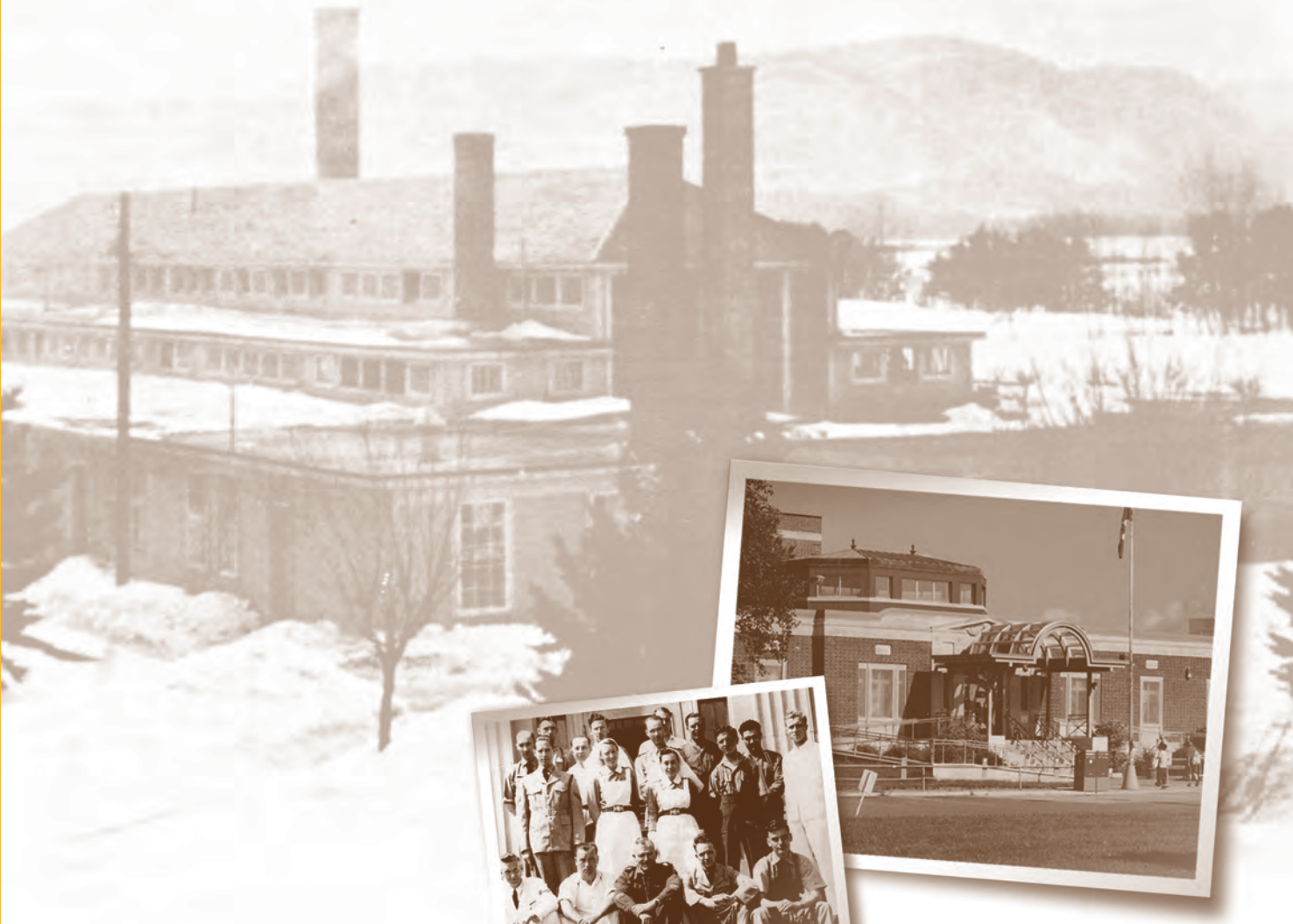


1934-2004

LAKEHEAD PSYCHIATRIC HOSPITAL

FROM INSTITUTION TO COMMUNITY

A Transformation of Psychiatric Hospital Services



Written by Peter Raffo

1934-1939 TWIN CITY RIVALRY

triumphant declaration of the Mayor: "I have procured the definite assurances of the department and of Premier Hepburn that, if the conditions of site are complied with, this institution will be located in Port Arthur."

