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VICTORIA

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# REPORT

OF THE

# MENTAL HEALTH AUTHORITY

FOR THE YEAR ENDED 31ST DECEMBER, 1969

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PRESENTED TO BOTH HOUSES OF PARLIAMENT PURSUANT TO ACT No. 6605, SECTION 13

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*By Authority:*

C. H. RIXON, GOVERNMENT PRINTER, MELBOURNE.



MENTAL HEALTH AUTHORITY,  
300 Queen-street,  
Melbourne, 3000.

*The Honorable the Minister of Health,*

SIR,

We the undersigned have pleasure in submitting the accompanying Report concerning the exercise of the functions of the Mental Health Authority and the operation of the Mental Health Services in this State during the year ended the 31st December, 1969.

Yours faithfully,

ALAN STOLLER, Chairman.

J. L. EVANS, Deputy Chairman.

W. J. WOODS, Administrative Member.



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# REPORT

## INTRODUCTION.

The activities of the Authority were affected by unusual circumstances during 1969 as its composition was influenced by the departure of the Chairman and Deputy Chairman. The mental health services maintained programmes at a responsible level despite the difficulties involved.

## RESPONSIBILITIES OF THE AUTHORITY.

The Authority has responsibility for a service which caters for over 40 per cent. of the public hospital beds of the State. It has 5,500 employees, including the widest range of medical and para-medical professions. It is concerned not only with in-patient services but with ever-increasing numbers of day hospitals, out-patient clinics, hostels and other community services. Despite its relatively low cost structure, as compared with general medicine, it aims to maintain high standards of medical as well as psychiatric care. As an example, Mont Park and Plenty Hospitals provide a programme for psychogeriatric problems, including medical care, paramedical services, pharmaceuticals, clothing, entertainment, &c. for \$47 per week as compared with a common charge of \$70 per week for similar patients in a private hospital and the latter only include board, bed and nursing care. The Authority believes in, and is pursuing, a policy of high standards, equally as high as general medicine and it is therefore reprehensible that the Commonwealth Government does not recognize this in its Hospital Benefits Scheme thereby perpetuating a double standard of medical care, with the mentally ill at a disadvantage as compared with the physically ill.

The Authority deals with the mentally ill and the intellectually handicapped and such special groups as alcoholics, drug addicted persons and forensic cases. It is concerned with a wide range of in-service training programmes for professionals and indulges in a broad programme of research with a view to prevention. Allied to the latter are consultative services to other health services and to social welfare—such as maternal and child health, school medical services, juvenile and adult forensic services and children's institutions. This is in line with its policy of associating mental health services with other health services and social welfare services in accordance with needs and particular circumstances.

Modern mental health programmes require the development of therapeutic activities close to areas of population from which patients originate—so-called "community psychiatry"—thereby preventing alienation of the mentally ill person from his home and work environments and minimizing possibilities of institutionalization. The Authority sees the necessity to develop its early treatment and other community health services through to the homes of persons in need, thereby preventing unnecessary hospitalization. This programme is already paying dividends, in that the call on hospital beds for the mentally ill is diminishing, especially in the adult age group 25 to 65 years of age, despite increasing population. This is enabling the Authority to re-allocate many of these beds for the intellectually handicapped. At the same time, it is becoming possible to relieve some of the overcrowding of decades and steadily work towards making staff-patient ratios more appropriate. There is still, however, residual sub-standard accommodation in some of our larger hospitals and in order to bring its plans to complete fruition, a relatively small grant of around \$10,000,000 over a period of five years is required to eliminate the remaining major "sore spots" in our institutions. This will enable the Authority to filter future capital funds into community activities so as to prevent re-occurrence of the situation which existed prior to the appointment of the Authority in 1952.

## CAPITAL WORKS AND LOAN PROGRAMME.

The major construction project nearing completion is the new Psychiatric Centre at Bendigo. It is disappointing that there was not sufficient co-ordination and forward planning in the early stages of this project to ensure that all components of the Unit became available simultaneously. Two new wards were opened at Pleasant Creek Training Centre, Stawell and the School of Nursing at Hobson Park Hospital, Traralgon, was completed. Construction commenced on two additional wards in Brierley Hospital, Warrnambool and the Sandhurst Boys' Centre, which is housed in a former migrant hostel, is being rebuilt on a new site. Detailed planning of the projected new Colac Training Centre for intellectually handicapped persons was commenced. Other major activities included further remodelling of the female wards at Mont Park and a start on the construction of a new kitchen at Lakeside Hospital, Ballarat.

As already mentioned, there is still a need to catch up on inadequacies in capital works programmes in past decades. The fact that there has been a pegging of our loan allocations over the past few years has actually resulted in diminished capacity to deal with our capital works and building maintenance needs because of inflation and resultant rising costs. Increasing population alone demands an increase in loan works programme. It is necessary to continue to update deteriorated services and also to develop new community services which will prevent the re-emergence of the outmoded patterns of large custodial hospitals.

#### SERVICES FOR THE INTELLECTUALLY HANDICAPPED.

In the field of intellectual handicap, improved methods of medical treatment are prolonging lives and so increasing our residential population and there is also an increasing level of demand for residential care arising from the community. The Authority has investigated this demand more assiduously than in most parts of the world and has organized a well-documented waiting list to determine priorities. This waiting list comprises some 200 *most urgent* cases requiring immediate admission and 250 *urgent* cases of non-crisis proportions. Others on the waiting list are listed for possible future residential placement should some crisis intervene.

A serious effort is being made to overcome the urgent waiting list. Within the past three years, 66 beds have been provided at Stawell, 114 at Children's Cottages, Kew, 144 at Janefield and 200 beds have been provided at Sunbury, a total of 524 beds in all. The programme of the Authority over the next five years envisages the re-designation of 120 mental hospital beds at Larundel to form a completely separate residential unit, the Kingsbury Training Centre; a further 70 beds are being provided at Warrnambool, 48 at Stawell and 20 at Dana Hostel, Ballarat. Finally, working drawings should be available for the new 500-bed Colac residential training centre by the end of the 1969-70 financial year and, subject to finance being available, site works begun. In addition to the above, it is hoped that finance will be available to diminish the relative needs for institutional beds by bringing hostels into operation to provide for many intellectually handicapped persons hitherto managed in institutions. These will need to be sited in relation to the development of sheltered workshops.

New Day Training Centres are also being progressively brought into operation and four new centres are currently being established. The rapidity of development will strain finances in this area and planned new works will outstrip available resources unless funds for capital grants are increased. The Government has eased the financial situation for Day Training Centres by guaranteeing the total cost for approved teachers and all reasonable transport.

The Authority is re-examining all of its training programmes for the intellectually handicapped and is working towards increased training of its professional personnel in educational skills. However, it is currently not in the position to take advantage of important developments demonstrated overseas which have been proven to be effective in the training and education of the moderately and severely retarded. These programmes will require more staff and a greater degree of specialization.

Finally, the Authority is looking towards regionalization of services and has meanwhile developed assessment and follow-up facilities centrally at St. Nicholas Hospital. It envisages being able to organize regional activities therefrom in the near future.

#### DAY TRAINING CENTRES FOR AUTISTIC CHILDREN.

Subsidies have been approved for the conduct of two pilot centres for the training of autistic children on the same basis as for the intellectually handicapped except that the financial subsidy is greater having regard to the much lower teacher/child ratio necessary in this particular field.

#### SERVICES FOR THE MENTALLY ILL.

Improved treatment methods and increased community facilities have counteracted the trend towards the need for more beds, arising out of increasing population and the increased longevity of patients under psychiatric care. The Authority is making more effective use of its beds in terms of patient turnover. It must be stressed, however, that the increasing population must ultimately bring demands for additional psychiatric facilities and there should be no complacency in this regard. Progressively, we need to develop early treatment facilities on a regional basis to meet the community needs.

The Authority is in the course of examining the overcrowded areas still remaining in its hospitals and, on the basis of its findings, it is proposed to adjust the bed-states of these hospitals to a more acceptable staff/patient ratio in accordance with approved bed standards. Domiciliary nursing services for vetting of prospective admissions and follow-up of discharged patients have already been developed in nine of our mental health units and the progressive expansion of such services will have a significant effect on our bed needs.



The Clarendon Clinic alone, through its out-patient centre, workshop and social club is maintaining hundreds of previously institutionalized mentally ill persons in the community. There are signs of increasing community responsibility in Victoria and many voluntary groups, among which V.A.T.M.I. plays an important role, are facilitating the rehabilitation and resocialization of the mentally ill and intellectually handicapped.

#### ALCOHOLISM AND DRUG ABUSE.

With the passage of the *Alcoholism and Drug Dependent Persons Act* 1968, a total treatment programme for these persons is now vested in the Authority. An important new area of public health achievement in this State can well be envisaged. However, to produce this, a range of major treatment facilities needs to be created and there is also a need to maintain and foster existing voluntary community services. The Act will need to be proclaimed at an appropriate time when adequate resources are built up. It is not just a matter of buildings—staff has to be recruited and trained for the highly specialized roles required in this difficult area of human therapeutics.

#### PLANNING FOR FUTURE SERVICES.

An early treatment centre has been designed for Footscray, within the grounds of the Footscray and District General Hospital, and provision is being made for similar centres to operate in association with Geelong and Warrnambool Base Hospitals. Two further centres will be required in the not too distant future for outer Melbourne metropolitan areas to the east and south-east, as well as for the Mornington Peninsula and the Authority considers that land should now be acquired for these purposes so that they can be sited where they will best serve the rapidly growing populations.

#### OVERSEAS VISITS.

The Authority stresses the importance of regular and frequent overseas visits, on the one hand for key senior officers to study practices and developments in other countries and, on the other hand, promising younger professional staff to become acquainted with special areas of advance in psychiatry and mental deficiency.

The Chairman of the Mental Health Authority made two short visits overseas on invitation. The first visit, to U.K. and Switzerland, was sponsored by W.H.O. and was linked with an International Conference on Suicidology. The second invitation was from the Mexican government, through its Institute of Neurology and Psychiatry, and was concerned with psychopharmacology. The opportunity was taken to visit Sacramento *en route* and examine the Californian Mental Health Services administration.

The Administrative Member of the Authority, Mr. W. J. Woods, visited U.S.A., Canada and Europe where he studied mental health services, health administration and new concepts of supply and support services.

Dr. D. Pitt was given leave and some assistance in examining mental retardation services in Israel and Germany. He was invited through U.S. agencies to attend P.K.U. conferences in both places.

Dr. D. Buckle was given leave to develop an educational programme for W.H.O. in the Eastern Mediterranean region.

Sister N. Robinson, a Charge Nurse at Kew Geriatric Day Hospital, was enabled to attend the International Conference of Nursing in Canada.

#### CONCLUSION.

The Mental Health Services still have some substandard areas to clear up. Since the Authority was established in 1952, the Victorian Government has helped reduce this to a situation where it is now estimated that an extra \$10,000,000, above ordinary works allocation, over a five-year period, will finally remedy the situation. Meanwhile, the annual capital works allocation must be maintained without inflationary erosion and full advantage taken of Commonwealth support through its State Grants (Mental Institutions) Act. Provided adequate resources are available, there is a prospect of developing the State's mental health services to a level which can be considered adequate by world standards. While this goal is well within reach, the Authority's efforts will be negated if financial provisions do not take account of continuing legacies from the past as well as developing responsibilities, which now include the creation of a new total service for alcoholics and drug dependent persons.

#### ACKNOWLEDGMENTS.

The present Authority wishes to record its appreciation of the sterling work of Dr. E. C. Dax, Chairman from 1952 to 1969, in significantly raising the standard of the Victorian mental health services to a degree which earned him a well-deserved national and international reputation. Dr. D. J. Barlow, who was Deputy Chairman from 1967 to 1969, resigned his position to resume his former role as Psychiatrist Superintendent of Larundel Psychiatric Hospital. Whilst Deputy Chairman, he carried out his duties with devotion and distinction.

The Authority finally would wish to thank you, Mr. Minister, for your help and interest during a year of significant changes.

## CHIEF MEDICAL OFFICER'S REPORT.

DR. D. J. OLDMEADOW.

*Facilities for the Mentally Ill.*

The number of admissions to the Metropolitan Psychiatric Hospitals during this year were as follows :—

Royal Park	..	..	..	..	..	2,983
Larundel	..	..	..	..	..	2,533

Of these, more than 55 per cent. are voluntary patients on admission, and many more become voluntary patients within a few weeks of admission.

On occasions there has been a bed shortage for certain types of acute male admissions, but when increased facilities for the treatment of alcoholics are available this should improve.

There is a further reduction in the total number of patients in residence in all institutions for the mentally ill (from 5,780 at the end of 1968 to 5,673 at a similar time in 1969). This, in the context of a rising population, again reflects an extension of the facilities for early treatment, and for maintaining patients in the community.

From the many demands made upon this Department for the care of geriatric and younger brain-damaged patients, many of whose care involves a maximum of nursing and a minimum of psychiatric skills, it becomes increasingly obvious that the facilities for the care of such patients are inadequate.

*Facilities for the Intellectually Handicapped.*

This area of need remains the most pressing of all. Some mental hospital beds, at Ararat, Beechworth and particularly Sunbury, have been regazetted, and are now part of Training Centre facilities.

The number of these patients in residence has increased from 3,009 in 1968 to 3,151 in 1969, but the needs of the community are growing faster than the provision of facilities.

The situation is under constant review at regular meetings of senior officers to ensure the best use of the total facilities and to consider any possible alternatives which might be developed.

*Nursing Recruitment and Training.*

As in general nursing areas, there remains a very serious shortage of nursing staff at all levels of training. At several hospitals it has not even been possible to recruit sufficient untrained personnel to work under nursing supervision. To work below nursing establishment, especially when this involves heavy nursing care as at Kew and Mont Park, places strain on both patients and staff.

The whole question of the optimum training procedures for "nurses" engaged in work with the intellectually handicapped is receiving very serious attention at present.

## RESULT OF NURSING EXAMINATIONS—1969.

—				Number of Candidates.	Passed.	Percentage Passes.
1st Year—						
Male	..	..	..	34	28	82
Female	..	..	..	28	19	68
	Total	..		62	47	76
3rd Year—						
Male	..	..	..	72	53	74
Female	..	..	..	63	52	82
	Total	..		135	105	78

These results show a higher percentage of passes throughout, and thirteen more graduates than the previous year, but considerably fewer student nurses at the first year level.

*Institutional Visits and Inspections.*

I have regularly visited institutions for the purpose of inspection and interviewing patients.

Registers and documents relating to the admission, detention and care of patients are under regular review.

I wish to record my thanks to the staff of all institutions of the Department for the co-operation they grant me, and for their genuine concern and imagination shown in the care of the patients who seek our help.

The Community generally is showing an increased understanding of mental illness and intellectual handicaps. This is reflected in the very great practical help rendered by the Voluntary Service Auxiliaries and by many other community groups. This plays quite a vital role in rehabilitation, especially when it takes the patient outside the confines of the Institution.

## REPORT OF PATHOLOGIST.

DR. S. WEINER.

In its third year the Mont Park Pathology Centre showed an overall increase in performance of over 32 per cent., due mainly to the relative increase in the number of tests performed by Haematology and Bacteriology, with highest absolute increase in the number of Guthrie tests performed by the PKU Laboratory.

Monthly dissections showed a marked upswing particularly towards the end of the year, without the usual slackening in December which caused us to anticipate a continued growth in early 1970 before any levelling could be expected.

The Mont Park Pathology Centre did all morbid anatomical investigations for the metropolitan area. In addition to its own routines, it fulfilled a variety of routine and special requests from outside the area; random checks disclosed that 85 per cent. of clinico-pathological tests (excluding PKU's) were done for the local area.

*MPPC-Bacteriology.*

This laboratory showed the highest relative increase in test number of 107 per cent. against 1968, with a particularly steep growth in the second half of the year due to the increased sophistication of confirmatory tests introduced with the aim of reducing the demands on reference laboratories.

The test types are shown below :

	%
— Microscopy (urine, C.S.F. faeces) .. .. .	926 tests, 19.5
— Culture (urine, sputum, swab, faeces, blood) .. .. .	1,435 ,, 30.2
— Sensitivity (urine, sputum, swab, faeces, blood) .. .. .	564 ,, 12.0
— Confirmatory tests (esp. sugars) .. .. .	873 ,, 18.3
— Varia (serology, body fluids, sterility) .. .. .	947 ,, 20.0
— Total .. .. .	<hr/> 4,745 tests, 100.0 <hr/>

The entire range of offered tests was used. Bacteriological tests were extensively applied to autopsical work, and the surveys of ward infections were intensified and monitored; this work contributed, no doubt, to a marked decline of urinary tract infections found at autopsy this year.

*MPPC-Biochemistry.*

The increase in the number of tests was moderate (26.7 per cent. against 1968) though the differentiation of tests has increased considerably.

The functional grouping of tests is reflected in the following :

The performance over the past three years is :—

Year.	Newborn.	PKU Tests.	Coverage. %
1967	65,400	15,809	24.2
1968	70,228	44,537	63.6
1969	70,970	57,134	80.5

*MPPC-Autopsies.*

Three hundred and forty-nine p.m. examinations were performed in 1969.

*Hospital breakdown*

Kew .. .. .	247 autopsies
Mont Park .. .. .	55 ,,
Bundoora .. .. .	23 ,,
Plenty .. .. .	10 ,,
Larundel .. .. .	5 ,,
Children's Cottages .. .. .	5 ,,
Royal Park .. .. .	3 ,,
Pleasant View .. .. .	1 ,,
Total .. .. .	<hr/> 349 <hr/>

The average age at death was M 70.7 and F 74.9, both sexes 72.8 years, against 69.5 in 1968 and 71.6 in 1967.

The following analysis of causes of death presented is in the form of A.M.A. systems :

	%
0. Systemic involvement .. .. .	7.1
1. Skin and breast .. .. .	0.9
2. Locomotor System .. .. .	0.9
3. Respiratory System .. .. .	45.4
4. Cardiovascular System .. .. .	23.9
5. Haemolymphatic System .. .. .	0.9
6. Digestive System .. .. .	5.3
7. Urogenital System .. .. .	4.1
8. Endocrine System .. .. .	0.6
9. Nervous System .. .. .	10.9

The average age of all neoplasm carriers at death was 1.9 years below the average age at death in both sexes. However, death due to malignancy occurred 2.5 years below the average age in women, and 5.2 years in men, the latter due to the younger age of carcinoma of stomach and glioma cases.

#### MPPC-Histology.

There were over 2,500 sections prepared throughout the year, predominantly (80 per cent.) from paraffin-processed autopsy material. Less than 6 per cent. of all sections were stained by special methods, and the frozen section was employed much less than it was planned.

Test Group	1969	1968
Liver Function Tests .. .. .	14.0	25.0
Renal Function Tests .. .. .	21.5	19.8
Carbohydrate Metabolism .. .. .	7.3	12.9
Fat/cholesterol Metabolism .. .. .	3.0	4.2
Protein Metabolism .. .. .	11.2	14.8
Electrolytes .. .. .	21.5	18.3
Minerals .. .. .	3.7	0.2
Drugs .. .. .	15.2	2.8
Other .. .. .	2.6	2.0
	<hr/>	<hr/>
	100.0	100.0
	<hr/>	<hr/>

#### MPPC-Haematology.

Next to the PKU screening, our haematology laboratory accounted for the highest absolute number of tests (9,002) in 1969, an increase of 56.2 per cent. against 1968.

The proportions of performed test types was similar to that of the previous year :

Test	1969	1968
	%	
V.D.R.L. .. .. .	19	20
Haemoglobin .. .. .	17	17
Haematocrit .. .. .	17	14
Blood film .. .. .	16	14
White Cell Count .. .. .	9	11
Differential Cell Count .. .. .	9	10
E.S.R. .. .. .	6	5
Cross Matching .. .. .	2	3
Blood Grouping .. .. .	3	2
Other .. .. .	2	4
	<hr/>	<hr/>
	100	100
	<hr/>	<hr/>

#### PKU Laboratory.

This section performed a staggering total of 57,134 tests, an increase of 28.3 per cent. against 1968.

In addition to the semi-automatic addressing machine we have finally succeeded in obtaining the basic combination of a Simplex date and identification stamp with a blood spot punch which, after trials and modifications was put into routine operation on October 7.

Overseas visitors were interested in the efficiency of Mont Park Pathology Centre procedures and the simplicity of our laboratory which handles about 20,000 times more clerical work than overseas laboratories which do not report negative results.

We have tested approximately 80.5 per cent. of all new-born babies in Victoria in 1969, if the State Actuary's estimate of 70,970 births proves correct.

#### Mental Hospital Kew.

This laboratory has accounted for 13,863 tests, the number including all controls, repeats and referrals. More informative than the absolute number of tests is the division of work expressed in proportions as follows :

Bacteriology .. .. .	57
Haematology .. .. .	28
Biochemistry .. .. .	15

#### C.C. Kew.

This laboratory, situated in a portion of medical ward, accounted for 3,239 tests, including referrals. The tests fell into the following groups :

Biochemistry/screening .. .. .	43
Haematology/Cytology .. .. .	36
Bacteriology (microscopy and clinical) .. .. .	21

*Psychiatric Hospital Royal Park.*

The laboratory accounted for a total of 8,544 tests ; the test groups are shown below :—

							%
Haematology and Serology	..	..	..	..	..	..	51·9
Biochemistry	..	..	..	..	..	..	35·6
Bacteriology	..	..	..	..	..	..	12·5

Referrals to the Mont Park Pathology Centre and to the Coroner's Analyst have decreased the amount of work to be performed at Royal Park and thus helped greatly in the fruitful Lithium work.

*M.H.A. Metropolitan Pathology Services—1969.*

Metropolitan Pathology Laboratories performed 103,416 tests, an increase of over 26 per cent. over the previous year.

Each laboratory conducted services for the immediate area, except for some investigations which were centralized at the Mont Park Pathology Centre (Guthrie' tests and Morbid Anatomy). The Mont Park Pathology Centre which began work in August 1967, showed the fastest rate of growth of all MHA laboratories. Significant shifts in the "causes of death", 1967-69 are ascribed to a more extensive use of pathology services.

Details of routine performances and special investigational activities are available on request from the Mont Park Pathology Centre, Victoria, 3085.

