunteers, who frequently came as part of classroom assignment, would have a secondary benefit in future recruitment of staff.

PERSONNEL

In June a personnel officer was appointed at Woodlands. The last six months were especially busy with the introduction of Master Contracts and Component Agreements which would cover all but 15 of Woodlands employees. The staff establishment for Woodlands increased from 973 to 995 in 1974. With temporary appointments, there were usually no less than 1,100 people on staff.

Residents enjoyed a five-day camp at Otter Lake through an LIP grant.

Clowns, refreshments, and excitement were all part of the annual visit to the Pacific National Exhibition.

Youngsters' birthday parties, with all the trimmings, were celebrated throughout the year.

TRANQUILLE

Tranquille, a residential facility for the mentally retarded of all ages, provided accommodation for 494 beds, plus 10 sick-bay beds. Administrative and operational responsibilities were transferred to the Department of Human Resources in July 1974.

Living in Tranquille were long-stay patient-trainees who were mentally retarded without the need for active nursing and medical care, and those who were extended-care patients in a 100-bed unit known as the Greaves Building. There were also a large number of children, mostly housed in the Sage Building, with some older ones living in Century House. From time to time there were numerous short-stay patient-trainees. The emphasis in Tranquille was placed on preparing the patient-trainees for gradual easement into community living.

Kamp Kiwanis continued to function, though it was difficult to know what its exact status would be in the coming year due to difficulties of staffing, together with the change in population of Tranquille. Fitzwater School, the Pleasant Services Workshop, and other regional resources for the retarded could possibly utilize it throughout the year.

Some patient-trainees were also sent to Camp Winfield, as had been done in previous years.

Pine Park was developed for the use of the patient-trainees. It was possible to use this on a day-to-day basis, and patient-trainees could return to Tranquille within a few minutes after leaving the park.

TREATMENT SERVICES

During the year treatment services continued on a collegiate basis. The two psychologists took part in the active management of cases and in providing consultative advice to nursing and other staff. Much of their philosophy was oriented toward behaviour modification and neuro-psychology. A good deal of emphasis was also placed by the medical, social work and psychology staff on group procedures, and several groups were in progress, led by various staff members.

During the summer there was some interruption in the medical service due to the resignation of one physician, a psychiatrist, who left to go to Australia. This work was taken over by the Executive Director but with the arrival of new medical staff the great pressure of work abated, and the former again acted in a consultant capacity.

Much use was made of the extramural consulting medical staff, and many patient-trainees were referred to these people for consultation and possible treatment. Outside doctors co-operated magnificently with the physicians at Tranquille.

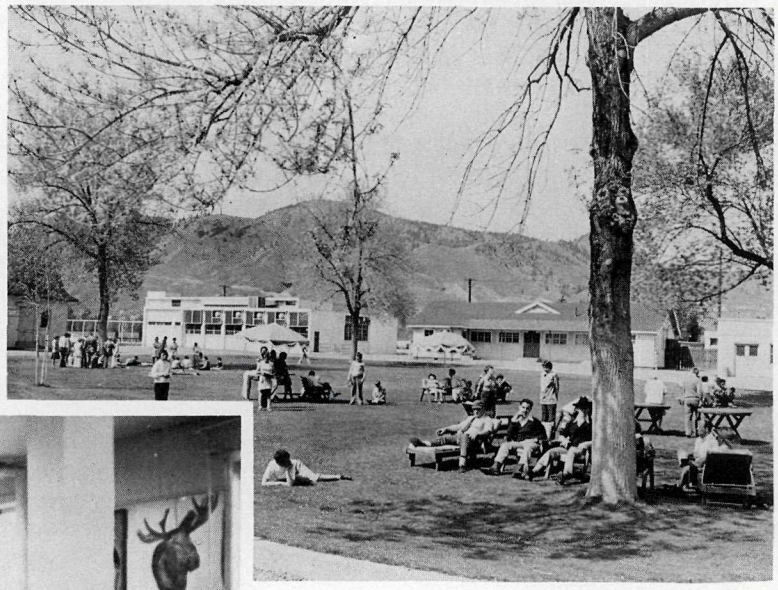
Nursing staff still seemed to be spread somewhat thinly, possibly due to the fact that nurses substituted for a lot of other professionals when these were not available. The position of Director of Training was still vacant at the year-end and the department was being supervised by the senior psychologist on a *pro tem.* basis.

Out-patient Department—An Out-patient Department was functioning, although there was no specific building to accommodate the various people needed for an outpatient assessment. Plans for such a building were still under way.

Group living homes and family extension services—A group living home was established at Tranquille for younger patient-trainees, who lived in a family situa-

A staff member talks to a group of visitors during the Open House programme held in May.

ANQUILLE:



Tranquille's beautifully landscaped grounds were put to good use by the residents during the summer.

Occupational therapy was an important part of the treatment programme for patient-trainees.

tion with nursing staff. It proved to be a popular resource, especially for those about to go into the community.

It was still hoped that a halfway house could be established in the community itself, so that those who required further socialization in this manner could proceed from the group living home at Tranquille to a facility in the community.

At the year-end a second residence at Tranquille was about to be used as a family living home for small children, largely on an experimental basis.

A residence for families who come to stay at Tranquille as part of a therapeutic programme involving their children was also maintained.

New units—The five 20-bed units, which had been under construction during the past two years, were completed. It was anticipated that these new buildings could be placed in use early in 1975. They would have a great impact on the training facilities of Tranquille.

At the end of 1974, Tranquille had admitted 26 regular patient-trainees and 15 temporary admissions, together with one transfer, making a total of 42 in all. Boarding-home placements numbered 32.

ADMINISTRATIVE SERVICES

The positions of Business Administrator, Chief Housekeeper, and Director of Training were vacant at the year-end.

During the year new contracts with the Nursing Association and the B.C. Government Employees' Union came into being, and a tremendous amount of administrative staff time was required to deal with these.

