



History of the Lakeshore Psychiatric Hospital

For 89 years, there was a mental health care institution in South Etobicoke, along the shoreline of Lake Ontario. Known by various names during its history, its main buildings today form the core of Humber College's Lakeshore campus.

In 2017 the College established the Lakeshore Grounds Interpretive Centre to research, preserve, and share the unique history of the grounds. But when it comes to the history of the Hospital, that task is a particular challenge.

The closure of the Hospital in September of 1979 was a difficult period: patients and staff alike were dispersed, and the buildings were locked. Few records were saved amidst the turmoil.

For the next decade, the site would host a variety of visitors including a mental health program that ran out of the south-east cottages and a series of television and movie production crews. By the later 1980s the buildings were beginning to show the years of neglect. The leading plan at the time was to demolish the former Hospital to make room for high density housing. Local residents pushed back against the plan, citing not only the history of the site but also describing how the grounds had become their park – a cherished green space.

The community succeeded in securing heritage status for the buildings in 1989. It was at this time that Humber College entered into a 99-year lease with the province to expand their Lakeshore campus to the Hospital's cottage buildings. The first wave of renovations would span nearly two decades as the former dormitories were transformed into classrooms, offices, and learning spaces.

But while the campus has been transformed by its new tenants, the lived experiences of former patients, staff, and neighbours remain ever-present.

By piecing together the limited records that have survived – be they the annual reports, newspaper coverage, or local memories – our aim is to share a few of the those experiences. All patient, staff, and family quotations are original to the available records.

"I'm in hell."

This was how one of the first patients of the institution described his time. He spent a decade attempting to break out, with three escapes recorded before he was discharged as recovered in 1900.



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This was certainly not the impression the institution's administrators had hoped to convey to those under their charge.

The Mimico Branch Asylum – as it was first known – was unique in Ontario's mental health care history. It opened during the height of the institutional era when the asylum was the location where treatment took place. But it was not designed to be a therapeutic space like its fellow institutions. Instead, the Mimico Branch Asylum was planned as a custodial institution for those who were categorized as unlikely to recover – individuals who were labelled as “chronically insane.”

Due to this custodial purpose, the Mimico Branch Asylum was the first of its kind in Canada to be built according to the Cottage Plan. The Cottage Plan was an architectural design for mental health institutions that favoured a series of smaller buildings over the traditional institutions where patients lived under a single roof. The cottages at Mimico were to form part of a self-sufficient village where patients would grow their own vegetables and make their own clothing. Organizers believed this arrangement would be more comfortable for the intended long-term population – while also serving to ease the overcrowding that was plaguing the other institutions in the province.

In 1889, construction began on 60 acres of farmland that bordered the shores of Lake Ontario. The initial contract for the construction was awarded to the Dickinson brothers of North Glandford, Ontario – today a part of Hamilton.

It would take nearly four years to build the initial cottage and service buildings that formed the institution – three years more than the original deadline. The structures were made of local materials: their stone foundations were quarried from Lake Ontario. The ring of sandstone around the base of each building was made of Credit Valley brownstone from the quarries that had opened along the rail line. And the characteristic reddish-orange bricks that form the central body of the buildings were made by inmate labour at the brickyards of the Central Prison in Toronto.

Patients began to live on site in 1889, a year before the official opening of the institution in 1890. These first patients were transferred from the Toronto Asylum on Queen Street West and worked the farmland associated with the new Mimico site. Male patients would later be instrumental in the continued construction and landscaping of the grounds. It was their labour that built the Superintendent's home, the Assembly Hall, and other service buildings. They were also responsible for the creation of the Cricket Pitch to the south of the property, the trees that were added to the otherwise open field, the roads, the walkways, and the underground piping that connected the institution to the Lake. For the majority of the institution's history, patients formed the core of the labour force needed to maintain and operate the facility.



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“Went out with the other patients to cut and rake grass, pick strawberries from the garden near the Assembly Hall. Got a good workout. Came in good and hungry. Tired – straight to bed after our meal.”

