RIVERVIEW HOSPITAL

A Legacy of Care & Compassion
PREFACE
Protecting patients is a hallmark of Riverview Hospital’s approach to mental health care. This book continues that tradition by protecting the privacy of patients. Every effort has been made to ensure patients are not identified by their fullnames or in photos.

A WORD ABOUT ACCURACY
While every effort has been made to ensure the accuracy of facts in this book, the reality of such a long and complex history is that there may be minor discrepancies. Please enjoy this book as a tribute to the individuals who contributed to Riverview’s proud legacy rather than the definitive, comprehensive history of Essondale and Riverview.
RIVERVIEW HOSPITAL
A Legacy of Care & Compassion
MESSAGE FROM THE PROVINCIAL GOVERNMENT OF BRITISH COLUMBIA

For more than a century, successive British Columbia governments have strived to ensure access to compassionate and high-quality mental health care and treatment, both in hospital and community settings. As Minister of Health Services, it is my privilege to acknowledge their contributions. In 1904, the Province purchased 1,000 acres in rural Coquitlam as the site for a new mental health hospital. The locale, known as Essondale in honour of Dr. Henry Esson Young, the Cabinet minister who advocated that the institution be built, was renamed Riverview Hospital in 1966. The Province administered the facility until 1988 when operations were assumed by the BC Mental Health Society and later by the Provincial Health Services Authority. Throughout the years, generations of mental health professionals have dedicated their lives to maintaining this legacy of mental health care and for that, I am proud to extend our sincere thanks and appreciation.

THE HONOURABLE KEVIN FALCON
Minister of Health Services

MESSAGE FROM THE BOARD CHAIR

The Riverview legacy is a powerful chapter in our province’s history and in the evolution of mental health care. As one explores the many decades of change through the pages of this book, a common theme emerges—the commitment of professionals to serving patients. It’s this commitment to serving one of society’s most vulnerable groups that continues today across disciplines and across regional boundaries. This history of Riverview is both a celebration of what has been achieved and a look forward to supporting those with mental health issues in new and innovative ways.

WYNNE POWELL
Chair, PHSA Board of Directors

MESSAGE FROM THE CEO

The history of Riverview Hospital is nothing less than inspiring. This book not only tells a remarkable story about the evolution of Riverview Hospital and of mental health services in BC, but also pays tribute to the many individuals who have dedicated their lives to caring for those with severe mental illness. The legacy of Riverview Hospital continues today through its leadership in building capacity for specialized mental health services throughout BC. I’m proud that the Provincial Health Services Authority has been part of Riverview’s legacy of care and compassion.

LYNDA CRANSTON
President and CEO, Provincial Health Services Authority

Marking Our History With Pride
MESSAGE FROM THE PRESIDENT

When I consider the history of Riverview Hospital, I’m extremely proud of the excellent and important work that people have done at Riverview, in an environment of constant change and uncertainty. This book reminds us that the only constant is change, and that Riverview has changed and adapted countless times in order to serve its patients. Through my responsibilities with Riverview, I have had the privilege of working with the people who have led these changes and worked towards their goal of better care and services for patients. It’s these people who are the legacy of Riverview.

LESLEI ARNOLD
President, BC Mental Health & Addiction Services

MESSAGE FROM THE PHYSICIAN LEADER

As we approach the 100-year anniversary of Riverview’s opening in 1913 it seems an apt time to step back and take note of our past. This book has been created to record Riverview Hospital’s legacy as the primary provider of care for people in BC affected by mental illness. This book has been written first and foremost to record the dedicated care provided by all levels of staff over the years, but we also seek to capture the uniqueness of a century of lessons learned so that our history is not lost. Since 1913, through years of enormous demand in the 1950s, through the years of de-institutionalization and unprecedented change, Riverview has consistently responded to community needs. Still standing proud on Mount Coquitlam amid its celebrated and historic horticulture, Riverview Hospital continues to change with the times.

DR. SOMA GANESAN
Physician Leader, Riverview Hospital

MESSAGE FROM THE SITE OPERATING OFFICER

I’m honoured to be part of the legacy of Riverview and part of this historical celebration of past, present and future. As we celebrate Riverview’s history we celebrate the true authors of this story—the patients, families, staff and volunteers. The tremendous dedication of staff is as evident at Riverview today as it was decades ago, and is evident in the pages of this book. It is exciting to see the history of Riverview captured for posterity. I believe that when people look at Riverview through the pages of this book, they will see much more than the buildings and trees. They will see the dedication to patients—that’s what is truly special about Riverview. I am proud of our legacy of care and compassion and I am proud to share it with you.

LYNN COOK
Site Operating Officer, Riverview Hospital
Snapshot of Time 1850 – 2009

**CHAPTER 1**
The Beginning of Mental Health Care in BC (1850 – 1912)

- 1850: First reported case of insanity in BC
- 1872: Victoria Asylum opens
- 1878: Asylum for the Insane opens in New Westminster
- 1911: John Davidson appointed as BC’s first Provincial Botanist

**CHAPTER 2**
The Early Days of Essondale (1913 – 1929)

- 1913: Essondale’s first building, West Lawn, opens for 340 male patients
- 1916: Botanical gardens move to UBC

**CHAPTER 3**
Meeting Growing Needs (1930 – 1955)

- 1921: Provincial Industrial School for Boys opens
- 1924: Acute Psychopathic Unit, Centre Lawn, opens

**CHAPTER 4**

- 1949: Crease Clinic of Psychological Medicine opens
- 1949: Valleyview 300 opens
- 1951: Art Finnie begins what would become Finnie’s Garden

**1800s**
- 1850: First reported case of insanity in BC
- 1872: Victoria Asylum opens
- 1878: Asylum for the Insane opens in New Westminster
- 1911: John Davidson appointed as BC’s first Provincial Botanist

**1900s**
- 1904: 1,000 acres of land set aside by the Province of BC to provide treatment for the mentally ill and agricultural fields
- 1909: Work begins on the Hospital for the Mind on the Essondale site
- 1913: Essondale’s first building, West Lawn, opens for 340 male patients
- 1921: Provincial Industrial School for Boys opens

**1910s**
- 1911: John Davidson appointed as BC’s first Provincial Botanist
- 1916: Botanical gardens move to UBC

**1920s**
- 1921: Provincial Industrial School for Boys opens
- 1924: Acute Psychopathic Unit, Centre Lawn, opens

**1940s**
- 1949: Crease Clinic of Psychological Medicine opens
- 1949: Valleyview 300 opens

**1950s**
- 1951: Art Finnie begins what would become Finnie’s Garden
- 1955: North Lawn opens

**1980s**
- 1982: East Lawn, opens
- 1982: Training School for Psychiatric Nurses opens

1850-2009 - A Highlighted History
Mental health care in British Columbia’s early days consisted of two options: lock them up or ship them out. Those considered to be insane were either incarcerated in jails or sent to California. Asylums opened in New Westminster and Victoria in the 1870s, but by the turn of the 20th century, it was clear that a large-scale institution was needed to provide care for a growing community and growing mental health care needs.
THE FIRST CASE OF INSANITY

1850 is often seen as the starting point for mental health care in BC, because it marks the earliest recorded case of insanity in the province. Dr. J.S. Helmcken, the Jail Surgeon in Victoria, reported he was the victim of a violent and unprovoked attack by a young Scottish immigrant. The lad was shipped back to Scotland where apparently he recovered his mental balance.

A trading post of the Hudson's Bay Company and an outfitting depot for miners travelling to the Cariboo goldfields, Victoria was BC's largest settlement at the time. Mentally unbalanced people were sent to the closest asylum, which was in San Francisco. This generous arrangement wasn't allowed to continue for long; by the 1860s, the mentally disturbed were sent to jail in Victoria or New Westminster.

The Victoria Asylum, which opened in 1872, was the first accommodation for mentally ill people in BC. Seven staff members provided care for seven patients when the asylum first opened. Treatment of mental illness at the time included restraint using leg irons and manacles. The Victoria Asylum also had a room padded with straw. But the facility provided only the most basic accommodation and care. Just one year after it opened, the facility was described as "wretched and insufficient" by BC's Medical Superintendent, Dr. I.W. Powell.

The 1873 Insane Asylum Act provided that a "lunatic" should be committed to the asylum upon the certificates of two medical practitioners who were to examine the patient in the presence of one another.
AN ASYLUM FOR NEW WESTMINSTER
By 1877, the Victoria Asylum had 37 patients and there was no more room to expand. The government decided to move the hospital to a new facility on the mainland. The first building of the Asylum for the Insane in New Westminster opened in 1878. Before long, the 28 rooms were full. As the patient population continued to increase, dayrooms, hallways and even lavatories were used as sleeping rooms. Work therapy was introduced in the mid-1880s. This included construction work, gardening and maintenance for the men, and sewing and gardening for the women.

A NEW CENTURY, A NEW HOSPITAL
By the turn of the century, the asylum in New Westminster, then known as the Public Hospital for the Insane, housed 310 patients. To relieve overcrowding, 48 male patients were transferred to a jail in Vernon that would later become Dellview Hospital.

In 1904, the BC Government acquired 1,000 acres of land at the confluence of the Coquitlam and Fraser rivers as the site for a new hospital for the mentally ill. Half of the area was composed of rich alluvial soil. This would become Colony Farm. The other half of the area, upland on Mount Coquitlam, included several excellent building sites.

The Medical Superintendent, Dr. G.H. Manchester, recommended the establishment of a hospital for the insane on the property. His plan was that the farm would provide work for patients and also support the hospital:

“The uses to which the Farm Colony shall be put at once are the production of all necessary vegetables for the Hospital, fodder for the horses and hogs, all dairy products by the maintenance of a large dairy herd and the supply of fuel for the bakery and for the boilers in the summer. One year later, in 1905, patient workers started clearing land and erecting buildings at the Colony Farm site.”

DR. G.H. MANCHESTER

Snapshot of Mental Health Care

- The use of restraint was diminishing.
- The most useful treatments were herbal tonics and desiccated thyroids (a powder made from dried pig and cow glands).
- Nothing was considered more important in the treatment of insanity than plenty of good food.
- Other important factors were regular living habits, long hours of rest and employment in some form of work.
- Principal causes of insanity were thought to be heredity, intemperance, syphilis and masturbation.
Like many turn-of-the-century mental institutions, the new hospital would be located in a peaceful countryside location. Because mental illness was not well understood at the time and little could be done to treat patients, the emphasis was on safe care in peaceful surroundings.

Under the direction of the next Medical Superintendent, Dr. Charles E. Doherty, treatment would include healthy food, recreation, work and a normal routine. Hydrotherapy and massage were used to calm the most disturbed patients, replacing harsher treatments in the past.

