

Vistas for Volunteers



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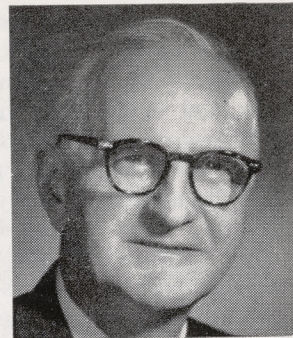
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It is with deep regret that we record the death of SENATOR THE HON. CAIRINE WILSON, D.C.L., L.L.D., a Member of our Honorary Advisory Committee whose loyal support has been of such great assistance and encouragement.

ENDING CHRONIC HOSPITALIZATION

by D. EWEN CAMERON, M.D., F.R.C.P.(C), D.P.M.(Lond.)

Director of the Allan Memorial Institute, McGill University, Montreal, Canada



DR. D. EWEN CAMERON

THERE are times in human affairs when we are faced with heavy and serious and sometimes desperate situations and have no adequate means to bring them to satisfactory solutions. There are times — which we recognize perhaps less willingly — when the means lie at our hands but for a variety of reasons — prominent among them being the sheer dull weight of traditional thinking — we do far less than we might about them.

Such is now the situation with mental illness. Forty years ago it would have mattered little how much money was poured into the provision of staff — how energetic the staff might have been — how many buildings were set up — or how earnestly we had striven to restore those suffering from psychiatric illness to health. The basic means, namely, the technical knowledge which we now have for diagnosis and for treatment was simply not to hand.

In a burst of productiveness — in a blaze of invention and discovery which must rank high in the whole annals of medicine — psychiatry has during these years emerged from a medical discipline which was relatively powerless to help, to one which now possesses very powerful tools indeed. But we are not using them.

To care for the long accumulating and now enormous load of mental illness — grown chronic through neglect — huge and expensive buildings were set up to provide the poorest of care — care that was the cheapest in all medicine — the most costly in terms of human welfare anywhere throughout our society. The mentally sick of all kinds were lodged in state-run hospitals, some of which became so large as to constitute small towns in themselves. In these vast repositories, individual humanity sank out of sight and a future generation will certainly point their fingers at the public apathy and the lack of professional initiative which allowed this to come about. To this must be ascribed much of the deadly deterioration which overtook those forced to spend dull, degrading and long years as patients in such places.

This is a situation which must, can and will be brought to an end and may very well come to an end much sooner than now seems possible. It is only a short time ago that thousands of patients left their homes in the great metropolitan areas and went up into mountain villages and small communities to be treated there in tubercular sanatoria. A few new drugs — some brilliant operations — and a public determination to bring this scourge to an end has resulted within

one decade and perhaps part of the second, in an extraordinary reversal. The sanatoria are closing, the nursing homes are being turned to other purposes, and the patients are now being treated not over long years but over days and weeks — often in their own homes and certainly in their own communities.

The entire outlook in tuberculosis has been changed by the same kind of means which are now available to us. For we too have the new therapeutic procedures. What we require is the determination and the public will to change the situation. Six steps are needed:

I. No psychiatric patient should be admitted to hospital until every possibility has been explored for treating him at home, in the office or in the out-patient department. Hospitalization is necessary for some patients, but it must be short because long hospitalization results in loss of personality assets just as surely as we now know long bed care to enfeeble the patient suffering from physical illness.

II. Where the patient requires to be admitted to hospital for intensive and advanced care, this should be to the psychiatric division of a general hospital. To make this possible, it should be required by the various accreditation commissions across the continent that every general hospital having 200 beds or more should have 10% of its beds for psychiatric patients and that all general hospitals having less than 200 beds should provide psychiatric consultation facilities. These psychiatric divisions of general hospitals should also be open. Locked doors are as out of date and as utterly unnecessary in our generation as the padded cell was a generation ago. There is no reason whatsoever why with our newer methods of treatment, impulsive behaviour, dangerous to the patient or to others, cannot be quickly and readily brought under control and hence the hospitals can be left open.

III. The great mental institutions must look after their declining population and every effort should be made by putting in special therapeutic teams to rehabilitate and restore to the ability to live outside those patients who still live in them. As their population is reduced, these institutions should be replaced by small units placed preferably in close proximity to a medical centre or to a medical school where special groups of patients such as the addictive, the psychopathic, the mentally defective, could receive the best possible care.

IV. In order to strengthen the effectiveness of the psychiatric divisions of general hospitals, there should be set up in every community special facilities. Among

these are hostels for the aged who are able to look after themselves. Such facilities already exist in various parts of the country and have proved most beneficial to the aged individual who can no longer get along at home but who can manage well enough in a hostel built to fit his physical limitations and with help from a supervisory staff. There should also be half-way houses — places to which patients who are ready to leave the hospital but not yet ready to go back to their own homes could stay for a few days or a week or so. A great need is for rehabilitation units. These can be quite small but should be numerous in a large metropolitan area. Their function is to help the psychiatric patient regain his skills or to learn new skills whereby he can earn his living. During the war, extraordinary things were done for individuals who had lost their sight or lost a limb or who had some other serious physical limitation. The same thing can now be done — if we plan it so — for the psychiatric patient. Along with these should go sheltered workshops where individuals who are now able to work but who cannot work competitively could be given an opportunity to improve their skills. These workshops can be made partially self-supporting.

