



MENTAL PATIENTS' ASSOCIATION

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Dear Reader,

This is the first issue of a rejuvenated 'In A Nutshell'. We plan to publish 6 times a year and welcome viewpoints and ideas from various perspectives by mental patients, ex-mental patients and concerned and interested persons. Your input is greatly appreciated.

The previous 'Nutshell' died due to financial restraints. We would appreciate any monetary help. Donations over five dollars are tax deductible. Write or phone us at the M.P.A.

Thank you for your participation. We are looking forward to an active and successful magazine.

Yours sincerely,

Jim Gifford, Editor

GUEST SPEAKERS HIGHLIGHT SUPER GENERAL MEETING

A well attended M.P.A. Super General Meeting was held January 15, 1990 at Kitsilano Neighborhood House. The highlight of the evening was listening to Bruce Fenton and Dave Mossop, his lawyer. Bruce recently won a court decision to receive minimum wage while working at Riverview's Forensic Ward.

He outlined his job career at the hospital: upholstery shophand, pitching hay, peeling potatoes, bagging potatoes, and lawn maintenance. When he was building furniture in the woodworking shop, Bruce helped teach the Occupational Therapist the ropes.

Fenton's confinement stems from a charge of obstructing a police officer. On the basis of psychiatric testimony, he was sent to Riverview in 1973 by an Order-In Council. He is still there.

Lawyer Dave Mossop expressed that lots of time and energy (900 hours) had gone into the case. He and his colleagues always felt it would be a difficult case to put before a judge because of preconceived notions about forensic. There were two assets in Bruce's favour.

Despicable evidence revealed that Bruce and others had been exploited, the staff on one occasion having used \$1,000 that patients had generated and giving a wine and cheese party for the professions. The judge was shocked.

In the beginning there was a desire to rehabilitate but the momentum became money-oriented. Also the government presented no evidence or studies that the work was rehabilitative.

Bruce's testimony was the turning point. He talked with pride about his various forestry experience and his hopes to return to the industry. The judge was empathetic.

In his decision, the judge held most of the programs at forensic came under The Minimum Wage Act and work unconstitutional.

Dave Mossop stated, regarding Sheltered Workshops, the issue is not doubting therapy and rehabilitation are good things but 'it is a statement by society to pay less than minimum wage.'

MOSSOP INTERVIEW

The following is a brief interview with lawyer Dave Mossop who represented Bruce Fenton in court: Jim Gifford inter JG: viewing

Judgement in the Fenton Case

- JG: Will this effect all or some of the sheltered workshops employees.
- DM: It will effect a great number of sheltered workshops. The particular workshops it will cover depends on how much rehabilitation and therapy its really doing.

- DM: I think each is going to have to make their claim. In fact I'm going to go out there in the next couple of days and talk to patients.
 - You are involved with CLAS, Community Legal Action Society. What is the mandate of CLAS?
- DM: To provide legal assistance to socially, economically, and otherwise disadvantaged people in our society.



Drop-In Centre Manager, Gloria Scribner, enjoying her new computer. Photo by Brahm

- JG: And how much of the work is going to make money?
- DM: That's right. It's hard to say.
- JG: The Crown has appealed this decision.
- DM: They have.
- JG: Do you have any idea what their agruments will be?
- DM: They'll just want to reverse the judgement.
- JG: Is this decision setting a precedent concerning wages or will each individual have to appear in court?

HOW TO CLAIM WAGES

David Mossop is hopeful that as many people as possible take advantage of the Fenton case to make their claims against sheltered workshops or the Forensic Institute.

The first issue is: can I make a claim for Minimum Wage? In his judgement, Mr. Justice Davies states,

"I believe that task performed by patients as part of a structured program that provides economical benefit to an institution must be considered to be employment under the <u>Employment</u> <u>Standards Act</u> if the thrust of the program is either to provide economical benefit or to keep the patients busy, with the rehabilitation benefit being incidental."

So the answer is "yes" - if a sheltered workshop or work program at the

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Forensic Institute is for the institution's benefit or to keep patients busy then the minimum wage applies.

A person may follow the Employment Standard Procedure. He or she can file written complaint with the а Employment Standard branch to get the difference between his actual wages paid and the minimum wage. Filing is simple and straight forward. The forms can be obtained by phoning the Employment Standard Branch at 660-4000. The disadvantage is the minimum wage can only be claimed for the immediate proceeding six months. Therefore file your claim immediately. An Appeal of the Fenton case will probably take a year or so. Thus every six months a claim should be filed in order to protect ones rights.

The court procedure is that you file a claim for difference between the actual wages in court. Claims less than \$ 3,000 can be done in Small Claims Court. Larger claims must be filed in the Supreme Court of British Columbia. At this stage CLAS is not in a position to provide legal assistance. However, for Small Claims actions, law students would be willing to help.

The advantage is that you can make claims as far back as April 17, 1985.

EDITORIALS

The Vancouver Sun, January 17, 1990.

MENTAL HEALTH CARE NEEDS ARE URGENT

The threatened closure of Victory House, a 50-bed shelter for mental patients who need supervision, has been averted but that will not solve the crisis that already exits for the mentally ill in Vancouver.

While the provincial government continues to dither over a plan to improve community-based mental health care that has been in the works for more than two years, existing facilities for mental patients have been stretched beyond the breaking point.

People in need of treatment are being turned away for lack of hospital psychiatric beds. The caseloads of mental health workers are two and three times the size they can comfortably handle. There is a waiting list of more than 200 for a diminishing number of spaces in supervised boarding homes like Victory House. The erratic behavior of disturbed people is increasingly showing up in the streets and public amenities because they have nowhere else to go and no one to look after them.

The government knows all about this has known, for a long time. Since 1988 it has had a plan to deal with it, a report drawn up by the health ministry that recommends shifting emphasis from institutional community-based treatment of the mentally ill.