**M.H.A. PATHOLOGY SERVICES.***Performance of Metropolitan Laboratories, 1969.*

Laboratory.	Number of Tests.		Per Cent. Increase.	
	1968	1969	1968-69	1967-69
Mont Park Pathology Centre .. .. .	58,596	77,770	32·8	874·3
M.H. Kew Laboratory .. .. .	12,663	13,863	9·5	*0·0
C.C. Kew Laboratory .. .. .	2,442	3,239	32·2	90·4
Royal Park Laboratory .. .. .	7,954	8,544	7·4	*0·0
METROPOLITAN .. .. .	81,655	103,416	26·6	171·6

\*Due to the take-over of some tests by the MPPC.





TABLE III.—Showing admissions to Psychiatric and Mental Hospitals in terms of first and re-admissions, together with the percentage of Voluntary Patients.

Year.	Type of Admission.	Males.		Females.		Total.	
		Admitted.	Percentage of V.P.	Admitted.	Percentage of V.P.	Admitted.	Percentage of V.P.
1969 .. .. .	First .. .. .	1,877	52·0	1,762	56·5	3,639	54·2
	Re-admissions ..	2,731	72·4	3,022	76·8	5,753	74·7
	Total .. .. .	4,608	64·1	4,784	69·3	9,392	66·7

TABLE IV.—Showing the numbers at the end of each year from 1963 of :—(a) Approved, Voluntary and Informal Patients in residence at Intellectually Deficiency Institutions.

Year.	Voluntary and Informal Patients in Residence.			Percentage of Total Numbers Resident.	Approved Patients in Residence.			Percentage of Total Numbers Resident.	Total Numbers in Residence.		
	Male.	Female.	Total.		Male.	Female.	Total.		Male.	Female.	Total.
1963.. .. .	598	612	1,210	60·3	431	367	798	39·7	1,029	979	2,008
1964.. .. .	627	661	1,288	57·3	432	526	958	42·7	1,059	1,187	2,246
1965.. .. .	717	690	1,407	59·5	436	522	958	40·5	1,153	1,212	2,365
1966.. .. .	871	745	1,616	60·7	537	510	1,047	39·3	1,408	1,255	2,663
1967.. .. .	945	798	1,743	63·6	516	483	999	36·4	1,461	1,281	2,742
1968.. .. .	1,222	845	2,067	68·7	478	464	942	31·3	1,700	1,309	3,009
1969.. .. .	1,324	977	2,301	73·0	433	417	850	27·0	1,757	1,394	3,151

TABLE V.—Showing numbers of Recommended Patients Boarded Out in Benevolent Homes at the end of each year from 1950.

Year.	Male.	Female.	Total.
1950 .. .. .	113	121	234
1951 .. .. .	114	122	236
1952 .. .. .	122	126	248
1953 .. .. .	157	128	285
1954 .. .. .	165	135	300
1955 .. .. .	156	128	284
1956 .. .. .	155	123	278
1957 .. .. .	166	135	301
1958 .. .. .	138	104	242
1959 .. .. .	113	71	184
1960 .. .. .	113	68	181
1961 .. .. .	108	67	175
1962 .. .. .	93	67	160
1963 .. .. .	96	56	152
1964 .. .. .	93	52	145
1965 .. .. .	85	43	128
1966 .. .. .	65	43	108
1967 .. .. .	63	33	96
1968 .. .. .	58	32	90
1969 .. .. .	58	29	87

TABLE VI.—Showing particulars of Male Patients over 65 years and Female Patients over 60 years.

(a) Patients resident as at 1st January, 1969, showing the proportion of males over 65 and females over 60 years—

Number of resident males over 65 years .. .. .	1,189 or 20·6 per cent.
Number of resident females over 60 years .. .. .	2,248 or 42·1 per cent.

(b) Admissions and deaths per 10,000 of the Victorian population—

First Admissions :—

	Males (over 65)	Females (over 60)
Hospital Admissions .. .. .	25·4	19·1
Out Patient Clinic Admissions .. .. .	7·1	14·0
Total .. .. .	32·5	33·1



TABLE VI.—*continued.*

283 Males, 65 years or over died during 1969, this represented 29·5 per 10,000 of male population in this age group.

394 Females, 60 years or over died during 1969, this represented 16·4 per 10,000 of female population in this age group.

The average age at death of males in this age group was 76·8 years.

(c) The diagnostic distribution of patients who died in the above age group was as follows :—

	Males	Females
Senile Brain Disorders .. .. .	164	232
Schizophrenic states .. .. .	42	63
Other Psychoses .. .. .	15	29
Other Organic Brain Disorders (including Alcoholism) .. .. .	37	35
Mental Deficiency .. .. .	9	9
All other .. .. .	16	26
Total .. .. .	283	394

(d) The causes of death in these age groups were as follows :—

	Males	Females
Diseases of the Circulatory system .. .. .	98	138
Diseases of the Respiratory system .. .. .	102	145
Senility .. .. .	20	27
All Others .. .. .	63	84
Total .. .. .	283	394

TABLE VII.—Showing Primary Causes of Death of all Patients in Psychiatric and Mental Hospitals and in Training and Special School Centres, during the year ended 31st December, 1969.

Causes of Death.	Psychiatric and Mental Hospitals.			Training and Special Schools.			Total.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Infective and parasitic diseases .. .. .	5	3	8	..	..	..	5	3	8
Acute alcoholism .. .. .	..	..	..	..	..	..	..	..	..
Neoplasms of brain and other parts of the nervous system .. .. .	16	14	30	..	..	..	16	14	30
Other malignant and benign neoplasms .. .. .	23	18	41	1	..	1	24	18	42
Vascular lesions affecting central nervous system .. .. .	32	36	68	..	2	2	32	38	70
Epilepsy .. .. .	1	1	2	4	2	6	5	3	8
Other diseases of nervous system and sense organs .. .. .	3	4	7	..	..	..	3	4	7
Arteriosclerotic heart diseases, including coronary disease .. .. .	94	123	217	..	..	..	94	123	217
Other diseases of the heart .. .. .	23	22	45	3	2	5	26	24	50
Other diseases of the circulatory system .. .. .	25	22	47	..	..	..	25	22	47
Pneumonia .. .. .	106	125	231	12	9	21	118	134	252
Other diseases of the respiratory system .. .. .	23	21	44	1	1	2	24	22	46
Diseases of the digestive system .. .. .	8	6	14	..	1	1	8	7	15
Diseases of the genito-urinary system .. .. .	9	9	18	1	..	1	10	9	19
Congenital malformations .. .. .	3	2	5	4	2	6	7	4	11
Other general diseases .. .. .	..	..	..	..	..	..	..	..	..
Accidents .. .. .	4	1	5	2	1	3	6	2	8
Suicides .. .. .	2	1	3	..	..	..	2	1	3
Homicides .. .. .	..	..	..	..	..	..	..	..	..
Senility .. .. .	20	27	47	..	..	..	20	27	47
Cause not yet ascertained .. .. .	14	26	40	2	3	5	16	29	45
Total .. .. .	411	461	872	30	23	53	441	484	925

TABLE VIII.—(a) Diagnostic Summary—Showing patients treated, resident, and admitted for the first time in 1969. (Absolute figures.)

Diagnostic Category.	Persons under treatment in 1969.		Patients Resident on 1st January, 1969.		Total.		First admissions.			
	Males.	Females.	Males.	Females.	Males.	Females.	Of those.			
							To Institutions.		To O.P.C.	
							Males.	Females.	Males.	Females.
Mental deficiency retardation	2,492	1,862	1,986	1,534	304	192	136	78	168	114
Schizophrenic states ..	3,315	3,469	2,168	1,989	450	448	338	314	112	134
Depressive psychoses ..	597	1,505	78	223	365	608	198	205	167	403
Other functional psychoses ..	202	348	86	157	46	63	31	36	15	27
Alcoholism .. ..	2,099	535	527	259	741	133	368	85	373	48
Senile brain disorders ..	524	883	288	578	214	236	189	207	25	29
Other organic brain disorders	486	404	276	204	135	128	93	88	42	40
Depressive psychoneuroses ..	726	2,018	52	137	403	1,013	118	288	285	725
Other psychoneuroses ..	695	1,168	65	69	380	603	66	105	314	498
Personality disorders ..	1,295	928	176	116	634	443	150	148	484	295
Transient situational trait disturbances .. ..	926	865	10	24	698	606	80	118	618	488
No diagnosis .. ..	487	405	47	54	334	257	110	90	224	167
Total .. ..	13,844	14,390	5,759	5,344	4,704	4,730	1,877	1,762	2,827	2,968

(b) Showing prevalence and incidence rates of mental disorders per 100,000 of Victorian population, 1969.

Diagnostic category.	Persons under treatment in 1969.		Patients resident on 1st January, 1969.		First admissions in 1969.		Of those.			
	Males.	Females.	Males.	Females.	Males.	Females.	To institutions.		To O.P.C.	
							Males.	Females.	Males.	Females.
Mental deficiency retardation	146·7	110·5	117·0	91·0	17·9	11·4	8·0	4·6	9·9	6·8
Schizophrenic states ..	195·2	205·8	127·6	118·0	26·5	26·6	19·9	18·6	6·6	8·0
Depressive psychoses ..	35·1	89·3	4·6	13·2	21·5	36·1	11·7	12·2	9·8	23·9
Other functional psychoses ..	11·9	20·6	5·1	9·3	2·7	3·7	1·8	2·1	0·9	1·6
Alcoholism .. ..	123·6	31·7	31·1	15·4	43·6	7·9	21·7	5·0	22·0	2·8
Senile brain disorders ..	30·9	52·4	17·0	34·3	12·6	14·0	11·1	12·3	1·5	1·7
Other organic brain disorders	28·6	24·0	16·2	12·1	8·0	7·6	5·5	5·2	2·5	2·4
Depressive psychoneuroses ..	42·8	119·7	3·1	8·1	23·7	60·1	6·9	17·1	16·8	43·0
Other psychoneuroses ..	41·0	69·3	3·3	4·0	22·4	35·8	3·9	6·2	18·5	29·5
Personality disorders ..	76·2	55·1	10·4	6·9	37·3	26·3	8·8	8·8	28·5	17·5
Transient situational trait disturbances .. ..	54·6	51·3	0·6	1·4	41·1	36·0	4·7	7·0	36·4	29·0
No diagnosis .. ..	28·7	24·0	2·8	3·2	19·7	15·2	6·5	5·3	13·2	9·9
Total .. ..	815·3	853·7	338·8	317·0	277·0	280·7	110·5	104·4	166·6	176·1

## OUT-PATIENTS AND COMMUNITY SERVICES—STATISTICS.

(a) Day Hospitals.

	On Books 1st January, 1969.	Admitted.	Discharged.	On Books 31st December, 1969.
Dandenong .. ..	22	145	122	45
Malvern .. ..	79	137	136	80
Kew .. ..	95	65	47	113
Preston .. ..	45	146	169	22

(b) Statistical Table of Cases Seen at Psychiatric and Out-patient Clinics.

Clinic.	Number of Psychiatric Interviews.	Number of New Cases.	Number of Review and Ex-hospital Cases.	Total Cases.
Alexandra Parade, Fitzroy .. .. .	4,615	1,117	..	..
Ararat District Hospital .. .. .	152	36	40	76
Ararat Mental Hospital .. .. .	274	29	77	106
Bairnsdale .. .. .	223	81	39	120
Ballarat (Norwood) .. .. .	1,940	170	710	880
Ballarat (Children) .. .. .	164	51	98	149
Benalla .. .. .	191	53	123	176
Bendigo .. .. .	2,656	340	333	673
Bouverie Street, Carlton .. .. .	5,499	426	276	702
Castlemaine .. .. .	116	19	19	38
Charlton .. .. .	48	12	5	17
Children's Clinic, (incl. Turana & Winlton, etc.)		Details listed below		
Clarendon, East Melbourne .. .. .	4,985	..	..	1,744
Dandenong .. .. .	4,990	700	860	1,560
Echuca .. .. .	192	57	124	181
Ferntree Gully .. .. .	179	57	32	89
Glenhuntly .. .. .	210	11	47	58
Hamilton .. .. .	663	94	79	173
Kerang .. .. .	122	19	14	33
Leongatha .. .. .	240	24	48	72
Malvern .. .. .	8,453	708	..	..
Maryborough .. .. .	368	31	98	129
Mildura .. .. .	286	101	61	162
Mooroopna .. .. .	267	38	182	220
Myrtleford .. .. .	46	5	16	21
Observatory, South Yarra .. .. .	9,989	536	1,518	2,054
Parkville .. .. .	2,412	96	386	482
Pentridge .. .. .		Details listed below		
Personal Emergency Service .. .. .		Details listed below		
Preston, "Ernest Jones" .. .. .	5,903	1,037	797	1,834
Royal Park .. .. .	4,427	178	895	1,073
St. Nicholas .. .. .	285	..	..	249
Sale .. .. .	166	48	31	79
Shepparton .. .. .	2,241	241	1,199	1,440
Stawell .. .. .	312	38	48	86
Swan Hill .. .. .	209	47	31	78
Traralgon .. .. .	1,176	288	176	464
Travancore .. .. .		Details listed below		
Wangaratta .. .. .	849	98	174	272
Warragul .. .. .	22	4	15	19
Warrnambool .. .. .	1,249	161	154	315
Wimmera Base Hospital, Horsham .. .. .	433	100	64	164
Yallourn .. .. .	169	26	98	124

Children's Clinic .. .. .	Number of Interviews by Psychiatrists (Clinic, Turana, Winlaton and Allambie)	3,378
	Social Worker Interviews .. .. .	1,336
	Psychologist Interviews .. .. .	1,390
Pentridge Clinic—		
Reports .. .. .	Petty Sessions .. .. .	186
	Executive Council .. .. .	7
	General Sessions .. .. .	122
	Supreme Court .. .. .	28
	Parole Board .. .. .	77
	Miscellaneous .. .. .	11
Personal Emergency Service .. .. .	Letters and Telephone Calls .. .. .	4,371
Travancore Clinic—		
Examinations .. .. .	New Cases .. .. .	456
	Old Cases .. .. .	80
Interviews .. .. .	Clinic Psychiatrist .. .. .	1,339
	Others .. .. .	1,476

*(c) Therapeutic Industrial Workshops.*

—	Daily Average Attendance.	New Attendances.	Discharges.		
			Employment.	Further Training.	Discontinued.
Clarendon .. .. .	48	67	25	2	33
Glenhuntly .. .. .	72	37	22	10	12
St. Nicholas .. .. .	43	24	20	2	6

*Attendances—Social Clubs.*

Bluebird Club .. .. .	29
Clarendon .. .. .	46
Malvern .. .. .	22
Glenhuntly .. .. .	41

Average per gathering.

*(d) Hostels (Female).*

—	Bed Capacity.	Discharged.	Admitted.
Ballarat .. .. .	20	23	21
Carmel .. .. .	17	23	23
Denham House .. .. .	14	1	1
Edith Pardy .. .. .	24	34	39
Kinkora .. .. .	12	55	54

*Hostels (Male).*

—	Bed Capacity.	Discharged.	Admitted.
Trelowarren .. .. .	20	93	94
Wynnstay .. .. .	18	4	4

*Hostels (Intellectually Defective—Female).*

—	Bed Capacity.	Discharged.	Admitted.
Kew, Cottages .. .. .	40	9	5
Moorakyne .. .. .	30	3	2
St. Nicholas .. .. .	16	18	19

## ALEXANDRA PARADE CLINIC.

PSYCHIATRIST SUPERINTENDENT : DR. A. A. BARTHOLOMEW.

*Comments.*

The variety of cases coming to this Clinic—G.P. and P.E.A.S. referrals, court referrals, referrals from social agencies and chronic discards from other hospitals cover the whole spectrum from light to heavy psychiatry. There is also a percentage of organically determined psychiatric disturbances. In the medical field this makes up the bulk of the work at this Clinic.

Forensic psychiatry is also carried out as in previous years.

The Clinic still operates on a 24-hour basis and night sessions are carried out both by Consultants and Social Workers.

*Research.*

A research project has been initiated into long-term psychiatric sequelae of concussion, prolonged Toxic delirium, &c., with the aim of establishing diagnostic criteria and better methods of treatment. This is being carried out in conjunction with the Neurological Unit at Mont Park and the Superintendent at Beechworth Hospital. Because of known interest of the units in other states concerning this problem, it is hoped to establish liaison with them and evolve a common nomenclature regarding symptomatology and to exchange views concerning parameters of assessment and improvement as well as investigation into adequate forms of treatment.

## PERSONAL EMERGENCY ADVISORY SERVICE.

The statistics of the service are as follows :—

Telephone Calls	..	..	..	..	4,241
Letters	..	..	..	..	130
					<u>4,371</u>

There has been no significant changes in the number of calls this year.

*Social Service Index.*

A new system has been devised to record all information concerning Social Service facilities in the Community. For quick reference for the use of P.E.A.S. volunteers it is cross referenced. This has taken considerable hours of work to revise this detailed material and compile new clarified and up-to-date information.

*On-going Training.*

In addition to the monthly discussion groups and bi-monthly general meetings, a Refresher Course was held to bring volunteers understanding of current and new services up to date. Members of the Citizens' Advisory Bureau who had previously been trained at the Clinic were also invited.

The first Annual Seminar was held the subject being : "The Generation Gap". Volunteers' children were included and the interchange of ideas was stimulating and helpful to increase understanding.

*Training.*

Training Courses were held continuously throughout the year. These Training Courses provide training for the Citizens' Advice Bureau personnel as well as P.E.A.S. volunteers. To date 350 C.A.B. volunteers have been trained at this Clinic. The present courses are being conducted jointly by the Mental Health Authority and the Victorian Council of Social Services.

*Volunteer Participation.*

Volunteers participate in the running of the Service and the Volunteers' Committee has met regularly to help plan and co-ordinate the Service. They also help with Public Speaking to outside bodies, compiling and editing the Newsletter, Group Leaders on the training courses, plan seminars and public meetings. All volunteer activity is co-ordinated by the Senior Social Worker.

## AMBERMERE PSYCHIATRIC CLINIC.

PSYCHIATRIST SUPERINTENDENT : DR. T. W. MURRAY.

SECRETARY : MR. I. ARNEL.

At Ambermere and the clinics held regularly at Mooroopna, Echuca and Benalla there were nearly three thousand (3,000) out-patient attendances in 1969. Approximately four hundred (400) new cases were seen. In all cases emphasis continued to be placed upon the very prompt return of patients to the referring doctor whenever possible. This remains an essential policy so that the number of cases presenting for assessment and treatment does not swamp available resources.

For nearly nine months of the year under review there was available at Ambermere the valuable assistance of a Medical Officer who was able to take over a number of cases requiring repeated visits to the clinic. The Psychiatrist Superintendent continued to see all new referrals as well as all patients at the outlying clinics. The absence of a Consultant Psychiatrist was keenly felt throughout 1969. An Occupational Therapy programme was established during the year following the appointment of an Occupational Therapist and a Craft Supervisor. Two Charge Nurses were appointed earlier in the year and worked in close liaison with the Occupational Therapist as well as undertaking general clinic duties and some domiciliary visiting in association with the Social Workers. In addition to the part time services of a Social Worker a full-time Social Worker and a Case Aide were appointed and with the above staff it was possible to establish the elements of a Day Hospital towards the end of the year.

Close co-operation between Ambermere and the local Base Hospital continued throughout the year, including invaluable personal contacts made between the nursing staff of both units. It is hoped that during 1970 in-patients can be admitted. As well as treating in-patients and conducting regular out-patient clinics at the Base Hospital, the Psychiatrist Superintendent saw many other in-patients there on a consultant basis as in the previous year. In addition courses of lectures to the nurses in training and participation in medical staff seminars and clinical meetings were undertaken.

The Echuca and Benalla Clinics continued to be conducted on the basis of two sessions per fortnight.

Provision of a second hospital vehicle in the latter part of the year greatly increased the flexibility of transport arrangements but even so the growth in staff numbers has made increasingly heavy demands and especially in view of the large amount of domiciliary visiting undertaken by nursing staff and social workers a third vehicle is already quite an urgent necessity. It is to be hoped that during 1970 it will become possible with the appointment of additional staff in all categories, to open the in-patient unit.

## BOUVERIE CLINIC.

PSYCHIATRIST SUPERINTENDENT : DR. G. A. GODING.

Statistics show a slight increase over the previous year's figures in spite of the fact that there has been no increase in staff. Early in the year as the result of an article regarding the work of the Clinic appearing in the daily press there was a marked and prolonged increase in the number of referrals to the Clinic. This resulted in a situation where, apart from a few cases selected for students, almost all cases taken in for treatment met one of our four criteria for urgent treatment. Fortunately this critical situation was somewhat relieved by the completion of the change-over at Travancore, enabling us to pass to them a number of cases referred to this Clinic.

Four open-ended children's groups are now established. Three of these are for children suffering from neurosis or reactive disorder, separated by ages, approximately 8-11 years, 12-14 years and middle adolescence. Most of these children have severe difficulties in peer relationships. The fourth group is for young psychotic children with or without minimal brain dysfunction.

The evening group for fathers has now been replaced by a mixed parents group, mainly husband-wife pairs. This group seems to function more effectively than either of the one-sex parents groups, the husband-wife interaction being unusually constructive in this setting.

The whole family group is still mainly being used for diagnostic purposes though this has been the main treatment modality for a few families.

Several other groups have been conducted during the year such as one for Social Studies Students.

Dr. Saunders has continued to conduct the psychiatric Clinic at the St. John's Home for Boys and Girls and is also acting as consultant for the Citizens Welfare Service.

*Prevention.*

Mrs. Eileen Edwards has continued her work as psychologist with the Infant and Maternal Welfare Branch. While training lectures, seminars and consultation with staff supervisors occupy the major part of her time she has made many visits to kindergartens to see individual children and their parents. These visits are especially valuable in that the kindergarteners receive specific help in dealing with their problem children. To save travelling time, follow up interviews are usually held at this Clinic. Work with migrant problems has continued and a special series of discussions was held on the handling of children with minimal cerebral dysfunction.

Clinic staff have worked with various voluntary community groups on child care and related subjects.

*Training.*

The training of Clinic staff was carried out through individual supervision, group supervision, case conferences, theoretical discussions and various less formal procedures.

Training and supervision of various kinds were given by Clinic Staff to psychiatrists studying for the D.P.M., staff of the Maternal and Child Welfare Branch and case workers in allied fields including the Citizens Welfare Service and the Victorian Marriage Guidance Council.

Three Social Studies students and two fourth year Honors psychology students were placed at the Clinic throughout the year. They were each given a small case load under close supervision.

*Research.*

A study is in progress on the family patterns in cases of reactive or behaviour disorder.

## CHILDREN'S CLINIC.

PSYCHIATRIST SUPERINTENDENT : DR. J. L. GORMAN.