"Repressive measures such as confinement and punishment are, to my mind, as ineffective as they are unjust. They are morally an outrage to helpless sufferers, medically unsound and at times fatal. Since I became superintendent in 1905 I have endeavoured to adopt the methods of the general hospital rather than that of an asylum. I think our duty to the insane is to do more than render them custodial care. The old strait-jacket and box-bed are doomed. At least they have no place in my regime…"


In 1906, Dr. Henry Esson Young was appointed Provincial Secretary and later Head of the Provincial Department of Public Health. He would have a significant impact on the community at Mount Coquitlam that would soon be named Essondale in his honour.
TREATMENT OF CHOICE: HYDROTHERAPY

In the early 1900s, mechanical restraint and the use of opium and chloral hydrate as sedatives were being replaced by hydrotherapy at the Public Hospital for the Insane in New Westminster. Continuous baths were thought to be effective in the treatment of conditions characterized by insomnia and restlessness. Patients were placed in baths at 90 to 112 degrees Fahrenheit for periods of 30 minutes up to nine hours. The patient was then usually placed in a hot dry pack to continue perspiration, after which they slept soundly for several hours.

Patients with catatonia responded well to treatments in the electric and steam cabinets where the temperature was gradually raised to up to 150 degrees Fahrenheit. They were given copious amounts of water to drink, then placed under rain and needle showers, followed by a massage.

In alcoholic cases where patients exhibited hallucinations, uncontrollable restlessness and insomnia, cold baths lasting 10 to 20 minutes were repeated every three hours, replacing the use of large doses of opium or chloral hydrate.

A DARING AND UNIQUE EXPERIMENT

“At this institution, thanks of the munificence and enterprise of our provincial government, a daring and unique experiment in the treatment and care of the insane is to be made. The new Colony Farm is to be the scene of the biggest adventure in mental therapeutics that has been heard of since the days of the Apostles. We have hither-to prided ourselves in Canada that it was the sanity of our agriculturists that made farming so profitable. Now we are to test the theory that it is the agricultural work that accounts for the sanity of our farmers. It is on that theory, at all events, that Dr. Charles E. Doherty’s unique scheme for the treatment of the insane must be founded. The medical superintendent of the provincial asylum has persuaded the government to let his patients work on a stock farm as a new and practical treatment of lunacy, and to fit them on discharge from the asylum to obtain immediate work.”

Excerpted from The Treatment of the Insane: Farming as a Cure for Madness—British Columbia’s Novel Experiment by H. Sheridan-Bickers, Man to Man Magazine, 1910

“The new Colony Farm is to be the scene of the biggest adventure in mental therapeutics that has been heard of since the day of the Apostles.”
Colony Farm, an agricultural showpiece
**BC’S FIRST BOTANICAL GARDEN**

John Davidson, BC’s first Provincial Botanist arrived at Mount Coquitlam in 1911. The understanding was that he would become a professor of botany at the new provincial university in Vancouver when it opened. In the meantime, he would develop gardens at the new mental hospital. His job as Provincial Botanist was to assemble a representative collection of plants from all parts of the province, to grow sets of species for study and research, and to determine the accurate names of the species. He set up an office, a nursery for his specimens, an arboretum and a botanical garden—Western Canada’s first botanical garden.

Davidson’s secretary, Miss Mary Gruchy, wrote to all the school principals, government agencies and mining companies in the province asking for plant specimens from their regions. In return, the sender received a correct identification of the plant. This resulted in a growing interest in botany throughout British Columbia.

Over the next few years, Davidson collected 600 native species and exchanged materials with other botanical gardens around the world. Much of John Davidson’s work at the new hospital was carried out by patients, many of whom were experienced in clearing land and constructing rock walls. Patients contributed 3,718 days of labour to the botanical gardens in 1915. The results of their labour can still be seen on the Riverview grounds today.

The nursery on the hospital grounds was created through a combination of chance and design. In 1911, Mr. MacLean, the landscape architect who had been contracted to lay out the hospital grounds, persuaded Dr. Esson Young to purchase half the stock of a large nursery in Surrey that had gone bankrupt.

Mr. MacLean’s vision was that a nursery would operate at the provincial asylum farm. The trees and plants grown there would be used at the new University of British Columbia and other provincial government grounds throughout the province. The nursery was established and would go on to provide plants, trees and shrubs for parks, courthouses and other public places across B.C. for the next 50 years.
COLONY FARM FLOURISHES
By 1911, Colony Farm was thriving. The farm was already considered the best in Western Canada. At the Dominion Fair in Regina in July 1911, Colony Farm won more than 20 prizes, a tradition that would continue into the 1980s with multiple awards at the Pacific National Exhibition’s annual agricultural competitions. Meanwhile, work continued on the new “Hospital for the Mind at Mount Coquitlam”.

Essondale patients at work in the gardens and fields

When flooding threatened Colony Farm on several occasions, Essondale patients helped with sand bagging
The opening of the Male Chronic Wing, later known as West Lawn, marked the beginning of British Columbia’s new provincial mental hospital at Essondale. Within a few years, the patient population doubled. Overcoming the challenges of overcrowding would become a common theme for many years to come. In the absence of other effective therapies to treat mental illness, work therapy at the hospital and at Colony Farm would dominate life at Essondale in the years during and after World War I.
HOSPITAL FOR THE MIND
AT MOUNT COQUITLAM

On April 1, 1913, the new hospital opened its doors. Originally called the Hospital for the Mind at Mount Coquitlam, the reference to Mount Coquitlam was confusing for mail delivery so it was named Essondale Hospital, after Dr. Henry Esson Young, for the next half century. The Male Chronic Wing, later named West Lawn, received 340 male patients from the Public Hospital for the Insane in New Westminster. By the end of 1913, there were 453 patients in the new building.

During World War I, 52 Essondale staff members joined the war effort. Most of the temporary staff vacancies were filled by married men or those rejected from the armed forces as medically unfit. This was the first time that married male staff (other than doctors) were permitted at Essondale. The privilege wouldn’t be extended to women until World War II.

By 1916, the patient population at Essondale had doubled; West Lawn was overcrowded with 687 patients. The Medical Superintendent, Dr. J.G. McKay, urged the government to build a new acute unit to house at least 150 patients. It would be another eight years before Essondale’s second building would open.

West Lawn in the early days
In the meantime, Essondale was seen by many as a showcase of modern mental health care:

“It was a delightful Sunday afternoon in June when we paid our visit to this unique institution. We saw the patients roaming about the inviting recreation park or lying lazily under the trees. They all appeared to be satisfied with their lot. The lawns in front of the new buildings are in the process of being terraced, and a large artificial lake is being planned. The patients will be able to fish there to their hearts’ content.

Facilities for all sorts of outdoor games have been provided, and any fine evening after tea you can see innumerable games of baseball, football and cricket in progress... of utmost value for mental patients. It renders them more composed and patient, and better satisfied with themselves. Being a factor in the production of health and happiness, it also becomes a means of a cure. Recoveries are more frequent when the patient has the advantage of an agricultural colony. The crop raised last year included sufficient vegetables to supply the hospital and fodder enough to feed the great herd of livestock all winter long.”

Excerpted from ‘The Colony Farm for the Mentally Defective’ by Genevieve L. Skinner, Saturday Night, 1914

**BOTANICAL GARDENS MOVE TO UBC**

As planned, John Davidson moved the Essondale botanical garden’s plant collection—estimated at 26,000 plants—to the newly-formed University of British Columbia in 1916. The trees were too big to move so they were left behind in clusters of similar and contrasting species. The nursery also remained at Essondale. By 1922, the nursery had expanded to cover 12 acres, supplying trees and shrubs for public institutions and highways throughout the province until the late 1960s.

Landscaping at Essondale continued under Head Gardener Jack Renton, who had trained at the famous Royal Botanical Gardens, Kew in England. His talent for landscaping helped transform Essondale into a beautiful, serene environment. Renton helped build a collection of trees comprising more than 160 species from most continents, which today form one of Canada’s oldest and most significant arboretums.

*Jack Renton with girls whose families lived and worked at Essondale*

**Landscaping at Essondale continued under Head Gardener Jack Renton, who had trained at the famous Royal Botanical Gardens, Kew in England.**
THE PROVINCIAL INDUSTRIAL SCHOOL FOR BOYS

A group of five Tudor-revival style cottages was constructed at Essondale in 1920-21 to house a school for “incorrigible youth”. The Provincial Industrial School for Boys was the predecessor to the provincial juvenile reformatory system. Its mandate was to guide the education, industrial training and moral rehabilitation of boys sentenced to confinement by law. Essondale was probably chosen as the site for the school because of its relative isolation.

The school, which would become known as the Boys’ Industrial School of Coquitlam (BISCO), made use of the medical and psychiatric care available at Essondale. The boys took part in social and recreation activities on the grounds, along with patients and staff. The school also had its own farm that provided milk, beef, veal, pork, chicken, eggs and vegetables to the school kitchen.

“Above all things, we love our gardens, because of the encouraging influence they have upon our boys and the value of the lessons nature teaches through flowers.”

Boys’ School 1930 Annual Report

Snapshot of Mental Health Care

- Occupation continued to be the most common therapy.
- Occupational therapy for women included sewing and mending of clothing and hospital linens.
- An occupational therapy program for men was introduced to provide activity for those who were too mentally ill to engage in industrial work.
- Most common disorder among those admitted to Essondale in 1925: manic depression.
- Patients in residence, 1925: 1,884
- On probation, at home: 73
- Escapes, not discharged: 2
- New admissions: 475
- Total treated: 2,434
- Died: 142
- Total discharged: 297
COLONY FARM’S BOUNTY
By the 1920s, Colony Farm was recognized as one of the finest farming operations in Western Canada. The piggery, land, dairy herd and cannery produced most of the food for Essondale. The prize Holstein herd was the largest in BC. The cows were milked four times a day by hand; milkers formed the majority of the farm workforce. Crops in the fields included grain, pumpkin, turnips, celery, onions, beets, rhubarb, lettuce and corn. Various vegetables as well as pears, peaches, apples and apricots were preserved in the cannery. The canners also produced different jams.

CENTRE LAWN CAPACITY
Essondale’s second building, the Acute Psychopathic Unit, opened in November 1924. Now known as Centre Lawn, it had an original capacity of 300 beds.

The opening of Centre Lawn coincided with the arrival at Essondale of the first registered nurse, Miss Van Wyck. Appointed first lady Superintendent, she was the hospital’s first nurse with post-graduate training in mental diseases.

While the opening of Centre Lawn eased crowding at Essondale, there was considerable overcrowding in the women’s department at the Public Hospital for the Insane in New Westminster. Planning began on a permanent Chronic Building for female patients at Essondale.
Patients working in the fields at Colony Farm
Essondale entered a period of significant growth starting in 1930. Over the next 25 years, several new buildings opened, the community of patients, staff and families living on the grounds expanded and new approaches to treating mental illness emerged. Despite the challenges of the Depression and severe nursing shortages during World War II, Essondale continued to respond to community needs with care and compassion.
FEMALE PATIENTS ARRIVE AT ESSONDALE

As stock markets tumbled across North America, the patient population was rising at Essondale. The opening of the Chronic Female Building (later renamed East Lawn) in October 1930 marked the first appearance of female patients at the hospital. The transfer of 500 patients to the new facility alleviated overcrowding at the Provincial Hospital for the Insane at New Westminster. This was the beginning of a period of tremendous growth at Essondale.

