

SUBMISSION TO  
THE GOVERNMENT OF SASKATCHEWAN  
BY  
CANADIAN MENTAL HEALTH ASSOCIATION  
SASKATCHEWAN DIVISION

Regina, Saskatchewan.

October, 1956.

INTRODUCTION.

In spite of the increased awareness of the threat of mental illness, this single disease continues to be the nation's No. 1 health problem. The time has come to translate the interest of the public into action.

The Canadian Mental Health Association has been organized to assist the present sufferers from mental illnesses, to help reduce the incidence of those conditions, and to promote good mental health among our people.

The people of Saskatchewan now look to their Government for leadership in a more effective implementation of the co-ordinated plan to cope with the problems of the mentally ill.

Any additional expenditure on behalf of the mentally ill must be supported by the people of the province. With this in mind, our educational and organizational activities have been directed toward obtaining this support.

The membership in the Saskatchewan Division has increased to over 20,000 in 1956. We now have nine active branches and three committees in the province.

Many province-wide organizations have shown their interest and support of the work of the Canadian Mental Health Association. Among the most important ones are the United Church of Canada, Saskatchewan Conference; the Roman Catholic Archdiocese of Regina, and the Anglican Diocese of Qu'Appelle have shown their interest and support. Further, the Saskatchewan Farmers' Union, Women's Section; the Homemakers' Clubs, and the Provincial Council of Women are among many others. To us, such pledges are the best indication of the readiness of the people to support extended large scale programs for the mentally ill. We sincerely hope that the Government will also take these favourable circumstances into consideration and initiate long needed improvements.

During the past three years, we have had the opportunity of meeting with the Cabinet. Every time we were most happy to be able to acknowledge progress in some areas. At the same time, however, it is also our duty to point out that in view of the magnitude of the problems before us, there still remains much to be done.

The following points are dealt with in this Brief:

- (1) Areas of Progress.
- (2) Overcrowding.
- (3) Understaffing.
- (4) Modernization.
- (5) Mental Health Clinics.
- (6) Rehabilitation.
- (7) Research.
- (8) Retarded Children.
- (9) Criminal Psychopaths.
- (10) Emotionally Disturbed Children.

AREAS OF PROGRESS.

The opening of the new Tuberculosis Unit at the Saskatchewan Hospital at Weyburn will facilitate the modern treatment and care which the psychiatric tuberculous patients have long needed.

A beginning has been made in modernizing the obsolete wards at Weyburn. Architectural and population problems, however, prevent the hospital from being an effective treatment centre. The construction of adequate laundry facilities at North Battleford was noted with satisfaction.

The establishment of a new part-time mental health clinic at Kindersley should fill a gap in that area.

The employment of more social workers has been a step in the right direction. Social workers are the key people in bridging the gap between the hospitals and the communities. Without their services the efforts of the hospitals become much more difficult.

The opening of the Psychiatric Ward at the University Hospital provides a good training centre for medical students, and research. We commend the support given to psychiatric research in the province. Larger expenditures in this vital step in the fight against mental illness will prove a worthwhile investment.

The newly opened Psychiatric Ward at Moose Jaw General Hospital is expected to provide service to patients requiring temporary care and treatment. It merits the full support of the Government.

The Association appreciates these improvements and we hope that we can look forward to even more vigorous action on the part of the Government to bring the facilities for the mentally ill in line with those for the physically ill.

Many of the problems we have pointed out in the Brief last year, however, are still with us.

OVERCROWDING.

Although the general overcrowding has been relieved by the removal of some of the mental defectives from the hospital at Weyburn, the estimated 80% overcrowding still presents the most serious obstacle to adequate care and treatment of the mentally ill. It was our hope that by now the Training School at Moose Jaw would have taken all the mental defectives who were being taken care of in the mental hospitals. However, these patients at present in the hospital at Weyburn are still awaiting their transfer and most of them, unfortunately, are in basement wards. Only about one half of all the patients in the five basement wards get an opportunity to leave the wards during the day.

The fact cannot be emphasized often enough that the prevailing overcrowding severely interferes with an intensive treatment program. While all efforts which would relieve the overcrowding are of help, only an all-out attack will provide the ultimate solution to the problem.

The Association respectfully recommends that the Government of Saskatchewan seriously consider the following plan. This plan, called, "Saskatchewan plan," has received the general approval of a committee of psychiatrists representing the whole country and has been endorsed by the National Scientific Planning Council of the Canadian Mental Health Association.