*History.*

This Clinic was founded in 1944 in Flinders-lane and in 1963 was transferred to Batman-avenue contiguous to the Children's Courts and Probationary Section.

It is now recommended that a special branch of the Clinic be established for the treatment of private non referrals, but the venue however should be away from the actual Court setting.

Essential to the treatment of Juvenile Delinquency is co-ordination of the various agencies concerned, it is fortunate that there is a very close liaison with the Children's Court Magistrates.

This liaison has proved mutually beneficial.

Social Workers are very important in the work of this clinic, both for evaluation and treatment. There are two fully trained Social Workers, and two senior Social Studies Students.

The establishment of two Psychologists has fortunately been maintained.

The primary purpose of the Clinic was and is still the examination and treatment of children exhibiting anti-social behaviour disorders who have been referred by the Children's Court Magistrates.

This original scope has been widened to include children exhibiting anti-social behaviour who have been referred by Medical or Social Agencies.

The present scope of the Clinic is therefore clearly defined as the diagnosis and treatment of juvenile anti-social behaviour disorders as distinct from other behaviour disorders.

Post-graduate training in Child Psychiatry at the Children's Clinic is conducted with the definite differentiation of anti-social from other juvenile behaviour disorders.

The emphasis is on directive treatment within the family context, rather than indirect individual treatment.

It is considered essential that the Professional Staff of this Clinic be trained in Child Psychiatry and that they should in no way become involved with adults except in their relationship with children.

Finally it is considered that there must be a definite age limit for the term " Child ". The present system in Victoria with age limit seventeen seems far more satisfactory than that of New South Wales with age limit eighteen. This extra year places a big proportion of antisocial cases outside the orbit of the family and more within the range of adult psychiatry.



## CLARENDON CLINIC.

PSYCHIATRIST SUPERINTENDENT : DR. J. L. FORDYCE.

During 1969 the major points regarding the clinic were as follows.

The workshop is running very efficiently as a rehabilitation centre. Its programme is fairly precise and sophisticated, and is able to care for the individual needs of patients.

Most patients are now capable of moving upwards to the level of obtaining outside employment within 1-2 years. However, a few rather special long-term patients are attending. They are psychiatrically severely damaged, e.g. one is a child of two psychotic parents, but are capable of making slow but continuous improvement year by year. We feel that while they continue to improve they should be retained.

*Out-Patients.*—The number of patients seen has fallen considerably during the year owing to the following factors :—

- (1) The cessation of attendance by doctors from Sunbury Training Centre.
- (2) The Psychiatrist Superintendent is required at Glenhantly Rehabilitation Centre for four sessions per week, and with the same volume of administrative work at Clarendon required, he is seeing fewer out-patients.

1968	..	Total number of psychiatric interviews	..	..	..	6,000
1969	..	Actual number of patients seen by doctors by appointment	..	..	..	4,201
		Estimated number of informal but substantial interviews with workshop, hostel and social club patients	..	..	..	800

The source of referral of patients is changing, with fewer from Sunbury Training Centre and more from other hospitals and from general practitioners. Ararat Mental Hospital in particular is sending us many outpatients, and we also receive numbers of patients from Larundel and Mont Park Mental Hospitals.

The number of failed appointments was about 12 per cent. of the bookings, this figure has been fairly steady throughout the life of the clinic.

The number of patients returning to Mental Hospitals has been decreasing ; this probably reflects the changing out-patient situation with an increased proportion from general practitioners.

Returned to Mental Hospitals—

1967	..	..	..	..	..	..	361
1968	..	..	..	..	..	..	302
1969	..	..	..	..	..	..	255

## GLENHUNTLY REHABILITATION CENTRE.

*Functions of the Centre.*

The Centre operates as a day centre for the assessment, rehabilitation and resocialization of persons suffering from a wide variety of psychiatric disabilities.

A number of out-patients attend, these being former workshop patients who have left the Centre and are now working at home.

*Programme.*

The workshop is used as a means of helping patients socially and of improving their work capacity.

Work provided by V.A.T.M.I. includes repetition light engineering, spray painting, sheet metal work, spot welding, general assembly and packing.

Efforts are being made to develop a wider programme. To this end there are regular socials, outings and sporting fixtures. In addition two camps were held at Point Leo and Portsea. These were a very great success being particularly valuable for handicapped patients who had seldom been away from home before.

A considerable amount of group therapy is carried out. This is immensely useful in helping rehabilitees gain insight into their own problems.

*Referrals.*

Patients come from a wide variety of sources. Only a minority are from hospitals and clinics within the Department. The remainder are from public hospitals, the Commonwealth Department of Social Services, private practitioners, and other agencies.

*Employment.*

During the year 21 trainees obtained outside employment. The Commonwealth Employment service has continued to provide a very keen officer who was responsible for most of these placements.

The Auxiliary of parents and friends of the Centre has provided amenities throughout the year. One of the main purchases being electric fans for the upstairs workshop.

The Staff have throughout the year continued to work with dedication and energy to make the Centre a successful rehabilitation unit.

## MALVERN CLINIC

PSYCHIATRIC SUPERINTENDENT : DR. N. GOLD.

The General Practitioners continued to supply the majority of the new patients during the year 1969. After that came the various Mental Health Authority facilities, referrals from General Hospitals, psychiatrists in private practice, and other specialist services. The Out-Patient Department has carried the biggest part of the workload and a part-time medical officer in training is now working in this area.

The Day Hospital programme has undergone a number of changes. The attendances of the patient now vary from one a week to ten a week and there are several different programmes running concurrently. In addition, a new group of patients have joined the Day Hospital on the once a week basis and these are patients suffering from long-term psychoses who had previously remained at home for months at a time. This group is particularly enthusiastic, arriving punctually and obviously deriving benefit from their weekly participation in social activities.

The Resident Unit has been used by patients all over Victoria who can be best treated in this environment. Unless there are contraindications, all these patients participate in the Day Hospital programmes.

The new Out-Patient building became available in April, and by October the new pharmacy was operating. This has allowed us to use some of the bedrooms that have temporarily been used as offices.

A crèche for the children of mothers attending the Day Hospital was opened and this has been staffed on a voluntary basis by patients attending the Day Hospital, so that the mothers were responsible for the children during meal times only and the rest of the time they could benefit from their therapeutic programme.

There have been some changes in the nursing staff and a male assistant head nurse has been appointed.

The Social Work Department of the University of Melbourne has once more made placements of student social workers at the Clinic.

Occupational therapy students have been seconded for training here and have participated well in the programmes.

Fifth year medical students from the University of Melbourne and Monash University have come for regular teaching sessions in psychiatry.

Members of the Royal District Nursing Service have attended seminars.

There has been a decrease in the overall number of patients having physical treatment. The number of those having electroplexy has diminished to the lowest since the Clinic began. Abreactions have been few, and no hallucinogenic drugs were used during the year.

Weekly medical clinical meetings have been held, sometimes with participation by psychiatrists from other parts of the Department.

## NORTHERN VICTORIA REGIONAL SERVICE.

PSYCHIATRIST SUPERINTENDENT : DR. J. P. BOMFORD.

*Out-patients.*

In the Central Bendigo clinic and all the country clinics (except Castlemaine) the work load has steadily increased with more new patients seen and more interviews given than in the previous year. In the latter half of the year a weekly late clinic from 5 p.m.-8 p.m. was started in Bendigo to follow up patients who found it difficult to lose time off work and to see patients for individual psychotherapy.

Sessions away from the Base Hospital were attended as below :—

Castlemaine	..	..	..	..	..	..	1 session a month
Alexander Home for the Aged				..	..	..	1 session a month
Bendigo Home for the Aged	..	..	..	..	..	..	1 session a month
St. Aidan's Orphanage				..	..	..	1 session a month
Swan Hill	..	..	..	..	..	..	2 sessions a month
Kerang	..	..	..	..	..	..	2 sessions a month
Charlton	..	..	..	..	..	..	1 session a month

*Social Work.*

At Easter our Welfare Worker retired, our hopes were to attract the services of a full-time Social Worker. Instead we were lucky to have four sessions a week from a Welfare Worker and three sessions a week from a trained Social Worker, however, together they formed a team which maintained and supported many families. In the past few months this team worked steadily towards establishing an Out-patient Recovery Group.

*Training.*

Three courses of six lectures were given to general nurses in their third year of training and occasional lectures and discussion groups were held for revision courses. First year post-graduate residents attended a teaching session weekly throughout the year at Bendigo and in Swan Hill a similar arrangement occurred monthly. A paper on the aetiology and treatment of depression was read to a well attended meeting of General Practitioners.

*Staff Shortage.*

The loss of a Psychologist is felt strongly. The pressure of work on our secretary has grown and there was some delay in getting assistance.

*Bendigo Psychiatric Centre.*

Because of the non completion of staff accommodation at the same time as the wards, some delays are to be expected in opening this Unit.

## OBSERVATORY CLINIC.

PSYCHIATRIST SUPERINTENDENT : DR. R. E. G. MACLEAN.

During the year there was an acute shortage of full-time psychiatrists although there was sufficient ancillary staff.

*Statistics.*

—	New Patients 1969.	Patients carried over from 1969 or earlier.	Total Patients.	Number of Psychiatric Interviews.
Adults .. ..	309	1,120	1,429	9,989
Children .. ..	227	398	625	

*Educational.*

In addition to a number of evening talks by various staff members to Parent Groups (e.g., associated with schools and kindergartens), and the accommodation of psychology, social studies and speech therapy students for varying periods, the following were included in the year's programme :—

- (1) Lecture-discussion for a group of sixteen Nursing Sisters from the Royal District Nursing Service on 24th February.
- (2) Lecture-discussion for Rotating Interns on four occasions ; 2nd February, 15th May, 14th August and 13th November.
- (3) Lecture-discussion for a small group of senior medical students from Monash University Medical School.
- (4) Lecture-discussion for a group of eight general practitioners arranged by the Royal Australian College of General Practitioners.

*Therapeutic.*1. *Social Club.*

As predicted, it was found necessary to discontinue the Social Club owing to the shortage of full-time medical staff.

2. *Treatment Centre.*

The work here was intensified as the result of the enthusiasm of the two Sisters at the Centre.

*General.*

On 26th July the Clinic had completed twenty years of service, for on 26th July, 1949, it was officially opened by the Hon. Minister of Health.

While rejoicing that we have had the privilege of working with patients in exceptionally suitable surroundings we are uncomfortably aware that some day a start will be made on the site for the New National Museum here, and we shall have to move elsewhere.

## PENTRIDGE CLINIC.

PSYCHIATRIST SUPERINTENDENT : DR. A. A. BARTHOLOMEW.

The work has continued over the last twelve months on the same lines as previous years, and the staff has remained at much the same level.

*Reports.*

The total reports prepared for this year was 460, the breakdown being :—

Court of Petty Sessions	..	..	..	..	..	..	186
Courts of General Sessions	..	..	..	..	..	..	122
Parole Board	..	..	..	..	..	..	77
Supreme Court	..	..	..	..	..	..	28
Executive Council	..	..	..	..	..	..	7
Psychologist	..	..	..	..	..	..	29
Miscellaneous	..	..	..	..	..	..	11
							<hr/> 460 <hr/>

*Staffing.*

The three psychiatrists have continued to work in the prison being largely concerned with diagnostic and Court work as well as continued psychotherapy.

The general medicine has been controlled by the Health Department and, until he ceased working in September, 1969 the work was carried out by Dr. G. Nunan. Since September the work has been undertaken by a roster of doctors.

In December, 1969, a Social Worker, joined the Alexandra Clinic working largely in the field of Forensic Psychiatry.

## PSYCHIATRIC CLINIC TRAVANCORE.

PSYCHIATRIST SUPERINTENDENT : DR. K. M. BENN.

The year proved to be particularly satisfying and a series of events marked the final conversion of the unit into one catering for emotionally disturbed children.

The new out-patient department was occupied early in February.

This building provides office accommodation for eleven persons and is adequately equipped with play therapy and lecturing facilities. One suite allocated for play therapy work lends itself for inservice training because of the central observation room equipped with one-way screens and sound equipment.

Although a significant percentage of the out-patient intake continues to be intellectually handicapped children, the predominant referral has been of emotionally disturbed children. It has been necessary to establish a different intake process than hitherto. This has been negotiated by an intake committee consisting of the Consultant Psychiatrist and all senior professional staff who not only investigate the adequacy of referral information, but also allocate professional time for the evaluation process.

As a result, the evaluation process has become far less formal and more integrated with the treatment process.

Emphasis has also been placed on intradisciplinary and interdisciplinary communication. Currently this is negotiated by a number of short formal staff meetings and the more traditional informal communication process.

A great deal of progress has been made with inservice training of nursing and teaching staff. Already various members of the professional staff are involved with these programmes and it is hoped the programmes will be extended during 1970.

As in past years, the clinic has continued its responsibility to various extramural clinics. The Psychiatrist Superintendent continued his visits to School Medical Service and Dr. Ridley continued her activities at the same centre. In her case, work is predominantly that of child psychiatric therapy but a certain amount of her time is opportuned to parent discussion groups and inservice training of School Medical Officers.

This year, work within the Social Welfare framework was shared between the Consultant/ Psychiatrist and a medical officer, and apart from regular consultative visits to Allambie a total of 46 homes were visited within the orbit of Social Welfare Department.

More so than in previous years, this clinic has provided a valuable supervisory experience for social work and psychology students.

A Speech therapist was appointed to the clinic staff during the year. Currently she is establishing in consultation with the psychologists, an assessment procedure capable of determining the perceptual abilities of each child referred.





## PSYCHIATRIC HOSPITAL : BALLARAT.

PSYCHIATRIST SUPERINTENDENT : DR. C. S. HAUGHTON.

SECRETARY : MR. K. C. TURNER.

*Statistics.**Patients.*

—	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In residence .. ..	4	2	8	11	25	..	..	..	..	..
On trial leave .. ..	10	..	17	2	29	..	..	..	..	..
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave .. ..	..	..	..	..	..	..	..	..	..	..
Total on books .. ..	14	2	25	13	54	..	..	..	..	..

—	Male.		Female.		Total.
	Rec.	Voluntary.	Rec.	Voluntary.	
Admissions—					
Direct .. .. .	3	1	1	..	5
From Psychiatric Hospitals .. .. .	..	..	..	..	..
Transferred IN .. .. .	..	..	..	..	..
Discharges .. .. .	8	3	15	13	39
Transferred OUT .. .. .	9	..	11	..	20
Deaths .. .. .	..	..	..	..	..
Average number resident during year .. .. .	6	3	7	9	25
Persons under care during year .. .. .	17	3	26	13	59
Cases admitted, aged (male 65, female 60) years and over .. .. .	..	..	..	..	..
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	..	..	..	..	..

Staff figures are common to all Ballarat Institutions.

The report on the Psychiatric Hospital is incorporated in that of the Mental Hospital, Ballarat.

All patients were transferred from Psychiatric Hospital to Parklands Clinic Ballarat on 6.1.69

## PARKLANDS CLINIC : BALLARAT

PSYCHIATRIST SUPERINTENDENT : DR. C. S. HAUGHTON.

SECRETARY : MR. K. C. TURNER.

*Statistics.**Patients.*

—	1st January, 1969				Total.	31st December, 1969.				Total.
	Male.		Female.			Male.		Female.		
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In residence .. ..	..	..	..	..	..	5	8	8	7	28
On trial leave .. ..	..	..	..	..	..	12	..	28	..	40
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave .. ..	..	..	..	..	..	..	..	..	4	4
Total on books .. ..	..	..	..	..	..	17	8	36	11	72

—	Male.		Female.		Total.
	Rec.	Voluntary.	Rec.	Voluntary.	
Admissions—					
Direct .. .. .	75	107	101	164	447
From Psychiatric Hospitals .. .. .	..	2	..	8	10
Transferred IN and Reclassified .. .. .	17	20	26	22	85
Discharges .. .. .	38	105	53	161	357
Transferred OUT and Reclassified .. .. .	37	15	36	20	108
Deaths .. .. .	..	1	2	2	5
Average number resident during year .. .. .	5	6	7	10	28
Persons under care during year .. .. .	92	118	126	170	506
Cases admitted, aged (male 65, female 60) years and over .. .. .	9	8	27	32	76
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	1	..	11	6	18

Staff figures are common to all Ballarat Institutions.

The report on Parklands Clinics is incorporated in that of the Mental Hospital, Ballarat.

All patients at Psychiatric Hospital, Ballarat were transferred to Parklands Clinic on 6.1.69.

## NOVAR INFORMAL HOSPITAL : BALLARAT.

PSYCHIATRIST SUPERINTENDENT : DR. C. S. HAUGHTON.

SECRETARY : MR. K. C. TURNER.

*Statistics.**Patients.*

	1st January, 1969.			31st December, 1969.		
	Male.	Female.	Total.	Male.	Female.	Total.
	Informal.	Informal.		Informal.	Informal.	
In residence .. .. .	3	14	17	4	10	14
On trial leave .. .. .	..	..	..	..	..	..
Boarded out .. .. .	..	..	..	..	..	..
Absent without leave .. .. .	..	..	..	..	..	..
Total on books .. .. .	3	14	17	4	10	14

	Male.	Female.	Total.
	Informal.	Informal.	
Admissions—			
Direct .. .. .	25	93	118
From psychiatric hospitals .. .. .	12	39	51
Transferred IN .. .. .	5	5	10
Discharges .. .. .	37	133	170
Transferred OUT .. .. .	4	8	12
Deaths .. .. .	..	..	..
Average number resident during year .. .. .	5	11	16
Persons under care during year .. .. .	41	140	181
Cases admitted, aged (male 65, female 60) years and over .. .. .	1	22	23
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	1	2	3

Staff figures are common to all Ballarat Institutions.

The report on Novar Hospital is incorporated in that of the Mental Hospital, Ballarat.

## PSYCHIATRIC CENTRE : DANDENONG.

PSYCHIATRIST SUPERINTENDENT : DR. A. KESSELL.

SECRETARY : MR. B. HOGAN.

*Statistics.**Patients.*

	1st January, 1969.			31st December, 1969.		
	Male.	Female.	Total.	Male.	Female.	Total.
	Informal.	Informal.		Informal.	Informal.	
In residence .. .. .	9	12	21	9	14	23
On trial leave .. .. .	..	..	..	..	..	..
Boarded out .. .. .	..	..	..	..	..	..
Absent without leave .. .. .	..	..	..	..	..	..
Total on books .. .. .	9	12	21	9	14	23

	Male.	Female.	Total.
	Informal.	Informal.	
Admissions—			
Direct .. .. .	139	237	376
From psychiatric hospitals .. .. .	..	..	..
Transferred IN .. .. .	..	..	..
Discharges .. .. .	139	235	374
Transferred OUT .. .. .	..	..	..
Deaths .. .. .	..	..	..
Average number resident during year .. .. .	10	20	30
Persons under care during year .. .. .	125	206	331
Cases admitted, aged (male 65, female 60) years and over .. .. .	3	17	20
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	..	..	..

*Staff.*

	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	4	..	4	..
Professional—Non—medical .. .. .	..	2	..	3
Nursing .. .. .	10	20	12	22
Administrative .. .. .	2	5	2	5
Services/Tradesmen .. .. .	6	1	7	3

More in-patients were admitted than the previous year and the patients utilising the Day Hospital more than doubled.

A Community Nursing Service as an independent entity was set up and generally there was an increasing involvement in community activities, often initiated by the staff of the Centre.

*Out-patients.*

Two peripheral clinics (Leongatha and Ferntree Gully) had to be temporarily suspended due to the staff shortage, although the group therapy clinics held by the nursing staff continued and proved successful.

Despite the pressure of new appointments, an emergency service was maintained through the combined efforts of the medical staff and the community nursing service.

The nursing staff and medical staff continued to run an increasing number of therapy groups and 247 new patients were introduced to the groups.

A consultative service to Dandenong and District Hospital was provided usually for patients admitted to that hospital with drug overdosage.

#### *Community Nursing Service.*

This service was set up as a separate entity staffed by one charge nurse and one ward nurse and proved highly successful. The nursing staff conducted 82 home visits and 492 hospital interviews. Many more telephone interviews were held by the nursing staff usually to deal with patient crises.

#### *Day Hospital.*

A programme of expansion was developed by the provision of nursing staff attached full time to the Day Hospital. There has been some difficulty in upgrading the Day Hospital service. The number of patients attending the Day Hospital more than doubled.

Negotiations were commenced with local service clubs to provide facilities for a small creche at the centre.

More occupational therapy staff will now be necessary to cope with the extra work. Extension of occupational therapy space will also be necessary.

#### *In-Patients.*

The number of in-patients admitted during the year again increased. A full range of treatment programmes were provided including physical therapies and psychotherapy, both group and individual therapy.

#### *Social Work.*

Two case aides were added to the social work department and the establishment for social workers was increased.

#### *Psychologist.*

A psychologist was available only one day a week, but a full-time position has now been established.

#### *Research and Publications.*

The major study of the side effects of the hypnotic, methaqualone was continued.

A study of a new method (salivary) of detecting bromide in the body was commenced.

#### *Community Activities.*

The professional staff gave a considerable amount of time to giving talks to local organizations. Several local organizations now have close links with the Centre.

The Dandenong branch of Alcoholics Anonymous and Alanon continued to meet at the Centre.

The Dandenong Safety Officers Association held a meeting on Industrial Psychiatry at the Centre.

The Marriage Guidance Bureau continued to use hospital facilities.

## PSYCHIATRIC HOSPITAL : LARUNDEL.

PSYCHIATRIST SUPERINTENDENT : DR. D. J. H. BARLOW.

ACTING SECRETARY : MR. R. J. BATES.

*Statistics.**Patients.*

	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In residence .. ..	40	86	49	86	261	43	71	34	93	241
On trial leave .. ..	48	..	45	..	93	97	..	96	..	193
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave .. ..	1	..	1	..	2	6	..	2	..	8
Total on books .. ..	89	86	95	86	356	146	71	132	93	442

	Male.		Female.		Total.
	Rec.	Voluntary.	Rec.	Voluntary.	
Admissions—					
Direct .. .. .	532	719	519	763	2,533
From Psychiatric Hospitals and reclassified .. ..	14	113	16	127	270
Transferred IN .. .. .	7	11	12	33	63
Discharges .. .. .	402	746	383	759	2,290
Transferred OUT and reclassified .. .. .	85	100	125	142	452
Deaths .. .. .	9	12	2	15	38
Average number resident during year .. .. .	46	88	35	96	265
Persons under care during year .. .. .	417	662	357	696	2,132
Cases admitted, aged (male 65, female 60) years and over ..	31	37	59	136	263
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	2	20	7	29	58

Staff.—Common with Mental Hospital.

