A depleted medical staff means that not as much individual treatment can be given to patients as is so necessary in the acute stages of mental illness. To some extent this has been lessened in its effect by the curtailment of the time given at clinics in general hospitals, &c. It is considered that advice given to mentally sick people at these clinics and to persons approaching medical officers for advice in other ways is most valuable and has been the means of preventing more serious breakdowns in many cases. Advice given to parents of mentally handicapped children is frequently sufficient to enable parents to continue to look after them in their own homes.

An extension of the "preventive" side of the work of this Division is our aim, and this applies also to child guidance, but the first duty of the medical staff is towards those whose mental illness has necessitated their admission to hospital.

I am appreciative of the desire of the medical staff not to curtail their assistance given as indicated any more than has been absolutely necessary.

The shortage of female nursing staff continues to be a problem of considerable difficulty. Improvement in the situation has occurred spasmodically, but in effect the position at the end of the year remains little better than at the beginning. The male staff have assisted where possible and have been caring for mentally deficient male children, and have done so very well in the emergency.

It is hoped that female nursing staff will be offering to give female nursing attention to these male children and to reintroduce female nurses into male wards, where their influence can be of great benefit to a large proportion of cases.

It must be kept in mind that with all the shortage of staff in mental hospitals in New Zealand there is no accommodation kept vacant because of such shortage—a position which has occurred in Great Britain, and which has occurred in general hospitals in New Zealand. This has only been possible because of the loyal and uncomplaining service given by the staff generally. I sincerely trust that it may never become necessary to refuse admission of voluntary boarders because of any such shortage, which refusal has been occurring in some other countries.

Admissions of Elderly Infirm Persons

My remarks concerning the above in my report to you of last year are even more applicable now. There has been a further increase in the number of patients of both sexes over seventy years of age in our hospitals—a total now of over 1,000.

There has been evidence, however, during the year of an increasing interest in this problem by social and Church agencies in New Zealand, and it is hoped that adequate provision will be made for the aged in suitable homes apart from mental hospitals.

The experience and advice of the medical and nursing staff of this Division would be available to such homes when completed if desired and requested. Even the most difficult of senile cases can be managed and directed into a more orderly and amenable way of life, and the staff of the Division would, I consider, be able to give valuable assistance.

Occupational Therapy

For the first time it is possible to report that there is now a trained Occupational Therapist on the staff of each hospital. The view that occupational therapy plays an important part in treatment in every kind of hospital has become an accepted one, and it will be further extended as the staff become available after training.

During the year it has been possible to initiate short courses in occupational therapy at the Occupational Therapy School attached to Auckland Mental Hospital for suitable and interested male nursing staff from all hospitals. These courses have been a decided success in increasing the scope and assistance in the work at hospitals and will be continued.