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## **MENTAL HEALTH POLICIES Historical Overview**

The question of how best to treat and support people living with mental illness has been raised repeatedly throughout the history of British Columbia. This background paper traces developments in provincial legislation and policy.

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## INTRODUCTION

The question of how best to treat and support people living with mental illness has been raised repeatedly throughout the history of British Columbia. This background paper traces developments in provincial legislation and policy.

## EARLY YEARS

Treatment options were limited for the mentally ill in the early days of the province. Few cases of “insanity” were noted in the early records of the Colony of Vancouver Island, according to Gerry Ferguson in the book *Regulating Lives*. These rare cases were either cared for by family and friends or sent back to their home countries.<sup>1</sup> However, the gold rush of 1858 dramatically increased the colony’s population, including the number of mentally ill. As the colony grew, these people were sometimes housed in jail cells. Ferguson described how a public outcry for better facilities preceded the establishment in 1872 of a small asylum on a First Nations reserve in the Victoria area.<sup>2</sup> (A law establishing the province’s Supreme Court’s jurisdiction “over the persons and estates of idiots and lunatics” was passed that year, followed by the *Insane Asylum Act* in 1873.<sup>3</sup>) The new facility opened with seven patients. The asylum was soon full and was replaced in 1878 by an asylum built in New Westminster.<sup>4</sup>

These first institutions reported to the Provincial Secretary.<sup>5</sup> The arrangement continued until 1959, when jurisdiction was transferred to the newly formed Department of Health Services and Hospital Insurance. The change was intended to bring the service “into closer association with the other agencies in the over-all health field, which should facilitate the development of this service.”<sup>6</sup>

In 1904, the provincial government purchased 1,000 acres in the Coquitlam area.<sup>7</sup> Colony Farm was established on the property with the purpose of growing food for the New Westminster asylum. “By so doing a vast saving can be effected in the general economy of the institution, as well as much health and pleasant occupation secured to the patients,” wrote the author of a 1904 government report.<sup>8</sup> A hospital was later built on the property and opened in 1913, taking in 453 male patients by the time the annual report was published.<sup>9</sup> It was called Essondale in recognition of Provincial Secretary Henry Esson Young.<sup>10</sup> In later years, buildings would be added on the property for female residents and the elderly.<sup>11</sup> It was renamed Riverview Hospital in the mid sixties.<sup>12</sup>

A facility for male “criminally insane” patients was opened in Saanich in 1919. Known as Colquitz, it initially took in nine men from the New Westminster institution and had received 99 after 15 months.<sup>13</sup> According to the 1920 annual report, the new institution “afforded a certain amount of relief to the overcrowded wards at New Westminster and Essondale, although this relief has been almost lost sight of in the increased admissions to these places.”<sup>14</sup>

People with developmental disabilities were also treated at mental health facilities. The 1904 Mental Health Services Branch annual report suggested a specialization in treatment should be adopted.<sup>15</sup> In later years, people with developmental disabilities were increasingly sent to the New Westminster facility. Its name was changed in 1951 to The Woodlands School to reflect its already established role as “a training school for the intellectually retarded,” according to that year’s report.<sup>16</sup>

It should also be noted that children were admitted as patients. According to the 1910 annual report, the “increasing number of children coming into the care and custody

of [the New Westminster] hospital is a matter of much concern; with our present facilities, we are unable to properly classify and segregate them, so that due regard may be given to their individual claims, and the comfort and well being of other patients.”<sup>17</sup>

## **EARLY COMMISSIONS AND REPORTS**

### **Royal Commission – Asylum for the Insane (1894)**

The commission uncovered a “story of cruelty and oppression”<sup>18</sup> during its inquiry into the management of the asylum in New Westminster. Prisoners were tightly cinched in straight jackets, frequently handcuffed and dunked in a bath of cold water with their feet and hands bound. The commission recommended improvements to the facility, that the superintendent live on-site, and that there be changes to restraint practices.<sup>19</sup> The asylum superintendent resigned after the report was published.<sup>20</sup>

### **Select Committee – Provincial Lunatic Asylum (1900)**

The committee was charged with examining the management and working of the asylum and reported they found it in “very good order.”<sup>21</sup> The committee also noted that 25 Chinese patients, most of whom were “unfit” to work, were housed in the asylum. “The Committee believe that an effort should be made to have this class of patients sent to China for treatment by their own government, and so relieve the Province of the burden of supporting them.”<sup>22</sup> This sentiment was echoed over the years by asylum administrators and bureaucrats, as described by academic Robert Menzies in his article *Race, Reason and Regulation*. Sixty-five Chinese patients were repatriated in February 1935.<sup>23</sup>

### **Royal Commission on Mental Hygiene (1928)**

The commission’s recommendations included establishing “special classes for mentally deficient children in all school centres having a school population of 500 or more,” as well as vocational schools.<sup>24</sup> It also recommended legislation for “a carefully restricted and safeguarded measures of permissive sexual sterilization of certain suitable and definitely ascertained cases of mental abnormality...with the object that such cases may be permitted safely to return to their normal place in the community.”<sup>25</sup> One researcher has asserted that the recommendations of this body were “one of the major factors that ultimately led to the passage of British Columbia’s *Sexual Sterilization Act* in 1933.”<sup>26</sup>