The Mimico Asylum opened during the tail end of the moral treatment era. Moral treatment was the initial philosophy that defined the first generation of asylums. Imported from Western Europe and heavily influenced by its adaptation in the United States, moral treatment in Canada emphasized the confinement of the afflicted individual at an asylum where their day-to-day routine would be carefully scheduled and monitored. Although Mimico had been designed for long-term cases, the philosophy formed the core of their operations for decades.

The majority of the patients who arrived during the first decade of the asylum’s history were in their 30s – although Mimico did have more patients in their senior years than any of the other asylums in the province. What characterized the early Mimico patients from their counterparts at other institutions was that the vast majority had been diagnosed as “insane” for 10 years or more – many for more than 20 years.

Most of the first patients were transferred to Mimico from another institution and therefore came from a wide span of counties across the province. Men were twice as likely to be single while the split between married and single was nearly equal among the women. Patients were primarily from Protestant families with the strong majority having been born in Canada. The early patients echoed the most common occupations in 1890s Ontario: women listed themselves as domestics or servants while men were either farmers or labourers.

In many ways, the experience of patients once they arrived at Mimico were no different from their experiences at other institutions.

During the day men were assigned laboured in the farm fields, on construction projects, in the kitchen, or on the wards. Women similarly worked the industrial laundry, the kitchens, or the wards. Their schedule was regulated with the underlying belief stemming from moral treatment that an occupied mind was a healthy mind.

Despite following the standard treatment of the period, in the initial years Mimico would record the lowest number of discharges among any of the asylums in Ontario.

Beginning in 1894 Mimico shed the initial vision of being dedicated to chronic care and instead operated as an acute care facilities until its closure in 1979. Institutionalization and labour remained a core part of the day-to-day experiences for patients, but new treatments were added to the mix over the years.

“Cottage No. 2 on the women’s side, which is temporarily used as a Reception Cottage, is now being equipped with two continuous baths, and the material is on hand and the work is now



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progressing for similar equipment in Cottage B, the corresponding cottage on the men’s side of the institution. The completion of this work will provide the institution with hydrotherapeutic facilities which have been much needed.”

Hydrotherapy was introduced to Mimico in 1908. The general concept was that water could excite or calm a person depending on its temperature. The continuous bath was a form of hydrotherapy in which patients were confined to a bathtub where water of a prescribed temperature circulated. Patients were completely submerged in water for hours at a time, with the exception of their heads, and prevented from leaving by a canvas sheet stretched over the top of the tub.

The initial shock therapies followed a similar premise in terms of changing the body temperature. Fever therapy was initiated at Mimico in 1931. An artificial fever was induced in patients through the use of a diathermy machine. This led first to insulin and Metrazol and eventually electroshock treatments were introduced in the early 1940s. These later forms of shock treatments focused more on the effects caused by producing a convulsion or even coma than temperature.

“They label it as schizophrenia...they label everything as schizophrenia.”

Mimico – or what had by then become known as the Ontario Hospital, New Toronto – was the first location in Ontario to begin experimentation with the shock therapies. Developed in Europe, the shock therapies were initially used with patients exhibiting a variety of symptoms. Over time, schizophrenia would become one of the more common diagnoses to undergo these procedures.

Both hydrotherapy and the shock therapies would overlap in time with the introduction of psychosurgery. In 1941 the first leucotomy was performed in Ontario at the Toronto Psychiatric Hospital. The patient was a 48-year-old woman from the Ontario Hospital, New Toronto. She had a diagnosis of involuntal psychosis, a term representing symptoms of depression in a person in their middle or senior years that often presents with paranoia or delusions. She had spent eight years being transferred between hospitals in Ontario prior to the surgery.

These treatments were introduced during a particularly difficult time at the institution – and in Western mental health care more widely.

“We went to see him today. We sat in the car afterwards. My daughter said, ‘That’s my brother’ and I said, ‘That’s my son.’ It was a very sad time.”

