2008

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by

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Abstract

The Waterford Hospital for Mental and Nervous Diseases first opened in 1854 as the only centre of psychiatric services in Newfoundland. The treatment and care of those living with mental illness has dramatically changed since the hospital was opened more than 150 years ago. It is important to place the Waterford Hospital in the context of the history of mental health treatment philosophy and in the community in which it was located.

The Newfoundland and Labrador Mental Health Care and Treatment Act, enacted in 2007, brings issues regarding involuntary hospitalization, the right to accept or refuse treatment, confidentiality and other legal issues into the public discourse. In order to evaluate the impact of such an act, it is important to examine the way in which mental illness was and is experienced, perceived and treated in the province of Newfoundland and Labrador, particularly through the narrative of the Waterford Hospital.

In 1972, the hospital was renamed the Waterford Hospital, and with this name change came the move towards outpatient care and community mental health treatment clinics. What was once an institution with over one thousand patients in residence became an acute care facility and operating base for many outpatient psychiatric services. This community focus brought about a shift in the way in which mental illness was understood in the province. There had been a return to the newly constructed mental health care facility's goal in 1854: to facilitate the patient participating and being accepted as a valuable member of society. It is crucial that the voices and rights of patients are acknowledged in the new Act. Reevaluating the history of mental health treatment in this province will help shape current and future health care legislation and services.

What is in a name?

For many years the hospital was known as the "*Lunatic Asylum*," then the Mental Hospital, then the Hospital for Mental and Nervous Diseases, and in more recent times, the Waterford Hospital (3). This in itself can be seen as indicative of changing views and attitudes, and how the hospital that would become the Waterford Hospital would help to shape the perception of mental illness in the province (1).

Early "Treatment"

The first civilian hospital was established in St. John's in 1813 to serve the growing population of permanent residents in the province. Mental illness evoked feelings of shame and hopelessness, and "treatment" often meant incarceration for life. Psychiatry

at the time had little to offer to patients but palliative measures - until patients underwent remission, or their illness became chronic. It has been suggested that one-third of the cases were those where behavioral symptoms were related to underlying physiologic conditions, and the practice of using the mental hospital as a home for older persons suffering from a form of physical or mental impairment was widespread (7).

Visions for a New Hospital

It was during his employment as a district surgeon at the St. John's Hospital in 1938 that Dr. Henry Hunt Stabb (1812-1892), a Scottish-trained physician, became aware of the conditions in which mentally ill patients lived in the St. John's hospital (3). The "violently insane" were confined to unheated basement cells, and the "chronically insane, including idiots" were housed on a second story floor adjoining the sick wards of the hospital. Stabb witnessed "the insane there confined naked or nearly so in damp, underground cells, chained to benches and walls, covered with filth and vermin, exposed to below-freezing temperatures, and fed by means of tin cups tied to long poles" (7).

The date of June 9th, 1842 deserves special mention, as it was on that date that Stabb wrote to the chair of the St. John's Hospital Board of Directors with a proposal that he be given exclusive responsibility for the mentally ill. Stabb believed that "lunatics, especially, can only be treated with reasonable hope of success, by a Medical Man residing with them, and under whose constant care they ought to sleep, awake, eat, drink, and act. A system of management, now practiced in all asylums for the Insane, because by it, the peculiar nature of the insanity of each Patient - from simple wandering of the mind, through numerous gradations, up to furious delirium - may be detected" (7). This would be the impetus for early mental health care reform in the province.

Palk's Cottage: The Provisional Asylum for the Insane 1847

Stabb believed in publicly-funded asylum care based on the principles of moral treatment and non-restraint in response to the cruel methods employed at the St. John's Hospital, and that a newly constructed hospital, based on newly built asylums in Britain, would stand out as an example of what could be achieved by a community acting in the best interests of its citizens. Far from the newly constructed building Stabb had requested to provide a "well-orchestrated program of energetic activity designed to distract the mind and ease destructive tensions under the direction of a competent, intelligent, and kindly staff" (7) the *Provisional Asylum for the Insane* was established at Palk's Cottage outside the city of St. John's in 1947 (3). Myths, misconceptions, and superstitions surrounded mental illness. The myth that all mentally ill people were dangerous perpetuated the notion that people who suffer mental disorders should be subject to unusual custodial and restraining measures (6). This had led to a history of isolation. Due to Stabb's views on non-restraint and occupational therapy as treatment, there was a public perception of "lunatics at liberty" at Palk's Cottage (7).

