

**Visiting the Mentally Ill:
Volunteer Visitors at
Saskatchewan Hospital, Weyburn
1950-1965**

By Jayne Melville Whyte

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Unfortunately, many of the early records of the Saskatchewan Division were accidentally destroyed and the Division asks that they be contacted by anyone who finds reports, correspondence and other information about CMHA from 1950-1975.

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If you have information, stories, or papers that you are willing to share for the development of this history series, or if you have feedback on the current chapter, please contact CMHA (Saskatchewan Division) Inc.

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Thank you.

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Executive Summary

All people benefit from recreation and social interaction, but that quality was scarce in the lives of patients in the two psychiatric hospitals, Saskatchewan Hospital at North Battleford and Saskatchewan Hospital in Weyburn. The main ‘therapy’ in the early years was hard work, so patients who were able worked at farming, and in the laundry, kitchens and maintenance of the facility. There was also an active occupational therapy program with arts, crafts and music at each facility. Many of the patients had too much unstructured time that was neither fun nor relaxing in the over-crowded dormitories and sitting rooms. The newly formed Canadian Mental Health Association in Saskatchewan was invited to begin a program of volunteer visiting at the mental hospitals. Soon the CMHA was hiring Saskatchewan Transportation Company (STC) buses to take 30-60 volunteers at a time from Regina to Weyburn, and from Saskatoon to North Battleford. These volunteers organized birthday parties and seasonal celebrations, dances and family days, played cards and board games, and developed friendships with people who had been abandoned by or alienated from their families. In the 1950’s and 1960’s, new medications allowed people to leave the large hospitals. The volunteers helped orient released patients, often picking them up from the bus that came from the Hospital, spending the day and getting them on to the bus for ‘home.’ As the needs changed, CMHA volunteers began White Cross Centres in their own communities to offer social and recreational programs for patients released from the large mental hospital and for people with mental illness who were treated in psychiatric facilities in their own communities. This article is a glimpse into this history of some of the patients, volunteers and staff from 1950 to 1965. It features the role of Regina Volunteer Visitors in Saskatchewan Hospital, Weyburn and the importance of occupational and recreational therapies and activities in improving the lives of the patients in that institution.

Introduction

This history of recreation, sports, leisure and mental illness for Saskatchewan Parks and Recreation/ SaskLotteries could have gone many directions. The history of Saskatchewan Hospital, Weyburn called *Under the Dome* features a section on the sports teams and accomplishments of the staff of the hospital 1954-1981¹. But the writer of this paper has been a patient in psychiatric institutions and chose to focus on recreation, occupational therapy and social interactions that directly affected the lives and living conditions of persons who lived with mental illness in the Weyburn Hospital. This chapter is not exhaustive and there are many more stories that deserve to be told.

Recreation, Exercise, Meaningful Activity and the Treatment of Mental Illness

Recreation that includes physical exercise and meaningful activities is part of a healthy lifestyle. This is true for people with disabilities, including people who experience mental illness. A newsletter from the Alberta Centre for Active Living proposed that the benefits of an active lifestyle include improved awareness and comfort with our bodies, valuable social interactions, increased confidence in our ability to be active, and useful positive experiences to challenge negative stereotypes in our self-perception of our abilities².

A definition of recreation therapy was developed by Therapeutic Recreation Ontario in 2003:

Therapeutic Recreation is a process that utilizes treatment, education, and recreation participation to enable persons with physical, cognitive, emotional and/or social

*limitations to acquire and/or maintain the skills, knowledge and behaviours that allow them to enjoy their leisure optimally, function independently with the least amount of assistance, and participate as fully as possible in society*³.

This paper focuses on the role of recreation and occupational therapy in the improvement of life for patients in the Saskatchewan Hospital, Weyburn. Occupational therapy has always been part of mental health therapy, but during the 1950's a "big push" was made for physical and occupational therapy to activate patients made passive and inactive by custodial care in the large institution.

In particular, this paper documents the role of Volunteer Visitors started in 1952 and continuing till about 1965. These women who travelled by bus from Regina with baking and gifts to spend time in the hospital increased opportunities for socialization, enjoyment, and individual interactions with people who were long-term patients in the institution. Mrs. Agnes Davidson, the founder and coordinator of the Volunteer Visitors, reflected that when they first started coming, patients had forgotten how to celebrate Christmas but by 1965 the patients were more active in the planning and enjoyment of the hospital celebrations.

The pivot point for the paper is the year 1957. In that year that the Weyburn Hospital won an international award for "outstanding accomplishment in improving the care and treatment of patients." The stories and documents from that period illustrate the importance of physical, recreational and social activity in the lives of the patients, some of the advances in medication and therapy that improved the lives of the patients and

hospital staff, and the use that volunteers made of some of their leisure time to improve the lives of patients and to educate the public about mental illness.

The year 1957 was also pivotal in the development of mental health service delivery in Saskatchewan. In 1955, Dr. F. S. Lawson became the Director of the Psychiatric Services Branch and presented The Saskatchewan Plan to the provincial government. The Saskatchewan Plan advocated the almost unheard of concept of community-based psychiatric care. The expectation was that acute mental illness would be treated through brief admissions to psychiatry in-patient wards in many centres around the province. The ideal was to treat the mental illness of people as close to their own homes and to maintain persons with mental illness in their homes and community instead of sending them for long stays in large institutions. In March 1957, The Saskatchewan Plan by Dr. Lawson was printed in the *Canadian Journal of Public Health*. In this article, Dr. Lawson noted, “This plan has been presented to the provincial government each year for the past three years but has not yet been approved even in principle.”⁴ The implementation of a community mental health plan began in 1962.

Early Facilities for Mental Illness Management

Before Saskatchewan became a province in 1905, people⁵ with mental illness who were a danger to themselves or others, or an excessive burden to their families and neighbours, could be taken before a judge or magistrate and incarcerated in Stony Mountain Prison in Manitoba. In those days, this was often a ‘life sentence’ of custodial care as there was

little expectation mentally disordered persons (as they were called) would be released back to their home and community.

Not until the Mental Health Act of 1961 was legislation changed so that admission to hospital was mainly a medical decision instead of a judicial order and people with mental illness were deemed to be ill rather than dangerous. The legislation change led to a language change so that patients were 'released' from hospital rather than 'paroled'. 'Parole' was also a term used for what today's psychiatric hospitals would call "off-ward privileges" or "day passes". Even today, there is sometimes a legal aspect to hospitalization in that a judge or justice of the peace can be petitioned by family or other persons to ask the police to pick up someone who appears to be in danger of self-harm or harming others and the police accompany the person waiting for medical evaluation.

The question of a mental asylum arose early in the legislature of the new Saskatchewan assembly. In 1907, Premier Walter Scott asked Dr. David Low to visit mental hospitals in eastern Canada and the United States. Dr. Low's recommendation was not the large institutions but collections of cottages with staff and small groups of 10 to 20 patients. Dr. C.K. Clarke, Toronto psychiatrist admitted that small family style treatment cottages "gives ideal conditions for the patients themselves" but advised against the plan "for both economic and climatic reasons." In 1911 construction began on Saskatchewan Hospital in North Battleford with an estimated capacity of one thousand patients. The hospital opened in 1913. Dr. James Walter MacNeill was the first Superintendent from 1914 until 1945, changing the name from 'asylum' to 'hospital' and insisting that patients be treated

as human beings with illnesses who needed help.⁶ The doctors lived in cottages on the grounds.