A few days later he prophesied, "It will be a far bigger thing than the people of Port Arthur could have any conception of." Before the end of the month, the Port Arthur city council had passed a resolution in a special meeting, which approved a grant of land of upwards of one hundred and sixty acres, property bounded by Lyon Boulevard and Algoma St. as far as Huron St., and alongside Boulevard Lake, deeded free of charge to the Ontario government. The resolution added, curiously, that the council made this grant "if within its power to do so." It would become apparent, many years later, that it had not been in its power to do so, but by that time the Ontario Hospital in Port Arthur was already under construction.

Charlie Cox and the hill city had won the bout by a knockout.¹⁰

Life on the Scott Highway

While the political tug-of-war was being conducted in town, across the Kaministiquia River, at Neebing, staff and patients together struggled to make the best of things. The original twelve patients had been recruited with the expectation that they would work alongside the attendants and nurses, first to get the buildings up to scratch, and then to maintain and develop the considerable acreage of farmland that was the legacy of the Department of Reforms. Despite the trauma of the lost livestock and barn, and the continuing problems of water supply, a viable mental institution was rapidly taking shape. By mid-summer 1936, new patients began to be admitted to a hospital which now boasted a main building, dormitories, kitchen, dispensary, dining room, recreation room and several staff residences. Most of the troupe of nurses, attendants and administrative personnel found it more convenient to live in the hospital, rather than to find lodgings in town. Several of those who have left reminiscences of those early days mention the closeness of the relationships that developed in that isolated community. Nurses and attendants worked twelve-hour shifts, up to six days a week. Constantly on

Unless the man mentioned has some experience in this district he would find it very hard to offer advice to settlers, as I assure you that farming in this district is not the same as farming in the east.

John Senn to Dr. B.T. McGhie, February 22, 1943 regarding the proposed appointment of a farm manager from Southern Ontario.

call, the staff would find it hard to make much of a social life, except amongst themselves. They write of roller-skating down the Scott Highway in the summer, of skiing in the winter. They would swim in the nearby river and hold picnics on its banks.¹¹

Farmhands were recruited locally, as were attendants and other service personnel, to replace those who left. In the "dirty thirties" it was not difficult to find non-medical staff. Professionals were less easy to recruit or to replace. For instance, when the Business Steward, who looked after the finances, left for service with the armed forces after the war began, Ruth Black, who was first hired in 1936 as a typist, took his place. Dr. Senn noted, in retrospect, that it was because they were so far from Toronto, and "left to themselves" so much, that they had a certain freedom of action in those early years.

Trained psychiatric staff were always at a premium, which was to be one of the continuing problems of the psychiatric hospital at the Lakehead from that time onwards. Throughout his tenure as Superintendent, Senn was the only psychiatrist on staff, as would be the case with his successor, Dr. Charles Cleland. The number of Registered Nurses remained no more than the original two for quite some time.¹²

