

*Health and Welfare*

what I am suggesting in my motion today, Mr. Speaker.

I suggest, Mr. Speaker, that compared with the facilities provided for the diagnosis and treatment of people suffering from physical illness, facilities for people suffering from mental illness are distinctly second class. This is unjust, unfair and should be corrected at once. The same standard of care should be given to those suffering from mental illness as is given those with physical illness.

I have not seen any recent figures, Mr. Speaker, but a couple of years ago—and I am sure the ratio has not changed—the cost of care for a person in one of the provincial mental hospitals was not more than one quarter of the cost of care for a person suffering from physical illness in any of the general hospitals to be found in the cities of Canada. This situation I submit is completely unjust.

The Canadian Mental Health Association, in a brief submitted to the government in 1967, recommended that the Hospital Insurance and Diagnostic Services Act of 1957 be amended so that all mental and psychiatric hospitals come within the terms of the legislation. I think that anybody who gives any consideration to the problem will realize that the proposal made by the Canadian Mental Health Association is one which has complete justification.

There should be no distinction made between people who are mentally or emotionally ill and those who are physically ill. Indeed, Mr. Speaker, the medical profession is becoming increasingly convinced that a very large percentage, probably in the neighbourhood of one third, of the people who visit a general practitioner because they feel they are ill are suffering from mental or emotional illness. That being the case, it is certainly true that they ought to receive the same kind of treatment in a hospital, if they require to go there, as a person suffering from a physical disorder.

I realize, Mr. Speaker, that in making this proposal I am running counter to the thinking of this government in regard to shared cost programs. The government has made it clear that it wants to get out of shared programs. It seems to me that there is more than a legal or constitutional problem involved here. Canadian governments must give bold and vigorous leadership in what is a very basic problem. I believe that ways must and can be found to cross the constitutional jurisdictions and restrictions that serve little purpose beyond prolonging and deepening the problem.

When federal governments in the late 1940's and 1950's brought in their plans and legislation to provide for hospital insurance, under which they agreed to bear 50 per cent of the cost of hospitalization plans, they breached the supposed barrier to the federal government in the matter of participating in the field of hospital insurance and the payment of hospital costs. I suggest that in this matter of the payment of hospital costs by the federal government there is no more reason today than there was then for making a distinction between mental illness and physical illness.

There is a very simple principle involved here, Mr. Speaker, and that is that mental illness is like any other illness and should be dealt with within the same organizational, administrative and professional framework as physical illness. That can be done, I submit, only if the federal government would agree—and if this motion is agreed to I think it would be bound to agree—to amend the legislation to which I have referred so as to include within its ambit mental hospitals and t.b. sanatoria.

This question, Mr. Speaker, was dealt with by the royal commission on health services, which heard submissions on this question and on many other questions having to do with health. Their findings are very clear and precise. I should just like to quote a few sections from those findings having to do with mental health. I quote this from the first volume, page 21:

● (5:10 p.m.)

Of all the problems presented before the Commission, that which reflects the greatest public concern, apart from the financing of health services generally, is mental illness—case finding, diagnosis, treatment and rehabilitation.

The report continues to make a number of specific recommendations. I shall deal only with those having to do with the question of mental health and mental institutions. The first appears at page 25:

The commission recommends:

13. That the Hospital Construction Grant regulations under the Health Facilities Development Fund be amended immediately to provide one-half the cost of construction of psychiatric wards or wings in all general hospitals over 100 beds in size, or of small regional psychiatric hospitals with up to 300 beds, adjacent to general hospitals, including the requisite out-patient facilities, and the small units for the mentally retarded.

14. That federal and provincial authorities designate those wards of existing mental hospitals in which patients are clearly receiving active or convalescent care as a "hospital" or "facility"