In those early days, the main treatments were water and work. Other histories will tell about the cold water baths and wet sheet wraps that were used to calm disturbed patients. In this history of leisure, recreation and sports, only mention will be made of the large farms with gardens, poultry, pigs and dairy that helped to feed patients and staff and kept able-bodied patients occupied. For men and women who had left their own farms for life in the hospital, we can speculate that some enjoyed the opportunity to care for plants and animals while others felt like unpaid slaves. When the writer was on a walk at Saskatchewan Hospital, North Battleford, staff pointed to a stone fence explaining that former patients had broken the stones with large hammers and built the wall along the road.⁷

The North Battleford hospital soon reached capacity and pressure was applied for a second hospital to serve the southern part of Saskatchewan. In 1921, the Saskatchewan Hospital at Weyburn began construction with capacity of 900 patients, 60 nurses (female) and 60 attendants (male). After it opened in December 1921, patients were moved from North Battleford including 78 persons that had been in mental hospitals since birth. The first annual report on May 1, 1922 showed 607 patients including 114 new admissions⁸.

Work and Meaningful Activity

The linens and uniforms for the new Saskatchewan Hospital, Weyburn had all been made by patients in the sewing rooms of Saskatchewan Hospital, North Battleford. Patients also made hair mattresses for the beds.

One of the early tasks of Weyburn patients was to cut the willows along the Souris River to make chairs and other furniture for the lawns and sitting rooms. That furniture was used and renewed until the mid-1950s. In her book, *The Lady with the Lamp*, Kay Parley mourned the modernization that replaced the wicker with purchased chairs of plastic and chrome.⁹

Many patients worked on the farms that surrounded the Saskatchewan Hospitals at both North Battleford and Weyburn. Patients were taken in work crews to look after the fields, dairy, pigs, poultry and gardens that provided much of the nutrition for the institutions. Patient labour was essential for the operation of all the departments of the Hospital: kitchen, laundry, sewing room, tailor shop, shoemaker, mattress and upholstery shop, grounds keeping, power and filtration plants, carpentry, paint shop, tinsmith, and maintenance. At Weyburn, from 1921 to the mid-fifties, housekeeping was done by patients under the supervision of nursing staff. In 1955 when two scrub machines were purchased to scrub the floors, patients helped move furniture and carry the clean and dirty water to and from the machines. In 1957 a head housekeeper was hired and the staff increased to seven.

For the unpaid patients, this work was their main form of exercise and activity. Large groups of patients (up to 200) were sometimes taken for walks on the grounds.

Occupational Therapy always had a role in the Hospital especially in the Admissions Ward where newly admitted patients were actively treated until they either got better or were assigned to long-term wards. The grounds were beautifully landscaped and kept until the 1950's when the front flower bed became a parking lot and a new attitude in administration reduced the role of patients as unpaid labour.

Long Days and Nights

Each of the hospitals was its own community and staff members were more connected to the hospital than to the neighbouring city. How they had time and energy after 12 hour shifts with one day per week off for leisure and sports is hard to imagine. Nevertheless, staff and student attendants (male) and student nurses (female) formed teams for recreation including curling, ball games, hockey, and enjoyed dances and card parties. The 12-hour shifts were extended on evenings when the patient dance was scheduled. The male and female wards were segregated and patients were not allowed to dance with each other. So after a day on the wards, staff not only supervised the dance but were expected to dance with patients of the opposite sex. After the dance, the day shift returned with the patients to the ward where they helped them get ready for bed. Movie evenings also extended the long days of staff (without extra pay, of course.) In 1946, the staff negotiated a 48-hour week.

Staff on night shift made regular rounds but tell of times of relative quiet when they could read, knit or leave the doors open between wards to allow a game of cribbage or other games. There are other stories of staff's night activities that would fill another book if they could be persuaded to reveal them.

Night wards were not really quiet with 60 to up to 144 people in the same room in beds so close together that there might not be room for a night table, and at times barely room to stand between with a challenge of tucking in the sheets in such a little space.

New Leadership

These conditions of overcrowding and custodial care were challenges faced in 1951 Dr. Abram Hoffer became director of the psychiatric research program and a new Superintendent was hired for the hospital at Weyburn. Dr. Humphrey Osmond had been a doctor in the British Navy and had taken further training as a psychiatrist. Dr. Osmond was interested in research into the best conditions and treatments for people with psychiatric disorders. He was disturbed that the mental hospitals had become a dumping ground for vagrants (today's term might be 'homeless'), old people and children without anyone to care for them, characters who did not easily fit into society, and others who were not mentally ill. He also noted that the population included a large number of what was then called 'defectives', later 'retarded' and more recently, persons with developmental handicaps or persons with learning disabilities.

In 1945 Dr. D. G. McKerracher had followed Dr. MacNeill as provincial commissioner of Psychiatric Services. Dr. Osmond and his colleagues were astute enough to realize that until these conditions were brought to the attention of the public, there would be little political will to improve the conditions at the hospital. Premier T. C. Douglas from Weyburn had a strong interest in improving health care. Fortunately, Saskatchewan had just formed a division of the Canadian Mental Health Association. Over the next decades, mental health services in Saskatchewan would undergo a major change. And the CMHA volunteer visitors would help to make it happen. But first, we need to review major steps toward the formation of the Saskatchewan Division of CMHA.

A Very Short History of the Beginning of the Canadian Mental Health Association (Saskatchewan Division) Inc.¹⁰

A National Committee for Mental Hygiene had been started in the United States in 1909. In 1908, Dr. C. M. Hincks, Toronto psychiatrist, linked with an American leader in the mental hygiene movement. Clifford W. Beers had published *A Mind that Found Itself* about his own experience with mental illness and treatment. Together they began to conceptualize a Canadian movement and began recruiting members among medical professionals, beginning with C.K. Clarke, Dean of Medicine and Professor of Psychiatry at the University of Toronto. Early in 1918, fundraising through “drawing room meetings” hosted by socially prominent women who invited about twenty wealthy and influential friends raised the first \$20,000 to guarantee the first three years of a Canadian National Committee for Mental Hygiene (Griffin, 6-9).

One of the first projects of the Canadian National Committee for Mental Hygiene was an invitation to survey Manitoba mental hospitals and jails in 1918. The first survey was conducted by Dr. Clarke, Dr. Hincks, and Miss Marjorie Keyes, a graduate nurse with extra training in psychiatric work. Soon the team of Dr. Hincks and Miss Keyes were invited to report to legislatures of most Canadian provinces including Saskatchewan. An early report recommended the occupational therapy program at North Battleford Provincial Hospital under the direction of matron Miss Hazel Jaques and her staff. The patient’s products and crafts won prizes at exhibitions and fairs and were known throughout Saskatchewan (Griffin,27).