On the other hand, it was not long before the hospital had reached its capacity in patients. By January 1937, Senn was reporting that the seventy-five beds in the facility were no longer enough. "We have put in extra beds wherever 85 patients can be accommodated.... We are discharging every possible patient and I am afraid erring on the side of discharging too soon." He warned the Department of Health that it would be impossible to add to these numbers for much longer, and that he might have to begin again sending patients down to the

south, "where, I presume, overcrowding is not noticed so severely."¹³



Water problems at Ontario Hospital Fort William, 1937



Ontario Hospital Fort William, 1937

1939-1954

THE LONG WAIT

Wartime Shortages

The coming of the war changed all expectations. The most obvious disappointment for the staff and patients at Neebing was the postponement of the completion of the Port Arthur hospital. But the demands of the war effort also interfered with recruitment of support staff for the first time, while the rising number of those in care began to put a real strain on resources. A facility originally designed for seventy-five beds was housing over a hundred patients before the war's end. Women patients in distress continued to be sent to Toronto, to the Lakeshore Hospital, for example. Some German prisoners-of-war, held in camps along the north shore of Lake Superior, such as at Neys Provincial Park, were even referred to the mental hospital, adding further to its numbers. According to Senn, that experience was by no means a happy one: "I recall 3 of them dying. Elderly men that never should have been sent to Canada, one a Luftwaffe officer who died in spite of all we could do – just wore himself out with his 'Heil Hitlers'."¹

Desperate to meet the manpower shortage, Dr. Senn petitioned the Department in 1942 to replace a male driver, who had recently gone into the armed forces, "with a girl who, I think, would do the work." The response from Toronto

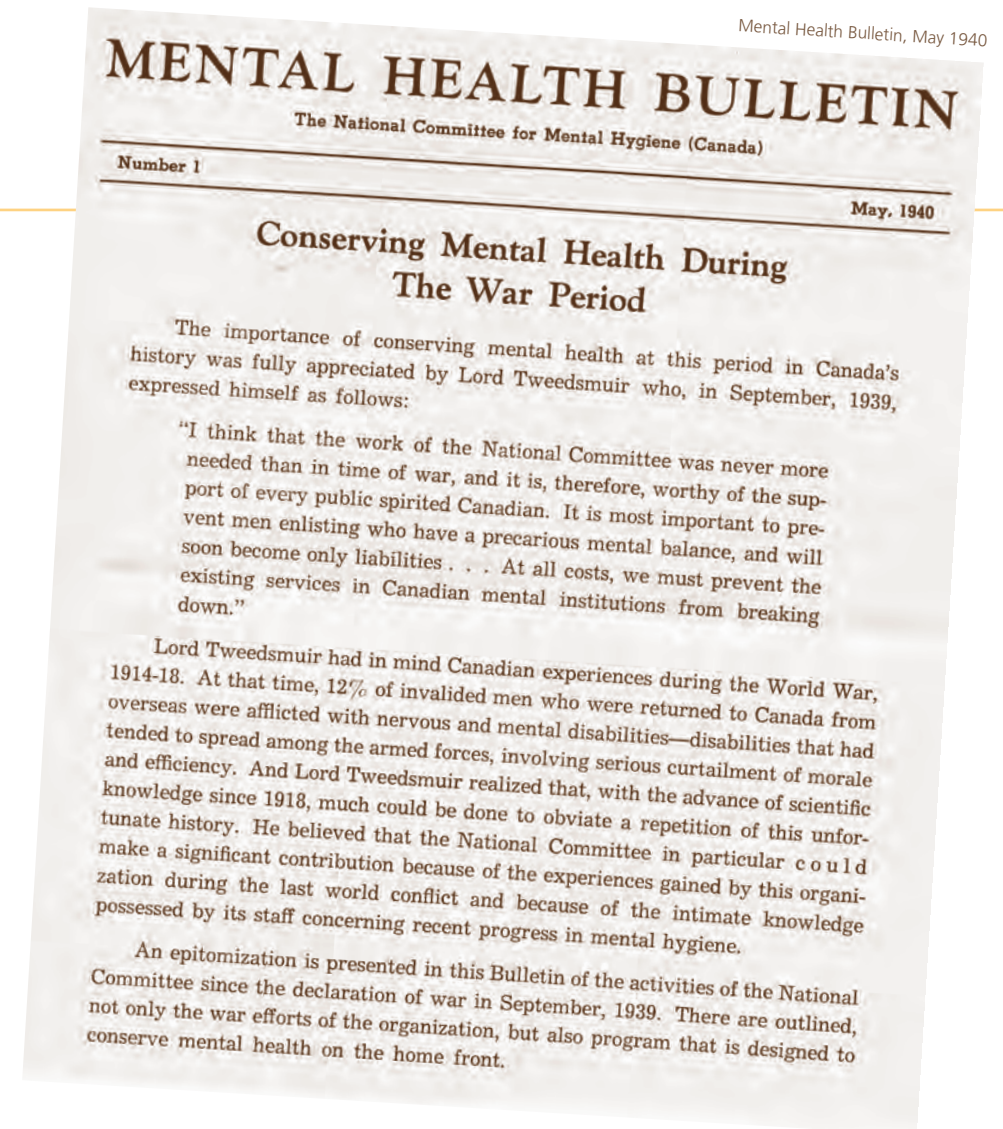
was, perhaps, predictable. It was not felt "advisable" to make such a radical change "if this can be avoided." Senn's request may have been encouraged by a circular to all superintendents from the Department of Health that had recently fallen on his desk: "Supplementing instructions that female employees marrying enlisted men might be retained on the staff for the duration of the war, the Government has directed that this will also apply in future to those marrying civilians." Before this, any woman who was part of the provincial civil service had been obliged to resign when she married. Gender equality was not an