Everyone in the field of mental health care seems to agree it is an excellent plan. All it needs is a go-ahead from the cabinet and allocation of bridge funding to develop the necessary community resources. But for a year now the government has been putting off making a decision.

Alderman Carole Taylor, who has been following the issue closely, says she believes someone in the cabinet has been obstructing implementation of the plan. If so it must be someone with a lot of clout. Finance Minister Mel Couvelier? The premier himself? And if so, why?

The new health minister, John Jansen, obviously needed time to familiarize himself with the problem after his appointment last November. But by now he must have been fully briefed. Will he please tell us why this government is still refusing to come to grips with a crisis in mental health care?

Mental illness misunderstood HOME FEARS UNFOUNDED By Alison Appelbe The Courier, Wednesday, January 17, 1990.

A widespread lack of understanding of mental illness is at the root of opposition to neighborhood homes for former mental patients, say a city alderman and health care professionals.

When plans to introduce a group home to a residential neighborhood are announced "... up go a lot of fears and concerns based on public perception and not based on fact," says Alderman. Philip Owen, who is sprearheading an effort to publicize the realities and benefits of accepting people with mental and physical disabilities into a local community. Owen, who sits on the city's committee on disability issues, says that people with a history of mental illness who are not institutionalized are not a threat to society, and opposition to their presence is "totally unfounded and cannot be justified."

Owen told council recently: "There is a great problem . . . a petition is passed around - fear is created. I think we have a great deal to do on this issue."

There is "a big range" of mental illness, he says. It includes "violent people who are known and separated and treated differently . . . down to a lot of people who can think clearly and can live normal lives. Group homes can work here."

City council recently heard strong opposition to the establishment of a residence of eight mental patients on East Pender Street.

Local residents cited pressure on traffic and parking, increased garbage and litter, falling property values and fear of violence, in their undisguised hostility to the project.

"There is often a public perception that handicapped homes reduce property values and endangered the safety of children," says Owen. "It's just not true."

Despite what Owen calls "incredibly vocal" opposition, city planning departments supported the establishment of the home and council approved it unanimously.

The executive director of the Canadian Mental Health Association, B.C. Division, noted prevalence of mental illness in society - statistics show that one in three people are affected at some time by mental illness - and said a perception that people with a record of such illness are "unpredictable and violent' is unfounded.

Chloe Lapp recommends that neighbors talk with new residents. "When they meet the people they will have no problem at all," she says.

David Vawter of Vancouver-Richmond Association for Mentally Handicapped People, which runs 16 small group homes, says that once neighbors meet new residents "concerns are settled." 2.

CLOSURE OFF AT HOME FOR HANDICAPPED

The Vancouver Sun, Janaury 17, 1990

The St. James Social Services Society won't be shutting down its shelter for mental patients and firing its newly unionized staff after all.

Society president May Gutteridge said Tuesday she has agreed to withdraw a letter she sent to the staff informing then that the 50-bed Victory House shelter was to be converted to a hotel effective Feb. 1.

The letter had stated that the society could not afford to pay management personnel to deal with a union.

"The situation has been resolved and (contract) negotiations will continue," said Gutteridge in an interview.

"There is no longer a crisis." She said the solution to the crisis came after consultations Monday with various levels of government on assistance for the society's management.

Asked for details, she said, "I'm not allowed to say, and I don't want to be trapped into saying."

The threatened closure of the shelter at 391 Powell has been decried by mental health officials, who said there was no comparable place in Vancouver to send its residents. Other shelters are already filled because of the housing crunch.

Victory House accommodates hard-tohouse mental patients who require daily supervision to ensure they take their medication and attend to personal hygiene.

Staff at the shelter include counsellors and community workers. They had certified last July with the Canadian Union of Public Employees Local 3232 and were scheduled to start negotiations Monday.

Union spokesman Jack Beatty said he was glad the situation was resolved without having to resort to legal action.

FAMOUS MANIC-DEPRESSIVE

Bea Arthur Star of 'Maude' and currently 'Golden Girls'

SAD LESSON IN EDUCATION

Taken from The Province, Opinions Tuesday, February 13, 1990 By Linda Carpenter, Vancouver

Minister of Advanced Education and Job Training Bruce Strachan's "Access for all" package sounds great, doesn't it?

As a psychiatric patient trying to obtain an art degree at UBC, I was especially interested in his promises of more spaces and funding for "underrepresented" groups.

Last year, after much pleading, I convinced the ministry to fund my first year at UBC. When I went to apply for next year, I was told that a new mandate allows only for training in entry level jobs.

I was told by my counsellor at the ministry that the highest drop-out rate in their programs is around psychiatric clients.

This may be true, but why I was told this is a mystery to me as I haven't dropped out.

Finally, I was told what so many aspiring artists hear time and time again - art is a hobby to be pursued in spare time after a long day at an "entry level" job.

My dream of obtaining a degree is becoming a nightmare.

I have been stable enough to cease taking my daily medication. Now, however, in the face of my struggles with the ministry, my psychiatrist has recommended I return to my daily intake of medication.

Mr. Strachan and his ministry have taught me something. I'm going to rush to that sheltered workshop I know of the one where I can stuff envelopes all day for an extra \$50 a month on top of my \$500 welfare cheque.

I've learned my place in society - the bottom, living in subsidized housing, going to that sheltered workshop and blissfully numbing my socially unacceptable emotions with lots of psychotropic medication.

Thanks for the education, Mr. Strachan.

FAMOUS QUOTE

"I just want to make one brief statement about psychoanalysis. 'Fuck Doctor Freud.'

Oscar Levant, American pianist and notorious celebrity

IT'S A FACT

A study has found 80% of creative writers suffer from manic-depression. Over 40% of their close relatives, the majority also creative persons, were moodswingers.