The Executive Director and many of the staff participated throughout the year in numerous community activities with a view to furthering community interest in Tranquille. Radio and television broadcasts were made, and talks and lectures given to various bodies, while there was a continuing association with the Cariboo College Departments of Nursing, Psychology and Social Work. Staff members attended the meetings of the local Society for the Mentally Retarded, and many conferences were held with these people.

Throughout the year, meetings were held between the administration and the two unions to discuss matters other than bargaining arising from contracts. These were held on a monthly basis and proved a valuable vehicle for management and the unions to evaluate each other's positions, and work together on a co-operative basis.

The Executive Director met weekly with the senior management personnel, and on a monthly basis with all departmental heads. The medical staff met once a week and their discussions were mostly of a clinical character, though some administrative matters were discussed.

BRITISH COLUMBIA YOUTH DEVELOPMENT CENTRE THE MAPLES

The following reorganizational changes took place during 1974:

The Board of Management was dissolved June 30.

The Family and Children's Clinic was seconded to the Greater Vancouver Mental Health Services July 1.

RESIDENTIAL TREATMENT UNIT

Staffing, programme, and intake changed during the year, in order to provide improved treatment and service, focusing on severely disturbed adolescents under psychiatric direction. A third new cottage was opened, staff were specifically trained, and a more-structured programme was organized to handle this segment of the population. Within two months of its opening, the third cottage admitted 10 adolescents. The remaining two cottages were left as more open settings, to deal with children suffering with more socially oriented and acting-out difficulties.

Actual treatment focused on family, milieu, and intense interactional modalities. This treatment was carried out by cottage personnel consisting of child care staff, social workers, and the consulting psychiatrist. The main source of referrals came from special placements, which was discontinued following the reorganization of the Department of Human Resources. The Residential Unit was relatively successful with most referrals because of its policy of maintaining a balance between the psychotic, withdrawn, and acting-out child. Because of the nature of their problems, many of the acting-out adolescents required containment, which was not available in the cottages. As an alternative a camping programme was used successfully for three months, and provided services for six severely delinquent boys, aged 14 to 17.

Another facet of the programme was the Day Centre, located in the community. It continued to provide treatment to a specialized group of teenagers who had severe problems, but not of such magnitude as to require residential treatment. These adolescents came to the Day Centre on a daily basis, but remained living at home. Families of these children received family therapy during the length of time their child attended the Day Centre programme.

Teachers were also added to the staff and formed a Maples Educational Team, which increased the availability of academic work for the children. To facilitate individualized programmes for each adolescent, treatment goals meetings were individually organized. These meetings consisted of the adolescent's social worker, teacher, programme co-ordinator, child care counsellor, and consulting psychiatrist.

An Alumni Programme was maintained in order to ensure continuity of treatment by providing follow-up care and services. This programme was open to any discharged adolescent, and emphasized dealing with problems that the child had encountered after discharge.

In-service training for staff provided new skills in the area of basic child care, family dynamics, growth and development of children, handling of difficult children, first aid, gym, camping, and swimming skills. All staff were required to complete a two-year programme before receiving an in-service certificate from the Department of Health.

In July the Residential Unit reorganized. The reorganization called for the unit to continue under the auspices of the Mental Health Branch; to be under psychiatric direction; to be affiliated with the Department of Psychiatry, UBC, in order to offer a training facility for professional and nonprofessional personnel; to engage in the care and treatment of severely disturbed adolescents, age 12 to 17; to offer diagnostic assessment and short-term therapy for these children; and to affiliate and liaise with other existing community treatment services for adolescents. Four psychiatrists, working both part- and full-time, were appointed, including a psychiatric director. To facilitate implementation, and to provide additional services in teaching, training, and diagnostic areas, some administrative changes were proposed which would allow for five distinct treatment units to be established.

These included an Out-patient Programme with an assessment and diagnostic unit, which would be headed by a psychiatrist and staffed by a social worker and two child care counsellors. The major responsibility of this department would be to screen all referrals, to assess each applicant and his family from a psychiatric, social, and interpersonal standpoint. Once assessed, the child would either be admitted to The Maples Residential Treatment Programme, referred to the Day Programme, continue as an out-patient at The Maples, or be re-referred to other appropriate community agencies.

Also included was a Day Centre Programme which would be headed by a psychiatrist and staffed by a social worker and four child care counsellors. Their responsibility would be to organize and implement a programme designed to meet the needs of those children who, although disturbed, did not require 24-hour in-patient care. Another function of this department would be to receive those children who have been in residence, but were not fully rehabilitated, and could benefit from a transitional programme from cottage to community.

The Residential Cottage Programme would consist of three residential cottages, comprising those adolescents who suffer from significant and severe psychopathology, each cottage headed by a psychiatrist. The staff would consist of a social worker, and a supervising child care counsellor with a staff of child care counsellors. Treatment would include individual, group and family therapy concepts. Each child's parents, whenever possible, would be actively involved in the treatment process. To facilitate normalization and re-entry into community and family life, the child, while in residence, would be engaged in age appropriate activities such as school, recreational and occupational endeavours. An education co-ordinator would be responsible for liaising with area school boards, in order to provide credit and certification for school work done by the children while in residence.

PSYCHOLOGICAL EDUCATION CLINIC

The Psychological Education Clinic had a successful year of operation in 1974. The programme was stabilized with two components, namely the school and the out-patient department.

