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No. 83 MENTAL HEALTH IN CANADA - A PROGRESS REPORT

Based on an address by the Minister of National Health and Welfare, Mr. Paul Martin, to the Rotary Club of Montreal, inaugurating the Institute on Recreation and Mental Health, Montreal, April 24, 1956.

Seven years ago I stood before the members of this Club and made my first national report on the impact of the new federal health grants on provincial mental health programs. Only ten months earlier, in May 1948, the then Prime Minister had announced the federal Mental Health Grant as part of the National Health Program under which the Federal Government placed more than \$30,000,000 at the disposal of the provinces to assist them in surveying their health needs, in building additional hospitals and other facilities, and in strengthening their health services generally.

In my remarks at that time, I emphasized that while the provinces are primarily responsible for the health of their citizens, the Federal Government recognized the need for providing some financial assistance to help strengthen their endeavours to keep abreast of the advancing tide of mental illness in Canada. I pledged the Federal Government's interest in this major health problem in these words:

"For Canadians as for all the world's citizens mental illness is of urgent concern. More can be done to meet the challenge of today's high rate of mental illness. To ensure success more must be done. We have resolved to match the magnitude of this problem by the magnitude of our efforts to solve it."

And what has happened in the intervening seven years? First of all, the annual sums available to the provinces under the Mental Health Grant have been increased from an initial figure of \$4,000,000 in 1948 to more than \$7,000,000 this year. This federal grant represents one dollar out of every ten dollars now spent on mental health services in Canada.

I am happy to report that, out of a total of \$44,774,000 in federal funds available over the past eight years, the provinces have been able to utilize more than \$36,000,000 for the improvement of services in this important field. Of this amount, more than half has been allocated for assistance to the provincial mental hospitals in order that they might strengthen still further their treatment facilities by providing additional professional personnel, special equipment and so on. In addition to support for mental institutions themselves, federal grants have been used for the extension of community mental health services, the training of personnel, research, and the establishment of psychiatric services in general hospitals.

I hesitate to single out individual hospitals for purposes of illustration but I think at once of two outstanding institutions in this city of Montreal -- the St. Jean de Dieu Hospital which has received some three-quarters of a million dollars in federal funds for the employment of staff, the purchase of equipment and for other purposes; and the Montreal General Hospital which has received very substantial federal assistance in the establishment of psychiatric treatment facilities.

This city has, of course, displayed impressive leadership in the mental health field. We have but to think of the activities of this Rotary Club, of the work of the Montreal Mental Hygiene Institute, or of men like Dr. Ewan Cameron and others who are carrying out research and treatment activities in such institutions as the Allan Memorial Institute and in the universities. Indeed, one of the representatives of this city in the House of Commons, my good friend, Mr. Claude Richardson, M.P., has even now on the Order Paper of Parliament a Resolution urging continued action on this very important health problem.

Time does not permit a complete review of the manner in which the federal funds available have been used by the provinces to improve their mental health services. A few highlights, however, will serve to give some indication of the progress that has been made over the past eight years:

- Complete health surveys have been undertaken in each province to study existing services and to uncover unmet needs in this and other health fields.
- When the National Health Program began, there were less than 20 mental health clinics in all of Canada. Today there are over 130 out-patient services and mental health clinics.
- Eight years ago, few, if any, general hospitals included psychiatric units. Today there are services of this kind in 44 hospitals.
- Federal grants have enabled no less than 1,209 psychiatrists, psychologists, nurses, social workers, and other professional mental health personnel to receive needed professional training.
- In order that bursary holders and others undergoing specialized training could be trained adequately and rapidly, substantial grants have been allocated to universities and other centres to expand their training facilities.
- A tremendous stimulus has been given to mental health research.
- In 1948 only two research projects were receiving federal assistance, totalling \$1,000. For the current fiscal year, 58 research projects have been approved under the Mental Health Grant and federal financial assistance totals more than \$527,000.
- Altogether in addition to the Mental Health Grant itself, assistance totalling some \$20,000,000 has been available under the Hospital Construction Grant to help provide more than 14,000 additional hospital beds for the mentally ill.

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

health services throughout Canada, some solution has to be found for the problem of areas where the population is scattered. In Alberta, for example, this problem is being met by making extensive use of travelling mental health clinics to provide treatment as well as diagnostic services, frequently under the most restricting circumstances.

Although the mental health service has traditionally been a responsibility of provincial health departments, universities and other qualified organizations can assist greatly in developing adequate programs. Participation by Canadian universities is well exemplified by Dalhousie University at Halifax where it has been possible to develop a training program for the four Atlantic provinces, utilizing the facilities of the University and those available throughout these provinces as well. The co-operation in this area, with the improvement of services which has resulted, indicates the progress which can be made when the desire for co-operation is present and can be mobilized.

Bolstering the preventive and treatment services has been a greatly accelerated program of mental health research which is being carried out all across Canada by well-organized research teams. In the field of therapy, various forms of treatment have been investigated which aid in the cure of illnesses such as epilepsy, the neuroses, depression and schizophrenia. Some of these methods depend upon drugs and some are of a psychotherapeutic nature.

