

# UBC REPORTS

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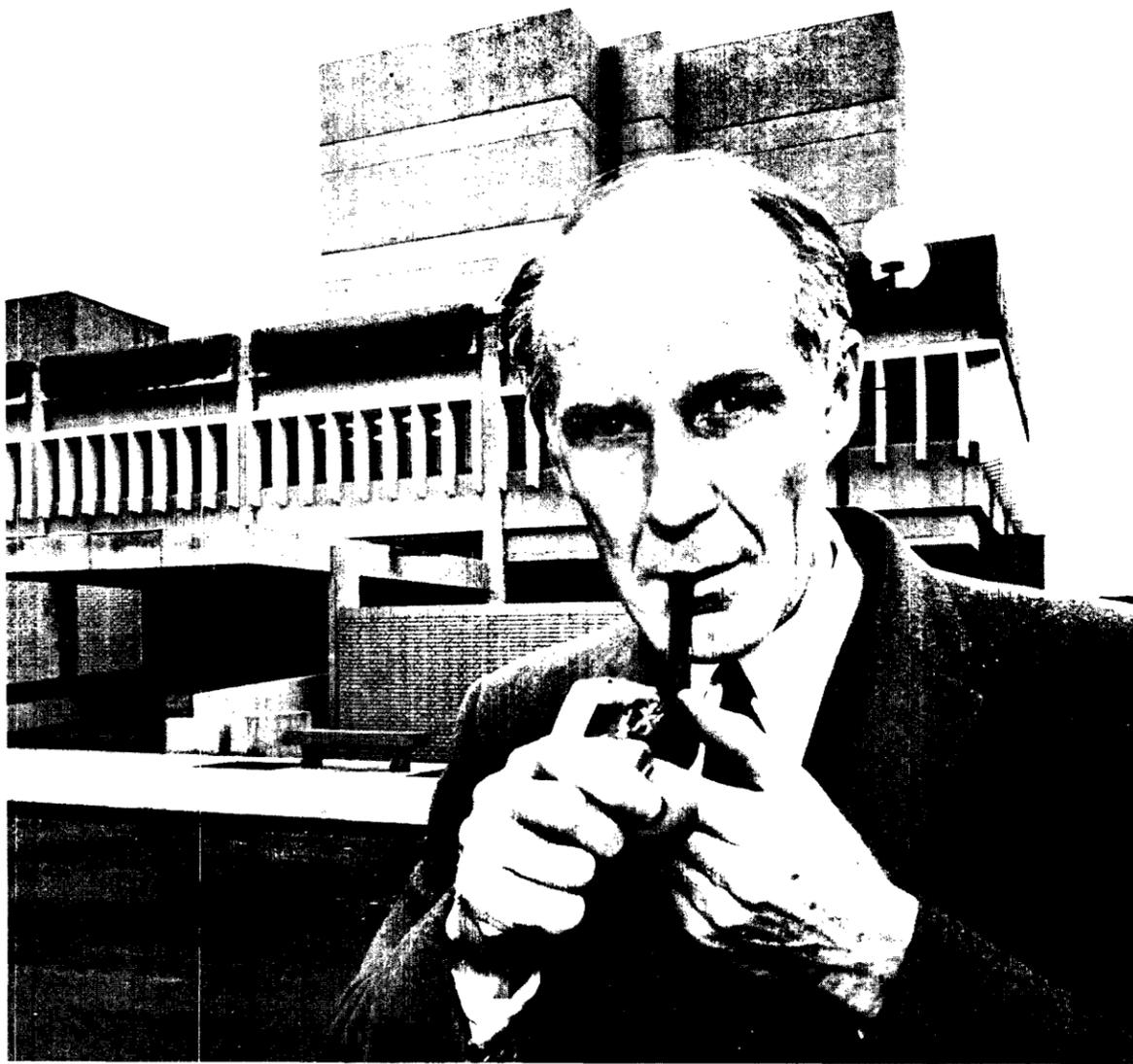
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## Health Unit

## Offers Public

## New Concept

## In Psychiatry



*Dr. James Tyhurst is head of the Department of Psychiatry in UBC's Faculty of Medicine, and Director of the new psychiatric unit, pictured above.*

By T.A. MYERS  
Director, Information Services  
University of B.C.