Hospital for Mental Disease: A custodial institution

The patient population, for whom activities were limited to farming, maintaining a kitchen garden, and reading and writing, grew to fourty-seven patients, adding to the asylum's

crowded and unhealthy state (3). When Stabb refused to admit new patients due to these deplorable conditions, the Newfoundland legislature passed an act, in June of 1852, for the purchase of land in the Waterford valley and the construction of an asylum based on the asylums of Great Britain (7). The construction of the Hospital for Mental Disease was completed in December 1854, and fifty patients were transferred to the new institution (3). Given the precarious level of health and public services in Newfoundland at the time and the stage of development of psychiatric services in North America (the first state-supported facility for mental illness was opened in 1841 in Toronto) it is remarkable that the government of Newfoundland would establish such a hospital in a wave of reforms. This would ensure that the mentally ill were not left to "languish in the St. John's Hospital, local jails, boarding houses and private homes" (7). The mentally ill patients in the province were now to receive, at public expense, care and treatment in a specialized facility. All patients were admitted to hospital by medical and legal commitment under the then provincial "Insane Person's Act," and there was still very little emphasis on treatment with view to rehabilitation (6).

It should be stated however, that even in these early years many people across the province were being treated by their family physician for various forms of mental disorder both in the community and in the wards of the general hospital. There was a careful distinction made between the mentally ill who were admitted to the mental hospital who were regarded as "mental patients" and those people who could be treated and cared for in the general hospital or community services by doctors, public health nurses, and social agencies who were usually referred to as people who had "nervous breakdowns" (7).

Active Treatment

Treatment during the early days of the hospital included many diagnostic procedures, many drastic applications of drugs and electricity, and surgical interventions, such as: "Diet," "Lumbar Punctures," "Surgical Interventions" to the female reproductive tract, "Tonsillectomies," "Hydrotherapy," "Fever Therapy," "Insulin Shock Treatment," "Electroconvulsive Therapy" without sedation, and "Lobotomy" (7). The early 1950s would bring forth the modern era of psychotherapy, and with increased community support, those who would have spent the rest of their lives in the Waterford were able to move back into the community (2). The number of hospital inpatients would decrease from over 1000 in 1960 to fewer than 400 by 1975 (7).

Day Care in a Psychiatric Hospital

Under the direction of the Medical Superintendent of the hospital, Dr. C.H. Pottle, the Outpatient Clinic and Day Care Centre was established in 1951 as one of the first of its kind in the country. A professional team, consisting of psychiatrists, psychologists, social workers, and psychiatric nurses, were directly involved in patient care. The primary purpose of the outpatient clinic was to provide a "free service for the people who were unable to pay for psychiatric consultation and treatment and to function as a community clinic" (8). Dr. Pottle believed that the advantages of a Day Care Centre were that patients avoided the stigma frequently associated with committal and could receive early treatment. There was greater patient freedom in an outpatient setting, an avoidance of custodial methods, institutional dependency and the preservations of social

networks outside of the psychiatric hospital. The Day Care Program was a step toward the concept of greater patient responsibility in their treatment. There were greater opportunities to offer therapeutic and preventative measures directed towards the patient, the home, and the environmental setting. The unit could also dispel the prevalent notions associated with mental illness and asylums, making it possible for the psychiatric hospital to function more as a community centre in the mental health field (8). Psychiatric units were established at the general hospitals in the city of St. John's in the 1940's, and later in the regional hospitals of the province. As a consequence, this provided more accessibility for the purpose of providing early assessment and treatment. Mental disorder was no longer being seen in isolation from other health and social problems, and was beginning to become integrated within the health care system (6).

Reaching Out to the Community

Hospital administration and staff had realized that the hospital needed stronger connections to the community. Previous efforts, under the direction of Medical Superintendent Dr. John Grieve, had included the establishment of weekly outpatient clinics held downtown to bridge the gap between the hospital and the community in 1934. In 1938, patients began to be permitted to leave the hospital grounds during the day, though they were often banned from many public places (7). Dr. Grieve established that more programs were needed for children and youth and more education on the subject of mental illness was needed for patients, parents, and teachers, leading to the establishment of a psychiatric unit at the Children's Hospital (6). Hospital Administrators recognized that it was only through active involvement of community groups and voluntary organizations that channels of communication would be opened between the community and the hospital. This would lead to the long lasting relationship between the hospital and the Rotary Club of St. John's, an organization that would provide fundraising support and offer social and entertainment activities for hospital patients (7).

Great Changes

The early 1970s would be the period of greatest change for the hospital (2). The province's Mental Health Act was enacted in 1975 to deal with committal and detention procedures with the primary purpose to end the distinction between the mentally and physically ill. The Act made all civil committal procedures purely medical procedures and safeguards were created to protect civil rights: committal certificates lapsed at short intervals and could be renewed only after reassessment, and a *Mental Health Review Board* was established to hear appeals (6). The number of committed psychiatric patients decreased from 47.2% in 1969 to 6.8% in 1978 (7).