In 1950, the official name was changed to the Canadian Mental Health Association with a White Cross logo. In the same year, federal funding was procured to assist in the formation of one provincial division. Saskatchewan was chosen because of research and education already being done by Professor S.R. Laycock of the Faculty of Education and Dr. D. G. McKerracher, Professor of Psychiatry at the University of Saskatchewan.

The Beginnings of the Volunteer Visiting Program¹¹

Volunteer Visiting at the Saskatchewan Hospital, Weyburn began in May 1952 and continued into the 1960s. Volunteers from Regina usually visited every two weeks. Occasionally the schedule changed because of special events and holidays, and rarely because of blizzards and adverse weather. Visitors from Saskatoon and Duck Lake also visited regularly at Saskatchewan Hospital, North Battleford, and further research is needed to tell their story.

In a review of the volunteer program written about 1961, Mrs. Agnes Davidson tells of its beginnings:

It was in 1951 that the Scientific Planning Committee of C.M.H.A. felt that it would be a good thing if a visiting program could be started to the two Saskatchewan Hospitals and to Munroe Wing [psychiatric ward at Regina General Hospital].

The first tentative effort was to send two visitors to Munroe Wing. At the time little was known about such a visiting program so that the visitors became discouraged and a visiting program was not established until sometime later at the Wing.

During the fall of 1951 the Health Committee of the Local Council of Women along with others studied some of the problems of the mentally ill. This was done under the leadership of Dr. Neil Agnew, at that time Executive Director of C.M.H.A. Saskatchewan Division. The committee as a whole felt that they were not ready to start such a program at that time, although they toured the [Weyburn] Hospital early in 1952.

Because of my dual commitment as a Board member of the Saskatchewan Division and as a committee member of the Health Committee, it seemed to me that a visiting group could be formed. Miss Marjorie Bernard, Chairman of the Health Committee was able to interest Mrs. George Wright in becoming a member of the visiting team. I was able to persuade Mrs. E. W. Larrigan, Mrs. W. Roy Smith and Mrs. F.J. Dixon. None of these women were members of the Health Committee.

The first visit to the Hospital was made on the 28th of May, 1952, with the above named women, myself, Mr. Harold Lobb now Executive Director of C.M.H.A. and Dr. Campden Main, a doctor at the Munroe Wing. On arrival we were joined by Mr. McKenzie, a psychologist there, and taken on 3B.

* * *

On entering the ward the gentleman accompanying us found chairs in the centre of the room and we the fledgling visitors looked around to see where to begin. The wards were not the cheerful place a similar ward is today nor were the visitors as attractively dressed.

An elderly woman half lay, half sat on a lounge and looked so woe begone that I felt I could not make matters worse so I approached her. She responded to my greeting and asked me to read from the Bible. We talked a little while together and as I moved away Mr. McKenzie came over to talk with her as for some time she had not communicated with the staff. This first visit was a momentous one for our team. We went fifteen more times during that year. Each time learning a little more about visiting the mentally ill.

After a great deal of consultation with staff members it was decided to give a picnic to a few patients selected by the staff. Because the day chosen proved unsuitable the picnic was held in the balcony of the auditorium. The patients and the visitors spent a very happy time together and when it was time for the former to go back to their ward, they carried with them at their own request some of the goodies that were left over for their friends. This gesture of friendship did much to establish the visitors favourably in the eyes of the patients not only 3C but other wards as well.

That first year nineteen visitors in all went to the Hospital. Of these seven are still actively engaged in the work of C.M.H.A. in one way or another. The number of visitors totaled ninety [in 1952]. In 1960, 243 relatives and 635 visitors traveled on the Charter Bus to Weyburn.

This Charter Bus mode of travel was started in September 1953 and proved so successful that Saskatoon visitors adopted it in March 1954 and five years ago Prince Albert instituted regular monthly trips to the [North Battleford] Hospital.

The program over the nine years that it has operated continuously has changed to meet changing times. Much of its success has been due to the encouragement and assistance given by Dr. Osmond and his staff, to the visitors.

There are now eleven teams of visitors working on the wards. As much as possible the same people go back to the same wards. Continuity in ward visiting is very important. The music team, the language team and the birthday party team all play their role. Other teams use cards or bowling or pool in their approach to the patients. Others do just friendly visiting. Parties are held at Christmas and of course the visitors enter whole heartedly into "Operation Friendship" [collecting Christmas gifts for the patients]. This year large ward parties have been held at the Annex on 6 and 8B and smaller parties have been held for special groups visited.

In 1961 a fire on D Floor had started in a mattress and resulted in the deaths of six elderly patients by smoke inhalation. The fire was quickly put out by staff and the Weyburn Fire Department¹². Mrs. Davidson's history refers to this tragedy:

The day after the fire, the visitors were asked to carry on their regular visit. This would seem to indicate that the visitors do play a real role in the life of the hospital. On this visit the patient were especially appreciative. The visitors were in turn impressed by the way the hospital staff and the patients were carrying on much as usual after the tragic experiences of a few hours earlier.

An undated carbon copy titled "Women's Voluntary Services in Mental Hospitals"

compiled by Dr. H. Osmond, Clinical Director at Weyburn suggests "possible activities that might be carried out by volunteer women's groups" outside and inside the hospitals.

- A. *By a provincial organization working outside the hospital.*
 - 1. *Public Relations – through members of the organization visiting one of the hospitals they could carry back accounts of their visit, indicating the hospitals needs, and working out activities to meet some of these needs.*
 - 2. *ie: Help and understanding for discharged patients, both of practical sort and in the creation of kindly accepting atmosphere in the community.*
 - 3. *ie: Collecting comforts and supplies, clothing, furniture and Christmas presents.*
 - 4. *ie: Collecting raw materials for the occupational therapy department, such as old hats, clothes, books, jewellery, etc. for conversion into saleable goods.*
 - 5. *ie: They could work for the sale of hospital made goods at regular intervals so providing a regular demand for the best quality products of the hospitals.*
 - 6. *ie: They could create a mental health lobby, since they would be a fairly numerous group of well-informed active women.*
- B. *By members of locals of such an organization working voluntarily in the hospital on a part-time basis.*
 - 1. *They could visits patients who have no relatives, supply them with small comforts and write letters for them.*

2. *They could take groups of patients for recreational walks, drives and visits to the theatre, etc.*
3. *They could take patients to their homes.*
4. *They could attend hospital dances, socials, etc. as well as providing entertainment.*
5. *They could help the Occupational Therapy Department. Women with suitable skill and temperament could put in a given number of hours on a rotation basis.*
6. *They could note deficiencies in the hospital program and encourage the administration to improve conditions.*
7. *They could help with patient rehabilitation – finding jobs, living accommodation, develop interests, friendly support and advice.*
8. *They could report favourably on aspects of the hospital deserving it.*
9. *They could assist in special cases in helping set up boarding out experiments.*
10. *Encourage towns near hospitals to take interest in nursing staff.*
11. *They could help in the recruitment of suitable nursing staff.*
12. *They might set up and conduct a special branch of Occupational Therapy, such as a cooking shop.*

This indicates that there is no shortage of possible activities for volunteers.

There is evidence in the records that most of these suggestions were followed regularly or occasionally in the next few years.

