



**Ontario Shores**  
Centre for Mental Health Sciences

# A Brief History



## One man, one dream 1911-1919



In 1911 architect James Govan, with a dream and a design, presented his plan for a mental health centre situated on the Whitby shoreline.

Govan worked with a team of advisory psychiatrists, physicians and government officials to make his dream a reality.

Whitby Hospital, set atop the picturesque Whitby shoreline, consisted of 16 cottages, built along tree-lined roads, each housing about 70 patients.

Construction on the new hospital began in May 1913, employing 217 labourers, including more than 117 prisoners from Central Prison. About 124 patients were transferred from Toronto who lived on-site in two camps and worked on the farm under staff supervision.

The Military Hospitals Commission replaced Whitby Hospital in February 1917 with a Convalescent Hospital for wounded WWI veterans. The hospital was temporarily renamed The Ontario Military Hospital to reflect its current patient intake.

Following WWI, in July 1919, the veterans left Whitby to return to civilian life.

That same year, on October 23, Whitby reopened as a psychiatric facility, and was renamed the Ontario Hospital for the Insane.

The hospital's School of Nursing implemented a two-year course that included six months affiliation for female nurses at a general hospital.

## The hospital grows 1920-1929

By December 1920, the Ontario Hospital for the Insane housed 917 patients, all of whom were transferred from other psychiatric facilities.

The total number of staff in 1920 was 141, of which 77 were nurses and attendants.

The first nursing class graduated in 1921.

Dr. J.M. Forester, hospital superintendent, reported that 6,309 gallons of vegetables and 2,450 gallons of fruit were preserved at the new cannery.

A single-seat dental clinic opened and served patients two days a week.



In 1929 the patient population expanded to 1,573 with 295 staff members.

Occupational, recreational and vocational therapies were in full swing.

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## New name, new identity and survival of the Great Depression 1930-1939

Psychiatric hospitals fell under administration of the new Department of Health, and the Ontario Hospital for the Insane was officially renamed Ontario Hospital, Whitby (OHW).

Programs for the reorganization of mental health hospitals in Ontario were reduced due to the economic turmoil rocking the country. In 1932 hard times befell OHW. It was short-staffed and could not afford to fill the vacancies. Staff figures froze, and members were replaced only when a member resigned, retired or died.

The School of Nursing closed in 1935, and graduates could not find work. However, it reopened in 1937 and began accepting male students.



In 1939 the patient population swelled to 1,736, bed capacity was 1,542 and patients overflowed into the hallways.

Despite growing numbers, the plentiful harvest from the farm, allowed OHW patients to eat well during the Great Depression.

## WWII depletes hospital staff and resources 1940-1949



Medical staff was severely reduced in 1941 during WWII. The war industry offered high paying jobs, and physician's attendants and nurses left OHW to join the war effort. Material shortages were also common during WWII.

Whitby became dangerously overcrowded with 1,637 patients crowding the residence, 26 graduate nurses, 35 nurses-in-training, 72 nurse aides and 116 male attendants, supported by six physicians and psychiatrists.

The Department of Health hired 41 nurse aids in 1945 to care for patients. However, there were still only 208 nurses, attendants and aides to care for 1,650 patients.

In 1946 large-scale immigration began.

After settling, many immigrants applied to Whitby, filling vacancies left by those who had fled overseas. While church services were always held for patients, in 1949 the Ministry of Health appointed two full-time chaplains, Rev. T.H. Floyd and Father M. Darby, who provided pastoral needs for patients.

Electro-convulsive treatment (ECT) was introduced, replacing Metrazol shock treatment.

Studies undertaken by Federal and Provincial Governments in cooperation with the Canadian Mental Health Association and the Canadian Psychiatric Association reported that one in eight infants born in Canada would require psychiatric treatment in their lifetime and patients hospitalized for more than two years had a greater chance of dying in the hospital than being discharged.

## Ontario Shores expands into the community 1950-1959

The provincial government reexamined mental health care during the 1950s, and society saw a change from rural to urban.