THE University of B.C. has completed the first stage of its long-planned Health Sciences Centre, in the form of a psychiatric unit that represents a radical break with the past.

It embodies the best of contemporary ideas in its physical design, and its program of patient care represents the revolution that is taking place in enlightened centres throughout the world in the treatment of mental illnesses.

The unit stands ready to offer British Columbians a quality of service and a continuity of care that have never before been available. In addition, it is equipped to produce the trained personnel needed to raise the standard of psychiatric care throughout the province.

But the opening of the psychiatric unit has been delayed because of the inability of the University and the provincial government to reach agreement on a suitable formula for financing operating costs.

To understand the present situation, and the role of the new unit in community service and university training, some background information is pertinent.

For ten years as part of a co-ordinated national program, UBC has been planning and developing an integrated Health Sciences Centre, which will draw together the faculties of medicine, dentistry and pharmacy, the schools of nursing and rehabilitation medicine, and other units concerned with the training of professionals in all the health sciences. Such teaching centres were recommended by the Royal Commission on Health Services. This recommendation has been implemented and Ottawa provides half the construction costs.

Under the Health Sciences Centre concept, students in all the health fields would work and learn together, so that each would come to understand the capabilities and special functions of the others. The aim is to produce men and women who, in their professional lives, can form a true health team.

A Health Sciences Centre must be organized around its own hospital—a quite unusual kind of hospital, with built-in facilities for the teaching and research that are so intimately linked to exemplary patient care.

UBC has approval from the provincial government to build such a hospital with 410 beds, as the core of its Health Sciences Centre. Construction of the hospital began with the psychiatric unit July 2, 1966.

This building was completed last year, furnished, equipped and staffed by psychiatrists, psychologists, nurses and other professionals recruited from all across Canada. The unit consists of 60 in-patient beds, closely integrated with a variety of out-patient services, and supported by facilities for training and research.

Apart from its 60 in-patients, the psychiatric unit will have 35 part-time patients. That is, it will offer eight-hour-a-day care for 25 patients who need treatment during the daytime but are well enough to spend the nights at home, and for 10 patients who may be able to get along on their own during the day but need the security of a hospital bed, with nurses and doctors on hand, at night.

In addition, the unit will provide out-patient services for patients who need come in only occasionally for treatment, as well as group therapy and psychiatric emergency service.

Other facilities in B.C.—general hospitals, mental hospitals and other psychiatric units—provide some of these services. What is unique about the UBC psychiatric unit is the way all these services are to be integrated, in order to give patients the continuity of care that is recognized to be vitally important, but which has never before been available in B.C.

A patient may first come to the unit in an acutely ill stage of his illness, perhaps arriving in an ambulance at the emergency department.

He would then probably be admitted to the unit as an in-patient, where he might remain a few days or weeks. As his condition improved he might spend much of his time away from the hospital, working in the daytime and returning at night, or being treated during the day and going home at night.

WHEN sufficiently recovered, he might become an out-patient, spending only a few hours a week at the unit. As he improved further, he would continue to receive treatment as an office patient. If his illness flared up again, he might be put back on day-care or night-care or if necessary readmitted as an in-patient, to be looked after by the same doctors and nurses.

In fact, at every stage of his illness—as in-patient, out-patient, day-care, night-care or emergency patient—he would be cared for by the same treatment team of psychiatrists, psychologists, social workers, nurses and others. This is conceded to be the most efficient way of providing care for psychiatric