The first Nurses Home opened a month later to provide accommodation for female staff. The nurses’ Training School also began in 1930, with classes held in the new Chronic Female Building. Due to the immediate need for trained nurses, a number of students were given a relatively short course and graduated in the spring of 1932. They helped to teach the other nurses, who trained for two years. The following group took a three-year course, a pattern that continued until 1951 when it again became a two-year program.

CHANGES AT THE BOYS’ SCHOOL

The Provincial Home for the Aged Act was passed in 1935, resulting in several changes at Essondale. The Boys’ Industrial School cottages were upgraded and transferred to the Home for the Aged in May of 1936. The Boys’ School was moved to the former Trades Building. Essondale’s almost constant shifting of patients and resources to respond to community needs would be a tradition that would endure throughout its history.

The Boys’ Industrial School underwent a major policy change in 1935. It began to operate more as a school, rather than as a correctional institution. The outside work program was curtailed to the point where it was used as an instructional device, leaving more time for courses and vocational learning.

The nurses’ Training School also began in 1930, with classes held in the new Chronic Female Building.
GROWING UP AT ESSONDALE

Essondale was still a fairly remote community in the 1930s. Many staff lived on the grounds, either in the nurses’ residences or in family cottages. Dozens of children grew up living at Essondale and attended the Essondale School at the top of Colony Farm Road. Life at Essondale was small town living with many unique features.

“As children growing up in Essondale we were a close knit bunch and almost impervious to the outside world, and us and our families almost invariably lived our own lives within the realms of Essondale.”

“The first store of any description was certainly a welcome addition. It was operated by the CNIB and opened around 1935, the first proprietor being Archie Shearer and his wife. It was a real treat to be able to walk down and buy a bottle of pop on a hot summer day or just walk there for something to do—what excitement! No TV, no picture shows, but I can’t ever remember being bored growing up and living at Essondale.”

From Up on the Hill by Tom Symington

“There was one classroom for Grades 1 to 12 at Essondale School. We’d go to the cannery at Colony Farm for field trips or our teacher would take us over to the Essondale grounds and get us to name the trees.”

ART TALBOT
Grew up at Essondale, 1940s and ’50s
SHOCK THERAPY COMES TO ESSONDALE

Until the 1930s, there were few therapies to effectively treat people with mental illness. Asylum—a peaceful environment away from the stresses of society—and work therapy were the primary treatments at Essondale and other mental hospitals. The 1930s saw a new approach to treatment, with the introduction of drugs, electroconvulsive therapy and surgery.

Insulin shock treatment and metrazol convulsive therapy were introduced at Essondale, primarily for patients with schizophrenia. Insulin shock treatment involved causing convulsions with an overdose of insulin. Metrazol convulsive therapy, injections of a chemical that caused convulsions, was an alternative for treating schizophrenia. Within ten years it was no longer in use, replaced by electroconvulsive therapy. Insulin coma therapy would remain in use at Essondale and around the world for many years.

Preparing for electroconvulsive therapy
THE WAR YEARS

As Canada’s war effort stepped up towards the end of the 1930s, many staff joined the armed forces and Essondale received another wave of war-shocked veterans. The hospital population rose to 4,100, creating a desperate over-crowding problem. There was no new construction at the hospital from 1934 to 1946 due to the Depression and the war.

Meanwhile, it became increasingly difficult to retain trained nursing staff. There was an increase in untrained staff as many registered nurses left for positions associated with the war. In 1942, there were three students to one graduate nurse. More than 100 nurses resigned that year; at one point, more than half the staff were new hires with no training in hospital work or psychiatric nursing. Essondale started to hire aides to supplement the nursing staff. The educational requirement for aides was Grade 9. The shortage was relieved somewhat in 1944 when the hospital changed its policy and allowed married women to become staff members. Like many workplaces, Essondale had previously considered that women should transition to the role of homemaker after marriage; wartime labour shortages changed that.

The shortage of nurses had an impact on the Training School. At times there were more than 100 student psychiatric nurses who worked on the wards but had to wait a year or more to receive any formal instruction.

Men have played an important role in nursing the mentally ill since the late 19th century, when they were known as “keepers”. But students at Essondale’s Training School were still predominantly female. From 1937 to 1942, only nine male students attended the Training School. In 1945 special courses were introduced for male Charge Attendants, leading to the award of a certificate of Psychiatric Nursing. Student education in a wide variety of clinical disciplines has remained an important part of the hospital’s operations.
Jenny Gardner’s father Bob was the farm’s foreman. She grew up there and witnessed the terrible fires as a young girl.

“It was a traumatic experience. If you lived that close to fire, you don’t ever forget it. My hair turned white within a year, and my dad’s too. The arena was the first big fire…It was a massive, gorgeous building with huge oil paintings of the prize-winning Clydesdales and the Holsteins, all the shiny harnesses, trophies and records.

As we opened our door we could see the tall tower of the arena collapsing, that’s how intense the fire was. They got all the teams out by pulling them through the bull pens with wet sacks over their heads and then into the open fields. But they couldn’t get to the young stock. It all happened so fast; men wearing glasses didn’t even have time to put them on. One man was trapped upstairs. All the records and harnesses, everything, was lost.”

From Coquitlam – 100 Years

The teams of Clydesdales were a particular point of pride, which made the fire of 1946 such a heartbreak. While Essondale had its own fire department with nine full-time employees and 20 volunteers, they were no match for a determined arsonist. In December of that year, one of the milkers who worked at Colony Farm set a series of fires.

A number of buildings burned as a result of the arson, including the grand Clydesdale arena.

“The blaze that utterly destroyed the arena was the most tragic of all. Proudful teamsters and grooms wept as the foot-thick wooden beams burned, then collapsed. One employee and several young Clydesdale horses were lost. The Clydesdale operation was never the same again.”

From Coquitlam - 100 Years
“WE LEAD, YOU FOLLOW”

The Leader newsletter began publication in 1947. For the next 30 years, it would keep Essondale patients, staff and families informed about activities and other news. It also provided an outlet for patients’ voices—through poems, drawings and articles.

Patients convey their feelings and discover their talent through art therapy

My Alma Mater

I’m nuts about my Alma Mater, Dear old Essondale,  
I love it like the old grads love, Their Harvard, Duke or Yale

I’m wild about shock treatment, And coma-insulin,  
They’ve got the best lobotomies, This side of old Pokin.

So here’s a toast to sewing room, To dorm and concert hall,  
The doctors and the nurses, By goom, I love them all.

By A.R., E3, Published in the Leader newsletter, November 1948
The opening of Crease Clinic in 1949 marked a new approach to treatment of mental illness.
THE 1950s: GROWTH AND CHALLENGES

With the admission of many war veterans as patients, the demand for more space at Essondale became acute in the post-war years. For instance, East Lawn, which had a capacity of 921, was overflowing with 1,445 beds. In 1949, a new building opened at Colony Farm. Named Riverside, it was built for war veterans who had been living in the Veteran’s Block on the Essondale site. After the vets transferred to Riverside, the Veteran’s Block was expanded and reopened as the Crease Clinic of Psychological Medicine, which was considered to be one of the finest facilities of its kind.

DR. CREASE

Dr. Arthur Crease joined the staff of the Provincial Mental Hospital, New Westminster as pathologist and physician in 1914. He was appointed Medical Superintendent in 1926 and General Superintendent and Provincial Psychiatrist in 1934. Known for his warm relationships with colleagues, Dr. Crease was a respected friend to all. His contributions to mental health care in BC generally and Essondale specifically are many.

In particular, Dr. Crease was concerned that long-term patients and newly admitted patients were housed on the same wards. His vision was to create a new facility for the assessment, intensive treatment and rehabilitation of acutely ill patients. The new facility was named Crease Clinic of Psychological Medicine in his honour.

“The opening of the Crease Clinic was a real step forward. The physical facility was much better; people weren’t lost in it like the bigger areas. Patients received more individual care; they had their own doctor, their own social worker. They got assessments from the Psychology Department. That was hard to do in those huge wards.”

ALICE MCSWEENEY

Staff psychologist intermittently from 1948-1974

THE CREASE CLINIC OF PSYCHOLOGICAL MEDICINE

Housing 325 patients, Crease Clinic was a treatment and teaching centre for people suffering from the early symptoms of mental illness. The focus was on recovery and rehabilitation within a few months, rather than long-term hospitalization. The clinic had a surgical suite, X-ray department, laboratory, medical departments (cardiology, neurology, ear/nose/throat), physiotherapy, recreation therapy, library and classrooms. A state-of-the-art facility when it opened, Crease Clinic attracted attention from around the world.

The Crease Clinic operated under a separate act from the Mental Hospitals Act that provided for the voluntary admission of patients who could terminate their hospitalization at will. The maximum period of hospitalization was four months, later extended to six months. This approach encouraged people to seek help before their illness advanced. “It should do much to place mental illness on the same plane as physical illness and help to remove any stigma which uninformed people may have regarding sickness of the mind,” said the 1951 Medical Superintendent’s Report.

SKATING WITH DR. CREASE

Dr. Crease’s leadership extended beyond the walls of the Crease Clinic. As the story goes, every winter he would take a group of staff and patients to the lake up the hill from the Essondale grounds. He would tie a rope around his waist, ask everyone to hang on tight and then venture out on the lake. If he didn’t fall through, the lake was declared safe for skating. There are no reports of Dr. Crease falling through, so he was able to continue his good work in the clinic for many years.
Dr. and Mrs. Crease at his retirement

The opening of Crease Clinic attracted a crowd
A NEW ROLE FOR NEW WESTMINSTER

In 1950, Provincial Mental Health Services were amalgamated. The Provincial Hospital for the Insane in New Westminster was renamed Woodlands School. It would serve as a residential facility for the developmentally disabled until it closed in 1996.

LOBOTOMIES AND ECT AT ESSONDALE

The opening of the operating room at Crease Clinic meant that lobotomy surgery could take place on site at Essondale. While lobotomies are widely banned today, the common wisdom at the time was that the surgery, which consists of cutting the connections to and from the prefrontal cortex, could effectively treat a wide range of mental illnesses including schizophrenia, clinical depression and anxiety disorders. Records show that 50 lobotomies were performed on Essondale patients in 1951. Of these, 33 showed improvement and 12 were discharged.

Electro-convulsive therapy (ECT) was used primarily to treat schizophrenic patients. The basic program was three times a week, but it could be used as frequently as three times a day. In 1950, 413 patients received ECT at Essondale.

“E.C.T. is credited with a greater percentage of recovered and improved patients, diminished hospitalization for discharged patients and a better quality of insight in the patients with remissions. What statistics usually fail to show is the number of lives saved particularly in the affective psychoses. Briefly we may expect 75% of affective cases to show sustained improvement on E.C.T. and 50% of selected schizophrenics.”

BC Psychiatric Service Physician’s Manual, 1951

Finnie’s Garden

Originally known as “Farm View”, this two-acre plot of land located high on the hill near West Lawn was an early start at horticultural therapy at the hospital. The idea was that patients would be able to enjoy being outdoors in a beautiful setting and the satisfaction of working in the garden. Art Finnie, a nurse and former logger, farmer and Navy veteran, was asked to set up the garden. He took on this task with gusto. A draftsman patient drew up plans, and a garden oasis was created. It quickly became known as “Finnie’s Garden”. Visitors today can still enjoy the fish pond, stone terraces, flower beds, lawns and plots for different wards.