Report incorporated in that of Mental Hospital, Larundel.

## INFORMAL HOSPITAL, MALVERN.

PSYCHIATRIST SUPERINTENDENT : DR. N. GOLD.

ACTING SECRETARY : MR. J. E. YOUNG.

*Statistics.**Patients.*

	1st January, 1969.			31st December, 1969.		
	Male.	Female.	Total.	Male.	Female.	Total.
	Informal.	Informal.		Informal.	Informal.	
In residence .. .. .	3	10	13	4	6	10
On trial leave .. .. .	..	..	..	..	..	..
Boarded out .. .. .	..	..	..	..	..	..
Absent without leave .. .. .	..	..	..	..	..	..
Total on books .. .. .	3	10	13	4	6	10

	Male.	Female.	Total.
	Informal.	Informal.	
Admissions—			
Direct .. .. .	53	122	175
From Psychiatric Hospitals .. .. .	..	..	..
Transferred IN .. .. .	..	..	..
Discharges .. .. .	52	126	178
Transferred OUT .. .. .	..	..	..
Deaths .. .. .	..	..	..
Average number resident during year .. .. .	3	10	13
Persons under care during year .. .. .	56	132	188
Cases admitted, aged (male 65, female 60) years and over .. .. .	3	22	25
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	..	1	1

*Staff.*

	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	2	2	4	2
Professional—Non-medical .. .. .	1 (½ time)	4	2	3
Nursing .. .. .	2	16	3	11
Administrative .. .. .	1	3	1	3
Services/Tradesmen .. .. .	2	6	4	6

Notes by the Superintendent are incorporated in the Malvern Clinic report.

## PARKVILLE PSYCHIATRIC UNIT.

PSYCHIATRIST SUPERINTENDENT : DR. J. R. B. BALL.

SECRETARY : MR. K. A. BOYD.

*Statistics.**Patients.*

	1st January, 1969.			31st December, 1969.		
	Male.	Female.	Total.	Male.	Female.	Total.
	Informal.	Informal.		Informal.	Informal.	
In residence .. .. .	11	11	22	4	8	12
On trial leave .. .. .	..	..	..	..	..	..
Boarded out .. .. .	..	..	..	..	..	..
Absent without leave .. .. .	..	..	..	..	..	..
Total on books .. .. .	11	11	22	4	8	12

	Male.	Female.	Total.
	Informal.	Informal.	
Admissions—			
Direct .. .. .	135	152	287
From Psychiatric Hospitals .. .. .	2	3	5
Transferred IN .. .. .	..	..	..
Discharges .. .. .	144	158	302
Transferred OUT .. .. .	..	..	..
Deaths .. .. .	..	..	..
Average number resident during year .. .. .	9	15	24
Persons under care during year .. .. .	122	140	262
Cases admitted, aged (male 65, female 60) years and over .. .. .	1	2	3
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	..	..	..

*Staff.*

	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	4	..	4	..
Professional—Non-medical .. .. .	1	5	1	3
Nursing .. .. .	7	15	8	13
Administrative .. .. .	2	5	2	5
Services/Tradesmen .. .. .	13	9	13	9

During 1969 the Unit continued to function fully in all capacities ; provision of service to the community through out-patient, day patient and in-patient care ; teaching at under-graduate and post-graduate levels and various research projects. It is felt that these functions were adequately covered despite a number of senior staff shortages during the year.

*Statistics—**In-patients.*

The total in-patient admissions for 1969 was 292 as compared with 307 in 1968 and the average daily number of in-patients for 1969 was 24.



*Day Patients.*

The day hospital continued to function as a unit for new cases and a follow up unit for previous in-patient cases. The total day hospital attendance for 1969 was 6,119 with an average daily attendance of 25.

*Out-patients.*

Out-patient interviews were provided by the medical staff as a follow up for previous in-patients or day patients and new cases.

Total number of psychiatric out-patient interviews	..	..	..	2,412
Total number of new out-patient cases	..	..	..	96
Total number of new and old out-patient cases	..	..	..	482

The Psychologist also conducted 306 out-patient interviews involving 55 patients.

*Buildings and Grounds.*

All building alterations had been completed by the beginning of 1969 but the resident accommodation for Melbourne University Medical Students was not used until July, 1969. With this area coming into use the Unit then began to function fully in the manner for which it was designed.

The surrounds of the buildings which for some time had been used as storage areas for contractors' equipment were cleaned and landscaped.

*Staff.*

The Psychologist is heavily overcommitted in teaching, diagnostic assessment and treatment. The appointment of an additional Psychologist is considered urgent.

There has never been more than one Social Worker on duty although the establishment provides for more. For the last two months of the year there was no Social Worker and the prospects of a replacement appear very poor. This is regarded as serious because it is difficult to provide a proper service.

*Post-Graduate Teaching and Training.*

During 1969 ten Mental Hygiene Medical Officers and two general practitioners attended for six monthly post-graduate training periods. Trained psychiatric staff from the Department of Psychiatry, University of Melbourne, have also attended for tuition.

One member of the staff obtained his M.D. of University of Melbourne and another member is awaiting results for the same degree.

## PSYCHIATRIC HOSPITALS ROYAL PARK AND PLEASANT VIEW.

PSYCHIATRIST SUPERINTENDENT : DR. J. F. J. CADE.

SECRETARY : MR. F. B. HOWELL.

*Statistics.**(a) Royal Park.**Patients.*

	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In residence .. ..	28	53	47	58	186	43	43	34	55	175
On trial leave .. ..	21	1	29	..	51	36	..	42	..	78
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave ..	1	..	..	..	1	2	..	3	..	5
Total on books .. ..	50	54	76	58	238	81	43	79	55	258

	Male.		Female.		Total.
	Rec.	Voluntary.	Rec.	Voluntary.	
Admissions—					
Direct .. .. .	645	818	642	878	2,983
From Psychiatric Hospitals .. ..	2	..	1	..	3
Transferred IN .. .. .	54	90	50	41	235
Discharges .. .. .	581	884	649	885	2,999
Transferred OUT .. .. .	86	34	37	36	193
Deaths .. .. .	3	1	4	1	9
Average number resident during year .. ..	37	52	41	57	187
Persons under care during year .. ..	495	704	382	568	2,149
Cases admitted, aged (male 65, female 60) years and over ..	22	21	57	117	217
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	9	4	11	18	42

*Staff.*

	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	14	5	19	2
Professional—Non-medical .. .. .	9	11	8	11
Nursing .. .. .	76	105	67	86
Administrative .. .. .	8	10	8	11
Services/Tradesmen .. .. .	75	21	79	24

## Statistics.

## (b) Pleasant View.

## Patients.

—	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In residence .. ..	..	22	..	37	59	..	..	..	..	..
On trial leave .. ..	..	..	..	..	..	..	..	..	..	..
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave .. ..	..	..	..	..	..	..	..	..	..	..
Total on books .. ..	..	22	..	37	59	..	..	..	..	..

—	Male.		Female.		Total.
	Recom- mended.	Voluntary.	Recom- mended.	Voluntary.	
Admissions—					
Direct .. .. .	..	..	13	..	13
From Psychiatric Hospitals .. .. .	..	..	..	6	6
Transferred IN .. .. .	..	..	..	..	..
Discharges .. .. .	..	..	..	14	14
Transferred OUT .. .. .	..	22	12	26	60
Deaths .. .. .	..	..	1	3	4
Average number resident during year .. .. .	..	..	..	..	..
Persons under care during year .. .. .	..	22	13	26	61
Cases admitted, aged (male 65, female 60) years and over .. .. .	..	..	13	6	19
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	..	..	..	..	..

## Staff.

—	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	1	..	..	..
Professional—Non-medical .. .. .	..	..	..	..
Nursing .. .. .	7	19	..	..
Administrative .. .. .	1	2	..	..
Services/Tradesmen .. .. .	7	9	6	..

Royal Park was completely remodelled and considerably extended between 1953 and 1961. Unfortunately all the new buildings were "prefabs" of either light timber construction or of the Bristol or Hawkesley type. It has been pointed out in previous annual reports how unsatisfactory they are from the point of view of temperature control and maintenance. In hot summer days they are stifling. Maintenance cannot keep pace with deterioration. There is really only one thing to do and that is to scrap the lot and rebuild to modern design in more satisfactory materials.

The question of a staged five-year rebuilding programme was tentatively raised during the year. It is recommended that the first stage be a new admission unit for both men and women, for the following reasons :—

The present admission wards are unsatisfactory in a number of ways. For a teaching hospital there are too few interview rooms in these wards for doctors, students, social workers, psychologists and chaplains. The lounge in the men's observation ward is inadequate to house the various activities.

A common complaint amongst women patients is that they are upset by being admitted to an observation ward in which there are obviously psychotic or disturbed fellow patients. As far as possible patients are admitted direct to convalescent wards when their mental state permits, but there are some who have to be admitted to an observation ward. The most common reason is possible or actual suicide risk.

Two women's wards or sub-wards are really required ; a smaller one for more disturbed patients and a larger one for co-operative patients.

A new admission unit would solve the male problem, as the present observation wards would be quite adequate as convalescent wards for a number of years. The next stage might then be a new nurses home and student quarters.

*Other Matters.*

In mid-April a small ward was organized on therapeutic community principles. It is proposed to establish a larger ward on similar lines next year with a completely integrated staff.

The former kiosk was remodelled as an out-patient department. It was expected to be available in August but is still not in use because carpeting and furniture has not arrived. It will be much easier to staff and administer in its new location.

Pleasant View was closed as a psycho-geriatric annexe of this hospital in the middle of the year.

## HOBSON PARK, INFORMAL HOSPITAL : TRARALGON.

PSYCHIATRIST SUPERINTENDENT : DR. E. L. ROBERTS.

SECRETARY : MR. J. E. COTTER.

*Statistics.**Patients.*

	1st January, 1969.		Total.	31st December, 1969.		Total.
	Male.	Female.		Male.	Female.	
	Informal.	Informal.		Informal.	Informal.	
In residence .. .. .	10	22	32	25	28	53
On trial leave .. .. .	..	..	..	..	..	..
Boarded out .. .. .	..	..	..	..	..	..
Absent without leave .. .. .	..	..	..	..	..	..
Total on books.. .. .	10	22	32	25	28	53

	Male.	Female.	Total.
	Informal.	Informal.	
Admissions—			
Direct .. .. .	218	308	526
From Psychiatric Hospitals .. .. .	..	..	..
Transferred IN .. .. .	..	..	..
Discharges .. .. .	196	294	490
Transferred OUT .. .. .	6	7	13
Deaths .. .. .	1	1	2
Average number resident, during year .. .. .	12	22	34
Persons under care, during year .. .. .	162	236	398
Cases admitted, aged (male 65, female 60) years and over .. .. .	6	24	30
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	..	2	2

*Staff.*

	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	4	..	4	..
Professional—Non-medical .. .. .	..	1	..	2
Nursing .. .. .	8	25	8	27
Administrative .. .. .	2	3	2	3
Services/tradesmen .. .. .	16	8	18	12

*Statistics.*

Total admissions of 526 was an increase of 59 on 1968. The previous year had seen a considerable fall in the average stay from 31 to 24 days. During 1969 it rose to 29 days.

Any of our patients who have diseases requiring investigation and treatment in a general hospital are referred to the care of one of the Traralgon practitioners attending the Central Gippsland Hospital.

On 20th April, John Williams, M.D., M.R.C.P., D.P.M., F.A.N.Z.C.P., declared open four new buildings : the Administration Offices, the Fulton Occupational Centre, the Store, and the School of Nursing.

Following the occupation of the new administration building, the Authority conferred with us in October about our proposal to formulate a schedule for the opening of a rehabilitation unit in the two wards that had become available. It was decided that 16th February, 1970 could be set for the opening date and preparation of a detailed schedule commenced.

Final determinations have been made regarding selection of patients, training areas, incentives and involvement of the community in the rehabilitation programme.

#### *Clinics.*

For the greater part of the year the Psychiatrist Superintendent conducted, with the assistance of nurses, all out-patient clinics, except Warragul which was discontinued. It has been decided to initiate group therapy with nurse leaders because many patients had expressed a need for this form of treatment to continue for a time after leaving hospital.

The number of new patients seen increased from 398 the previous year to 447 for 1969. The total including old patients, increased by the same number to 806 and total attendances rose from 2,486 to 2,756.

#### *Community Nurse Visiting.*

Mention has been made of the extension of nurse centred discussion groups to out-patient clinics. Several factors can be defined which influence the success of these groups ; continuity of nurse ; continuity of a nucleus of patients ; and referral by individual patients' medical officer.

Altogether 614 home visits were made by psychiatric nurses ; an increase of 140. Not only are individual patients helped in this way, many families also have been supported in the community by nurses.

#### *Staff.*

The visits of some departmental superintendents and consultants arranged by Dr. Ball of the Parkville Unit were much appreciated by all professional staff.

#### *Public Relations.*

Two meetings were arranged with general practitioners. At one we discussed indications for immediate psychiatric referral following attempted suicide and at the other psychotherapy was discussed with Dr. Ball.

The clergy attended in considerable force a full day seminar on depression.

At the suggestion of senior officers of the School Medical Service, a presentation of a child's behaviour disorder involving the family doctor, teachers, volunteer play therapist and the Psychiatrist Superintendent was well attended.

At the instigation of the Matron, the Gippsland Branch of the Royal Victorian College of Nursing, held a weekend meeting here and invited Dr. M. Benjamin and the Psychiatrist Superintendent to talk on community psychiatry.

Our social worker had much to do with the departmental social workers holding a full day meeting here. Gippsland social welfare agency workers were invited to join them and a well planned programme was fruitful in many ways.

#### *Voluntary Organizations.*

The Auxiliary show great interest in the planning of the rehabilitation unit. We are confident that our expectations concerning volunteer hobby group leaders will be fulfilled. Without the support of this organization Hobson Park would be deprived of many tangible and intangible benefits.

## TRAVANCORE CENTRE.

PSYCHIATRIST SUPERINTENDENT : DR. K. M. BENN.

SECRETARY : MR. W. J. SERTORI.

*Statistics.**Patients.*

	1st January, 1969.			31st December, 1969.		
	Male.	Female.	Total.	Male.	Female.	Total.
	Informal.	Informal.		Informal.	Informal.	
In residence .. .. .	8	8	16	12	9	21
On trial leave .. .. .	..	..	..	..	..	..
Boarded out .. .. .	..	..	..	..	..	..
Absent without leave .. .. .	..	..	..	..	..	..
Total on books .. .. .	8	8	16	12	9	21

	Male.	Female.	Total.
	Informal.	Informal.	
Admissions—			
Direct .. .. .	7	5	12
From Psychiatric Hospitals .. .. .	..	..	..
Transferred IN .. .. .	..	..	..
Discharges .. .. .	2	3	5
Transferred OUT .. .. .	1	1	2
Deaths .. .. .	..	..	..
Average number resident during year .. .. .	10	9	19
Persons under care during year .. .. .	15	13	28
Cases admitted, aged (male 65, female 60) years and over .. .. .	..	..	..
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	..	..	..

*Staff.*

	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	1	..	4	1
Professional—Non-medical .. .. .	..	..	4	5
Nursing .. .. .	..	18	2	16
Administrative .. .. .	1	1	1	4
Services/Tradesmen .. .. .	4	11	5	9

*General.*

This year marks the period during which Travancore centre made the final steps of conversion into a centre for emotionally disturbed children. By the end of the year, the entire framework—organizational and structural had been completed.

*Buildings.*

All rebuilding of wards and outdoor installations were completed early in the year.

The rebuilding programme involved the reconstruction of the pre-school centre into an admission ward ; the conversion of the old out-patient centre so that it could serve as an occupational therapy unit, and the construction of a developmental play area. The construction of an adventure playground is now under consideration.

The admission ward has been designed in such a way as to permit the maximum degree of functional mobility. The play activities wing is equipped with mobile walls, thus changing shape and size of rooms according to the play programme required at the time. The unit itself permits a wide range of activities for the children, ranging from noisy activities at one end of the building, graduating to quiet activities at the opposite end of the building. Sleeping accommodation provides an attractive furnished space for each child and privacy is insured by moveable curtains.

#### *Staff and Staff Training.*

Early in the year, an establishment of sixteen trained Child Care Officers was approved. This has required lecturing responsibilities on our part in order to add to the syllabus for the Social Welfare Department full-time Child Care Officers Course. During the year a total of 55 lectures and 55 tutorials were given to these students. The training course also involved a number of training demonstrations utilizing the one way screens of our new out-patient department, indeed this proved to be a very effective method of demonstrating cases of child emotional disorder.

The consultant psychiatrist conducted weekly seminars for the nursing staff and a similar series for the teaching staff.

#### *The Residential Programme.*

Due to the complexities of spelling out an activities programme for the 36 children on a weekly basis, it has been necessary to establish an on-going work group for this purpose. The Group consists of the Consultant Psychiatrist, the resident Medical Officer, Head-Teacher, Matron and the Senior Social Worker and Senior Occupational Therapist. The group examined the needs for streaming children into activity groups according to their capabilities and therapeutic needs. This is cross checked against the actual staff available each day and what degree of supervision is required from the professional staff. In order to assist in the process of evaluating progress, the Consultant Psychiatrist has designed a check list which is recorded upon each child daily, and the lists are examined by the activities group each week.

The two occupational therapists are heavily engaged in these activities, particularly with the day to day supervision of the residential programme.

#### *Admission Procedure.*

Although admission may be deemed necessary for a wide range of childhood psychiatric disorders it has been felt that an admission committee is necessary in order to determine whether admission is really desirable for the child and whether in our opinion his specific needs are best served by the programme at present existent. Therefore, a monthly meeting of an admission committee takes place at which relevant members of the team advance reasons for or against the admission of a child. Currently eight children are on our waiting list, but this list will probably increase rapidly in size during 1970.

#### *Emergency Admissions.*

Frequently, cases are referred for urgent admission. Such cases are evaluated by the Consultant Psychiatrist within a day or two from time of contact.

#### *Holiday Placements.*

A total of four holiday placement periods have been offered during the year. These have done much to relieve pressure on some of the parents of psychotic children. The placement periods have also been useful, in that an opportunity is presented for the fuller and more detailed evaluation of such children.

#### *Holidays for Residents.*

Two holidays were spent by the children at Marlborough House (Portsea) during the year. The last visit was particularly successful in that several new staff were able to exchange views with the older and more experienced staff and a social worker and psychologist who were able to attend. The dialogue was a particularly productive one for all categories of Staff and will be repeated in 1970.



## MENTAL HOSPITAL, ARARAT.

PSYCHIATRIST SUPERINTENDENT : DR. P. R. WOOD.

SECRETARY : MR. C. H. FELLOW-SMITH.

*Statistics.**Patients.*

—	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In residence .. ..	150	54	184	165	553	116	38	135	118	407
On trial leave .. ..	5	1	13	13	32	16	2	14	5	37
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave ..	2	..	..	..	2	5	..	..	..	5
Total number on books ..	157	55	197	178	587	137	40	149	123	449

—	Male.		Female.		Total.
	Rec.	Voluntary.	Rec.	Voluntary.	
Admissions—					
Direct .. .. .	19	35	3	26	83
From Psychiatric Hospitals	11	..	..	..	11
Transferred IN	15	4	41	17	77
Discharges .. .. .	32	26	35	73	166
Transferred OUT	26	21	37	10	94
Deaths .. .. .	7	7	20	15	49
Average number resident during year	167	46	158	156	527
Persons under care during year	195	92	228	205	720
Cases admitted, aged (male 65, female 60) years and over	4	4	5	6	19
Cases (male 65, female 60) years and over on books as at 31st December, 1969	22	18	74	82	196

*Staff.*

—	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	4	..	2	1
Professional—Non-medical .. .. .	..	..	..	..
Nursing .. .. .	131	103	132	100
Administrative .. .. .	4	..	6	..
Services/tradesmen .. .. .	100	22	101	26

*General.*

The female section of the hospital was reduced in size to permit the establishment of a female training centre and the enlargement of the male training centre.

*Staff.*

The establishment for medical staff was full for part of the year. The presence of a Psychiatrist permitted more frequent and regular out-patient sessions, but more importantly made possible a careful review of the chronic patients in the hospital.

Stawell Training Centre still has no resident medical staff and one of the medical officers was almost fully occupied catching up with the backlog of work that had accumulated there.

Specialist, surgical, dental and optical care continues to be provided by practitioners from Ararat.

*Community Nursing.*

Both former patients and out-patients were visited by nursing staff.

A second communal home for six patients was started.

*Occupation.*

Good work is being done in the Craft Unit, the two Occupational Therapy Units, the female Therapy Unit and the Dress Shop.

We are getting closer to the ideal of therapy being available for all patients, but more units will have to be opened if further progress is to be made.

*Patients.*

All Mental Hospital wards are open except "J" Ward. In addition some wards are now eligible for a Commonwealth Pension. This has greatly raised the morale of the patients.

More recreational facilities are still in urgent need.

The geographical isolation of the Hospital tends to discourage visiting. Only 55 of the 343 female patients and 110 of the 440 male patients were visited during 1969.

*Building and Maintenance.*

No major building works were undertaken during the year, although a number of minor and essential alterations were carried out by Hospital Artisan Staff and Public Works Department.

It is hopefully anticipated that the renovations to Ward 16 will be put in hand early in 1970.

The buildings generally are in good repair although consideration must be given to the renewal of wooden flooring in the cottage wards.

*Catering.*

The catering staff continue to provide appetising and attractive meals and have augmented the dietary with a section set aside for pastry cooking.

This has been a most successful venture and has provided a greater variety of sweets and pastries and is fully appreciated by the patients.

*Farm.*

The farm continues to produce at a high level.

Pork is regularly provided with supplies being made available to Warrnambool Mental Hospital and Pleasant Creek Training Centre.

During the year a spray irrigation system was purchased and this has enabled limited green feeding during the summer months.

*Laundry.*

The daily service, which includes pick up and delivery to Pleasant Creek continues.

It is pleasing to note that there has been an improvement both in processing and the return of laundered articles.

*Garden. Vegetable and Ornamental.*

The vegetable garden continued to produce a variety of first-quality vegetables.

The ornamental gardens are being extended as opportunity presents and continue to bring favourable comments from visitors to the Hospital.

Work on the bowling green has continued and it is anticipated the green will be sown early in 1970. This will provide a further amenity for both patients and staff.