EDITORIAL COMMENT By Jim Gifford

Recently I attended the Super General Meeting of the Mental Patients' Association. The focal point of the evening was the talk by lawyer Dave Mossop and especially hearing and meeting his client, Bruce Fenton.

Bruce is the inmate of Riverview's forensic ward who recently fought and won a case over his right to get minimum wage for his labours at the hospital.

All well and good. Although subject to an appeal by the Crown, Bruce has courageously publicized an injustice in the system and come out victorious. Another injustice is still pending.

Briefly, in 1973 Bruce was charged with obstructing a police officer. A psychiatrist told the court that Bruce was mentally ill. Bruce himself admits he was having difficulties. Today, seventeen years later, Bruce Fenton is still incarcerated, a victim of the Order-In-Council Syndrome . . . He can only be freed by consent of the Provincial Cabinet.

I chatted with Bruce and found him a quiet, thoughtful man who feels well, although understandably somewhat institutionalized. He would like to return to the logging business he loves. But first he must overcome that looming Order-In-Council.

Perhaps the government of the day could quit playing politics and show a sense of justice and compassion . . . starting by freeing Bruce.

"THE FROM EXCERPT EXPERIENCE" **SCHIZOPHRENIC** (in 'The Polictics of Experience')

Ed Shegda, researcher

By the late rebel psychiatrist - or antipsychiatrist - R.D. Laing (1927-1989), a revolutionary physician-shaman whose fundamental message was 'Breakdown may be breakthrough'.

He held that madness is, in a profound sense, a sane response to an insane world. Society is so destructive, going mad may paradoxically be the only sane adjustment to it.

"There is no such condition as 'schizophrenia', but the label is a social fact and the social fact a political event. This political event occurring in the civic order of society, imposes definitions and consequences on the labelled, is annexed by others, who are legally sanctioned, medically empowered and morally obliged, to become responsible for the person The person labelled is labelled. inaugurated not only into a role, but into a career of patient, by the concerned action (a 'conspiracy') of A SCHIZOPHRENIA UPDATE family, G.P., mental health officer, psychiatrists, nurses, psychiatric social workers, and often fellow patients. The 'committed' person labelled as patient, and specifically as 'schizophrenic', is degraded from full existential and legal status as human agent and responsible person, no longer in possession of his own definition of himself, unable to retain his own possessions, precluded from the exercise of his discretion as to whom he meets, what he does, his time is no longer his own and the space he occupies is no longer of his choosing. After being subjected to a degradation known psychiatric as ceremony examination he is bereft of his civil liberties in being imprisoned in a total institution known as a "mental" hospital. More completely, more radically than anywhere else in our society, he is invalidated as a human being. In the mental hospital he must remain, until the label is rescinded or qualified by such terms as 'remitted' or 'readjusted'. Once a "schizophrenic" there is a tendency to be regarded as always a "schizophrenic".

... Perhaps we will learn to accord to so-called schizophrenics who have come back to us, perhaps after years, no less

respect than the often no less lost explorers of the renaissance.

If the human race survives, future men will, I suspect, look back on our enlightened epoch as a veritable age of darkness. They will presumably be able to savour the irony of this situation with more amusement than we can extract from it. The laughs on us. They will see that what we call "schizophrenia" was one of the forms in which, often through quite ordinary people, the light began to break through the cracks in our all-too-closed-minds.

Schizophrenia used to be a new name for dementia praecox - a slow, insidious illness that was supposed to overtake young people in particular, and to be liable to go on to a terminal dementia.

Perhaps we can still retain the now old name, and read into it its etymological meaning:

SCHIZ "broken" PHRENOS "soul or heart"

The schizophrenic in this sense is one who is broken-hearted, and even broken hearts have been known to mend if we have the heart to let them.

by Don Fraser

Schizophrenia is, apparently, a chemical imbalance in the brain with a cause which may be hereditary, specifically genetic. One of the current theories about the ailment is that certain receptors in the brain, called synapses, are over-stimulated and a substance called dopamine is secreted in excessive The opiate, dopamine, is amounts. thought to be responsible for the thought disorders and hallucinations associated with schizophrenia. Current treatment for schizophrenia is varied.

Doctors who prescribe to the overamounts of dopamine theory use (e.g. inhibitors dopamine chloropromazine, modecate, stelazine. It is their hope that by inhibiting the amount of dopimine produced in the brain, the client can expect a reduction of symptoms and an improved quality of There have been a good life. percentage of improved individuals, some greatly, due to this treatment.

Another theory about schizophrenia is the vitamin deficiency theory. This theory is gaining acceptance in certain circles. It believes the client has a

deficiency of certain vitamins and/or minerals in his/her system and that such deficiencies are responsible for the schizophrenic-symptoms.

Treatment, in this circle, is called orthomolecular or megavitamin. Large doses of vitamins, particularly in the B group, are to be given orally. There have been many documented successes for clients who have followed this treatment.

Of course, there seem to be no cures as yet: just controls. But public awareness about the disorder seems to be growing as groups around the world continue to work to find a cure and raise consciousness.



GENE MOUNTAIN By Brian Bion

common misdiagnosis The most practiced by psychiatrists is the labelling individuals as distraught of Schizophrenic. R.D. Laing has provided compelling evidence that Schizophrenia is caused by impossible living conditions imposed on individuals by their own family. These types of problems of disassociated behavior can be passed on from generation to generation quite easily.

If you beat your children it isn't uncommon for them to grow up and beat their children. We do not assume that this behavior is genetic because it is obvious that it is learned and ingrained. It is astounding that all people labelled Schizophrenic should be considered genetically inferior and suffering from a biological disability.

The so-called scientific research that

discovered a faulty gene common to one man and his uncle has not been found in other individuals labelled Schizophrenic. There are some 40 million people wearing that label and now they are all considered biologically inferior even though scientists have not been able to find the same extra copy of Chromosome Five in them that were found in one and his uncle.