The school programme consisted of six classrooms, with about 50 students, ranging in age from 5 to 13 years. It was a highly specialized programme for children with emotional difficulties and concommitant learning disabilities. It was designed for those children in the school system who were unable to cope. The mornings were assigned primarily to academic pursuits and remediation of the specific learning disabilities, while the afternoons were more for social interaction and learning interpersonal coping skills. The families were seen on a regular basis whenever possible, and continual contact was maintained between the psychoeducational treatment staff and the psychotherapeutic staff. The average length of

stay of a child in the programme was about a year. Any follow-up would last as long as necessary. Taking the children to a camp for a week at a time was another important aspect of the programme as the experience proved to be invaluable to them. There had been concern in the past about the amount of regression that seemed to occur during the two summer months, so this year a summer programme was held for 28 children, and found to be very therapeutic. The staff for this programme was provided through the Government's student employment programme, and it was hoped that it could be continued again next year. Another dimension to the school programme was the continual training of existing staff, both within the programme and within the neighbouring school districts. An ongoing arrangement with the Burnaby School District provided two teachers, through a grant from the Department of Special Education, who were seconded to the programme for one year at a time. They return to the Burnaby school system following their year of placement, and use their knowledge both in their own class and to assist other teachers. The training component will be increased in 1975, and teachers will be accepted from around the Province, to be placed in the programme for a limited period of time.

The other aspect of the total operation was the Out-patient Department, conducted by the five psychologists on staff. Frequently children were referred to the clinic and it was found, after investigation, that it was not necessary to remove the child from his school, provided the teacher was willing to accept assistance in designing a different approach for the child. In these instances staff went to the school and helped the teacher to reorganize her understanding of the child, and to provide a more relevant educational experience. In these instances staff offered family and (or) marital intervention, so that the total treatment of the child, his family, and the environment could be worked with at the same time. A travelling clinic service was provided to some areas within the Province on request, to offer workshops, consultation, and assessments. Psychology students were placed in the programme as an adjunct to their clinical training.

The main thrust of the programme was to enter into preventive programmes, and become involved as early as possible prior to the very serious problems developing. This was done by setting up special programmes in schools, consulting to specialized operations such as the Granville Centre, and working with individual referrals, in the hope that most of the problems could be dealt with in this manner. However, it was found that there were a resistant few for whom the existing school system was inappropriate, no matter how flexible and adaptive it became. For these children it still seemed necessary to have a special centre where they leave their own community and enter a programme such as that provided by the clinic. Another aspect to this approach the clinic would like to have developed in the future would be a small residential facility which could handle about four to six children for short stays only.

FAMILY AND CHILDREN'S CLINIC

On July 1, 1974, the staff, and vacant positions, of the Family and Children's Clinic were "seconded" to the Greater Vancouver Metropolitan Board of Health and were incorporated in the developing Greater Vancouver Mental Health Service. The team which had been working in South Vancouver continued, as a nucleus of a Community Care Team, to provide services to families and children, and planned to operate out of newly constructed offices on Fraser Street. The Day Centre for young children was relocated in a house on Blenheim Street. The staff provided morning programmes for the children in two groups, and treatment for their families.

Treatment for families of younger children not in the day programme, consultation to community agencies, and educational programmes were also maintained.

Eight vacant positions were divided among the Community Care Teams, to employ workers with a special interest in children and their families.

It was hoped that the dispersal and decentralization of the staff of the Family and Children's Clinic would represent a new impetus to the further development of relevant and effective services to the children of the Greater Vancouver area.

CONSTRUCTION AND MAINTENANCE REVIEW

mental
health
branch

CONSTRUCTION AND MAINTENANCE REVIEW

Riverview Hospital, Essondale

A new dental department was completed in March.

Renovations to the pre-release centre (formerly Nurses' Homes 6, 7, and 8) were completed in September.

Phase I of the Riverside Building, involving urgent repairs, was completed in October, and Phase II, involving over-all improvements, was in the programme stage at the year-end.

Major renovations to Wards C2 and C4 in the Crease Unit were out-to-tender.

Renovations to the canteen in Pennington Hall were expected to be completed in December.

The Regional Laundry was still in the planning stage and a new site was chosen, north of the North Lawn Building.

Fire-alarm installations, and general electrical work, were completed, and the installation of fire escapes continued.

Valleyview Hospital, Essondale

Working drawings were under way for renovations to the 100 bed units, and the Valleyview Building.

Skeenaview Lodge, Terrace

Replacement of this hospital was in the planning stage.

Dellview Hospital, Vernon

Working drawings were under way for general renovations, and the proposed new 75-bed unit was at the programming stage.

Woodlands, New Westminster

A contract was awarded for improvements to the Dietary Department in the Fraserview Building and work was expected to be completed by February 1975.

Major renovations to the Fraserview Building were in the planning stage.

Phase II, which involved improvements to the activity and academic building, was expected to be completed by the year-end.

Working drawings were under way for improvements to the roads and parking facilities.

Tranquille, Tranquille

Construction of the five new 20-bed units was expected to be completed early in 1975.

Work on the fire-alarm system and general electrical services was completed during the year.

