

The increasing volume of cases requiring institutional care is reflected in the rate per hundred thousand population for first admissions and for re-admissions, although it is evident that the latter are increasing at a faster rate than the former. From 1932 to 1954 the rate for first admissions increased 87.0 p.c. while the rate for re-admissions increased 230.0 p.c. The postwar increase in both rates was very marked; first admissions increased 72.8 p.c. from 1945 to 1954 but advanced only 5.8 p.c. from 1932 to 1944; similarly the rate for re-admissions rose by 148.9 p.c. from 1945 to 1954 compared with 26.4 p.c. in the 1932-44 period (Table 2). (See also Chart opposite).

In comparison with the increasing admission rates, the proportion of deaths in mental institutions showed a substantial decline from 70.5 per hundred thousand in 1932 to 53.7 in 1954.

In the five year period 1950-54 there was no change in the four leading causes of first admission to mental institutions. The leading cause over this period was schizophrenia with a 1954 admission rate of 22.1 per hundred thousand population. This disorder is more prevalent in the age group 20 to 40 years, the highest rate of 60.2 being evident among males of 20 to 29 years. The second leading cause of first admission was senile and cerebral arteriosclerosis, having a rate of 13.2; the age group 70 or over showed the highest rate, 215.3, and in this age group the male rate of 227.7 exceeded the female rate of 202.7. The third-ranking cause of first admission was mental deficiency with a rate of 22.3 and the fourth was manic depressive psychosis with a rate of 17.8. Alcoholism without psychosis which ranked tenth as a cause of first admission in 1950 was fifth in 1952. Alcoholic psychosis however showed the opposite trend, moving from ninth in 1950 to eleventh in 1954. The increasing importance of alcoholism without psychosis as a cause of first admission provides evidence that alcoholism is being treated as an illness in itself and that patients receive treatment before becoming psychotic.

MENTAL HOSPITAL FACILITIES

In order to care for the increasing number of patients there has been a 65.0 p.c. expansion in the bed capacity of Canadian mental institutions since 1932. The past five years alone have seen a 20.5 p.c. increase over the 1950 total of 45,081 beds (Table 2). In 1954 mental hospitals with 42,592 beds had 78.4 p.c. of the psychiatric bed capacity, training schools 14.3 p.c., psychiatric hospitals 4.6 p.c. and psychiatric wards in general hospitals 1.0 p.c. The other 2.7 p.c. were in epilepsy hospitals and miscellaneous institutions. Although the capacity of psychiatric wards is relatively small at present, increasing emphasis is being placed on this type of psychiatric accommodation for short term cases.

Despite the increase in number of psychiatric beds provided in various types of mental institutions, the Canadian population has increased at such a rate that the number of beds per hundred thousand population actually declined from an alltime high of 374.3 in 1945 to a record low of 328.2 in 1949. It is significant that the present rate of 358.3 is appreciably below the record set in 1945 (Table 2 and Chart opposite).

When the bed capacity rate is compared with the patient population rate it is obvious that the latter is greatly in excess of the former. The shortened length of stay however enables mental hospitals to care for more patients. In 1934 for example patients who were discharged had a median hospital stay of 5.4 months but in 1954 the median stay was 1.8 months. Thus in 1954 three patients could be treated in the bed required to accommodate one patient in 1934.