The impact of the Second World War, a persistent shortage of staff, and an ever-growing patient population define the institutional environment of the 1930s and 1940s.



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In New Toronto, the facility had been built for 600 patients – a number is surpassed yearly from 1899 onwards. The population would continue to grow before reaching over 1,500 patients in 1939.

Overcrowding of this severity paired with shortages in funding returned the Ontario Hospital, New Toronto to a custodial-style facility in many ways. Exercise, outdoor sports, and general amusements became more limited. Patients spent more and more time indoors, with longer periods of simply doing nothing defining their days.

“I remember that it was within the first 72 hours of my arrival in Canada that I blew up and said to myself, ‘This is just medieval.’ I could not get over the regimentation...There were no pictures – patients might cut their hands. There were no flowers or plants – patients might hit each other. I had come from Finland where on the Disturbed Female Ward...there were hundreds of flower pots and the patients tended the flowers and enjoyed them. But not at New Toronto.”

The overcrowding would eventually begin to ease at New Toronto, with the population numbers slowly decreasing over the final three decades of the institution’s history.

The 1950s represent the beginning of a shift in approach to mental health care. In the early years of the decade, the first anti-psychotic medications were introduced, followed closely by anti-depressant and anti-anxiety medications.

But more than a new era of treatment, there was a change in the institutional experience. In addition to the continued labour detail, the daily routine began to include more sports and more outings. Ideas about the purpose of confinement were also slowly beginning to change.

“Those fences are a symbolic barrier between the Hospital and the community. They not only shut off patients from the advantages of association with the community, they also tend to keep out the people who pay for the Hospital. Fences, are a symbol of the kind of thinking that has gone on about Ontario hospitals for too long.”

Rising voices from within the growing Patient Rights Movement would also push back against the continued use of free patient labour in spite of decades of separation from the early moral treatment era. Change was slow in coming. In 1962, patients assigned to a new Industrial Therapy Work Shop at New Toronto were paid by piece work in the factory-styled environment. Later, in 1971 patients assigned to other tasks would begin to receive token pay for their labour. The larger change perhaps came in the progressive sale of the Hospital’s farm lands from the late 1950s onwards.

New treatments continued to be introduced through the 1960s and 1970s, including experimental programs such as music and art therapy.



“They’re closing the Hospital soon. They loaded us up this morning. We’re being taken to a place we don’t know. Some cried.”

The Lakeshore Psychiatric Hospital – as it became known in its final decades – was the first mental health facility in Ontario selected to be closed. The decision was part of the first wave of deinstitutionalization – or the transition in mental health care away from the institution and towards a community-based model of care.

The decision to close Lakeshore was met with mixed feelings in 1979. Many staff would lose their employment while patients were either discharged or transferred to a neighbouring institution.

As deinstitutionalization continued across Canada and the United States, it soon became clear that no province or state was fully prepared for the transition. With only a portion of the funding initially promised to support the process, patients found themselves without anywhere to go. Waiting lists overwhelmed social services and rates of homelessness began to skyrocket in cities across the country. In subsequent years, prisons also began to see an increase in mental health needs among their population.

When entering the grounds of the former Lakeshore Psychiatric Hospital today, visitors pass two commemorative installations that recognize the 89-year history of the institution:

The Third Garden sits on the south-east corner of the main entrance and features original quotations from patients, staff, and families embedded in a cement path that encircles a four season garden. Designed by Warren Quigley and Chen Millie, it also features sculptural serpents and couches that convey a playful association with psychiatric care.

Across the street, on the south-west corner, is a copper sculpture by Rocky Dobey. Formed in the shape of a cottage, the façade is etched with the number 1,511 in recognition of the number of patients who are resting in the Hospital’s cemetery at the corner of Horner and Evans Avenues.

Continued engagement with the history of the Hospital also serves to preserve the memory of patients, staff, and the surrounding community.



Credits

Created by the Lakeshore Grounds Interpretive Centre (2020)

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