PATIENT MOVEMENT

PATIENT MOVEMENT

TRENDS, SEPTEMBER 1974

PATIENT MOVEMENT TRENDS

Facility	Yearly Sum of Entries[1] From—			Resident or Case Load		
	Oct. 1971 to Sept. 1972	Oct. 1972 to Sept. 1973	Oct. 1973 to Sept. 1974	End of Sept. 1972	End of Sept. 1973	End of Sept. 1974
All mental health facilities	10,589	11,976	14,542	12,025	14,017	17,102
Residential programmes	3,349	2,650	2,823	4,785	4,583	4,152
Facilities for the mentally ill	3,059	2,480	2,682	3,207	3,033	2,657
Riverview	2,487	1,911	2,024	2,100	1,976	1,643
Youth Development Centre	39	37	43	26	23	17
Burnaby In-patient unit	.....	.....	110	.....	.....	10
Geriatric facilities	533	532	505	1,081	1,034	987
Valleyview	442	421	413	655	656	645
Dellview	76	86	72	214	180	174
Skeenaview	15	25	20	212	198	168
Facilities for the mentally retarded	290	170	141	1,578	1,550	1,495
Woodlands	214	121	92	1,097	1,099	1,083
Tranquille	76	49	49	481	451	412
Out-patient programmes	7,240	9,326	11,719	7,240	9,434	12,950
All mental health centres	6,363	8,120	9,610	6,097	8,175	11,108
Abbotsford (Sept. 1973)[2]	.....	15	253	.....	15	231
Burnaby	537	524	807	576	567	776
Chilliwack	387	527	412	384	465	333
Courtenay	301	331	243	172	126	281
Cranbrook	382	157	117	332	144	63
Duncan	189	264	291	199	315	523
Fort St. John	142	93	107	119	74	199
Kamloops	274	330	350	227	343	392
Kelowna	330	328	464	350	399	634
Langley (Jan. 1974)[2]	.....	.....	235	.....	.....	210
Maple Ridge	371	476	398	371	687	768
Nanaimo	180	224	327	160	296	447
Nelson	152	267	419	246	471	672
New Westminster	168	265	222	136	263	258
Penticton	223	201	261	171	241	260
Port Alberni (Nov. 1972)[2]	.....	417	482	.....	247	286
Port Coquitlam	283	263	319	178	210	230
Powell River (Jan. 1972)[2]	120	320	259	94	294	366
Prince George	138	121	188	129	133	257
Prince Rupert (May 1973)[2]	.....	72	234	.....	66	149
Saanich	301	304	242	444	458	512
Sechelt (Oct. 1973)[2]	.....	.....	128	.....	.....	74
Squamish (Jan. 1974)[2]	.....	.....	69	.....	.....	58
Surrey	166	388	278	227	411	535
Terrace	353	385	401	147	124	202
Trail	207	226	194	198	218	225
Vernon	486	628	759	601	733	1,097
Victoria	507	613	535	520	605	374
VISC[3] (August, 1974)[2]	.....	.....	315[10]	.....	.....	287
Whalley	166	357	285	116	258	398
Williams Lake (Oct. 1972)[2]	.....	24	16	.....	12	11
Riverview Out-patient Department[4]	406	557	492	821	773	709
Woodlands Out-patient Department	68	114	95	54	114	54
Tranquille Out-patient Department	28	35	20	15	11	15
B.C. Youth Development Centre	276	278	152	221	229	104
Woodlands waiting-list	57	52	22	31	26	14
Tranquille waiting-list	42	52	48	1	7	3
West End Community Care Team[5]	.....	118	274	.....	99	247
Mount Pleasant Community Care Team[6]	.....	.....	279	.....	.....	150
Strathcona Community Care Team[7]	.....	.....	178	.....	.....	142
Richmond Community Care Team[8]	.....	.....	185	.....	.....	145
Kitsilano Community Care Team[9]	.....	.....	215	.....	.....	156
West Side Community Care Team[9]	.....	.....	149	.....	.....	103

[1] Includes permanent transfers, admissions from community, and returns from leave and escapes.
[2] Month Centre/Department commenced reporting.
[3] VISC—Integrated Services for Child and Family Development.
[4] Nine patients active in the Riverview Hospital Centre Lawn out-patient case load are not included.
[5] March 1973. [6] October 1973. [7] November 1973. [8] December 1973. [9] February 1974.
[10] Two hundred and sixty-five cases transferred from Victoria Mental Health Centre.

PATIENT MOVEMENT DATA

DATA, 1974

Facility	Entries				Exits				
	Total	Direct Admissions	Returns From Leave	Permanent Transfers	Total	Discharges	Leaves	Permanent Transfers	Deaths
All mental health facilities	-------	14,790	------	---	-------	10,456	------	----	------
Residential programmes	2,918	2,468	383	67	3,308	1,679	1,120	71	438
Facilities for the mentally ill	2,784	2,359	360	65	3,101	1,618	1,005	70	408
Riverview	2,034	1,724	310	----	2,403	1,366	872	69	96
Youth Development Centre	42	39	3	----	51	47	4	----	------
Burnaby In-patient unit	165	165	------	----	125	125	------	----	------
Geriatric facilities	543	431	47	65	522	80	129	1	312
Valleyview	435	349	22	64	385	69	101	----	215
Dellview	82	70	12	----	84	2	24	1	57
Skeenaview	26	12	13	1	53	9	4	----	40
Facilities for the mentally retarded	134	109	23	2	207	61	115	1	30
Woodlands	82	61	19	2	110	33	62	1	14
Tranquille	52	48	4	----	97	28	53	----	16
Out-patient programmes		12,322				8,777			
All mental health centres		10,036				7,153			
Abbotsford (Sept. 1973)[2]		228				46			
Burnaby		968				759			
Chilliwack		413				539			
Courtenay		247				92			
Cranbrook		126				176			
Duncan		289				96			
Fort St. John		190				91			
Kamloops		342				326			
Kelowna		452				265			
Langley (Jan. 1974)[2]		294				31			
Maple Ridge		367				344			
Nanaimo		334				148			
Nelson		441				119			
New Westminster		237				256			
Penticton (Oct. 1971)[2]		251				277			
Port Alberni (Nov. 1972)[2]		472				445			
Port Coquitlam		324				289			
Powell River (Jan. 1972)[2]		240				188			
Prince George		186				68			
Prince Rupert		233				183			
Saanich		233				206			
Sechelt (Oct. 1973)[2]		146				68			
Squamish (Jan. 1974)[2]		86				14			
Surrey		300				132			
Terrace		421				314			
Trail		186				169			
Vernon		785				453			
Victoria		531				827			
VISC[9] (August 1974)[2]		394				35			
Whalley		300				178			
Williams Lake (Oct. 1972)[2]		20				19			
Riverview Out-patient Department[3]		499				580			
Woodlands Out-patient Department		97				128			
Tranquille Out-patient Department		23				11			
B.C. Youth Development Centre		134				330			
Woodlands waiting-list		21				24			
Tranquille waiting-list		54				45			
West End Community Care Team[4]		286				124			
Mount Pleasant Community Care Team[5]		306				157			
Strathcona Community Care Team[6]		199				43			
Richmond Community Care Team[7]		212				50			
Kitsilano Community Care Team[8]		269				73			
West Side Community Care Team[8]		186				59			

[1] Table compiled from actual data through September 1974, and projected for the remainder of year. (NOTE—In case of centres/departments opened in 1974: Table compiled on basis of available data for 1974 and projected for remainder of year.)

