The End of the Asylum (Town): Community responses to the depopulation and closure of the Saskatchewan Hospital, Weyburn

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Never is the fraught relationship between the state-run custodial mental hospital and its host community clearer than during the period of rapid deinstitutionalization, when communities, facing the closure of their mental health facilities, inserted themselves into debates about the proper configuration of the mental health care system. Using the case of Weyburn, Saskatchewan, site in the 1960s of one of Canada's earliest and most radical experiments in rapid institutional depopulation, this article explores the government of Saskatchewan's management of the conflict between the latent functions of the old-line mental hospital as a community institution, an employer, and a generator of economic activity with its manifest function as a site of care made obsolete by the shift to community models of care.

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IN THE bleak 1981 novel *How I spent my summer holidays*, W.O. Mitchell’s narrator, Hughie, describes the place in which he came of age:

The village of my prairie boyhood was not really one unified community; it contained several societies distinct within the larger constellation. The largest and most dominant was the adult, of course, but our child society was real and separate, and we tried to keep it for our own. The other ones were slightly removed from the town itself: The Mental Hospital sodality to the east, and the one to the north-west that celebrated life out at Sadie Rossdance’s three little cottages. That comes to four. I cannot recall any great flow of understanding between them.¹

Although Mitchell does not identify this town by name, it is unmistakably Weyburn, the place of his own childhood and the inspiration for several of his literary towns.² Weyburn was home for fifty years to southern Saskatchewan’s only large custodial mental hospital, a monolithic institution completed in 1921 about a mile north and west of the town proper, and the critical events of the novel, set in 1924, take place on the hospital grounds. The spectre of insanity haunts the book, and it is populated with a cast of peripheral characters like Bill the Sheep Herder, Blind Jesus, and Horny Harold, figures who never speak and whose very humanity is elided by their eccentric behaviours and their strange names.³

In Mitchell’s novel, the divisions in the community are spanned by King Motherwell. A sometimes attendant at the mental hospital, husband to one of Sadie Rossdance’s prostitutes, and mentor in the ways of the adult world to the adolescent boys of the town, Motherwell transgresses the rigid social boundaries, exposing at once their cruelty and their artificiality. It is in witnessing Motherwell’s fall, precipitated by his refusal to respect mandated social distance, that Hughie loses his innocence. Through the ruminations of the adult Hughie, who returns to the hospital grounds in 1962, the reader is offered insight into a community deeply repressed by its own puritanism: one that denies the humanity of the mentally ill and which rigidly and ruthlessly polices its own social boundaries.

*How I spent my summer holidays* is a work of fiction, but in deploying the mental hospital and its grounds as an organizing principle, Mitchell

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³ Some of these characters are recognizably modelled on real people. Bill the Sheep Herder, for example, is almost certainly based on Bill the Barber, a patient who, because he was violent and frequently eloped, was the principal bogeyman in Weyburn in the 1920s. See *Under the Dome: The Life and Times of the Saskatchewan Hospital, Weyburn* (Weyburn: Souris Valley Historical Society, 1986), p. 5.
captures something of the fraught relationship between the large custodial institution and the community that hosts it. Residents of “asylum towns” recognized the vital importance of the institution to the community as an employer, as a patron of local businesses, and as a conduit of government patronage. In communities on the Canadian Prairies like Weyburn, this importance only increased in the postwar era as smaller centres coped with successive waves of rural depopulation and cyclical weakness in the agrarian economy. At the same time, they were reluctant hosts, ambivalent about the presence of the institution and apt to confine those who lived and worked there to the social margins. They saw the mental hospital as alien, a site for the projection of metropolitan values and urban contagion, and they resisted the stigma that accompanied their collective association with the mentally ill. Never was this ambivalence clearer than during the period of rapid deinstitutionalization that began in the mid-1960s when communities like Weyburn, facing the potential closure of their mental health facilities, inserted themselves into debates about the configuration of the mental health care system.

Given the tremendous cultural purchase of the mental hospital and its central role in local and regional economies, the complex and often contradictory relationship between the latent functions of the old-line mental hospital as a community institution, an employer, and a generator of economic activity with its manifest function as a site of care has been given surprisingly little attention by Canadian scholars concerned with the twentieth century. A persistent trend within historical scholarship on chronic care institutions has been to see them as what American sociologist Erving Goffman called “total institutions”: sites where inmates and staff alike existed in physical and social isolation from the surrounding community.4 This is amplified by a wider tendency within the history of medicine as it is practised in Canada to pay little attention to public policy, privileging instead a social history of medicine largely divorced from a wider political economy.5 This is a perilous course, and it is especially so for students of psychiatric deinstitutionalization, who must necessarily be concerned to understand the articulation of rapidly evolving paradigms for care with an equally rapidly changing welfare state apparatus.6

6 A wider history of deinstitutionalization is beyond the scope of the present paper. The touchstone work on deinstitutionalization in North America remains Gerald Grob, From Asylum to Community: Mental Health Policy in Modern America (Princeton: Princeton University Press, 1991). For comparative international perspectives, see Simon Goodwin, Comparative Mental Health...
While not a remedy, what follows is a case study of how the Government of Saskatchewan managed one of Canada’s earliest and most radical experiments in psychiatric deinstitutionalization: the depopulation and eventual closure of the Saskatchewan Hospital, Weyburn. It pays particular attention to the strategies the government deployed to deflect criticism and co-opt opponents of the closure, an event that had serious adverse consequences for the host community. While, at the end of the day, the government never really allowed the possibility of economic injury to the City of Weyburn or popular opposition to rapid deinstitutionalization to trump clinical judgement, these exertions are an important reminder to historians that they must take account not just of the manifest purpose of the hospital as a place of care but its many latent functions as they seek to understand the end of the asylum.

