Exhibit P-50
Department of Psychiatry

Allan Memorial Institute
1025 Pine Avenue West

April 6, 1963.

Dr. C. Cahn
Dr. B. Cormier
Dr. N. Epstein
Dr. B. Hunt
Dr. J. Lapointe
Dr. A. MacLeod

I am sending you a draft of the proposed Pilot Centre for Juvenile Delinquency. You will recall that we were requested by the Committee of the Department of Justice, under the chairmanship of Mr. Allen J. MacLeod, to submit such a proposal to him.

As soon as I have your replies, I will draw it up in final form and send it off. I should be grateful if you could let me have your comments within a week.

Yours sincerely,

D. Ewen Cameron, M.D.
Chairman of Department.

DEC: vwd
encl.
DRAFT OF PROPOSAL FOR THE ESTABLISHMENT
OF A PILOT CENTRE FOR JUVENILE DELINQUENCY.

I. PROPOSAL

It is proposed that a 50-bed pilot unit for juvenile delinquency should be set up and should offer clinical, preventive, training and research facilities in this field. It is further proposed that this unit be under the auspices of McGill University and operated in association with one of the teaching hospitals of McGill University.

II. REASONS FOR ESTABLISHMENT OF PROPOSED Unit

1. Hitherto we have failed to control and to cure seriously delinquent juveniles. In many instances, their delinquency deepens with the passage of time and they become life-long criminals. This is the more serious insofar as a characteristic of juvenile delinquency in Canada today is the increasing use of violence. There has been no truly scientific approach to this problem and for lack of essential knowledge, inadequately trained personnel and modern, efficient facilities, we are continuing to fail in our efforts to rehabilitate severely delinquent youth.

2. Those facilities which we are forced to use -- the mental hospitals, psychiatric divisions of general hospitals, reform schools and others, most of which were set up for quite other purposes -- have demonstrably failed to provide the kind of setting and the kind of facilities which we need to deal with this great social problem of juvenile delinquency.

3. A second and equally serious limitation upon success in dealing with the problem of juvenile delinquency is the lack of adequately trained personnel in this field -- probation officers, social workers, community psychiatrists, foster home parents, and rehabilitation workers. There is an equal lack of research workers familiar with the field, such as sociologists, epidemiologists, social psychologists and research psychiatrists.

4. We are no less limited by our lack of basic knowledge concerning the causes of juvenile delinquency. We suspect that some of these causes lie in constitutional factors, others in forces from within the community or the home, and still others may arise in the development of the individual.

5. A fundamentally important reason for the establishment of a pilot unit is that we do not, at present, have any centre primarily concerned with working out advanced diagnostic, therapeutic procedures for establishing standards for future diagnostic treatment, preventive and rehabilitative centres and, above all, we have no centre serving to co-ordinate the efforts made by many community facilities and their attack upon juvenile delinquency.

6. Educational facilities for the group into which these troubled children fall should be provided.

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III. OPERATION OF PROPOSED UNIT

The proposed unit would operate to provide:

A. Clinical Services
B. Preventive Programs
C. Training Schemes
D. Research Facilities
E. Educational Facilities.

A. Each such function would call for close working relations with the relevant community resources. The clinical services, which should consist both in in-patient and day services (ambulant) would require to establish working relationships with the various input agencies, such as the courts, the police, the schools, the hospitals, the home, the social agencies, and the training schools in the area. It is proposed that the unit should be concerned primarily with teen-age groups, younger delinquent children being managed in the various psychiatric clinics and children’s hospitals in the community. It is further proposed that the admissions should be selective in order that maximum use might be made of the training and research facilities of the proposed unit.

B. The preventive program would require close working relationships with the social agencies, the courts and their associated probation officers, the schools, and other groups concerned with public education.

C. The training functions which would undertake to provide the necessary personnel to staff the various community units concerned with juvenile delinquency, would provide basic, supplementary, and refresher training courses. The categories of personnel to whom basic training would be afforded are the care workers, psychiatrists, social psychologists, social workers, special educators, probation officers and the refresher and orientation courses would be offered to juvenile court judges, workers in the John Howard Society, and special school teachers.