Only Psychiatric researchers and The Friends of Schizophrenics Organization could build such weak evidence into such a major case. It serves their purpose of course by removing responsibility from the family and placing it in the hands of the psychiatrist.

A SHOCKING HISTORY by Brian Bion

The use of electric shock for medical proposes can be traced back as far as A.D. 47. A physician, Scribonius Largus, used electric eels to treat the headaches of the Roman Emperor. A Jesuit missionary discovered Ethiopians using electric catfish to "expel devils out of the human body." Accounts exist of a Swiss doctor expelling devils by using an "electric machine", around 1730-1740. The imagination of physicians was turned on by published reports of medical miracles achieved through the use of electricity.

It was used to treat mental disease as early as 1747. Desbois de Rochefort's medical classics on treatment (published in 1779) summarized 18th century thought about the uses of electricity. Rochefort's book recommends its use on organic nervous diseases and claims success in treating reaction to grief. It was also used to treat psychosis by a technique called "commotions electriques." This method called for applying electricity to vertex, occiput, neck, spinal column and kidneys but warned against the application of electricity to the head. Since electrocuting patients served no obvious medical purpose, it fell into the domain of psychiatry, where no proof of cure is necessary.

Psychiatry had discovered a fascinating tool and only awaited someone brave enough or callous enough to really apply it. In 1938 Ugo Cerletti, an Italian psychiatrist, began applying high-voltage electric shocks to mental patients.

The first patient to receive the treatment was a man diagnosed by Cerletti's clinic as a catatonic schizophrenic. He came in speaking gibberish, unable to give his name or tell anything of himself. Ugo Cerletti took this anonymous individual to a room, attached him to a machine and

fired 70 volts through his head. The man broke out in song. Cerletti immediately suggested increasing the voltage but his staff and peers were reluctant, afraid the man might die. They suggested postponing the treatment until the morrow. Suddenly the patient sat up, and no longer gibbering, shouted out in clear Italian, "Non una seconda! Mortifere!" (Not again! It will kill me!)

Anyone who has ever tried to tell a psychiatrist what to do or not to do can guess what happened next. Ugo Cerletti upped the voltage, increased the duration and slammed that poor anonymous man into a grand mal seizure. Thus the first electro convulsion in man occurred and EST was born out of one man over the objections of his patient and his assistants.

In Cerletti's time psychiatrists noted that epileptics never seemed to display schizophrenic characteristics. They hypothesized that perhaps convulsions in some way prevented schizophrenia.

Ugo Cerletti began his experimental electric shocks on hogs. A friend of his pointed out that hogs were being slaughtered with electric shock. This upset Cerletti who only wanted to induce convulsions and had realistic fears abut killing his patients. He was greatly relieved to discover that electric shock only stunned the hogs and the butcher's blade finished the job. He hovered around the slaughterhouse, eagerly observing the effects of shock and it was this experience that led him to believe he could shock without killing.

Cerletti formulated a theory that the humoral and hormonal changes provoked in the brain by the epileptic attack lead to the formation of substances he called acroagonines substances of extreme defense.

His hypothesis was questionable and the results of his treatment uncertain but psychiatrists still use electroshock and claim its works.

The American Psychiatric Association recently declared its support of Electroconvulsion therapy, claiming it is "a safe and effective" treatment for certain mental disorders. They based their conclusions on a two year study.

The history of electric shock is a fiftytwo year study, showing vague and debatable benefits, memory loss, brain damage, and fear. In the Journal of the American Medical Association. Meduna and Friedman put it well: "Almost since the beginning of the application of convulsive therapy to psychosis, it has come frequently to our attention that the therapy ought to be widely-applied to the field of psychopathology as an agent to 'frighten the patient to his senses' or to 'scare the devil out of him.'

SCHIZOPHRENIA #3

After cancer and heart disease, schizophrenia is North America's 3rd most costly health problems, striking one in every hundred members of the society. Their numbers include 28,000 in British Columbia and 250,000 in Canada.

There are approximately 40 million schizophrenics world-wide.

THE REAL RECYCLERS By O.W.

As I was riding my bike to work this morning, up from the underground parcade to the back alley, I saw what is now a familiar sight . . . a man rummaging through a garbage bin.

There was a shopping cart next to him, full of plastic bags, cans and bottles. It reminded me of an article in the newspaper recently.

It seems Vancouver is starting a recycling program of its own in the Eastend residential area. The plan is to give every household a blue box for tin, glass and other discarded items that can be melted down and used again. But what is going to happen to streetpeople who have been turning one man's garbage into gold for a long time now?

I heard one guy say he could make up to fifty dollars a day on bottles and cans Continuted on page 8 SHOCK TREATMENT By Harold Johnston

Shock Treatment may fry your brain, till you think it's going down the drain. For the shrink who gives you this service Must be awful nervous. To have him do this to vour mind is really most unkind. When he tells you it offers you some hope ... it still doesn't help you cope. The best thing is a friend for a guide Who will stand by your side.

FRIENDS By Fay-Ann Torhjelm

Friends have different meaning Like a song they come to their crescendo

They also hit their deep notes of emotional bounding

Friends also have their descrescendo of conflict

But the greatest imbalance of Harmony is when . . . One feels a greater

Sense of dynamics in the other and wants to be their friend and the other doesn't want to compose a friendship of harmony, deepness and balance

The one with dynamics must let the other flow freely...'til one day they can compose together.

[LINES WRITTEN UNDER THE INFLUENCE OF DELIRIUM] By William Cowper

William Cowper (1731-1800) was a preacher's kid who studied law. His first breakdown, suffered when he was twenty-two, lasted a year. He was unsuccessful at three suicide attempts. By his death he was an accomplished literary figure.