The idea was that patients would be able to enjoy being outdoors in a beautiful setting and the satisfaction of working in the garden.
Snapshot of Mental Health Care

• Principal treatments were ECT, electronarcosis, somnolent/coma insulin therapy, lobotomies and individual and group psychotherapy.

• On average, 106 patients daily attended the Occupational Therapy shops where they engaged in needle work, wood work, metal work, leather work, weaving, painting, pottery and other arts and crafts.

• Recreational therapy included tennis, bowling, movies, weekly dances, swimming in indoor and outdoor pools, parlour games (checkers, cards, dominos), regular quiz shows and bingo parties, and an annual Field Day.

• Patients, 1950: 4,427
• Admissions: 1,415
• Discharges: 1,021
• Deaths: 318
• On trial visit: 296
• Nurses, RN: 20
• Staff to patient ratio: 1/232
• Cost per patient per day: $2.71
TREATING TB

By 1951, about 200 patients at Essondale had active tuberculosis. TB had been a problem at the hospital for many years. The introduction of chest X-rays on all admissions and on the general population annually resulted in earlier diagnosis and treatment, but the problem persisted. Plans began for a “tubercular-mental hospital” to stem the spread of the disease.

The American Psychiatric Association was critical of the hospital’s response to the growing TB problem in its 1951 review of operations at Essondale:

“Patients suffering from tuberculosis are being cared for under great difficulties. Overcrowding is aggravating a situation which was already bad. Patients who do not have tuberculosis are cared for in the same ward with those who are actively infected on both male and female services. These wards are not adequately equipped for the purpose. Nursing facilities are insufficient and the arrangement of the wards makes isolation from the non-infected difficult.”

The North Lawn building opened on May 4, 1955 with a bed capacity of 230. It was built primarily for the care and treatment of patients with TB. By 1964, treatment of patients with TB had resulted in such a reduction in numbers that TB care was downsized to a 26-bed ward.

RECREATION THERAPY: A WELCOME DIVERSION

In the mid-1950s, the Recreation Therapy Department was started. It organized a variety of recreation activities, including board games, bowling, tennis, swimming and dancing, for patients. Each week the Leader newsletter would list all the upcoming activities.

“The schedule of activities in the Leader gave patients something to look forward to. To have anything to look forward to other than their next meal was marvelous.”

DON CUNNINGS
Recreation Therapist, 1953-57

Many of the activities would take place at Pennington Hall, which opened in 1950. Named after Dr. R.A. Pennington, in recognition of his contributions to mental health care as Deputy Provincial Secretary, Pennington Hall housed a café, theatre and bowling alley. Penn Hall hosted many activities, concerts and shows over the years. It continues to serve as the hospital’s social hub today.

While some patients were too ill to take part in activities, most joined in, especially if it involved dancing or music. Sometimes patients and staff were delighted to find big acts on the Penn Hall stage.

“We would drive downtown to the Cave Supper Club and go backstage after the show to ask the performers if they would come do a show at Essondale. I’d say, ‘We have 4,000 patients out there who would really benefit from some live music. Will you please come?’ And every once in a while they did! They would come mid-week and do an afternoon show at Pennington Hall. It was pretty exciting.”

DON CUNNINGS
Penn Hall hosted many activities, concerts and shows over the years.

Pennington Hall, the hospital’s social hub

Among the musical acts that performed at Essondale were the Ink Spots in October 1953
A THRIVING COMMUNITY

By the early 1950s, Essondale was a vibrant, self-contained community. In addition to the hospital buildings, the grounds housed a bakery, stables, greenhouse, postal station, fire department and even its own Mountie. Several families lived on the grounds, including the Talbots. Their father Arthur was chief steward and their mother Evelyn was a nurse.

“Essondale was a terrific place to grow up. There were about a dozen kids living on the grounds, and we had the run of the place. There were orchards, beautiful gardens and lakes to explore. We joined the patients for corn roasts on the tennis courts, Christmas concerts at BISCO and Sunday concerts in front of East Lawn. We swam at the BISCO pool on Tuesdays and Thursdays. There were Monday night movies at Penn Hall. And in the winter there was tobogganing and skiing on Penn Hill.”

RON TALBOT
Grew up at Essondale, 1940s and ’50s

With its own post office, fire department, RCMP officer and numerous services, Essondale was a largely self-sustaining community in the 1950s.
Patients, staff and family members took part in numerous celebrations and social events throughout the year.
NEW MEDICATIONS TRANSFORM CARE

Chlorpromazine, the first antipsychotic drug, was developed in 1950 and first used at Essondale in 1954. The impact of chlorpromazine on psychiatric hospitals has been compared to the impact of penicillin on infectious diseases; it transformed mental health care. At Essondale, chlorpromazine replaced insulin coma and shock therapy treatments, as well as lobotomy as therapies of choice for schizophrenia, mania and other psychotic disorders. It greatly reduced the severity and length of symptoms, and ushered in the era of deinstitutionalization.

“The introduction of medications was big. Just after I arrived at Riverview, they started using the first anti-psychotic drugs. In the early days, they hadn’t worked out the dosage to use these drugs effectively. But there was more optimism that patients could improve and move on, return to the community and not become long-term patients, which is what initially filled up the place.”

ALICE MCSWEENEY
Staff psychologist intermittently from 1948-1974

With the increased use of tranquilizing drugs, hydrotherapy, sleep therapy, foam and sedative baths were all discontinued during the 50s.

THE MODERN ERA ARRIVES

Essondale reached its peak patient population in 1955, with 4,726 patients at Crease Clinic, the Home for the Aged and Essondale Hospital. That same year marked a few significant milestones at Essondale. With medications providing effective treatment for symptoms in more people, many patients were being given grounds privileges. The modern era came to Essondale when four television sets were donated to the hospital by the Hoo Hoo Club. The doors at Essondale were starting to open to the outside world.

The impact of chlorpromazine on psychiatric hospitals has been compared to the impact of penicillin on infectious diseases; it transformed mental health care.
Volunteers from the Hoo Hoo Club donated the first TVs to Essondale.
With new medications providing more effective treatment for people with mental illness, the need for asylum began to diminish. Starting in the 1950s, the emphasis shifted to community-based mental health care. Essondale played an important leadership role in deinstitutionalization and patient care.
NURSES’ TRAINING IN THE 1950s

Training for nurses at Essondale hit its peak in the 1950s. More than 200 nurses graduated in 1953, the Nursing School’s largest graduating class ever. Combining experience on the wards with classroom learning, the training was rigorous. The female students lived in residences at Essondale, under the watchful eye of House Mothers; the men were on the honour system and had a bit more freedom. Male students were still paid more than female students in the 1950s.

The three-year School of Nursing program in the 1950s included 300 lecture hours, covering subjects ranging from First Aid and fire precautions to pharmacology and psychology. The students gained clinical experience through a rotation of wards at Essondale and Woodlands School.

The Nurses’ Home and School of Psychiatric Nursing Building was completed in November 1957. For the first time, female students had single rooms in this new building (male students lived on the top floor of West Lawn).

Male guests would wait at the front door of the Nurses’ Homes when they came calling. Sometimes they would be invited to a sock dance in the reception room—the very experienced among them mastered the art of staying upright while dancing on the slippery hardwood floors.

MOVING TO THE MUSIC

In the absence of a formal research program, Essondale staff would undertake experiments in patient care. Some of them had dramatic results, such as this lead-up to the Music Therapy program.

“One day I was invited to the ward at West Lawn where there were a number of patients in a catatonic state—they were frozen in one position. They would eat three times a day, but they were terribly inactive. They weren’t walking in the airing courts; their cardiovascular condition was terrible. I was asked if I could get these men moving.

I thought of the Pennington Hall dances and how patients would react to music. They would tap their toes, move their hands or even get up and dance. So I brought a turntable into this ward and put on marching music. A complete metamorphosis took place before my eyes. The patients started moving and jogging around the room. I thought all this activity was going to put a few of them into cardiac arrest! As soon as the music stopped, they froze again. But we could see it had an impact. This experiment led to a music therapist being hired.”

DON CUNNINGS
Recreation Therapist, 1953-57
SPRINTS DAY: A COMMUNITY HIGHLIGHT

Essondale’s annual Sports Day was an important day for many in the community. Patients, staff and family members took part in standard sports day competitions such as the three-legged race, the sack race and the softball toss, plus unique events such as the doctor’s bandaging race. The patients and doctors would usually face off in a softball game, bands would play, a picnic would be held on the lawn and the day would end with a big outdoor dance.
Sports Day continued

![Image of Sports Day activities]

![Image of Sports Day activities]

![Image of Sports Day activities]

![Image of Sports Day activities]
Local gymnasts often performed at Essondale.
The Advent of Community Care

As mental health policies evolved, deinstitutionalization began across Canada. Provincial psychiatric hospitals began to be downsized, replaced by smaller community-based services. This change came about as a result of several factors: the availability of oral drugs, which enabled out-patient treatment, growing concern about “warehousing” patients and the growing cost of maintaining psychiatric institutions.

A mental health centre that provided out-patient psychiatric care opened in Burnaby in 1957. It was aimed at treating emotionally disturbed adults in the early stages of illness, preventing the need to admit them to hospital. It also provided after-care for patients previously under treatment. Both the Burnaby facility and the Broadway Clinic in Vancouver received support and expertise from Essondale. Other centres opened in Kelowna and Victoria in the early 1960s. By the mid-1970s there would be 30 community mental health centres across the province.

“There was disappointment that community services weren’t adequate. It seemed as though the plan got lost; people moved out first and then they developed the services, which isn’t the way you should do it. It’s hard to provide mental health services for people in the community; it’s not that people don’t want to but it’s hard to maintain people so that they’re safe and they have some kind of meaningful life.”

Alice McSweeney
Staff psychologist intermittently from 1948-1974

By the mid-1970s, there would be 30 community mental health centres across the province.

“When the medications came, people didn’t need to stay here anymore. They still have the symptoms of the illness (just like people with high blood pressure or diabetes), but if they take their medication properly, they can go back and live in the community. We have learned that mental illness is not untreatable. It is not completely treatable but for many people, if symptoms are managed, they can go back to their normal life.”

Dr. Soma Ganesan
Physician Leader, Riverview Hospital, 2003-present

There were some growing pains in the early days. The transition from long-term asylum care to living in the community could be huge. While the concept of more independent living was widely embraced, it took some time to develop adequate community supports.

“A mental health centre that provided out-patient psychiatric care opened in Burnaby in 1957.”
Essondale employees had been at the forefront of the government employees’ union movement in BC since the first meeting of the Provincial Civil Service Association in 1919. When the BC Government Employees’ Association was formed in 1944, the Essondale branch had 575 members, the most of any branch in the province, including government employees in Victoria.

The relationship between the Government Employees’ Association and Premier W.A.C. Bennett’s government was uneasy. On March 13, 1959, members of the Association—including staff at Essondale—went on strike…for four hours. The issue was bargaining rights. The pickets went up at government buildings at 7 a.m.; a BC Supreme Court injunction ordering the end of picketing was signed at 10:30 that same morning. Still, the strike action had an impact at Essondale.