[2] Month Centre/Department commenced reporting.

[3] About 205 patients active in the Riverview Centre Lawn Out-patient area case load are not included.

[4] March 1973. [5] October 1973. [6] November 1973. [7] December 1973. [8] February 1974.

[9] VISC—Integrated Services for Child and Family Development.

FINANCIAL STATEMENTS

mental
health
branch

FINANCIAL STATEMENTS

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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, 1964/65 to 1973/74.

Institution	Average Number in Residence	Maintenance Expenditure	Yearly *per Capita* Cost	Daily *per Capita* Cost
1964/65		$	$	$
Crease Clinic	227.59	1,573,366.00	6,936.16	18.94
Provincial Mental Hospital, Essondale	2,740.84	8,054,536.00	2,938.71	8.05
The Woodlands School, New Westminster	1,31420	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
1967/68				
Riverview Hospital, Essondale	2,716.22	12,111,825.00	4,459.07	12.18
The Woodlands School, New Westminster	1,282.95	6,001,180.00	4,677.64	12.78
The Tranquille School	660.10	2,813,051.00	4,261.55	11.64
Valleyview Hospital, Essondale	755.53	2,948,516.00	3,902.58	10.66
Dellview Hospital, Vernon	220.07	734,800.00	3,338.94	9.12
Skeenaview Hospital, Terrace	290.38	666,762.00	2,296.17	6.27
Totals for the year	5,925.25	25,276,134.00	4,265.83	11.66
1968/69				
Riverview Hospital, Essondale	2,643.12	13,072,972.00	4,946.04	13.55
The Woodlands School, New Westminster	1,283.72	6,364,354.00	4,957.74	13.58
The Tranquille School	652.61	3,096,131.00	4,744.23	13.00
Valleyview Hospital, Essondale	746.21	3,165,707.00	4,242.38	11.62
Dellview Hospital, Vernon	225.56	808,169.00	3,582.95	9.82
Skeenaview Hospital, Terrace	265.58	696,355.00	2,622.01	7.18
Totals for the year	5,816.80	27,203,688.00	4,676.74	12.81
1969/70				
Riverview Hospital, Essondale	2,506.21	15,423,584.00	6,154.15	16.86
The Woodlands School, New Westminster	1,257.98	7,534,683.00	5,989.51	16.41
The Tranquille School	608.46	3,593,393.00	5,905.72	16.18
Valleyview Hospital, Essondale	711.15	3,698,227.00	5,200.34	14.25
Dellview Hospital, Vernon	225.36	922,330.00	4,092.69	11.21
Skeenaview Hospital, Terrace	257.98	814,091.00	3,155.64	8.65
Totals for the year	5,567.14	31,986,308.00	5,745.55	15.74

Table A—Showing Average Number of Patients in Residence Each Year, the Total Amounts Spent for Maintenance, and the Gross Yearly and Daily per Capita Cost, 1964/65 to 1973/74—Continued.

Institution	Average Number in Residence	Maintenance Expenditure	Yearly *per Capita* Cost	Daily *per Capita* Cost
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	4,203,564.00	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
1972/73				
Riverview Hospital, Essondale	2,131.45	18,757,094.00	8,800.15	24.11
The Woodlands School, New Westminster	1,112.34	9,574,840.00	8,607.84	23.58
The Tranquille School	485.53	4,460,869.00	9,187.63	25.17
Valleyview Hospital, Essondale	660.32	4,512,183.00	6,833.33	18.72
Dellview Hospital, Vernon	210.44	1,175,207.00	5,584.52	15.30
Skeenaview Hospital, Terrace	212.16	998,938.00	4,708.41	12.89
Totals for the year	4,812.24	39,479,131.00	8,203.89	22.47
1973/74				
Riverview Hospital, Essondale	1,910.58	21,243,294.00	11,118.76	30.46
The Woodlands School, New Westminster	1,099.25	11,044,517.00	10,047.32	27.52
The Tranquille School	453.83	5,492,463.00	12,102.46	33.15
Valleyview Hospital, Essondale	630.25	5,478,345.00	8,692.33	23.81
Dellview Hospital, Vernon	183.25	1,482,160.00	8,088.18	22.15
Skeenaview Lodge, Terrace	197.08	1,241,613.00	6,300.04	17.26
Totals for the year	4,474.24	45,982,392.00	10,277.14	28.15

Table B—Summary Statements Showing the Gross and Net per Capita Cost of Patients in All Mental Health Institutions for the Year Ended March 31, 1974

	$
Gross operating costs—	
Riverview Hospital, Essondale	21,243,294.00
The Woodlands School, New Westminster	11,044,517.00
The Tranquille School	5,492,463.00
Valleyview Hospital, Essondale	5,478,345.00
Dellview Hospital, Vernon	1,482,160.00
Skeenaview Lodge, Terrace	1,241,613.00
	45,982,392.00
Less collections remitted to Treasury	*2,244,988.00*
	43,737,404.00
Daily average population	4,474.24
Gross *per capita* cost, one year	10,277.14
Gross *per capita* cost, one day	28.15
Net *per capita* cost, one year	9,775.38
Net *per capita* cost, one day	26.78

Table C—Expense Statement of Riverview Hospital for the Fiscal Year Ended March 31, 1974 (Including Out-patient Services)