D. Research projects would require the establishment of laboratories within the unit itself and also require the development of operating areas for carrying on field studies. Among the laboratories would be those for psychological studies, for work in genetics, for endocrinological investigations, for sociological studies, both within the unit and also for field work. The research units would call for close working relations with the appropriate University departments. (Psychiatry, Sociology, Psychology, Genetics, Biochemistry, Endocrinology and Pharmacology). The co-operating areas for field study which should be considered for initial liaison are the Boys’ Farm and Girls’ Cottage School, Marterre Schools, and the proposed University Settlement area.

E. Educational facilities for the grades into which these teen-aged children fall should be provided.
ESTIMATED SPACE REQUIREMENTS & COST OF BUILDING.

In considering this matter, it is convenient to consider the pilot unit as consisting in four major divisions:

1. Residential, plus staff and maintenance space - 30,000 sq.ft.
2. OPD and Ambulant space - 10,000 sq.ft.
3. Research laboratories and centres for field study research - 20,000 sq.ft.
4. Educational and recreational space - 15,000 sq.ft.

It is recommended that the unit should be set up in sub-units; that the residential sub-units should not contain space for more than 16 children each, and preferably less, and that they should each be on one floor. The units might radiate out from a central administrative block like spokes of a wheel, with three or more of the spokes containing residential areas and the other spokes containing ambulant facilities, educational and recreational facilities, and the laboratories. It is estimated that the construction cost of the building would be between 2-1/4 and 2-1/2 million dollars.

Among the staff suggested are 12 psychiatrists, some of them part-time, 10 psychologists, 20 social workers, 3 nurses, a secretarial staff, and a group of care workers. An estimate of the cost of providing the proposed staffing can be worked out if desired.
Dr. D. Aven Cameron,
Allan Memorial Institute,
Montreal.

Dear Dr. Cameron,

Your memorandum of April 6th concerning the establishment of a Pilot Centre for Juvenile Delinquency covers every aspect of this project. However, I feel that none of the items require further elaboration in order to emphasize their necessity. I will limit myself to discussing those in which I have a special interest.

Page 1, Item 1.

The need for research in juvenile delinquency should not be considered only from the point of rehabilitation, important as it is. Research of this kind should bring light on all behavioural problems as well as delinquency. In this sense, research in juvenile delinquency has a direct bearing on adult criminality as juvenile delinquents who fail to become rehabilitated end as adult offenders. A university centre like the one projected can bridge the research gap between juvenile delinquency and adult criminality.

Item 3.

This section with regard to the training of personnel might be strengthened by emphasizing that without sufficient university-trained personnel penal institutions will continue to function with insufficiently trained staff and, moreover, as at present, will be unable to keep those who are trained. We feel that a university scheme which trains personnel in close collaboration with penal institutions, both adult and youth, will raise standards in the institution itself and help to stabilize staff.

Item B. (p. 2).

The most essential goal of scientific research in juvenile delinquency is the rehabilitation of young offenders. Even where we do not succeed completely in this aim, there is another important function in research with young offenders, and that is to provide knowledge which will enable us to carry on more effectively investigation into the problems of maturity as has already been mentioned. In any case, working with young offenders is a direct service to the whole penal system.
Item C.

In my judgment, the John Howard Society should here be deleted as it singles out only one of the agencies involved in rehabilitation and therefore appears discriminatory. It should be replaced by "after-care agencies".

Page 5.

With regard to your suggestions on staff, though I agree in principle, the number of professional staff estimated is so far beyond what is available at present in the federal penal system, which looks after 7,000 prisoners, that it should be justified. Staff requirements for treatment, research, community work, and a growing out-patient department will need to be elaborated here. It would also be valuable to stress that the proposed centre will be a consultative service for all rehabilitation services in the community.

Yours sincerely,

Bruno M. Cormier, M.D.