Immigration continued, mostly into urban areas, and the average number of patients treated annually at Whitby rose to 2,876.

Large quantities of anti-depressant and anti-psychotic drugs were introduced to mental health patients in 1955, and the effect was positive.

Between 1948 and 1959 there were more than 300 leucotomy and lobotomy operations performed at Whitby.

In 1956 the province awarded general hospitals with emerging psychiatric units an \$8,500 per bed grant in hopes of stimulating patient decreases at Ontario psychiatric hospitals.

Building inspectors reported that Ontario



Hospital Whitby buildings were damaged from overcrowding and in desperate need of repair.

Rabbi Bernard Rosenweig was employed on a part-time basis in 1959 to conduct Jewish services.

Also during this time, an open-door policy was implemented, and patients in specified cottages roamed free relatively unattended.

## Mental health meets the medical system 1960-1969

During this decade a complete reorganization of mental health services took place.

The Royal Commission of Health Services (1961-1964) suggested that psychiatric treatment should be integrated into the medical system and



that priority be given to development of comprehensive community services.

In 1960 three Ontario hospital Schools of Nursing were in operation in Brockville, Kingston and Whitby. Due to the physical condition of Whitby's school, its lack of instructors and declining enrollment, Whitby was given an ultimatum; improve standards within three years or phase out.

Research programs in the brain surgery field continued at Ontario Hospital Whitby during the early 1960s.

In 1962, a contract was approved to build a new seven-storey School of Nursing.

Dr. Matthew Dymond, Minister of Health, opened the school in 1963 and appointed a full staff. Enrollment skyrocketed.

Beginning in 1964 nurse-aides and attendants were required to write exams in order to promote to Registered Nurses Aides.

Due to changing therapies and an emphasis on community care for patients, farm activities slowed.

A Volunteer Association was formed at Whitby in 1966.

In 1968 Ontario Hospital Whitby became Whitby Psychiatric Hospital.

Also this year the Dutch Elm disease killed many of the trees, drastically changing the hospital's landscape.

All farm stock and implements were sold at public auction in 1969.

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## **Ontario Shores undergoes major reorganization 1970-1979**

In 1972 the last class graduated from the School of Nursing, and nursing courses moved to community colleges.

Whitby Psychiatric staff numbered at 484 and the patient population was 871.

The gender-segregated wards and cottages were integrated in 1973. Results were positive, and many patients took more pride in their personal appearance.

In 1974 patients did not have to travel outside their cottages for meals. Instead, individual meals were delivered three times per day.

By 1975 the cottages had deteriorated, and staff began lobbying for a new facility.



Minister of Health Dennis Timbrell turned sod for a new building in 1979, but construction never took place.

Anti-depressant and anti-psychotic drugs proved successful and as a result the patient population diminished as did the immediate need for a new facility.

## The hospital becomes publicly accountable 1980-1989



During the 1980s the patient population decreased further due to emphasis on community care homes.

Satellite programs offering mental health care opened in Bowmanville, Port Perry, Beaverton, Lindsay and Ajax.

New provincial reforms succeeded in opening the doors of psychiatric facilities to public scrutiny. As a result the Community Advisory Board, with its many sub-committees, is founded.

The Health Minister responded to reports of patient mistreatment in

Toronto mental health facilities by implementing a patient advocacy program.

During this time Whitby also launched the Skills, Training, Treatment and Education Place (STEP), an innovative educational treatment program designed for patients with schizophrenia and their families.

Throughout the 1980s, staff continued to lobby for a new facility.

In 1988, a planning group was appointed to prepare programs and master plans for the redevelopment of Whitby Psychiatric Hospital.

## A new building, a new start

1990-1999



In June 1993, the Ontario Government, under the leadership of Premier Bob Rae approved \$133 million for the design and construction of a new 325-bed tertiary care mental health facility.

Construction workers broke ground in November 1993.

In March 1994, Building 25, formerly the Men's Pavilion, was demolished to create space for the new facility. Staff asked for, and received, souvenir bricks.