V. A vigorous campaign should be carried out in the medical schools and in postgraduate centres to ensure that all practitioners of medicine should be capable of using basic psychiatric concepts and skills. More bacteriology is applied by people who are not bacteriologists than by bacteriologists. Every operating room demonstrates this. Every ward shows the care which is given to the protection of the wound or to the prevention of cross infections. Every kitchen shows the

care with which we apply what we know of bacteriology to prevent food spoilage. There is no reason why what we know concerning human motivation, concerning the emotional life of the individual should not equally be applied by every man who is practising medicine.

VI. Finally, a last step which indeed must carry the whole forward and that is that there must be continuous public education concerning human nature. In every university centre, there are now great departments of psychiatry, of psychology, of anthropology and of sociology. These departments are continually bringing out new information about human nature. We must see to it that this information is passed on without delay to the points of practical application. It must be passed on to the teachers in the schools, to the parents in the home and school associations. It must be passed on to all those who have to deal with human behaviour whether they are foremen or executives, whether they are doctors or nurses, social workers or lawyers. For it is only by a continuous process of putting the new, emerging knowledge to work that we can hope to get rid of the old, outworn and crippling conceptions that still keep on this continent nearly a million people confined to mental hospitals.

If our generation can within the next ten years put an end to chronic hospitalization of the mentally sick, then we can with pride take our place alongside those generations which put an end to child labour, to slavery and to the killing infectious diseases of childhood, and with a conviction that ours has not been the least of these great accomplishments.

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LA CONSERVER

Le Service de Vaccination de l'hôpital assure le "Follow up" de l'enfant dans sa famille. Les infirmières font les tests de contrôle et si l'enfant répond négativement à la tuberculine il est revacciné. La revaccination est essentielle à l'entretien de l'efficacité du BCG dans l'organisme. Elles exercent en outre la surveillance sur les cas contacts de la famille et en collaboration avec les institutions anti-tuberculeuses de la Province, les dirigent vers les cliniques.

L'hôpital maintient aussi un service de vaccination capable de répondre aux demandes de tous ceux qui, vivant en milieu sain, sont désireux de se protéger contre la tuberculose. Le travail est fait en étroite collaboration avec le Service du BCG de l'Institut de Microbiologie et d'Hygiène de l'Université de Montréal.

Les infirmières vaccinent les nouveau-nés, à domicile, lorsqu'il n'y a pas de contact tuberculeux. Elles font les épreuves à la tuberculine et vaccinent si nécessaire les enfants d'âge pré-scolaire dans les cliniques municipales, les enfants d'âge scolaire dans les écoles de Montréal et de la banlieue et les élèves garde-malades des hôpitaux de Montréal et de la Province.

Notre dispensaire reçoit tous les jours ceux qui se présentent pour l'épreuve tuberculique et l'inoculation par le vaccin BCG.

LA RÉTABLIR

Afin d'aider au rétablissement de la santé d'enfants atteints de maladie de coeur, un service de cardiologie fut ouvert en 1955 pour y traiter les enfants souffrant de malformation congénitale du coeur, de cardites rhumatismales et ceux qui requièrent des soins pré- et post-opératoires à la chirurgie cardio-vasculaire.

Depuis 1961, ce service s'est étendu en un service de pédiatrie de 70 lits où nous recevons, en plus des cardiaques des enfants souffrant d'anomalie physique ou physiologique. La plupart de ces enfants sont hospitalisés pendant plusieurs mois afin de recevoir les traitements spécialisés prescrits. Un service de physiothérapie assuré par des techniciennes diplômées procure à l'enfant un moyen efficace de réhabilitation.



Considérant le long terme d'hospitalisation, l'Administration confia à des jardinières d'Enfants l'organisation des loisirs des petits d'âge pré-scolaire et obtint de la Commission des Ecoles Catholiques de Montréal les services d'un professeur pour des enfants d'âge scolaire leur permettant ainsi de poursuivre leurs études dans l'hôpital.

La Clinique BCG de Montréal s'appelle maintenant l'Hôpital Marie Enfant, ayant obtenu des lettres patentes supplémentaires du secrétariat du Gouvernement de la Province de Québec le 27 avril 1961.

Les berceaux des pouponnières sont toujours sous la Loi de Prévention de la Tuberculose et le département de Pédiatrie a été reconnu par le Service d'Assurance Hospitalisation.

Le Conseil d'Administration est laïque.

La chapelle pouvant accommoder à la fois les élèves et le personnel a été reconnu en 1958 comme oratoire semi-public sous le vocable de la Purification de la Très Sainte Vierge.