In 1952, the first social worker, Mary Vogt and the first research psychologist were hired and a project was designed to see what would happen if certain patients received the best possible treatment under the most favorable program. A “total push” program to encourage patients to be active and stimulated began.

The early role of CMHA and its visitors is documented in a letter dated Third September 1953 from Acting Superintendent Osmond of Saskatchewan Hospital, Weyburn to Mrs. R.J. Davidson, President of Saskatchewan Division thanking the Regina Ladies for a picnic and the inauguration of the relative’s bus service. C.M.H.A. chartered a bus from STC (the Saskatchewan Transportation Company) for the volunteers and charged a small fee to relatives who wanted to travel to the hospital to visit family and friends.

Dear Mrs. Davidson,

This is a short note on behalf of the hospital to thank you as President of the C.M.H.A. and organizer of our Regina Ladies, for the fine picnic which you provided. I was very sorry not to have spent more time at the picnic, but some unexpected and urgent business arose which had to be dealt with.

The ladies produced a very handsome spread and I'm sure that it was much appreciated by our patients. It was also the inauguration of the relatives [sic] bus service so it was in every way an occasion.

I am sure this is not done without some difficulties and disappointments, but I believe that you are doing essential pioneer work, so more ladies get to know the hospital and as we solve transport duties I shall introduce you to our graver problems. Of course we in Saskatchewan are not alone in having these problems, but it is clearly up to us to cope with those on our own door step first. The initial step is always that of recognizing that a problem exists; until that first step is taken there is nothing that can be done about it.

I look forward to seeing you again soon. Please convey my sincere thanks to our Regina ladies for all they did, and thank Mr. Lobbⁱ in his work in organizing the relatives for the bus. I think the relatives were very glad of this and there is no doubt that but for C.M.H.A. this would not have been thought about, let alone put into operation.

We hope, before too long to have a patients society running, operated by the patients for the patients. I feel they should liaise with C.M.H.A. It would be an excellent piece of mental education and would establish the idea that the mentally sick can be as responsible and sensible as anyone else. Most of them can be, much of the time, if we only allow and encourage them to be.

I expect that you felt as I did yesterday "its [sic] growing, slowly but steadily with good roots". This is what we need, sensible, earnest people who will really learn about the very hard problems which must be solved. I don't think there are any easy answers, but equally there are very few problems insoluble to those who have the will and persistence to solve them.

*Yours very sincerely,
"HUMPRHEY OSMOND"
Acting Superintendent.*

ⁱ Executive Director of CMHA (Saskatchewan)

Volunteer Visitor Evaluation of the Wards

In 1953, the Volunteer Visitors also took seriously their mandate to note deficiencies and a team of four women visited the female admitting ward, the senile ward, the mental defective and the basement wards. The basement wards included a ward for very old bedridden and chronic patients, a mixed group ward, and a hard to manage or refractory ward. They also visited the T.B. (tuberculosis) wards for men and women in a separate building. The Hospital, built in 1921 to accommodate 1200 patients housed 1900 patients in 1953. Their report was shown to Dr. Ian Clancy, Clinical Director on a regular visiting day and then presented by Frances Groome to the Regina Council of Women Annual Meeting in January 1954.

In the Admitting Ward, they noted a shortage of space and staff to accommodate insulin shock treatments and commented on other conditions:

Also off the admitting ward is a small occupational therapy room. Interesting work is being done by about ten patients seated around a long table. Free movement around the room was impossible due to its small size. There was also a sitting room in connection with this ward. This whole ward was very pleasant and the physical surroundings were more agreeable than any of the others that we visited. There were fewer patients and the numbers limited to insure more intensive treatment.

The four investigators inquired about the number of younger people in the Senile Ward.

We were told that some of the contributing factors were conditions today, lack of housing, lack of security, and many are not wanted by their families.

The Low Grade Defective Ward held 98 persons of all ages. Today the residents there would be called 'developmentally handicapped.'

We noted that they were affectionate and fairly happy. Two of the patients we saw had arm restraints. There appeared to be nothing for them to do and we were told they live their whole life on this ward. They never get out doors.

In the basement ward for the old, bedridden and chronic patients, there were 106 residents. The ward had been recently repainted and the women noted bright curtains at the high windows. In the Refractory Ward, they “wondered how the cement floors could possibly be warm, especially in the solitary side rooms.”

The T.B. wards housed 46 female patients on the main floor and 56 male patients on the second floor.

The building was over-crowded and under-ventilated in the extreme. Along with mental illness, these patients have T.B. which is why they are isolated. ... The main thing that impressed us was the over-crowding and the impossibility of giving the intensive treatment to more patients. This treatment would give a chance to return a greater number to the community.

In summarizing their survey, the team of volunteer visitors felt that overcrowding might be reduced if some of the elderly people could receive care in homes near their home community. They also noted the cleanliness of all wards, but the lack of ventilation concerned them. “We ... were told that all ventilation ducts had been closed because of their fire hazard.” And the final comment of the report had a handwritten note that said ‘emphasize this’:

With the exception of the parole ward, where patients could go out and in at will, no ward had access to the outdoors.

Changes in Occupational Therapy and Recreation Therapy¹³

It is probably not coincidental that in 1955, an addition with fifty beds was added to the TB ward with a bowling alley in the basement.

Kay Parley, who wrote a semi-fiction book, *Lady with a Lantern*, about her experiences as a patient and then a student nurse at Weyburn, documented the range of recreation facilities available at the hospital:

We had a small bowling alley, assembly hall with stage, balcony and motion picture projector, and we had ball diamonds, bowling lawns, tennis courts, skating and curling rinks. We had sports activities ranging from medicine balls to bikes. To expand our facilities and help in the re-socialization of patients, we had arrangements to take patients to a bowling alley, a movie theatre, and a public swimming pool down town.¹⁴

The 1950's brought a number of improvements in the Occupational and Recreational Therapy Departments at Weyburn Hospital. Ray Belanger writing in the history of Saskatchewan Hospital, Weyburn *Under the Dome* gave a working definition of Occupational Therapy (OT):

Occupational Therapy was described as any activity prescribed and professionally guided with purpose of aiding recovery by occupying the patient's body and mind. Occupational Therapy has existed as an important part of treatment in the hospital almost since its beginning (63).

Wood work, crafts, leather working and painting are common OT activities historically and today. The craft work was regularly displayed at the Regina Fair and patients from Weyburn often won prizes for the quality of their work. Craft work from Saskatchewan Hospital, North Battleford was shown and sold at fairs and exhibitions in North Battleford and Saskatoon.

In Weyburn Hospital in 1954, under the leadership of Earl Beck and Ken Pollock, Recreation Therapy staff included the two therapists and two nurses. Every student spent two months in the Recreation department. The emphasis changed from large group activities to concentration on the individual.

Recreation activities (to which the Volunteer Visitors contributed) included dances, bingos, card parties, amateur night, sing songs, ball games and skating. A small physiotherapy (PT) department provided what was called “medical gymnastics” with long-term patients with the intention, as supervisor of physiotherapy Mrs. M. Vint, stated:

Patients of long standing illness, who had previously been considered resistant to any form of treatment, many consigned to a quasinegativeⁱⁱ existence, are aroused by P.T. from their morbid introspection¹⁵.