Despite fiscal uncertainty and major policy shifts, Whitby, like other mental health facilities throughout the province, continued to foster partnerships with the community. The goal was to ensure the delivery of high quality healthcare in a cost effective and efficient manner.

New government reforms emphasized short-term intensive care within the facility and the reintegration of patients into the community. Psychiatric wings within general hospitals increased throughout the province to allow for treatment within specific areas.

In October 1994, Whitby Psychiatric Hospital celebrated its 75th birthday, and was renamed Whitby Mental Health Centre. As a result of increased outpatient programs and a strong emphasis on reintegrating patients into the community, Whitby's 1995 patient population was 292.

Over 5,000 people attended the grand opening, and toured the facility. The Honourable Jim Wilson, Minister of Health, cut the ribbon and laid the cornerstone.

In 1997 the Ministry of Health and Long-Term Care's Hospital Services Restructuring Commission recommended that eight provincial psychiatric hospitals divest from government control and operate under the Public Hospitals Act.



## Vision and values for the future 2000-2009

In 2004 the decision to divest and become a stand-alone facility governed under the Public Hospitals Act was reaffirmed and work began on this ambitious project.

The hospital officially divested in March 2006, and a community based Board of Directors was created.

Also in 2006 Glenna Raymond, President and CEO, unveiled the new core values – Excellence, Innovation, Safety, Respect, and Community – at an open house.

In 2007, the vision was developed and is simply stated as *Recovering Best Health, Nurturing Hope and Inspiring Discovery*.

## A new era of discovery 2009-Present

On June 10, 2009 the hospital revolutionized its visual identity to better suit its goals and vision. Raymond unveiled the new name, mission and visual identity to more than 150 staff members, patients and community partners. Ontario Shores Centre for Mental Health Sciences was born.

The new name works on many levels to represent Ontario Shores' role, mission, vision and values.

The reference to *Ontario* signals the scope of our commitment to serving patients on a provincial level, while still maintaining a sense of community. It's a name better recognized globally, that helps to build a local, national and international reputation of the exemplary mental health care provided by Ontario Shores. It also speaks to our long-standing role in the Ontario healthcare system.



*Shores* reflects the main facility's spectacular location, which overlooks Lake Ontario. *Shores* also represents a safe place between land and water, which expresses our role in helping patients on the journey to recovery.

Changing our descriptor to *Centre for Mental Health Sciences* embraces Ontario Shores' commitment to advancing mental health care and indicates its aspirations in teaching and research.

The tagline, *Discovery.Recovery.Hope* captures the vision of *Recovering Best health, Nurturing Hope and Inspiring Discovery*. *Discovery* and the opportunity for recovery is the basis of hope for patients, families and communities.

Ontario Shores Centre for Mental Health Sciences serves a population of 2.8 million residents and employs 1,200 people. Ontario Shores provides a range of specialized mental health programs for inpatients and outpatients throughout a primary service area that includes Durham Region, York Region, Scarborough, Toronto, Haliburton, Northumberland, Peterborough Counties and the City of Kawartha Lakes.

Ontario Shores specializes in a number of different services and treatment programs across four clinical areas: Adolescents and Young Adults/Dual Diagnosis, Forensics, Special Services, Assessment and Reintegration. Our Integrated Health Services provides a range of medical services for all of our patients. Each program is designed to provide successful treatment, rehabilitation and earliest possible reintegration into the community. Assessment and crisis intervention services are provided, as well as a range of consultative and educational services. Each treatment plan is developed by agreement between the individual/substitute decision maker and the healthcare team, and focuses on the strengths and abilities of the individual. A multi-disciplinary treatment approach is used, in which a team of healthcare professionals monitors the individual's progress regularly.

Ontario Shores also operates treatment residences in Stouffville and Oshawa, provides specialized community outreach services and supports residents in privately operated Homes for Special Care. In addition, Ontario Shores is involved in mental health research and education activities.



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*Discovery. Recovery. Hope.*