Hatred and vengeance, my external portion,

Scarce can endure delay of execution,

Wait with impatient readiness to seize my

Soul in a moment.

Damned below Judas; more abhorred that he was,

Who for a few pence sold his holy Master!

Twice-betrayed Jesus me, the last delinquent,

Deems the profanest.

Man disavows, and Deity disowns me, Hell might afford my miseries a shelter; Therefore Hell keeps her every-hungry mouths all

Bolted against me.

Hard lot! encompassed with a thousand dangers;

Weary, faint, trembling with a thousand terrors.

I'm called, if vanquished, to receive a sentence

Worse than Abiram's.

Him the vindictive rod of angry Justice Sent quick and howling to the centre headlong;

I, fed with judgement, in a fleshly tomb, am

Buried above ground.

THE BRIGHT CHASM By John Barker

by John Darker

As twilight dawns The desert yawns As the black midnight In the sun is bright

As we dance to the twilight Shadows betwixt the might Illusions fade into misty night As we dance to the tune

The piper will lead us to reason And a new day will dawn As the trees dance with ease Over the gentle seas

As we listen to the sun As we have just begun We are spirits on the run As God comes over the moon And Jesus saves at high noon

THE SMOKE

by Dan Goertzen January, 1989

It gives me a sensation; A feeling of taming The restless fire within me.

Presently, with much dignity, It rests Upon it's very own glass alter; Creating... Yes, creating mythical beasts Who float to the Heavens.

It's fire is tamed when I Place it between my fingers When haled, the flame jumps within ... now; I can create those beasts.

ON SMOKING By Brahm Shenker

They're dangerous and deadly; old tar and nicotine,

The damage they can do to you are all too often seen.

The cough, the wheeze, the gasp for air, the loss of appetite and smell,

The yellowed fingers and bad breath and teeth that always look like hell.

But light another; smoke a lot,

Support your graveyard - buy a plot,

You'll need it if you want to do

The Carcinoma Polka!

Each day as you awoke from sleep, before the cobwebs left your head, You grabbed a fag and lit it up and

coughed till you were nearly dead. You had a coffee and a shower; breakfast was a bother

So you just reached into your pack and calmly lit another.

And by the time you got to work you'd had another four

And just as lunchtime rolled around you had to buy some more,

But you needed them so you could do The Carcinoma Polka!

When you were finally laid to rest beneath the flowers and the trees

The mournful cries of those you loved would not allow you any peace

'Cause you were selfish not to think of those you left behind

And smoked until the cancer ate your body and your mind.

So rot beneath the ground my friend; you did what you thought best -

It's a pity that you were so young when you were laid to rest,

But it happens when you try to do The Carcinoma Polka!

THE REAL RECYCLERS

alone! Is the city going to put these hardworking scavengers out of business? It finally dawned on me who the real recyclers are. Are they going to receive any compensation for their loss? I think their loss should be replaced with a healthy income in subsistence cheques, or better still, the means to get a decent part-time job.

This city-wide recycling program may create jobs. I would encourage the real recyclers to get in line with their job application. But is this really going to happen?

It seem unlikely considering a lot of 'recyclers' are homeless and just surviving, in the shadow of this wasteful great society of ours. Is this city going to get the 'gold' or will there be anything left for the real recyclers.

VANCOUVER: CITY OF JOY AND SORROW by Sam Roddan

· · ·

Today I walk over the Granville street bridge. It is high noon and the heart of the city beats like a jungle tom-tom. Thoughts on the social rites of passage are blurred in the roar and head long rush of traffic. I think of Thoreau's words: "The swiftest traveller is he that goes afoot".

Years ago sawmills on Granville Island were illuminated in silver cobwebs of light. Men worked at night under open sheds at the green chains. Yard engines, puffing sparks and flame, shunted box cars into loading ramps beside the warehouse.

The island was pockmarked with a jungle of wharves, gravel dumps and delerlict sheds. At low tide the air was rich with the stench of rotting mussels, swamp and sea weed.

Along the spongy water edge of False Creek toward Main street were the spiky masts of the fish boats and the tar paper shacks of the hobos. In the distance the wooded slopes of Mt. Pleasant blended into the gentle rise of Little Mountain.

From a perch beside the ramparts of the bridge I became part of discordant symphony of concrete and steel. No songs here for a Whitman, Hart Crane or a Sandburg. Bric-a-brac monoliths rise up like jagged teeth to disturb my vision. The black top curls ahead in a mighty tongue into the city's maw.

I walk along Hastings. The old Beacon theater is now a parking lot. In Pigeon Square an Indian boy sits on a bench whittling some ancient totem, talisman of better times. Wrapped in a bundle of blankets beside him is a girl, perhaps seventeen. Her moans rise and fall with the muffled rhythm of a forgotten lullaby. At Carnegie library men lounge on the steps and stare blankly into space with the shame despair I remembered as a boy in the early Thirties.

At Gore avenue, the Salvation Army Citadel is no more. Across the street, the Empress Theatre and the granite blocks that made up its sturdy walls, the fire escape, the papered over windows, all have vanished. Corner stones have been broken apart and carted away. Historic bench marks, obliterated.

I no longer hear the cheery roosters in the lanes of Chinatown. Old men are gone from their padded chairs in the windows of the Roco Hotel. The steeple of my father's church, landmark and surveyor's guide on Hastings for saints and sinners has disappeared from the skyline.

I recall the dreams of my father for a City of Joy. A place fit for temples. I see his mighty fist pounding into the Holy Bible. The pulpit shakes with his wrath as his drives Sin and the Devil into the ropes, out of dim lit taverns, dark lanes, blighted hovels.

Suddenly the ghosts of an old city move against the clouds. The air fills with new tongues and voices. I remember how words can exercise devils, fiends, ghouls, sorcery, ancient guilts. I think on stories yet to write and feel like a pilgrim leaving the past behind. An ancient mariner freed of his albatross. A survivor who has cut and pruned branches, stirred up roots and now waits for warm rain and sun.

