

3. Take into account the cultural heritage and customs of cultural minorities when planning health services in institutions and communities.
4. Ensure that an adequate system of contacts and information is established, preferably by members of the cultural communities themselves, so that the members of cultural minorities may be made aware of the services available to them.

It must be acknowledged that immigrant women and women who are members of cultural minorities are doubly disadvantaged, in terms of the problems they face, in accessing appropriate health care services.

RECOMMENDATION

- 27. That the federal government take a leadership role and assist the provincial and territorial governments to modify and develop health care services that are sensitive to the needs of women, aboriginal people, immigrants and cultural minorities.**

E. MENTAL ILLNESS

Problems of access to psychiatric services are reported for all regions of Canada. The Canadian Mental Health Association (CMHA) points out that "Mental health expenditures are small relative to overall health spending"¹¹³ and there is an apparent need for a comprehensive analysis of mental health spending in Canada. The CMHA indicated to the Committee that while the present resources are allocated to institutions, the chronically mentally ill population now lives largely in the community. It reported, however, that, in Ontario for example, only 4.5% of mental health spending in 1985-1986 went to community services.

Dr. Barry Jones, Director of the Schizophrenia Program of the Royal Ottawa Hospital, estimated that 7% of all hospital beds are occupied by people with schizophrenia alone. He warned, however, that:

. . . before we move people out of institutions we must be ready to provide appropriate care in the community, not in jails, crowded boarding homes or in the street.¹¹⁴

¹¹³ Brief, p. 1.

¹¹⁴ *Minutes of Proceedings and Evidence*, Issue No. 46, p. 9.