issue in those days. All the more surprising, therefore, that Ruth Black should have been appointed from the rank of secretary to that of Acting Bursar, when H.V. Western left for the war, in 1940. She would remain on staff for over thirty-three years, rising to the position of Assistant Administrator, before her retirement in 1974.²

Senn's tenure came to an end in October, 1943. He did not even see the



Dr. Senn, 1942



return, by the Department of Defence, of the administration building in Port Arthur to his own ministry. He went back to Toronto and the Department of Health to supervise the Ontario Hospital system, and thence to become Superintendent of the Ontario Hospital Hamilton. His had been a quite extraordinary period as Superintendent. The tasks before him and his team, when they arrived at the Scott Highway, had been almost as much physical as they were medical or administrative. They had watched, powerless to intervene, a traditional dogfight between the twin cities over the bone that was the future, modern Ontario Hospital. Whilst that struggle was played out, the Department of Health was evidently unwilling to invest sufficient funds to enable them to run an efficient hospital on the model of the facilities in the south. Time and again one reads, in his correspondence with the Ministry, that the conditions in Northwestern Ontario were fundamentally different from those in the south. If care of the patients was in any way lacking at Neebing, it was not for want of effort on the part of Dr. Senn and his small staff.

1939-1954 THE LONG WAIT

William alderman charged that the only reason Port Arthur got the prize was “strictly a political move of one individual.” The city on the south side passed a resolution urging the Minister to consider seriously the claims of Neebing; the city to the north, not surprisingly, declined to endorse such a motion. Alderman Anten in Port Arthur stated that to renovate the Neebing site

“would be like building a mansion around a garage.”¹³

Meanwhile, Back on the Highway

A guy was here [Port Arthur] from the old mental hospital, Fort William. He was a washerman. He remembered eighty beds in one room. Full moon, there was about three or four staff on all night. They'd [patients] start jumping on the beds. Full moon, you had to watch. He said, one time a couple of big Finlanders came up to him, they said “we're leaving here, give us the keys.” He said “I gave them the keys and they went! What are y'going to do?”

Cliff Eyjolfsson, Manager of the Laundry at Port Arthur

While the politics of the Port Arthur site were reprised one more time, the people most directly affected by the issue continued their daily routines. By this time conditions of work for the staff were definitely improving. The eight-hour day had been introduced in the provincial civil service at the end of the war, which necessitated a significant increase in staff numbers. Opening the Port Arthur building to patients certainly relieved some of the pressures on the Neebing site, which never again had to look after the immediate post-war high of one hundred and seven patients.