Originally established in the 1890s as a railway centre, Weyburn became an important retail and service centre in southeastern Saskatchewan’s wheat belt. For fifty years, the city hosted the Saskatchewan Hospital, Weyburn (SHW), for much of its existence the province’s largest and most populous custodial chronic care facility. At its peak in the mid-1940s, the institution housed on the order of 2,500 in-patients and employed over 500 staff. Commissioned in 1919, the hospital was opened in 1921 as a combined mental hospital and home for incurables serving the southern half of the province, the counterpart to the Saskatchewan Hospital, North Battleford, which served the northern half. Established on a half section of land astride the Souris River a short distance north and west of the town proper, it was from the beginning a monument to the state. It was proudly declared on completion to
be the most expensive building ever erected in Saskatchewan and, with an external circumference of over a mile, both the largest building in the Commonwealth and the largest structure between Vancouver and Winnipeg. Built during the post-war depression, it was explicitly an instrument of local economic stimulus, with most of the tenders let to Saskatchewan firms.¹⁰

From the outset, the hospital was an important economic force in the Weyburn district, both as an important source of non-agrarian employment and as a purchaser of goods and services. Employment at the hospital was governed by the principles of political patronage and paternalism.¹¹ A kind of social contract prevailed whereby in return for their political loyalty, hospital staff were rewarded with secure employment and perquisites that included access to food, drugs and alcohol from the hospital stores, goods produced in the hospital workshops, and even the use of patient labour for private purposes. Hiring preference was granted to veterans, especially those with minor disabilities, and it was common for siblings, cousins, married couples and multiple generations of the same family to work at the hospital.¹² Similarly, patronage prevailed in hospital purchasing, with the consequence that local businesses were favoured by a policy of sourcing goods locally, often at inflated prices.¹³

¹⁰ “New Mental Hospital at Weyburn, Now under Construction, Will Cost Over $2,000,000,” The Public Service Monthly, May 1920, pp. 8–11.
¹¹ The first Medical Superintendent, Robert Mitchell, was at the time of his appointment the Member of the Legislative Assembly (MLA) for Weyburn. Together with his counterpart, J.W. MacNeill, Medical Superintendent of the Saskatchewan Hospital North Battleford, himself a former Liberal MLA, he would turn the hospital into an important instrument of the Saskatchewan Liberal Party apparatus. There is a brief biography for Mitchell in the Canadian Medical Association Journal, vol. 26, no. 4, April 1932, p. 507. A more complete biography can be found in Under the Dome, pp. 1–3.
¹² Saskatchewan did establish a Public Service Commission in 1913, but it was largely ineffective. In an interview, Tommy Douglas recalled for Harley Dickinson:

[In 1944] any job [at SHW] was a political plum to be handed out to some of their supporters. Nearly all of the people who were appointed had been appointed by some politician who had recommended them. Some fellow would go to them and say, “My boy is 19-20; can’t get anything to do; nothing on the farm. Could you get him into the hospital?” If he had happened to be chairman of a local committee, or had some influence... the politician was very anxious to get one of his sons on staff. The fact that the son wasn’t interested in psychiatry, and could care less about looking after the patients had nothing to do with it.

Quoted in Dickinson, The Two Psychiatries, p. 83.
¹³ Revealing examples of the system of patronage that governed the hospitals are found in testimony before the Shumiatcher Commission, called in 1946 to create a pretext to “clean-up” the institution at North Battleford. Witnesses revealed that significant quantities of hospital goods were appropriated for private use or even to be re-sold by private businesses. See Saskatchewan Archives Board (SAB), Department of Public Health, R-999 9-21 & 9-22, Commission of Inquiry Into the Management and General Administration of the Provincial Mental Hospital, North Battleford, 1946.
The social contract that governed relations between the hospital and the wider community continued largely unaltered until the CCF came to power in 1944 on a platform that included sweeping health reforms, the professionalization and modernization of government services, and the elimination of patronage as an organizing principle of government. The mental hospitals became an early site of the new government’s modernization project. By the end of the Depression, the existing system was in crisis; the Saskatchewan Hospitals were each operating at twice their nominal capacity, and they constituted the single largest expense to the provincial treasury. Studies conducted early in the mandate of the new government by Clarence Hincks of the Canadian National Committee for Mental Hygiene and Henry Sigerist of Johns Hopkins University strongly emphasized the need to reorganize mental health services on public health and mental hygiene principles and to move from a custodial system to one oriented towards prevention, rehabilitation, and community-based care.

An early and highly visible manifestation of the incipient turn to community psychiatry was the creation after 1947 of the Psychiatric Nurse, a new category of practitioner trained by apprenticeship at the Saskatchewan Hospitals. The election to develop the Psychiatric Nurse in the face of strong opposition from local, national and international nursing groups is best understood in the context of the Saskatchewan government’s parallel commitments to civil service professionalization and rural economic development. The modernization of mental health services demanded skilled workers, and rather than competing for general hospital-

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No such clean-up happened at Weyburn. In 1950, a confidential report submitted to cabinet on the political implications of such a move concluded that the political costs would be too high for Premier Douglas, the sitting MLA for Weyburn. See SAB, Bentley Papers, R-11 14-17, McIntosh to Bentley, February 22, 1950 and SAB, Davies Papers, R-30.1 20-6, multiple items related to hospital contracts.


15 Clarence Hincks, who surveyed the hospital in 1945 for the Canadian National Committee on Mental Hygiene, pegged the overcrowding at 189 per cent of capacity. Clarence Hincks, *Mental Hygiene Survey of Saskatchewan* (Regina: King’s Printer, 1945), p. 6.

16 Henry Sigerist, *Report: Saskatchewan Health Services Survey Commission* (Regina: King’s Printer, 1944), pp. 7–8. For Sigerist, the reorganization of the mental health service was a prerequisite to any wider program of health reform. Sigerist argued that before the acute health care system could be placed on a preventive and public health basis, this had first to happen in the geriatric and mental health care systems, or the fiscal requirement would overrun the province’s revenue generating capacity.
trained nurses in a very tight labour market, health bureaucrats in the Psychiatric Services Branch settled on what Commissioner of Mental Health D. G. McKerracher called “Saskatchewan’s unorthodox training program.” Appealing to what McKerracher called “youth’s desire for security . . . [in the] post-war confusion,” recruiters explicitly recognized an ongoing process of agricultural consolidation and rural underemployment that attended it by targeting youth in the agricultural hinterlands of the large institutions.

By elevating the status of mental hospital work, and by recruiting principally youth with historic attachments to place, the government hoped to avoid the problems of transiency so common in mental hospital employment while at the same time helping to stabilize local economies by stemming out-migration from agricultural areas. In this sense the psychiatric nursing program anticipated several key recommendations of the 1952 Royal Commission on Agriculture and Rural Life, appointed to investigate the implications of rapid changes to Saskatchewan’s rural economy. The commissioners would call on the government to raise the standards of civil service employment as a means to promote economic growth in what the survey called “greater towns” such that they could attain sufficient size so as to rely not just on servicing the rural tributary area, but also a permanent local population.