'In A Nutshell' is published by the Vancouver Mental Patients' Association.

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LOOKING OUT MY WINDOW by Jim Gifford

(Written at Crescent Beach, May 197 while on weekend leave out of E Centre Lawn, Riverview)

Looking out my window toward th Pacific seas, I meditate upon th wondrous sunsets I have contemplate in serene passivity. No two are th same; all are different.

Momentary sadness empties from n soul. I have missed the best sunsets my life . . . and the best years.

But there will be other sunsets, oth years. This notions clings to me like faithful mutt to a loving master.

Strife, struggle and friction ha engulfed me. Yet anguish mak beauty so precious and makes the senses so keen. Appreciation momentary life has been created through troubled tribulation.

Evening shadows of the Maple tr creep in veins across the face of t green carpet of lawn. CONTINUED ON NEXT PAGE

BOOKWORM

SHRINK RESISTANT 'The Struggle Against Psychiatry in Canada' ed. Bonnie Burstow & Don Weitz New Star Books Vancouver, B.C., 1988

This powerful work relates the experience of psychiatric survivors of Canada's mental asylums. Degradation, depersonalization and deprivation are chronicled in a selection of poetry, interviews, graphics, stories, and journal entries.

Some of the injustices exposed are involuntary committal, abuse by staff and doctors, the terrors of shock treatment, and prejudices faced and struggles encountered when one reenters the 'world outside'.

Published in the 40th Anniversary of 'The United Nations Declaration On Human Rights', Shrink Resistant is a potent reminder of Canada's own violations of civil liberties and is an indictment of prevailing attitudes and institutions concerning psychiatric care. An eye-opener!

'LAUGHS WITH LEWRY' By Dave Lewry

"Who was that doctor I saw you with last night?

"That was no doctor . . . that was my psychiatrist?"



Is Dave Lewry contemplating another shot or another joke? Photo by Brahm

EDITORIAL COMMENT by Jim Gifford

In his book entitled 'Hypoglycemia', Dr. Paaola Airola mentions a fact, in one passing sentence, that was a revelation to me. He says often what nutritionists call hypoglycemia is diagnosed by psychiatrists as schizophrenia or manicdepression.

Nearly twenty years ago, I was labelled manic-depressive, a disease believed now to be hereditary . . . my mother is hypoglycemic! Clearly, what is in a name? Simply, this problem of illness had been approached from two diverse angles; two points-of-view. Need I say more?

Unfortunately, yes, for the medical establishment looks askance at any therapy outside its tight little island of orthodoxy. To this profession, Dr. Airola is full of balderdash! Naturally, they are skeptical . . . nutrition is not the long suit of psychiatrists . . . and they might lose their monopoly! They prefer dope and shock treatment! Dietary whims are way down the list of their priorities for your mental health. Yes, 'you are what you pop and inject ... and that's a sad statement on legal drugpushing ... in a drug sick society.

LOOKING OUT MY WINDOW

All is well. Today has been superb.

The Faire at Camp Alexandra has been my initiation back into humanity, with its beauty and splendor. Creativity and loving fellowship abounded. Pottery, pet rocks, clowns, singing and people, glorious people.

Kids absorbed the fresh air and sunshine on the open field, bobbing in and out among bearded men and lovely women of all proportions and variously colored costumes. All are beautiful. All are life. Life is beautiful.

Momentary reflection overcomes me. The May 24th weekend has been good to me. And I've been good to it. I treated it with the gentle loveliness of my soul. The weekend has reciprocated with the small magnificent wonders of life and the humility to enjoy the little things and not be overwhelmed with fantasized expectations.

I am well, at least for today. But what more could anyone ask of God?



BEDLAM QUOTES

Bedlam was the early English mental asylum with a notorious reputation. The name itself has become a part of our language.

(Enter Edgar)

and apt he comes, like that catastrophe of the old comedy: my cue is villainous melancholy, with a sigh like Tom o'Bedlam

King Lear I, ii, 149 William Shakespeare

MICHAEL-DAVID ELECTED TO BOARD

Michael-David was elected to the M.P.A. Board of Directors at the Super General Meeting held in January at the Kitsilano Neighborhood House.

To quote Michael "I was born in the country of Newfoundland about three years before we became part of Canada." After leaving home at 19, he went to work for The Royal Bank of Canada. He stayed with the bank for four years. Then came a fourteen year career in radio. In his first job he worked a sixty hour week, plus mowed the lawn and painted the building. He eventually wrote and read news, wrote and produced commercials and did announcing. He recalls it as 'an indepth introduction to the wonderful world of hype'. After leaving radio, he trained as a hairdresser, still holding a valid licence.

Commenting on his mental patient experience, David says "Last year I suffered an episode of hypomania brought on by the drug Nardil. I was arrested by Vancouver Police, kept in the mental cells, naked, for two days, subjected to homophobic remarks by police officers, not read my rights, and was denied a phone call to a lawyer. I was sent to pre-trial for three days before being shipped off the Centre Lawn at Riverview. I was a guest of the government for three weeks until released by a Review Panel." Michael remarks his file labels him a 43 year old white male homosexual with a punk haircut.

Michael has become a regular at the Drop-In Centre, talking with fellow

M.P.A. members and doing a little leather work. We now welcome to the Board of Michael-David Directors. With his compassion and communication skills, he can't help but be a great asset.

CARE TEAM FAULTS? YES By Michael-David

As the promo of our newsletter so aptly points out, the psychiatric profession spends a lot of money promoting a good image of itself. And you can bet your blue booties that the image is all positive. And, of course, people in that profession are generally very highly paid.

There is another side to this coin, however. Although I'm sure lots of positive things are accomplished by the profession as a whole, there are some negatives experienced by people who have to use psychiatric resources for one reason or another.