“Some of the psychologists asked to be allowed through the picket line (at Essondale). The nurses said: No dice. The patients will bear up quite well without them. The patients enjoyed themselves. The monotony was broken for one day.”


The BC Government Employees’ Association would become the BC Government Employees’ Union in 1969. Riverview employees are still members of the public sector unions represented by the BC Government Employees Union (BCGEU), the BC Nurses Union (BCNU), the Professional Employees Association (PEA) and the Union of Psychiatric Nurses of BC (UPN).

In 1959, the 328-bed Valleyview 300 building opened on the Essondale grounds to provide care for geriatric patients with mental illness. British Columbia was the first province to set up separate institutions for the psychiatric care of individuals whose aging symptoms were predominantly in the mental sphere. Featuring handrails in corridors and floor level lighting, the buildings were specially designed for the aged. Valleyview 300 received favourable reviews from visitors from around the world. Over the coming decades, the hospital would develop a specialty in the field of geriatric psychiatry that continues to this day.

By 1960, the Leader was a 28-page twice monthly publication, almost a small town newspaper. It had an advisory board, ward reporters, editorial board, artists, typists and even a features writer. A typical issue had a calendar of activities, church services, reports from the wards, movie schedule, gardening tips, jokes, news from Colony Farm, horoscopes, make-up tips and book reviews. Plus there was news from the various groups – the English Club, Journalism Club, Drama Club and Reducing Club, which offered exercises and marching.
MYSTERY BUS RIDE

“A group of patients went on a bus trip. We went towards New Westminster across the Patullo Bridge. We drove to Ladner. A lot of us had never seen Ladner before. We looked at the nice houses and different roads and farms and cattle, horses and sheep. We all liked Ladner very much, and enjoyed the ride too. Thank you Mrs. Franklin and bus driver.”

April 10, 1960 Leader
FOCUS ON REHABILITATION

Essondale’s Rehabilitation Program was set up in the early 1960s to help patients develop basic skills that would enable them to return to the community after prolonged hospitalization. There was increased emphasis on psychosocial rehabilitation, vocational services, open wards and ward community meetings. An Activities of Daily Living Unit was established.

“I came to head up the Rehabilitation Program at Hillside in 1964. It was an attempt to provide basic preparation before people took the big leap into the community. We gave them a chance to get to a better setting. The idea was to provide meaningful work activity and prepare them for employment. We worked with two different groups: long-term patients who were going to move to boarding homes and patients who would live independently. The care we gave them was more individualized than on the wards. Once they left Riverview, a rehab officer would follow up with them in the community, make sure they had found work and were getting along well. It was quite a neat program.”

ALICE MCSWEENEY
Staff psychologist intermittently from 1948-1974

A NEW USE FOR RIVERSIDE

In 1965, the Riverside building at Colony Farm was converted to become a maximum security area. Veterans who had been living there were transferred to other facilities. Riverside opened its doors to patients who had criminal records associated with a mental disorder. The first floor of Riverside housed a concentrated treatment program for patients suffering from chronic alcoholism. About ten years later, Riverside was designated the Forensic Psychiatric Service Commission and became a separate organization from Riverview. More than 90 non-forensic patients were transferred to other areas of Riverview.

Riverside was renamed the Forensic Psychiatric Institute and became a 142-bed secure hospital to provide psychiatric assessment and treatment for people found unfit to stand trial or not guilty by reason of insanity. It also provided psychiatric treatment for prisoners who became mentally ill while serving sentences in a correctional facility.
1965: CROWDING AND CHANGE

The new *BC Mental Health Act* was passed in 1965, combining five previous laws relating to mental health care. It encouraged “locally operated mental health services” and the creation of mental health societies.

Meanwhile, crowding continued to plague the hospital. The older buildings for chronic patients were beginning to show their age. Crease Clinic shone in comparison.

“When provincial NDP leader Robert Strachan toured the provincial mental hospital in November 1964 he described Essondale as old and overcrowded, but clean.

‘Old metal beds are lined up so close in the dormitories that there is no room for bedside tables where patients could keep personal belongings,’ Strachan said.

In contrast, adjoining Crease Clinic, for short-term care, is bright and well furnished.

‘I didn’t know what was wrong with Essondale until I saw Crease Clinic,’ Strachan said.”

Vancouver Sun, November 25, 1964
ESSONDALE BECOMES RIVerview
Under the new Mental Health Act, Crease Clinic amalgamated with the Essondale Provincial Mental Hospital. The two would function as one mental health facility named Riverview Hospital. The Essondale name faded into history.

GROWING RECOGNITION FOR RESEARCH
While research had been conducted informally at Essondale since its earliest days, it didn’t attract widespread attention until the 1960s. Dr. Anthony Greiner’s research into the causes of schizophrenia made a tremendous contribution to the understanding of this troubling condition.

“We wonder if the patients here at Riverview Hospital are aware of the fact that Dr. Anthony Greiner, Unit Director of North Lawn, through his research on schizophrenia has attracted world-wide attention, and some of his theories have lately been tested in debate at scientific conferences at several major U.S. universities. Dr. Greiner’s general hypothesis is that some cases of schizophrenia are a metabolic disease, and his work lives in this field…Many years of painstaking endeavour still live ahead, but in Dr. Greiner’s own words:

“This is the first time in history that there has been a positive finding in schizophrenia that we can work with, and that we will soon probably be able to use as a diagnostic tool. I think we now have a lead which has not yet been fully explored. I’m convinced it will guide us toward the solution to schizophrenia.”

February 1967 Leader

Crease
Enclosed inside these walls one finds
The shattered dreams of years.
Enclosed inside these walls one has
The cause of many tears.
Enclosed inside these hearts one has
The cause of many fears.
Enclosed together, many think and strive
To build a life anew.
Enclosed inside these walls one finds
Such suffering and tears.

By L.S., From February 1967 Leader
UNIFORMS CHANGE WITH THE TIMES

While young Canadians were discovering bell bottoms and mini-skirts, the nurses at Riverview were still adhering to a strict uniform policy.

The students couldn’t have hair that touched their collar, make-up or jewelry except for small stud earrings. A nursing instructor carried a ruler with her to make sure the students’ uniforms were 2 1/2 inches below their kneecaps. No mini-skirts here!

By the late 1950s, nurses were allowed to wear a white one-piece uniform, then pantsuits, then coloured uniforms and finally a “business casual” dress code became the standard for all but the geriatric and medical units at Riverview as principles of normalization were adopted in the 1970s and 80s. The days of starched collars and caps were long past.
Riverview’s outdated facilities and salaries were the two major factors leading to a shortage of psychiatrists in 1968. At one point in January 1968, 40 beds were closed at the hospital due to a lack of qualified psychiatrists.

Riverview continued to face challenges in the 1970s—severe shortages of experienced nursing staff and qualified physicians, discharges of patients to less than optimal situations in the community and an increase in seriously ill patients being referred to Riverview. Although there were fewer patients, more of them required more intensive treatment. By introducing an aggressive recruiting campaign and increasing salaries, Riverview was able to attract more psychiatrists and qualified nurses.

THE FIRST PLAN TO CLOSE RIVERVIEW
The Riverview Hospital Advisory Board was created by the BC Government in 1972. The Board appointed a planning committee with instructions to develop plans to phase out the hospital within three to five years.

Decentralization of mental health services had already begun. Riverview expanded its out-patient programs, introduced a Home Treatment Project and broadened rehabilitation programs to prepare patients for transfer to community boarding homes. But reports of Riverview’s imminent death were greatly exaggerated; the proposed closure—the first of many—did not occur.

In 1973, in his comprehensive report about the province’s health care system, Health Security for British Columbians, Dr. Richard G. Foulkes echoed the call to empty Riverview: “As quickly as possible, the patients must be moved to alternative community-based facilities and as each unit is vacated it should be demolished.”

Calling the mental health service “the most inefficient, ineffective, out-dated and discriminatory of all our existing social and medical programmes”, the Foulkes Report noted that long-term hospitalization harms patients more than it helps. It called on the Ministry of Health to dismantle the asylum and replace it with community programmes.

ORGANIC BRAIN SYNDROME PROJECT
The Organic Brain Syndrome Project, the precursor to Riverview’s Neuropsychiatry Program, was established in a 42-bed ward in North Lawn in 1974. Under the leadership of Dr. A.C. Greiner, the Organic Brain Syndrome Project treated patients who had persistent mental health problems caused by degeneration of the brain due to illness or injury. The Project also conducted research, much of it related to schizophrenia. By 1976, the program occupied most of the North Lawn building.
“Pub therapy” at the Longhorn Saloon

PUB THERAPY

Experimentation with “pub therapy” in 1973 using real alcoholic beverages would not be considered acceptable today, and is a good example of how practices and social attitudes have shifted over the years.

“On June 8th a saloon was first opened on Ward F1 in East Lawn. This saloon now operates between 2:00-3:00 p.m. every Friday. It is called the Longhorn Saloon and everything is decorated in old fashioned western style.

To the accompaniment of live music supplied by Mrs. Hood, the Music Therapist, the men on the ward can have a couple of beers and invite women from the other wards to have a glass of shandy or ginger ale.

According to George Hufnagel, the charge nurse of F1, the main purpose of the saloon is to involve withdrawn patients in social activity and to bring their hospital home more aspects of community living. As long as the amounts consumed are controlled even ex-alcoholics can join in without fear. The man behind the idea was a Dr. Wyder, who has since left.

The evident pleasure of the residents on the Ward is the best testimonial to its continuing success.”

From September 1973 Leader
FAREWELL TO THE NURSING SCHOOL

In keeping with a trend taking place across Canada, Riverview’s Registered Psychiatric Nursing Program was transferred to the British Columbia Institute of Technology (BCIT) in 1973.

“The last graduating class of Psychiatric Nurses at Riverview went through the graduating ceremonies on August 9th, 1973, at 8:00 p.m. at the Valleyview Auditorium. The auditorium was decorated by large arrangements of beautiful flowers grown by the gardeners at Riverview and at Woodlands School. The organ music was supplied by Frederic Nelson. The graduating nurses came in, each carrying a bouquet of red roses. Reverend L.T. Dahl gave the invocation.”

From September 1973 Leader

The loss of nursing trainees was immediately felt on Riverview’s wards. A recruiting drive in the U.K. helped meet the need for more nurses.

RIVERVIEW BECOMES A TEACHING HOSPITAL

In 1974, Riverview’s status as a teaching hospital was formalized through an official affiliation with the University of British Columbia. Over the coming decades, many university and college students would gain valuable clinical experience at the hospital. A number of Riverview’s psychiatrists would hold university appointments, and the affiliation with UBC would encourage the growth of research at the hospital.

GROWTH OF COMMUNITY MENTAL HEALTH SERVICES

While mental health services had been developing at the community level for more than a decade, 1974 marked the beginning of an active partnership between Riverview and the community, sharing responsibility for delivering mental health services. The Greater Vancouver Mental Health Service administered 30 mental health centres and nine Community Care Teams at that time. Outpatient programs at mental health centres across the province provided care for more than 13,000 people in 1974. Community Care Teams provided more intensive care to 1,900 people. A growing network of close to 300 boarding homes provided accommodation for 1,700 people.