While the development of the Psychiatric Nurse represented a concerted effort to articulate the desire for rapid mental health reform with a desire to elevate the standards of rural employment, it also signalled a new orientation at the PSB that was potentially disruptive to the old line institutions and the towns that hosted them. The explicit orientation towards youth and the elevation of educational standards caused the older ward staff to fear that their own job security and upward mobility would be constrained by that of the new and better-trained staff. Moreover, there was no escaping the fact that the overall program of mental health reform called for a net reduction in the in-patient population and the eventual redistribution of beds from the large mental

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hospitals to smaller community psychiatric centres, and this produced a growing sense of unease in communities like Weyburn and North Battleford.\textsuperscript{22}

Resistance to the government’s agenda was especially acute in Weyburn. While a 1946 investigation into the misappropriation of government property had facilitated a degree of institutional “house-cleaning” at the SHW’s sister institution in North Battleford, Weyburn remained under the control of conservative forces aligned with the Liberal Party who resisted the changes that were being proposed from Regina and who fostered opposition to the government’s program.\textsuperscript{23} Several constituencies had to be mollified, including hospital employees who feared for the future of their jobs, and the local business community, which depended on servicing the institution and its employees. While it was impossible truly to please the latter, who had long benefited from scandalously generous sourcing policies, the former were reassured by promises that seniority and grandfather rights would be respected and a propitiatory raise in base salaries designed specifically to offset the loss of perquisites like access to the hospital stores.\textsuperscript{24}

While in the late-1940s the government was able to allay the worst fears of those most immediately connected to the Saskatchewan Hospitals, it became impossible to avoid an escalation of tensions a decade later as the implications of mental hospital reform became more apparent. By the late-1950s, the Psychiatric Services Branch (PSB) made clear its intention to close the old-line hospitals altogether. With the widespread use of drugs to abate the symptoms of mental illness, the long-promised “end of the asylum” was in sight, and the Branch began to lay the groundwork for a radical experiment in deinstitutionalization publicly announced in 1957 as the Saskatchewan Plan for Mental Health. The Plan proposed the closure of the province’s two existing mental hospitals in favour of eight smaller, regional ones. Each of these regional psychiatric centres would provide in-patient accommodation for between one and three hundred

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\item[23] Creating an environment where the government could “clean house” without being seen to be violating its promise of non-interference in the civil service was the understood purpose of the inquiry, headed by Morris Shumatcher, a trusted legal advisor to Douglas. The inquiry precipitated the resignation or dismissal of several key administrators who had been obstructing the government’s reforms. Dickinson, \textit{The Two Psychiatries}, pp. 98–101.
\item[24] Dickinson, \textit{The Two Psychiatries}, p. 91. At the same time, the work day was reduced from twelve to eight hours without loss of pay. The negotiations were extensive and are documented in SAB, Douglas Papers, R33.5 100 & 101 “Mental Hospitals, Employees, 1946”, and vol. 109 “Psychiatric Nurses, 1947–8”. When the Psychiatric Nurses Act was introduced in 1948, it contained a grandfather clause that recognized graduates of the Ward Attendant Training Program, the elementary program of training offered after 1937.
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residents while serving as nodes in a distributed system of out-patient clinics and community-based services.25

In anticipation of the shift to community psychiatry, the PSB commissioned several planning studies. The most illuminating of these was conducted in 1951 in the town of Indian Head, a small agricultural service centre about a hundred kilometres north of Weyburn.26 As Kathy Kendall demonstrates, the objective of the research was to measure the efficacy of public education programs designed to increase the receptivity of communities towards discharged mental patients.27 While the research team, led by Elaine and John Cumming, was initially received warmly, by the end of the study, as the title of their book would suggest, the community had closed ranks against them, and their project was cut short when they were asked to leave town. The proximate cause for the this change in behaviour seems to have been that the community had collectively concluded that Indian Head (called “Blackfoot” in the study) was to be the site for a new mental hospital.28

The Cummings’ conclusions are instructive about the associations made in the context of southern Saskatchewan between the mental hospital and its host community. While they discovered that most Indian Head residents professed support for the principles of community psychiatric care – in Cummings schema, they exhibited a high level of social responsibility –


26 Indian Head is located about 100 km north of Weyburn and fell within the SHW’s catchment. The Cummings, originally from Saskatchewan, were representative of a cohort of young professionals who had been drawn to Saskatchewan by the promise of taking part in an experiment in social planning and progressive medicine. I would like to thank Kathy Kendall and Esyllt Jones for sharing their insights and unpublished work on the Cummings and other members of what Jones calls the “radical diaspora”.


28 Cumming and Cumming, Closed Ranks, pp. 44–46. This story is told in greater detail in Kathy Kendall’s essay in this volume: Citation Kathleen Kendall . . .
this support pertained only if physical and social distance could be main-
tained. Residents were largely unwilling to contemplate the establishment
of half-way houses in their own community, to employ former mental
patients, or to see their adult children, especially their daughters, work
in community psychiatric facilities.

In the end, the Cummings concluded that the survey, with its implied
introduction of deviant persons, was constituted as a “fundamental threat
to its integrity and function as a community” and was met with a patterned
response of “denial, isolation, and insulation.”29 This speaks not just to the
specific case but the general one, inasmuch as for the citizens of Southern
Saskatchewan, Weyburn was precisely where the mentally ill from their
communities belonged, and there were clear limits to the degree to which
the public at large was willing to embrace the modernization agenda of
health bureaucrats and outside authorities like the Cummings. Moreover,
it underscores the degree to which community and institution were con-
flated in language and imagination. This conflation is also evident in euphe-
mistic evasions like “she ended up in Weyburn,” and “they sent him to
Weyburn,” or warnings to young children to behave “or you’ll be sent to
Weyburn” that became part of the regional vernacular, indelibly marking
the community with the stigma of mental illness.30

The management of this stigma shaped the relationship between those
residents of Weyburn who were associated with the hospital and those
who were not. Len, who grew up on a farm a short distance from
Weyburn and who became a Registered Psychiatric Nurse (RPN) in the
early-1950s, compared the social isolation associated with being an RPN
to that he had experienced in the 1940s, when he was doubly stigmatized
as the son of a Weyburn patient and an ethnic German. He observed that it
was difficult for SHW employees to secure quality housing in the city,
something which contributed to his decision in the mid-1960s to quit psy-
chiatric nursing and become a commercial landlord, renting primarily to
SHW employees and former mental patients.31 Nevin and Ben, both of
whom trained as RPNs at Weyburn in the early-1960s, commented on
the way that the stigma associated with mental illness seemed to transfer
to SHW employees, the latter observing, “It was like they thought you
were contagious or something ... you were always at a distance.”32

