

SESSION II.  
1923.  
NEW ZEALAND.

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# MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1922.

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*Presented to both Houses of the General Assembly by Command of His Excellency.*

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The Hon. the MINISTER IN CHARGE OF DEPARTMENT FOR THE CARE OF MENTAL DEFECTIVES to  
His Excellency the GOVERNOR-GENERAL.

MY LORD,—

Wellington, 20th July, 1923.

I have the honour to submit to Your Excellency the report of the Inspector-General of  
Mental Defectives for the year 1922.

I have, &c.,

M. POMARE,

Minister in Charge of Department for the Care of  
Mental Defectives.

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The INSPECTOR-GENERAL to the Hon. Sir MAUI POMARE, the Minister in Charge of the Department  
for the Care of Mental Defectives.

SIR,—

Wellington, 30th June, 1923.

I have the honour to present my report for the year ended 31st December, 1922.

The number of patients on the register at the end of the year, 4,932 (m., 2,816; f., 2,116), was 61 (m., 44; f., 17) higher than at the beginning, and the daily average under treatment during the year, 4,873 (m., 2,774; f., 2,099), was 119 (m., 51; f., 68) in excess of the previous year, while the total under care was 5,710. The number of Maoris at the end of the year was 72 (m., 40; f., 32).

The admissions numbered 839 (m., 453; f., 386), or 26 men and 16 women fewer than in the previous year. The proportion per cent. of readmissions, including 6 Maoris, was 17·28; and 694 patients, including 14 Maoris, were admitted for the first time.

The ratio of all admissions (exclusive of Maoris) to population was 6·54 (m., 6·84; f., 6·23) to 10,000; and of first admissions, 5·43 (m., 5·95; f., 4·89), so that 1,529 persons in the general population contributed one patient, and 1,841 contributed a patient admitted for the first time. These figures, more especially those which refer to first admissions, are valuable, giving, as they do, a fairly accurate indication of the extent of "occurring mental disorder" in the community, and the proportion disclosed may be regarded as satisfactory.

The discharges (excluding transfers) numbered 383, or 63 fewer than in 1921. Seventy, or 5 fewer, harmless unrecovered persons were returned to the care of friends, and 313 (m., 156; f., 157) recovered (58 fewer than last year), representing a percentage of 37·31 (m., 34·44; f., 40·67) on the total admitted. With voluntary admissions and recoveries added, the percentage rises to 42. During the last decade there has been a tendency to a small drop in the recovery rate. Patients who recover as voluntary boarders do not appear in the general statistics; the majority of the boarders would, before the 1911 Act, have been admitted as ordinary patients. Among other causes are the greater influx of mentally infirm senile patients, of mentally deficient children, and of improvable and unrecoverable patients admitted for treatment to fit them for return to home surroundings. The average recovery rate since 1876 is 40·83 per cent.

There is a growing opinion in England favourable to treatment as voluntary boarders, in rate-supported institutions, of persons labouring under the less pronounced forms of mental disorder. Our experience is distinctly favourable. Since the introduction of the principle in the 1911 Act each year has shown an advance in the number of persons so placing themselves under treatment. Carried over from 1921 were 99 (m., 36; f., 63), and during 1922 111 (m., 57; f., 54) were admitted, making a total under care during the year of 210. That number has included examples of mental disorder ranging from many incipient to a few fairly advanced yet capable of comprehending what the procedure entailed. There have been also persons labouring under neurasthenia and organic