

From "Manitoba Insane Asylum" to "Selkirk Mental Health Centre"



THE PAST

It was not until 1886, when the Manitoba Asylum was built in Selkirk, that the Canadian prairies had separate facilities to care for the mentally ill.

The first structure, known as the "Main Building", was in use up to 1978 when it was closed to patients and was demolished because of unsafe living conditions. This was a traumatic event for some of the patients and many of the staff, who felt that a link with the past had been broken.

The past started with Doctor David Young. He was the Asylum's first medical superintendent. Since his brother Peter, had a general store at "The Rapids", (now Lockport), Dr. Young moved to the Lower Fort Garry District after graduating with a degree in surgery and medicine from Queen's University in Kingston, Ontario. He established his practice in Selkirk with an office over Colcleugh's drug store.

In 1871, an old warehouse at Lower Fort Garry, or the "Stone Fort" as it was called, was designed for use as a penitentiary to house both prisoners and mentally ill patients, according to the custom of the times. Dr. Young was appointed as the medical officer and this served as his introduction to the care and treatment of these patients. In 1877, a federal penitentiary was erected at Stony Mountain and the patients were again included with prisoners in the transfer.

The Red River settlement was growing in size and importance and Dr. Young remained in the Lower Fort Garry District. He worked tirelessly serving as general practitioner to settlers, military personnel and the newly formed North West Mounted Police.

Due to overcrowding at the penitentiary, the patients were transferred back to quarters at Lower Fort Garry in 1885. Dr. Young was again appointed as their medical supervisor. A new hospital was under construction in the Town of Selkirk and the patients were moved there in May of the following year. Dr. Young hired an experienced Matron, Miss Euphemia McBride, who held a similar position in an asylum in London, Ontario. Her assistant was Miss Carrie Kennedy, the Chief Attendant Mr George Black and the Bursar Mr James Colcleugh.

Young Follows Reforms

Reforms in the treatment of the mentally ill had begun to take place in mid-century and although Dr. Young had probably never had any special schooling in psychiatry, his methods seemed to follow the new philosophy. The fact that Dr. Young was open to considering alternative methods of treatment was evident in a letter he wrote to the Minister of Public Works in 1903 requesting permission "to visit other asylums in Ontario and adjoining states to see how other institutions are managed and in which respects our methods of treatments might be improved".



Dr Young and Miss McBride

Treatment of patients admitted to the Manitoba Asylum followed humane principles. It contained no devices for harsh physical restraint. Dr. Young seems to have preferred reasoning with the patients. Sometimes he resorted to treating patients with sedatives such as whiskey, morphine, potassium bromide with chloral and hypocyamine. Sometimes he imposed a "punishment to fit the crime" when a patient went to extremes. For instance, one patient destroyed her bed and was made to sleep on the floor for some time after. However, Dr. Young generally chose to use persuasion to control unacceptable behaviour.

Work and recreation were also methods of therapy practiced. Men planted gardens and worked on the farm. Women did tasks such as sewing. Religion was an important part of the patients' activities. Clergymen representing several different faiths performed services. As well, church members stages social events for the patients. The patients' participation in these and other similar occasions seems to have been strongly encouraged.

Dr. Young showed a similar concern for the staff members. He wrote a letter in the early 1900s' requesting permission to hold a dance for the staff so they would know that their services were appreciated.

In 1903, Dr. Young reported on a visit from Premier Rodmond Roblin, who expressed the “*greatest satisfaction with everything he saw and wished to compliment us on the manner in which patients are cared for*”. So, in spite of his lack of formal training in psychiatry and his lack of experience in administration of a large institution, Dr. Young appears to have done a creditable job in both areas.

The wonder is that he was able to spend any time with the patients so demanding does the administration of the institution appear to have been. Vast amounts of his time must have been taken up in reporting to the Minister of Public Works. His letters dealt with such topics as boiler tubes; ordering seeds, beds, a team of horses; breakdown of the water system; problems with the steam heating system, etc. A letter had to be written explaining all the details each time a patient “elope”, (absconded without permission); as well as a letter detailing every resignation with an accompanying request for permission to recruit another worker. He even wrote a separate letter enclosing the routine reports of each month’s admissions and discharges. Each letter began, “*I have the honour to report..*” and closed, “*I have the honour to be, Sir, Your obedient servant*”. An annual report was submitted each January, the enclosure letter from Dr. Young invariably apologizing for the lateness of the return. All replies from Winnipeg were typed over the title of the Chief Clerk. The tone of these letters frequently appeared to be cold and occasionally reproving or critical, e.g., over the number of elopements.

Although the hospital had only been built in 1886, by the late 1800’s and early 1900’s, Dr. Young was expressing serious concerns about “crowded conditions of this Asylum and the necessity, which exists for increasing the accommodations”. The changes were requested in order to segregate convalescing, quiet, well-behaved female patients “*from (the commotion and action of) other who have lost control over their mental faculties*”. A small extension was added in 1900. In 1901, plans were made to convert the Bursar’s quarters into wards for patients.