29 Cumming and Cumming, Closed Ranks, pp. 106, 119.
30 Reflections on these imaginary conflations can be found in the narratives collected by artists in the
Theatre Department at the University of Regina who, in 2001, devised The Weyburn Project. Billed
as an exercise in the “archaeology of silence”, the project to confronted Weyburn residents with the
presence of the then-closed hospital in their community, one largely elided in official memory. See
31 Len S., interview with the author, Debden, 5 April, 2006.
32 Nevin S., interview with the author, Yorkton, 8 April, 2006 and Ben K., interview with the author,
Similarly, while official histories of the SHW celebrate the range of recreational opportunities available to those who worked at the hospital and the community that existed there, one ventured that this might have been a social necessity:

The fellows in the male residence hardly associated with the young people in the city. They had most everything at the hospital for recreation, including many girls to develop friendships with, and they did not take part in anything that went on downtown. Whenever they went out in groups to special events . . . the boys felt that they were considered to be different, and the remark was made that they were second class citizens. 33

This maintenance of social distance was not universally celebrated. Ernest Neufeld, long-time editor of the Weyburn Review, was often critical of what he saw as the parochialism of his fellow Weyburn residents, and he reflects in his memoirs on the cosmopolitanism that the presence of the mental hospital brought to the community:

Granted the establishment of a large provincial mental hospital here in the early 1920s, its dominance as a local industry, and the stigma that attached to the presence of such an institution did effect how the city was perceived elsewhere in the province . . . . However the hospital also contributed very substantially to Weyburn as a community integrated with the Canadian level of sophistication. Innovative programs introduced and developed at the Weyburn Hospital earned it respect in the North American Psychiatric community. As well, the hospital’s need for professional help and the transient nature of imported professionals, exposed the young community to greater diversity of culture and opinion than is common to small towns. The associated training school for psychiatric nurses brought students from many backgrounds. 34

This cosmopolitanism could itself be a source of friction between town and gown. Consultant Shervert Frazier, in a 1966 report to the Minister of Public Health, ascribed some of the tensions that existed between the Saskatchewan Hospital physicians and the local community to nativism, noting that the fact that the majority of institutional physicians were “foreigners” was widely resented. 35 The urbane Humphry Osmond,

33 Under the Dome, p. 122.
34 Ernest Neufeld, Ernestly!: Happy Yesterdays (Weyburn: Neufeld Publishing, nd.), p. 65. “Many backgrounds” is almost certainly a reference to the many young men who were recruited from Trinidad and Barbados to train as Psychiatric Nurses in the late 1950s and early 1960s and who, by virtue of their skin colour, were a highly visible reminder of the hospital’s cosmopolitanism.
35 Shervert Frazier and Alex Porknoy, Report of a Consultation to the Minister of Public Health on the Psychiatric Services of Saskatchewan (Regina: Queen’s Printer, 1968), p. 32.
superintendent of the SHW between 1953 and 1961, alienated many of the leading citizens of Weyburn with his sometimes withering responses to what he saw as unjustified criticism arising out of prejudice or provincialism. In 1954 when the hospital came under unwanted scrutiny, first for its liberal parole practices and later for its decision to place female nurses on male wards, it was Osmond who was the focal point for public enmity. That summer, the Health Minister was swamped with letters of complaint and resolutions from associations and service clubs demanding that Osmond be removed or disciplined. Many of these letters contained reminders that Osmond, unlike all previous superintendents, was not of the city of Weyburn. Some correspondents declined even to name him, referring to him simply as “the Englishman” while others complained that a “foreigner” should be placed in charge of a government institution. By the fall, local politicians had joined the fray, and Weyburn City Council passed a resolution calling for a commission of inquiry into “elopements and other matters regarding SHW.”

The situation became so politically inflamed that Douglas, generally disinclined to intervene in civil service matters, requested that the PSB transfer Osmond to North Battleford, quite literally trading him for the more phlegmatic and less controversial Maurice Demay. The PSB demurred, and Osmond and Demay were left at their respective posts. But when only a few weeks later a former Weyburn patient who had killed a young girl was acquitted by reason of insanity and another parole patient was charged with assault, the city was pitched into full-blown moral panic. The Premier stepped-in again, this time issuing a strong directive to Health Minister that Osmond was to be restrained:

I think it should be made clear to Dr. Osmond . . . . that there must be no recurrence of last week’s incident in Weyburn, and he should understand clearly that the government will hold him responsible . . . . The adverse newspaper publicity which this incident has received is most unfortunate and I think that it will take the Hospital some time to re-establish confidence among the citizens of Weyburn. I think Dr. Osmond should understand that another outbreak of this sort will make it impossible for the government to retain him in his present position.

36 SAB, Department of Public Health, R-999 IX-31a, Bentley to Lawson, April 15, 1955 and attached correspondence, and SAB, Bentley Papers, R-11 14-18, passim.
37 SAB, Bentley Papers, R-11 14-18, “Memorandum for file,” undated [summer or early fall of 1954]. No such inquiry was called.
38 SAB, Bentley papers, R-11 14-18, Correspondence series beginning with Osmond to Bentley, September 28, 1954. This expedient was again proposed two years later when Osmond again became a lightning rod for public enmity. SAB, Department of Public Health, R-999 IX-1h, Correspondence series beginning Bentley to Roth, July 9, 1956.
39 SAB, Bentley papers, R-11 14-18, Douglas to Bentley, November 8, 1954.
Proponents of liberalization urged the government not to be intimidated, but also to see the implications of failing to defuse the explosive situation. The Weyburn Branch of the Saskatchewan Psychiatric Nurses Association (SPNA) submitted a confidential brief to the Health Minister urging him not to abandon Osmond. The SPNA rebutted a recent spate of criticism levied against the hospital following the accidental deaths of two parole patients. Arguing that the stories were sensational – both patients had been on parole for years, and one was a deaf man who was not mentally ill – the SPNA urged the province to invest in public relations. They further urged the government to supply parole patients with proper street clothing to replace their hospital-issue dresses and coveralls so that they would not be as recognizable when on the streets of Weyburn and thus less susceptible to the kind of abusive treatment which might provoke further incidents.  

Tensions with the city of Weyburn would only increase, however, in the succeeding decade. In the early 1960s, community opposition to the liberal parole and discharge policies of the SHW became enmeshed with broader political struggles, and the incitement of moral panics around these policies became a key strategy of the political opponents of the CCF.  