By 1957, there were ten staff in the Occupational Therapy Department and three in the Recreation Department. During 1958, renovations were completed for group and individual therapy sessions. That same year, Ward Activity Department began taking crafts, games and music to the various wards. The ward activity program was a serious attempt to treat “hard core” patients who never left their wards. In 1959, the Ward Activity program was expanded with administration transferring from the O.T. department to nursing supervision as group work was begun on the wards.

Patient recreation committees were set up on wards and given responsibility for planning and implementing their own activities. The staff expanded to offer gymnastics, art therapy and music therapy.

ⁱⁱ “Quasi” is a prefix meaning almost, seemingly or resembling. Nurse who worked in the hospital described patients who barely responded, remaining silent, sometimes not moving unless staff repositioned their arms and legs.

Music Therapy

In the research for this project, Rose Schultz, one of the first music therapists at Weyburn, spoke of using music to reach people at an emotional level. When asked to tell her most memorable experiences. Rose told of two patients that she had worked with individually on two separate occasions.

One was a very hyperactive woman in a manic state. Rose put a discordant piece of music on the record player, a fast-paced composition without a regular rhythm that reflected the woman's agitated state. The woman was very controlled and usually did not speak, so it was a break-through when she actually said, "Please turn that off." Rose put on successive pieces of music, first rhythmic and fast, then slowing down to about the rhythm of the heartbeat. The woman's restlessness subsided and she left the session calmer.

On another day, the woman who came to Rose was very depressed, withdrawn, with very slow movements. In this case, Rose said she started with slow, minor chord music and gradually increased the tempo and mood of the music, again until the rhythm neared heart beat speed. At this point, the silent woman said, "I used to like to dance." Rose put on an old time waltz. Since the woman had trouble walking, and to respect the physical space between them, Rose got a wheel chair and they danced. Rose remembers that soon after the woman recovered enough to return to her family.

An anonymous Volunteer Visitor wrote the following account called “Music and Mental Health”

Many years ago, Congreve, an English dramatist wrote “Music hath charms to soothe the savage breast.” More and more we are realizing that music does have power, not only to soothe, but also to stimulate. Music and singing for many of our mentally ill people have been an integral part of their former life. Then to be hospitalized and deprived of this pleasure must be very disturbing indeed.

In our volunteer visiting to Weyburn Mental Hospital, we are endeavoring to help fill this need. The music group consists of at least two volunteers, one being a pianist and the other a song leader. Upon arrival at the hospital, this group is joined by one or two men patients who for several years now have carried the song books from ward to ward and greatly assisted in the singing. For a time a young man patient who is an accomplished accordionist went along with us. He was discharged from the hospital and is now living a happy, normal life. We feel that the opportunity of continuing to satisfy his enjoyment of music may have been a significant factor in his recovery.

As we enter the wards we are greeted enthusiastically by some, but many of the patients are indifferent and withdrawn. We pass out the song books to those that will accept them, and begin with a well known song such as “It isn’t any trouble just to S-M-I-L-E.” Gradually the patients begin to relax and more singers join the group. Here is an activity requiring no special skill in which they can participate unobtrusively. For a short time at least, singing takes them out of themselves and into the charmed world of music. Not all join in the singing. Some enjoy listening. Others keep time with hands or feet. A few will sway with the rhythm. There are given an opportunity to choose selections they would like to sing. The old familiar hymns such as “He Leadeth Me” and “What a Friend We Have in Jesus” are general favourites. Our two regular assistants from the hospital both play harmonicas and entertain with one or two rollicking numbers. Sometimes a talented singer among the patients is asked by the group leader to sing a solo. A few acting songs have been taught with good results. Special days are marked by singing songs suitable to the occasion.

When the time comes for us to leave the ward we find that very often the most appreciate thanks come from those who to all appearances have taken no active part in the singing. The questions, “When will you be back again?” and remarks such as “Thank You for coming. I enjoyed your playing.” are very rewarding.

Recognition for the Improvements

One of the highlights of the Hospital’s history was an International prize in 1957 from American Psychiatric Association in recognition of outstanding progress over a three

year period. wording on the silver plaque reads “for outstanding accomplishment in improving the care and treatment of patients.”¹⁶

The Weyburn Hospital history notes that the stronger recreation and occupational therapy programs alleviated some of the nursing load, reduced the custodial aspect of the wards, and improved the hospital’s image credibility as patients on the ward as well as those with “parole” became more active and involved.

Parole Patients

The term “parole” reflects that in the 1950’s, incarceration in the mental hospital was still seen as more legal than medical. In today’s psychiatric wards, we’d say the person has “off-ward privileges” or “day passes”. With every door locked in the hospital, patients had to show a parole card before the door could be unlocked for them to go outside, to the canteen or anywhere off their own ward. Some patients with parole could go downtown and often did errands for patients on their ward. However, mailing a letter for another patient was a cause for losing parole. Staying out after curfew, misbehaviour on or off the wards, and other infractions could result in temporary or long-term loss of freedom.

After Dr. Osmond implemented an “open door” policy for some wards, there were controversy with the citizens, City Council and Chamber of Commerce of Weyburn. Most patients used their freedom well but a few failed to return or had poor social skills and boundaries that brought them to the attention of the public and the R.C.M.P.¹⁷

A videotaped interview with Elsie Postey and Mary Konotopetz on the Weyburn Hospital Virtual Museum site tells a story about the activities of some parole patients who had gardens on the hospital grounds:

“Some of them would stay out there and work all day. They would have beautiful gardens and people from town would be able to go there and purchase vegetables from them if they sold. That gave them some spending money for their tobacco or whatever they wanted. They had a patients canteen [in the hospital] too where they could buy items from the canteen or sit down and have a coffee.”¹⁸

In Kay Parley’s story, some of the women even canned vegetables and made jams that they stored in boxes under their beds. Kay’s father, also a long-term patient, helped some of these women dig their gardens and for one, made a wooden under-bed locker to store the jars and other treasures. (p. 172). One of Parley’s short stories “The Man Who Fed the Birds” tells of the small shack built by one of the patients near the north gates of the Hospital. The patient sat watching the people coming and going, and the birds that came to the nests he created from tin cans and wood. On Christmas day, and every day, this man with parole took bread crumbs and warm water to feed his birds¹⁹.

Other long-term patients with parole built small shelters near their garden spots where they could keep their tools and rest in the shade. Within the hospital walls there was little personal space and privacy but these people found ways to create their own space, and sought purpose and meaning in caring for their gardens (or birds).

Update on the Volunteer Visitors²⁰

Up to this point, the Volunteer Visitors had been coordinated through Recreation Department and negotiated with individual wards under the direction of Superintendent Osmond. In 1957, the first volunteer coordinator, Ms. Eve Marris, was appointed.