The Waterford Hospital

With much public support, the *Mental Hospital Athletic and Social Association* proposed in 1967 that the hospital change its name as a Canadian Centennial project. The name, Waterford Hospital, reflected the valley in which it was located. The name was officially adopted in 1972/73, and the hospital's administration passed from the government to a government-appointed board (7).

In 1972, the Waterford formally affiliated its residency program with the new *Department of Psychiatry at Memorial University*. The emergence of *Memorial University's Department of Psychiatry, School of Nursing, School of Social Work*, and graduate programs in fields such as clinical psychology enhanced psychiatric services throughout the province. This made it possible to create joint university/hospital appointments in psychiatry thereby strengthening the clinical services and the educational programs at all levels (6). In the same year, the Waterford Hospital applied for and received provisional (two year) accreditation from the Canadian Council on Hospital Accreditation, one of only sixteen hospitals (out of 116 eligible psychiatric facilities) to receive accreditation in Canada (7).

With this name change came also the move towards outpatient care and community mental health treatment clinics (3). What was once an institution with over one thousand patients in residence became an acute care facility and operating base for many outpatient psychiatric services (7). This community focus brought about a shift in the way in which mental illness was understood in the province (2). There had been a return to the newly constructed mental health care facility's goal in 1854: to facilitate the patient participating and being accepted as a valuable member of society (7).

Mental Health Care and Treatment Act

The *Newfoundland and Labrador Mental Health Care and Treatment Act* (5), inaugurated in 2007, brings issues regarding involuntary hospitalization, the right to accept or refuse treatment, confidentiality, and other legal issues into the public discourse. In order to evaluate the impact of such an act, it is important to examine the way in which mental illness was and is experienced, perceived and treated in the province of Newfoundland and Labrador, particularly through the narrative of the Waterford Hospital. The Canadian society, in which we live, values individual freedom and public safety. The Newfoundland and Labrador Mental Health Care and Treatment Act brought issues regarding involuntary hospitalization, the right to accept or refuse treatment, confidentiality, and other legal issues into the public discourse. Physicians, and increasingly nurses, nurse practitioners, and peace officers, have a unique role to play in the new Act. The relationships these individuals form between the patient, legal services, and therapies are essential for key features of the new Act (5) – such as the new rights based approach to the process for certification, changes to the role and operation of the Mental Health Care and Treatment (MHCT) Review Board, and Community Treatment Orders – to become a reality.

The previous Mental Health Act was in need of being updated, having not been revised for thirty-five years, and was developed before the Charter of Rights and Freedoms was developed. The new Act stresses that as soon as a person appears able to understand, they be informed where and why they were detained, and be given a copy of the certificate or order. The individual has the right to access to legal council, a rights advisor, and a patient representative, access a telephone, receive visitors and send or receive correspondence (5). Concerns have been expressed that there may not be enough Rights Advisors to deal with all of the individuals who are involuntarily admitted under this new Act.

Another feature of the Mental Health and Treatment act to ensure the protection of the individual's rights is the MHCT Review Boards that will be charged with, for example, determining if criteria are met for certification, reviewing the cases of individuals held for more than sixty days, and making recommendations on alleged denial of rights. The Board is composed of thirteen members. Along with a lawyer as the chairperson, the Board will operate in panels of three: a lawyer, physician, and another interested person (5). It is important that the panels are comprised of key stakeholders, including consumers of mental health services. Consumers offer a unique perspective that has often not been heard at such a forum as the MHCT Board in the past (2).

A new treatment option that is outlined in the new act is the Community Treatment Orders (CTOs). CTOs involve mandated treatment and care in the community under the supervision of a psychiatrist and a specialized interdisciplinary case management team. There are specific prerequisites patients must meet, such as three involuntary admissions in the last two years or prior CTOs, there are services available, the patient is capable of complying and meets the certification criteria regarding CTOs, and there is an available treatment plan (5).

While CTOs apply to a specific population on individuals, I believe that a treatment that focuses on the biopsychosocial model of mental illness, and allows the individual to live in their community with a support network is a very positive change to the law. The CTOs will bridge the gaps between the institutions and the community, and can look at aspects of the patient's life that may be hindering their recovery, as was illustrated at the Reid-Power Inquiry: "[Norman Reid] was released into a less than adequate environment, a home with no electricity, a stove without oil – just a candle and lantern, no adequate footwear and no comfort or support around him" (4). It must be noted, however, that many patient groups oppose CTOs on the basis that they argue they are overly intrusive and coercive and may not achieve their intended goals (2).

Conclusion

The CTOs come into effect in January, 2008, and in order to serve patients and the program's mandate, the resources, including mental health nurses, case managers, physicians, and psychiatrists, must be in all locations in the province of Newfoundland and Labrador. It is important that there continues to be discourse surrounding the new Mental Health Act, so the challenges of the Waterford of the past do not become obstacles for the evolution of mental health care services in the province.

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