

In our planning for the future, we in Canada have set a number of desirable objectives which may well be capable of application elsewhere. It may therefore be of interest to mention briefly four or five of these.

(1) Strengthening Central Mental Health Divisions

In Canada, public mental health services are primarily a responsibility of the provincial authorities and, over the years, the provinces have done much effective work in developing a network of services for the prevention, treatment and rehabilitation of mental illness. These efforts have been supplemented by the work of many voluntary groups and, more recently, the Federal Government has added the weight of its financial support.

In any country, regardless of its division of governmental authorities and responsibilities, there are certain public services which must be provided by the state. There is in Canada -- and no doubt in many other countries as well -- a continuing need to broaden and expand the scope of these publicly operated mental health divisions. They must, for instance, be staffed by persons qualified and sufficiently diverse to handle the variety of responsibilities placed upon them -- such as the supervision of psychiatric units in general hospitals; community clinics; mental hospitals themselves; training schools; public education; professional training programmes; and research.

(2) Improving Mental Hospital Administration

Until very recent years, public mental health programmes have been chiefly restricted to treatment and custodial care of persons committed to mental institutions. And in discharging this responsibility, the development of adequate services has frequently been handicapped by over-crowded conditions, shortages of qualified staff, and insufficient financial support.

For the future, further improvement in both the medical and non-medical aspects of mental hospital administration is a most desirable goal. Greater attention must also be given to the segregation of various classes of patients -- such as children and adults, the mentally defective, tuberculous mental patients, epileptics, alcoholics and the aged mentally ill -- and the development of specialized services suited to each class.

(3) Integration of Psychiatric Programmes with Other Health Services

We must also, in the years ahead, bring to health care an appreciation of the patient as a total person -- a complex human being and not just a physical puzzle or a chemical conundrum. The long isolation of the mental side of medicine from the purely physical approach is at an end. In deepening its understanding of mental illness, medical science is now directing more and more of its attention to the inter-relation of body and mind.