THE SASKATCHEWAN PLAN

This plan for the construction of small regional mental hospitals has been recommended to the Saskatchewan government by Dr. F. S. Lawson, Director of Psychiatric Services for Saskatchewan. The proposal is presently under study by the Saskatchewan government. Dr. Lawson outlined the proposal at the Eighth Mental Hospital Institute in Denver last October in order to obtain critical comment. A summary of the discussion which ensued is presented on pages 30-31.

The Plan:

To build a number of small regional hospitals, each of which would serve a circumscribed area and serve as the focus for the total program of psychiatric care in the area. It is planned that these regional hospitals be placed close to general medical facilities wherever possible, for the benefit of both.

The Rationale:

The small regional hospital would

permit the decentralization of facilities, personnel and patients into a number of communities in closer relationship with these communities. The hospitalization of patients close to their homes should make rehabilitation easier and decrease the likelihood of readmission. A small regional hospital would encourage the identification of psychiatric patients as medical patients rather than as "special problems" calling for isolation and segregation.

depersonalization. Small hospitals can offer greater flexibility and accessibility of services in relation to population growth and movement.

Authorities feel that the segregation of psychiatric patients in large hospitals isolated from their communities and from other medical facilities tends to reinforce unfavorable public attitudes, and make rehabilitation more difficult. There is also strong

evidence that the large mental hos-

Today's increased emphasis on the

therapeutic use of social environment

necessitates a smaller setting, to avoid

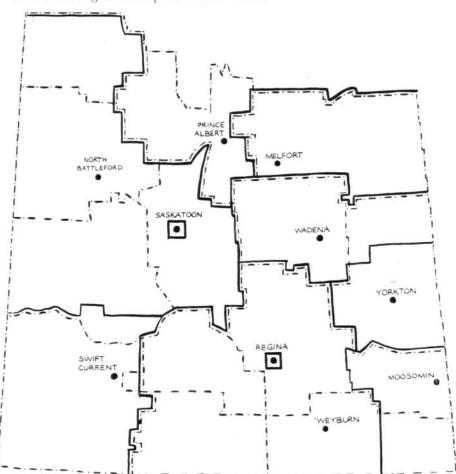
pital is uneconomical.

The Background:

The area involved is over 250,000 square miles. The heavy population area is in the southern half of the province and consists of some 900,000 people. The economy is predominantly agricultural and the population located in rural and small urban communities.

Present psychiatric facilities consist of two isolated mental hospitals suitable for 1,000 patients each by A.P.A. Standards, but carrying at the present time about 1,800 patients each. There are in addition three psychiatric wards in general hospitals with a combined capacity of 100; three full-time and seven part-time mental health clinics.

The Public Health Department has divided the populated area into Health Regions. The Saskatchewan Plan has attempted to follow these regional boundaries where possible, and to provide a psychiatric hospital serving a population of between fifty and sixty thousand people, none of whom would reside more than seventy-five or eighty miles from the hospital. The two present mental hospitals would be used for the tuberculous mentally ill, transients and people from the northern areas of the province, in addition to patients from the surrounding area.



Tentative regions for the community mental hospitals are shown on this map of Saskatchewan. The two present mental hospitals are located at Weyburn and at North Battleford. It is proposed that each of the two major cities, Regina, the capital, with 85,000 population and Saskatoon, the university center, with 65,000 population, should have a hospital to serve its metropolitan area.