

Mental Health Resources In The Halifax Area

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I. DEFINITIONS.

A mentally healthy individual is one who:

1. Attempts to master his environment in an active mannner rather than adjusting to it with an indiscriminate passive acceptance of environmental conditions.
2. Maintains a stable internal integration in spite of the flexibility of behavior.
3. Perceives correctly both the world, its demands; himself and his capacities.

II. MENTAL HEALTH SERVICES IN HALIFAX.

(a) Psychiatric.

1. The Nova Scotia Hospital (NSH).

The NSH contains 570 beds (the new wing completed in 1958 has added 240 beds) and the total staff consists of 600 people (both professional and non-professional). This is 1.3 staff members for every patient in residence. There are 15 full-time psychiatrists, and of these some are in an administrative capacity and therefore, do not take part in the active treatment program.

The hospital admits 1200 patients each year. Of these the great majority are direct admissions, the rest are transfers from Municipal Mental Hospitals throughout the province. Approximately 1000 patients are discharged to the community during the year, and about 200 are transferred to the Municipal Hospitals.

The NSH provides for in-patient services only, however, there is an out-patient department planned to open in late 1961. The hospital is an active treatment center and custodial care is provided only for those who have no "settlement" in Nova Scotia. Patients who show no response to treatment after three months are referred to the Municipal Mental Hospitals.

The NSH serves as a teaching center for the undergraduates and post graduate medical personnel, nurses, and nursing assistants.

2. Victoria General Hospital (Pavillion).

(a) In-patient services. The in-patient department admits on the average 40 new patients per month. The unit is an active treatment center and has facilities for electro-convulsive therapy, insulin coma, drug therapy, and psychotherapy. The waiting list for admission (as of July, 1961) was eleven.

(b) Out-patient services. The total number of patients attending the clinic during any one month is about 200, and more than 10 per cent of these are new patients. The waiting list for psychotherapy at the out-patient clinic is nine (as of July, 1961).

3. Child Guidance Clinic. The staff of this clinic is composed of three part-time psychiatrists (whose total time averages that of 0.8 full-time men). There is also, one full-time psychologist, three full-time social workers, and one psychiatric resident.

The clinic serves Halifax city and county (a population of 200,000). The waiting list (as of July, 1961) consists of 13 for "intake" (complete diagnostic workup), 12 for evaluation, and 108 for treatment.

4. Halifax Mental Hospital.

This is a 330 bed unit devoted to the custodial care of the mentally ill. There is no active treatment carried out at this hospital other than the use of therapeutic

drugs. All active treatment is carried out at the Pavillion or, if necessary, the patients are transferred to the Nova Scotia Hospital. Only those patients residing in the City of Halifax are admitted; those from the county are sent to Cole Harbor Hospital.

5. Private Psychiatrists.

There are seven certified psychiatrists in part time private practice in the Halifax area. Some of these psychiatrists devote less than one-half of their time to private practice, the rest of their time is spent in centers such as the Pavillion, or the Child Guidance Clinic. Therefore the actual number of private physicians in terms of doctor hours of practice is less than seven.

(b) Non-Psychiatric Services.

1. The Canadian Mental Health Association.

The CMHA program has four main phases which are:

(a) Services to the Mentally III (White Cross). Initially, this project consisted solely of friendly visits to patients; however, now it has developed a wide range of activities. These include such things as supplying clothing, supervising and participating in games, collecting, wrapping and distributing Christmas and birthday gifts.

The CMHA also operates a day center at 75 College Street in Halifax. Here, patients from the Halifax Mental Hospital meet for such activities as sewing, quilting, knitting, leathercraft, bingo and other activities. There are 118 White Cross Volunteers in the Halifax area.

(b) Public Education.

There is a nation-wide program of radio and television announcements and ex-



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tensive use is made of films which are shown to all interested groups. Wide use is made of pamphlets and brochures discussing a broad range of mental health topics and distributed to the lay reader. Most of these are directed to the general public, others to patients themselves and still others to the families of patients.

(c) Research. This program is limited in scope and is on a national basis rather than a local one.

(d) Prevention and Positive Mental Health. This program consists of consultation services for local welfare councils in communities throughout the province. They also provide 10 per cent of the cost of the Provincial Mental Health Clinics.

2. Social Workers. The duties of the social worker include:

(a) Intake and admission procedures. It is at the "intake" of an applicant that a responsible member of his family is helped to decide whether to use the facilities of the hospital or to deal with his problem in another way. The social worker must present an accurate description of the patient and his problem to the other members of the team at the intake conference.

(b) Diagnostic study and evaluation.

The social worker helps the family clarify their own attitude towards the patient and his treatment. He helps the family to cope with the problems that mental illness creates for them.

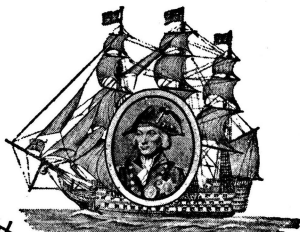
(c) Discharge and after-care. The social worker must visit the discharged patient to check on his progress. This has a valuable preventive aspect in that social problems and attitudes can often be recognized and dealt with before they reach an

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intolerable level and re-admission to hospital is required. As there are only two social workers at the Pavillion this service is not possible. There are nine social workers at the Nova Scotia Hospital but since this hospital services the whole province, such after-care services are not available.

