1946 NEW ZEALAND

MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1945

Presented to both Houses of the General Assembly pursuant to Section 78 of the Mental Defectives Act, 1911

The Hon. A. H. NORDMEYER, Minister in Charge of Mental Hospitals, Wellington.

Wellington, 11th June, 1946.

SIR.

I have the honour to present my annual report upon the work of the Mental Hospitals Department for the year ended 31st December, 1945.

STATISTICAL

At the end of the year there were 8,794 names of persons upon our registers, including 40 patients at Ashburn Hall private licensed institution and 713 patients who were absent on probation in the care of relatives and friends.

In actual residence on 31st December there were 8,041 persons—a decrease of 79 compared with last year—and of this number 7,673 were patients who had been committed and 368 were voluntary boarders.

There were 1,477 patients and boarders admitted for the first time, an increase of 54 over the previous year, of whom 1,118 were the subject of a reception order and 359 were voluntary boarders.

Of all classes of admissions we were able to discharge 1,200, or 62.08 per cent. calculated upon the number admitted, but no more than 760, or 39.32 per cent., were fully recovered at the time of discharge. This number does not represent the true recovery rate, as patients who are sent home to convalence on probation often omit to send a medical certificate, in the absence of which we require to regard them for statistical purposes as "unrecovered."

VOLUNTARY BOARDERS

Statutory provision for the admission of patients as voluntary boarders was first made in 1911, and the subjoined table shows how increasingly this method of admission has been used. The fact that the discharge rate for voluntary boarders was 85 per cent. calculated upon the admissions indicates that advice and treatment are being sought at the stage of illness when they can be most effective.

One gratifying feature disclosed in the table is that in only a very small and diminishing number of cases does the illness progress to such a degree that the person is no longer fit to remain as a voluntary boarder and requires committal; it may well be that this is related to the efficacy of the more recently introduced physical methods of treatment.