Let's get a little smaller in scope and look at one facet of that profession, as experienced by me recently. Let's examine my last visit to The West End "CARE" Team, the feeling experienced, and what to do when you don't seem to be getting the quality of care you need. Or the lack of care if you do not go along with them and their suggestions 100%.

I saw Rob Parks and Dr. Altman on the 9th of January 1990 at the West End Care Team. My last visit with a Care Team prior to that was Monday, December 4, 1989. Another meeting had been scheduled with them for Monday December 18, 1989 but by then I had moved back to the West End and I applied there to have my file I also asked about transferred. medication and was told I couldn't be given any until seen by the psychiatrist at the West End Team. After a visit or two to try and get an appointment I was finally given one for January 9, 1990.

I arrived a few minutes early. The people from the West End Care Team were 15 minutes late for the appointment. When we started I was informed that they didn't even have my file yet, as it was in transit from the South Team; a process that normally takes only a few days. We talked about



lounge. Photo by Brahm

my depression; and about my suing Riverview Hospital; a fact I had first discussed with Jim Johnson and Dr. Chris Morrant of the South Care Team. When I first introduced the subject I was told it was probably better for me to forget that and just get on with my life. I explained to them how big a change being involuntarily confined to Riverview had made in the quality of my life; the stigma I now carry from it; and the fact that I had several legitimate reasons for suing Riverview Hospital. One of those is the easiest to explain and is uncomplicated. When I was transferred to Riverview on March 22, 1989 the proper certificates were not substituted until the 27th of March, 1989. Therefore I was held illegally at the hospital for 5 days. There was a definite cooling on the part of the staff at the South Care Team when I told them I was proceeding with this. This same coldness was felt by me at this last visit to a Care Team in the West End.

Had I not gone to a private psychiatrist in the interim between these last two meetings with Care Teams, I would have run out of much needed medication; medication previously ordered by the South Care Team. No great amount of concern was evidenced by me in regards to this matter. Copious notes were made by the psychiatrist at this meeting; very little was said by him. The worker seemed to be quite offended by the fact that I had brought along my pet cockatiel, Remi. At one point the bird took a bit out of

the philodendron which was many times the size of the bird.

I was told to get the bird to stop eating the plant. I did this with the comment that the bird was very small and possibly the plant would survive even if the bird ate its' fill. Now the Team's

version of this would probably vary from mine; I am only writing about my perceptions of what happened at this meeting; the general tone evidenced; and what I see as a lack of "CARING" from a Care Team. The very work care implies something of a high standard of empathy, patience, concern, and caring attention.

One of the things I did ask of the team repeatedly during this visit was what they thought of my action against Riverview. I explained to them that I was looking for their opinion as experts. They seemed evasive to me; and the most I could get out of them was to have them say that if I thought it was right then I should follow along with what I'd already started. If I thought I should pursue it, then perhaps it was best if I did that. I never did get an opinion as to whether they thought it wise; however from the perfunctory way the visit went my assumption is that they avoided make any real comment on that issue. I call it avoidance with the bland face of psychiatry.

Another thing which has been going on with regards to The Team is that I've been trying to get the contents of my

files released since September past. When I visited the West End Team in September they would not honor my legal requests to have the information released to me or to my legal counsel, Ms. Leslie Stalker. When I transferred out to the South Team the West End Team advised me that my files were now out on Fraser St. and I could have them released by that team. Passing the buck, because I do not believe they really want to release the information. Anyway, I did ask for release from the South Team and it was not forthcoming. Then in the middle of December last year I moved back to the West End and immediately asked for the release of my files. After signed release forms and letters to them I was finally told they would release this information for \$25 a page.

Now, I already experienced some difficulty obtaining my official files from St. Paul's and Riverview but I had finally obtained them by getting them forwarded to my lawyer. The cost of obtaining the files from these two institutions was a lot cheaper than obtaining them from the Care Team. So at that point I wrote to the Administrative office of the Greater Vancouver Mental Health Society again requesting release of my files but at some reasonable cost; not an exorbitant \$25 a page. We discussed this at my last West End Care Team meeting and apparently there was a "TYPING ERROR" and the charge would be \$25 for searching and processing and then an additional fee of \$1 per page for photocopying. This is at least a more reasonable fee; but of course, still a big bite out of my Gain Handicapped Pension, where every penny is already needed to survive. They told me they would release the information to my lawyer if I wished but could not tell me the actual cost because my file was still in transit from the South Care Team.

Then I advised the team I would be seeing a private psychiatrist until May when he would be retiring and then I would be coming back to the West End Then Rob Parks Team again. suggested in a rather cool tone of voice that I not bring my pet to the next meeting. I assured him if they were so adamant about it that I would not. May I point out here that the bird was not a distraction to me during the meeting and that I have had him with me at the South Care Team with no adverse He's also been in comment.



supermarkets, night clubs, and restaurants without anyone saying anything negative about my pet. I am very attached to my pet and would like to remind the West End Team of the value of pets in peoples' lives; they help maintain an optimum level of mental health. I believe they are one of the main ingredients in this. I inferred from their request that if I did bring the bird to the May meeting, then the meeting would probably not take place. My overall impression was not good. I experienced a coolness not necessary, and certainly did not experience anything like the qualities implied by the very word care.

If you have specifics of lack of care or concern, or even experiences when you are not being taken seriously, then I urge you to protest; as I am doing here. These people are well paid to provide high quality care and we should get it at all times.

You can write to the Team directly, to the Greater Vancouver Mental Health Service Society, M.P.A., C.M.H.A., your advocates at the B.C. Coalition for the Disabled, your member in the legislature and parliament, the Minister of Health, talk shows, T.V. and radio stations, and of course, newspapers. But I urge you to not sit quietly by and take substandard service or care. And of course the other thing you can do is form groups to protest; or have an already established group take up the banner for you. There are many roads open to us. A reminder to myself as much as anybody.