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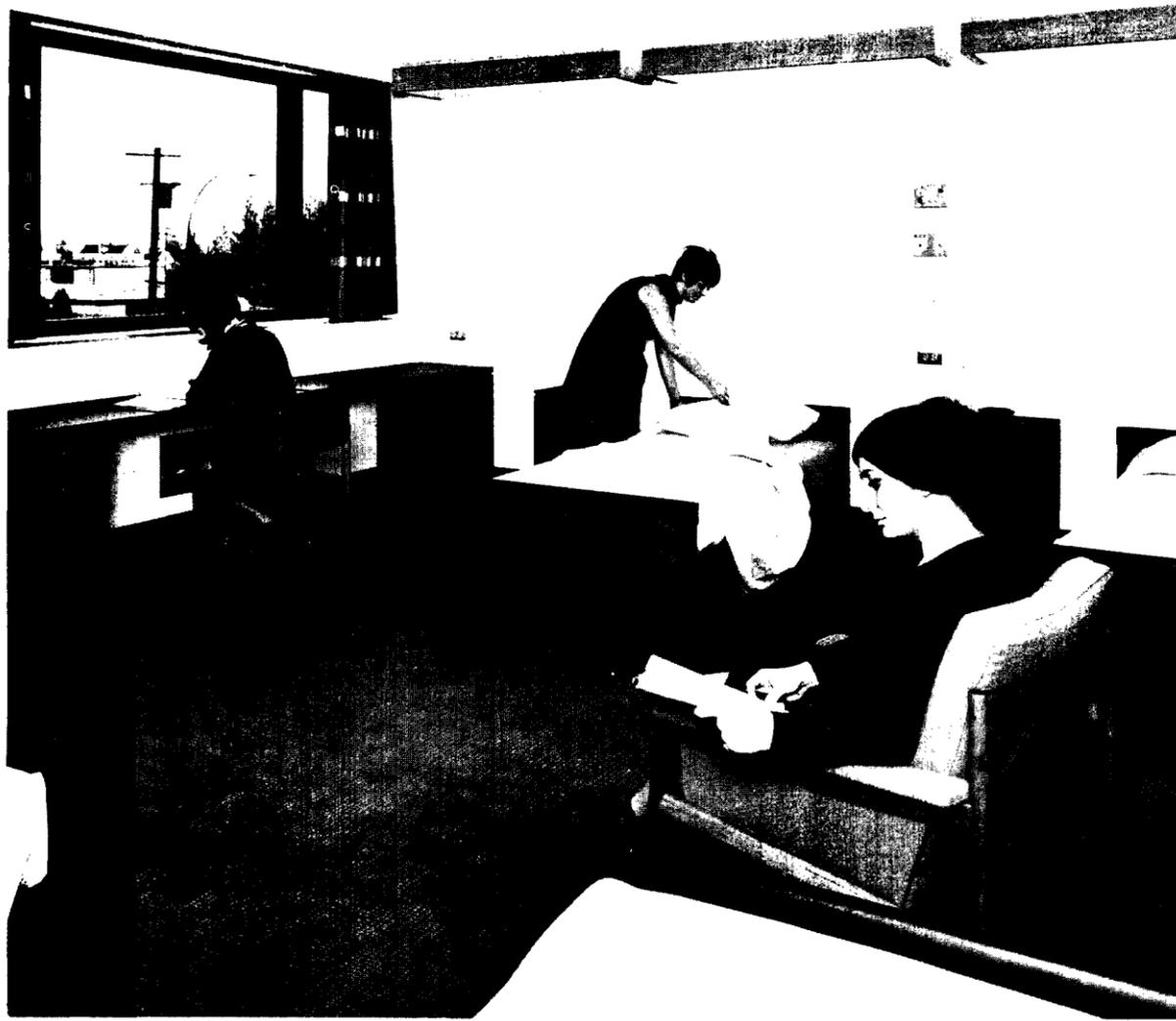
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# New Treatment

## Permits Man

## To Lead No



*LARGE well-lit bedrooms with broad windows and tasteful drapes provide patients with a pleasant environment for rest or individual relaxation. Left to right are Miss Peggy Moland, Miss Lily Ann Marshall, and Mrs. Linda Ewing. All are nurses in the psychiatric unit.*



*A fast snack or a leisurely cup of coffee are available in the modern cafeteria area which combines up-to-date catering equipment with a bright and relaxing decor. Left to right are Miss Mary Jane Fraser, head nurse in the new psychiatric unit, Mrs. D.K. Leonard, and Mrs. Dorothy Frosman. Miss Lily Ann Marshall is behind the serving counter. The latter three are nurses.*

*Continued from page one*

patients, since it eliminates repeated testing and diagnostic procedures and enables the treatment team to maintain long-term contact with the patient.

A further advantage of this pattern of care is that more and more patients may be treated throughout their illness without ever being admitted to hospital.

With earlier diagnosis and with these more adequate facilities and services available to the patient where he lives and works, hospitalization becomes a less and less necessary part of psychiatric treatment.