Contemporaneous analyses cite two key factors that made the population of Weyburn so receptive to such strategies. McKerracher saw a generalized fear of the mentally ill to be deeply bedded in the psyche of residents of mental hospital communities. In a private letter to the Health Minister in 1959, he suggested that familiarity and proximity had made residents of asylum towns less, not more, receptive to community psychiatry:

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The proximity of the custodial institution . . . has resulted in fear and abhorrence which has persisted in the cities of Weyburn and North Battleford, particularly the former . . . . [T]his attitude is based on 30–40 years of experience with the mentally ill together with the astounding and perhaps exaggerated stories of their horrible and bizarre conduct . . . . We have always felt that the areas immediately adjacent to mental hospitals are among the most reactionary in the province.  
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While McKerracher saw the primary obstacle to community psychiatry as one of public education, Osmond saw the problem in a more overtly

40 SAB, Bentley papers, R-11 14-18, “Saskatchewan Psychiatric Nurses’ Association, Weyburn Branch, Confidential Brief to the Cabinet of the Government of the Province of Saskatchewan,” undated [1955].  
41 For an exploration of why the Saskatchewan Plan became such a political football, see Greg Marchildon’s essay, “A House Divided” in this volume.  
42 SAB, Erb Papers, R-34 172-A-1, McKerracher to Erb, September 25, 1959. McKerracher had, by this time, left the PSB and was Head of Psychiatry at the University of Saskatchewan. He remained a trusted advisor to Douglas and was a confidential consultant to Douglas and his various ministers.
political frame. In his analysis, the predominance of the mental hospitals in local economies made them the central issue in local politics. The provincialism of local government was, for Osmond, an almost intractable obstacle to the development of a progressive program of community psychiatry. In a letter to the premier in 1959, he wrote of Weyburn:

Considering its size it might easily have been a ‘company town’ based on the hospital. In fact it has become a businessman’s town run by men who, whatever their incomes, qualify as small businessmen in the worst sense of the word.”

Regardless of where the problem was rooted, it was in the face of concerted opposition from Weyburn’s political and economic elites that, between 1962 and 1969, the SHW became the site of one of the boldest early experiments in the depopulation of mental hospitals in North America. By the early 1960s, the Saskatchewan Plan, which had only ever enjoyed lukewarm support at the cabinet level, had been abandoned in all but name. The ambitious capital program that had appeared possible in the context of the generous Federal Mental Health and Hospital Construction Grants programs of the 1950s was simply beyond the means of the province to fund on its own account. Moreover, the Saskatchewan Plan, in its initial form, had been predicated on the assumption that regional psychiatric hospitals, if affiliated to general hospitals, would be eligible for cost-sharing under the Hospital Insurance and Diagnostic Services Act. As early as 1958, it became apparent that no cost-sharing agreement would be concluded, and the program that unfolded bore diminishing resemblance to the original. One freestanding facility was eventually constructed at Yorkton – largely to co-opt the mental health lobby in advance of an anticipated confrontation with physicians over Medicare – but the province otherwise effectively abandoned the idea of regional in-patient psychiatric centres. In its place was a new priority for shifting in-patient care to psychiatric wards in general hospitals where it would be eligible for federal cost-sharing. Those who did not

43 SAB, Douglas Papers, R-33.5 14-26, Osmond to Douglas, October 25, 1959.
44 Federal Health Minister Paul Martin, under intense pressure from the CMHA, had signalled in the summer of 1958 that if the Saskatchewan Plan hospitals were placed under the administrative control of local hospital boards, they would be deemed to be psychiatric wards in general hospitals under the meaning of the Act and therefore eligible for cost-sharing. This agreement did not, however, survive a change in government, and late in the summer of 1958, the new Minister of Health and Welfare communicated to his provincial counterpart that he would not honour his predecessor’s commitment. Correspondence beginning SAB, Erb papers, R-34 051A, Roth to Erb, August 1, 1958 and SAB, Minister of Public Health, R-30.1, Roth to Erb, June 13, 1958. See also Marchildon, “A House Divided.”
45 This was also a position increasingly advocated by McKerracher. McKerracher, as principal author of the Mental Health volume for the Royal Commission on Health Services, must have been very aware that the funding of Saskatchewan Plan-type hospitals would never have flown in Ontario and other
require full-time institutional care would be set-up to live independently, returned to the care of their families, placed in approved homes, accommodated in nursing homes, or simply discharged outright.

Even with the demise of the Saskatchewan Plan, the senior staff at the PSB relentlessly and obdurately pursued the goal of closing the old-line mental hospitals, even if it meant that patients were discharged without adequate social supports. Among the keenest proponents were SHW superintendent Fred Grunberg and his deputy Hugh LaFave. Given the green-light in 1964 by the newly-elected Liberal government to accelerate the hospital’s already ambitious discharge program, they pursued deinstitutionalization with abandon. 46 Within the space of five years, the in-patient population of the hospital was reduced by two thirds. On December 31st, 1968, the official census of the hospital cited 386 patients, down from 1,202 in 1963, and from a peak of over 2,500 in 1946. 47 While this was cause for celebration by those in charge at the PSB, others were more circumspect. In October of 1964, an editorial entitled “Experiments on the Public” in the Weyburn Review acknowledged the international acclaim that the policy had attracted, but also noted that the policy was not without its adverse consequences for the city:

This has led, invariably, to an increase in the number of minor incidents to which Weyburn has been heir since the establishment of the Saskatchewan Hospital here some 40 years ago, but which citizens have generally accepted with good grace.

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47 In the declining years of the Douglas government, the Liberals actively courted mental health reformers alienated by the government’s inaction on the Saskatchewan Plan. In power, the Liberals appear to have had no particular commitment to reform, but instead pursued cost-savings and a general ideological commitment to reducing or privatizing the welfare state apparatus that had been created under the CCF. See Marchildon, “A House Divided.”

48 About half of this reduction was accomplished in 1964 alone. SAB, Minister of Public Health, R-94 120, F. Grunberg, H. G. LaFave et al., “Reducing the Population of a Mental Hospital”, [unpublished paper, ca. 1965], p. 3 and Appendix I.
The editorial warned that the patience of the townsfolk was wearing thin and that “a certain amount of animosity has been building-up, particularly in recent months, over the nature and number of these incidents.”

