

Services for Specific Diseases or Disabilities.—Each province has developed special programs to deal with health problems of particular severity and prevalence, many of which are chronic or long-term in nature. The services and facilities provided are generally similar across the country.

Mental Health.—Major developments in provincial mental health programs have included the expanding and modernizing of mental hospitals, the training of various kinds of psychiatric personnel, and the extension of community mental health services outside mental institutions. Assistance to patients in securing employment and in social adjustment following discharge from mental hospitals—a relatively new field of rehabilitation—is being promoted by voluntary groups and government agencies in several provinces.

With the exception of the municipally owned local institutions in Nova Scotia and hospitals in Quebec that operate under religious or lay auspices, most mental institutions are administered by provincial authorities. A great part of the cost is borne by the provincial governments, although a charge, according to ability to contribute, may be made for care in some provinces. Newfoundland and Saskatchewan provide complete free care; Manitoba assumes a minimum maintenance cost for all patients; in Nova Scotia the provincial hospital gives free care to patients requiring active treatment; and in Ontario and Prince Edward Island mental institution treatment is included in the hospital care insurance plan.

Most public mental institutions provide care and treatment for all types of mental illness; as facilities expand, it is becoming possible to segregate those under intensive treatment from those receiving long-term care. Some provinces maintain separate accommodation for certain categories of the mentally ill. For example, in British Columbia and Alberta, homes for the senile aged are an integral part of the mental institution system. Quebec has separate institutions for epileptics. Seven provinces operate schools for residential treatment and education of mentally defective persons and New Brunswick, one of the three other provinces, enacted legislation in 1958 authorizing governmental support of the maintenance of mentally retarded children in approved homes. Increasing numbers of local day classes, usually sponsored by organizations of parents, offer training opportunities for mentally deficient children in the community.

As the needs of patients are more fully understood and better methods of treatment develop, the daily routine of the mental patient is becoming less restrictive, as is shown by the increasing number of persons coming voluntarily for treatment. Custodial care and locked doors are giving way to open wards where patients may have unrestricted access to grounds and to occupational and recreational areas.

One of the greatest changes in the past decade has been in the extension of community mental health services outside mental institutions. General hospitals have expanded their psychiatric services in both in-patient and out-patient departments. About 40 general hospitals have organized units where psychiatric treatment is provided by professional staffs. Out-patient clinics where mental illness may be treated at an early stage and guidance services may be given to children and parents also play an important part in the treatment of mental illness outside mental institutions. In 1959, at least 87 mental health clinics and psychiatric out-patient departments were operated by provincial health departments, municipalities or health units, mental institutions, general and allied special hospitals, school boards and voluntary organizations.

Day and night care centres, another departure from the traditional form of custodial care, were developed first in Montreal more than a decade ago as part of the psychiatric service of two large general hospitals. Similar day care centres, admitting patients on a nine-to-five basis, are conducted in several other hospitals.

Cerebral Palsy.—Children suffering from cerebral palsy in most larger cities are able to attend out-patient and training centres, many of which have been organized by groups of parents. A number of general and children's hospitals have also established assessment and treatment facilities for cerebral-palsied children. In most communities, buses to transport children to day centres and hospital clinics are provided and operated