*Voluntary Organizations.*

The Aradale Auxiliary continued to manage the Kiosk and the C.W.A. the Housecraft Centre.

The volunteer workers play an important part in providing amenities for the patients and a link with the outside world, particularly with the ward adoption scheme.

*"J" Ward.*

There were 27 admissions during the year. An active treatment programme continues and due to V.A.T.M.I. contracts more occupation has been available for the patients.

## LAKESIDE HOSPITAL, BALLARAT.

PSYCHIATRIST SUPERINTENDENT : DR. C. S. HAUGHTON.

SECRETARY : MR. K. C. TURNER.

*Statistics.**Patients.*

—	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In residence .. ..	340	100	320	125	885	342	112	315	116	885
On trial leave .. ..	46	12	69	15	142	59	18	71	28	176
Boarded out .. ..	28	..	17	..	45	30	..	14	..	44
Absent without leave ..	1	..	..	..	1	3	..	..	..	3
Total on books .. ..	415	112	406	140	1,073	434	130	400	144	1,108

—	Male.		Female.		Total.
	Rec.	Voluntary.	Rec.	Voluntary.	
Admissions—					
Direct .. .. .	40	124	45	92	301
From Psychiatric Hospitals .. .. .	37	18	15	22	92
Transferred IN and Reclassified .. .. .	32	20	61	11	124
Discharges .. .. .	52	123	56	88	319
Transferred OUT and Reclassified .. .. .	14	17	31	26	88
Deaths .. .. .	24	4	40	7	75
Average number resident during year .. .. .	341	115	320	134	910
Persons under care during year .. .. .	524	262	527	251	1,564
Cases admitted, aged (male 65, female 60) years and over ..	18	17	17	32	84
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	114	38	177	73	402

*Staff.*

—	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	10	1	9	..
Professional—Non-medical .. .. .	2	1	2	2
Nursing .. .. .	160	178	160	185
Administrative .. .. .	6	6	7	5
Services/tradesmen .. .. .	116	52	116	45

*Patient Care.**General.*

In 1969 a complete redistribution of patients in our long-stay and geriatric wards was necessary as a result of transfers from Beechworth and Ararat Mental Hospitals.

The renovations and redecoration of Ward 25 were carried out largely by our own artisan staff. Ward 1 was occupied with a bed strength of 23 while Ward 25 was left with a bed strength of 28. In Ward 1 itself there is a feeling of spaciousness and quiet which results in earlier transfers from this ward to open ward areas of the hospital.

*Occupation.*

During the year the main focus was on patients who could be successfully rehabilitated but there was an expansion of activities in many of our long-stay wards also.

*Industrial Unit.*

The Unit occupies approximately 45 male and 15 female patients.

Work evaluation is carried out on patients in conjunction with ward evaluation and gives a much broader picture of a patient's abilities, as it also covers the social aspects of their illness.

The unit fulfilled a contract for 280,000 seedling tubes. Heavy industrial work from local industries has increased and special equipment had to be installed to deal with it.

V.A.T.M.I. provided a good variety of packaging, sorting, counting and assembly jobs.

*Outworkers' Group.*

Work carried out included laying of lawns, concreting, painting, poultry farm work, general gardening, mowing, cleaning yards for churches, kindergartens, home owners.

*Joinery Unit.*

This unit continued to play its part in assisting with rehabilitation of patients. The provision of an assistant to the Trade Instructor has been a big help.

*Social Activities.*

There was an active and expanded programme under the guidance of two energetic recreation officers. The change over to 16 mm. feature films which are shown in the Recreation Club Rooms has been very popular. The coffee shop run by patients in the club rooms has continued as a good business venture and provides the main income for the Patients' Recreation Club.

*Staff.**Nursing.*

Male staff numbers improved during the year to the extent that there were only two vacancies on the male nursing establishment at the end of the year.

Out of a total female staff of 171 we have 38 trained nurses and 17 students.

A serious staffing problem has arisen on the female side because of the changes in the patient population which has thrown a heavy load on the nursing staff.

*Nursing Training.*

We now have 33 nurses in training the lowest ever but larger intakes in recent preliminary nursing training schools indicate that numbers may be on the increase.

A Nursing Education Committee was formed early in the year and as a result of its efforts some changes were made in areas of student nurse training.

*Laundry.*

Appointment for the first time of a laundry manager has improved quite significantly the efficiency of the service to Lakeside Hospital, Ararat Mental Hospital and Pleasant Creek Training Centre.

*Farm.*

Pasture improvement and consequential improved yield from the dairy herd continued so that full requirements of milk were available for half the year and only very limited quantities had to be purchased at other times.

*Gardens.*

Integration of vegetable and ornamental gardens under the Garden Manager continued to be an unqualified success.

During 1969 the surrounds of three of the four standard wards on the western perimeter of the hospital were landscaped.

Vegetable garden production satisfied requirements.

*Social Work.*

Specific referrals from psychiatrists and medical officers, nursing staff and outside agencies, have mainly concerned newly-admitted patients from Parklands Clinic and Novar, although there has been a sprinkling from the long-stay wards.

The other major source of work has been the case aide's routine visits to admission wards to assist with claims for Social Service benefits.

Long term work towards repatriation of migrants to their home countries has shown rewarding results during this year, with 6 patients returning to 5 countries and 10 others well advanced in the waiting lists.

An increasing number of cases have been handled on a collaborative basis with other social workers and welfare officers, both in Ballarat and in other centres.

*Special Units in the Service.*

*The Parklands Clinic.*

Admission rate of 518 is a 10 per cent. increase over the previous year's figures for Dana House. This new unit with modern facilities increases the comfort and boosts the morale of patients and the extent of the hospital grounds and adjoining park allows more freedom.

The lack of an occupational therapy building has been a handicap but a group participation programme organized by the senior occupational therapist has helped to overcome this.

*Novar.*

The total number of admissions during the last year was 179. Almost all the patients were sent back to the community with arrangements for follow up. Only one patient was sent to Parklands Clinic and four patients were sent to Lakeside Hospital for further treatment.

*Out-patient Services.*

Patients seen and total number of interviews remained approximately the same as for 1968. All out-patient commitments were met during the year.

The Maryborough Out-patient Clinic was reduced to a fortnightly service for several months of the year.

*Sturt Street Hostel.*

The hostel continued to function very well during the year.

*Voluntary Services.*

The members of the Ladies' Auxiliary gave their usual wonderful help to the hospital through the running of the kiosk which has increased its hours of trading to patients. The Auxiliary is spending more and more money on comforts and amenities for patients as well as taking them out for picnic outings. Clothes, suitcases and spending money have been provided for several patients in poor financial circumstances when they left hospital. One large item which was most acceptable was a Kombi van for use of our Outworkers' Group. This vehicle is proving most useful.

Community Psychiatric Volunteer Service has continued to be of invaluable assistance, Mrs. Eddy took over the position as director in August, 1969.

On the 30th September some 70 people attended a presentation night when 29 badges were presented to active volunteers and seventeen certificates were presented to volunteers who had attended the course of lectures in 1968.

Activities of the volunteers have included singing and walking groups, drama group, various hobby groups and language classes for New Australians.

The Country Women's Association have continued to give their services in a generous manner in the housecraft centre as well as maintaining their interest in the C.W.A. Cottage.

## MENTAL HOSPITAL, BEECHWORTH.

PSYCHIATRIST SUPERINTENDENT : DR. G. R. JENSEN.

SECRETARY : MR. A. J. McDONALD.

*Statistics.**Patients.*

—	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In residence .. ..	306	108	223	61	698	230	100	166	66	562
On trial leave ... ..	7	4	3	..	14	4	5	5	5	19
Boarded out .. ..	6	..	..	..	6	6	..	..	..	6
Absent without leave ..	2	..	1	..	3	3	..	1	..	4
Total on books .. ..	321	112	227	61	721	243	105	172	71	591

—	Male.		Female.		Total.
	Rec.	Voluntary.	Rec.	Voluntary.	
Admissions—					
Direct .. .. .	8	63	5	68	144
From Psychiatric Hospitals .. ..	12	11	1	..	24
Transferred IN .. .. .	6	46	1	19	72
Discharges .. .. .	84	66	18	66	234
Transferred OUT .. .. .	15	48	36	6	105
Deaths .. .. .	5	13	8	5	31
Average number resident during year .. ..	259	116	205	74	654
Persons under care during year .. ..	345	224	234	133	936
Cases admitted, aged (male 65, female 60) years and over ..	5	23	1	21	50
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	74	42	116	44	276

*Staff.*

—	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	5	..	4	..
Professional—Non-medical .. .. .	2	..	3	..
Nursing .. .. .	108	110	109	102
Administrative .. .. .	6	2	6	2
Services/tradesmen .. .. .	87	28	83	31

The year under review was a busy one with reclassification of patients, transfer of patients to Training Centre wards, the establishment of Rehabilitation wards and the setting up of new activity programmes for the patients.

The hospital morale has been improved by the increasing number of patients receiving Commonwealth pensions and by increasing clinical activity within the hospital.

Admission and discharge rates reflect this activity within the hospital and the expanding out-patient services are probably making even more impact in the community. Total out-patient consultations have risen from 254 consultations in 1963 to 932 consultations in 1969. This more than threefold increase has enabled the hospital to provide a useful extramural treatment service. This extramural activity improved the image of the hospital in the community and also results in patients coming to hospital for treatment at an earlier stage of their illness and being returned to the community with out-patient support at an earlier stage than was possible previously.

*Staff.*—Shortage of female nursing staff continues to pose problems for the hospital. Recruiting of female staff is difficult and the ratio of trained to untrained staff is a very unfavourable one. During the year this was discussed with the Mental Health Authority and the Nursing Advisor and various ways have been adopted to try and improve the situation. Widespread newspaper advertising did not bring any suitable recruits and appeals to other hospitals for student nurses to come here for a period were similarly unproductive.

There has been a reduction in female beds, partly brought about because of unsatisfactory buildings and obvious fire risks. Another policy which is being introduced is to appoint male nursing staff to male/female Charge Nurse positions and this integration of staff will probably continue.

Medical Staff had an interesting year with more clinical activity and with more emphasis on clinical assessment meetings, supervised out-patient sessions and teaching seminars. The medical team will be strengthened in 1970 by the addition of a Consultant and a further Medical Officer.

*Building and Equipment.*—No major capital works have been undertaken at the hospital for some time. There is a need to improve or replace service facilities such as the kitchen and the laundry and planning is under way for the beginning of a replacement programme for the older female wards.

*Patients' Committee and Magazine.*—The patients are showing more initiative and with the encouragement of patient and staff discussion groups and the regular meetings of the patients' committee, it is noted that the patients are becoming less diffident at taking a more active role in the life of the hospital.

Future planning would seem to revolve around replacement of some of the older wards on the one hand and the development of a total regional Mental Health Service at the hospital.

The year under review has been an active one for the hospital and it is heartening to note that despite the staffing difficulties and in some cases poor facilities we have been able to increase our hospital and community psychiatric services to the North-Eastern region.

We have received a great deal of help from many voluntary organizations and our own Official Visitors.

## MENTAL HOSPITAL: KEW.

PSYCHIATRIST SUPERINTENDENT: DR. C. G. BURT.

SECRETARY: MR. J. P. BATTISCOMBE.

*Statistics.**Patients.*

—	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In residence .. ..	328	79	350	120	877	295	89	324	138	846
On trial leave .. ..	46	14	79	18	157	45	10	70	28	153
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave .. ..	1	..	..	..	1	..	..	..	..	..
Total on books .. ..	375	93	429	138	1,035	340	99	394	166	999

—	Male.		Female.		Total.
	Rec.	Voluntary.	Rec.	Voluntary.	
Admissions—					
Direct .. .. .	109	79	121	98	407
From Psychiatric Hospitals .. .. .	5	8	13	8	34
Transferred IN .. .. .	27	26	25	36	114
Discharges .. .. .	21	25	27	27	100
Transferred OUT .. .. .	27	21	37	25	110
Deaths .. .. .	127	61	130	62	380
Average number resident during year .. .. .	313	79	341	128	861
Persons under care during year .. .. .	508	203	571	227	1,559
Cases admitted, aged (male 65, female 60) years and over .. .. .	103	81	131	118	433
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	173	66	290	123	652

*Staff.*

—	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	10	2	9	2
Professional—Non-medical .. .. .	2	3	5	5
Nursing .. .. .	143	140	134	124
Administrative .. .. .	8	5	8	4
Services/tradesmen .. .. .	104	73	100	60

*Statistics and General Health.*

The increasing admission of old and frail patients increased the turnover compared with 1968, because the higher death rate allowed a corresponding increase in admissions. No major epidemics occurred during the year.

*Treatment.*

If we are to maintain a psycho-geriatric function, we need a unit for the treatment of the functional syndromes.



Another urgent need is for an integrated Medical Unit and this could materialize with the restoration of the vacated ward F5. Treatment is hampered and rendered more difficult on the female side by serious overcrowding in Wards F1 to F4 and it is hoped that 1970 will see a reduction of beds in this area.

Occupational, stimulation and socio-recreational modes will increasingly become our therapeutic mainstay and it is felt that there should be a progressive increase in appropriate staff. The recently developed Occupational Therapy Assessment Unit is proving very helpful both in assessing patients' capacities and in preparing some for discharge.

Physiotherapy was helped by an additional part-time secondment but remains a rudimentary service—in a hospital with special needs in this field.

The Surgical Unit and its associated X-ray Department had another busy year with increasing emphasis on hip surgery.

The Day Centre had another successful year and is now functioning at the capacity of its transport system.

Out-patient services at this hospital are largely diagnostic and most of the 300-odd new patients were seen by our domiciliary psychiatrist.

#### *Buildings, Siteworks and Equipment.*

The long-awaited renovations to Wards M11, M12, and F5 again failed to materialize, but some repairs to the main kitchen were promised for 1970.

The year was notable for great improvements in the hospital surrounds—principally by the completion of the final phase of our road works but also by the landscaping of the large men's airing court.

During the year a senior fire-officer reported on our premises, making extensive recommendations both minor and major in nature.

#### *Staff.*

Medical and administrative staffs were maintained throughout the year at a satisfactory level. The Nursing Staff situation remained as precarious as ever, with female nursing staff well below establishment and necessitating the use of a great deal of overtime.

Teaching commitments—largely for staff other than our own—were again heavy but stimulating.

#### *Voluntary Organizations and Public Relations.*

Again we were much indebted to the many organizations and individuals whose interest in us has been maintained and displayed in so many tangible ways. Several members of staff gave talks to outside groups during the year.

#### GENERAL.

This year was notable for the advent of pensions and for considerable improvements in our grounds. Patient care was well maintained despite continuing staff shortages and an increasingly frail intake.

## MENTAL HOSPITAL : LARUNDEL.

PSYCHIATRIST SUPERINTENDENT : DR. D. J. H. BARLOW.

ACTING SECRETARY : MR. R. J. BATES.

*Statistics.**Patients.*

—	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In Residence .. ..	103	186	65	119	473	109	179	66	91	445
On Trial Leave .. ..	17	1	43	..	61	31	5	60	5	101
Boarded Out .. ..	1	..	..	..	1	..	..	..	..	..
Absent Without Leave ..	2	..	..	..	2	1	..	..	..	1
Total on Books .. —	123	187	108	119	537	141	184	126	96	547

—	Male.		Female.		Total.
	Rec.	Voluntary.	Rec.	Voluntary.	
Admissions—					
Direct .. .. .	14	33	11	52	110
From Psychiatric Hospitals .. .. .	45	54	73	102	274
Transferred IN .. .. .	14	24	13	12	63
Discharges .. .. .	35	62	72	141	310
Transferred OUT and Reclassified .. .. .	19	35	7	43	104
Deaths .. .. .	1	17	..	5	23
Average number resident during year .. .. .	103	185	63	105	456
Persons under care during year .. .. .	180	254	210	253	897
Cases admitted, aged (male 65, female 60) years and over .. .. .	..	7	12	49	68
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	5	38	14	47	104

*Staff.*

—	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	12	2	13	2
Professional—Non-medical .. .. .	2	11	2	11
Nursing .. .. .	139	132	146	118
Administrative .. .. .	8	7	8	8
Services/tradesmen .. .. .	118	93	111	87

Larundel is both a Psychiatric and Mental Hospital ; but this is of little significance in the overall treatment of our patients.

During the course of this year the hospital continued to sharpen and refine the therapeutic instruments with which it deals with a large volume and variety of patients.

Staff shortages prevented the type of extension of psychiatric services into the community which a hospital of this nature, which is interested in the concepts of community psychiatry, would like to establish. However, these have been developed to a certain extent by our out-patient clinic and day hospital at the Ernest Jones Clinic, which is providing a domiciliary nursing service, and which is also now used as a significant training area for psychiatrists in-training from Larundel.

The influence of therapeutic community concepts on the treatment of all types of patients both in the psychiatric hospital and the mental hospital has continued to develop to the extent that the influence of these concepts both on the rehabilitation of the patients and on the therapeutic effectiveness and confidence of the staff, becomes more and more urgently in need of evaluation and appraisal.

One of the most satisfying aspects of the psychiatric hospital patients' management at Larundel Hospital is the whole process of admission and evaluation. At present admission services are influenced greatly by two factors ; first, the lack of a suitable admission unit, and second, the large turnover of patients which puts considerable pressure to bear on the staff responsible to transfer patients too rapidly without adequate evaluation and to discharge some patients back to the community too quickly without adequate follow up services. It is hoped that next year we will be able to revise our concepts of what admission means to patients coming here, and to provide for more intensive evaluation upon which adequate subsequent therapy depends. The executive staff here have little doubt that a great deal of effort should be focussed on the admission procedure and as far as possible this should take place in an integrated unit.

Training programmes for all professional staff continued to develop, and Larundel is playing an increasingly important part in the teaching of undergraduates from both Melbourne and Monash Universities. This latter commitment, which is a very important one both for Larundel and for the future doctors who are passing through our hands, is undoubtedly going to be an increasingly heavy one within the next few years. Both Universities fortunately are appreciative of the excellence of the clinical material available for teaching at Larundel, and of the enthusiasm of the staff engaged in this teaching.

We continue to be appreciative of the help we receive from a number of voluntary organizations, and in particular our own Visiting Service of Auxiliaries and the Red Cross. A number of other individuals and community organizations are participating in the socialization and the community contacts of our patients, e.g., Church organizations, University students, &c., and we are grateful for their participation which is of great significance both to the patients and to the orientation and ethos of Larundel Hospital as an important service to the community.

Report of Dental Treatment carried out at Larundel Hospital and Janefield Training Centre for the year ended 31st December, 1969 :—

Type of Treatment.	Larundel.	Janefield.	Total.
Visits to surgery .. .. .	1,398	670	2,068
Repairs to dentures .. .. .	51	5	56
Rebases to dentures .. .. .	21	2	23
New dentures .. .. .	105	19	124
Prophylaxis (scaling and cleaning) .. .. .	147	121	268
Extractions .. .. .	220	184	404
Permanent fillings .. .. .	639	389	1,028
Endodontic (root) treatment .. .. .	10	25	35
X-rays .. .. .	154	63	217
Dressing and temporary fillings .. .. .	60	58	118
Other operations .. .. .	464	286	750

“ Other operations ” includes minor operations such as flaps for removal of retained roots and impacted teeth, arresting haemorrhage, sutures, adjusting of occlusion, treatment of ulcers, gingivectomies, denture adjustments, &c.

The number of general anaesthetic sessions for Janefield children at Mont Park Surgical Unit has doubled due to the influx of children from other centres.

A number of crowns, orthodontic appliances and gold inlays are being made for selected patients whose mental and oral conditions justify this type of work.

The marked reduction in caries rates shown in the teeth of Janefield children since the introduction of daily fluoride tablets more than five years ago points to the beneficial effect of this salt for the control of dental decay.

The Dental Department is grateful to the Mental Health Authority and to the Superintendents and Secretaries of the above hospitals for the continued help in providing modern equipment and supplies for the surgeries at these hospitals.

## MENTAL HOSPITAL : MONT PARK.

PSYCHIATRIST SUPERINTENDENT : DR. T. A. PEARCE.

SECRETARY : MR. E. H. GUPPY.

*Statistics.**Patients.*

—	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In Residence .. ..	258	71	351	156	836	253	138	371	175	937
On Trial Leave .. ..	27	5	129	13	174	41	2	135	9	187
Boarded Out .. ..	2	..	1	..	3	1	..	2	..	3
Absent Without Leave .. ..	7	..	1	..	8	3	..	1	..	4
Total on Books .. ..	294	76	482	169	1,021	298	140	509	184	1,131

—	Male.		Female.		Total.
	Rec.	Voluntary.	Rec.	Voluntary.	
Admissions—					
Direct .. .. .	23	89	45	115	272
From Psychiatric Hospitals .. .. .	47	17	97	43	204
Transferred IN and Reclassified .. .. .	67	142	60	66	335
Discharges .. .. .	41	96	81	97	315
Transferred OUT and Reclassified .. .. .	76	74	54	69	273
Deaths .. .. .	16	14	40	43	113
Average number resident during year .. .. .	267	102	353	169	891
Persons under care during year .. .. .	425	295	679	376	1,775
Cases admitted, aged (male 65, female 60) years and over .. .. .	50	14	80	54	198
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	30	21	156	128	335

*Staff.*

—	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	13	1	13	2
Professional—Non-medical .. .. .	10	9	10	12
Nursing .. .. .	103	205	115	201
Administrative .. .. .	10	11	9	14
Services/tradesmen .. .. .	173	48	163	57

There are two sections in the hospital, one caring for psychiatric patients and the other for psychiatric patients with physical illness. In the psychiatric section the physical health of the patients was satisfactory and no epidemics of infectious disease occurred. Routine screening for tuberculosis was done and all patients were inoculated against typhoid fever.

The policy of treatment is full physical and mental rehabilitation with the aim of return of patients to the community where possible.

Elderly and frail female patients, formerly cared for in the psychiatric division, have now been moved to the geriatric division.

Patients continue to be referred from many sources, however, the patients admitted suffer increasingly from chronic conditions with less chance of total rehabilitation than previously.

Occupation of patients in activities and occupational therapy, industrial therapy, workshop work and employment around the hospital is fairly satisfactory. A total of 70 per cent. of the non-geriatric population is engaged in social and work activity. A similar number of patients enjoy parole. Attempts are still made to reach towards integration in the hospital but complete integration has still only occurred in one or two areas, with partial integration in many areas at mealtimes, outings, in discussion and group activities. The rehabilitation and social centre continues to be a great success, is in use every day and has almost nightly bookings. It remains open at the weekend as a social centre and a coffee shop and a meeting place for relatives. At these times it is entirely managed by patients. Educational activities, gymnastic activities and many activities run by outside agencies take place in this unit which continues to be a focus point of the hospital.