Treatment measures are, of course, aided by reliable and valid diagnoses which, in turn, depend upon an understanding of the functioning of the body and its environment. Marked advances have been made through the studies of body chemistry, the functioning and structure of nervous, glandular and other human tissues. A number of technical methods have been used to study the mechanisms of brain action, with the result that epilepsy is better understood and fundamental knowledge of abnormal behaviour, as well as normal functions of the brain, has been gained.

Although more than half a million dollars in federal funds is now available annually for mental health research, the budget is necessarily small in relation to the magnitude of the problem. It would seem to me that there is a need to define areas of research more clearly. I think the time has come when ways and means must be explored for attaining a well-balanced research program in keeping with defined objectives, as well as the facilities and personnel available. An example of the present lack of balance can be seen in the numerous projects on schizophrenia, whereas none are being carried out on the problem of mental deficiency.

Although achievements in research and in the diagnosis, prevention and treatment of mental illness have been remarkable in recent years, much remains to be done to help lessen the heavy toll of mental ill health. I shall touch briefly on a few of the problems that call for continuing attention.

1. Development of Provincial Mental Health Divisions

In any truly province-wide program providing proper co-ordination between the activities of the official and voluntary agencies, there must be some over-all control. Prior to the establishment of the National Health Program, only the larger provinces had developed a provincial mental health division.

The Mental Health Grant has enabled some provinces to establish such a division and has provided funds for the improvement and enlargement of others.

A notable example is the province of New Brunswick, where a mental health division has been established with a qualified director of mental health, consultants and supervisors in psychology, social work and mental health nursing. Since 1948, this province has expanded its hospital program, opened four mental health clinics, fostered developments in general hospitals, participated in many community activities and, along with the other Atlantic provinces, has been an active partner in the development of the Dalhousie training program to which I have already referred.

2. Psychiatric Services in General Hospitals

Provincial governments have traditionally provided medical care for patients in mental hospitals at no direct cost to the patient and have made only minimal charges, if any, for hospital services. For this reason, care in mental institutions has properly been excluded from the present federal hospital insurance proposal since it is already an accepted responsibility of the provinces. The objective of the Federal Government is to relieve the patient of the sometimes crushing cost of hospital care, but not to relieve provincial governments of financial obligations already accepted by them in keeping with the traditional constitutional pattern.

Unlike mental institutions, general hospitals charge the cost of mental treatment services to the patient or paying agency and the provision of medical care, except for indigent patients, is a responsibility of the patient or guardian. The Mental Health Grant has been used to support special services for which no charge is levied against the patient. Under the terms of the federal hospital insurance proposal, hospital care could be provided to psychiatric patients in general hospitals.

3. The Continuing Shortage of Trained Personnel

Preliminary results from a recent nation-wide survey confirm the generally-held opinion that a serious shortage of specialized personnel exists. A constant supply of newly-qualified individuals is needed. Further, where personnel are immersed in mental health work for a period of years, they become aware of the need for training to a higher level or in advanced techniques. Sound planning recognizes this need by arranging for staff members to participate in training activities. The Mental Health Grant provides several ways to meet this situation: through bursaries, short courses, institutes where specialists are brought in to give intensive instruction; and in-service training in which the individual has the advantage of long association with instructors.

The education and recruitment of very considerable numbers of all types of professional personnel continues to be a matter of considerable urgency. This is perhaps one of the areas in which an organization such as this can be of real assistance. A group like the Mental Health Committee of the Rotary Club can do much to improve the general attitude towards employment in the mental health field. Its members can help to spread the realization that there is a real job to be done -- that this work presents a challenge and an opportunity to help our fellow-citizens.

4. The Need for Public Education

The growing acceptance of mental illness as "just another kind of sickness" has helped remove the stigma that once was associated with mental illness and has permitted the integration of hospitals and clinics more closely in the functionings of society. This means that more people feel free to avail themselves of psychiatric care, and thus we may expect a progressively higher demand for service for some time to come. This rate will be bolstered by a greater understanding of mental illness which will permit diagnosis of conditions formerly not considered to be psychiatric in nature. Off-setting the increase, to a greater or lesser extent, will be the improvement in treatment methods.

This emphasizes the need for a continuous co-ordinated program of public education to ensure that the services available are used to the best advantage. It also implies, of course, special educational activities which will involve and utilize the skills of general practitioners, nurses, public health officials, school authorities, welfare agencies and others who are concerned with the individual as he functions in his environment and in his relationship to other people.

In the eight years since the National Health Program was introduced, services for the prevention and treatment of mental illnesses have materially improved. Signs of progress can be seen in new community mental health clinics, in new psychiatric services in general hospitals, in new training programs, in new emphasis on research, in new buildings and improved services in mental hospitals. As Canada's population grows, and as the public becomes more and more aware of what can be done both to prevent and to treat mental illness, the demands for service on both governments and private agencies can be expected to grow still more. And so, during this national Mental Health Week we could set ourselves no finer objective than to work for freedom from mental illness -- freedom from everything that cripples or restrains the creative, productive capacities of the individual Canadian. This is an important goal for all who serve the cause of good health.

RP/A

April 24, 1956.