

6.2.2 Mental health services

Mental health services in Canada are organized as part of provincial health services. As public health officers, mental health directors and their associates are responsible for the development of programs aimed at prevention of mental disease and for the general promotion of mental health, on their own and in co-operation with welfare, education, manpower, labour and justice departments. As psychiatric specialists, they are responsible for the over-all development and supervision of the various medical facilities for the treatment of people who suffer from mental or emotional disorders including disorders of character and behaviour, the mentally retarded, people with damage to the nervous system, alcoholics and drug addicts.

The continuing efforts by provincial health departments to provide more and better mental health services reflect growing enlightenment about mental health on the part of the medical profession, the general public and government agencies. Improvement in the care of psychiatric patients has been fostered by activities of voluntary organizations such as the Canadian Mental Health Association and the Canadian Association for the Mentally Retarded; by the professional advice of the Canadian Medical Association and the Canadian Psychiatric Association; by the national health grants and the national welfare grants for new services, professional training and scientific research; and through the information programs of the federal Department of National Health and Welfare.

Extending mental health services into the community is intended to prevent severe mental and emotional breakdowns and to reduce the number of people requiring treatment in institutions. Under the terms of the federal-provincial medical care legislation and its provisions, the services of private psychiatrists have become more widely available. Through early diagnosis and treatment in a mental health clinic or out-patient department of a hospital, troubled persons may continue to live at home and pursue their normal occupations while receiving treatment. Special centres have been established for the study and treatment of alcoholism and drug addiction, criminal psychopathy, psychiatric disorders in children, brain injuries, mental retardation and genetic and neurological disorders.

6.2.3 Services for specific diseases or disabilities

6.2.3.1 Tuberculosis and respiratory diseases

Tuberculosis statistics reported by Statistics Canada for 1971 show little or no change from the 1970 figures: new active cases totalled 3,943, or 18.3 per 100,000 population, and reactivated cases numbered 622 or 2.9 per 100,000. In 1970, there were 527 deaths from tuberculosis or 24 per 100,000, compared with 526 deaths in 1969. Altogether, Canadians reported to be under treatment for tuberculosis in 1971 numbered 9,610, while an additional 11,504 susceptible persons received prophylactic drugs as a preventive measure. Further details on the incidence of tuberculosis will be found in Table 6.26.

Provincial health departments, assisted by voluntary agencies, conduct anti-tuberculosis case-finding programs through community tuberculin-testing and X-ray surveys, with special attention to high-risk groups, routine hospital admission X-rays and follow-up of arrested cases. However, practising physicians detect the greatest number of new cases.

BCG vaccine, estimated to be effective for 80% of those vaccinated, is used in most provinces to protect high-risk groups. Quebec and Newfoundland routinely immunize children and in the Yukon Territory, BCG is routinely administered to all newborn. Treatment, including hospital care, drugs and rehabilitation services, is free in all provinces. Chemotherapy has shortened hospital stay and facilitated out-patient or domiciliary care.

6.2.3.2 Cancer

As the second leading cause of death in Canada, cancer accounts for about one of every five deaths, most of them occurring in the middle and later years of life. The standardized death rate from cancer has been rising steadily, from 136.3 per 100,000 population in 1969 to 137.5 in 1970. The standardized death rate for females declined slightly, from 114.4 in 1969 to 114.2 in 1970 whereas the standardized rate for males increased from 157.6 in 1969 to 160.2 in 1970. Statistics on the incidence of new cancer cases will be found in Table 6.27.

Special provincial agencies for cancer control, usually in the health department or a separate cancer institute, carry out cancer detection and treatment, public education, professional training, and research in co-operation with local public health services, physicians