

RATIO OF REGISTERED INSANE TO GENERAL POPULATION.

That the number of persons seeking the shelter of our institutions has increased out of all proportion to the growth in the general population is seen from the following table setting forth the position every fifth year over a period of forty years:—

| Year. | Number of Patients and Boarders (excluding Maoris) on our Registers. | Estimated Mean Population of New Zealand (excluding Maoris). | Ratio of Registered Patients and Boarders to General Population (excluding Maoris). |
|------------|--|--|---|
| 1891 | 1,849 | 629,783 | 1 : 341 |
| 1896 | 2,315 | 706,434 | 1 : 305 |
| 1901 | 2,773 | 777,968 | 1 : 281 |
| 1906 | 3,206 | 895,594 | 1 : 279 |
| 1911 | 3,756 | 1,014,043 | 1 : 270 |
| 1916 | 4,400 | 1,099,449 | 1 : 250 |
| 1921 | 4,970 | 1,223,901 | 1 : 246 |
| 1926 | 5,637 | 1,352,927 | 1 : 240 |
| 1931 | 6,922 | 1,444,901 | 1 : 209 |

It is necessary to utter a caution against the misinterpretation of these tables. These figures are no indication of the amount of mental disorder occurring in New Zealand—a subject to which I refer later in this report—nor must they form the basis of comparison with other countries whose methods and provisions for dealing with this problem often differ materially from those which obtain here.

What these tables do show is that a progressively larger proportion of our population is being sheltered in our mental hospitals; and, in view of our increasing shortage of accommodation and the relatively expensive kind of care and treatment provided, the question arises as to whether or not the best and most economical use is being made of our mental hospitals.

Prompted by the same considerations which exist now, the late Dr. MacGregor, Inspector-General of Mental Hospitals, wrote in his report for 1895: "Our peculiar system of local government has the effect of crowding into our asylums an unusually large number of aged people suffering merely from senile decay, people who would anywhere else find refuge in workhouses and other similar institutions. In fact, the proportion depends upon the issue in each case between the local bodies, who are anxious to relieve the rates, and the General Government officers who try to defend the consolidated revenue."

As a result of the tendency so deprecated by Dr. MacGregor in 1895 there were in December last over five hundred people in our mental hospitals who were seventy years and upwards in age, and of that number at least 350 do not require the highly organized and expensive form of care provided in the mental hospitals.

These people should not occupy so large a share of our infirmary space, but should be housed in buildings of a much less costly, less complexly constructed type, and looked after by a relatively small proportion of staff. The class I refer to are for all practical purposes the same as that cared for in, say, the Ohiro Home, Wellington, where there are 145 inmates with nine of a staff. The legal machinery for the custodial care of these people already exists in the Rest-homes Act, which, however, is non operative for lack of accommodation.

SHORTAGE OF ACCOMMODATION.

In view of the prevailing financial stringency, it has been our constant aim to keep all departmental expenditure within due limits, and to avoid making unreasonable demands upon the Government for capital outlay. Nevertheless, it is incumbent upon me to point out how increasingly serious the position is becoming in regard to lack of accommodation, and the need for maintaining a steady programme of building.

The discharge-rate is high, and we allow as many patients as possible to be absent on probation—over five hundred were on probation at the end of the year—but our admission-rate continues to rise, and the end of each year sees a substantial and permanent addition to our population.

During the past five years the average annual increase has been 239, which means that even to cope with normal increases we should construct not less than five villas per annum in addition to dealing with the problem of the accumulated surplus.

The following table shows the position in regard to overcrowding at each institution as at 31st December last:—

| Institution. | Accommodation provided. | Number of Patients and Boarders resident. | Deficiency of Accommodation. | Surplus Accommodation. |
|-------------------------------------|-------------------------|---|------------------------------|------------------------|
| Auckland (with Kingsseat) | 1,170 | 1,314 | 144 | .. |
| Tokanui | 497 | 573 | 76 | .. |
| Porirua | 1,270 | 1,447 | 177 | .. |
| Nelson (with Stoke) | 525 | 492 | .. | 33 |
| Hokitika | 268 | 278 | 10 | .. |
| Christchurch (with Templeton) | 912 | 1,105 | 193 | .. |
| Seacliff (with Waitati) | 1,019 | 1,242 | 223 | .. |
| Total | 5,661 | 6,451 | 823 | 33 |