
Spring, 1992

In A NutShell

A Publication of the MENTAL PATIENTS' ASSOCIATION



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Cover Graphics: by Carel Moisewitsch - As an artist and human being, Carel is deeply concerned about the attitudes and issues relating to mental illness and the attainment of acceptance and wellbeing for all those involved.

'In A NutShell' is a publication of the Mental Patient's Association, 1731 W. 4th Ave. Vancouver B.C., V6J 1M2, (604) 738-2811. The MPA is a non-profit organization that offers a variety of programs in HOUSING, VOCATIONAL, RECREATIONAL, and SOCIAL ACTIVITIES for former mental patients. For more information on any of the above programs or housing waiting lists, please phone the office at 738-2811.

Editor: Jim Gifford Co-Editor: Dennis Strashok Page Lay-out on PageMaker Software

'In A NutShell' is now a quarterly magazine. This is a catch-up edition due to seen and unforeseen circumstances. The opinions expressed in this newsletter are those of the individual writers and not necessarily those of the MPA. Donations toward the cost of "In A NutShell" will be graciously accepted by the MPA.

Executive Director Goes To CMHA Conference

MPA Executive Director Barry Niles was invited to attend the Canadian Mental Health Association's National Conference held November 27th through 29th, 1991, in Ottawa.

Niles was intrigued by the focus which was 'Charge To The Hill'. He thought it would literally be a march to Parliament Hill with placards, providing an excellent media opportunity for CMHA and the mentally ill. He feels a deep impact could have been made with such a symbolic gesture after which meetings could take place with respective politicians. Niles believes the conference missed out by arriving in small groups.

A number of MPs and officials had set aside time to discuss a variety of issues relating to mental health. The MPA Executive Director says 'I was particularly interested in talking about a couple of bills: one regarding federal transfer payments to the provinces; the other a legal bill concerning the Criminal code and the mentally ill'.

He and some CMHA reps talked with NDP MP Jim Karpoff, an expert in cost-sharing between

the provincial and federal governments. Presently transfer payments to BC from Ottawa constitute 50¢ of every dollar spent by Victoria. The bill they have put through will, over the next five years, entirely remove that 50¢ payment, putting a huge additional financial pressure on provincial governments.

Regarding Criminal Code changes, Niles states, 'I did get a paper from Ian Waddell, NDP MP, consisting of a speech he gave in the House of Commons. He was in favor of the recommendations but, in essence, the entire Code has to be overhauled, a process that will take years'.

Of the approximately 400 attending the Conference, only a

the fact that 30% of those present were ex-patients. In the hotel where most people stayed, a suite had been set aside for the member lounge. 'I spent a lot of time there because I enjoy the company of these people. It was open 24 hours a day and was very much like our drop-in. One guy said he'd been at the MPA in the Seventies'.

The MPA Executive Director also met with members of the OPSA, Ontario Psychiatric Survivor's Alliance. One night he went to a meeting of a group that was opening a branch in Ottawa. About ten people were wrestling whether to be part of another umbrella group, what their by-laws should be, how to deal with banning... 'lots of interesting dynamics quite comparable to MPA' says Niles. 'They were impressed with the structure of MPA and said they had so many problems now, it would be nice to be where we are at. I explained we still have the same sorts of problems, it's ongoing.'

There were several speakers at the Conference. Audrey McLaughlin, the NDP federal leader and a former executive director of CMHA, addressed the gathering. Pat Capponi gave a rousing talk on being a psychiatric survivor.

Niles remarked people from across Canada know of MPA and the Conference was a great chance to network. All-in-all, the Conference was a worthwhile experience for the mentally ill and the MPA.



handful were not attached with CMHA. Niles was impressed with



CRC Manager Attends WHO Meeting

Under the auspices of the B.C. government's Ministry of Health, MPA Community Resource Centre Manager Gloria Scribner attended a World Health Organization meeting in Trieste, Italy, last September. Along with Sylvia Tremblay, Provincial Director of B.C. Friends of Schizophrenics, she met to discuss a WHO initiative for consumer involvement in mental health services.

Delegates came from Canada, Italy, Scotland, Holland, the U.S., and Japan.