This plan consists of regional community hospitals of approximately 300 patients each, associated with general hospitals and perhaps homes for the aged. The borders of the regions should not be more than seventy-five miles from the hospital.

These hospitals should be the psychiatric centres of their respective areas, and to them would be attached mental health clinics and other community facilities. The patient could often be treated on an out-patient basis rather than admitted to hospital; if admitted, correlative information could be obtained more readily, resulting in a better understanding of the patient's

difficulties. There would be less of the present feeling among the patients that they have been "put away." Relatives could visit patients more often and the contact between the hospital and patients' relatives attained and retained more readily. The patient could go on recreational leave more easily, could be sent home earlier, have better supervision after leaving the hospital and problems between patient and relatives could be adjusted more readily. The stigma attached to mental illness would gradually disappear and the mentally ill would be regarded in the same light as the physically ill.

The Association strongly recommends that when the National Hospital Insurance is implemented the funds so released be used to further the care and treatment of the mentally ill in Saskatchewan.

#### UNDERSTAFFING.

Together with the overcrowding the lack of staff presents the greatest obstacle to the patients getting active treatment. There are not enough people to give the patients the kind of care they require. Consequently numbers of patients who could be helped have to stay in the hospital longer and contribute to the severe overcrowding.

The proportion of staff to the patients is far from being up to the recognized standard. (American Psychiatric Association standards adopted in Canada.) For example at the Saskatchewan Hospital at Weyburn 477 nurses are needed while only 348 are available; the medical staff numbers 13 and 27 are needed; there is only one psychologist instead of five and four social workers where there is a need for ten. (For comparison: In mental hospitals there is one staff member for 3.4 patients. In general hospitals there are 1.3 staff members for each patient.

We respectfully recommend that the Government seriously consider the need for additional personnel. While there is a scheme of bursaries available, the assistance should be made more flexible so that all categories of mental health personnel could benefit from it.

MODERNIZATION.

While some efforts have been made at Weyburn to remedy the situation on the obsolete or obsolescent hospital wards, these are still unsuited for the care of ill people. Only a drastic reduction of the hospital population at Weyburn and North Battleford would make it possible for the wards to be medically effective.

With the present overcrowding, it is impossible to give the patients the much needed individual care and privacy. Patients in our mental hospitals have only approximately thirty square feet of sleeping and living space each. In some wards there are only twelve inches between the beds. According to the standards required for modern hospitals the minimal living and sleeping space is at least one hundred square feet per patient.

MENTAL HEALTH CLINICS.

The Association would recommend, as previously, that more full-time clinics with treatment service be set up in strategic points of the province. Part-time clinics have to be considered as a stop gap only.

Mental Health Clinics can provide greatest service in making early diagnosis and providing early treatment for mental disorders. The most important, although the least tangible, of the mental health efforts is in the prevention. The forces in the community or family living that may cause discord must be recognized. Efforts to counter problems before they arise, or before they become severe, are the aims of prevention of mental illness.

Further, patients who have been discharged from mental hospitals need local psychiatric services. Follow-up on an ambulatory basis after release from a hospital can prevent a recurrence of the mental affliction and a readmission to the mental hospital.

REHABILITATION.

Rehabilitation of mental patients remains as one of the most neglected areas of mental health work in Saskatchewan. It is unfortunate that such a small concern has been shown in this important field.

Many more social workers are needed both to get patients out into the community and to prevent them from returning unnecessarily. Rehabilitation of a mentally ill person who has been long in mental hospital is a most onerous job, sometimes taking as long as two years of a social worker's concentrated effort to get one patient fully settled outside. A co-ordinated and extensive rehabilitation service which is now lacking, could further reduce the large number of relapses and readmissions.

The Association's Rehabilitation Centre has been in existence for just over a year. The benefit derived from the service by ex-patients and relatives as well as by the hospital at Weyburn, should be an indication that a large scale expansion is needed. As we have pointed out last year, our role in the matter of rehabilitation is primarily experimental and exploratory with a view to discovering the values and limitations of such a service. To extend the project to other areas of the province would be too large a task for a voluntary association. A progress report on the first year's operation of the Centre will be available in the near future.