ÉCOLE

L'Hôpital Marie Enfant maintient une école de puériculture de cent vingt élèves. La durée du cours est de 15 mois.

Les jeunes filles desquelles on exige un certificat de 9ème année sont entraînées à la discipline sévère d'une technique spécialisée dans le soin des nouveau-nés.

L'enseignement leur est donné par des médecins et des infirmières licenciées.

Le programme d'études comprend entre autres des cours d'anatomie, de pathologie, de physiologie, de puériculture, de psychologie de l'enfant, de morale et de sociologie.

La pratique leur est enseignée dans les pouponnières sous l'oeil vigilant de monitrices et la surveillance de l'hospitalière et d'infirmières licenciées.

Les examens passés avec succès, elles se voient décerner le certificat et la médaille de l'École de Puériculture de l'Hôpital Marie Enfant.



COMITÉ DES DAMES AUXILIAIRES

Le Comité des Dames Auxiliaires de l'hôpital Marie Enfant a été organisé en septembre 1961. Depuis plusieurs années le Conseil d'Administration songeait à la formation d'un tel groupe qui aiderait l'hôpital dans sa tâche. Déjà dans son département de cardiologie, en collaboration avec la Fondation Nationale du Coeur, quelques dames agissaient comme marraines auprès des enfants. Elles ont appris en suivant des cours spéciaux sur les différents aspects des maladies du coeur comment soutenir le moral des enfants et les distraire sans les fatiguer.

Avec l'agrandissement du département de pédiatrie, ce travail s'est fondu avec celui des Dames Auxiliaires. L'oeuvre des "Dames en Rose" dont le nombre va en grandissant est magnifique. Elles donnent leur temps précieux auprès des malades, elles prêtent leurs autos et leur talent de chauffeur, elles assistent les infirmières durant la vaccination dans les écoles et les cliniques municipales, elles recueillent des offrandes pour donner des vêtements, des jouets, des appareils de télévision et le matériel nécessaire aux travaux manuels exécutés par les enfants.

A l'époque où nous vivons, on dit l'hôpital moins humain qu'autrefois. Les merveilles de la science et les progrès du système et de l'organisation font de l'enfant malade une pauvre petite chose effrayée, perdue dans les mystères du complexe hospitalier.

Les infirmières, le personnel, les autorités déploient leur compétence auprès d'eux avec autant de bonté possible mais il leur manque le temps que seules peuvent donner les dames auxiliaires pour leur apporter le réconfort et la distraction nécessaires au maintien de leur moral.

Je crois me faire l'interprète de tous en disant de tout coeur un grand merci pour ce rayon de soleil qu'apportent dans nos hôpitaux, les Dames Auxiliaires.



ILLUSTRATIONS by Anne Savage

A Pamphlet Service

In the last issue of this Journal, we offered Pamphlets for the use of Volunteer Workers in Hospitals. These proved so popular and requests for them came from so many different countries, that we are extending this service to Hospital Administrators and Nurses, as well as continuing it for Hospital Auxiliaries and Volunteer Workers.

We gratefully acknowledge the courtesy of the *Canadian Hospital Association* and of the *Canadian Nurses' Association*, both of whom have made available the Pamphlets mentioned below. Those for Volunteers were prepared for *The National Council of Hospital Auxiliaries of Canada* and have proved very useful and most popular in volunteer activities.

All Pamphlets will be sent free of charge, on request. Please write for them to:

Miss Helen Guiton, Editor & Exec. Director
2068 Sherbrooke St. W., Montreal, P.Q., Canada

FOR AUXILIARIES AND VOLUNTEER WORKERS:

Organization & Administration

Trained Director of Volunteers
Volunteer Workers in Rural Hospitals
How to Form a Hospital Auxiliary
Training of Volunteers in Large and Small Hospitals
Brief Guide to Volunteer Service

Programme —

Money-Making Projects, Big and Small
How to Establish a Library
Gift Shops and Snack Bars
Programme Planning for an Auxiliary
The Good-As-New Shop

The Travelling Shop Cart Idea
Gift Shop Story
Nearly-New Shop
Coffee — Gift Shops
A Fund-Raising Fair
Wee Wendy Doll Kit
Favours for Patients' Trays & Gift Shops

FOR NURSES: (courtesy Canadian Nurses' Association)

Nurses, Their Education and Their Role in Health Programs
Nursing
What to Look for when Choosing a School of Nursing
Opportunities for Registered Nurses in the Mental Health Field
Career
The Nursing Profession in Canada
Policies Regarding Nursing Service and Nursing Education

FOR HOSPITAL ADMINISTRATORS: (courtesy Canadian Hospital Association)

Orthoptic Clinic at University Hospital, Saskatoon (Canada).

Diet, Cholesterol and Atherosclerosis, by C. M. Harlow, M.D., Chief, Service Laboratories, Camp Hill Hospital, Halifax, N.S., Canada.

(continued on page 15)



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