

Provision of dentures is subject to a co-charge of approximately 50% in Alberta and Saskatchewan.

A limited range of in-hospital dental surgery performed by physicians and dentists is a benefit under federal-provincial medical insurance plans. The range is extended somewhat in a few provinces; the costs of these added benefits are not shared by the federal government in the medicare plan, nor under the Canada Assistance Plan unless the beneficiaries qualify on the basis of financial need.

Several provinces began, or expanded, dental care programs covering all children in specified ages. In 1974 Saskatchewan introduced a province-wide program, centred on school clinics, that makes use of dental therapists, and dentists on referral, to provide all needed care to six-year-old children in that year. Ages will be added each year until all children from three to 12 years are covered. The Quebec program pays for dental care for children under 10 years, provided a fee-for-service basis mainly in dentists' offices. Manitoba is developing a program for children, to be administered by the existing health insurance agency. Newfoundland, Nova Scotia, Prince Edward Island and New Brunswick are endeavouring to develop preventive programs for children. Some clinics were in operation in 1974.

**Optical care benefits.** Health benefit schemes for welfare recipients included certain optical care services and eyeglasses in the four western provinces. With the nation-wide implementation of public medical care insurance programs, refractions performed by physicians became general benefits under most schemes, and in a number of provinces refractions by optometrists as well. The cost of the optometric benefit is shared when the beneficiary is eligible under the Canada Assistance Plan. Frames, lenses and fittings continue to be benefits of the provincial health benefit schemes in the western provinces. Certain restrictions typically govern the amount that will be paid for frames.

#### 5.2.4 Mental health and illness

Among provincially operated health services, mental health activities represent one of the largest administrative areas in expenditure and employees. In 1972, mental institutions cost \$470 million, while their personnel numbered 51,000.

No adequate measure of mental disorders exists, but during 1974 the number of in-patients under care was 56,000; there were approximately 126,000 admissions to mental institutions, and (in 1972) approximately 246,000 patients were treated in mental health clinics and psychiatric out-patient departments. Beyond these hospitals and clinics, however, are many other cases.

At the end of 1974, 211 separate in-patient facilities and 125 psychiatric units in hospitals were caring for the mentally ill; most separate facilities are operated by the provinces. The majority of hospitalized patients reside in the 43 public mental hospitals. Most mental hospitals have undergone successive additions to their original structures and many have pioneered new treatments for mental illness. Several provinces are arranging for boarding-home care with the federal government sharing the cost of maintaining needy patients in such homes under the Canada Assistance Plan. In every province at least 85% (nationally, 95%) of the revenue of reporting mental institutions in 1972 was provided by the provincial government or the provincial insurance plan.

Community mental health facilities are being extended beyond mental institutions to provide greater continuity of care, deal with incipient breakdown, and rehabilitate patients in the community. Psychiatric units in general hospitals contribute by integrating psychiatry with other medical care and making it available to patients in their own community. In 1974, the 125 psychiatric units, which had 4,136 patients as the year closed, admitted 46% of the total admissions to all kinds of mental institutions. In-patient services in psychiatric units are benefits under all provincial hospital insurance plans. Some provinces have small regional psychiatric hospitals to facilitate patient access to treatment and the complete integration of medical services. Day-care centres, allowing patients to be in hospital during the day and at home at night, have been organized across the country. Community mental health clinics, some provincially operated, others municipally, and psychiatric out-patient services have been developed in all provinces.

Specialized rehabilitation services assist former patients to function more adequately and are operated by mental hospitals and community agencies. They include sheltered workshops