We commend the Government for appointing a consultant in the field of rehabilitation and we sincerely hope that expansion of the program will take place in the near future. It might be well to explore ways and means for the use of the Federal Rehabilitation grants in the rehabilitation of the mentally ill.

RESEARCH.

The value of research has been well demonstrated in the fight against many illnesses. It is unfortunate that only little support is being given to this vital work in the field of mental health.

The Saskatchewan scientists have made great contribution to the understanding of schizophrenia and their achievements have received world-wide recognition. In their work however, they had to depend on temporary grants from Foundations and there is a danger that this support will terminate in the near future. The Foundations by their nature will only promote research. They are not designed to finance the entire project.

We urge the Government to increase the support for research and make certain that the excellent work being done in Saskatchewan will be continued and expanded.

#### RETARDED CHILDREN.

The seriousness of the problem of retarded children in our communities is becoming increasingly evident. While the Training School at Moose Jaw has provided excellent facilities for those requiring institutional care, retarded children in the community are being neglected. Most of them are not given the opportunity for emotional development and such training as they are able to use. Because of a general lack of concern on the part of the authorities, a great part of the responsibility for the training of the children has been left with the parents, interested citizens and voluntary organizations.

The Association has financially assisted the schools in Regina, Saskatoon and Prince Albert. Any further expansion however, cannot be made without substantial assistance from the Government. A clarification of the Mental Health and the Education Acts is needed in order that a definite governmental responsibility for these children is established.

The Association appreciates the readiness with which the Department of Education has assisted financially with the schools in Regina, Saskatoon, and Prince Albert.

The existing facilities for non-institutional care and training of retarded children on the community level, are far from being adequate. While at present

the program is limited to the large urban centres, the problem of these children in the rural districts also needs attention. We respectfully recommend that obligatory legislation be passed, so that school boards shall provide needed facilities where there are sufficient children to warrant establishing a class. The value of a partnership between the Government and the local school boards has already brought results in two of our communities.

The serious shortage of qualified teachers will become even more damaging as the program expands. To safeguard the quality of training of retarded children, long-range planning is needed. The Government should set a definite standard of qualifications and training required for teachers working with this type of child. To assist with the training, some classes in the University course for the Bachelor of Education degree combined with summer school credits would provide a good start.

None of the problems mentioned can be solved without a Government department taking the leadership. Existing voluntary organizations are ready to co-operate in whatever way they can be of help.

#### CRIMINAL PSYCHOPATHS.

The lack of adequate facilities for treatment and care of the offenders is becoming increasingly apparent. At the present time, the problems of the criminal psychopaths fall between the Correction Branch of the Department of Social Welfare and the Psychiatric Services.

An extensive survey of the problem of psychopaths is needed to initiate an adequate program. A Provincial Commission might provide the needed information.

#### EMOTIONALLY DISTURBED CHILDREN.

It is an unfortunate fact that there is no psychiatric residential treatment centre for the severely disturbed children. Such children are put into mental hospital with older people to the detriment of both.

Delinquent or mentally deficient children have already some provisions made for them. The Association recommends that a suitable residential treatment centre be set up in the Province.

CONCLUSION.

Throughout the country, the Canadian Mental Health Association is enjoying a rapid growth. It is an indication that the strong educational campaign is bringing results. Here in Saskatchewan, the numbers of active workers in the Association are steadily increasing.

We feel certain that support could be enlisted for any program which the Government may want to initiate for the welfare of the mentally ill.

We wish to gratefully acknowledge the outstanding leadership and continuous interest provided by the Premier; the members of his Cabinet; the Psychiatric Services; and the staffs of the mental hospitals. We sincerely hope that they will increase their efforts in the future, to continue to keep the mental health services in Saskatchewan at the best level of the country.

The Association pointed out last year several areas where improvements were needed. Action still remains to be taken on the following additional points:

- (1) Additional space for recreational and occupational activities.
- (2) New food preparation and distribution buildings.
- (3) Elderly patients to be cared for on one floor, preferably the ground floor.
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11.

- (5) New active treatment centres at both hospitals.
- (6) Libraries with reading room space.
- (7) Space for relatives and friends who visit the patients.
- (8) Space and washroom facilities for volunteer visitors.
- (9) Increased service at the mental health clinics.

Respectfully submitted,

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President,  
Saskatchewan Division,  
Canadian Mental Health Association.

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George Rohn, B.A., M.S.W.,  
Executive Director.

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