To encourage linkages between Riverview and community care, several psychiatrists had joint appointments at the hospital and community mental health centres. General hospitals in BC began to open in-patient psychiatric wards at this time.
CHALLENGES IN THE COMMUNITY
Moving patients from the institutional setting at Riverview to community care was challenging on many levels. In the late 1970s, problems were evident in the system of boarding homes set up to house people with mental illness.

“Many patients who were moved to the community had spent many years here. There was a belief at the time that these poor people were being locked up in this place—we should send them back to the community, put them in a group home and they’ll be okay. It was okay for some people, probably a minority. Many needed much more. There should have been more psycho-social support for these people in the community. That part was missing.”

JOHN HIGENBOTTAM
Vice-President, Clinical Services, 1980-1992

THE LITTLE LEADER
By 1976, the Riverview newsletter was a monthly publication. The Little Leader offered schedules of activities, upcoming movies and church services, limericks and poems, book reviews and tributes to retiring staff. It also provided “news” from the wards, including this page 1 dispatch from February 1976.

“On Tuesday morning, December 23, 1975, patient L.G. (D3) playing cribbage with nurse’s aide, Mrs. Ida Meyers, got a perfect twenty-nine cribbage hand. His only comment was one of stunned silence.”

WHAT’S IN A VOLUNTEER?

From the June 1976 Little Leader

A volunteer tea
Volunteers played an important role in patient care

The Vancouver Sun, August 1979
MENTAL HEALTH LAW PROGRAM
Riverview patients gained a powerful advocate in 1977 when the Mental Health Law Program was established. Part of the Community Legal Assistance Society, the Mental Health Law Program provides legal advice and representation to people who have been involuntarily detained under the BC Mental Health Act.

Representing people at Review Panel hearings is an important role taken on by the Mental Health Law Program. Consisting of a chair, a physician and someone appointed by the patient, the Panel reviews the status of patients who have been involuntarily admitted and decides whether their certificate should be renewed or they should be discharged. The introduction of the Review Panel signaled an important step forward in recognizing the rights of people with mental illness. It continues to provide legal services today.

VOLUNTEERS EASE THE TRANSITION
A new Riverview Volunteer Association was formed in 1980. A group of committed volunteers spearheaded a number of projects aimed at enhancing the quality of life for Riverview Hospital’s patients. This included helping hospital patients maintain links with their home communities and helping in their transition after discharge.

SUPPORTING COMMUNITY CARE
By 1981, the patient population at Riverview had dropped to 1,100. Meanwhile, a growing network of community mental health centres and community care teams were providing care for people with mental illness in more than 300 homes and facilities around the province. Five new rehabilitation-oriented facilities opened that year. Ranging in size from 7 to 10 beds, these facilities emulated family-life settings in an attempt to help people with mental illness prepare to live in a less dependent situation.

Riverview continued to play an active role in support of mental health services at the community level. Riverview staff worked to decrease the isolation between the hospital and communities by taking part in regular meetings with numerous local psychiatric services coordinating committees.

A group of committed volunteers spearheaded a number of projects aimed at enhancing the quality of life for Riverview Hospital’s patients.

Snapshot of Mental Health Care
BC’s 30 mental health centres are staffed by a team that may include a psychiatrist, psychologist, psychiatric social workers, mental health nurses and other professional personnel.

Services include direct treatment for adults and children, consultative services, educational programs, supervision of long-term patients, preventive programs, boarding home care and specialized group homes.

- Mental health centres in BC: 30
- Total patients at mental health facilities: 15,691
- Patients at Riverview: 1,690
- Discharges from Riverview: 779
- Total in-patients: 13,939
- Total out-patients: 13,263
- New admissions: 9,000
- Deaths: 336
- Patients cared for by Greater Vancouver Mental Health Services as of October 1976: 2,716 (up from 2,116 one year earlier)
- People placed in boarding homes: 585
The 1980s and 1990s were a time of change and uncertainty at Riverview. Despite turbulence resulting from numerous mental health plans, changes in administration and a shift to community-based care, the Riverview team continued to respond to community needs and provide increasingly specialized care and leadership.
A NEW ROLE FOR COLONY FARM

Once a provincial showpiece and source of almost all the food for the nearby hospital, Colony Farm was closed in 1983. While there were rumours that the land would be redeveloped for a race track or industrial site, the lands would be preserved, becoming a Regional Park in 1995. A new 190-bed state-of-the-art Forensic Psychiatric Hospital was built on an adjacent site and opened in 1997.

WEST LAWN CLOSES

Another significant event in 1983 was the closure of West Lawn. As the population declined at Riverview, the hospital’s original building, by then very outdated, was no longer needed.

WELCOMING FAMILIES TO RIVerview

By 1986, Riverview was actively promoting the involvement of families in patient care. A new Family Centre opened in early 1986 in the Tuck Shop building.

“Any patients who would like to have their families or friends contacted, please phone Rose-Marie at local 652 or drop in 4 doors down from the Tuck Shop. This is an excellent way to allow your family to get acquainted with other patients, friends and family, to bring about a greater understanding of mental illness.”

From the January 1986 Riverview Reporter, which replaced the Little Leader newsletter

REVIEWING RIVerview’S ROLE

A series of government plans related to the delivery of mental health services were introduced in the 1980s and 1990s. Following several years of consultation, the BC Government released a draft plan in 1987 to replace Riverview. Describing the hospital’s buildings as “outdated and often dilapidated”, the plan called for Riverview to be downsized from 1,300 beds to 550 with the balance of resources to be reallocated elsewhere in the community health system.

Meanwhile, Riverview’s role was changing. The acute care psychiatric units in BC’s hospitals didn’t have the same specialized expertise that had been built at Riverview over many years. So when the most psychotic and sickest people couldn’t be treated in the acute care units, they were transferred to Riverview. This became a new role for Riverview: taking care of the most complex cases that couldn’t be handled in community-based facilities.

“When I was responsible for the psychiatric programs at Vancouver General Hospital, at any point in time we had maybe 12 people waitlisted for Riverview. They either needed longer periods of treatment or they were very aggressive and difficult to manage. The same thing was true at other hospitals. The hope was that the acute care units would take all these patients and they’d never come to Riverview, but the reality was that there was a steady stream of people coming to Riverview.”

JOHN HIGENBOTTAM
Vice-President, Clinical Services at Riverview, 1980-1992
PATIENT CARE IN THE 1980s
Riverview’s Recreation Department continued to offer games, clubs and activities throughout the 1980s, with many programs operated out of Pennington Hall.

INVITATION TO PENN HALL
"Did you know we’re not getting enough people out to the activities here at Penn Hall? No one goes on the outings and no one comes for coffee anymore. Did you know that they serve coffee here in the mornings? There’s also leaves and dinner outings that you can go to if you ask the Penn Hall staff. There’s swimming on Wednesday nights and softball on Thursday nights. There’s bicycling and Inland and Japanese cultural meetings. Have a game of chess or cribbage with Francis. He’s really good at it you know. He’ll play anyone. Check it out and come to Penn Hall."

The Riverview Reporter, August 1987

BUILDING VOCATIONAL SKILLS
In addition to fun and games, patients were also encouraged to learn job skills to prepare them for employment when they returned to the community.

A list of Vocational Services from 1987 includes these job openings:

- Sewing machine operator: repairing diapers in the Vocational Services Workshop
- Office assistant, Henry Esson Young Building
- Activity therapy assistant at Hillside, Fernwood and North Lawn
- Entertainer for Penn Hall Music Therapy

Starting pay, known as an “incentive allowance”, was $30 bi-weekly. The pay increased to encourage patients to stay in the position, with $10 added to each pay to a maximum of $180/month.
CELEBRATING 75 YEARS OF CARE AND COMPASSION

Riverview patients and staff—past and present—gathered in 1988 to celebrate the hospital’s 75th anniversary. Tours, seminars, displays, an 18-float parade, sporting events, barbecues and dances took place over the four-day celebration.

MOVING CARE CLOSER TO HOME

The BC Government’s Mental Health Initiative, introduced in 1990, was a 10-year plan proposing a new mental health care system. It focused on replacing Riverview with smaller, more specialized regional facilities. Some Riverview staff and resources were relocated into the community. The plan was to maintain Riverview as a smaller, specialized centre of excellence.

The following year, the Report of the Royal Commission on Health Care and Costs entitled “Closer to Home” supported the move of hospital-based health services into the community.

“Community transfers had a huge impact on Riverview. We had to overcome the doubt that patients could succeed in the community—people were apprehensive here and they were apprehensive in the community, too. In the early days, the community mental health centres did everything they could to manage people but if they couldn’t, they’d call Riverview. And Riverview would do whatever possible to accommodate people. It wasn’t seen as anything exceptional. They were our patients. We’d take care of them, we’d respect them and we wouldn’t judge them.”

ANNA TREMERE
1967 graduate, Riverview nurse for 37 years
Riverview patients and staff – past and present – gathered in 1988 to celebrate the hospital’s 75th anniversary.
VOLUNTEERS CONTINUE TO CONTRIBUTE
The Riverview Volunteer Association continued to work hard throughout the 1990s, helping to enhance the quality of life for hospital patients while at Riverview and upon discharge to their home communities. The Volunteer Association operated the Tea House and Deli Training Program, the Tuck Shop and the Post Office on the grounds. Every year they hosted a Strawberry Tea and Fashion Show, as well as fundraising events such as Casino Night.

SHARING EXPERTISE
As mental health care services expanded beyond Riverview, the team at Riverview became known for their readiness to share their expertise with fledgling community mental health care facilities. And many Riverview staff transferred to community service settings. The focus remained on providing compassionate care for patients.

By the 1990s, the multi-disciplinary approach was entrenched at Riverview. Increased cooperation among the different disciplines at Riverview—medical staff, nurses, occupational therapists, recreational therapists, physiotherapists, social workers and others—ensured more integrated treatment for patients.

“One of the biggest advances was when we started to work more closely in teams. In the early days, there was a rivalry between the different disciplines. Nurses, occupational therapists, recreational therapists—were a bit competitive with each other. The team approach evolved over time, and it worked very well.”

FRED BENNETT
Nursing staff member 1961-2003

A MORE PATIENT-CENTERED APPROACH
The approach to patient care was evolving in the early 1990s, with a greater emphasis on patient rights. Patients in psychiatric facilities had won the right to vote in national elections in 1988, and there was a growing recognition that patients should have more say in how they were treated.

In 1993/94, the provincial Ombudsman conducted an 18-month investigation into administrative fairness at Riverview Hospital in response to concerns raised by patients, families and community advocates. The resulting report, “Listening: A Review of Riverview Hospital”, emphasized the need for the hospital to listen to patients and be accountable to those it serves. It concluded that: “Riverview Hospital has not had in place the kind of comprehensive, receptive and fair mechanism for responding to concerns about its service that must exist in a psychiatric hospital.”

