the revenue of reporting mental institutions in 1973 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 1975, the 140 psychiatric units, which had 4,507 patients as the year closed, admitted 48% 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 are open 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 that pay for work and provide training, and halfway houses in which patients can live and continue to receive treatment while becoming settled in a job.

Facilities for mentally retarded persons include day training schools or classes, summer camps and sheltered workshops as well as residential care in institutions. These facilities provide for social, academic, and vocational training. Manual skills are taught in the training-school workshops and some people are placed in jobs in the community.

Emotionally disturbed children presenting personality or behaviour disorders are treated at hospital units, community clinics, child guidance clinics, and other out-patient facilities.

Alcoholism is a disease afflicting at least 2% of adult Canadians. It is treated in hospitals, out-patient clinics, hostels, long-term residences or farms, and special facilities for the alcoholic offender. Official and voluntary agencies carry out public education, treatment, rehabilitation and research. Among these agencies are Alcoholics Anonymous, the Alcoholism and Drug Addiction Research Foundation of Ontario, the Alcoholism Foundation of British Columbia, l'Office de la Prévention et du Traitement de l'Alcoolisme et des autres Toxicomanies in Quebec, the Alcoholism Foundation of Manitoba and the Nova Scotia Alcoholism Research Foundation. Community treatment programs for narcotic addicts have been established under the aegis of the Narcotic Addiction Foundation of British Columbia and the Ontario Alcoholism and Drug Addiction Research Foundation, supported primarily by provincial funds.

Specific diseases or disabilities 5.2.6

Heart disease. The death toll from heart disease in Canada in 1974 was 58,175, amounting to 259 deaths for each 100,000 persons. The male rate was higher than the female (308 against 210). Among men aged 45 to 64 years heart disease accounted for 40% of all deaths, and the single diagnostic class Ischemic Heart Disease (in which the heart muscle has its own blood supply restricted) killed 9,443 of the 25,308 men in this age group who died in 1974. In 1973, heart disease required 4,129,000 days of care in general and allied special hospitals.

The Canadian Heart Foundation, inaugurated in 1955, had by mid-1975 devoted $41.2 million to cardiovascular research in the universities and hospitals of Canada; its 1974-75 budget alone provided $5.9 million. The Medical Research Council spent $4.5 million on cardiovascular research in 1974-75.

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 death rate from cancer increased slightly, from 149.7 per