

1926.
NEW ZEALAND.

MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1925.

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

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

SIR,—

Wellington, 16th July, 1926.

I have the honour to submit to Your Excellency the report for the year 1925 of the Inspector General of Mental Defectives.

I have, &c.,

J. A. YOUNG,

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

The INSPECTOR-GENERAL to the Hon. J. A. YOUNG, the Minister in Charge of the Department for
the Care of Mental Defectives.

SIR,—

Wellington, 30th June, 1926.

I have the honour to present my report for the year 1925, including also some remarks as to present or prospective requirements needed to bring the mental hospital premises and service of the Dominion up to an adequate standard of efficiency.

It was necessary to explain, in the introduction to last year's report, that owing to the Great War and its aftermath, and other factors, due progress had been retarded, and that a great deal of leeway would have to be made up before the mental hospitals could fairly be said to be satisfactory. I shall now make a summary recapitulation of last year's projects for overtaking arrears and breaking new ground; and I shall give under each heading an indication of what has been effected, and what still remains to be done in these connections.

BROAD PURPOSES OF LAST YEAR'S PROPOSALS.

- (a.) To afford the fullest opportunities for persons in a state of nervous and mental instability to obtain early and reliable advice, so as to facilitate prompt recognition and suitable treatment in the incipient stages of mental breakdown.
- (b.) To ensure the provision and use of improved methods of handling and dealing with mental patients, prior to and at the time of committal as insane, and to do away with temporary lodgment in prison, pending decision.
- (c.) To ensure the provision and better use of facilities for classification, care, and treatment—especially in the case of the more recent, impressionable, sensitive, and curable patients.

PRACTICAL UNDERTAKINGS.

1. *The establishment of out-patient clinics*, to be conducted at the general hospitals by two doctors—one drawn from the general hospital and one from the mental hospital: such clinics to be held weekly under the title "Clinic for nervous affections," without any implication of insanity, mental breakdown, or so-called "border-line" trouble.

This is already an assured success, especially in Wellington, where the proposal was at once welcomed by the authorities of the General Hospital, and very warmly espoused by Dr. MacDonald