Salaries, Supplies, and Operating Expenses	Vouchered Expenditures	Services and Supplies From Public Works Department	Inventory Adjustment		Actual Cost of Operation
			Plus on Hand March 31, 1973	*Less* on Hand March 31, 1974	
	$	$	$	$	$
Salaries	16,951,007	----------	----------	----------	16,951,007
Office expense	52,158	----------	----------	----------	52,158
Travelling expense	33,360	----------	----------	----------	33,360
Office furniture and equipment	19,169	----------	----------	----------	19,169
Medical care	729,050	----------	147,286	281,049	595,287
Dietary	1,423,645	----------	----------	----------	1,423,645
Laundry	30,860	----------	----------	----------	30,860
Gratuities to patients	37,654	----------	----------	----------	27,654
Patients' library	3,124	----------	----------	----------	3,124
Maintenance and operation of equipment	37,346	----------	----------	----------	37,346
Transportation	32,586	----------	----------	----------	32,586
General supplies	653,777	----------	127,500	457,749	323,528
Occupational and recreational therapy	19,061	----------	----------	----------	19,061
Audio-Visual	18,570	----------	----------	----------	18,570
Patients' education	388	----------	----------	----------	388
Motor-vehicles and accessories	6,782	----------	----------	----------	6,782
General expense	81,838	----------	----------	----------	81,838
Burials	670	----------	----------	----------	670
Buildings and grounds	----------	1,533,468	210,000	----------	1,743,468
	20,131,045	1,533,468	484,786	738,798	21,410,501
Less—			(Inventory adjustment, $82,016)		
Increase in inventory, institutional stores	*114,827*	----------	----------	----------	*144,827*
Rent deductions	*4,676*	----------	----------	----------	*4,676*
Board	*41,784*	----------	----------	----------	*41,784*
Sundry receipts	*5,920*	----------	----------	----------	*5,920*
Adjusted expenditure	19,963,838	1,533,468	484,786	738,798	21,243,294

Yearly *per capita* cost—	$
Salaries	8,872.18
Expenses	2,246.58
	11,118.76

Table D—Expense Statement of The Woodlands School for the Fiscal Year Ended March 31, 1974

Salaries, Supplies, and Operating Expenses	Vouchered Expenditures	Services and Supplies From Public Works Department	Inventory Adjustment		Actual Cost of Operations
			Plus on Hand March 31, 1973	*Less* on Hand March 31, 1974	
	$	$	$	$	$
Salaries	9,256,225	.....	.....	.....	9,256,225
Office expense	13,213	.....	.....	.....	13,213
Travelling expense	11,293	.....	.....	.....	11,293
Office furniture and equipment	4,785	.....	.....	.....	4,785
Medical care	240,045	.....	38,210	59,326	218,929
Dietary	648,800	.....	.....	.....	648,800
Laundry	66,195	.....	.....	.....	66,195
Gratuities to patients	14,693	.....	.....	.....	14,693
Patients' library	399	.....	.....	.....	399
Maintenance and operation of equipment	8,919	.....	.....	.....	8,919
Transportation	3,114	.....	.....	.....	3,114
General supplies	283,945	.....	.....	.....	283,945
Occupational and recreational therapy	7,183	.....	.....	.....	7,183
Audio-Visual	6,947	.....	.....	.....	6,947
Patients' education	3,813	.....	.....	.....	3,813
Motor-vehicles and accessories	8,248	.....	.....	.....	8,248
General expense	33,251	.....	.....	.....	33,251
Burials	.....	.....	.....	.....	.....
Buildings and grounds	.....	526,377	.....	.....	526,377
	10,611,068	526,377	38,210	59,326	11,116,329
Less—			(Inventory adjustment, $18,354)		
Increase in inventory, institutional stores	*61,514*	.....	.....	.....	*61,514*
Board	*9,920*	.....	.....	.....	*9,920*
Sundry receipts	*378*	.....	.....	.....	*378*
Adjusted expenditure	10,539,256	526,377	38,210	59,326	11,044,517

Yearly *per capita* cost—	$
Salaries	8,420.49
Expenses	1,626.83
	10,047.32

Table E—Expense Statement of The Tranquille School for the Fiscal Year Ended March 31, 1974

Salaries, Supplies, and Operating Expenses	Vouchered Expenditures	Services and Supplies From Public Works Department	Inventory Adjustment		Actual Cost of Operations
			Plus on Hand March 31, 1973	*Less* on Hand March 31, 1974	
	$	$	$	$	$
Salaries	4,000,605	----------	----------	----------	4,000,605
Office expense	11,638	----------	----------	----------	11,638
Travelling expense	9,938	----------	----------	----------	9,938
Office furniture and equipment	2,698	----------	----------	----------	2,698
Medical care	81,819	----------	----------	----------	81,819
Dietary	390,080	----------	12,268	13,268	389,080
Laundry	16,953	----------	----------	----------	16,953
Gratuities to patients	11,600	----------	----------	----------	11,600
Patients' library	148	----------	----------	----------	148
Maintenance and operation of equipment	6,669	----------	----------	----------	6,669
Transportation	384	----------	----------	----------	384
General supplies	177,358	----------	62,741	63,741	176,358
Occupational and recreational therapy	12,150	----------	----------	----------	15,150
Audio-Visual	2,172	----------	----------	----------	2,172
Patients' education	1,886	----------	----------	----------	1,886
Motor-vehicles and accessories	6,122	----------	----------	----------	6,122
General expense	15,783	----------	----------	----------	15,783
Burials	3,100	----------	----------	----------	3,100
Buildings and grounds, etc.	----------	784,368	----------	----------	784,368
	4,751,103	784,368	75,009	77,009	5,533,471
Less—					
Rent deductions	*12,465*	----------	----------	----------	*12,465*
Board	*28,543*	----------	----------	----------	*28,543*
Adjusted expenditure	4,710,095	784,368	75,009	77,009	5,492,463

Yearly *per capita* cost—	$
Salaries	8,815.20
Expenses	3,287.26
	12,102.46

Table F—Expense Statement of the British Columbia Youth Development Centre for the Fiscal Year Ended March 31, 1974

The British Columbia 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.