British Columbia is widely recognized for being at the forefront of deinstitutionalization. Gloria remarked 'the thing I find very exciting is that Ministry of Health is committed to let the whole world watch the downsizing of Riverview'.

Trieste closed their mental hospitals in 1987. 'They do not have schizophrenia; they do not have manic-depression; they have people with problems', she said. A community mental health system based on people's needs has been set up. Gloria stated 'most psychiatric problems are set off by things that are not related to mental health...economic, social, family, housing'. She commented that people often talk about how good their programs are and not about failures, as they are dependant on

funding. So she observed for the time she was in Trieste. In the inner city, Gloria saw two persons that could be identified as mental patients. 'What I saw were people working in restaurants, as hairdressers, and who had jobs on cruise ships, who told me they were mental patients'. She says neither she nor anyone else would ever guess their problem. They are not overmedicated. 'Those of us who know about mental illness know you can't see schizophrenia. When you see a schizophrenic on the street, what you are seeing is overmedication. Whatever they are doing in Trieste is successful and works.'

A major point of the initiative is people need to work for this is the mark of validity in our society: work is good; welfare is bad. However, the limits of our imagination here at home creates a janitorial mentality. 'We've taught people to be food service handlers and janitors. Then, when they aren't successful, rather than recog-

nizing this isn't what they want or that they have other abilities and talents, we say they aren't motivated. We've been trying to educate ourselves on how to motivate people.' With common sense and insight, Gloria declares 'you don't motivate someone else: I don't motivate you; you don't motivate me. We are motivated internally.' Motivation stems from doing a job you like, a job that pays you enough money to live on and a job that meets your needs. Gloria remarked 'interestingly enough, that Trieste experience showed me someone actually had my dream, had realized it and put it in place.' Now, Gloria Scribner is attempting to fulfill that dream at the MPA's Community Resource Centre.



John Barker and Ron Poult carry banner in Schizophrenia March, Sunday, Sept. 29th

CRC Has New Look

Since she began at the MPA ten years ago, Gloria Scribner has had a personal philosophy about mental health. Presently, as Manager of the Association's Community Resource Centre, she has a vision she'd like to see realized.

She talks about 'treating people with dignity and respect, realizing they have problems, yet everything that is happening to them is not based on schizophrenia or manic-depression.' Under these labels are persons with needs.

'Based on what people want to do, The Woodwork Shop was my first attempt at putting my dream into place. Our second premise is, if you are producing, you must be paid. But everyone doesn't want to do woodwork. I'd like to see various vocational programs, an expansion that would include hairdressing, food services, the arts.' Members would be involved in production of good work that would be valuable and make money. The difficulty is getting the funders to understand her vision.

At present, the revamped CRC is moving towards structured activities, 'not to try to force people into a mold or for me to pick out some idea of what I think they should be doing with their lives. We want to find out what you want to do and I will do everything in

my power to create that opportunity.' Gloria explains that at a recent CRC meeting, Brian Walker said it perfectly: 'the co-operative idea includes work, opportunity, and trust'. She says she isn't trying 'to shove stuff down people's throats. What I need is members, whether one or fourteen, to say they want this or that.'

The hours the CRC is open for casual socializing has been reduced and there is some grumbling. Yet everything comes with a sacrifice. If money, staff, and ability were available, she remarks, the MPA would have both a drop-in centre and a Community Re-

source Centre. 'A good drop-in centre should be open 24 hours a day because people need help all the time'. However, as a place to come for help or someone to talk to, the CRC will continue to be of social service.

'If you are in need, we don't expect you to wait until the doors open at 4:30 in the afternoon. There will be someone here. We have stopped those who don't want a structured environment from upsetting members who want to focus on an activity.'

Gloria Scribner says this is a transition period and it is not going to be easy. Things are not expected to just fall into place. What is needed is 'work and effort from everybody involved.'



Housing Key to MPA

Housing for members is a key part of the Mental Patients' Association and Housing Manager Steve Scott is the individual in charge of guiding this branch of the MPA. There are various facilities available to ex-mental patients, depending on their health and circumstances.

