

## MENTAL HEALTH IN CANADA

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introduction of the Hospital Insurance and Diagnostic Services Programme. Designed to meet the regular operating costs of general hospitals, the Programme has automatically included the operation of psychiatric units in these hospitals. It does not, however, include support of mental hospitals. This exclusion has been the subject of a good deal of discussion in recent months. I do not have time this evening to go into all the *pros* and *cons* of the problem, but as I indicated to the House of Commons Estimates Committee a week or two ago, the Government, for various reasons, has decided to maintain the exclusion of mental hospitals from the insurance programme, for the time being at least. However, this whole matter will continue to be studied in the light of changing patterns for mental care in Canada.

"I might take a few moments here to highlight some of these changing patterns. An interesting one has to do with the development of psychiatric units in general hospitals. To illustrate this trend, I might point out that in 1958, almost a third of all mental patient first admissions and readmissions were to these units. To my mind, this represents a striking change from past practice and may well have far-reaching implications for the future.

"As I see it, these implications stem from what is probably the fundamental force behind the transition which mental health activity is now undergoing. This force involves a basic shift of approach in our attitude toward mental disorders. Instead of regarding it as so to speak, 'beyond the pale' of normal human experience, we are coming to look on mental illness as a disease like any other to which mankind is susceptible. Rather than submitting patients to long-term commitment in mental hospitals where they are isolated from home and community, it is now being increasingly accepted that hospitalization should only be an incident in the patient's illness, which began long before hospitalization and which does not end when he returns to his regular environment.

### A QUIET REVOLUTION

"What we are seeing today, therefore, really amounts to a quiet revolution in the field of mental health and mental illness. And this revolution would seem to have two distinct aspects -- a shift from the concept of custodial care of mental patients to one of positive, active treatment; and a shift from hospital-centred to community-based programmes. To my mind, both are of key importance to the future development of Canada's mental health programme.

"Indications of these changes are becoming more and more apparent and widespread. As I have mentioned, the use of tranquilizers and other drugs has assumed increasing importance in the treatment of mental disorders. Someone has even compared this development to the discovery of anaesthetics in making possible the treatment of many patients who would otherwise be inaccessible to therapy. Here is a factor of immense promise, the full implications of which have only begun to be followed up.

"Also of great significance is the development of the so-called 'open-door' policy in mental hospitals. While this is still at an early stage of development, experience to date holds out great hope for its therapeutic value. As one authority puts it:

"The essence of the 'open-door' as a form of treatment lies in the concept of freedom. The Western World teaches its citizens that freedom is a dearly-won right which must be worked for, fought for, and, if necessary, died for. Little wonder then that to the average person being locked up in a mental hospital is considered punishment of the worst sort. To have to be locked up thus means humiliation and shame with the concomitant attitudes of increased aggression, a giving up or other change in motivation generally leading to poorer mental health.

The policy of the 'open-door' is geared to reversing this trend -- to removing this obstacle to successful treatment and recovery.

"Another important change taking place with respect to mental hospitals is the increasing emphasis on rehabilitation. More and more, it is being recognized that rehabilitation should commence as early as possible in the history of the illness and should constitute a continuing and integral part of the treatment programme. It should also be maintained after the patient returns home. This inevitably involves broad and active support on the part of the community itself. Although much still remains to be done, community participation is growing and is taking such forms as the provision of clubs, foster homes and other services designed to re-establish the patient in society.

### ROLE OF THE COMMUNITY

"Community mental health clinics are also playing an increasing role in rehabilitation but perhaps their greatest contribution at the present time is in another area. This is keeping patients out of hospitals -- keeping them on the job and active at home and in their neighborhood. This is not only beneficial to the patient's recovery but also to the economic position of his family.

"Another recent innovation is the 'day and night' centre and here Canada has been an outstanding pioneer. Indeed, we have won world-