In contrast to the traditional pattern of psychiatric care, which has often resulted in the removal of patient from home and family and his hospitalization for a period of years, the new unit will shorten the period of hospitalization to a matter of weeks and in many cases will make it possible for the patient to receive treatment without interrupting his work or leaving his home and family. This is not only more economical but is also much more effective treatment.

The physical setting of the psychiatric unit is in itself a major factor in the new concept of care for the mentally ill. Visitors, at first sight, are impressed by its air of warmth and comfort, but puzzled by the contrast with other hospitals.

**N**OWHERE in this unit are there the stark white walls, hard-tiled floors, long echoing corridors, spartan furnishings and high-rises of a traditional hospital. Instead the visitor sees bedrooms that would grace a good hotel, small cafeteria-style dining rooms, intimate lounges with chairs grouped in front of fireplaces, busy recreation areas and workshops.

He will also see much wood panelling, carpets on floors and hallways, vinyl on the walls. And he may question this use of funds.

But there are sound financial and medical reasons for every element in the decor. The hard-wearing carpet is inexpensive, easy to maintain and significantly reduces the troublesome noise levels. The vinyl wall covering costs about as much as two paint jobs and will last much longer. The wood panelling needs almost no care and will look even better with age. And the entire ambiance is designed with the special needs of the psychiatric patient in mind, designed to be as un-hospital-like, as comforting and familiar as possible.

The treatment required for many types of physical illness places heavy emphasis on complicated and expensive "hardware," as in operating rooms and intensive-care units. The counterpart, in psychiatric care, is the architecture, the physical environment, the quality of finishes and furnishings in the treatment unit.

Besides the patient-care areas, the unit also includes seminar rooms and other teaching areas, as well as research facilities. In fact, more than half of the unit's space is devoted to teaching and research programs.

Despite its unique design, the psychiatric unit was built for slightly less than the \$5,000,000 which was the maximum permitted for its construction. It is the only hospital ever built in B.C. below a fixed financial ceiling.

The unit has been ready to go into service since Nov. 18, 1968, but the absence of adequate financing

# at Approach

# by Patients

# ormal Life



*THE concept of integrating treatment with teaching is carried out in the design of this interview room. Physician discusses case with patient while student nurses take notes on the other side of one-way viewing window. Patients must consent to staff members and students "sitting in" on interviews. The "patient" is Miss Peggy Moland, a nurse. Dr. C. G. MacRae, a resident psychiatrist in the new unit, interviews her. Watching are, left, Miss Eileen Schmelzle, a nurse and, right, Mr. Bill Turtell, a male helper.*

for the entire program for which it was designed has delayed the admission of patients and the use of the unit for teaching purposes.

The difficulty in arriving at a new agreement on operating costs stems from the fact that existing formulas do not cover some of the services proposed nor do they cover teaching costs.

**T**HE operating costs of hospital in-patient services in B.C. are financed almost entirely out of payments from the B.C. Hospital Insurance Service. These payments are calculated on the basis of a per-diem rate—that is, so many dollars for each day that each patient is treated in the hospital.

In 1965, the UBC Health Sciences Centre Hospital requested a budget which BCHIS calculated to be the equivalent of a per-diem rate of almost \$40 for the proposed psychiatric unit. BCHIS was willing to pay only \$34.46.

In the three years between the signing of that agreement and the completion of the psychiatric unit, costs of operating all in-patient services increased substantially. BCHIS has taken this into account, and has increased its per-diem rates for all hospitals in B.C. by what was calculated to be an equivalent amount. The per-diem rate now offered by BCHIS for the UBC unit is \$55.00.

While this increase reflects the higher costs of all such hospital services, it does not cover the costs of out-patient services and the teaching program, and is therefore not nearly enough to pay the actual costs of operating the unit.

One problem is that this one small unit must have all the supporting services of a full-scale hospital. It must have its own pharmacy, kitchens, medical records department and so on. Had the entire University hospital been built at once, the cost of these services would have been spread over the per-diem rate for 410 beds instead of 60, and would have been proportionately lower.

But there are more important factors in the discrepancy between what BCHIS offers and what the psychiatric unit needs.

The new unit will provide out-patient services, for the treatment of patients who are not so ill as to require admission to the hospital. Out-patient services are an integral part of all up-to-date psychiatric hospitals. But in 1965, when the \$34.46 rate was reached, these services were not recognized nor financed by BCHIS, and therefore could not be included in the financial agreement.

