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Bringing down the wall; 1001 Queen St. W. is poised for a redesign that will transform it into a pioneering model for mental health care, writes SARAH MILROY. Instead of building a hospital, they want to build a neighbourhood

SARAH MILROY
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‘If I didn't think that things were going to change,” said Patrick Smith, vice-president of programs for Queen Street's Centre for Addiction and Mental Health, “I don't think that I could continue in good conscience to practise medicine here.”

But things are poised to change for the CAMH, and radically. If the Ontario government steps forward with the requested $400-million (a decision is expected later this year), if the board under the direction of RBC Dominion Securities Inc. deputy chairman Jamie Anderson can find an additional $60-million in private funds, if the neighbourhood can continue to be persuaded (despite the objections of the Concerned Neighbours of CAMH, who take their issues to the Ontario Municipal Board in April), the facility will soon be transformed from its current status as a seventies period piece into one of the most open and pioneering models for mental health care in the world.

Like its forbearers, it will express — for better or for worse — the attitudes of a new era. Integration and normalization are the new mantras. Instead of building a hospital, they want to build a neighbourhood.

It's a moment of enormous opportunity. While the facilities of the Clarke Institute of Psychiatry, the Queen Street Mental Health Centre, the Addiction Research Foundation and the Donwood Institute have long held diverse pockets of expertise in discrete parcels all over the city, they are now, by government decree, consolidating on the Queen Street West site, bringing a critical mass to research and practice that will accelerate learning and, it is hoped, healing.

Articulating these new synergies, the 11-hectare site will be reconfigured, phase by phase, from a modernist gulag into an urban village where these disciplines can mingle. CAMH and non-CAMH elements (such as retail) will mingle too. Streets such as Ossington that now terminate at the forbidding northern flank of the property will be extended down through the site. The south side of Queen Street West will become retail, knitting it into the existing cultural community thriving around it. And instead of the consolidating address of 1001 Queen St. W. (changed from “999” in 1979 in an attempt to cast off the chilling associations of the site's darker past), each building will have its own address — a move that will make the environment less disorienting for visitors and patients alike.

The sprawling mental health care facility has taken several forms over the past century-and-a-half, each incarnation reflecting its era's attitudes toward mental illness.

A building was first erected on the site in 1850 — a grand, neo-classical sanctuary sequestered behind stone walls. Called the Provincial Lunatic Asylum, it had long convalescent wings offering views of Lake Ontario and soothing gardens.

Modelled on British prototypes, it was the largest non-military public building in Canada, and its form expressed an ideal of respite and wholesome occupation in a rural setting. Compassion, confinement and safety were seen as the keys to recovery.

Then came the 1970s. Between the theorizing of French social critic Michel Foucault (who described the asylum as an instrument of social control) and Ken Kesey's Nurse Ratched (arch-villain of Mr. Kesey's novel and the 1975 film One Flew Over the Cuckoo's Nest), the discipline of psychiatry entered a state of high anxiety. The big asylum was bad, the new wisdom went, and its high sheltering walls concealed a multitude of sins.

The old fortress on Queen Street West was pulled down (the stench of its overcrowded wards was legendary), and in its place rose a brutal, campus-style York University-of-the damned, buildings that remain on the site to this day. The monolith had been razed, but a series of mini-monoliths — towers impossible to

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see into from the outside — were erected in its place. These towers were linked by a network of long, glassed-in corridors, a physical manifestation of institutional ambivalence about containment and efficiency versus patient freedom and quality of life. The new complex reflected a new view of psychiatry as a predominantly scientific or academic pursuit, with more space given over to research and education.

If the redesign gets the go-ahead, only two small, 19th-century sheds at the back of the site will remain, and a few sections of the original wall.

The subject of the wall brings a philosophical smile to the lips of CAMH chief executive officer Paul Garfinkel, who met with me in his office on the Queen Street West site. “It tells you something about our profession,” he said.

“On the one hand the wall signifies the idea of seclusion and security, but on the other hand it signifies stigma. We think it's important to keep it, to remind us of where we have come from.”