## **1950 – 1980**

Beginning in the 1960s, changes in mental health policy saw the downsizing of provincial psychiatric hospitals, or deinstitutionalization, across Canada.<sup>27</sup> The idea was that the institutions should be replaced by smaller, community-based services.<sup>28</sup> The change has been attributed to factors such as the availability of oral drugs enabling out-patient treatment, the growing negative perceptions of ‘warehousing’ patients in hospitals, and the cost of maintaining psychiatric institutions.<sup>29</sup>

The B.C. *Mental Health Act* was assented to on March 20, 1964. The new statute consolidated features of five previous laws: the *Clinics of Psychological Medicine Act*,

*Mental Hospitals Act, Schools for Mental Defectives Act, Provincial Child Guidance Clinics Act, and Provincial Mental Health Centres Act.*<sup>30</sup> The act encouraged “locally operated mental health services” and provided for the creation of mental health societies.<sup>31</sup>

A mental health centre providing adult out-patient psychiatric care was established in Burnaby in 1957.<sup>32</sup> “The service offered is a new one, aimed at treating emotionally disturbed adults in an early stage of their illness and thereby preventing their admission to a mental hospital for complete twenty-four-hour care,” wrote the author of the Mental Health Services 1957 report.<sup>33</sup> An additional function was providing after-care for patients previously under treatment in other facilities.<sup>34</sup> Other centres in Victoria and Kelowna were established during the early sixties.<sup>35</sup> There were 30 centres across the province by the mid-seventies.<sup>36</sup>

The Colquitz facility closed in January 1964. Most of the patients were transferred to Essondale.<sup>37</sup> The 1964 annual report noted that the nature of patients in the institution had gradually changed; while initially focused on the “more disturbed patients and those with criminal propensity,” Colquitz had more recently taken on “more chronically regressed patients.”<sup>38</sup> The report’s author also observed that the building had been originally designed as a jail and, as such, “did not provide suitable accommodation for the provision of a modern active-treatment programme.”<sup>39</sup>

Ten years later, the Forensic Psychiatric Services Commission was established. Under new legislation, the commission’s role was to include provision of forensic psychiatric services to accused people held for psychiatric evaluation, those needing care while in custody, and people held by court order.<sup>40</sup> The law also gave responsibility for these patients to the Health Department instead of the Attorney General – a recommendation of the 1973 Foulkes report to the Department of Health titled *Health Security for British Columbians*.<sup>41</sup> [The Foulkes report had called the province’s existing forensic psychiatric services at the time “very inadequate and ineffectual in terms of any type of treatment for the mentally disordered offender.”]<sup>42</sup>

## WOODLANDS

Although the New Westminster facility began as an asylum, it eventually shifted focus to care for the developmentally disabled. Its name was changed to The Woodlands School in 1951.<sup>43</sup> The school remained under the jurisdiction of the Department of Health until 1974, when it was transferred to Human Resources. “Ontario had recently made a similar transfer and British Columbia was the last Province where the Health Department had such a primary responsibility,” according to the 1974 annual report of the Mental Health Branch.<sup>44</sup>

In a history of Woodlands published by the Ministry of Social Services, writer Val Adolph observed the fifties were a time of construction on the grounds.<sup>45</sup> An additional facility called Tranquille had opened near Kamloops by 1960. However, by the seventies, there were reports of overcrowding and Adolph noted efforts to reduce numbers.<sup>46</sup> In

1977, the Ministry of Human Resources said it would begin deinstitutionalization of services for the “mentally handicapped.”<sup>47</sup> Woodlands closed in 1996.

## 1980 – PRESENT

The eighties and nineties saw a series of government plans related to the delivery of mental health services. Following several years of consultation, the government in 1987 released a draft plan to replace Riverview. This was followed by the Mental Health Initiative, announced in 1990. The initiative was to include capital funding over 10 years for building replacement facilities.<sup>48</sup> Then, in 1998, a plan to update the initiative was announced. Among other recommendations, the strategy endorsed the creation of a Mental Health Advocate. The advocate’s role was to include reporting on the state of mental health service in the province and to “provide a single information and referral source for advocacy resources.”<sup>49</sup> The advocate was appointed in August 1998.<sup>50</sup>

The nineties also saw the release of several independent reports on the mental health system. In 1991, the B.C. Royal Commission on Health Care and Costs noted the shift away from institutional treatment “was not part of a comprehensive policy and the mentally ill were generally moved into communities which were unable or unprepared to provide them with adequate support.”<sup>51</sup> It called on the government to create a “coherent policy.”<sup>52</sup> In 1994, the Auditor General published a value-for-money audit on the transfer of patients from Riverview, as well as on psychiatric services. The auditor concluded the transfer of patients out of Riverview beginning in 1992 was “adequately planned, implemented, and later evaluated.”<sup>53</sup> However, he also concluded the Ministry of Health did not “yet have a well-documented, comprehensive long-term plan on which a shared understanding of expectations concerning the replacement of Riverview Hospital and related patient and funding transfers can be based, or against which progress can be evaluated.”<sup>54</sup>