#### *Geriatric Section.*

The re-decorated South-East Block is now in full operation. It has an admission ward, a rehabilitation ward, two totally dependent wards and four wards for ambulant patients with moderate hope of rehabilitation. As yet the Day Unit has not been completed. Much help is given in this section by the Visiting Service of Auxiliaries and the girls from the Latrobe High School.

#### *Brain Damaged Unit.*

Ward M7 has been given over to the care of brain damaged patients with rehabilitation prospects. There is a great need for this kind of care since such patients are offered to us in increasing numbers. A therapeutic team comprising occupational therapist, physiotherapist, social worker and other ancillary staff, as well as medical and nursing personnel, are attached to the ward. The aim is to admit patients with rehabilitation prospects who are considered to require fairly long-term treatment and who have developed, subsequent to their organic injuries, some coincident psychiatric condition. The intention is to deal with the psychiatric condition, maintain physical rehabilitation and refer the patients back to the General Hospitals when the psychiatric crisis has passed.

#### *Neurosurgical Unit.*

The pattern of work in this unit continues. Most cases cared for have an acute or chronic brain syndrome, atypical neurotic or psychotic reactions, personality disorder, and epilepsy. The total number of patients admitted throughout the year was 146. There were 488 out-patient visits at the unit, and 656 E.E.G. records were taken. There were 68 neurosurgical operations performed, most of these being minor procedures; the number of leucotomies dropped to three. Because of the changing pattern of its work, it is considered that this unit would be better reorganized as a neuropsychiatric diagnostic unit.

#### *General Surgical Unit.*

This unit operated smoothly throughout the year. The total number of admissions was 203. 336 out-patients were seen: 227 operations were performed. The unit is not used to capacity but copes with all the surgery that is offered. Beds were again reserved in the unit for medical cases within the hospital.

#### *Infectious Disease Unit.*

This unit has been reduced to 10 male and 10 female beds which proved adequate for the number of cases.

#### *Typhoid Carrier Unit.*

There were no admissions, discharges or deaths in the ward.

#### *Ancillary Staff.*

The physiotherapists treated 154 female patients and 76 male patients. The number of physiotherapy sessions varied from 350 to 700 per month depending on the demand.

The Dental Service continued to serve Plenty Hospital and in part made itself responsible for the dental care of children from Janefield Training Centre as well. Approximately 2,000 patients in these hospitals were attended to through the year. Periodically wards in Mont Park Hospital were reviewed by the dentist. Dental review as part of the routine examination on admission is now firmly established.

The Chiropody department reviewed all the geriatric patients during the year and gave a total of 5,000 treatment sessions.

#### *School of Nursing.*

The number of students presenting at the school was low. Pre-secondment courses for General Nursing training are held at the hospital. The Post-Graduate Nursing Administrative Course was again held in 1969.

#### *Staff.*

The male nursing complement remained almost at strength. The female nursing complement varied from 180 to 200 nurses out of an establishment of 235. It was handicapped by the shortage of trained nurses. A shortage in some artisan sections was felt at times throughout the year. As rehabilitation activities continue, domestic resources are stretched to the limit.

*Buildings.*

During the renovations of the South-East Block, alterations and additions were made to the building previously known as the South East Messroom, and it was re-opened during the year as a new concert hall complex.

A much needed want—an ornamental gardeners' amenities block was completed during the year.

Late in the year work commenced on demolition and excavation in preparation of the building of a new Painters' Shop and Shoemakers' Shop.

Late in the year work commenced on the renovation of the Central Administrative Office Block.

*Catering Activities.*

During the year after experiments with "Convenience Foods" a "Composite Menu" was designed.

The results have been most encouraging and the quality of meals has improved.

*Superintendent's Comments.*

Our efforts have continued to be directed towards rehabilitation and the development of teams with abilities in this field. The discharge of long-term patients continues but has slowed down compared with two years ago, since the residue of our long-term patients have poor discharge prospects and many of those being admitted require long-term care and maintenance. Our rehabilitation policies are now well organized in the hospital but unfortunately some plans will fade away if the patient population becomes more chronic.

The steady increase in community contact is also encouraging. Towards the end of the year much thought was given to creating an Acute Unit within this hospital. Strenuous efforts were made to obtain patients with better prognosis and this was effective to some extent. It was hoped that this would lead to gazetting a section of the hospital as a Psychiatric Hospital.

## MENTAL HOSPITAL : PLENTY.

PSYCHIATRIST SUPERINTENDENT : DR. H. S. PAULL.

SECRETARY : MR. G. D. THOMPSON.

*Statistics.**Patients.*

—	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In Residence .. ..	104	152	63	150	469	120	150	90	156	516
On Trial Leave .. ..	41	..	87	8	136	39	4	60	5	108
Boarded Out .. ..	..	..	..	..	..	..	..	..	..	..
Absent Without Leave ..	..	..	..	..	..	3	..	2	..	5
Total on Books .. ..	145	152	150	158	605	162	154	152	161	629

—	Male.		Female.		Total.
	Rec.	Voluntary.	Rec	Voluntary.	
Admissions—					
Direct .. .. .	6	45	5	55	111
From Psychiatric Hospitals .. ..	66	36	66	36	204
Transferred IN and Reclassified .. ..	10	8	13	15	46
Discharges .. .. .	36	41	70	84	231
Transferred OUT and Reclassified .. ..	25	33	8	6	72
Deaths .. .. .	4	13	4	13	34
Average number resident during year .. ..	104	151	78	163	496
Persons under care during year .. ..	185	234	204	235	858
Cases admitted, aged (male 65, female 60) years and over ..	3	25	18	32	78
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. ..	8	42	28	88	166

*Staff.*

—	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	6	..	4	..
Professional—Non-medical .. .. .	4	8	4	9
Nursing .. .. .	70	49	85	67
Administrative .. .. .	4	3	4	3
Services/tradesmen .. .. .	22	7	22	8

During the year, the renovations to Wards " C " and " R " were completed and wards were occupied and in good repair.

The layout of Wards " C " and " R " had been arranged to facilitate integration of the sexes during daylight hours. A communal dining room and some common day rooms enabled this to be carried out with fair success.

The year's statistical figures show a marked increase in admissions and discharges over the preceding year.

The granting of pensions by the Department of Social Service to approximately 50 per cent. of the patient population has added greatly to the work load.

A special three months' survey on Convenience and Pre-prepared foodstuffs was conducted at Plenty during the year. This valuable exercise required the gathering of a great deal of statistical information, however the result was very pleasing.

*Psychiatric Social Worker.*

During the year, there were two social workers, a case aide and sometimes two students. Permission was obtained to use an upstairs dormitory as a Social Workers' office. The work of the department expanded greatly and home visits, hostel placements and social gatherings at an Out-patients' Club were undertaken. This has helped greatly both with the care of in-patients and in placing discharged patients.

The Commonwealth Employment Officer attended one morning a fortnight and interviewed patients for outside employment.

*Occupational Therapy.*

The full establishment of last year did not persist. For much of the year there were two Occupational Therapists and seven Craft Supervisors. Towards the end of the year, a full establishment was again achieved. A female member of the catering staff has done useful instructional work.

*Nursing Staff.*

This was the first year in which this still fairly new Hospital has had something approaching an adequate staff. This has come about by the transfer of staff from Pleasant View and by the creation of new positions. One relief we would like is the establishment of domestic staff to each ward.

*Patients.*

The opening of all our wards enabled a number of medium stay patients to be admitted. This has increased the turnover of numbers and enlivened all our rehabilitation programmes. At the same time, a number of brain damaged patients have been taken as direct admissions from General Hospitals. Many of these are dependent and have greatly increased the work of the nurses.

*Gardens.*

The area of controlled ground has been extended and the general appearance of the Hospital is good. A patients' gardening group, under the supervision of the Senior Gardener, performs useful work.



## MENTAL HOSPITAL : SUNBURY.

PSYCHIATRIST SUPERINTENDENT : DR. L. R. H. DREW.

SECRETARY : MR. K. M. BAIRD.

*Statistics.**Patients.*

	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In Residence .. ..	..	..	51	111	162	..	..	18	52	70
On Trial Leave .. ..	5	..	15	5	25	1	..	14	7	22
Boarded Out .. ..	24	..	15	..	39	22	..	15	..	37
Absent Without Leave .. ..	..	..	..	..	..	..	..	..	..	..
Total on Books .. ..	29	..	81	116	226	23	..	47	59	129

	Male.		Female.		Total.
	Rec.	Voluntary.	Rec.	Voluntary.	
Admissions—					
Direct .. .. .	..	..	..	15	15
From Psychiatric Hospitals .. .. .	..	..	..	..	..
Transferred IN .. .. .	5	36	2	37	80
Discharges .. .. .	3	13	24	47	87
Transferred OUT .. .. .	6	21	8	60	95
Deaths .. .. .	2	2	4	2	10
Average number resident during year .. .. .	4	25	35	78	142
Persons under care during year .. .. .	31	36	71	137	275
Cases admitted, aged (male 65, female 60) years and over .. .. .	..	4	1	10	15
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	15	..	34	15	64

*Staff.*

	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	5	..	2	2
Professional—Non-medical .. .. .	2	3	1	3
Nursing .. .. .	121	122	106	104
Administrative .. .. .	9	4	6	4
Services/tradesmen .. .. .	96	49	94	55

During this year Wards F1 and F2 have been gazetted to the Training Centre—leaving only Wards F3 and F3a as Mental Hospital Sunbury. These wards accommodate mainly elderly ladies with long histories of institutional care. During the year many previous Mental Hospital patients have been placed into the community with great benefit to themselves and with, quite often, a surprisingly positive reaction from relatives.

Mental Hospital patients are segregated from Training Centre patients, although it has been found that there are few problems when elderly retarded persons are introduced to this group. There are two special occupational therapy centres set aside for these patients. It is anticipated that by the end of 1970 there will no longer be a Sunbury Mental Hospital as plans are already in hand for further exchanges of patients.

## MENTAL HOSPITAL : WARRNAMBOOL.

PSYCHIATRIST SUPERINTENDENT : DR. T. J. LEONARD.

SECRETARY : MR. C. E. HAY.

*Statistics.**Patients.*

—	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In residence .. ..	120	71	..	..	191	100	49	..	..	149
On trial leave .. ..	1	..	..	..	1	..	1	..	..	1
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave .. ..	..	..	..	..	..	..	..	..	..	..
Total on books .. ..	121	71	..	..	192	100	50	..	..	150

—	Male.		Female.		Total.
	Rec.	Voluntary.	Rec.	Voluntary.	
Admissions—					
Direct .. ..	3	4	..	..	7
From Psychiatric Hospitals .. ..	10	4	..	..	14
Transferred IN .. ..	..	2	..	..	2
Discharges .. ..	..	2	..	..	2
Transferred OUT .. ..	27	25	..	..	52
Deaths .. ..	7	4	..	..	11
Average number resident during year .. ..	110	64	..	..	174
Persons under care during year .. ..	134	81	..	..	215
Cases admitted, aged (male 65, female 60) years and over .. ..	2	3	..	..	5
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. ..	29	19	..	..	48

*Staff.*

—	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. ..	1	..	1	..
Professional—Non-medical .. ..	..	..	..	..
Nursing .. ..	47	..	48	..
Administrative .. ..	3	2	3	2
Services/tradesmen .. ..	21	6	23	5

*General Health.*

The general health of the patients has been satisfactory. We are again grateful for the co-operation of the Warrnambool Base Hospital where eight patients were treated during the year.

*Occupational Therapy.*

The usual high standard of production has been maintained particularly the large wooden toys. The industrial therapy section continued to flourish through the agency of Fletcher Jones Pty. Ltd.

*Social and Recreational.*

As in previous years the Kiosk provided a much appreciated service to the patients and was again the source of revenue for most patient activities.

The sports ground and tennis courts continued to bring pleasure to patients and staff alike whilst indoor bias bowls retained its popularity.

Instead of the annual picnic the patients enjoyed a bus tour of Port Fairy and surrounding districts.

We are again heavily indebted to the members of the many voluntary organizations who assisted in so many ways during the year.

*Buildings and Equipment.*

All buildings and equipment have been kept in a good state of repair.

The Administrative Offices have finally been remodelled but work on the proposed extensions to the building has not yet commenced.

Two new wards are at present under construction. They are well advanced and progressing according to schedule.

A new Central Linen Store and Painters' Workshop are also nearing completion.

*Training Centre.*

During the year Ward M3 was proclaimed a Training Centre. This ward has accommodation for 49 patients.

*Social Service Pensions.*

Wards M1, M3 (Training Centre) and M4 have now been approved as pensionable wards by the Department of Social Services. However, full benefit from the pensions will not be felt until such time as a Trust Officer is appointed to the staff.

*Staff.*

The Nursing Staff has remained at full strength throughout the year. Three final year students were successful in passing their examinations.

The Artisans have carried out their respective duties satisfactorily.

*Out-patients.*

Clinics have again been conducted by the Psychiatrist Superintendent at the Warrnambool and District Base Hospital and the Glenelg Base Hospital in Hamilton. Numbers of out-patients seen were :—

Total interviews	.. 1,912	1,249 at Warrnambool 663 at Hamilton
New patients	.. 255	161 at Warrnambool 94 at Hamilton
Total number of patients	..	488

*General Comments.*

All Chaplains attended regularly and again rendered valuable service to the hospital.

## REPATRIATION MENTAL HOSPITAL: BUNDOORA.

PSYCHIATRIST SUPERINTENDENT : DR. H. C. STONE.

SECRETARY : MR. L. C. HIGGINS.

*Statistics.**Patients.*

—	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	Rec.	Vol.	Rec.	Vol.		Rec.	Vol.	Rec.	Vol.	
In residence .. ..	277	20	..	..	297	245	34	..	..	279
On trial leave .. ..	92	2	..	..	94	92	..	..	..	92
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave .. ..	..	..	..	..	..	1	..	..	..	1
Total on books .. ..	369	22	..	..	391	338	34	..	..	372

—	Male.		Female.		Total.
	Rec.	Voluntary.	Rec.	Voluntary.	
Admissions—					
Direct .. .. .	93	108	..	..	201
From Psychiatric Hospitals .. ..	2	..	..	..	2
Transferred IN and Reclassified .. ..	2	5	..	..	7
Discharges .. .. .	93	98	..	..	191
Transferred OUT and Reclassified .. ..	5	2	..	..	7
Deaths .. .. .	30	1	..	..	31
Average number resident during year .. ..	251	26	..	..	277
Persons under care during year .. ..	466	135	..	..	601
Cases admitted, aged (male 65, female 60) years and over .. ..	20	5	..	..	25
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. ..	97	3	..	..	100

*Staff.*

—	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	4	..	4	..
Professional—Non-medical .. .. .	..	1	..	1
Nursing .. .. .	70	..	72	..
Administrative .. .. .	5	3	5	4
Services/tradesmen .. .. .	45	24	45	26

*Statistics.*

The total number of admissions remains of the same order but voluntary admissions have increased by approximately 48 per cent. The discharge rate has increased by 20 per cent., with a resultant fall in the total number in residence.

*Care and Treatment of Patients.*

Individual therapy has not varied significantly, with use of pharmacotherapy, electroconvulsive therapy, psychotherapy, paramedical, and supportive measures as indicated. A high patient staff ratio has meant that groups have been a necessary part of treatment and a successful one. The groups range

from patients' meetings to those conducted by nurses, doctors, social workers, occupational therapists, and the psychologist. They include groups with special functions, such as that continuing with developing an extra hospital book-exchange venture. Along with the more relaxed atmosphere of the groups, a more formal programme including occupational therapy and a sports afternoon for all fit patients is aimed at rehabilitation and prevention of regression. Organization of recreation by patients, for patients, has been encouraged, with success with day trips for individuals, socials and debates.

With an increase in Occupational Therapy staff it has been possible to have a graded therapy, with simpler therapy now commencing in the geriatric wards, progressing through groups by ability, to therapy outside of Bundoora at the Repatriation General Hospital and the Red Cross Centres.

Close liaison with the Repatriation Department Hospitals and Centres has continued, with an appreciable number of Bundoora admissions being referred from Repatriation Out-patients, R.G.H. Heidelberg, and Rockingham.

The two current full-time Psychiatric Social Workers are to be assisted by a case-aide. The workload has increased, partially at least as a result of the increased discharge rate.

A Physiotherapist has been appointed to the staff.

#### *Day Patients.*

There has now been established a unit in temporary accommodation with a full-time nurse to assist the Assistant Head Nurses, Social Worker, and Medical Officer, who have other duties as well. This should help the already successful transformation of in-patients to day-patients. Adequate permanent accommodation will be provided when the paramedical centre is completed.

#### *Voluntary and other Organizations.*

Bundoora is fortunate in the number of organizations offering help—Red Cross and volunteers. The R.S.L. provided amongst other things a well organized picnic, as usual. The T.P.I. Association has kindly agreed to assist a number of in- and day-patients who have little to interest them over weekends.

#### *General.*

A medical officer's house nears completion, and work is well under way to convert the old Ward 2 into a paramedical centre. The old bowling green suffering from poor drainage is now used as a Trugo and Croquet Court, and receives good use each Wednesday, while a new green is being laid elsewhere. Renovation of several wards is now under consideration for early commencements.

## INTELLECTUAL DEFICIENCY TRAINING CENTRES.

*(App. = Approved Patients, Vol. = Voluntary Patients.)*

	<i>App.</i>	<i>Vol.</i>	<i>Total.</i>
On Books, 1st January, 1969 .. .. .	..	..	2,698
Admitted, direct .. .. .	34	804	
Transferred from other Mental Institutions .. .. .	123	288	1,249
Total under care .. .. .	..	..	3,947
Discharged direct .. .. .	94	441	
Transferred to other Mental Institutions .. .. .	108	145	
Died .. .. .	24	41	853
Remaining on Books, 31st December, 1969 .. .. .	..	..	3,094

## INFORMAL INTELLECTUAL DEFICIENCY TRAINING CENTRES.

*(St. Nicholas Hospital and Sandhurst Boys Centre.)*

On Books, 1st January, 1969 .. .. .	..	..	245
Admitted, direct .. .. .	..	99	
Transferred from other Mental Institutions .. .. .	..	14	113
Total under care .. .. .	..	..	358
Discharged direct .. .. .	..	86	
Transferred to other Mental Institutions .. .. .	..	4	
Died .. .. .	..	14	104
Remaining on Books, 31st December, 1969 .. .. .	..	..	254

## TRAINING CENTRE : ARARAT.

PSYCHIATRIST SUPERINTENDENT : DR. P. R. WOOD.

SECRETARY : MR. C. S. FELLOW-SMITH.

*Statistics.**Patients.*

	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	App.	Vol.	App.	Vol.		App.	Vol.	App.	Vol.	
In residence .. ..	107	116	..	..	223	97	145	17	64	323
On trial leave .. ..	2	10	..	..	12	6	13	..	2	21
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave ..	1	..	..	..	1	2	..	..	..	2
Total on books .. ..	110	126	..	..	236	105	158	17	66	346

	Male.		Female.		Total.
	App.	Voluntary.	App.	Voluntary.	
Admissions—					
Direct .. ..	11	35	..	68	114
From Psychiatric Hospitals .. ..	..	..	..	..	..
Transferred IN .. ..	23	19	17	..	59
Discharged .. ..	33	12	..	2	47
Transferred OUT .. ..	1	7	..	..	8
Deaths .. ..	5	3	..	..	8
Average number resident during year .. ..	103	130	17	17	267
Persons under care during year .. ..	139	170	37	75	421
Cases admitted, aged (male 65, female 60) years and over ..	..	4	..	15	19
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. ..	2	..	13	13	28

Staff.—Common with Mental Hospital.

The Training Centre has been augmented by an additional 48 male beds and by 110 female beds.

A few patients were discharged, but the majority of those who have the potential to leave hospital would require hostel accommodation.

With increasing experience, more training is being provided but there is still room for additional activities.

On the female side, the former mental hospital accommodation has inadequate facilities for severely retarded incontinent patients.

## TRAINING CENTRE : BEECHWORTH.

PSYCHIATRIST SUPERINTENDENT : DR. G. R. JENSEN.

SECRETARY : MR. A. J. McDONALD.

*Statistics.**Patients.*

	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	App.	Vol.	App.	Vol.		App.	Vol.	App.	Vol.	
In residence .. ..	..	..	179	28	207	9	59	166	25	259
On trial leave .. ..	..	..	2	2	4	..	4	2	2	8
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave .. ..	..	..	..	..	..	..	..	..	..	..
Total on Books .. ..	..	..	181	30	211	9	63	168	277	267

	Male.		Female.		Total.
	Approved	Voluntary.	Approved.	Voluntary.	
Admissions—					
Direct .. ..	1	1	3	..	5
From Psychiatric Hospitals .. ..	..	..	..	..	..
Transferred IN .. ..	8	65	2	1	76
Discharged .. ..	..	1	7	1	9
Transferred OUT .. ..	..	2	2	2	6
Deaths .. ..	..	..	9	1	10
Average number resident during year .. ..	9	63	179	28	279
Persons under care during year .. ..	9	65	186	31	291
Cases admitted, aged (male 65, female 60) years and over .. ..	..	5	..	..	5
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. ..	..	5	24	..	29

Staff.—Common with Mental Hospital.

The Training Centre has been enlarged during the year to include two male wards, M4 and M7. Both of these wards have been approved for Commonwealth pensions and contain moderately retarded patients.

The female Training Centre consists of two pensionable wards for moderately retarded patients and one non-pensionable ward for severely retarded patients.

*Admission Statistics.*

The 76 cases as referred to in the admission statistics as "transferred in" were in fact male mental hospital patients who were reclassified and then admitted to the newly-gazetted Training Centre Wards M4 and M7. Other than this there was no great movement in the Training Centre. During the year there were five direct admissions.

*General Health.*

The general health at the Training Centre has been good throughout the year. A number of patients in the Training Centre are now quite elderly but their health remains remarkably good. A lot of chronic illness has been detected and in certain areas, such as orthopaedics and ophthalmology.



*Activity and Training Programmes.*

There has been a great deal of effort during 1969 to provide relevant activity programmes for the various Training Centre wards. In spite of the fact that there is no Occupational Therapist many of the nursing staff have shown a great deal of initiative organizing new activities.