Dr. Young continued at the Selkirk Asylum until the first of March, 1912, when he retired at the age of 65 years. It was due to his urging that the word “*Asylum*” be changed to “*Hospital*” by the Manitoba Legislature in 1910. Dr. Young died at the home of one of his sons in 1931 at the age of 84 years. Burial was in the church yard at Little Britain. During his 25 years as medical superintendent, he practiced a standard of patient care, which has stood the test of time.

Other Superintendents who followed him continued the standard of care and treatment pioneered so well by Dr. Young. Similarly, Miss McBride was succeeded by dedicated Matrons, the last in this unique position being Miss Mary Alberta Hornibrook, (RN graduate of the Montreal General Hospital), who retired in December 1967 and whom prior to her death in April 1982, returned to the Centre for special events. She always received a warm welcome on these occasions as she was fondly remembered by all who worked with her.



Alberta Hornibrook
Retired 1967

Facilities Grow and Modernize

A “Home for Incurables” was established in Portage La Prairie and another asylum at Brandon was opened in 1891. In spite of these additions and the minor renovations of 1900 and 1901, there was still serious overcrowding at the Selkirk Asylum in 1904, with patients being bedded down on “shakedown” in the corridors at night. In 1909, Selkirk and Brandon were caring for all the mentally ill people in what is now Manitoba, Saskatchewan and Alberta, a territory with an estimated population at that time of one million people. With a new main building at Brandon, Selkirk and Brandon had combined accommodation for approximately 1500 patients by 1914. The situation was relieved for a few years when Alberta and Saskatchewan took responsibility for their own patients. Still the wards were excessively large and there were no facilities for proper classification or segregation of patients.



Reception Unit 1923

Finally, 1921, a beginning was made on a fully modern Reception Unit, which opened in 1923. The gift of a Veteran’s Hospital had been offered to the Province of Manitoba by the United Kingdom following World War I. As Deer Lodge Hospital had already been developed, it was decided to utilize the gift as a mental hospital. It was designed in the “Scottish Baronial” style. Workmen came from the United Kingdom to Selkirk to lay the distinctive roof tiles. The building provided facilities for the thorough investigation and treatment of all new admissions. The design and equipment were

up to date and this attractive unit no doubt helped to lessen the public’s fear of mental hospitals. It is still a beautiful building today and can accommodate over 100 patients, as well as treatment and office staff.

Schools for training psychiatric nurses had been established in 1920. A Nurses’ Residence was constructed and opened at Selkirk Mental Hospital in 1926.



Nurses Residence 1926

The next building erected was one originally known as the North Wing, or G-H Unit (later changed to B Unit). This building opened in 1931.



North Wing, G&H, or B Unit 1934



Infirmary Unit 1954

The Infirmary Unit was built in 1953 and opened in 1954 for the care and treatment of psycho-geriatric patients, some of whom were bed ridden. An operating room was part of the planning and surgical operations were performed. Today, Mental Health Centre patients are referred to general hospitals if surgery is required.

In July 1964, the newest unit, “Selkirk Psychiatric Institute (SPI), was opened and by 1967 there were approximately 300 admissions a year and the total SMHC population was 1200 patients.



SPI 1964

During the late 1950s’ and the early 1960s’. Two important developments occurred which dramatically changed the direction of mental health services. The introduction of new medications effectively stabilized the more unusual symptoms of the mentally ill to a point where return to community living became an option. The medications allowed for the introduction of remotivation and rehabilitation programs and the subsequent placement of patients in foster homes. This, together with changing public attitudes, made it possible for larger numbers of patients to be released from mental institutions. Selkirk Mental Hospital was in the forefront of this exodus, which became general in most of the Western World. This development resulted in a drop in patient population from over 1200 in 1957 to the Centre’s current daily average of 300 patients. There has been a corresponding active program of outpatient follow-up.

1978 saw the demolition of the old Manitoba Asylum known as the Main Building. A carin was erected to mark the location of the Main Building.

Early, mid 1990s’ came improvements in medication with atypical anti-psychotics and selective serotonin re-uptake inhibitors.

In 1992 the Selkirk Mental Health Centre School of Psychiatric Nursing closed with the 65th graduating class. All documentation on graduates was sent to the College of Registered Psychiatric Nurses for Manitoba.

The program Management Model was implemented in 1993. Discipline based practice was now program based for patient-centred care. There were three programs: psycho-geriatric, acute / intensive care and rehabilitation including forensic and the community residential program. At this time the SMHC contracted the self-help agencies; The Schizophrenic Society of Manitoba, Inc; The Anxiety Association of Manitoba and the Mood Disorder Association of Manitoba, Inc.

The Selkirk Psychiatric Unit east wing was re-modeled and transformed into the Forensic Unit. The switchboard was included in the renovations and provides camera security. The Forensic Unit was formally opened on August 28th, 1998.