It was in such a climate that elements in the community stepped-up their campaign against community psychiatry. Their primary target was the highly visible presence of a growing cohort of former psychiatric patients living in poor material circumstances and the proliferation of “approved homes”, private residences where the owner was offered a stipend in return for housing a current patient outside the walls of the institution. Instrumentally, opponents acted first through the authority of the local Health District, which in 1966 submitted the following resolution to the Minister of Health:

Whereas the ‘half-way’ houses providing lodging and board for ex-patients of the Provincial Hospital, Weyburn show lack of suitable accommodation – namely fire hazard, overcrowding, proper physical condition, inadequate toilet facilities, etc. and whereas in some of the houses a poor choice of landlords or managers prevails, and whereas there is neither a suitable rehabilitation programme in homes nor adequate supervision by social workers, therefore be it resolved that the government . . . consider again the whole ejection program of the Provincial Hospital Weyburn.

This was just the first volley in what became a pitched campaign by the citizens of Weyburn to persuade the government to restore former patients to their proper place within the walls of the institution. In December of 1965, armed with a parcel of resolutions and letters of support from individuals and service clubs, a delegation representing the City of Weyburn and the Weyburn Chamber of Commerce met the Premier and the Health Minister to air grievances about the poor state of housing, rising municipal welfare costs, the loss of employment, the loss of commerce, declining property values, and the overall adverse effect that the presence of a large number of discharged patients had on the community. In response the

50 Residents of approved homes remained on the register of the hospital, but the government realized significant cost-savings, as the $65 to $100 monthly maintenance paid to the landlady was much less than the cost of institutional care. Cost comparisons appear in SAB, Grant Papers, R-45 75-9-1, Psychiatric Services Branch, “The Treatment of the mentally ill in Saskatchewan: The ‘Saskatchewan Plan’ and the future of the mental hospitals in the province by 1970.” [undated, received August 8, 1966].
51 SAB, Community Health Services Branch, R-517 I.248, “Resolution from the Weyburn-Estevan Health District #3, 24 September, 1964.” Many of these homes were, indeed, in very poor condition, reflecting in part the fact that operating an approved home was often an pushed by welfare authorities on impoverished older women in lieu of social assistance.
52 SAB, Department of Public Health, R-999 IX-20d, Clarkson for file, December 6, 1965. See also SAB, Department of Public Health, R-999 IX-1-2, “Report of the Ad Hoc Committee on the
Minister named an eight person Ad Hoc Committee on the Resettlement of Mental Hospital Patients, with half of the members appointed on the recommendations of the Mayor of Weyburn.53

The Report of the Ad Hoc Committee was a bit of a hodge-podge. While it validated some concerns around the quality of care available to former patients, and while it was deeply critical of the operation of the approved homes program, the report ultimately endorsed the overall program of deinstitutionalization as the only medically appropriate course.54 In some measure, this was engineered. The only medical authorities on the committee were two PSB psychiatrists who were strong proponents of deinstitutionalization. Their authoritative presence precluded any possibility that the clinical case for discharge could be challenged. By ensuring that discharge was framed as a medical prerogative beyond the scope of the laity on the committee, consideration of the main issues of popular concern, viz. fears for community safety and the economic impact of the declining patient population was also effectively precluded, and the committee confined itself largely to questions of housing.55

Ultimately, the Ad Hoc Committee served its purpose of defusing immediate tensions by co-opting and temporarily silencing the most vocal opponents of the program, thereby giving the government time to regroup and reconsider its strategy. This strategy would largely be determined by external experts. Over the next few years, the PSB and the government retained several consultants to review the new Saskatchewan Plan. What is striking about the resulting reports is that they substantially framed the problems of deinstitutionalization as problems not of policy, but of public relations. One consultant remarked on the fundamentally political nature of the opposition to community psychiatry:

The major tensions involving the work of the PSB in recent years have related not to the effectiveness of the program in the treatment or care of the mentally ill, but rather the interactions of the program itself with the community. This was the case with the investigation of the Ad Hoc Committee on the Resettlement of Mental Hospital Patients, as well as with Dr. Frazier’s evaluation of the overall program. The first resulted mainly from the concerns of Weyburn residents, while the second was triggered by the Shell Lake Murders.56

53 SAB, Department of Public Health, R-999 IX-1-2, “Minister’s Order”, February 14th, 1966.
The last is a reference to the moral panic created by what was at the time Canada’s largest mass murder incident. In August of 1967, Victor Ernest Hoffman entered the farmhouse of the Peterson family near Shell Lake and killed nine of the ten family members. Sensational media reports made much of the fact that only three weeks prior, Hoffman had been in the care of the PSB. Although Hoffmann had only ever been a voluntary day patient, the Shell Lake murders became a public relations disaster. Moreover, although the incident at Shell Lake, a community in Northern Saskatchewan, was in no way connected to the SHW, the impact was felt most acutely in Weyburn, where the local population was already primed for moral panic.

In the immediate wake of the Shell Lake murders, the Minister of Public Health commissioned a report on the administration of the Psychiatric Services Branch. The Frazier Report, named for its author, Harvard psychiatrist Shervert Frazier, was not, in the end, a searching critique of PSB policy, but rather a public relations study that paid particular attention to mending fences in Weyburn. Although Frazier found no fault with the early discharge practices of SHW, he observed that the community at large was deeply unhappy with the program, especially as it was applied to chronic cases where, although no further active treatment was indicated, disability persisted. And while he stopped short of calling explicitly for the reinstitution of custodial care, Frazier advised the government that “no heroic efforts be made at this time [further] to reduce the in-patient population.”

The report also urged the PSB to be more accommodating of community understandings of the place and purpose of the mental hospital, noting, for example, that the refusal of the Hospital after 1963 to admit people suffering from senile dementia and alcoholism, while clinically correct, had been significant in compromising the sense in the community that the institution existed to serve local families.