The Gem collecting programme has contributed much to improve the lives of the patients in M4 and M7. They now go on Gem collecting expeditions which they enjoy very much. The stones are brought back for sorting, processing and eventual mounting and sale. The programme is successful and the Training Centre patients are most enthusiastic about this activity.

*Entertainment and Social Activities.*

The Training Centre had a very active programme of entertainments throughout the year. Many voluntary organizations helped in this programme and much more interchange between male and female Training Centre wards has improved the life of the patients. The pantomime "Jack the Giant Killer" was very popular, the cast was mainly provided by the Training Centre.

The reclassification of patients at this hospital is now virtually complete and the Training Centre area of five wards, although geographically scattered is tending to work more as a Unit than previously.

## TRAINING CENTRE : JANEFIELD.

SECRETARY : MR. F. S. CLAREBROUGH.

*Statistics.**Patients.*

	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	App.	Vol.	App.	Vol.		App.	Vol.	App.	Vol.	
In residence .. ..	2	178	30	274	484	..	192	1	311	504
On trial leave .. ..	..	..	..	..	..	..	..	..	1	1
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave .. ..	..	..	..	..	..	..	..	..	..	..
Total on books .. ..	2	178	30	274	484	..	192	1	312	505

	Male.		Female.		Total.
	App.	Voluntary.	App.	Voluntary.	
Admissions—					
Direct .. ..	..	109	..	124	233
From Psychiatric Hospitals .. ..	..	..	..	..	..
Transferred IN .. ..	..	17	..	18	35
Discharged .. ..	2	95	29	83	209
Transferred OUT .. ..	..	15	..	19	34
Deaths .. ..	..	2	..	2	4
Average number resident during year .. ..	1	177	18	288	484
Persons under care during year .. ..	2	304	30	416	752
Cases admitted, aged (male 65, female 60) years and over .. ..	..	..	..	..	..
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. ..	..	..	..	..	..

*Staff.*

	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. ..	2	..	2	1
Professional—Non-medical .. ..	..	6	..	5
Nursing .. ..	51	64	40	68
Administrative .. ..	4	2	5	3
Services/Tradesmen .. ..	43	20	40	18

*Admissions.*

The 487 beds available at the Centre were occupied consistently during the year, the absence of any permanent resident on leave or temporary transfer to another institution being utilized to offer temporary placement to a waiting-list case.

Major factors determining the need for admission were predominantly the health of the family, particularly the health of the mother ; and disturbed behaviour in the case of the patient.

*Out-patients.*

An average of five out-patients were seen each month, either for initial assessment or follow up.

*General Health.*

Late in December an outbreak of Infectious Hepatitis occurred, which ultimately involved sixteen residents and one member of the Nursing Staff. From September there have been three resident Medical Staff members, and the general health of the residents has been good.

*Activities.*

The Special School caters for 120 children of both sexes, and the majority of children not attending school are catered for at Occupational Therapy. Ornamental gardening and farm work offers training for some of the more mature male residents. Regular religious observance is arranged by the Chaplains. Social diversions in the form of films, concerts and outings are arranged each week.

*General.*

Members of the Visiting Services Auxiliary continue to operate the Kiosk and offer valuable personal relationships to residents on the wards, at occupational therapy, and at the school.

The committee administering the Child Endowment Funds has commenced planning for the construction of a Recreation Centre and Gymnasium, and is considering heating and covering the two open swimming pools at present in use at the Centre.

Administrative Nursing and Artisan Staff have performed their duties adequately and the farm has ensured supplies of vegetables and milk.

The Social Worker has played a vital role in serving the residents and their families, and those on the waiting list, and the quality of her work deserves special mention.

The Janefield Parents Auxiliary continues as an active body, lending consistent support to the staff and providing attention, activity, and regular material assistance for residents.

Community involvement with the Centre is considerable. A Girl Guide group functions at Janefield, and a Cub group is being planned. Benevolent Societies, Schools, Universities, and Church groups visit Janefield, and members regularly attend the Centre, visiting and occupying the children. Several commercial organizations and private individuals have donated gifts in the form of toys, and recreational equipment, or arranged outings for groups of children to places of interest in the metropolitan area. During the year a group of 36 children spent a week's holiday at Bright.

The unusual problems and changes involving staff during the year, particularly in association with the Hospital Employees Federation No. 2 Branch, have made it difficult to structure and improve training programmes within the centre, but have served to focus attention upon the need for improvement in this area.

## KEW CHILDREN'S COTTAGES, TRAINING CENTRE.

PSYCHIATRIST SUPERINTENDENT : DR. J. L. EVANS.

SECRETARY : MR. D. NUGENT.

*Statistics.**Patients.*

	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	App.	Vol.	App.	Vol.		App.	Vol.	App.	Vol.	
In residence .. ..	268	286	182	163	899	219	319	149	182	869
On trial leave .. ..	7	20	3	19	49	9	27	3	20	49
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave .. ..	..	..	..	..	..	..	..	..	..	..
Total on books .. ..	275	306	185	182	948	228	346	152	202	918

	Male.		Female.		Total.
	Approved.	Voluntary.	Approved.	Voluntary.	
Admissions—					
Direct .. ..	5	113	4	60	182
From Psychiatric Hospitals .. ..	..	..	..	..	..
Transferred IN .. ..	1	..	..	..	1
Discharged .. ..	2	67	2	37	108
Transferred OUT .. ..	44	..	34	..	78
Deaths .. ..	7	6	1	3	17
Average number resident during year .. ..	256	299	169	182	906
Persons under care during year .. ..	270	372	185	210	1,037
Cases admitted, aged (male 65, female 60) years and over .. ..	..	..	..	..	..
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. ..	..	..	8	..	8

*Staff.*

	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. ..	6	2	5	2
Professional—Non-medical .. ..	2	9	1	10
Nursing .. ..	114	176	121	180
Administrative .. ..	4	3	7	3
Services/Tradesmen .. ..	45	27	45	24

The Children's Cottages, which remains Victoria's largest residential institution for the care and training of the mentally retarded and for the training of the professional staff involved in their care, has completed another difficult year. There have been problems arising from lack of maintenance, shortages of staff, lack of suitable accommodation, difficulties in communication and the necessity to use a number of unsuitable buildings. A major difference, however, between this and previous years is that there now appear to be plans in hand for dealing with some areas of difficulty, and this has inspired renewed hope in staff.

The structure of the in-patient population at the Cottages continues to change. Over 40 per cent. of patients are now aged 16 years or over and babies and very young children are now very rarely admitted. As a result of the shortage of accommodation and pressures of a large waiting list, those patients admitted tend to be more severely retarded and to have a higher incidence of physical disability. The four modern dependent wards are unable to cope adequately with the number of patients requiring care. In addition, there are no wards really suitable for ambulant, profoundly retarded patients in the older age levels.

The general health of the patients has been satisfactory and much credit is due to the staff. Shigellosis has remained a problem despite the best efforts to eradicate it. On the whole the number of cases has been small and the illness mild.

Special clinics were held by visiting consultants and provided a valuable service. An Ear Nose and Throat Surgeon, a Dermatologist, a Neurologist, an Ophthalmologist and a Cerebral Palsy Consultant visited periodically.

As in previous years, the 20-bed hospital ward remained the centre for the general medical functions of the Cottages. Patients were admitted to it from other wards for the treatment of physical illness or for investigation. A small number of patients were admitted temporarily from outside the Cottages for specialized investigation or treatment of various kinds. Research activities of a medical nature were also based on this unit.

The registry of phenylketonuria continues to be maintained.

The policy of the Cottages is that no patient is accepted for addition to the waiting list without a full investigation by the Social Worker and by medical staff. A number of patients who require continued medical supervision and medication are followed up in the Out-patient Department.

Laboratory services provided at the Cottages were limited by the resignation of the Biochemist during the year. The services of a Dentist are shared equally between Willsmere Hospital and the Children's Cottages.

The Social Work Department has had an unsettled year and at no time was it at full establishment. The Social Workers have carried out a tremendous amount of work in maintaining contact with families who have children on the waiting list, and in bringing the Waiting List up to date.

Group work has been carried out at the Koala Club, which meets weekly for mildly retarded adults. A good deal of work has also been done with V.S.A. groups, in providing direct help to waiting list families instead of working within the institution itself.

Two full-time Psychologists were employed during 1969. The volume of work to be done is considerable and the Authority has already agreed in principle to the appointment of a third Psychologist. In addition to carrying out psychological assessments on in-patients and out-patients time was spent in teaching, research and therapy.

The Occupational Therapy Department as in previous years has provided :—(1) modified educational programmes for mentally retarded children ; (2) therapeutic sessions for the multiply-handicapped patients, and (3) industrial workshop training for older patients.

The sessional Speech Therapist continued to attend for three sessions per week and her efforts were supplemented from October by help from the Observatory Clinic.

Shortage of trained Physiotherapists continued to be a pressing problem. For the greater part of 1969 the Department had two half-time Physiotherapists with the assistance of two Ward assistants. Seventy-eight patients attended the Physiotherapy Department for a total of 7,318 treatments.

The Children's Cottages shared an Anglican chaplain and Roman Catholic chaplain with Willsmere Hospital and a noteworthy feature of the services has been the level of co-operation between the two chaplains. Children of all denominations attend the church service every Sunday and some of the older boys and girls attend Mass in the Chapel at Willsmere Hospital.

The number of student nurses commencing training in mental deficiency nursing continues to drop. Many of the applicants are rejected because of the educational qualifications. During 1969, seventeen students commenced training but five discontinued training during the year. Six psychiatric students enrolled for post-basic mental deficiency training. It must be emphasized that with the diminishing number of enrolments the number of graduates in mental deficiency nursing is decreasing dangerously.

An important feature of the year was a refresher course for charge nurses and other senior nursing staff. The course was full-time and of one week's duration. It was given three times to enable all relevant staff to attend. The theme of the course was the training of the retarded child. It was enthusiastically received.

The reconstruction of covered ways in the old section of the Cottages was completed during 1969 but no other significant works were undertaken.

The W. P. O'Shea Research Unit provided by the generosity of Mr. Frank O'Shea and his family, was almost completed at the close of the year and should be ready for use in 1970. The building is planned to facilitate psychotherapeutic activities with disturbed children.

The general standard of the patients' diet has been maintained at a good level and in some respects improved by the use of a wide range of foods including vegetables and other items in a prepared state.

In addition to the training of students for Mental Deficiency Nursing, the Cottages have been involved in a very wide range of educational activities. Medical students from the University of Melbourne and Monash University attended during their paediatric terms. Medical graduates attended as part of the training course for rotating interns or as part of the departmental rotational training course. Numerous other groups attended as part of their courses of training.

Attempts were made to provide as many useful recreational activities as possible with a view to providing not only enjoyable activities, but valuable social learning experiences as well. In addition to numerous outings and the usual holidays of groups of young children at Marlborough House, Portsea, 70 working boys and girls had a fortnight's holiday at the Toc H Camp at Point Lonsdale.

Medical staff consisted to the end of 1969 of 7 full-time and 2 half-time members. Of the full-time members, 3 are psychiatrists and 1 is a paediatrician.

Administrative staff was increased during the year although on the whole it is rather junior and lacking experience.

Nursing staff shortages remain a serious problem both in terms of quantity and quality. It has never been possible to fill the female nursing staff establishment. Although the male nursing staff establishment has not been filled, the shortage has not appeared so serious. The establishment for male nurses is considered lower than it should be. In both male and female divisions, there is a crippling shortage of trained staff.

There has been a growing recognition of the fact that the work of the mental deficiency nurse is not restricted to intramural activities. A number of trained members of the nursing staff has carried out home visits for special purposes. The demands for these services are increasing.

The waiting list continues to be a very major problem. Centralization of waiting lists under the direction of the Chief Medical Officer, together with his regular meetings with Superintendents and Social Workers of the training centres concerned, has added to the efficiency with which the waiting list is organized. The number of vacancies occurring is never sufficient to cope with the demands of the very urgent admissions. However, it was possible to admit 88 patients from the most urgent list.

Some relief for families with patients on the waiting list was provided by admitting children for a temporary period during the school holidays, when other children are taken home by their parents. It was possible during the year to admit 81 patients on this basis.

Moorakyne Hostel has remained under the general supervision of the Children's Cottages throughout the year. For the first time in many years, Moorakyne was completely filled to its limit of 30 girls.

The Children's Cottages have been very fortunate in the recognition and support which has been obtained from the community. Contribution of money and of services have been many and generous and it is not possible to mention them individually.

The V.S.A. has been very active and during the year 210 volunteers worked at the Cottages or in the community.

As a result of its historical development, first as an addendum to and under the administration of Kew Mental Hospital, and then as an independent unit which has developed without the physical facilities of centralized administration, the Children's Cottages has grown up as a poorly co-ordinated institution. Recent decisions by the Authority to remedy some of the more glaring deficiencies have increased staff morale and given more hope for the future.

## PLEASANT CREEK TRAINING CENTRE : STAWELL.

PSYCHIATRIST SUPERINTENDENT : DR. P. R. WOOD.

SECRETARY : MR. F. B. ANTONIO.

*Statistics.**Patients.*

	1st January, 1969					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	App.	Vol.	App.	Vol.		App.	Vol.	App.	Vol.	
In residence (informal) ..	..	98	..	70	168	8	94	14	80	196
On trial leave .. ..	..	..	..	..	..	..	..	..	..	..
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave ..	..	..	..	..	..	..	..	..	..	..
Total on books (informal) ..	..	98	..	70	168	8	94	14	80	196

	Male.		Female.		Total.
	Approved.	Voluntary.	Approved.	Voluntary.	
Admissions—					
Direct .. .. .	..	21	..	24	45
From Psychiatric Hospitals ..	..	..	..	..	..
Transferred IN and Reclassified ..	..	99	14	71	192
Discharged .. .. .	..	25	..	14	39
Transferred OUT and Reclassified ..	..	98	..	70	168
Deaths .. .. .	..	1	..	1	2
Average number resident during year	..	83	12	70	172
Persons under care during year ..	..	120	14	95	237
Cases admitted, aged (male 65, female 60) years and over ..	..	..	..	..	..
Cases (male 65, female 60) years and over on books as at 31st December, 1969 ..	..	..	..	..	..

*Staff.*

	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	..	..	..	..
Professional—Non-medical .. ..	..	..	..	..
Nursing .. .. .	32	38	32	36
Administrative .. .. .	3	1	3	1
Services/Tradesmen .. .. .	25	17	27	14

The Minister of Health, the Hon. V. O. Dickie, M.L.C., officially opened the two Dependent Wards and the Swimming Pool on the 21st March, 1969.

The Pool has provided the children with endless hours of pleasure and has helped to improve their swimming as 110 Swimming Certificates were gained during 1969 compared with 40 in 1968. A drinking fountain and two seats made from Grampian Sandstone were provided from the estate of the late Alice Tyrie for the Pool Enclosure.

The Ladies' Auxiliary have continued their untiring efforts on behalf of the children.

Local sporting bodies and organizations continue to provide free admission to entertainments and Service Clubs have arranged Picnic Outings and have been responsible for the supply of play equipment and toys.

Home visiting by Senior Nursing Staff was conducted and this provided a very useful domiciliary service. Holiday placements have been arranged for numerous children, these placements usually take place during the School Holidays when accommodation at the Centre is available.

The general health of the children has been very good. Several children attended the Stawell District Hospital for sutures and minor operations as well as X-rays.

The general condition and appearance of all the buildings remains good. Local Artisan Staff have carried out minor renovations and repairs to the older sections of the Centre which have helped to maintain these buildings in good condition. New concrete floors have been put down in 'Toddlers' and Senior Girls' wards and they will be covered with Vinyl flooring.

Contracts have been let for the installation of Evaporative Cooling in the Dependent Wards and when this is completed early in 1970 it should make these wards more comfortable in the summer months.

Site works have been completed and have added much to the outside appearance of these wards.

The need for an indoor play area for the children is very apparent during the inclement weather.

The vegetable production during 1969 totalled 67,490 lb., as usual an excellent variety of fresh vegetables were supplied.

The Ornamental Grounds and surrounds have been maintained at a high standard. In 1970 it is proposed to develop the area in front of the Dependent Wards with lawn and native trees and shrubs which will further enhance the frontage of the Centre.

#### Nurses in Training—

1st Year	..	0 Male	..	3 Female
2nd Year	..	2 Male	..	1 Female
3rd Year	..	1 Male	..	2 Female

#### Examination Results—

1st Year	..	Nil	
2nd Year	..	2 Male—Passed	1 Female—Failed
3rd Year	..	1 Male—Passed	2 Female—Passed

Twenty-two Ward Assistants gained their Certificates at the end of the year.

Senior School Students have toured the Centre and it is hoped that these tours will create interest among the students and help our recruiting programme.

#### *Nursing Education.*

Nursing Block Training Schools held at the Children's Cottages, Kew, have been attended by all Student Nurses.

Lectures and Tutorials have been given by the Nursing Education Officer from Ararat.

Ward Assistants' Lectures have been given at this Centre throughout the year.

#### *Special Notes.*

Probably one thing to create more of an impact than anything else during this year was the introduction of the Intellectually Handicapped Children's Amenities Account.

From this account clothing has been provided for each child and it has resulted in a vast improvement to their general appearance. A variety of equipment has been obtained through this account.

More varied entertainment has been provided and this is most essential for the children.



## SANDHURST BOYS' CENTRE.

PSYCHIATRIST SUPERINTENDENT : DR. J. P. BOMFORD.

SECRETARY : MR. D. FLYNN.

*Statistics.**Patients.*

	1st January, 1969.			31st December, 1969.		
	Male.	Female.	Total.	Male.	Female.	Total.
	Informal.	Informal.		Informal.	Informal.	
In residence .. .. .	83	..	83	82	..	82
On trial leave .. .. .	..	..	..	..	..	..
Boarded out .. .. .	..	..	..	..	..	..
Absent without leave .. .. .	..	..	..	..	..	..
Total on books .. .. .	83	..	83	82	..	82

	Male.	Female.	Total.
	Informal.	Informal.	
Admissions—			
Direct .. .. .	10	..	10
From Psychiatric Hospitals .. .. .	..	..	..
Transferred IN .. .. .	14	..	14
Discharges .. .. .	21	..	21
Transferred OUT .. .. .	4	..	4
Deaths .. .. .	..	..	..
Average number resident during year .. .. .	70	..	70
Persons under care during year .. .. .	106	..	106
Cases admitted, aged (male 65, female 60) years and over .. .. .	..	..	..
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	..	..	..

*Staff.*

	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	1	..	1	..
Professional—Non-medical .. .. .	..	..	..	..
Nursing .. .. .	14	..	14	..
Administrative .. .. .	3	..	3	..
Services/Tradesmen .. .. .	11	4	11	4

*General Health.*

No major health problems were encountered during the year. Only 5 boys required hospitalization, 2 for appendicectomy, 2 for observation, and 1 for plastic surgery.

All boys have been checked for dental and optical defects, and those requiring treatment have been attended to.

*Behaviour.*

Behaviour in general has been quite good, but it was found necessary to transfer four boys away because of behaviour difficulties.

The boys are well accepted in the local community and we receive frequent compliments on their dress and behaviour in public.

*Training.*

The training programme was continued in the now well-established pattern, and was well accepted by the majority of the boys. It is often found necessary to transfer a particular boy through several of the groups before we find the type of work to which he is best suited. Each group under their respective instructors have given good service.

Religious instruction is given each week, and there is a full attendance at Church Services each Sunday.

*Voluntary Organizations.*

The Ladies' Auxiliary members have continued their regular work at the Centre, organizing and manning the Canteen, and assisting with all the social events associated with the Centre. The Auxiliary has financed the purchase of equipment for preparing and polishing gemstones, and we have been able to establish this as a new hobby activity.

Several local organizations have conducted social and games evenings, and provided supper for the boys during the year, and we are very grateful for their interest.

*Amusements and Amenities.*

The feature events of Speech Night, Fancy Dress Ball, and Christmas Party have been retained, and the interest in these events has been as keen as ever. Football and cricket matches have been arranged with local bodies, and also the Sunbury Training Centre. The Swimming Carnival and Sports Day were conducted, and it was pleasing to see a large number of parents present for our Sports Day programme.

*Working Boys.*

There has been a further drop in the number of boys in regular local employment. These boys live in the Centre and go to work each day. Employment has been found in the past on poultry farms and market gardens, but a decline in these industries has resulted in less positions being available. The number of boys being placed in employment and discharged has, however, remained steady, and there would appear to be quite a number of good prospects among the lads currently in training.

*Staff.*

There have been two changes in our staff during the year, and the two newcomers, one a Ward Nurse, the other a Training Assistant, have acquitted themselves quite well.

There are still three vacancies for Ward Nurse, and this situation has existed for three years. The fact that there is little prospect for further promotion at this Institution, discourages Ward Nurses from transferring here.

*General.*

It is pleasing to see the progress of the new residential and administrative buildings now in the course of construction, as the original buildings have reached the stage where only constant attention by maintenance staff can keep them in a reasonable condition.

## TRAINING CENTRE : SUNBURY.

PSYCHIATRIST SUPERINTENDENT : DR. L. R. H. DREW.

SECRETARY : MR. K. M. BAIRD.

*Statistics.**Patients.*

—	1st January, 1969.					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	App.	Vol.	App.	Vol.		App.	Vol.	App.	Vol.	
In residence .. ..	101	367	74	226	768	100	290	70	242	702
On trial leave .. ..	12	13	6	20	51	23	42	12	27	104
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave .. ..	..	..	..	..	..	..	..	..	..	..
Total on books .. ..	113	380	80	246	819	123	332	82	269	806

—	Male.		Female.		Total.
	App.	Voluntary.	App.	Voluntary.	
Admissions—					
Direct .. .. .	6	43	4	38	91
From Psychiatric Hospitals .. .. .	2	..	..	1	3
Transferred IN .. .. .	33	47	15	69	164
Discharged .. .. .	17	56	2	48	123
Transferred OUT .. .. .	12	67	15	32	126
Deaths .. .. .	2	15	..	5	22
Average number resident during year .. .. .	131	293	79	236	739
Persons under care during year .. .. .	136	312	88	276	812
Cases admitted, aged (male 65, female 60) years and over .. .. .	1	3	1	3	8
Cases (male 65, female 60) years and over, on books as at 31st December, 1969 .. .. .	..	4	3	3	10

*Staff.—Common with Mental Hospital.*

This year has been a year of considerable changes with a deteriorating staff situation. As the year concluded only a few mental hospital patients remain in Ward F3 and Ward F3A and all other wards are now gazetted to the Training Centre.

