inces, the trend is toward an increasing degree of provincial control. In some provinces (in the Atlantic Provinces particularly) provincially administered local health districts provide services without administrative participation by local citizens.

At the end of 1965, full-time local public health services were supplied through 34 urban health departments covering 6,400,000 persons and 190 local health units covering 10,700,000 persons. The total number of full-time health departments, units and districts had increased to 224 from 157 in 1948. The basic staff of an urban health department or local health unit usually comprises a medical officer of health, some public health nurses, and sanitation inspectors. To a great extent, the services provided depend upon having a sufficient number of qualified persons employed by the agency. Total full-time staff employed by local agencies at the end of 1965 numbered 5,896, of whom 2,674 were in urban health departments and 3,222 in local health units. Many areas not requiring full-time services of health personnel employ part-time personnel but more often these services are provided directly to the local area by the provincial health department. In addition, provinces are responsible for providing local health services in municipally unorganized territories.

### Subsection 3.—Services for Specific Diseases or Disabilities

**Mental Health.**—Treatment programs for the mentally ill have centred mainly around three types of facilities: the mental hospital, the psychiatric unit in the general hospital and the organized community mental health clinic. These facilities, however, no longer have separate and distinct functions. New emphasis on the role of the community and its resources in the treatment and rehabilitation of the mentally ill is affecting the whole program of in-patient care. Utilizing the basic clinical facilities of general hospitals and mental hospitals, the community program is extending its scope and usefulness through the provision of day-care centres, sheltered workshops, half-way houses, and foster home and boarding home care. Most of the large general hospitals in Canada have organized psychiatric units, providing bed accommodation for short-stay patients. Further planning in community-based services concerns the development of small regional psychiatric hospitals from which a comprehensive community program will emanate. Examples of this type are the 150-bed hospital in Yorkton, Sask., a 68-bed psychiatric hospital in Selkirk, Man., and the developing community facilities for in-patient, out-patient and day care in several Ontario cities, including Ottawa, Sudbury and Windsor. The Atlantic Provinces, Quebec and the western provinces are all developing new facilities and strengthening existing ones.

Special centres for the assessment and diagnostic evaluation of mentally retarded children are also being developed. Day-training schools or classes for the trainable retarded, sponsored by local associations of parent groups forming the Canadian Association for Retarded Children, are organized throughout the land and research programs designed to afford better understanding and management of mental retardation problems are being developed and expanded in all provinces.

Most public mental hospitals provide care and treatment for all types of mental illness. New programs of recreational and industrial therapy and enlarged and modernized clinical and surgical facilities are examples of widespread improvements in mental hospital care that particularly benefit patients undergoing active treatment. More recently, planning has been undertaken to reassess the status of the long-term chronically ill patient. Since 1961 new legislation governing the admission and care of the mentally ill has been enacted in six provinces—Nova Scotia, Ontario, Saskatchewan, Alberta, Manitoba and British Columbia—designed to promote easier and more informal methods of admission and discharge and to establish machinery guaranteeing periodic review of the medical certification of long-term patients.

A great part of the cost of care in mental hospitals is borne by the provincial governments, although a charge, according to ability to contribute, may be made in some provinces. Newfoundland and Saskatchewan provide complete free care; Manitoba covers minimum