Some might prefer to forget. Touring the facility over a two-week period recently was its own form of shock treatment. Over the course of three site visits, I didn't meet a single nurse or administrator who struck me as anything less than heroic. Despite the limitations of its dour physical plant, CAMH has been designated by the World Health Organization as one of the four leading centres in the world for the treatment of the mentally ill, generating leading research on schizophrenia, early treatment intervention, “mindfulness therapy” and a host of other forays into the unknown.

But the place feels like a Soviet-bloc flashback: harsh cinder-block spaces devoid of daylight, tattered curtains hanging on broken runners, cramped hallways and faded posters on the walls.

In the Secure Operation and Treatment Unit, all belongings — even sheets and blankets — must be removed. In some, bare mattresses lie on the linoleum floor. In the tower reserved for “dual diagnosis” patients — people diagnosed, for example, with autism and schizophrenia combined — the hallways are tight and the bedrooms are sometimes half the size designated by the Ministry of Health. The smoking room consists of a glass-and-cinder-block enclosure without daylight. People wander the halls interacting in unpredictable ways. For the autistic patients, there is far more stimulation than is advisable, and the results can be dangerous. Staff turnover is high.

“We have to bring the outpatients' families in here first to prepare them,” said Susan Morris, the clinical director of the unit, her empathetic face expressing her frustration.

The outpatient treatment room she showed me, in the same unit, was perhaps the bleakest physical space I have ever entered. The windowless walls were decorated with tattered bristol-board posters documenting field trips long forgotten, the panel ceilings were low, the fluorescent lighting relentless. The sense of captivity, and the low-level hum of accumulated despair, was heartbreaking.

The redesigned facility — which is being orchestrated by a consortium of Kuwabara Payne McKenna Blumberg Architects, Montgomery Sisam Architects and Kearns Mancini Architects, who have just completed work on a new mental health care facility in Dublin — will provide an abundance of natural light and opportunities for patients to view the neighbourhood.

Outdoor terraces and gardens will be both secure and tranquil, bringing nature into the core of the patient's experience. And there will be no more tunnels — glass-walled or otherwise. Patients will put on a coat and walk, where appropriate, from building to building. (A note for the paranoid: Only a tiny fraction of CAMH's patients pose any physical threat to the public, and they will continue to be handled with the same caution with which they are handled today.) The focus will be on creating a facility that does not strip patients of their skills, but rather fosters recovery by giving them the chance to function in real-world situations.

The scheme has its detractors. There are doctors who say that vital efficiencies will be lost in travelling from building to building, resulting in less contact time with patients. Some neighbourhood residents are bemoaning the loss of open space on the site; the new scheme offers a higher density, with green areas and courtyard gardens interspersed between the buildings and on the corner of Shaw Street and Queen Street West.

Then there is the problem of the money. As CAMH trustee Steve Lurrie says, for decades the funding for mental health care has been steadily declining in relation to the budgets for health care as a whole. As the executive director of the Canadian Mental Health Association, he has watched mental health care's share of the provincial purse fall from 4.59 per cent in 1989 to 4.29 per cent in 2003. During this same period, health-care spending in the province as a whole rose from $17-billion to $27-billion.

Why has that neglect been tolerated? The answer, of course, is stigma.

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David Goldbloom is a charismatic and energetic psychiatrist who was, until last year, the physician-in-chief at CAMH. These days, he is spending a lot of his time in his new role as the centre's senior medical adviser of education and public affairs, meeting with the public to confront attitudes about mental illness. Change is in the air, he says, citing the leadership of former federal finance minister Michael Wilson and Ontario Lieutenant-Governor James Bartleman in bravely steering public opinion. “This is the great thing about raising money for this project,” he says. “We know that one in five Canadians is struck with a mental illness over the course of their lifetime. There is not one single person in Canada who can stand up and say, ‘Not my family. Not my wife, not my child, my sister, my parent, my aunt.' Not one.”

These are fighting words, but the physical evidence on Queen Street West suggests that the battle may be arduous. As Patrick Smith puts it, “There is no way that these conditions would be tolerated for patients with any other form of disease. Can you imagine a cancer ward looking like this today?”

Illustration

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