The Ombudsman’s report offered 94 recommendations, including the appointment of a Mental Health Advocate and increased patient rights in a number of areas. Many of the recommendations were acted upon in short order, including notable initiatives such as development of a Patient Sexuality Policy and a Charter of Patient Rights, both firsts in a Canadian psychiatric hospital.

RIVerview’S CHARTER OF PATIENT RIGHTS
Developed by a Joint Task Force involving patients, staff and community advocates, the Charter of Patient Rights was a groundbreaking initiative that focused on three areas: Quality of Life/Social Rights, Quality of Care/Therapeutic and Self-Determination/ Legal Rights. It was adopted in 1994.

“The Charter compelled a lot of people to look at patients in a more humanitarian way. For instance, Crease Clinic had people in wards with windows that looked out over the highway and the railway. We’d think, how can anyone possibly sleep in those rooms with all that noise? So we included a clause in the Charter about having a restful sleeping area. And steps were taken to make sure there was a more restful place for people to sleep.”

VAL ADOLPH
Chair of the Joint Task Force and Director of Volunteers at Riverview, 1990-94

Patients in psychiatric facilities had won the right to vote in national elections in 1988, and there was a growing recognition that patients should have more say in how they were treated.
EASING THE TRANSITION TO COMMUNITY CARE

By the early 1990s, community services accounted for one-third of BC’s mental health budget. There were more than 3,500 living units for people with mental illness. This included family care homes, licensed specialized adult residential care facilities and semi-independent apartments. While the BC Government made plans to open new mental health facilities across the province, Riverview continued to be the province’s only specialized psychiatric hospital for adults with severe and persistent mental illness. It also played important roles as a teaching hospital and research centre in partnership with UBC and other hospitals.

Several initiatives were introduced to ensure a successful transition for patients returning to care in the community including:

Bridging Program: This Riverview program linked patients with people and services in the community. Mental health agencies used cottages on the Riverview grounds as semi-independent housing to help patients ease into more independent living arrangements. The Greater Vancouver/Riverview Hospital Transition Team would assess which patients were ready to move and help them find suitable accommodations and community supports, staying in touch with them for up to three months following discharge.

Psycho-social rehabilitation: Introduced at Riverview in 1996, the Psycho-social Rehabilitation Program prepared people for life outside of Riverview. By involving patients and/or families in developing treatment goals and care plans, psycho-social rehabilitation helps people develop life skills that will help them succeed when they return to the community.

As more patients transferred to community care, the population at Riverview continued to decline. In 1992, Crease Clinic became the second large Riverview building to close.

NEWSLETTER REFLECTS A NEW ERA

The Riverview Reporter newsletter in 1992 reflected major changes that had taken place in the treatment of mental health patients over the past few decades. While the Leader newsletter in the 1950s and 60s focused mostly on patient activities, its successor, the Riverview Reporter in 1992 was harder hitting. The April/May 1992 issue included articles about child rearing, nutrition, recycling, the ozone layer, the drug trade and educational opportunities.
RIVERVIEW HORTICULTURAL CENTRE SOCIETY

The Riverview Horticultural Centre Society was founded in 1992. Its mission: to preserve and protect the lands and trees of the Riverview Hospital site.

A group of dedicated volunteers works to increase awareness of the history, trees and value of the Riverview lands through activities such as conducting Tree Tours at Riverview, publishing a book, *The Riverview Lands*, and providing presentations and displays for special events.

*Brenda Gillespie and Val Adolph, authors of *The Riverview Lands*.*
TALLYING THE TREES
The Riverview Heritage Tree Inventory was commissioned by the BC Building Corporation in 1994. More than 1,800 trees on the site have been catalogued for their botanic and historic value. When the inventory was compiled, the total value of these trees as individual specimens was estimated to be more than $50 million; as a collection, their value is far greater.

The sheer size of the trees—the result of being allowed to grow unobstructed—is one of the most prized features of the Riverview arboretum. Because they were carefully planted with plenty of room to grow, the trees are able to reach their full potential and as such, are considered by many to be the best collection of trees in Canada.

A particularly beautiful group of trees found on the slope in front of the West Lawn, Centre Lawn and East Lawn buildings is sometimes referred to as the arboretum. In fact, the arboretum exists across the entire Riverview site.

TREEFEST AT RIVERVIEW
The Riverview Festival of Trees (later called TreeFest) was first held on October 30, 1994.

“…a small group of people who each loved the Riverview trees for their beauty decided to share them with the public. David Tarrant, from UBC Botanical Garden, guided one tree tour and Bill Browne, retired Arborist for the City of Vancouver, led another. We had no idea how many people might attend but a couple of hundred tree lovers showed up. We had to borrow a bullhorn from the RCMP.

Soon we realized that these trees were more than just landscaping for Riverview Hospital. They were a provincial treasure of interest and value to botanists and arborists nationally and internationally. We also realized that it would be a disaster if they were destroyed. Already, in the 1980s, some 57 hectares (143 acres) of the site had been sold to developers. As this seemed likely to recur we formed the Riverview Horticultural Centre Society (RHCS) dedicated to preserve and protect the lands and trees of the Riverview Hospital site (the Lands) as a community-oriented, financially viable centre for horticultural, educational and therapeutic activities.”


Hosted by the Riverview Horticultural Centre Society and the City of Coquitlam, this day-long event is still held today. Arborists lead tours, and more members of the community learn about Riverview’s magnificent horticultural treasures.

More than 1,800 trees on the site have been catalogued for their botanic and historic value.
BURKE MOUNTAIN NATURALISTS AND RIVERVIEW

The Burke Mountain Naturalists Society is a group of 300 community members in the Tri-Cities area that works to introduce the public to Riverview’s natural beauty and ecological values. Since 1993, Society members have led tours of Riverview’s grounds, taken part in TreeFest each year, created brochures about Riverview’s natural habitat and advocated for the protection of the Riverview lands. Several members have captured the natural beauty of Riverview in photos and paintings that have been featured at art shows.

“The natural values of Riverview are found wherever trees have been planted, grassy meadows established or streams allowed to flow, i.e., wherever the forces of nature have been allowed to dominate. Over 80 species of birds have been identified at Riverview. They utilize both native and non-native trees as a food sources, as nest areas or roost sites. The extensive open meadows and grassy fields of Riverview provide excellent habitat for field mice and meadow voles. In turn, these small creatures attract birds of prey such as owls and hawks. Open streams and wetlands attract some waterfowl as well as great blue herons.”

From The Riverview Hospital Site: Respecting its Past, Realizing its Future Burke Mountain Naturalists, August 2004

A NEW LIFE FOR COLONY FARM

Colony Farm Park Association was formed in 1996. Four groups—the Burke Mountain Naturalists, Wildlife Rescue Association of BC, Douglas College Institute of Urban Ecology and FarmFolk/CityFolk—came together to manage Colony Farm Regional Park in partnership with Metro Vancouver. The partners have worked together to plan and implement wildlife enhancement projects, set up a community garden, organize community events and improve the trail system to provide greater access to people who use mobility aids. The Colony Farm Park Association organizes an annual heron survey, offers public walks in the park and hosts events such as Earth Day Celebrations.

The Colony Farm Park Association organizes an annual heron survey, offers public walks in the park and hosts events such as Earth Day celebrations.
A GROWING ROLE IN RESEARCH AND EDUCATION

Riverview played an important role in education and research in the late 1990s as a major teaching hospital. The Office of Research was established in 1996 to support, coordinate and promote research activities at the hospital, and Riverview continued to be a training ground for students from many disciplines.

“No one in western Canada does more than Riverview in providing real clinical experience for post-secondary students preparing for careers that will see them dealing with people who have a mental illness. Among future professionals receiving hands-on instruction from RVH staff are: nurses, physicians, social workers, pharmacists, psychologists, dietitians and physical, occupational and recreational therapists. The number of student training hours: more than 45,000, plus 35,000 hours of in-service training for staff.”

From 1999-2000 Riverview Hospital Annual Report

RIVerview AND THE New MillennNuM

As 1900 dawned, the young province of British Columbia was planning to meet the needs of people with mental illness by opening a new asylum. A century later, the province was planning to close that facility and return people to their communities. It looked like Riverview had come full circle. But the story wasn’t over yet.

The provincial government’s new Mental Health Plan released in 1998 called for the continued shift of mental health care from Riverview to the community over the next seven years.

Meanwhile, there was much debate about Riverview’s future. While the provincial government continued with plans to close the hospital, many people wanted to preserve the hospital and grounds.

The Burke Mountain Naturalists worked with the Riverview Horticultural Centre Society and the BC Schizophrenia Society to gather 22,000 signatures on petitions calling for the protection of the Riverview Lands. These petitions were presented to the BC Legislature by Coquitlam MLA John Cashore in May 2000.

In 2001, the Burke Mountain Naturalists successfully appealed to all three local municipalities (Coquitlam, Port Coquitlam and Maple Ridge) to pass resolutions calling for the preservation of the entire Riverview site and a strong continuing presence in the provision of mental health services. The Riverview Nature Heritage Stewardship Group was formed by BCBC, now Accommodation and Real Estate Services, as a forum for consulting with stakeholders on land use issues.
PROVINCIAL HEALTH SERVICES AUTHORITY FORMED

In 2001, the Provincial Health Services Authority (PHSA) was established. It is one of six health authorities in BC, the other five being regional health authorities. PHSA operates provincial agencies such as BC Children’s Hospital, BC Transplant and the BC Cancer Agency, as well as specialized provincial health services. One of its agencies is BC Mental Health and Addiction Services, which provides specialized mental health services including the Adult Tertiary Psychiatry and Geriatric Psychiatry programs at Riverview Hospital.

Snapshot of Mental Health Care

The introduction of new medications have a dramatic effect on mental health care. In addition to treating positive symptoms and minimizing side effects, many of the drugs improve cognitive function.

Riverview offers three core programs: Adult Tertiary Redevelopment, Adult Residential Transfer and Geriatric Psychiatry.

- Riverview research projects: 47
- Riverview staff: 1,800
- Hospital budget: $106 million
- Total patients: 662
- Total admissions: 229
- Discharges: 164
In 2002, the Riverview Redevelopment Project was re-confirmed with a plan to offer access to specialized mental health services in each geographical area of BC. Riverview continued to provide specialized care, play an important role in research and education, and support regional health authorities in developing tertiary mental health services.
REPLACING RIVERVIEW

The Provincial Health Services Authority (PHSA) continued to work with the five regional health authorities to plan the transfer of specialized provincial tertiary mental health services across the province. The goal: to give people with mental illness access to the full continuum of mental health services closer to home, rather than at Riverview.

Significant expansion of local mental health services occurred in 2002/03 with the opening of Connolly Lodge on the Riverview lands, Seven Oaks Tertiary Mental Health Facility near Victoria and two new facilities in Kamloops. Described as “home-like facilities”, they would be typical of the replacement facilities that were being developed around BC.

