

*The Address—Mr. Holmes*

There are a number of considerations which must be undertaken when working with driver lifestyle factors in automobile accidents. Provincial jurisdictions must reconsider relicensing examinations and education to supplement present driver education programs. Reckless, inconsiderate and fast driving must be stopped through these educational programs. Mental health programs will help cut down on the incidence of suicide in terms of motor vehicle fatalities. Since 50 per cent of traffic fatalities involve use of alcohol, we should seriously consider introducing compulsory breathalyser examinations in all serious accidents and provide stiffer penalties for drunken driving.

In addition, Canadians must be educated as to the effects of legitimate drug use on driving skills, particularly when these drugs are mixed with even small amounts of alcohol. We must also seriously consider making seat belt use mandatory, a matter mentioned recently in the press. The capabilities of the federal departments of health and transport, along with official agencies in this field, should be mobilized to define a strategic set of objectives and priorities.

The next area I want to talk about, in which there is minimal federal involvement and no leadership, is the area of alcohol and drug abuse. There is no other area of health of more concern to our citizens, and in particular to parents, than that of alcohol and drug abuse within our society. I spoke at length in the last session about the necessity for an action oriented program, so I have no intention of reviewing in detail that particular area. May I remind hon. members of the House that the LeDain commission has confirmed the seriousness of the problem and has made many positive recommendations which this government has ignored.

In this area of health, all provinces are at work in the implementation of treatment programs and the development of educational preventive programs. Unfortunately, much of this work is duplicative, fragmented and uncoordinated. Federal leadership is required desperately to assist the provinces and the many voluntary agencies.

Once again I call on the government for the formation of a national institute for drug and alcohol dependencies to serve as the vehicle for the implementation of such a program. Such an institute would provide a framework for federal-provincial co-operation of an unprecedented order. It would be charged with the development of working relationships with all treatment, rehabilitation and prevention agencies.

I want to make a few comments, if I may, about mental health. In no other area of health are the direct and indirect financial costs greater, the tragedies in families more profound, and the personal distress to the patient more agonizing, than in the area of mental health. In no other area is the lack of federal participation in the sharing of costs, and the lack of federal leadership in developing programs, greater than in the area of mental health. I have stated earlier the need for a new cost-sharing formula that is based on the tax point transfer mechanism. This consideration, of course, must include more reasonable participation by the federal government for provincial responsibilities for mental health.

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It is also necessary to establish immediately a high priority task force of professionals to identify not only the specific audiences that would benefit from educational approaches, but also the teachers, community and professional personnel who would carry the burden of guidance or counselling. In addition, this task force would identify the research priorities in the whole area.

Canada should and must have a national mental health act. This legislation would promote research into the cause and treatment of mental illness; establish manpower training requirements; set out educational programs for community workers, including teachers, the clergy and interested and concerned parents; and provide for special demonstration projects designed to improve programs of prevention, diagnosis, treatment and rehabilitation.

Finally, after appropriate consultation with the provinces, serious consideration should be given to the formation of a national institute for mental health. The federal and provincial governments, professional agencies, and the universities, as well as consumers, would participate in effectively integrating and co-ordinating all important mental health activities.

Again the federal government has ignored another extremely important area, the special problems of the aged. Older age groups are increasingly subjected to debilitating diseases which require prolonged hospitalization. Once again I think it is very clear where our priorities are in terms of research, prevention, treatment and rehabilitation. While we recognize the importance of a young, energetic work force, it is essential that senior citizens continue to be productive to society and to themselves. There is no doubt that the mental health of our senior citizens can be enhanced through continuing productive participation. Indeed, our senior citizens want to be recognized; they want to be part of our society. Besides, many sectors of our every day economy continue to require part time assistance, consultation and advice from these expert senior age groups.

The aging process is also related to many single discomforts of life that can often be resolved with prompt intervention. For example, nutritional disorders can be linked to buying power or can be linked to the lack of proper fitting dentures. The lack of glasses and hearing aids are major problems. I believe that these problems can be resolved easily through co-ordinated action by the provincial and federal governments, and discussions should be held immediately with the provinces to accomplish this end.

Throughout my remarks, Mr. Speaker, I have been asking for a concerned, compassionate government to assume their responsibilities in attacking major health problems, and I have asked the individual Canadian to join the team to improve the health of all Canadians. To achieve this goal and to enhance the motivational process of all Canadians, I would strongly urge the creation of a national health advisory council. In addition to representation from professional groups, researchers, university administrators and the Department of National Health and Welfare, I propose that membership also include health care consumers with appropriate regional, ethnic and social class representation, as well as specific consumer health interest groups. Recommendations from the mul-