

Video #1 – Buildings Script

Ever consider how our environmental “spaces” affect our mood? Dark, dank, and dreary confines may impact our mood negatively. While beautiful blue sky, fresh mountain air, and sunshine spur on feelings of rejuvenation and well-being. It’s no surprise then that this connection to “Place and Space” was and is influential enough to determine where and how we construct mental health facilities.

I’m John Leclair and this is “Keys to Our Past.” Please join me on this voyage of discovery as we explore the history of mental health care in Canada, through the spaces and structures used to heal the mind.

Hello, welcome to my study. The history of mental health buildings is as complex as the number of ways in which the buildings themselves can be viewed. Whether they are known as “asylums” or “hospitals” or “mental health centres,” the buildings walk a fine line between care and confinement. The structures fascinate some; and others see only sites of apprehension and fear.

For a tourist in the nineteenth century, it was not uncommon for your guidebook to recommend that you include the local asylum building and its grounds, as part of your travel itinerary. The 1867 Canadian Handbook and Tourist’s Guide told its readers visiting Toronto that: “the Provincial Lunatic Asylum, at the western extremity of the city, is well worthy of a visit by the curious in such matters. It is kept in admirable order; and though it is a painful sight at all times to be brought in contact with ‘humanity so fallen,’ yet it is pleasing to see the degree of comfort many of the patients seem to enjoy. There is no difficulty in obtaining permission to view it”. Visitors took this advice and toured the grounds and buildings of these institutions, fascinated by the detailed architecture, garden-lined walking paths – and curious clientele.

The appearance and the design of these buildings, their physical location, and the grounds on which they sat, were not a haphazard accident. The asylums that opened across Canada in the nineteenth century were purposely designed in keeping with the philosophy of the period known as “moral treatment”. This treatment program shaped everything about the grounds, from the view the patient had from the windows, to the gardens in which they walked, and even the circulation of air within the building. This concept of moral treatment was a large piece of why these institutions were typically located on the outskirts of the city, with waterfront vistas and several hundred acres of farmland.

Reactions were mixed: the buildings were not always admired or viewed with awe. When the asylum opened in Toronto in 1850, it was the tallest structure in the province. I can only imagine how imposing and intimidating it must have seemed to a newly admitted patient.

Institutional mental health treatment has roots in Canada that are older than Confederation itself. The first asylum was opened in New Brunswick in 1835 and by 1867 there were asylums in

Quebec, Ontario, and Nova Scotia. Other asylums opened in the same order as the provinces joined the Dominion of Canada. Manitoba, British Columbia, and Prince Edward Island were the next wave of provinces to join the country and also the next to open asylums; next in the order were Alberta and Saskatchewan. Newfoundland was the one major exemption to this trend, being among the earliest to open an asylum but the last province to join Confederation. Also, none of the territories opened institutions during the asylum-era; their populations were served by the provinces.

This pattern is no coincidence. During negotiations for the creation of a new province, discussions surrounding essential services included the creation of asylums. For example, in the negotiations to establish British Columbia as a province in 1871, it was specified that the Dominion would provide a Marine Hospital, a Penitentiary, and a Lunatic Asylum. Asylums were a part of the larger system of public institutions – schools, penitentiaries, and hospitals – that the new country was making available to all of its citizens.

Each of the buildings in the provinces was built according to different plans and different influences – but all of them placed the same importance on the influence the design was thought to have on a person’s health. High ceilings and big windows emphasized the importance of fresh air and natural light. The earliest buildings were designed in a U-shape where the base of the U held the administrative offices and each arm of the U was reserved for patient rooms – one arm for men and one arm for women.

Design ideas changed by the end of the nineteenth century, moving away from the oversized buildings towards what was known as ‘the Cottage Plan.’ The Cottage Plan consisted of a series of smaller buildings that were supposed to be more home-like and intimate. In Canada, the Mimico Branch Asylum in New Toronto was one of the initial adopters.

Institutions designed for specific sub-populations have also been built. Among the earliest of these were asylums for the so-called “criminally insane”. The first opened in Canada in 1855 in Kingston, Ontario. Known as the ‘Rockwood Criminal Lunatic Asylum’, the limestone building located along the shores of Lake Ontario shared many of the same features as its sister asylums of the period. Conversely, the ‘Criminal Insane Building’ in Penetanguishene, Ontario – better known as ‘Oak Ridge’ - had more features in common with a prison when it opened in 1933. It was less ornate than earlier institutions and had more of a focus on security, but was still laid out in the U-shaped design of the asylums that opened nearly 100 years earlier.

Ideas around mental health treatment look different today, but the role of the buildings remain important. When a new building was constructed to replace Oak Ridge in 2014, the design included open spaces and large windowed rooms with unobscured views of Georgian Bay, much like the asylum designs from 150 years ago. Similarly, the North Bay Regional Health Centre was designed to engage the five senses, connect with nature, and provide open, spacious work places. In 2015, the Centre for Addiction and Mental Health opened a sensory garden in which their clientele could spend time literally immersed in nature.

The debate around how the buildings are seen, how they should be remembered, and what they represent continues. For some, the focus is on remembering, and for others, the focus is on healing through removal. We see this in the contrast between historic tours as a way to explore mental health history versus advocacy for demolition and total removal of the buildings.

To sum up our discussion in the study, I'd love for you to take away these three key points. Firstly, mental health facilities are a key part of Canada's history; two, the design and location of the buildings has never been accidental; and lastly, the institutions can be viewed and experienced in many complex ways. Thanks for visiting my study, join me next time on "Keys to Our Past" as we continue our discussion of the history of mental health care in Canada.