GROWING RESEARCH EFFORT

While the patient population continued to dwindle, research at Riverview was increasing. There was recognition that research was necessary both to improve care for patients and to guide restructuring of Canada’s mental health care system. In 2003, researchers at Riverview obtained $4 million in funding and were working on close to 70 projects including multi-centre clinical trials. Riverview also hosted numerous academic conferences, which increased knowledge among its staff and demonstrated the hospital’s ongoing leadership position in patient care, education and research.
BUILDING COMMUNITY CAPACITY

By 2004, 188 tertiary care beds were opened for mental health patients in various locations throughout the province. As new facilities opened, older facilities were closed down. Opened in 1930 as the hospital’s all-female unit, East Lawn had evolved into smaller wards providing specialized care. It closed in 2005, with its remaining patients transferred to other buildings at Riverview. North Lawn, the facility built in the 1950s primarily to care for patients with tuberculosis, would close two years later.

“The perception of many people is that they see this beautiful park-like setting, and they wonder why Riverview is closing. But nobody walks inside and sees the outdated conditions—the dormitory-style living situations. The privacy issue is very critical in rehabilitation, retraining and recovery. That’s how we encourage people to take care of themselves and feel comfortable with themselves. Privacy is not possible in Riverview’s old buildings. They were built in another era. If you look at Connolly Lodge, there’s a huge difference compared to the older buildings.”

DR. SOMA GANESAN
Physician Leader, Riverview Hospital, 2003-present

INTEGRATING MENTAL HEALTH SERVICES

In 2005, BC’s mental health services, including Riverview Hospital, were brought together under a new PHSA agency, BC Mental Health and Addiction Services. BCMHAS’s role is to provide leadership in coordinating specialized mental health and addictions initiatives across the province.
MAKING MOVIES AT CREASE CLINIC

Although the building was officially closed in 1992, Crease Clinic continues to play a role today—in movies, TV shows and commercials. The imposing stone building comes to life several times a year when production companies create sets inside and outside Crease Clinic. While many of the original wards, offices and rooms remain intact, several areas of the building have been rebuilt to look like apartments, offices, jails and police stations. Riverview protects the dignity of Crease Clinic and those with mental illness by prohibiting the filming of sex scenes or scenes that have a negative depiction of mental health or religion. The funds recouped by renting out the space help fund the maintenance of this still-impressive heritage building.

Portions of many commercials, music videos and film productions have been shot at Crease Clinic and other Riverview buildings such as East Lawn and North Lawn including:

Along Came a Spider
Battlestar Galactica
Elf
Juno
Scooby Doo
Smallville
Supernatural
The X-Files
Watchmen
HISTORICAL SIGNIFICANCE OF THE RIVERVIEW LANDS

The Riverview lands have significance for many people for many reasons. Current and former employees, patients, groups who seek to protect heritage and environmental values, and members of the general public enjoy the grounds for their aesthetic appeal and history.

"Riverview’s sense of place is derived in part from the physical aspects of its layered history. This is seen in the monumental buildings contrasted with the residential cottages, the curving roads and driveways, the views, the sweeping open spaces, the vegetation and the sheer size of the grounds. It is also derived from a sense of the past, in which the imagination can set people and activities within the open spaces. There is a sense of mystery about the place, which compels a sense of wonder and a questioning attitude."

From Riverview Lands Cultural Landscape History
Denise Cook Design, May 2007
RECOGNIZING RIVERVIEW’S CARETAKERS

Riverview’s enduring aesthetic appeal is the legacy of people who put in hard work as gardeners, including many patients.

“Along with a small number of gardeners, they were the ones who cleared the land of rocks and stones, then built walks with the stone, so that the undulating lawns and majestic trees could be planted. Until recent years, they tended all the plants and weeded the lawns, taking great pride in the beauty they were helping to create. Without their dedicated labour, there would be no Riverview lands as we know them today.”

From *The Riverview Lands: Western Canada’s First Botanical Garden*, edited by Val Adolph and Brenda Guild Gillespie

THE RIVERVIEW LANDS TODAY

The tree collection at Riverview continues to flourish into the new millennium. Spread over Riverview’s 244 acres, this is one of the oldest tree collections in Canada, second only to the Experimental Farm in Ottawa. And because the trees were allowed to fully develop in open spaces, this is one of the few places to see what mature forms of many different species look like.

The trees were tended by just three head gardeners from 1917 to 2000: Jack Renton (1917-1947), Joe Hancock (1947-1980) and Bob Elsdon (1980-2000). The current day arboretum is the legacy of these dedicated men and the many patients who assisted them over the years.

“John Davidson started his work there almost a century ago. So many trees are in beautiful mature form that you generally won’t find. Usually ornamental trees have been cut back or trimmed; in Riverview, they’ve been left. After John Davidson left, it’s almost like a miracle happened. Gardeners who came to work on the land stayed for a long time and treated it like a life’s work.”

**VAL ADOLPH, DIRECTOR**
Riverview Volunteer Association, 1990-94 and author of *The Riverview Lands: Western Canada’s First Botanical Garden*

Volunteers from the Burke Mountain Naturalists and the Riverview Horticultural Centre Society have restored Finnie’s Garden in recent years. This 2.5 acre garden high on the hill often features in the work of local artists. And it is one of the most popular places for patients and their families for visiting and relaxation.
A NEW RESEARCH INSTITUTE

Riverview’s research efforts moved under the umbrella of the BC Mental Health and Addiction Research Institute in 2008. The Institute’s new translational research function, located on the campus of BC Children’s Hospital and BC Women’s Hospital and Health Centre in Vancouver brings together researchers working in the field of mental health and addictions, encouraging collaboration and knowledge exchange. The new facility builds on the research legacy established at Riverview, with the promise of improving our understanding and treatment of mental disorders.

NEW FACILITIES FOR A NEW ERA

Each of the province’s five regional health authorities now has responsibility for providing mental health services. Smaller, more home-like psychiatric facilities are being developed throughout the province to replace Riverview’s outdated buildings. New facilities have opened in the Lower Mainland, on Vancouver Island, in the Interior and in the North. When the process is complete, there will be close to 500 beds in the Lower Mainland and 415 beds in facilities located throughout BC, according to the 2008 Riverview Redevelopment Project.

In contrast to the dorm-style accommodation at Riverview, the new facilities provide patients with private rooms and a more home-like environment. Patients can participate in cooking, cleaning and other activities of daily living. Unlike the asylum model, these facilities have strong links to the communities in which they are located, which makes it easier for patients to live more independently and re-integrate into the community.

Accommodation and Real Estate Services (ARES), a provincial agency formerly known as the British Columbia Building Corporation (BCBC), owns and operates the Riverview lands. Once the health authorities have completed their planning and determined their facility needs and locations, ARES will be in a position to determine the long-term implications for the Riverview lands.

CONTINUING TO RESPOND TO COMMUNITY NEEDS

As patients are transferred to new facilities operated by the health authorities, there is a corresponding reduction in the number of beds at Riverview. In early 2009, there were still about 215 patients at Riverview Hospital awaiting the development of new specialized mental health beds in the community. Despite the challenges of working in an uncertain environment where the future timeline is not clearly defined and the difficulty of working in severely outdated facilities, the team at Riverview maintains the tradition of providing quality care.

“No matter what the challenges are, our staff maintain a professional approach and support patients even after they have left Riverview. Patients often call back to touch base and stay connected. And a lot of staff volunteer here after they retire. A sense of community remains, no matter what size we are.”

LYNN COOK
Site Operating Officer, Riverview Hospital
THE TRANSFORMATION OF MENTAL HEALTH CARE

The legacy of Riverview Hospital is one of transformation. The original Essondale Hospital began as one of only two or three mental health services in BC, but continued to reinvent itself again and again in order to respond to changing needs. Riverview continues to transform and evolve and is now part of a coordinated network of services throughout the province.

Today a wide array of mental health services work together to provide a continuum of care that is one of the best in the world. Some of the mental health services in BC today include a growing number of regional mental health facilities, psychiatric units at dozens of hospitals and specialized programs such as the Burnaby Centre for Mental Health and Addictions and Forensic Psychiatric Services.

RIVerview HOSPITAL IN 2009

As 2009 draws to a close, there are about 200 beds in operation at Riverview. The hospital maintains its role as a provincial tertiary care centre and patients continue to be admitted and discharged based on their recovery and readiness.

The Riverview Redevelopment Project passed the midway point in 2009, and health authorities continue to work together to finalize plans for the development of the remaining beds and the transfer of patients to smaller more home-like facilities in the community.

The two major buildings on the site still used by the hospital for patient care are Centre Lawn and Valleyview, but the vast 240-acre Riverview lands are home to a variety of agencies and services including Fraser Health, Coast Mental Health, the Society for Community Development and the Ministry of Children and Family Development.

Today a wide array of mental health services work together to provide a continuum of care that is one of the best in the world.
THANK YOU
…to the many people who generously contributed their stories, photos and advice to help in the creation of this legacy book.

RIVERVIEW LEGACY BOOK EDITORIAL STEERING COMMITTEE

PAUL ANDERSON
Director of Learning and Development,
BC Mental Health & Addiction Services

RENNIE BROWN
Communications Director,
BC Mental Health & Addiction Services

LYNN COOK
Site Operating Officer, Riverview Hospital
BC Mental Health & Addiction Services

DR. SOMA GANESAN
Physician Leader, Riverview Hospital
BC Mental Health & Addiction Services

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TIN-PO AU
Director, Community Transfers, Riverview Hospital

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DONNA CROSBY
Past President, Riverview Horticultural Centre Society

NORMA GILLESPIE
President, Riverview Horticultural Centre Society

HENRY LEE
Retired Riverview Hospital staff member

ANNA TREMERE
Retired Riverview Hospital staff member

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DONNA CROSBY
WAYNE DUPUIS
MARY COOLEY
DON CUNNINGS
KATERINA DEREVNINA
ROSE FILIPCHUK
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TOM SYMINGTON
ART TALBOT
RON TALBOT
JENNY TARRANT
MORGAN TRUAX
TRACY WALSH
NIALL WILLIAMS
PHYLLIS WINGROVE
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BC ARCHIVES:
Cover back inside flap: I-28031, Provincial Mental Hospital, Essondale
Photographer: B.C. Government, 1947
Photographer: Thompson, Stephen Joseph (between 1885 and 1897)
Page 27: F-01730, Boys’ Industrial School, Port Coquitlam
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Page 16: Portrait of Henry E. Young (top right), UBC Historical Photograph Collection [UBC 1.1/9248].

CITY OF VANCOUVER ARCHIVES:
Page 20: CVA 660-692(far left), John Davidson Fonds, 1914
Page 20: CVA 660-705(far right), John Davidson Fonds, 1911 – 1916
Page 21: CVA 660-699(far left), John Davidson Fonds, 1911 – 1916
Page 24-25: PAN N78B, Photographer: W.J. Moore, 1915

KEN BAKER
Page 9 (1983 Timeline), Page 70, Page 72 (top right), Page 82 (top middle, bottom right),
Page 86, Page 91 (bottom left, top right and bottom right)

KAKEI LAW
Page 17 (detail Hydro Therapy), Page 48, Page 61, Page 64-65, Page 77 (bottom left and top right),
Portraits of Lynn Cook and Dr. Soma Ganesan

TERRY SAMMON, AIRPHOTO ’85
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