The same is true of the professional services of psychologists employed by the unit. In 1965 psychologists were just beginning to penetrate the hospitals; today they are accepted as integral members of the treatment team, and no modern psychiatric hospital would be without them. But the 1965 agreement did not provide for adequate psychological services by today's standards.

**F**URTHERMORE, the existence of this clinical facility on campus makes it possible, for the first time in B.C., to inaugurate a training program for clinical psychologists. But again the 1965 agreement made no provision for psychological training.

Another problem is that of including in the funding of a teaching hospital the cost of administration and supervision of the clinical services and of the clinical education of the various health personnel. Such costs include the support of highly qualified

doctors who form the core of the teaching and research staff of the unit, and who are an essential part of the program.

**U**NTIL three years ago, all Canadian medical schools paid the salaries of these department heads and other senior staff members from university funds, even though these doctors spent only about half their time in teaching and research, and the other half on treatment of patients and other matters which were as much hospital as university activities. Thus the universities, through their medical schools, have been defraying a significant part of the operating costs of the teaching hospitals.

Since that time other provincial governments have agreed to pay 50 per cent of these clinical teaching salaries from hospital insurance funds, with the universities putting up only the remaining 50 per cent, thus freeing money for other educational purposes.

An exception to this rule is British Columbia. UBC, under present government policy, must still pay

the full cost of administration and supervision of patient care in the teaching hospitals.

All these added costs must be included in the psychiatric unit's operating budget. Altogether the budget amounts to \$1.7 million per year. The university contends that this budget is reasonable and compares favourably with budgets for similar services provided elsewhere in Canada.

For some months UBC has been advancing money to pay the salaries of the staff and other essential costs. But the university cannot go on financing the hospital indefinitely.

**T**HE Provincial government has agreed to establish an inter-departmental committee to identify the variety of services to be provided by this and other mental health facilities in B.C., and to develop a basis for adequate financial support.

The university expects that this committee will find a solution to the problem which will permit the early opening of this psychiatric unit.



*OPEN fireplace and informal furniture with subdued lighting set the mood for quiet conversation and informal get-togethers in this comfortable lounge area. In the foreground are, left, Miss Toni Morin and, right, Mrs. Jane Auman. Behind are, left, Miss Ellen van Nethen and, right, Miss Menjia Semadeni. All are nurses.*

# Union of Students Formed

British Columbia's 40,000 college and university students will become a united political action movement for the first time if a newly-formed student organization achieves its aims.

The British Columbia Union of Students, which says it represents 40,000 students enrolled at eight provincial colleges and universities, was organized at a meeting this month on the University of B.C. campus.

## Public Support to be Sought

David Zirnhelt, president of the UBC Alma Mater Society and chairman of the new group, says a primary aim will be to win public support for increased financial aid to higher education.

In an interview with UBC Reports Zirnhelt said students plan to organize a concerted public relations program and a political but non-partisan campaign in the next provincial election.

"I think the public has got to put pressure on Premier Bennett and that is why one of the prime aims of the BCUS will be to launch a campaign in the next provincial election," he said.

"We will define our policies and be prepared to exploit the opportunity of the next election. The campaign won't be partisan in the sense of supporting any one party but it will try to get across to the public the urgent needs of higher education."

Zirnhelt said the BCUS campaign will attempt to give the public information by which they can judge for themselves the positions of individual candidates towards education financing.

"We will be doing public relations with the public as well as various kinds of political action from lobbying to mobilizing students for peaceful demonstrations that will be effective."

He said the political action movement will be supported by funds already available from member student councils and additional money raised by student assessments.

Zirnhelt said the Alma Mater Society has \$14,000 available from last year's budget and BCUS plans a 10 cents per semester assessment on students at each member institution.

The BCUS chairman said the general theme of the campaign will be the need for better financing of higher education and research material will be developed on such specific points as:

Co-ordination of higher education development to ensure enough regional and junior colleges are developed to handle the rapidly-growing number of students.



Alma Mater Society President David Zirnhelt chaired weekend meeting.

The method of allocating resources between institutions by a grants commission and possibly a form of formula financing.

A clear and acceptable policy on admissions standards and transferability between institutions.

At its organizational meeting the BCUS decided to request a meeting with Premier W.A.C. Bennett to

put the student case but Zirnhelt is not optimistic that an interview will be granted or of the results if one does take place.