Halfway houses exist for those coming directly out of hospital or a bad living situation who need a space in which to 'get their lives together and go off and live independently'. These homes pro-

vide 46 beds with two staff persons Monday to Friday, 9am to 5pm. The residents are responsible for themselves on evenings and weekends although staff are on call on a 24 hour basis for emergencies.

The Phoenix Project is 3/4 way living and has less staff. People have their own apartments with bathroom and kitchen and live together in a building, but not communally. There is a residen-

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Housing Key to MPA

tial time limit of two years. Scott explains 'we work with people from the time they get in, setting personal goals, so when they are prepared to leave they have connections in the community like a job or schooling'. Thus they are prepared to live independently when they leave Phoenix.

Lately, the government has made available satellite apartments. These are unstaffed situations which are administered by an outreach worker, in this case Heidi Mueller, who maintains contact.

The Housing Manager commented 'about two years ago, after surveying the membership and engaging them in questionnaires and discussions, we sat down, had a look at the services offered by the MPA, and identified the gaps'. There was no 24 hour care facility for those who need round-the-clock support. Such a reality is still in the future. However, out of the planning process came the idea of running a hotel for psychiatric patients in the Downtown Eastside.

Many MPA members reside in this area of the city and often the reason is that it is affordable. But problems have arisen. Owners too often are concerned only with profit and not the well-being of the tenants. Adjoining pubs are another dilemma. Psychiatric patients are also prey to other tenants such as drug dealers

and prostitutes. 'We decided we could offer a better run and better managed hotel in a better environment' Scott says.

An opportunity presented itself for partnership. The Hampton Hotel was in reasonably good repair and was close to the Ministry of SS&H, the Police Station and The Care Team. The street was under renovation and upgrading as Gastown is expanding.

A long-term lease was arranged...5 years with an option to renew. The owners wanted someone to manage their property. They totally renovated the building. The MPA provided furniture, mattresses, new sheets, and pillows.

Fifty rooms exist for people to live in, there is a common t.v. room, laundry room, and offices for staff. Each sitting room has a bed, a table, a chair, a sink, a hotplate, and a small fridge. It is minimal, but in good condition. Mens' and Womens' bathrooms are on each floor.

The hotel is staffed 17

hours daily. Some people are responsible for such building matters as paying the rent and getting keys. Mental Health outreach workers monitor health and help with government red tape like getting food vouchers and clothing allowances.

Each tenant is entitled to his or her lifestyle as long as it doesn't infringe negatively on others. Housing Manager Steve Scott states 'we encourage people to set their goals a little higher so the hotel can be a stepping-stone. Others are perfectly happy... they've always lived in the Downtown Eastside and all their friends live there. The Hotel is a safe and secure community. They get to know each other and get along in ways some people wouldn't understand'.

The Hampton Hotel is the fruition of planning and implementation. Along with the halfway homes, The Phoenix Project and satellite housing it is a visible and constructive example of solving the housing crunch for ex-mental patients in Vancouver.



Referrals to Hampton Hotel

The outreach workers at the Hampton Hotel are aware of other psychiatric patients living in downtown hotels. Others are homeless who have been released from Riverview and are in temporary facilities such as Lookout and Triage.

When a referral comes from one of these places or a care

team, Housing Director Steve Scott says 'we will go and talk to them and tell them what we have to offer'.

He encourages anyone interested to apply by phoning the mental health outreach workers at the Hampton Hotel. The number is 681-8621 between 9am and 7pm. Talk to Ron or Susan.

UnderDog by Jim Gifford



For me, poverty snuck in through the back door, an unwelcome intruder who came with the territory of being an ex-mental patient. Previous experience in 'doing without' had been negligible.

I remember a fella who sat in front of me in homeroom during high school. W.G. wore unfashionable second-hand clothes and lived in a low rent part of town. He was always mysteriously upbeat despite economic adversity. And there were the kids who came to Olivet Baptist Church on Sundays from the Loyal Protestant Orphanage. For these I felt great empathy... for I was a fortunate child of loving parents and 'Fifties' affluence.

Yet I do recall the 'simplicity' of roughing it in the Cariboo Country of British Columbia. On these fishing and horseback riding trips with Dad and friends, I fondly remember the 'minimal' experience of no electricity and outhouses.