The situation of the patients themselves was not greatly improved, however. Treatments had not changed significantly from the pre-war era, and would not change until the development of a new regimen of drugs, and their introduction, in the 1950s. Electro-shock continued to be the standard therapy for the most disturbed patients, and it was used extensively across the whole Ontario Hospital system. Dr Cleland would make rounds to the medical hospitals at the Lakehead three times a week, carrying a portable ECT machine with him. Most of those admitted to the hospital were diagnosed as suffering from schizophrenia, “mania” or depression. According to Dr. Morley Smith, Medical Director of the Lakehead Psychiatric Hospital in 1979, in these early days “personality disorders were not prominent in the diagnostic groups admitted.” But, he added, fatalities occurred sometimes “simply because patients exhausted themselves without effective treatment.” Nick Ochanek, who became an attendant at Fort William in 1946, recalls that patients were overseen in three shifts through the day with three or four attendants on each shift. They were responsible for housekeeping, bed-



Staff residence at Neebing site, late 1940's

making, clothing and bathing the patients and charting their daily progress. Apart from ECT, continuous baths were still in use, as were “cold packs.” This treatment involved wrapping a patient in wet sheets and then adding a further swaddling of blankets to prevent excessive shivering. Justified at the time as a method similar to that of calming an agitated child, it nonetheless can hardly be described as curative. Ochanek remembered the limited drug therapies that were available before the 1950s:

For disturbed patients sedatives were used such as Pedraldahyde [he meant Paraldehyde]... and morphine. We had two large wards but no single rooms, therefore one patient could disturb the whole ward. We were all looking forward when a new hospital would be built with better facilities, but in the meantime we had to do with what we had.¹⁴



Thelma Charlton and Ruth Black in front of staff residence, early 1950's

Thelma Charlton, a nurse, said that the staff and patients were very close: “we were like one large family.” Patients, however, were looked upon with a good deal of discomfort by the general public when they were escorted beyond the bounds of the hospital. Ernie Rollason recalled: “City residents would become angered the moment they saw a patient outside the hospital, and they would telephone the hospital demanding ‘something be done.’ They sometimes harassed the patients. It was easier, by far, for the patient to stay on the grounds.”¹⁵

And so, for the most part, they did. But the grounds were huge, and the opportunity for “occupational therapy” in the shape of work on the farm was great and probably quite fulfilling for most patients. In the late 1940s, some of the water problems were partially (though never completely) overcome by the drilling of a new well, and eventually the water tower was removed. But if anything convinced the authorities that the Neebing site was not adaptable to a 1,000-bed institution, it remained the lack of an adequate, safe and consistent supply of water. The south end site remained the senior facility, and the Superintendents worked from there until the grand opening of the Ontario Hospital in Port Arthur, when that day finally arrived.

1969-1979

AGENTS OF CHANGE

A Man in a Hurry

The Mental Health Act of 1967 had been in operation for two years when Milton J. Fisher came to the helm of what was now called Lakehead Psychiatric Hospital (LPH), under the direction of the new Ministry of Health (MOH). Fisher, as almost everybody who remembers him never fails to point out, was an American, from Minnesota. He must have been surprised, perhaps even shocked, by the lack of movement towards the goals established in the new legislation. Many of the provisions in the Act had been based upon more enlightened policies which had already been adopted by psychiatric hospitals in the United States, and in Europe as well. Dr. Brian Frost, a psychiatrist who hailed from Ireland and who had arrived just before Fisher in 1969, says of LPH at that time: "Architecturally it looked good, but from the point of view of psychiatry, it looked more back towards the forties and fifties than forward."