3. Halifax City Nursing Division (Dept. of Public Health and Welfare) The visiting nurse is in the school in the morning. She works with the teachers who refer students to her or to the Mental Health Consultant (see 4 below). Part of the visiting nurse's responsibility is to do follow-up work in the home. Here she meets the parents and discusses the problem with them and at the same time gets a better idea of the environment in which the child lives.

4. Special Services Branch of the Halifax City School Board. This branch services all students in the city school system (18,000). However, they do the major part of their work in the elementary and junior high schools. There are 2.5 full-time trained psychologists in this branch and they work with students referred by teachers, principals, Juvenile Court, Family Service Bureau, Public Health Nurses, and the Child Guidance Clinic. This division is concerned with such matters as attendance, mental health, testing programs (IQ), diagnostic and remedial work. They work closely with the individual teachers so that he or she may understand the child's problem. The testing program consists of Group IQ testing for screening purposes.

III. NEEDS.

(a) Shortage of Personnel. In the mental health field, it is important that fully qualified professional people such as psychiatrists, psychologists, social workers, nurses, and occupational therapists be available. By any reasonable standard there is a shortage of fully trained persons in these occupations.

Since competition for the services of these professional people is continent-wide, it makes the situation even more difficult for Nova Scotia which is not one of the wealthier regions of this country. In order to compete, our salary scale must be revised.

(b) There is only one basic pragmatic approach to the salary question. A business or organization must be in a position to compete for the services of the people in the area concerned. Irregularities in the salary scales are also closely related to the general problem of personnel, for example, equal salaries should be established for beginning psychologists whether they seek employment with the Department of Education or the Department of Health.

(c) Nova Scotia Hospital (Staffing). At the NSH there are approximately 15 physicians, and of these 10 are psychiatrists. Included in those listed as psychiatrists are the superintendent and assistant superintendent who are not clinically active. With a patient population of approximately 550 and with 1200 admissions per year the load carried by the staff can be appreciated. While the present number is above the "minimum" set by the American Psychiatric Association, it is felt that there are too few certified psychiatrists involved in actual patient treatment,

IV. RECOMMENDATIONS.

(a) Salaries of professional personnel in the mental health field should be increased in order to attract and maintain a competent staff.

(b) Irregularities in the administration of civil service regulations should be eliminated wherever possible in order that growing competence and experience may be quickly recognized.

(c) Full or part time assistants in psychiatry, psychology, social work, nursing and administration should be appointed by the Director of Mental Health.

(d) A professional advisory committee should be appointed. It should be comprised of the Director, his assistants (see number 3) and other qualified appointees including part-time experts (e.g.: a consultant in architecture if and when new buildings are proposed). This committee is to report and be responsible to the Minister of Health.

(e) Encouragement should be given to the research interests of the professional staff. They should be provided with the space and basic equipment necessary to further advances in mental illness research, and to encourage professional people whose basic interest lies in research to stay in Nova Scotia.

V. A PROPOSAL FOR A COMMUNITY MENTAL HEALTH PROGRAM.

There should be a program in which all the aspects of mental health of the community are gathered into a single organization. In this area this organization would serve an 18 - 20 mile radius about Halifax, encompassing 200,000 people. It would consist of three basic programs.

1. Clinical Program.

(a) In-patient Service. Two different units in the community mental hospital are needed. One is an active treatment center and the other is for those patients who do not respond to active therapy and who require custodial care.

(b) Out-patient Services. This unit would be much like the service provided at the Pavillion, and would be for those patients who can best be treated in an out-patient unit.

(c) The Day Hospital (and/or Night Hospital). This would be for patients who require intensive treatment but who do not need hospitalization both day and night. One of the advantages of the day hospital is that the patient remains in daily realistic contact with the members of his home and his general social setting, while the full range of therapeutic facilities is still available to these patients.

It enables patients to be discharged from the in-patient unit at an earlier stage than before, providing, at the same time, the opportunity for a re-adaption to the outside surroundings along with the continuation of active therapy.

The patient who is not sufficiently ill to require hospitalization but who nevertheless could not be properly cared for by an ordinary out-patient department also benefits from this unique plan.

The largest group to benefit are those suffering from severe psychoneurosis and for whom the help of individual or group psychotherapy is not sufficient.

(d) Child Guidance Clinic. This clinic would operate on a referral basis and offer diagnostic services, social services, psychological testing, teaching facilities, and a treatment unit separate from the main mental hospital.

2. Community Program.

A community wide program is necessary and should include educational services by which mental health information can be disseminated to the patients, their families and to the public. Other services such as transportation for patients and volunteer work in the mental hospitals would be a valuable addition.

3. Research Program.

The purpose of this program is to improve current methods and evaluate new ones under a separate department—allowing part time men to carry on research, and one full time member to carry out and direct the active program of research.

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“Medicine gives only to those who give, but her reward for those who serve is ‘finer than much fine gold.’” —CHARLES H. MAYO

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