In my teens I was enamoured of many toys... especially the series of family convertibles I'd cruise in around the Lower Mainland. But there grew a gnawing emptiness in the pit of my stomach... this materialism was somehow empty.

My present reality reveals I was possessed by an 'angst' at not having earned these luxuries and didn't even want them. Through years of trial, turmoil and change, brought on by a manic-depressive 'breakthrough breakdown', I've receded from the ambitious struggles of an 'owning mentality'.

My life has revolved around the discovery of inner riches in the unhurried and unpressured place at the bottom of the economic rung. I am in accord with Erich Fromm in 'To Have or To Be'

where he discusses the 'disease' of the consumer-mad world. Truly 'less-is-more'.

What nonsense is this, you say? It is one of life's paradoxes that if you are unattached or do not possess things you are at liberty to thoroughly appreciate them for you are 'free in spirit'.

By means of mental illness, poverty snuck into my life. Through time, it became a welcome guest. Here and now it is a vital need and dwells in my heart of hearts.



Pastoral Reflections by Pastor John Ballard

'How can you tell me to thank God for everything when I have cerebral palsy. I'll look forward to your answer.'

The letter was from a young woman who attended one of my lectures on putting God in the centre of your life. I promptly

responded to her letter and, after a number of correspondences, she phoned and made a counselling appointment.

In the first interview, it quickly became apparent, she was

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Pastoral Reflections

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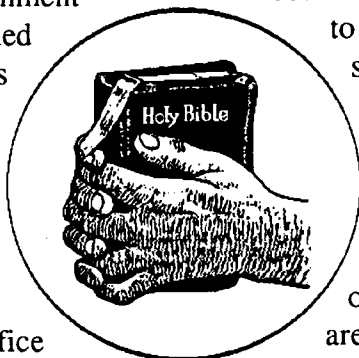
embittered. Her focus was against the medical establishment and how they had failed to do certain things right. After a number of sessions, she was able to release a great deal of bitterness. Her physical health dramatically improved.

One of my office chairs had revolving wheels and no side-arms. If she sat in that chair, she would request that I centre her. At first, I was confused by her request. But then she explained that she would get out of balance when she was sitting and needed me to adjust her body so she

wouldn't fall out of the chair. It became standard procedure to centre her whenever she sat in that chair.

Centering is a necessary physical action, but more importantly still is living a life out of the centre. We are a conglomerate of selves, each vying for atten-

tion: the child self cries - now hear this; the adult self says - listen to me. There's the business self, the timid self, the social self, the energetic self. This galaxy of selves floats in a psychological sphere, each having a need to be centre



stage.

If the quiet self wants to listen to Mozart, the business self condemns it and says it should be working. If the parental self says 'do this', the child self may say 'I won't'. Is it any wonder we are tossed and turned and worn out by all this confusion?

That is why living life at the centre is so important. We need someone to bring order out of chaos. The selves need to be in balance. The Bible describes how we enter into the centred life:

'But to you who respect my name, the Sun of Order shall appear with healing in his rays.'



Talent Night A Success

The 1991 MPA talent Show and dinner was held Wednesday, October 9th at Kitsilano United Church located at 2nd and Larch.

Those in attendance were treated to a spaghetti feast with salad and beverages. After a good dinner, the entertainment began.

The opening act was singer-guitarist Donna Woodward who gave a beautiful rendition of 'Tequila Sunrise' and was accompanied by Bob McGillis in the old Dal Shannon hit 'Runaway'.

Other musical performances included Steve Hinds and

Dennis Strashok performing original works. Steve also played numbers by Neil Young whose songs he did with feeling and intimacy. Olaf Wirsching and Bob McGillis performed several numbers including the Johnny Rivers hit 'Secret Agent Man'. The west 11th staff performed a rap number just to keep things contemporary.

Faye-Anne Torhjem was a clown, Stephen Scott juggled eggs briefly before they hit the floor and Jim Gifford read some of his poems.

'The Chocolate Song' video by the West 10th Staff/Resi-

dents was unique and Ans Steenman's karate demonstration, including the breaking of a board, was formidable and impressive.