Forensic Unit 1998

Aboriginal Services was established to provide better patient care to the Aboriginal and Innuit populations. New staff included the Elder (male), Activities Coordinator and Friendship Workers. Today we also have a Female Elder and an Aboriginal Coordinator.

Another treatment method was started in 2002 with the implementation of Telehealth linking remote communities. Now patients far away from home are able to communicate via a satellite link with their family.



Tyndall Building 2008

Upgrades to Selkirk Mental Health Centre were identified as a priority in 1999. Funding for a new building was announced in 2004, construction started in September 2006 and was completed in 2008. The Building was officially opened on November, 5th, 2008. The new building replaces the Extended Treatment unit (Infirmary) and reflects a different era and different attitudes towards patients with mental illness. The Extended Treatment Unit had dormitories which held 10 to 14 beds and individual privacy was almost non-existent. In the new building, each patient has individual room space which significantly improves living conditions and the lives of patients cared for.



The “Tyndall Building” is named after the tyndall stone used in its construction. It is a ground level facility accommodating a 30 bed Acquired Brain Injury Unit (3 areas of 10 beds each) and a 75 bed elderly care unit (5 areas of 15 beds each). Each of these areas a living room, a quiet lounge and a kitchen area. Other highlights include a family suite for patients’ families, multi-denominational and aboriginal spiritual space plus a central kitchen.

Staffing for the new building includes Psychiatrists, a General Practitioner, Registered psychiatric Nurses, Registered Nurses, Licensed Practical Nurses, Psychiatric Nursing Assistants, Psychologists, Social Workers as well as Support Service personnel. There is also physical space allocated for rehabilitation therapy, which includes Occupational Therapy, Physiotherapy and Speech Language Therapy.

The addition of this building to SMHC complex enhances the continued “*centre of excellence*” in the provision of mental health services, as well as for Acquired Brain injuries for the Province of Manitoba.

SMHC Today

The centre is staffed with psychiatrists, nurses, social workers, occupational therapists, physiotherapists, speech therapists, psychologists, recreation therapists, who participate in treatment teams whose purpose is to meet the patient’s needs and to further plans which allow for their return to community life. Many of the nursing staff are graduates of the SMHC School of Psychiatric Nursing which was instituted in the 1920s’. In support of these activities the Centre dietetic, pharmaceutical, pastoral, laboratory, education, clinical records, housekeeping, mobile support, volunteer and administrative services. Laundry services are provided on a contract basis by Selkirk Laundry Operations, Selkirk site, a regional laundry that is located on the grounds of the Centre.

Selkirk Mental Health Centre works with Manitoba Health and Regional Mental Health Councils in a Partnership for Mental Health. This partnership has developed a “Vision for the Future” - set of shared goals and guiding principles that provide the foundation for ongoing reform throughout the mental health system.

The Centre emphasizes patients’, (and / or their families’) involvement in the Centre on two levels; the first being the individuals treatment plan and secondly, the patient involvement in the Centre program planning and review such as patient assemblies, menu planning committee, consumer advisory committee and accreditation teams.

Specific attention is being paid to involvement with “self-help” and other non-Governmental mental health organizations and the involvement of current patients, (and / or their families), in a planning and advisory capacity to the Centre through patient assemblies, family advisory meetings, surveys and consultations.

Until now, SMHC’s Governance Model included a Management Team who reported to a Chief Executive Officer (CEO). The CEO oversaw SMHC’s programs and operations and directly reported to the Associate Deputy Minister of Primary Care and Healthy Living. SMHC is moving to a new model of governance that will provide opportunities for stakeholders to have input into how the Centre is managed. The Management Team will still report to the CEO, but the CEO will now report to a nine member Governing Council that is made up of department, regional health authority, consumer and family representatives. The Council is chaired by the Associate Deputy Minister for Primary Care and Health Living and will report directly to the Deputy Minister for Health and Healthy Living. The Associate Deputy Minister will also chair a new 12 member stakeholder advisory committee, where representatives from the department, regional health authorities, mental health and brain injury organizations, the Winnipeg Regional Health Authority’s aboriginal health services and the Government of Nunavut will provide information, advice and recommendations related to program and service delivery.

Selkirk Mental Health Centre continues to be the designated provincial mental health facility which provides inpatient treatment and rehabilitation services to adults whose challenging needs cannot be met by other services. The Centre also provides acute inpatient services to persons from regional health authorities that do not have acute psychiatric facilities. The Centre also maintains an agreement with the Government of Nunavut to provide inpatient services to residents of the Baffin and Kivalliq regions who are experiencing mental illness. Current SMHC programs are defined as Rehabilitation, Geriatric Care, Acute, Forensic and Acquired Brain Injury.

The changes in the name from “Goal”, to “**Manitoba Asylum**”, to “**Selkirk Insane Hospital**”, to “**Selkirk Hospital for Mental Diseases**”, to “**Selkirk Mental Health Centre**”, reflect the changes in attitude, philosophy and function that mark the course of progress in the care and treatment of the mentally ill.

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