

Lucy Cost Audio 1 Transcription:

This first document entitled report Ontario Mental Health Services was published in 1963 and it's speaking all about the need for a better coordinated mental health service and also for the importance of coordination and training standards. At this point in history there is still no organized ex-patient movement as that didn't happen until a few years later. So if you're reading this document it's pretty clear that the voice of service users is missing. It's a typical bureaucratic, early technical document with a parade of recommendations established to make the mental health system more effective. What is of course interesting is the way these recommendations, and phraseology are still being made today in similar types of government and hospital reports such as the Every Door is the Right Door published in July 2009 which argues that "*Services are integrated and coordinated*"

At the time of this document many patients are beginning to be de-institutionalized, and pharmacology is quickly becoming the treatment of choice. It's the 60s, and so we also see the way in which other disciplines outside of biology such as psychoanalysis and sociology are influencing the asylum. People like are RD Laing, Sigmund Freud, and Thomas Sheff are popular theorists. But with the emergence of thiorazine first major neuroleptic and from here on in psychiatric landscape will never be the same.

I also can't help thinking about the legal landscape; the 1960 mental health act gave psychiatrists the power to commit someone into the institution solely based on an evaluation of whether they were 'sane' or 'insane' but the act changed later in 1967 when psychiatrists could only have the power to commit someone if they met the criteria of danger to self or others. This is an important point to reflect on looking at this 1963 document because there are many layers to what would be needed to improve the system and this document doesn't mention anything about the law although patients were at the mercy of hospitals. It's important to remember that the asylum was coming out of the 40s and 50s a powerful interventionist period where methods such as insulin shock metrazol shock therapy and lobotomies were all typical and routine.