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57 For a sometimes sensational treatment of the Shell Lake murders and their resonance in Canada and Saskatchewan, see Peter Tadman, *Shell Lake Massacre* (Calgary: Detselig Enterprises, 2001).
58 SAB, Department of Public Health, R-999 IX-20e, Smith to Clarkson, September 5, 1967. See also SPNA, Office Files, Colin Smith, “Community Psychiatry in Saskatchewan – A decade of rapid change” [ca 1969], p. 4. For an assessment of the situation in North Battleford, see SAB, Ministry of Public Health, R-999 II-11, Otery to Grant, February 28, 1968.
59 The connection is made explicit by Colin Smith, “Community Psychiatry in Saskatchewan,” p. 6.
61 *Frazier Report*, p. 32. Frazier notes the especially acrimonious relationships between the physicians at the hospital and the general practitioners in the Weyburn district. While he attributes much of this to racism and nativism – a clear majority of the Saskatchewan Hospital physicians were recent immigrants – he also suggested that part of the resentment flowed from the fact that after 1963, a tightening of admission requirements meant that local physicians were less able to commit people simply because they judged them to be social or economic burdens to their families.
Frazier was not alone in his analysis and approach. In September of 1967, A.R. Riddell, president of the Saskatchewan Division of the Canadian Mental Health Association wrote the Minister of Public health, urging him to slow the flow of patients into the community lest the whole project be compromised:

Considerable anxiety has been expressed regarding the release of some patients from mental hospitals. The premature release of patients can alienate the public resulting in a serious reverse for the Saskatchewan Plan and the Social Psychiatric Program. Since modern psychiatry is dependent to a large extent on public acceptance, the resulting anxiety may jeopardize the programs.62

The government appears to have heeded these warnings. Following immediately on the heels of the Frazier Report, it commissioned a second report, this time employing a firm of management consultants from Winnipeg. The terms of this report were to consider the political and managerial implications of rapid deinstitutionalization and to recommend ways in which the residents of the province might be persuaded to accept new configurations of care.63

This second report, generally referred to as the Préfontaine Report, after its primary author Herbert Préfontaine, continued in much the same vein as Frazier. In contrast to Frazier, whose report was written for public consumption, Préfontaine knew his report would remain confidential, and in place of Frazier’s circumspection, he was brutally frank and unapologetically strategic in his advice. Like Frazier, he warned the government that the discharge programs at the Saskatchewan Hospitals had crossed the threshold of community tolerance, and that anxiety levels were especially high in Weyburn. He further warned that popular fear of released mental patients was being amplified by a constellation of other concerns, including PSB employees’ fear for their jobs, and by a more generalized feeling of anxiety about the economic prospect of Weyburn, which was already suffering from a downturn in the agricultural service economy. Underlying the concerns about the presence of a large number of discharged mental patients in the community, therefore, was a much more basic fear, namely that the hospital was to be closed altogether, devastating an already fragile local economy.64

While the manoeuvring of the PSB around the constitution of the Ad Hoc Committee had largely precluded consideration of the economic impact of institutional depopulation, this was clearly foremost in the

62 SAB, Department of Public Health, R-999 II-11 Riddell to Grant, September 8, 1967.
minds of many of those who had testified before the Committee. The submission of the Weyburn Chamber of Commerce is worth citing at length:

We are concerned, too with the impact this program is having on our commerce. We understand that the hospital staff has been reduced by some 60 persons in the last year. This means a payroll loss of some $21,000 monthly, or $250,000 annually. And as the hospital patient load is reduced, certainly drastic cuts can be expected in the staff.

We of Weyburn fear history is repeating itself. Ten years ago, the Department of Public Health moved the Training School out of Weyburn to Moose Jaw, taking some 300 workers out of our city. In terms of dollars and cents, our community lost a three-quarter million dollar payroll. In addition, about a thousand persons left our community.65

In the end, the government cleaved closely to Préfontaine’s advice as it moved towards the ultimate closure of the SHW in 1971. In a retrospective analysis prepared by Fred Grunberg and Hugh LaFave, the authors reflected on the ways in which the government negotiated the politically treacherous closure.66 They noted the cycles of anxiety that were created by the Saskatchewan Plan and the ways in which the anxieties of different constituencies compounded one another:

At points along the way, there were often very real concerns on the part of families, staff, and the community about what the program was doing for the patients. These concerns were often accentuated by staff insecurity about their jobs. This was translated into fears on the part of the local community about its economic future which in turn led to apprehensions on the part of the politicians about the impact continuation of the program might have on an election.67

LaFave and Grunberg identify four principal constituencies that needed to be co-opted or appeased in order to see the project through to its logical end. They identify them as: 1) the residents of Weyburn, who were concerned principally with the economic implications of the closure or who were anxious about such things as the decline in property values associated

65 SAB, Grant Papers, R-45 97-9-16, “Submission to Premier, Province of Saskatchewan and Minister of Public Health from the President, Weyburn Chamber of Commerce and Secretary-Manager, Weyburn Chamber of Commerce Concerning the Settlement and Care of Mental Patients”, n.d. [this meeting took place December 5, 1966].
66 By the time they wrote the paper, both had left Saskatchewan to take-up university appointments in the United States.
with population loss and the establishment of boarding houses and half-
way houses; 2) “interested citizens” who were animated by concern for
the discharged patients; 3) patients’ families, especially the relatives of ger-
iatric patients, who did not wish to assume responsibility for their relatives
and; 4) medical professionals and bureaucrats concerned that the transfer
of responsibilities to the general health care system might cost them their
jobs or overly tax the resources of the system. Each was satisfied in turn by
1) specific economic development initiatives; 2) a two year, 11.3 per cent
increase in the estimates for the PSB largely directed to community
follow-up with discharged patients; 3) the continuation of the SHW as a
nursing home for chronically ill and demented patients; and 4) the conver-
sion of the former TB Annex (a modern building constructed in 1958) at
the Hospital into a regional psychiatric centre, in combination with a
promise that jobs would be cut only through attrition in the process of
conversion.68

The government was particularly sensitive to the fact that the potential
closure of the institution was coming at a time when the community was
already under economic strain. Weyburn had historically depended
heavily on its role as agricultural service centre, and low international
wheat prices, continuing rural depopulation, the rise of Regina as a
regional centre accessible by modern roads, and a declining farm
economy meant that the town was already suffering. Moreover, the gov-
ernment was having trouble attracting psychiatric nurses to placements
outside of Weyburn due to the fact that the value of homes in Weyburn
was in precipitous decline, and families could not extract themselves for
the community without in incurring significant losses.69 Economic substi-
tution, therefore, became the keystone of the strategy that emerged in
the late-1960s to mitigate the damage that would be caused by the
pending closure of the hospital.

