



STATEMENTS AND SPEECHES

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No. 54/37 CANADA'S MENTAL HEALTH SERVICES

An address by the Minister of National Health and Welfare, Mr. Paul Martin, before the opening session of the Fifth International Congress on Mental Health, Toronto, August 14, 1954.

... The Government of Canada -- and I think that I can also speak for our ten provincial governments -- is keenly aware of the importance of this international gathering. In recognition of this fact, the federal Bureau of Statistics has produced its annual report on mental health statistics some months in advance of the normal publication date so that valuable current information on mental illness in this country will be available to the delegates to this Congress.

I am happy to announce, also, that the Department of National Health and Welfare has just completed a comprehensive monograph on Mental Health Services in Canada specifically for this Congress. This publication -- which, like the Bureau of Statistics report, will be available to delegates at the respective exhibits of the two Departments -- was compiled by the Federal Government, with the full co-operation of provincial health authorities across Canada. The report, which will form a part of a larger publication on health services and resources in Canada, provides a survey of the development of mental health services in this country and indicates the scope and nature of our mental health problem.

As in most countries represented at this gathering, mental illness in Canada is a health problem of the first magnitude. The report to which I have referred reveals a number of disturbing facts. At the same time, it indicates certain very encouraging features. On this debit side, we find these facts:

- The number of patients on the books of Canada's mental hospitals reached a record high last year of 65,827;
- In the past five years, the case load of our public mental hospitals has increased by more than 6,500 patients and operating costs have risen from \$35 to \$60 millions;

- While discharges from mental hospitals have increased nearly three and a half times in the past 20 years, there has been a corresponding increase in admissions and re-admissions;
- Mental illness in Canada today accounts for more lost time than tuberculosis, cancer and polio combined;
- The cost of caring for the mentally ill has now become one of the heaviest single burdens which the nation's senior governments have to bear in providing health services;
- Prejudice and ignorance concerning mental illness still constitute formidable barriers to progress.

On the credit side, however, we find the following facts:

- While mental institutions are still over-crowded, the situation is improving, with a net increase in bed capacity of more than 10,000 since the inauguration of the National Health Programme in 1948;
- Since 1948 there has also been a rapid increase in the number of mental health clinics across Canada; at the present time, there are some 80 permanent stationary clinics and upwards to 100 communities are served by mobile clinics;
- An 11 per cent increase in the staff of mental hospitals during 1953 boosted the ratio of staff members to patients to the highest figure ever recorded;
- Ten years ago, our mental institutions had an average of 19 full-time employees for every 100 patients; today this figure stands at 29;
- Patients discharged from mental institutions last year averaged only nine months in hospital and one in four had been hospitalized for less than a month;
- There has been a dramatic upsurge in mental health research over the past six years, with federal expenditures rising from \$4,850 in 1948 to \$500,000 last year;
- Over the past six years, the Federal Government has joined its efforts with the provinces by providing grants of more than \$30,000,000 for work in the mental health field.

There can be no doubt that -- with one out of every 225 Canadians listed as a mental hospital patient last year -- the problem of caring for the mentally ill has taken on added urgency in recent years. Although the figures may not be altogether comparable because of improvements in statistical reporting, it would appear that, over the past two decades, mental illness has increased at a faster rate than the growth of our population.

Mental health statistics of this kind give us cause for serious concern but their significance cannot be readily assessed. It does not necessarily follow that Canadians are more subject to mental breakdown in these troubled years than they were in the less complex society of a generation ago. It would seem reasonable to conclude that a proportion of the apparent increase in the incidence of mental illness is a reflection of our improved facilities for diagnosis of mental and emotional disorders and of the greatly increased public understanding of the problem.

Certainly, the remarkable recent advances in psychiatry and the understanding of human behaviour, and the development by mental health workers of new skills and more effective therapies have resulted in the discovery and treatment of conditions that would have gone neglected a generation ago. Today, mental health clinics are seeking out disorders in their early and more curable stages and techniques like shock therapy and brain surgery are working miracles in treating conditions that once were regarded as beyond the reach of human help.

A Positive Mental Health Programme

The outstanding health achievement of the past fifty years has been the conquest of so many of the infectious diseases that once took such a heavy toll in life and physical health. I would venture to predict that the health story of the second half of the Twentieth Century will be our progress towards the eventual management of mental ill health.

In overcoming scourges like typhoid fever, it was, of course, the clinician who first discovered the causative agent. But in safeguarding populations against the deadly typhoid bacillus, sanitary engineers, food handlers, public health workers and many others are responsible for the preventive steps that now keep food and drinking water safe and clean.

So it must be with mental health. A positive mental health programme involves not only the clinical worker who is responsible for the treatment and care of those already ill, important though these activities may be. It requires a concerted effort on the part of all who work in this field to remove from the human environment those factors which are harmful to sound mental health. Only if we are prepared to use all the resources available to us in the development of vigorous preventive campaigns can we hope to achieve victories over mental illness comparable to those which have already been won over the epidemic diseases that once imperilled physical well-being.

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.

As community mental health programmes are developed, there can be no doubt that their closer integration with other health services and the development of a more intimate working relationship between once exclusive professional disciplines will be of inestimable benefit to the mental and physical well-being of the people they serve.

(4) Evaluation of Training and Research Programmes

In Canada -- and I should think in other countries as well -- there is need for a re-assessment of our training programmes for mental health workers and of our present research efforts. As to training, in planning our future staff needs, we must be more ready to clarify the roles and the anticipated contributions of the various professional groups.