It seems that, even after the Mental Health Act was passed, some of the methods used by the attendants to control difficult patients for example, remained pretty primitive. Jorma Halonen, a student at Lakehead University, was employed at the hospital during the summer of 1967. He remembers with embarrassment, being unwittingly the cause of the disciplining of a patient who was giving him some trouble in the canteen. The man was taken to a shower room by a couple of attendants, made to adopt a prayerful position naked on his knees, and hosed down with cold water. This kind of treatment may have been infrequent, but it was not unusual, Halonen recalls. It would not survive the new broom that swept through LPH with the arrival of Mr. Fisher. He was a man in a hurry.

Fisher was the Administrator, not the Superintendent. Neither was he a psychiatrist, for he had been trained as an occupational therapist. Appointed now to the position of Medical Director was Dr. D.C. Panday, who came from Guyana. Bert Hopkins, Ph.D. came in as Chief Psychologist, and department chiefs in Occupational Therapy, Social Work and Vocational Recreational Services were added. Father John Rice was placed in charge of the Mental Retardation Unit, which at that time was the home to some 140 children.. The re-organization included the creation of departments for purchasing, personnel and business affairs. Ruth Black, by now one of the few survivors of the Neebing days, became the only female Assistant Administrator in the Ontario mental health system.¹

MILTON J. FISHER

New Hospital Administrator From Minn.

The Lakehead Psychiatric Hospital has a new administrator.

Milton J. Fisher arrived in the Lakehead from Rochester, Minn., Sept. 15, to take over his new post. Mr. Fisher was previously administrator of Rochester State Hospital.

The post was left open due to the retirement of the former administrator and medical superintendent, Dr. G. C. Ferrer, who has served in that position for the past seven years.

Dr. D. C. Panday takes over the duties of medical director at the hospital. Dr. Panday has been a resident psychiatrist at the hospital for the past eight months. His position is effective Oct. 20.

The policy of the department of Health is to delete the hospital superintendent classification and replace it with both hospital administrator and medical director.

Prior to his service at the Rochester State Hospital, Mr. Fisher had experience at Allentown State Hospital and the Utah State Hospital.

Mr. Fisher has an undergraduate degree from the University of Washington, Seattle and a degree from the University of Puget Sound, Tacoma, Wash. He also holds a Masters Degree in Hospital Administration from Cornell University, Ithaca, New York.

He is married, and he and his wife, Louise, have five children, all boys, ranging in age from 11 to 24 years. The three elder sons left home, one presently training in Hawaii, for service in the Peace Corps in Western Samoa.

Chronicle Journal October 8, 1969

Mr. Fisher was different. He was an American. They have a softer approach to things. He was ready for change. When somebody new comes in they bring the broom and they sweep.

Mary O'Rourke

The changes that would now take place were long overdue. Bert Hopkins came to the LPH from the south, and was struck by how slowly the adaptation to new ways of treatment had progressed. It seemed to him, on his arrival, that the hospital was "using the old model ... almost pre-war." For him, and no doubt for many of the staff – and surely for almost all of the patients – the Fisher era would be like a breath of fresh air. Fisher was no aloof "feudal lord". He mixed readily with the staff, took a direct interest in their lives. One of the first of his innovations was to hold regular meetings with the whole staff of the facility, to acquaint them with new policies and to obtain feedback directly from them in open debate. The message he brought was clear and, in its own way, revolutionary: LPH was to "humanize" its relations with its patients, the doors of the institution were to be opened and the keys thrown away. And the goal of the hospital in the future would be to rehabilitate as many of its residents as possible into the community.