	Mental Health Centre, Burnaby	Forensic Clinic	Family and Children's Clinic	Psycho-logical Education Clinic	Resi-dential Unit	Total
	$	$	$	$	$	$
General Administration salaries	74,751	.....	61,021	29,747	147,824	313,343
Unit salaries	.....	56,139	278,410	148,740	513,495	996,784
Temporary assistance	1,526	4,882	3,814	6,865	23,341	40,428
Unit expense	.....	.....	38,138	43,478	93,362	174,978
	76,277	61,021	381,383	228,830	778,022	1,525,533
Buildings and grounds	28,699	.....	19,132	28,699	114,794	191,324
Totals	104,976	61,021	400,515	257,529	892,816	1,716,857

Table G—Expense Statement of the Valleyview Hospital, Essondale, for the Fiscal Year Ended March 31, 1974

Salaries, Supplies, Buildings, Grounds, and Operating Expenses	Net Vouchered Expenditure	Services and Supplies From Public Works Department	Actual Cost of Operations
	$	$	$
Salaries	4,551,371	.....	4,551,371
Travelling expense	6,454	.....	6,454
Office expense	13,920	.....	13,920
Office furniture and equipment	3,251	.....	3,251
Medical care	149,845	.....	149,845
Dietary	403,841	.....	403,841
Laundry	35,266	.....	35,266
Gratuities to patients	2,017	.....	2,017
Patients' library	642	.....	642
Maintenance and operation of equipment	2,551	.....	2,551
Transportation	28	.....	28
General supplies	173,010	.....	173,010
Occupational and recreational therapy	2,023	.....	2,023
Audio-Visual	1,214	.....	1,214
Patients' education	26	.....	26
General expense	4,085	.....	4,085
Burials	80	.....	80
Buildings, grounds, etc.	.....	178,628	.....
	5,349,624	178,628	5,528,252
Less—			
Increase in inventory for Institutional Stores	*28,707*	.....	*28,707*
Board	*21,200*	.....	*21,200*
Adjusted expenditure	5,299,717	178,628	5,478,345

Yearly *per capita* cost—	$
Salaries	7,221.53
Expenses	1,470.80
	8,692.33

Table H—Expense Statement of the Dellview Hospital, Vernon, for the Fiscal Year Ended March 31, 1974

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, 1973	*Less* on Hand March 31, 1974	
	$	$	$	$	$
Salaries	1,004,514	.....	.....	.....	1,004,514
Office expense	2,245	.....	.....	.....	2,245
Travelling expense	4,643	.....	.....	.....	4,643
Medical care	26,287	.....	5,728	6,728	25,287
Office furniture and equipment	452	.....	.....	.....	452
Dietary	116,632	.....	4,437	5,437	115,632
Laundry	72,565	.....	.....	.....	72,565
Gratuities to patients	65	.....	.....	.....	65
Maintenance and operation of equipment	280	.....	.....	.....	280
Transportation	230	.....	.....	.....	230
General supplies	55,186	.....	12,685	13,685	54,186
Occupational and recreational therapy	2,356	.....	.....	.....	2,356
Audio-Visual	195	.....	.....	.....	195
General expense	2,970	.....	.....	.....	2,970
Burials	460	.....	.....	.....	460
Buildings, grounds, etc.	.....	203,419	.....	.....	203,419
	1,289,080	203,419	22,850	25,850	1,489,499
Less—					
Rent deductions	*1,586*	.....	.....	.....	*1,586*
Board	*5,753*	.....	.....	.....	*5,753*
Adjusted expenditure	1,281,741	203,419	22,850	25,850	1,482,160

Yearly *per capita* cost—	$
Salaries	5,481.66
Expenses	2,606.52
	8,088.18

Table I—Expense Statement of Skeenaview Lodge, Terrace, for the Fiscal Year Ended March 31, 1974

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, 1973	*Less* on Hand March 31, 1974	
	$	$	$	$	$
Salaries	851,250	.....	.....	.....	851,250
Office expense	1,609	.....	.....	.....	1,609
Travelling expense	2,258	.....	.....	.....	2,258
Office furniture and equipment	1,328	.....	.....	.....	1,328
Medical care	22,103	.....	.....	.....	22,103
Dietary	126,193	.....	14,714	15,714	125,193
Laundry	5,305	.....	.....	.....	5,305
Gratuities to patients	64	.....	.....	.....	64
Patients' library	306	.....	.....	.....	306
Maintenance and operation of equipment	728	.....	.....	.....	728
Transportation	2,252	.....	.....	.....	2,252
General supplies	53,723	.....	14,154	15,154	52,723
Occupational and recreational therapy	5,627	.....	.....	.....	5,627
Audio-Visual	1,431	.....	.....	.....	1,431
Motor-vehicles and accessories	4,681	.....	.....	.....	4,681
General expense	2,350	.....	.....	.....	2,350
Burials	1,603	.....	.....	.....	1,603
Buildings, ground, etc.	.....	169,777	.....	.....	169,777
	1,082,811	169,777	28,868	30,868	1,250,588
Less—					
Rent deductions	*3,216*	.....	.....	.....	*3,216*
Board	*5,759*	.....	.....	.....	*5,759*
Adjusted expenditure	1,073,836	169,777	28,868	30,868	1,241,613

Yearly *per capita cost*—	$
Salaries	4,319.31
Expenses	1,980.73
	6,300.04

Table J—Expense Statement of the Community Services for Fiscal Year Ended March 31, 1974

Mental Health Centres—

Burnaby.	Nelson.	Terrace.
Chilliwack.	New Westminster.	Trail.
Courtenay.	Penticton.	Vernon.
Cranbrook.	Port Alberni.	Victoria.
Duncan.	Port Coquitlam.	Whalley.
Fort St. John.	Powell River.	Williams Lake.
Kamloops.	Prince George.	Boarding-home care—
Kelowna.	Prince Rupert.	Abbotsford.
Maple Ridge.	Saanich.	Langley.
Nanaimo.	Surrey.	Sechelt-Squamish.