The central role of economic substitution confirms the similarity of
Weyburn to any other single-industry town. In 1966, the Weyburn
Vocational Training Centre was opened in a disused wing of the hospital
to offer training in the skills required for a new agricultural economy.
The continued occupation of the main campus shielded physical plant
employees from redundancy, and skilled tradesmen and farmers formerly
employed at the institution were given preference when instructional staff
were hired.70 A vocational college, however could not itself fill the void left
when the psychiatric hospital was finally closed, and, out of a range of
options, the government finally settled on the substitution of the facility

68 LaFave and Grunberg, “La Fin de L’Asile”, p. 2. See also Dickinson, The Two Psychiatries, pp. 223–
6.
69 LaFave and Grunberg, “La Fin de L’Asile,” p. 11.
by two successor institutions that would “give the city a fair volume of business”: a nursing home and geriatric care centre for the elderly and disabled, and a regional psychiatric centre offering both in- and out-patient services.71 The latter would also serve as a satellite campus of Regina’s Saskatchewan Institute of Applied Arts and Sciences and would employ several instructors from the former SHW School of Psychiatric Nursing. The former was largely an administrative creation, and saw the re-designation of the remaining wings of the old hospital as the Souris Valley Extended Care Hospital. The new name marked the culmination of a long series of negotiations with the federal government which saw the former provincial institution placed under an arm’s-length community board so that it would be eligible for cost-sharing under the Canada Assistance Plan. This expedient relieved the province of sole responsibility for future operating costs, and it allowed the legacy facility to continue to service the remaining in-patients who, for reasons of chronicity, age or disability, could not be discharged. It also secured the employment for housekeeping, kitchen and laundry staff, ward aides and nurses who were unwilling or unable to be re-deployed.72

Although the government would appear to have committed to this conversion early in 1968, the decision was not announced for some months, and the ministry followed a carefully scripted public relations strategy laid-out by Préfontaine. Early in the process, Préfontaine advised the minister not to take direct ownership for the decision to close the hospital, but rather to let the recommendation come from the outside:

It puts you in a position, regarding the phasing-over of Weyburn, to indicate that this is simply a recommendation of your consultant, and that detailed implications will be carefully studied by your staff before major decisions are implemented.73

In addition to adopting a managed approach to closing the hospital, the government also attempted to offset the loss of commerce by helping to capitalize unrelated ventures. In 1970, for example, it underwrote the establishment of a distillery, an initiative intended at once to create direct employment and to help revive the fortunes of the flagging agricultural sector.74 Reflecting on the distillery project, LaFave and Grunberg remarked:

71 SAB, Grant papers, R-45 90.9, Smith to Grant, September 19, 1968 and SAB, Department of Public Health, R-999 IX-20e, “The Program”, [undated briefing paper, received October, 1968].
72 SAB Grant papers, R-45 90.9 Smith to Grant, September 19, 1968. These negotiations were extensive and are documented in SAB, Department of Public Health, R-999 VIII-45a&b.
73 SAB, Grant papers, R-45 90.9, Préfontaine to Grant, June 26, 1968.
If any last boost was needed to resolve the problem, this was it. The kind of thinking, work and planning that went into it represented a breakthrough, and criticism that at one point threatened the program became more and more constructive.75

The hyperbole of this statement, especially in an essay by two physicians writing for a medical journal is striking. Indeed, it draws the reader’s attention to the fact that the essay is almost entirely concerned not with matters of health policy, but rather with political calculus, public relations, and local economic development. That the senior medical staff within a state psychiatric system would celebrate that public acceptance of rapid deinstitutionalization was won not on the basis of clinical soundness, but rather on the basis of economic substitution is a jarring reminder of the degree to which health policy is deeply imbricated with a wider political economy. It calls attention, also, to the necessity for historians, even when their principal concerns are social, to be attentive to the political.76

Together with the foregoing, it is also a reminder of the curious social location of the custodial institution: that it was at once a social liability and an economic asset. However, it is equally important to acknowledge that, while the latent functions of the old-line mental hospitals as sites of employment and economic activity, together with prevailing beliefs about the treatment of the mentally ill, had to be managed, at no point did consideration of these functions override the manifest function of the system, viz. the care of vulnerable populations. While one might credibly argue that institutional depopulation was pursued with recklessly, that former patients were too often cruelly abandoned to lives of isolation and abuse, and that the radically conservative Thatcher Liberals embraced the Saskatchewan Plan not for clinical or humanitarian reasons but out of a desire to save money and to devolve functions of the state into private hands, it remains that the program was pursued with single-minded attention to fixed clinical principles. And while consultants like Shervert Frazier may have advised the government that the program of rapid deinstitutionalization might be slowed to allow the community time to adjust to a changing reality, at no point was the end of the Saskatchewan Plan, or its reversal, ever seriously contemplated. Indeed, however politically fraught, the discharge of patients from psychiatric institutions was maintained throughout as a matter of professional privilege, ruled effectively out-of-bounds to competing interests.

The ambivalent and often acrimonious relationship between the City of Weyburn and the Psychiatric Services Branch did not end with the final closure of the Saskatchewan Hospital in 1971, nor did the city’s status as

an “asylum town” come to a definitive close. Even after the hospital closed, most former institutional residents remained in the community, some living independently, others in group homes, and still more as residents of the Souris Valley Extended Care Hospital. Psychiatric Services and the nursing home remained important employers, and the Psychiatric Centre in the renovated TB Annex continued as an important regional mental health facility and training centre for psychiatric nurses. As a consequence, from the early 1970s and up to the present, Weyburn has exhibited many of the traits of what Michael Dear and Jennifer Wolch call a “service dependent ghetto”: a community characterized by an unusual density of welfare-dependent populations and the services intended to support them.77 The ready application of Dear and Wolch’s model, however, is confounded by basic differences between Weyburn and the neighbourhoods they studied, which were embedded within much larger conurbations.78 While sharing many common elements, the challenges deinstitutionalization presented to a metropolitan neighbourhood like, for example, Toronto’s Parkdale were and remain very different than those faced by a regional agricultural service centre like Weyburn. These differences underscore the requirement for scholars to pay attention to the geography of deinstitutionalization and to consider how both the politics and the lived experience of deinstitutionalization have been shaped by place. They also point to the need to pay attention to the particular. The foregoing has been substantially a policy history; it has offered only occasional glimpses at the residents of Weyburn and those who worked in Psychiatric Services, and the manifest subject of the Branch’s policies – the former institutional resident – has been almost entirely absent. These are vital gaps to be filled, and they must be filled in a way that takes account of the multiple social, economic and political functions of the custodial institution.


78 The portability of Dear and Wolch’s model is the subject of Christine Milligan, “Service Dependent Ghetto Formation: A Transferrable Concept?” *Health and Place*, vol. 2, no. 4, 1996, pp. 199–211. Milligan argues that the model may be of limited use beyond the larger North American cities.