The scope and variety of involvement of the Volunteer Visitors is evident in this annual “Report of the Volunteers to the Saskatchewan Hospital, Regina Branch, 1958”:

Once again the Volunteers of the Regina Branch had a busy and successful year, both at the Hospital and in activities in Regina. A total of 80 participated. From time to time guests from out of town accompanied the Volunteers from as far away as Ottawa. The total number of trips made was 26. The regular trip of December 31st was postponed to January 2nd and had to be cancelled because of weather conditions. During the year 185 relatives were carried, 22 patients, and 765 volunteers for a grand total of 972. In addition a total of 20 volunteers from Estevan worked with the Regina team. Average number of relatives carried 7, patients 1, and volunteers 29-42.

A series of ten volunteer orientation classes were offered from October 1957 to February 1958 as outlined in a sheet distributed to volunteers: 1) Introduction by Mr. L. A. Henbury; 2) Legal Aspects of Psychiatric Care by Mr. Stanley Rands; 3 & 4) Personality Development by Dr. Blewett; 5) Pathology of Personality by Mr. C. Jillings; 6) Psychiatric Treatment by Dr. Martin; 7) Practical Approach by a Psychiatric Nurse; 8) Practical Approach by Mr. I. J. Kahan (psychologist); 9) Rehabilitation by Mr. I. J. Kahan; and 10) General Meeting with discussion of problems and principles in working with the mentally ill.

The Report of the Volunteers thanked the leaders and in particular, Mr. Kahan who organized the series. “It was considered that this course in orientation had been very worthwhile and indicated that related courses might well be given from time to time.”

The new emphasis at the Hospital was designed to get patients discharged to group homes or their own homes. For some people, it had been years since they had been out of their wards and the busy world could be quite a frightening adventure. In 1957, the Volunteers started a new initiative of bringing patients to Regina for the day.

A new project this year was the entertaining of patients from Weyburn in the city for a day of sight seeing and attending a sporting event to a buffet supper in the Clubroom. Six such suppers were held with an average of 8 guests each. On one occasion, the guests were women. Delicious salads, pies and relishes were donated by the volunteers. Friends donated money to help with the project; otherwise any needed funds were from the volunteer account.

Volunteers also raised funds to contribute to the music department and to introduce television to the Hospital.

A new Hi-Fi was donated to assist with music therapy at the Hospital. Substantial donations were received from the women of Trinity Lutheran Church, The University Women's Club, and Regina Branch [of CMHA] as well as other smaller donations. In addition records to the value of \$60.00 to be used in music therapy are in the process of being purchased. The presentation of the T.V. to Dr. Humphrey, the Superintendent of the Hospital [was on T.V.]

The Volunteers also served as guides for groups that visited the Hospital:

When the Associated Canadian Travellers' motorcade went to Weyburn, it was accompanied by five volunteers who assisted with ushering the travelers and their friends through the Hospital and explaining to them something about the plant, the patients and administration.

Volunteers continued to provide feedback on the conditions they saw and made suggestions for improvements:

Dr. Robert Sommer, research psychologist for the Hospital had a series of interviews with volunteers over quite a period of time. In a letter he says in part, "I have been very grateful for the assistance of your ladies in our interviews. This has been of

considerable help to us in our attempts to design more therapeutic wards and dayrooms.”

One of the highlights of every year was a fundraising tea that not only raised money but also raised the profile of the Canadian Mental Health Association and the Volunteer program. The tea pourers included the wives of the provincial Premier, Minister of Health, Minister of Education and the wife of the Mayor of Regina. A chart of workers indicating their social status (when known) is included in Appendix ‘A’ As the Chairman of the Volunteers reported:

The tea at the end of October was an outstanding success both from the public relations angle and from the financial one. These funds help us materially in financing volunteer projects.

It was not until the 1960’s that patients owned their clothing, shoes, razors, and private effects. For example, men’s boots were sent for repair and when they were returned they were re-issued without attention to how they fit²¹. One of the improvements at the Hospital in 1955 had been the introduction of new and more comfortable clothing for the patients. As the Hospital history noted, “Nylon dresses and socks lasted six to fifteen times longer than those made of wool.”²² I’m curious what fashions were shown at the Fashion Show:

Earlier in the month a Fashion Show was held at the Hospital. It was planned by Mrs. E. Marris and had the assistance of Estevan, Weyburn and Regina Branches. Especially notable was the contribution made by Miss Joan Wadsworth and her models. The show itself was spectacular but it would look as though the planning period should be longer than was the case and the values involved more closely studied.

Miss Wadsworth went down several times and gave help to the women in two wards as to make-up, posture, rhythm, etc. This was a very worthwhile project and might well be undertaken again when possible.

Planning parties and special entertainments was a regular feature of the Visiting Program:

The following groups sponsored birthday parties during the year: Women's Auxiliary to the Canadian Legion, Windthorst; the Wal Angus Chapter of the Dale Carnegie Club; Holy Rosary Catholic Women's League; Wilcox Catholic Women's League; Women's Auxiliary to Camp Balmoral of the Sons of Scotland; the Women's Association of Redeemer Lutheran Church; Mission Circle of Trinity Lutheran Church; Women's Circle of First Baptist Church; the National Council of Jewish Women; the Women's Federation of Westminster United Church; St. Cecilia's Catholic Women's League; and the Volunteer Visitors.

A Valentine party was sponsored on the T.B. Annex for over one hundred patients by the Volunteer Visitors. A party was sponsored on this same ward in September by three Rebecca Lodges: the Fellowship, Naomi, and the Empire. A party on this ward is doubly appreciated as they are isolated in a separate building.

The community singing remains a very popular feature of the visiting.

Although there is general ward visiting, a great deal is done by visiting particular patients, both those the visitors know personally and those they have been asked to see. Classed as special visiting is the work done with non-English speaking patients. The latest addition to our language family is a Rumanian speaking visitor. The language group covers most European languages and Chinese.

A great many magazines are channeled to the Hospital through the Visitors, as are knitted slippers, cosmetics, costume jewelry and many other things.

The highlight of the year was the Christmas party at the Annex and in the Auditorium where about 150 patients were assembled for a Christmas sing, concert and treats of candy, oranges, and cigarettes. The Annex patients in addition received individually wrapped Christmas cake. The treats were financed by the Regina Branch.

The visitors also helped at the picnic [on Family Day in the summer] and provided pies baked by themselves and donated by the bakeries. One bakery sent doughnuts on this occasion.

It is hoped that more can be done for the patients who work in the laundry. They have been visited from time to time and had a treat once this year.

The closing remarks note the addition of the volunteer coordinator and thanked the

Hospital staff and CMHA:

The Volunteers now work with the Co-ordinator of Hospital Visitors instead of the Director of Recreation.

Our thanks to Dr. Osmond and members of his staff, to members of the Division staff and to our President and Executive members.

Respectfully submitted

Chairman of Volunteers

We can guess that the unnamed chair is Mrs. Davidson.

The Changing Volunteer Program

In March 1959, a memo from Dr. Osmond suggested a new direction for the volunteer visitors in helping patients learn about the 'outside' world and its expectations and the changes (telephones, motor vehicles, fashions and other factors that would seem new to people experiencing them for the first time). Visitors would be encouraged to facilitate contact between patients and their families and former communities as they prepare for discharge. The Visitors were also asked to take more responsibility for arranging for and organizing the parties and entertainments. Dr. Osmond in his communication noted that the change in expectations might be hard for the visitors, particularly those who had established relationships with patients over the years.