Also in 1994, the B.C. Ombudsman published the results of an investigation into administrative fairness at Riverview. She concluded the hospital hadn’t had a “comprehensive, receptive and fair mechanism for responding to concerns about its service.”<sup>55</sup> Her recommendations included that the hospital take steps to welcome its patient-run advocacy body and that the provincial government appoint a mental health advocate.<sup>56</sup> (As noted above, this occurred in 1998.) The Ombudsman did praise the facility for some initiatives, including a Hospital’s Charter of Patient Rights and a Patient Sexuality Policy – “both documents firsts of their kind in a Canadian psychiatric hospital.”<sup>57</sup>

The *Mental Health Act* went under the microscope in the early nineties. The government began a review of the act and an issues paper related to the review noted significant changes elsewhere in Canada, including the creation of the Canadian Charter of Rights and Freedoms.<sup>58</sup> However, the 1994 Ombudsman’s report noted that “at the time of writing, the consultation process is at an impasse.”<sup>59</sup> Stumbling blocks, according to the Ombudsman, included controversies over the rules for certifying and detaining patients, as well as the power to treat patients without consent. In 1998 the *Mental Health Amendment Act* altered rules related to hospital admission and release.<sup>60</sup>

High profile investigations and court cases shed light on alleged historic abuses. A report to the government in 2001 alleged physical and sexual abuse at Woodlands.<sup>61</sup> The government apologized in 2003 and, according to newspaper reports in 2006, proposed a settlement agreement.<sup>62</sup> A class action suit by former residents was also certified by B.C. Supreme Court.<sup>63</sup> In addition, in 2005, nine former Riverview residents who were sterilized between 1940 and 1968 received compensation from the government.<sup>64</sup>

The current government has announced a number of strategies related to mental health. Its 2002 *Picture of Health* report noted several plans, including provincial strategies for treating anxiety disorders and depression.<sup>65</sup> The Child and Youth Mental Health Plan for British Columbia was released in 2003 and touted as a first in Canada.<sup>66</sup> The position of a Minister of State for Mental Health was created in 2001. This led to the elimination of the position of Mental Health Advocate.<sup>67</sup> The government also launched the Community Based Mental Health Care Program in January 2008.<sup>68</sup>

## PLANS FOR RIVERVIEW HOSPITAL

Recent decades have seen uncertainty regarding the future of Riverview. In 1987, the provincial government produced a draft plan to replace the institution with community-based resources and longer term inpatient units around the province.<sup>69</sup> Downsizing under the government's plan began in 1992 but was suspended in 1996.<sup>70</sup> The move was "in response to concerns about the pressure on psychiatric services in Vancouver acute care hospitals, and (the government) indicated it would resume when the mental health community was satisfied that community care resources needed to support the downsizing were in place."<sup>71</sup> In 1998, the government's mental health plan included replacing Riverview with beds in smaller facilities over a seven-year period.<sup>72</sup>

Today the facility remains open, although a backgrounder issued by the Ministry of Health in 2006 said Riverview would eventually close after the completion of the Riverview Redevelopment Project.<sup>73</sup> The redevelopment project has included building facilities in communities such as Saanich, Prince George, Kamloops and Terrace.<sup>74</sup> A newspaper report in July 2007 suggested the government was considering allowing mixed housing on the Riverview grounds.<sup>75</sup>

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<sup>70</sup> British Columbia, Office of the Auditor General, *1993/94 Report 5: Value-for-Money Audits Ministry of Health: The Transfer of Patients from Riverview Hospital to the Community*, Victoria: The Office, p. 11; British Columbia, Provincial Mental Health Advisory Council, *Working Group to Identify the Regional Resources Necessary to Resume the Downsizing of Riverview Hospital: Report*, Victoria: The Working Group, 1996, p. 9.

<sup>71</sup> *Ibid.*, p. 9.

<sup>72</sup> British Columbia, Ministry of Health, “Housing and access key features of new mental health plan” [press release January 20, 1998], Victoria: The Ministry, p. 2.

<sup>73</sup> British Columbia, Ministry of Health, “Backgrounder: Riverview Hospital Redevelopment Project” [Backgrounder dated Feb. 9, 2006], Victoria: The Ministry, 2006, p. 1. The backgrounder stated: “As part of the Riverview Hospital Redevelopment Project, the health authorities will provide a comprehensive range of mental health services and supports. Once all phases of this project are complete, RVH will close.”

<sup>74</sup> British Columbia, Ministry of Health, “Backgrounder: Riverview Hospital Redevelopment Project” [Backgrounder dated Feb. 9, 2006], Victoria: The Ministry, 2006, p. 1.

<sup>75</sup> Miro Cernetig, “B.C. targets homeless with Riverview Project,” *Vancouver Sun*, July 27, 2007, p. A1.