

In 1977, 234 separate in-patient facilities and 148 psychiatric units in hospitals were caring for the mentally ill; most separate facilities are operated by the provinces. The majority of patients reside in the 42 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. However, in each province most of the revenue of reporting mental institutions 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 1977 the psychiatric units in hospitals admitted 54% of the total admissions to all kinds of mental institutions. In-patient services in psychiatric units are covered 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 adjusting to 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.

The mental health problems related to heavy alcohol use stem from brain damage due to toxic effects of alcohol, from associated nutritional deficiencies and from related emotional difficulties. Of equal concern is the wide range of physical health problems often leading to death, and social problems resulting from excessive use of alcohol.

Although it is difficult to define alcoholism and to estimate its prevalence, epidemiologists have suggested a strong relationship between overall patterns of alcohol consumption and alcohol-related problems. Problems related to alcohol use are treated in hospitals, out-patient clinics, hostels, long-term residences or farms, and special facilities for the alcoholic offender. In each province, official and voluntary agencies carry out public education, treatment, rehabilitation and research.

Public health, rehabilitation and home care

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Provincial and local structure. Provincial health departments, in co-operation with the regional and local health authorities, administer such services as environmental sanitation, communicable disease control, maternal and child health, school health, nutrition, dental health, occupational health, public health laboratories and vital statistics. Most provinces have delegated certain health responsibilities to health units in rural regions and to municipal health departments in urban centres. Several provinces also provide services directly to their thinly populated northern areas. Certain regulatory and preventive services, including case-findings, screening, diagnosis and referral, health education, personal health care, and supervision in certain areas of treatment services conducted through clinics and home visits, have continued to be the responsibility of local health authorities.

As metropolitan areas and population densities have increased, effective administration has required a broader geographical base. Some smaller local health