In May 1959, a report to CMHA from the Volunteer Visiting Program protested the change of attitude at Saskatchewan Hospital, Weyburn.

Since the appointment of a hospital co-ordinator of visitors, there has been a great deal of change in the visiting program. Discussions have been held with Mrs. Marris, Mrs. E. Carruthers and Dr. H. Osmond. Limitations [on the visitors have increased] until now the hospital asks to have every visitor named to a particular hospital ward and in some wards, every visitor to a patient. Because of distance and the total time involved it is difficult for the same visitors to come every time. Patients whom many of the visitors have known for years may only be visited after the regular visiting by going to the desk and having them brought down in the way that it is done for the ordinary visitor at the

hospital. The visitors feel that the change that has come about is much too drastic and whereas a certain amount of planning by the hospital is to be expected, often a great deal of visiting time has been wasted and no useful purpose accomplished.

There also appears to be quite a difference in thinking in the North Battleford hospital and the Weyburn one. Our visitors for instance are not allowed to see any new admissions or re-admissions. Fairly recently in the North Battleford hospital, regular parties have been arranged between the wards having new admissions and those wards that have patients ready for rehabilitation. This work is done by Saskatoon visitors.

Our women are pretty generally speaking the feeling that they are not wanted and consequently the attendance has suffered both in numbers and in regularity.

Changes at the Mental Hospital

As the early tranquillizers and new anti-psychotic medications were introduced, the professionals began to look forward to a day when even long-term patients might be released into the community. Electro-shock treatments also helped patients with debilitating depression and delusional thinking. The Admissions Wards had always concentrated on more intense therapy to return patients to their homes. One man, who was released after months in the mental hospital, shared his story for the Regina Leader-Post in January, 1960²³:

Regular electric shock treatments are held at the hospital on doctor's orders. You lie on a bed and are put under an anesthetic before treatment.

I began to get better with these treatments. My doctor assured me that my political and religious beliefs were no business of the hospital's, and I felt new freedom and individuality, as I began to stand on my own feet again.

Those snooker, cribbage and rummy games took on a greater lure, and I began to enjoy table tennis. I hadn't played baseball before I went into hospital. Now I was scoring home runs.

* * *

Now I could enjoy the gymnastic exercises, bowling, dances, films and the wiener-roasts on the grounds.

After nine years at Weyburn, Dr. Osmond returned to England on September 1, 1961, sent off with a series of parties sponsored by the government, the staff and the patients of the Hospital.

Volunteer Visiting continued with regular birthday parties, the summer Family Day picnic and patients making short stays with Volunteers in Regina in preparation for discharge. In January 1963, Mrs. Davidson received an invitation for the volunteers to learn more about the “Boarding Out Program”, a foster home type of discharge for patients.

A number of patients are out on this type of plan now and many more could probably go. The need for interested families in the community and suitable homes is pressing and we wondered if your group would be interested in hearing more about it.

The same letter asked for a toy telephone for discussion groups and large size knitting needles for Occupational Therapy.

Just before Christmas in 1965, forty brave women travelled the 120 kilometer (about 50 miles) road from Regina to Weyburn and back in cold stormy weather to take Christmas treats and good wishes to four wards of geriatric patients and to the laundry at the Hospital. Collection and distribution of Christmas gifts had been a major project of the Volunteers for the past few years. A group of musicians went from ward to ward. In an interview with the *Weyburn Review*, Mrs. Agnes Davidson commented on changes she had seen in her years of visiting:

During the first visits, she recalled, most patients were unable to take part in Christmas festivities; they had forgotten how. The patient participation in both preparations and the actual party had increased a great deal.

* * *

Christmas gifts continue to arrive for the patients. Gifts are donated by individuals, as well as church groups, community clubs, Homemaker circles, farm women's groups and the Mental Health Association. Parcels are arriving daily from all part of southern Saskatchewan.

* * *

Volunteers from the city along with staff volunteers are wrapping the gifts. They will be distributed Christmas morning.

In a further effort to encourage patients to participate in all the joys of Christmas, that of giving as well as receiving, all patients who are in groups, have drawn names. They are encouraged to visit the gift room, select a gift and wrap it.²⁴

Pins were given to volunteers who had contributed 100 hours of visiting. This was only the time spent on the wards and did not include the travel time. Some volunteers also were presented with certificates marking twelve years of participation. At another pin presentation in February 1965, it was noted that since 1959, thirty volunteers had received 100 hour pins.

New Roles for Volunteers in a Changing Mental Health System

The number of patients in Hospital was steadily being reduced. Senior citizens were sent to nursing homes nearer to their home communities. Approved homes and group homes provided care for other released patients. Some returned to their own homes and some became caught in the revolving door of general hospital admissions and discharges.

In the meantime, the Regina Visitors had begun a program at the Munroe Wing of the General Hospital. The White Cross Centres had been started in most CMHA Branches including Regina and Weyburn to offer social and recreation programs for patients being released from the large mental hospitals as well as those who had been hospitalized in the

city and others who were being treated in the community. A note in one of the reports says that leftover goodies from a Halloween party at Weyburn were given to the Regina Clubhouse

The available notes on the Volunteer Visitors for Saskatchewan Hospital, Weyburn do not document the end of the program. However, the history of the Hospital speaks of the change from volunteering in the Hospital to community-based programs:

They continued on with their visits to the Hospital until the 1960's when the White Cross Society was formed with grants received from the Government. They wanted the public to get interested in patients that were able to come out of the Hospital and work and live in Group Homes. One night a week was started to facilitate a patient get-together. Once this started, the ladies were asked to donate their time to this and thus stopped their visitations to Saskatchewan Hospital²⁵.

The White Cross Societies expanded quickly from one night a week to full time programs in most of the Saskatchewan Branches, and after the 1970's the White Cross name was dropped to identify more clearly with the Canadian Mental Health Association. Today, in the first decade of the 21st Century, instead of spending years in the big hospitals, people get mental health support as out-patients from community mental health and are hospitalized in psychiatric wards associated with the general hospitals of their community. Those stories too deserve to be told – another day.

Afterword

During research for this paper, the writer visited the Branches at Weyburn and North Battleford. Each drop-in centre serves people with experience of mental illness, sometimes called “mental health consumers”; most have been patients in the psychiatric wards of their communities and/or outpatient mental health clients. The program emphasis has changed from primarily social and recreational activities to include job preparation and work parties doing snow shoveling, yard work, furniture moving and other casual jobs under the supervision of paid staff.

Nevertheless, the social and recreation programs continue. The Weyburn group was planning a Spa Day at Moose Jaw. The North Battleford consumers talked about the recent bowling and pizza party that provided a welcome break from their snow-shoveling tasks. Volunteer support has changed too but remains essential to the work and well-being of groups like the Canadian Mental Health Association Branches and Division that continue to work for the improvement of the health and lives of people who experience mental illness. And recreation, sports and meaningful leisure will always be part of a balanced healthy life for people living in recovery with mental illness and for the continuation of good mental health.