	$
Training programmes	6,364
Assistance for retarded	71,507
Operation of Glendale Hospital	66,885
Development of new patient-care programmes	1,199,424
Mental health care	282,735
Salaries	2,237,515
Office expense	27,497
Travelling expense	76,854
Office furniture and equipment	39,094
Medical care	269,860
Dietary	13,746
Laundry	236
Maintenance and operation of equipment	17,455
Transportation	1,568
General supplies	18,002
Occupational and recreational therapy	3,791
Patient education	1,114
Motor-vehicles and accessories	23,793
General expense	13,834
	4,371,274
Less salary adjustments	*160,056*
	4,211,218

Table K—Expense Statement of General Administration for the Fiscal Year Ended March 31, 1974

	$
Salaries	668,225
Office expense	16,531
Travelling expense	40,084
Office furniture and equipment	4,517
Grant to Trustees of Patients' Comfort Fund	12,000
Printing and publication	9,106
Grant to UBC research	30,000
Audio-Visual	21
General expense	2,197
Administration of *Psychiatric Nurses Act*	1,824
Stores equipment	3,081
	787,586
Less salary adjustments	69,162
	718,424

Table L—Expense Statement of the Department of Nursing Education for the Fiscal Year Ended March 31, 1974

	$
Salaries	338,617
Office expense	3,135
Travelling expense	85
Medical care	377
Dietary	2,731
Laundry	382
General supplies	5,687
General expense	86
Affiliate and postgraduate training	5,288
Bursaries for psychiatric nurses	229,146
	585,534
Less salary adjustments	*37,896*
	547,638

Table M—Institutional Stores

	$
Net undistributed stores as per Public Accounts	380,010
Adjustment *re* farm profit	9,029
	389,039
Inventory adjustment, *plus* on hand March 31, 1973	657,059
	1,046,098
Less on hand March 31, 1974	*841,050*
	205,048

Disposition of increase in inventory by vouchered expenditures:

	Per Cent	
Riverview Hospital	56	114,827
The Woodlands School	30	61,514
Valleyview Hospital	14	28,707
		205,048

Reconciliation With Public Accounts, 1973/74

Table K—General Administration

	$	$
Salaries	668,225	
Expenses	119,361	
	787,586	
Deduct salary adjustments	*69,162*	
As per Public Accounts		718,424

Table L—Department of Nursing Education

Salaries	338,617	
Expenses	246,917	
	585,534	
Deduct salary adjustments	*37,896*	
As per Public Accounts		547,638

Table J—Community Services

	$	$	$
Salaries		2,237,515	
Expenses		2,133,759	
		4,371,274	
Deduct salary adjustments		*160,056*	
		4,211,218	
Add inventory adjustment		808	
As per Public Accounts			4,212,026

Table C—Riverview Hospital and Out-patient Services

Salaries		16,951,007	
Expenses		4,292,287	
Vouchered expenditure		21,243,294	
Deduct—			
Buildings and grounds	1,533,468		
Salary adjustments	1,425,072		
		2,958,540	
		18,284,754	
Add—			
Sundry adjustments, board, etc.	167,207		
Inventory adjustment	171,996		
		339,203	
As per Public Accounts			18,623,957

Table G—Valleyview Hospital

Salaries		4,551,371	
Expenses		926,974	
Vouchered expenditure		5,478,345	
Deduct—			
Buildings and grounds	178,628		
Salary adjustments	393,648		
		572,276	
		4,906,069	
Add—Sundry adjustments, board, etc.		49,906	
As per Public Accounts			4,955,975

Table H—Dellview Hospital

	$	$	$
Salaries		1,004,514	
Expenses		477,646	
Vouchered expenditure		1,482,160	
Deduct—			
Buildings and grounds	203,419		
Salary adjustment	87,600		
		291,019	
		1,191,141	
Add—			
Sundry adjustments, board, etc.	7,339		
Increase in inventory	3,000		
		10,339	
As per Public Accounts			1,201,480

Table I—Skeenaview Lodge

Salaries		851,250	
Expenses		390,363	
Vouchered expenditure		1,241,613	
Deduct—			
Buildings and grounds	169,777		
Salary adjustments	65,304		
		235,081	
		1,006,532	
Add—			
Sunday adjustments, board, etc.	8,975		
Inventory adjustment	2,000		
		10,975	
As per Public Accounts			1,017,507

Table D—The Woodlands School

	$	$	$
Salaries		9,256,225	
Expenses		1,788,292	
Vouchered expenditure		11,044,517	
Deduct—			
Buildings and grounds	526,377		
Salary adjustments	791,472		
		1,317,849	
		9,726,668	
Add—			
Sundry adjustments, board, etc.	71,812		
Inventory adjustment	2,762		
		74,574	
As per Public Accounts			9,801,242

Table E—The Tranquille School

Salaries		4,000,605	
Expenses		1,491,858	
Vouchered expenditure		5,492,463	
Deduct—			
Buildings and grounds	784,368		
Salary adjustments	365,292		
		1,149,660	
		4,342,803	
Add—			
Sundry adjustments, board, etc.	41,008		
Inventory adjustment	2,000		
		43,008	
As per Public Accounts			4,385,811

Table F—B.C. Youth Development Centre

Salaries	1,477,623	
Expenses	174,978	
Vouchered expenditure	1,652,601	
Deduct—Salary adjustments	*127,068*	
As per Public Accounts		1,525,533

Table M—Net Undistributed Stores		380,010
Special Warrants 6 to 77—*Treatment Resources Act*		297,514
Special Warrant 19—Summer Employment Programme—		
Temporary salaries	355,285	
Travelling expense	3,475	
		358,760
Total expenditure as per Public Accounts		48,025,878

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