In research, which holds so much hope for the future, we must give thought to the balance between basic or fundamental research on the one hand and applied research on the other. We must make certain too that the most pressing problems are being investigated. Medical research is a world-wide endeavour and each new discovery in one country sets off chain reactions of new findings elsewhere until -- in still limited fields of knowledge -- whole areas become charted and known. For this reason, I am particularly pleased to note that one of the plenary sessions of this great Congress is being devoted to this important matter.

Often a whole new era in the history of medicine is heralded by some brilliant discovery. Who knows what research discoveries lie ready to our hand? Who knows how few more segments of medical knowledge might complete our understanding of the laws governing the human body and mind, and answer questions that, since the dawn of time, mankind has asked despairingly? One of the challenges to this Congress is to touch off a quickening of interest in research and to encourage a closer co-ordination of the studies being undertaken in various countries.

(5) Respecting the Integrity of Human Personality

Finally, there is the important matter of individual personality. The Expert Committee on Mental Health of the World Health Organization recently reported on the essential characteristics of modern psychiatric care. High on its list was the need for respecting the personality of the individual. The report said in part:

"In still too many psychiatric hospitals the patient is robbed of her personal possessions, her clothes, her name and ... even her hair".

Respect for the integrity of the individual must be carried beyond mere physical possessions to include as well those spiritual and moral resources that are the precious possessions of the individual patient. It would be a tragic thing if psychiatry should ever come to disregard the validity of spiritual aspirations by looking upon human beings as soulless creatures subject to physical laws alone. Psychiatry must continue to recognize the essential humanity and spirituality of man.

Despite the great contributions that have been made to the sum total of our knowledge of human behaviour by men like Pinel, Maudsley, Benjamin Rush, Kraepelin, Janet, Freud, Jung, Adler and others -- psychiatry and its related specialities is a comparatively new science. As such, it is still subject to misunderstanding, criticism, and sometimes even abuse. But there is growing evidence that psychiatry, as it reaches a greater state of maturity as a science, is not only increasing its capacity for service but is more clearly delineating for itself the scope -- and limits -- of its influence.

That psychiatry is aware of its broader responsibilities and of the need for taking account of those spiritual forces that are the mainspring of human conduct was well expressed in these words by one of Canada's outstanding leaders in the mental health field, Dr. Ewen Cameron:

"If we are to reach our greatest effectiveness as citizens and neighbours, it is no less essential that we should feel ourselves in historical continuity with the great ideals and objectives that have moved men from the earliest times".

Mental Health In An Uncertain World

I have suggested a number of considerations that might well be borne in mind in our future mental health planning. But the problems of mental health extend beyond the individual to the community, to the nation and to the world at large. This is reflected in the very theme of this Congress -- Mental Health in Public Affairs.

Mental illness has been described as a breakdown in living that may vary in degree from mild and temporary ineffectiveness to severe and complete incapacity. It seems to me that this definition has a particular relevance to the present condition of world affairs. Twice in our generation we have witnessed a breakdown in human relations that has resulted in armed conflict of the most far-reaching consequences.

Even today, in spite of all the miraculous advances in transportation and communication, the peoples of the world are still "islands shouting to each other across seas of misunderstanding." The tragedy of our time is that the world has become a neighbourhood, but men and women have not yet learned to live as neighbours.

We are now faced with the urgent problem of finding some formula by which the nations can live together in a wholesome, constructive and harmonious relationship. But there are formidable barriers to peaceful co-existence in the curtains that shut off from freedom the millions who -- submerged by the pressures of these times -- have abandoned individual values and drifted into the iron conformity of totalitarianism.

Mental health workers seek out the tiny roots from which mental and emotional disturbances grow. They strive relentlessly to pierce the dark curtain which obscures the bright path of normalcy and a satisfying pattern of living. So, too, on the world scene, through the United Nations and other instruments of international co-operation, we are now attempting to discover the root sources of misunderstanding and conflict. It we should fail to find some means of penetrating the curtains of ignorance, fear and mistrust that now so tragically divide the world's peoples we may be forced to ring down the final curtain on the great pageant of human progress.

The essential weakness of all authoritarian political regimes is not the physical impoverishment they impose on their subjects or their failure to provide the progress and prosperity they promise but the way in which they degrade and demean the human spirit. The real gulf between the free world and the totalitarian systems lies, not in economic theory but in the wide divergence of opinion as to the rightful place of the individual human being. In a democratic society, the individual is not regarded as the personification of categories -- economic or otherwise -- but as a free and sacred human personality.

And so I believe that the mental health movement which centres itself on the individual and which has human personality as its first concern, can make a vital contribution to sanity and order in these tremendous times. For never before has it been more essential to encourage sound and healthy attitudes so that we may yet reach our objective of an enduring peace in a healthy and stable world society.

Sixty years ago the cleavage in the world's thinking was eloquently phrased by one of mankind's greatest benefactors, Louis Pasteur -- whose words are strangely true today:

"Two contrary laws seem to be wrestling with each other nowadays: the one, a law of blood and death, ever imaging new means of destruction and forcing nations to be constantly ready for the battlefield. The other, a law of peace, work and health, ever evolving new means of delivering man from the scourges which mislead him. The one seeks violent conquest, the other the relief of humanity. The latter places one human life above any victory, while the former would sacrifice hundrede of thousands of lives to the ambition of one. Which of these laws shall ultimately prevail, God alone knows."

We can set ourselves no finer objective than to advance respect for human dignity in accordance with the law of peace and work and health.