GOOD SAMARITAN

If we were to nominate anyone in our area for a Good Samaritan's Award, it would, without a doubt, go to Mr. B's and its manager, Dominic.

For most of last year and continuing almost daily, Mr. B's provides M.P.A. with chicken, pasta, buns, and other "day old" items which are perfectly good to eat, but that a first class deli would not sell as fresh. Because of Mr. B's high standards, M.P.A. has been able to benefit tremendously.

We at M.P.A. would like to take this opportunity to publicly acknowledge the generous contribution of Mr. B's and the courteous and friendly efforts of their staff at 1675 West 3rd.

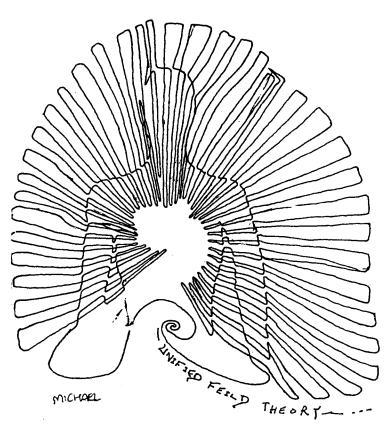
REFLECTIONS OF AN UNKNOWN PUBLISHER By Jim Gifford

'Patience is a virtue' and the gang at M.P.A. has been taking a course in it; waiting for yours truly to publish our renewed version of 'In A Nutshell'.

Laziness may not be a virtue but it (or rather contemplation) sure is fun: drinking coffee with Rod and the other members, playing pool with Gerald Budda and listening and laughing as Dave Lewry rattles off joke after joke; and communing with Ed, Brent, et al: those philosopher-kings debating the issues of the Drop-In Lounge, the city, the province, and the universe-at-large.

But things became a little embarrassing. Harold Johnston kept inquiring when the Christmas edition of the news magazine was coming out; and he labelled me 'the unknown publisher'! And the Executive Director, Barry Niles, remarked 'Isn't it curious how the Sun and the Province come out everyday'. So I made the fatal decision and plunged into the baptismal waters of publishing. No more procrastination; no more looking back.

Here it is: Volume 1, Number 1, March 1990. Love it or leave it . . . not in the garbage can but on a bus seat, a library



shelf . . . or preferably, on Bill Vander Zalm's desk.

Thanks to our staff: Assistant Editor Don Fraser, writers Brian Bion and Sam Roddan, researcher Ed Shegda, Poets Harold Johnston, John Barker, Fay-Ann Torhjelm, Dan Goertzen, and Brahm Shenker (who also took the photos). Graphic artists were Dan Hadesbeck (the cover), cartoonist Bev Gordon, and Michael. And special thanks to Pam Bevan for her secretarial work. Thank you once again: Enjoy!

UNDER DOG By Jim Gifford

The purgatorial plight of the poor today is destitution . . . it is homelessness. The impoverished citizens of our prosperous nation dwell in squalor on streets and in alleyways while our leaders exude plaudits about the importance of environmental consciousness. Well, better late than never. But the homeless can't and won't wait.

And why should they? While the wealthy (and, yes, middle class) buy supposed necessities like the car for Junior's graduation or a new dishwasher, those at the bottom of greed's pyramid must struggle for the

inalienable rights of food, clothing and shelter, be it ever so humble as crumbs, rags and a hovel with cockroaches.

Low Cost Subsidized Housing is needed now! It is no luxury. It is needed by the more affluent classes too . . . not to live in . . . rather to insure their monopoly on private property. The distaste of revolution is the only alternative.

A revolution in our attitudes towards real estate for starters. Expansive and expensive monoliths are being built because property is valuable, mortgages high and taxes exorbitant. The capitalist understandably wants a good return for his investment. But what about such sites as the old Expo Lands? These and other areas should have substantial Low Cost Subsidized Housing and other amenities for the poor. 'But it is prime property' the capitalist says in rebuttal.

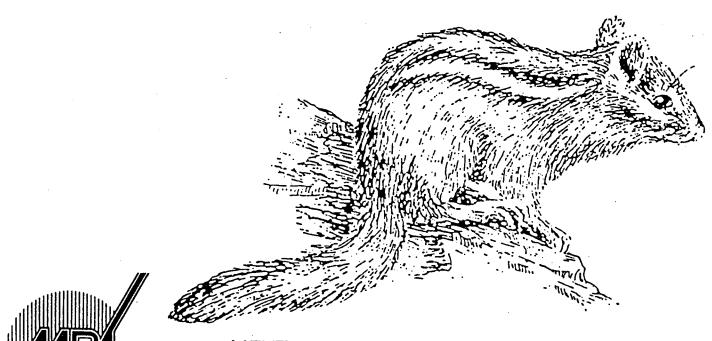
Before it was sold out to Hong Kong development interests, that acreage belonged to the people . . The Government of British Columbia, our elected servants. They owned the land and, if I recall my aborted Law [^]chool studies correctly, The Crown or State owns title to the land, in the final analysis. But government greed to embellish the treasury coffers won. Our servants in Victoria had no conscientious objection to expropriating land for the Skytrain. It is an acceptable course of action in power politics. So lets build Low Cost Subsidized Housing by means of expropriation where feasible... and the plague of greed be damned!

Unfortunately, until greed's scourge is obliterated, we will see (if we open our eyes) mental patients, single mothers and others subsisting in squalor, often homeless, and constantly scrounging for the few crumbs the consumer majority throws their way.

It is time to awaken to the real issue: man's inhumanity to man. The time is now; it always is.

To quote from Bob Dylan's 'Just Like A Rolling Stone':

> 'How does it feel To be without a home No direction known'



MENTAL PATIENTS' ASSOCIATION

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