Unit 7: Megan Davies: Discuss the history of institutions for the mentally ill in Canada. / How was madness redefined in the 100 year period of institutionalization? / What has been the impact of this long period of institutionalization in the modern era?

Q: What can you tell us about institutions for the mentally ill?

A: One of the kinds of institution building that happened when Canada was a fairly new country was the creation of institutions for people who were deemed "mentally ill." And these were established in all parts of Canada in the last 19th century. And they were primarily state-funded, although there were some private mad houses, as they were called.

and these mad houses were considered worthy public institutions. And you can see that in the grand institutional architecture of the early, what is now KMH, the early institutions in Montreal and in British Columbia at Riverview still used today as a movie set and sometimes as a grow op. So there are lots of ways to interpret early mental health institutions. You can interpret them as what they were called, as asylums. You can interpret them as by the name which they were called, asylums, so as places of refuge for people who were suffering from emotional distress. Or you can interpret them as many historians do, as institutions of social control, places to put misfits, places to put women who gave birth out of wedlock, as places of implicit or explicit punishment and a way of policing so-called deviant behavior in society. And what do I think? I think that they were all of those things. And we don't have long-stay mental hospitals in our society today. These were primarily downsized, shut down in the period from 1950 onwards and at different paces in different parts of the country. And what we now have today is community mental health or, as some people who use the system have told me, what we have today is the failure of community mental health. So we use mental health institutions differently as short-stay care for people who are deemed to have mental health difficulties.

Q: How was madness redefined in the 100 year period of institutionalization?

A: I think that madness is very interesting to look at as a category historically because in many ways, what is considered mad is a mirror of what makes society uncomfortable. So in 1973, homosexuality was taken off the hit list, the DSM or Diagnostics and Statistics Manual hit list of the American

Psychiatric Association. And thousands of homosexuals were cured of mental illness overnight. It was the most successful moment for mental health, really, historically. But similarly, as our notions of morality have changed, so too has our society and the powers that be's pathologization of women's morality has changed. You know, we're much more comfortable with the notion of masturbation. That used to be a sign of mental illness. I think that, however, now today, we are pathologizing and I see the psychiatric, psych professions, broadly speaking, now looking very carefully at transgender behaviours. And I find it quite interesting the way in which they're being kind of conceptualized as mental health issues today,

Q: **What has been the impact of this long period of institutionalization in the modern era?**

A: It's really important when you look at the history of deinstitutionalization to really put the people who received mental health services in the community front and centre of looking at that. And certainly, deinstitutionalization and community mental healthcare has its deep, deep flaws, but one thing that is really important that came out of deinstitutionalization was the notion of patients as actors, of patients as people with rights, people with ideas about what they needed, about people who were prepared to be activists. And there's many, many, many activist patients, people like David Revel [?], who was the first Canadian politician to be out of the closet as a former mental health patient and will be receiving his honorary doctorate at Queen's in June. And I'll be there. But when people came out of institutions and the focus of mental health became community-based, it gave people a chance to come together as a social movement. And I think that that has been, more or less, successful, but one of the greatest success stories in Canada in terms of that is the first group of former mental patients who got together and created their own services in Vancouver in the early 1970's, the MPA or Mental Patients Association. Who created a very innovative and very patient-centred program or set of services that were, in many ways, unparalleled to this day. Their success is, in many ways, unparalleled, to this day. And so as one of the founders of the MPA, Molly Dexel, said at the time, "We are the shadow people." But in a sense, Molly Dexel also illustrates a person that refused to be a shadow person, having been institutionalized by her husband many times and receiving apparently as many as 100 shock therapy treatments, Molly, as an older woman, came out of Riverview, joined the MPA and spent the rest of her life writing and speaking publically and working in the system to better the lives of other people who used mental health services. So although people with mental health difficulties still are the shadow people,

because we don't institutionalize them, we can't actually ignore them the way that we might have in the past, before deinstitutionalization. And I think that's probably a good thing.