1927.

NEW ZEALAND.

# MENTAL HOSPITALS OF THE DOMINION

(REPORT ON) FOR 1926.

*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, 31st July, 1927.

I have the honour to submit to Your Excellency the report for the year 1926 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, 1927.

I have the honour to submit my report for the year ended 31st December, 1926.

The number of patients under care in the Mental Hospitals during the year was 6,204; and there were 5,467 on the register at the end of the year, being an increase of 336, made up of 171 males and 165 females. The death-rate for 1926 has been about the average—viz., 324 out of a total of 6,006 patients, or 5·2 per cent.

The official figures for the year show a "recovery-rate" of 30 per cent. on the admissions; but no such figures can ever afford more than very rough approximations: they cannot be relied on as a definite basis either for statistical comparison with other countries, or even with the records of, say, the last half-century in New Zealand itself. So-called "recovery" from insanity is a relative term, and in equally good institutions the "recoveries" may be set down as 25 per cent. or 40 per cent., or more, on the admissions, according to the point of view of those reporting or compiling the figures. Thus, an optimist could estimate the present recovery-rate as say 40 per cent. if he were to incline to the view that the 42 per cent. discharged under the joint heading of "recovered and improved" could justifiably be classified, with few exceptions, as "recoveries."

It is tempting to be optimistic, and to hope that an improvement which has enabled a patient to be discharged may prove progressive and permanent; but long experience shows that hitherto only from 25 to 30 per cent. of the general average of people who have been declared insane remain permanently outside or die outside a mental hospital. A further deduction from true and permanent recoveries might be made for those who manage to continue outside among their friends, but only in a state of permanently enfeebled mentality. However, it would be too exacting not to credit our mental hospitals with what would ordinarily be set down as "recovery." It may be assumed that the 30 per cent. of recoveries recorded during the year for the Dominion is fairly satisfactory, and truly represents at least as high a standard of success as obtains in other comparable English-speaking countries. This does not mean that more need not and cannot be done for the insane in New Zealand, especially in the way of prevention, and of improved early care and treatment of incipient insanity; but it will be some years before the full effect of the recent improvements, which have been asked for and undertaken, can be brought to full fruition. All such changes and reforms demand time. The widespread popular prejudice against resorting to institutions for the care and treatment of persons suffering from mental breakdown, until they have become positively dangerous or unmanageable, cannot be overcome, in New Zealand or anywhere else, until the public has been brought to realize that early competent treatment in special institutions is more imperatively necessary in the case of incipient mental disease than in any other form of illness.