Appendix “A” October Tea Volunteers, 1957

The Fall Tea was a major effort of the Volunteer Visitors to raise funds and public awareness of the needs of the mentally ill in Saskatchewan Hospital, Weyburn and of the work of the Canadian Mental Health Association (Saskatchewan Division).

Forty-four of the 45 volunteers were from Regina. The original list included street addresses. This list indicates the position or occupation of the women and/or their husbands to indicate the prestige of this fundraising event. [Additional information may be added as discovered.]

Those assisting in the project tea 1957 were:

Tasks	Name	Woman’s Position	Husband’s Position
Receiving	Mrs. M. P. Toombs		
	Mrs. A. M. Derby		
	Mrs. R. J. Davidson	President, CMHA	Chair of Prov. Red Cross 1951-57
	Mr. Lewis A. Henbury		
Pouring	Mrs. T. C. Douglas		Premier
	Mrs. W. S. Lloyd		Minister of Education
	Mrs. J. Walter Erb		Minister of Health
	Mrs. T. R. Cowburn		Mayor of Regina
	Mrs. L. A. Henbury		
	Mrs. J. D. Stephen		Doctor in Regina
Hostesses	Mrs. Joseph Wilkie		
	Mrs. I. J. Kahan	Researcher and author in orthomolecular psychiatry	Researcher in psychiatry, Weyburn Hospital
	Mrs. George Struthers		Minister Carmichael United Church
Ushering	Mrs. L. B. Mohr	From Riceton, SK	Researcher on innovation in politics and health
	Mrs. F.H. Portnall		Architect
	Mrs. J. C. Dalmas		

continued next page

Servers	Mrs. Oliver McInnes		
	Mrs. B. Daly		
	Mrs. H. Plante		
	Mrs. S. J. Lennox		
	Mrs. Eric Ellis		
	Mrs. A. Flood		President of Sask Geological Society
	Mrs. C. C. Gant		
	Mrs. George Klein		
	Mrs. M. James		
	Mrs. W. O. Calnek		
	Mrs. A. E. Ford		
	Mrs. A. R. Riddell		
Assisting	Mrs. Julius Werner		
	Mrs. A. Friedrich		
	Mrs. M. S. Shore		
	Mrs. Y Bing Wo	Possibly translation Volunteer Visitor	
	Mrs. D. Paterson		
	Mrs. L. E. Eastman		
	Mrs. H. T. Halvorson		MLA for Cypress in 1921
	Mrs. J. G. Morrison		
	Mrs. J. G. McDougall		
Tickets & Registration	Mrs. W. R. Kelly		
General Convener	Mrs. J. A. Menzies		Lawyer
	Mrs. J. S. Turnbull		
	Mrs. C.J. Gilstrom		
	Mrs. J.A. Snell		Teacher, later School Inspector, Saskatoon
	Mrs. R. Pidde		

End Notes

- ¹ Belanger, Ray, "Sports 1954-1981" in *Under the Dome: The Life and Times of Saskatchewan Hospital, Weyburn*. Weyburn, Souris Valley History Book Committee (1986)
- ² Alberta Centre for Active Living 16:4 "Encouraging the Abilities of People with Disabilities in Recreation and Active Living" by Jullian Sawyer. Edmonton: August 2005. Accessed April 13 at <http://www.centre4activeliving.ca/publications/wellspring/2005/august.pdf>
- ³ Centre for Addiction and Mental Health, Quote from Therapeutic Recreation Ontario, 2003 in "Recreation Therapy at CAMH" Toronto accessed April 13, 2009 at http://www.camh.net/Care_Treatment/Care_providers_role_descriptions/careproviders_recreation_therapy.html
- ⁴ Thorman, George, "Toward Mental Health," Public Affairs Pamphlet No. 20, USA, 1950, p. 2; quoted by Maureen Kramer "Three – Four – Shut – the – Doors: The Saskatchewan Plan", a paper for Social Work 828 Health Policy, April 1998.
- ⁵ These people would have been settlers. I have not yet found information about how mental illness was treated by First Nations people or handled by Indian agents and reserve leaders. Research on mental health services, historically and presently, is important but beyond the scope of this paper.
- ⁶ The Encyclopedia of Saskatchewan, "Mental Health Services" accessed April 8, 2009 at http://esask.uregina.ca/entry/mental_health_services.html
- ⁷ I could imagine channeling my anger into splitting rocks but was grateful that expectations had changed by the mid-1970s. In Occupational Therapy in 1974 at Saskatchewan Hospital, North Battleford, I used a much smaller hammer and a variety of leather punches to decorate one or two belts per day that were sold in the Hospital gift shop. We were paid a small salary; I recall (but have not verified) that a week's work bought a package of tailor-made cigarettes at the canteen.
- ⁸ *Under the Dome: The Life and Times of Saskatchewan Hospital, Weyburn*. Weyburn, Souris Valley History Book Committee (1986), p. 3
- ⁹ Parley, Kay *Lady with a Lantern*, Regina: Benchmark Press (2007), p. 194-95
- ¹⁰ The history of the national CMHA has been recorded by its second Secretary, John D. Griffin in his book *In Search of Sanity: A Chronicle of the Canadian Mental Health Association 1918 – 1988* (London, Canada: third eye, 1989).
- ¹¹ Further research is required to document the beginning of the volunteer visiting program at North Battleford. Gratitude is extended to Mrs. R.J. Davidson, first President of the CMHA (Saskatchewan Division), Regina who kept careful records and to Phyllis O'Connor, Executive Secretary of the Division who compiled a binder of these notes in 2005.
- ¹² *Under the Dome*, p. 8-9
- ¹³ Belanger, Ray. "Therapies (1923-81)" in *Under the Dome: The Life and Times of Saskatchewan Hospital, Weyburn*. Weyburn, Souris Valley History Book Committee (1986)
- ¹⁴ Parley, p. 10
- ¹⁵ *Under the Dome*, p. 63
- ¹⁶ *Under the Dome*, p. 8
- ¹⁷ Soo Line Historical Museum, Weyburn, Saskatchewan: "Open Door Policy" Slide 146 of 231
- ¹⁸ Soo Line Historical Museum: "Interview with Elsie Postet & Mary Konotopetz (December 07, 2007) slide 228 of 231 accessed April 11, 2009 at http://www.virtualmuseum.ca/pm_v2.php?id=record_detail&fl=0&lg=English&ex=363&hs=0&rd=92458
- ¹⁹ Parley, 194-196
- ²⁰ A binder in the office of the CMHA (Saskatchewan Division) office is filled with accounts, newspaper clippings, and notes of visitors and visiting days, picnic and tea plans, and other items accounting for the volunteers, time, money and activities over the years, created by Mrs. Davidson and compiled by the current Executive Secretary, Phyllis O'Connor.
- ²¹ *Under the Dome*, p. 21
- ²² *Under the Dome*, p. 196
- ²³ Anonymous: "Life in mental hospital reviewed", Regina Leader-Post, January 20, 1960.
- ²⁴ *Weyburn Review*, December 24, 1964 "Regina CMHA visitors brave stormy weather"
- ²⁵ *Under the Dome*, p. 60