Milton Fisher, Dr. George Ferrer and Ruth Black, 1970

1967 Statistics	
Number of Admissions	787
Number of Separations	783
Beds set up	840
Number of Patients in Hospital as of December 31, 1967:	788

News and Views, 1967

1969-1979 AGENTS OF CHANGE

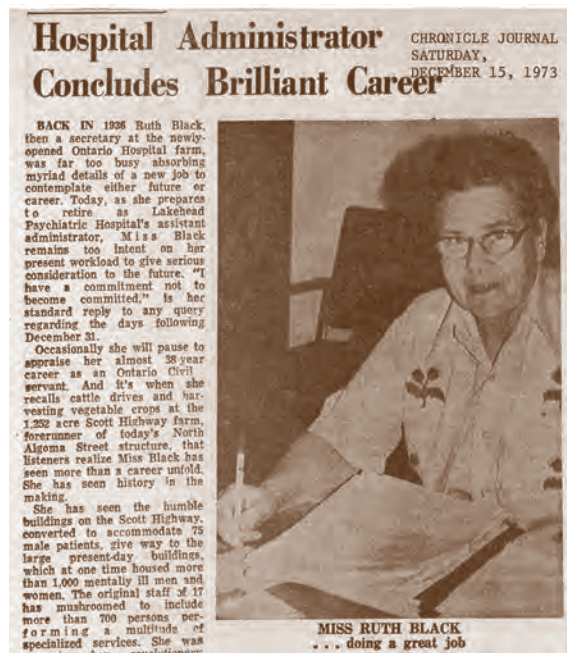
“Energetic and Equestrian”

In December, 1973 Ruth Black retired. She was the longest-serving member of staff, and the only female Assistant Administrator in the entire Ontario mental health system. Her influence at the Fort William Hospital and at Algoma St. had been considerable. She may have had little to do directly with policy, but she had her hands on the purse-strings throughout her tenure. In her own words: “From 1940 the job consisted of managing all non-medical departments, and while the titles changed – from steward to bursar to business administrator and finally to assistant administrator – the responsibility remained essentially the same.”¹⁴

Ruth Kajander describes Black as “an incredible woman ... courageous”, who “as long as she worked ran the place.” Carole Faulkner says that she wielded a lot of power “behind the scenes.... She kept a very tight purse-string, a very tight ship as far as finances go.” What this meant in practice was that the food budget was always restricted and the food quality (for the patients) was, in Faulkner’s words, “minimal.” Most of those who remember these years say that the staff was fed better than the patients. Bert Hopkins says that Black was “hard-working, vigorous, bright, ambitious.” Dr. Coates remembers her as “energetic and equestrian”, a reference to the days when she used to organize the “cattle drives” down the Scott Highway to the railway sidings at Fort William. Whatever the personal testimony, it all adds up to an extraordinary career in a field that was not normally ready to give a woman such authority. There is probably the bare bones of a novel about Northwestern Ontario during the mid-century in the story of her life.

With Ruth Black’s retirement, and the departure soon afterwards of Ernie Rollason into his family flower business, the last connections to the early days on the Scott Highway were severed.

She ran the place like a sergeant-major, but if you wanted something, she would get it done for you.



Chronicle Journal, December 15, 1973

“A City Within a City”

By 1975 the number of in-patients was falling, the yearly average having reached 574. This had been accomplished by a number of means, in addition to Homes for Special Care. Approved Boarding Homes, Group Homes, in addition to the development of mental health clinics attached to the general hospitals, had been part of this movement. As early as 1970, Beacon Hill Lodge had been opened for a limited number of ex-patients from the hospital. In 1974, as previously noted, the Mental Retardation Unit had been separated from LPH altogether, when it was taken under the direction of the Ministry of Community and Social Services and renamed the Northwestern Regional Centre. It continued to operate in a separate wing of the hospital under Father Rice, but its budget now came from a different (and much more generous) source. It was, in fact, a separate institution, although, being under the same roof, it shared many of the resources of LPH. The NRC took with it over a hundred staff in addition to the nearly three hundred developmentally handicapped patients. By such means the numbers of out-patients at LPH came, eventually, to outnumber those in residence. Nonetheless, the hospital could still be described in a newspaper report in 1975 as “a city within a city.”¹⁵



Bowling alley at LPH, early 1970's



Hair salon, early 1970's



Patient library, early 1970's