

The seriousness of Canada's mental health problem is indicated by the fact that no less than 68,157 mental patients were under the care of hospitals at December 31, 1954. Of this number, more than 62,000 were actually in hospital, with the remainder under the supervision of the hospital either in their own homes or under approved boarding house arrangements.

Over-crowding in mental hospitals is still a problem despite the fact that more than 14,000 additional beds have been approved for assistance under the Hospital Construction Grant. And, in spite of the substantial numbers of physicians, nurses and other staff who have been trained in the past eight years, the shortage of personnel is a continuing problem. These shortages and deficiencies are accentuated by the fact that first admissions to mental hospitals have doubled during the past ten years, while the number of re-admissions has increased by more than 200 per cent.

While admissions and re-admissions have shown a marked increase, there has been a most encouraging reduction in the average length of stay in hospital. For example, in 1948 the average length of stay of patients discharged from mental institutions was over 15 months. Whereas in 1954, it had been reduced to less than nine months. The three-fold increase in the number of patients discharged and the striking reduction in the length of hospitalization provide clear evidence that modern methods of treatment are achieving results.

Many attempts have been made to bring about a decrease in the admission rates of mental hospitals. As this problem has been studied, it has been found that many patients can receive adequate treatment without being hospitalized. For example, the province of Newfoundland has a comparatively low ratio of beds available for mental illness and, although there is still a great demand for increased accommodation, surprising progress has been made in meeting the existing need by the development of a day-hospital program. As a result, Newfoundland now has one of the largest programs of this kind to be found anywhere in the world.

It has also been felt that much can be done to improve the discharge rate from mental hospitals and to prevent re-admission to hospital if adequate community understanding can be developed. It is generally accepted that one of the best ways to bring about this desirable situation is to involve the community in mental hospital activities. A splendid example of such community participation and acceptance of responsibility has been provided by the Manitoba School for Mental Defectives at Portage la Prairie.

The goal of mental health services must, of course, be prevention. As mental illness has few known specific causes and develops slowly, it is obvious that the results of preventive program may not be apparent for several generations. The most extensive preventive service at the present time is the community mental health clinic which treats mental illness at an early stage and provides guidance services for children, parents and numerous community agencies in order that future generations may be enabled to develop adequate emotional stability.

A few years ago it was generally agreed that there should be a community clinic for every 100,000 persons. This goal has been reached in the city of Toronto and in certain other areas. As continuing attempts are made to provide mental