"If Mr. Bennett grants an interview we will point out what we consider to be the desperate situation of the universities and ask him what he intends to do about financing," Zirnhelt said.

"We don't intend to prepare a lengthy brief because he probably wouldn't read it. We feel that we have got to approach the premier but ultimately we will have to go directly to the public."

Zirnhelt said if a meeting with the premier is not granted the union of students will ask its members to take part in a demonstration at the Legislature during the budget debate.

Zirnhelt said formation of the student union has been under consideration for some time and was not related in any way to the resignation of Dr. Kenneth Hare as UBC president.

"But we hope that the impact of Dr. Hare's resignation will make the public realize the intense problems facing students and universities."

The BCUS chairman said he and other organizers consider the new group as a successor to the B.C. Assembly of Students which was set up to represent both secondary and post-secondary students in B.C.

"We think that the BCUS supplants the Assembly because that organization is essentially defunct and has not been operating," he said.

"We started anew and set up our own structure which is quite different. We don't have a president or an executive. The chairmanship of BCUS will rotate and the power of our union will be in the power of the constituent parts."

## Organizational Problems

Zirnhelt said he is aware of such organizational problems as communication with a membership spread over eight institutions, the summer recess when many students are off campus and the co-ordination of policy.

"The B.C. Assembly wasn't a success for a number of reasons, one of which was not having any person whose sole responsibility it was to make sure that things were prepared for meetings. Quite often the meetings just didn't happen until it was too late," he said.

"We plan to hire a paid executive secretary whose job it will be to look after such matters and we will hold regular meetings every month or six weeks."

Zirnhelt said the executive secretary will play a key role in the organization and will likely be a graduate student who is taking a year out before returning to university.

"We want someone who is still fairly close to university and student problems who will act as a resource person and do a certain amount of travelling."

## Indications of Support

Zirnhelt said UBC students he has talked to think an organization like BCUS is necessary and have indicated their support for it. He said the organizational meeting had a full turn-out of three delegates from each of the eight member institutions.

But Zirnhelt feels the success or failure of BCUS will depend ultimately on the degree of co-operation and support it gets from students and the ability of each student union to generate action.

"The power of the union will be in the power of its constituent parts. We are essentially a federation of student councils, not a union in the true sense of the word," he said.

"The ability of each institution to mobilize its people for a program will be the determinant of success."

## FESTIVAL FEATURES

# "Committee"

The Festival of the Contemporary Arts this year will take place between 29 January and 7 February.

As in past years, the aim of the Festival will be to bring to the campus community and environment, performances, events, happenings, and exhibitions, which represent some of the most advanced directions being taken in the different arts at this moment.



Members of the San Francisco Committee Workshop

This year there will be a certain emphasis on experimental forms of drama and theatre. In particular, the San Francisco Committee Workshop—a group of 10 young actors which has grown out of "The Committee", the satirical San Francisco-based revue company,—will be on campus for the period of 28 Jan. to 5 Feb.

The Committee Workshop does improvisational theatre. Its members operate without scripts, props, costumes or make-up.

Besides the Committee Workshop, at least two other important theatrical groups or 'events' will be taking part in the Festival. One of these is the Vancouver Living Theatre, a mime group which has grown out of the UBC School of Architecture this year. This group is concerned with involvement, not with performance. They try to create environments in places which people tend to think of as just neutral 'space'; they work to create relationships where normally there is passivity and non-relationship.

The Programmed Scores are under the direction of Helen Goodwin, and will take place throughout the 8 days of the Festival.

Other major events in the Festival programme will include:

Morton Feldman (3 performances of his own music)

Jackson McLow reading his own poems

John Logan reading his own poems

Four performances of a play by Chris Johnson, called "Super-Safe", in the Freddy Wood Theatre

An assorted programme of recent experimental films by Brakhage, Warhol, Emschwiller, Michael Snow, Markopoulos, Jutra, and others.

A detailed programme for the whole Festival, including the sequence for the Programmed Scores, will appear in the Ubyssy on Tuesday, 28 January, and should be taken out and kept as one's official programme. In addition, the same programme will be separately distributed, in scroll form, both before and during the Festival. For all and any further enquiries, phone the Fine Arts Department at the University, 228-2757.

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