The type of patient has changed considerably through the year, mildly retarded patients being replaced by severely to profoundly retarded people from the waiting list and from Kew Cottages. This has brought increased demands on current staff and an increasing need for specially trained staff.

*Treatment.*

Industrial Therapy, recreational activities and general personal care comprise the aspects of treatment. There are few mildly retarded patients still in residence and without special staff (teachers, psychologists or Occupational Therapists) no adequate socialization programme can be offered to the more retarded patients.

Medical care continues to be centred on the hospital ward with one medical officer (psychiatrist in training) acting as a general practitioner.

*Occupation.*

Play-school type activities in the wards and occupational therapy centres have been an invaluable training preparatory to industrial work. An increasing number of patients, at an increasing level of retardation, have been involved in the programme. All patients could benefit from such a programme and all eventually contribute to, and benefit from the structured situation of industrial work. Co-operation from V.A.T.M.I. has again been excellent. However, space and adequate supervision is lacking—both in the number of craft supervisors and at higher levels of management.

*Recreation.*

The level of recreational provisions has been maintained. Holidays away from the Training Centre have again been enjoyed, Marlborough House has been well patronized.

Within the hospital amenities continue to be provided, but with a decreasing number of mildly retarded persons self management such as patient run socials are decreasing.

*Social Work.*

This department has continued to make similar but greater contributions than previously. An additional male charge nurse has been allocated to the community placement team which is now comprised of a doctor, social worker, case aide and two charge nurses. The addition of an Occupational Therapist to this team would undoubtedly result in development of more positive programmes in guest houses and nursing homes. Some such programmes have already been inaugurated on a small scale. During the year 83 persons have been placed in the community and currently 221 persons are being actively supported in their community placements.

Twelve persons are now actively employed either in industry or in sheltered workshops, having been discharged from the centre this year.

There is still need for long stay hostels and sheltered workshops, in conjunction with each other, in the community.

*Classification.*

With a constant change of patient population there has been need for continued revision of the grouping and allocation of patients, with an increasing amount of space being devoted to severe or profoundly retarded persons.

Ward ME has been set aside for retarded persons with psychosis. An attempt has been made to develop an appropriate, special group programme.

*Accommodation.*

The inadequacy of current heating facilities for the present type of patient has been recognized and plans are in hand to provide heating through the whole institution. Plans are also in hand, and work has begun, on converting Ward M2 and Ward F2 for the use of children.

*Staffing.*

*Nursing Staff.*—There has been a drastic decline in the number of female trained staff this year, together with an overall reduction of female staff numbers. Male staff numbers remain fairly constant.

*Medical Staff.*—A complete revision of the staffing of Training Centres for mentally retarded persons is necessary. Requests have been made for the appointment of a general practitioner and of psychologists as programme directors, and also regarding the utilization of short-term placements within Training Centres as part of the training of general psychiatrists.

*Physiotherapist.*—We have been very appreciative of the services of—firstly—a part-time appointment to the hospital and then later of a secondment from the Health Department, to our staff. She has achieved remarkable results with patients particularly with those in the hospital ward.

*Staff Training.*

*Nursing.*—During the year a number of students continued their psychiatric training at Larundel Hospital and already three of them have returned to this hospital on completion of their studies. Two post-graduate schools were conducted at Kew Children's Cottage School of Nursing. These were attended by more than twenty of our trained psychiatric nurses who received an intensive introductory course in mental retardation.

All medical staff participated in research projects this year. All medical staff contributed papers to a very successful symposium on mental retardation and psychiatry. This symposium was held in conjunction with the National Conference of the Australian Group for the Scientific Study of Mental Deficiency, and was held on 25th November, 1969.

*Chaplains and Voluntary Agencies.*

As in the past these people have made a major contribution to the life of the hospital. It was with regret that the Red Cross Library Service and Music Recitals were terminated due to changing patient population. However, there is already a plan for an alternative musical programme to be provided for the severely retarded group of patients.

The principle of setting up Training Centres divorced from Mental Hospital might be questioned. It would seem that a proportion of each Mental Hospital could be set aside as a Training Centre—a regional centre for mental retardation services—with a full consultant team appointed to it, and with considerable administrative autonomy. Alternatively, it may be that, when Sunbury Training Centre really becomes a regional centre, with full facilities and adequate staff, it may function very satisfactorily.

*Farm and Garden.*

Following the drought of the previous year the piggery is now back to normal again after being closed down last year and milk supplies have reached a satisfactory level.

The vegetable garden produced a reasonable standard of supply, however, it is still necessary to purchase a large quantity of vegetables and it is difficult to support any claims to justify the continuance of the vegetable garden.

## ST. NICHOLAS HOSPITAL : CARLTON.

PSYCHIATRIST SUPERINTENDENT : DR. D. W. MAGINN.

SECRETARY : MR. J. W. HAYES.

*Statistics.**Patients.*

	1st January, 1969.			31st December, 1969.		
	Male.	Female.	Total.	Male.	Female.	Total.
	Informal.	Informal.		Informal.	Informal.	
In residence .. .. .	86	76	162	98	74	172
On trial leave .. .. .	..	..	..	..	..	..
Boarded out .. .. .	..	..	..	..	..	..
Absent without leave .. .. .	..	..	..	..	..	..
Total on books .. .. .	86	76	162	98	74	172

	Male.	Female.	Total.
	Informal.	Informal.	
Admissions—			
Direct .. .. .	50	39	89
From Psychiatric Hospitals .. .. .	..	..	..
Transferred IN .. .. .	..	..	..
Discharges .. .. .	35	30	65
Transferred OUT .. .. .	..	..	..
Deaths .. .. .	3	11	14
Average number resident during year .. .. .	79	72	151
Persons under care during year .. .. .	136	115	251
Cases admitted, aged (male 65, female 60) years and over .. .. .	..	..	..
Cases (male 65, female 60) years and over on books as at 31st December, 1969 .. .. .	..	..	..

*Staff.*

	1st January, 1969.		31st December, 1969.	
	Male.	Female.	Male.	Female.
Medical—Psychiatric .. .. .	2	..	2	..
Professional—Non-medical .. .. .	1	3	1	3
Nursing .. .. .	..	74	..	70
Administrative .. .. .	2	..	2	..
Services/Tradesmen .. .. .	37	26	37	25

*Hospital Patients.*

The policy of admitting children temporarily for parent relief has been continued as indicated by the 89 admissions and 79 discharges during the year. Ten children were admitted permanently and the remaining beds were used for temporary placements.

In January the number of children on the waiting list, whose admission was most urgent was 33, and in spite of some permanent admissions, this list had grown to 64 by December.

While the original number of beds planned in the hospital was 144, the average number of children accommodated during the year was 151.

It is a tribute to the staff that they were prepared to cope with this extra work load.

It is a further tribute to the nursing staff that there was, during the year, a smaller number of deaths than would be expected, considering the proportion of profoundly retarded and physically sick children under care.

#### *Assessment Unit.*

The majority of the 249 individual patients assessed during the year were new referrals. The total number of attendances was 285. The new assessment area is now almost ready to use, and with additional staff of one medical officer, one psychologist and one social worker, we should be in a position to take over for assessment, the remainder of the mentally retarded now being managed at Travancore Clinic.

#### *Psychology.*

The policy of having our psychologist work with children of normal intelligence has been continued, she still attends the Clinic of the Mission of St. James and St. John one day per week.

The total number of testing sessions at St. Nicholas was 114, and in addition a further 33 counselling sessions were conducted for parents and children.

#### *Social Work.*

A great deal of work done by the Social Worker consists of arranging temporary admissions here, accommodation in private hospitals and nursing homes and alleviating the difficulties of parents of children who cannot be admitted permanently.

Parent Group meetings were continued during 1969, and more than 300 home visits were made.

#### *Physiotherapy.*

Seventy-one in-patients and 19 out-patients were under treatment by the physiotherapist with the assistance of a consultant. While results of treatment cannot be expected to be dramatic, the number of severely retarded children who have been helped to walk is a tribute to dedicated work.

Towards the end of the period it was possible to have the services of another physiotherapist on a sessional basis.

#### *Dental Service.*

This has again been provided from Royal Park one day weekly. Eleven children received dental attention under general anaesthesia. The dangers of general anaesthesia in severely and profoundly retarded children are outweighed by the relief given to the children.

#### *Nursing.*

Turnover of both trained nurses and ward assistants has been much less than in previous years.

Two mental health trainees commenced the prescribed course in February. There are now fifteen mental deficiency student nurses in training. Two trained M.D. nurses were seconded for psychiatric nurse training and one for general nursing.

The standard of care of the patients has continued to be high.

#### *Girls' Hostel.*

During 1969, eleven girls were found employment. Of these, five are still resident in the hostel, one has a live-in domestic job and the remainder were transferred to Moorakyne or Edith Pardy Hostels.

There has been a decrease in the number of girls transferred to the hostel from departmental institutions and most admissions are now from home or the Social Welfare Department.

## TRAINING CENTRE, WARRNAMBOOL.

PSYCHIATRIST SUPERINTENDENT : DR. T. J. LEONARD.

SECRETARY : MR. C. E. HAY.

*Statistics.**Patients.*

	1st January, 1969					31st December, 1969.				
	Male.		Female.		Total.	Male.		Female.		Total.
	App.	Vol.	App.	Vol.		App.	Vol.	App.	Vol.	
In residence .. ..	..	..	..	..	..	..	45	..	..	45
On trial leave .. ..	..	..	..	..	..	..	1	..	..	1
Boarded out .. ..	..	..	..	..	..	..	..	..	..	..
Absent without leave ..	..	..	..	..	..	..	..	..	..	..
Total on books .. ..	..	..	..	..	..	..	46	..	..	46

	Male.		Female.		Total.
	Approved.	Voluntary.	Approved.	Voluntary.	
Admissions—					
Direct .. ..	..	..	..	..	..
From Psychiatric Hospitals	..	..	..	..	..
Transferred IN .. ..	..	49	..	..	49
Discharged .. ..	..	..	..	..	..
Transferred OUT .. ..	..	1	..	..	1
Deaths .. ..	..	2	..	..	2
Average number resident during year	..	46	..	..	46
Persons under care during year	..	49	..	..	49
Cases admitted, aged (male 65, female 60) years and over	..	..	..	..	..
Cases (male 65, female 60) years and over on books as at 31st December, 1969	..	4	..	..	4

*Staff.*—Common with Mental Hospital.

The report on the Training Centre is incorporated in that of the Mental Hospital, Warrnambool.

TABLE IX.—MENTAL HYGIENE BRANCH—DEPARTMENT OF HEALTH—RECEIPTS AND EXPENDITURE—YEAR ENDED 30TH JUNE, 1969.

STATEMENT OF RECEIPTS.		STATEMENT OF EXPENDITURE.	
	\$		\$
Maintenance of Patients—		Maintenance of Mental Hospitals and Residential Training Schools and Centres for the	
Repatriation Hospital, Bundoora .. .. .	768,179	Intellectual Defectives .. .. .	21,806,644
Public Trustee—Other than Bundoora .. .. .	43,166	Expenses re committal of patients .. .. .	11,985
Child Endowment .. .. .	73,898	Expenses re boarding out-patients .. .. .	198,000
Social Service Pensions—Training Centres .. .. .	709,216	Subsidies to Centres for the training of Mentally Retarded Children .. .. .	601,888
		Grant to University of Melbourne for Mental Health Research .. .. .	14,000
Deductions from salaries for accommodation and meals, sale of meal tickets and accommodation fees .. .. .	322,797		
Commonwealth Pharmaceutical Benefits .. .. .	300,557		
Sale of Property .. .. .	15,587		
Sale of Produce .. .. .	13,229		
Other Receipts .. .. .	478		
<b>Total Receipts .. .. .</b>	<b>2,247,107</b>	<b>Total Expenditure .. .. .</b>	<b>22,632,517</b>



TABLE X.—TABLE OF MAINTENANCE COSTS OF MENTAL HOSPITALS, TRAINING CENTRES FOR INTELLECTUALLY DEFECTIVE, HOSTELS AND CLINICS INCLUDING DETAILS OF EACH ITEM OF EXPENSE FOR THE YEAR ENDED THE 30TH JUNE, 1969.

Mental Hospital or Institution.	Daily Average Number of Patients.	Total Cost of Maintenance.	Salaries.	Overtime and Penalty Rates.	Pay in lieu of Long Service Leave.	Chaplains.	Travelling and Subsistence.	Office Requisites and Equipment.	Books, Publications and Scholarships &c.	Postal and Telephone Charges.	Motor Vehicles, Purchase and Running Expenses.	Fuel, Light, Power and Water.	Stores.	Provisions	Clothing and Bedding.	Sundry Expenses.	Medicines and Drugs.
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Kew	870	2,007,990	1,234,813	275,863	4,509	6,676	3,814	2,348	1,174	5,621	5,940	71,480	25,984	219,700	68,947	27,050	54,071
Kew Children's Cottages	900	1,662,588	975,106	313,141	6,974	2,332	1,775	1,127	10	3,458	4,143	52,005	19,648	175,527	65,849	6,675	33,818
Ararat	779	1,508,277	958,973	155,478	7,033	2,409	4,505	1,548	551	7,686	6,841	90,318	20,133	166,649	43,773	20,937	21,443
Beechworth	926	1,489,804	869,190	218,397	7,296	3,273	4,891	1,997	673	3,643	3,259	77,565	22,698	178,540	37,896	28,724	31,762
Sunbury	941	1,672,514	1,016,584	225,987	11,005	5,868	2,489	2,294	580	3,260	11,474	68,151	28,207	207,882	23,519	40,666	
Ballarat	946	1,995,990	1,311,169	185,744	10,030	5,264	6,162	2,915	986	12,620	3,554	100,911	31,495	186,022	44,927	28,630	65,561
Royal Park	185	1,186,647	912,096	61,031	6,277	5,990	1,410	4,246	567	15,791	1,545	46,165	8,512	68,982	7,708	2,521	43,806
Parkville Psychiatric Unit	29	299,794	260,074	7,626	820	..	..	2,458	10,548	1,037	61	4,564	1,485	12,961	48	3,143	7,930
Pleasant View	49	148,071	105,267	12,948	3,221	669	447	124	10	1,487	..	7,696	1,068	..	800	678	695
Plenty	1,318	550,478	450,454	98,222	1,189	613	4,890	6,534	2,535	17,632	8,310	154,398	36,285	357,127	69,641	45,449	84,850
Mont Park and Plenty	..	2,545,460	1,501,598	234,342	15,551	6,318	..	..	..	..	..	..	..	..	..	..	..
Mont Park Pharmacy	..	15,954	18,667	..	..	..	122	1,020	..	..	..	..	..	..	..	..	2,271
Mont Park Pathology	286	673,179	408,499	107,868	..	2,088	161	588	310	3,645	590	35,954	7,265	79,794	6,402	2,471	17,544
Bundoora	742	1,877,730	1,221,050	196,160	12,297	6,583	3,228	5,215	988	13,513	8,005	41,652	38,010	195,139	44,013	18,333	73,544
Larundel	..	131,813	131,813	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Larundel Laundry	..	379,409	233,776	25,568	2,146	1,050	251	437	325	2,849	896	18,351	3,275	57,755	10,225	18,999	3,506
Warrnambool	192	153,635	125,641	5,960	2,600	..	870	597	10	3,280	18	6,421	1,015	4,544	462	1,189	1,028
Travancore	24	340,417	27,405	27,405	..	..	298	910	70	3,250	346	16,094	6,411	34,446	15,030	3,411	2,188
Stawell	153	778,959	435,222	156,244	6,117	1,271	5,183	910	18	2,087	1,412	39,468	18,883	83,829	17,817	2,967	7,531
Janefield	446	157,318	93,435	18,311	..	618	90	233	10	1,391	671	9,801	3,582	21,551	3,585	3,901	139
Sandhurst	70	188,654	128,501	4,526	8,434	..	1,124	819	55	1,672	..	4,107	1,031	7,849	404	9,654	20,478
Maivern	13	264,611	184,864	24,283	..	..	337	742	108	4,554	859	16,877	2,143	17,089	1,266	5,761	5,728
Traralgon	30	437,647	325,311	36,772	..	..	593	623	10	3,736	769	18,052	3,299	35,226	4,988	2,574	5,694
St. Nicholas	150	43,952	27,602	..	..	..	734	360	71	805	2,170	1,703	1,050	402	12	2,128	6,915
Ambermere, Shepparton	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mental Deficiency Training Services	..	51,483	48,779	..	..	..	1,413	168	..	22	233	159	202	37,872	1,103	507	12,993
Dandenong	31	235,054	154,635	10,981	..	..	169	519	17	2,239	518	7,690	2,267	3,048	..	4,051	303
Hostels	..	48,634	36,860	5,191	..	..	..	..	..	434	..	1,939	706	..	..	..	153
Northern Region Clinic	..	21,208	12,771	..	..	..	337	..	..	..	..	..	..	..	..	..	6,571
Clinics	..	448,292	321,859	95	..	..	9,917	2,016	112	7,266	302	11,646	1,167	1,765	240	26,921	64,986
Glenhuntly Rehabilitation Centre	..	49,443	39,558	8,977	3,537	..	477	144	25	890	32	2,641	701	497	16	366	4,096
Head Office	..	415,808	297,550	..	..	..	22,567	13,016	31,680	8,988	18,052	4,503	1,623	363	216	6,673	Cr. 1,937
Totals	9,080	21,806,644	14,088,562	2,417,120	108,216	51,022	79,074	54,575	51,443	132,856	80,000	910,311	291,896	2,154,559	469,916	299,064	618,030

TABLE XI.—TABLE SHOWING THE AVERAGE WEEKLY COST OF MAINTENANCE OF PATIENTS IN MENTAL HOSPITAL, PSYCHIATRIC HOSPITALS, INFORMAL HOSPITALS AND TRAINING CENTRES FOR THE INTELLECTUALLY DEFECTIVE DURING THE YEAR ENDED 30TH JUNE, 1969.

Institution.	Salaries, Overtime, and Penalty Rates.	Chaplains.	Travelling and Subsistence.	Office Requisites and Equipment.	Books and Publications.	Postal and Telephone Charges.	Motor Vehicles, Purchases and Running Expenses.	Fuel, Light, Power and Water.	Stores.	Provisions.	Clothing and Bedding.	Sundries.	Drugs and Medicines.	Total Weekly cost of Maintenance.		Average Collection per Patient per Week.	Weekly Net Cost per Patient	
														\$	c		\$	c
Kew	33.50	0.15	0.08	0.05	0.03	0.12	0.13	1.58	0.57	4.86	1.52	0.60	1.20	44.39	..	..	..	..
Children's Cottages, Kew	..	0.05	0.04	0.05	..	0.07	0.09	1.11	0.42	3.75	1.41	0.14	0.72	35.53	..	..	..	..
Ararat	27.68	0.06	0.11	0.04	0.01	0.19	0.17	2.23	0.50	4.11	1.08	0.52	0.53	37.23	..	..	..	..
Beechworth	22.74	0.07	0.10	0.04	0.01	0.08	0.07	1.61	0.47	3.71	0.79	0.59	0.66	30.94	..	..	..	..
Sunbury	25.62	0.12	0.05	0.05	0.01	0.07	0.23	1.39	0.58	4.25	0.50	0.48	0.83	34.18	..	..	..	..
Ballarat	30.63	0.12	0.13	0.06	0.02	0.26	0.07	2.05	0.64	3.78	0.91	0.58	1.33	40.58	..	..	..	..
Royal Park	102.67	0.62	0.15	0.44	0.06	1.64	0.16	4.80	0.89	7.17	0.80	0.26	4.55	124.21	..	..	..	..
Parkville Psychiatric Unit	178.38	..	0.54	1.63	6.99	0.69	0.04	3.03	0.99	..	0.03	2.08	5.26	199.66	..	..	..	..
Pleasant View	48.52	0.26	0.18	0.05	..	0.58	..	3.02	0.42	5.09	0.31	0.27	0.27	58.97	..	..	..	..
Mont Park and Plenty	34.94	0.10	0.07	0.11	0.04	0.26	0.12	2.25	0.59	5.21	1.02	0.66	1.27	46.64	..	..	..	..
Bundoora	34.78	0.14	0.01	0.04	0.02	0.24	0.04	2.42	0.49	5.36	0.43	0.17	1.18	45.32	..	..	..	..
Larundel	37.91	0.17	0.08	0.13	0.02	0.35	0.21	1.08	0.38	5.06	1.14	0.47	1.90	49.50	..	..	..	..
Warrnambool	26.19	0.11	0.03	0.04	0.03	0.29	0.09	1.84	0.93	5.78	1.02	1.90	0.35	38.00	..	..	..	..
Travancore	107.53	..	0.70	0.48	0.01	2.63	0.01	5.15	0.81	3.64	0.37	0.95	0.82	123.10	..	..	..	..
Stawell	32.46	..	0.04	0.07	0.01	0.41	0.04	2.02	0.81	4.33	1.89	0.43	0.28	42.79	..	..	..	..
Janefield	26.63	0.05	0.22	0.04	..	0.09	0.06	1.70	0.81	3.62	0.77	0.13	0.33	34.45	..	..	..	..
Sandhurst	30.70	0.17	0.03	0.06	..	0.38	0.18	2.69	0.99	5.92	0.99	1.07	0.04	43.22	..	..	..	..
Hobson Park	134.07	..	0.22	0.48	0.07	2.92	0.55	10.82	1.37	10.95	0.81	3.69	3.67	169.62	..	..	..	..
St. Nicholas	47.28	..	0.08	0.08	..	0.48	0.10	2.31	0.42	4.52	0.64	0.33	0.73	56.97	..	..	..	..
Malvern Clinic	209.26	..	1.66	1.21	0.08	2.47	..	6.08	1.53	11.61	0.60	14.28	30.29	279.07	..	..	..	..
Dandenong	102.74	..	0.10	0.32	0.01	1.39	0.32	4.77	1.41	23.49	0.68	2.52	8.06	145.81	..	..	..	..
Head Office	..	..	..	..	..	..	..	..	..	..	..	..	..	1.13	..	..	..	..
Clinics, Hostels, Boarding Out and Committals	..	..	..	..	..	..	..	..	..	..	..	..	..	1.85	..	..	..	..
Total (Excluding Public Works Department)	..	..	..	..	..	..	..	..	..	..	..	..	..	46.88	4.76	..	42.12	..
Expenditure by Public Works Department for Maintenance and Rent of Buildings and Equipment	..	..	..	..	..	..	..	..	..	..	..	..	..	2.32	..	..	2.32	..
Total	..	..	..	..	..	..	..	..	..	..	..	..	..	49.20	4.76	..	44.44	..