modation in hospital and portions of the costs of drugs, dental care, special nurses and prosthetic appliances. The levels of utilization and cost of benefits in these areas are typically controlled through such administrative devices as restrictions on enrolment, waiting periods, exclusions for pre-existing conditions, deductibles and co-charges levied on the patient at the time of service.

In all provinces the characteristic mode of paying privately-practising physicians (who comprise the bulk of doctors serving patients) is a fee for each insured service rendered. The aggregate amount of the fees is usually negotiated between insurance plan and provincial associations of physicians. In most circumstances physicians accept what they receive as payment in full for their services. There are provisions, however, which vary from province to province, that enable physicians to bill patients for additional amounts.

Physicians wishing to extra-bill (and/or collect all charges from patients directly) typically are required to opt out. Generally, such physicians are required to formally inform their patients of their intention before billing and sometimes, also, to obtain the patient's approval in writing. A few insurance plans, moreover, require the physician to inform them of the amount of the extra charges. Opting out is an option chosen by up to 10% of doctors in some provinces and by no doctors in other provinces.

5.2.3 Mental health

Among provincially operated health services, mental health activities represent one of the largest administrative areas in expenditure and employees. In 1971, mental institutions cost $436 million, while their personnel numbered 52,000.

No adequate measure of mental disorders exists, but during 1973 the number of in-patients under care was 58,000; there were 121,000 admissions or readmissions to mental institutions, and (in 1971) 223,000 patients were treated in mental health clinics and psychiatric out-patient departments. Beyond these hospitals and clinics, however, are many other cases. The public programs aimed at early detection of behavioural disturbance demonstrate that most mental patients recover if treated early enough. Mental health divisions of health departments control standards of care and treatment in provincial mental health facilities.

At the end of 1973, 207 separate in-patient facilities and 115 psychiatric units in general 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, usually in rural settings serving wide areas. 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 Nova Scotia and Ontario hospital insurance covers all mental institutional care and treatment. In every province at least 85% (nationally, 94%) of the revenue of reporting mental institutions in 1971 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 1973, the 115 psychiatric units, which had 3,890 patients as the year closed, admitted 44% of the total admissions to all kinds of mental institution. 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 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.

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,