At the end of the evening, there were door prizes and those gathered went away with full bellies and a wonderful night of entertainment.

Special thanks to the Talent Show Committee and those who prepared the food. It was an unqualified success.



Things Never Add Up

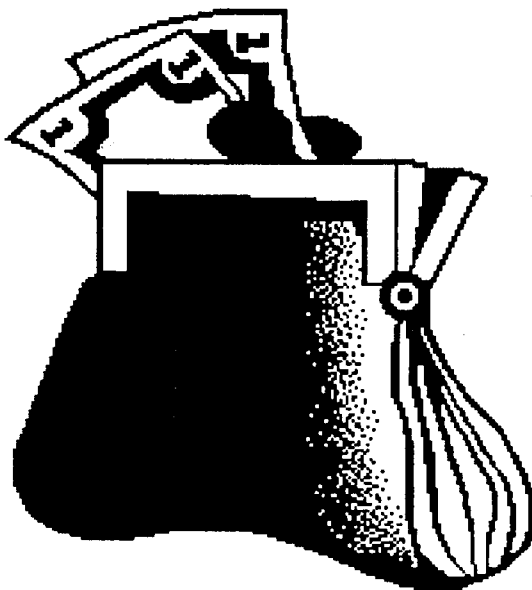
by Sam Roddan

In my day, the White Lunch at 321 Hastings, just above Columbia was the hungry man's favorite hang-out. It was a large, roomy place with marble table tops, comfortable chairs, and a good view of the scenery.

The meals were cheap, hot, and served up rough but ready. Bacon and eggs with toast cost 30 cents. Pancakes, usually buckwheat and straight from the griddle were 5 for 35 cents. Coffee was a specialty. A big mug cost a dime which included a second. The mugs were heavy stone ware, held the heat, and kept a man's hands warm for a good read of Liberty or the News Herald. At the back of the White Lunch was the washroom. Before the chap hit the road for the day, he might be able to work on his ablutions and pick up a quick shave providing he had a razor and the blade.

Most of the customers tried to keep a regular schedule each day. The Relief Offices on Hamilton were usually first on the list, then over to The Church of The Open Door at Gore for advice and a pair of dry socks. Next came the lanes behind the Empress theatre and the cafes along Pender to check out the garbage cans and read up on the menus in the windows. At the posh Ho Ho, (for a pocketful of cash which nobody

ever had) you could get such dainties as shrimp balls with abalone, tong gow stuffed with shredded shark fin, barbecued pork wrapped and steamed in lotus leaves. Of course, twice a week, you could get bread pudding minus the raisins over at Central City Mission. And, on the 'house'.



At night, along the lanes behind Dunlevy and Heatley, a chap could pick up little 'care packages' on the fence rails. Old-timers called them 'bird feeders'. By early morning, the packages would be gone. Mrs. Macdonald, who lived on Dunlevy preferred to call them 'emergency rations'. She said she always tried to make them personal and not have a man feel beholden.

"He can take it or leave it for someone in greater need," she said. "But, in the moonlight, it's very sad to see a man up on his tip-toes reaching for his rations and then dodging back into the darkness."

In this world, we never know what's coming up next. Or what's up or who's keeping score. Or when will prosperity make it around the corner at Main and Hastings... But miracles do happen and tragedies too.

In September, 1939, all the homeless and hungry suddenly disappeared off Hastings. The White Lunch was half-empty. Line-ups at the Relief Office began to dwindle. Like magic, most of the homeless and hungry now had a warm bed, blankets, heavy work boots, stockings, underwear and three squares a day. Everything was on the house and they even got \$1.30 a day, and that was for starters and did not include free trips to England, Europe, and/or Italy.

Memory can often be very unforgiving. Only the other night, I was thinking of a sign on the door of the Bethel Home Mission on Cordova. It read: Man Does Not Live By Bread Alone... Strange and wondrous how some words stick with us like a burr, a nettle, a thorn, and, yes, a gentle reminder.



A Rainbow's in the Gutter

by I.B.Iskov

A rainbow's in the gutter.
It fell from lack of hope.
It lies there broken-hearted.
It has no strength to cope.

Its colours, fading quickly.
They're slipping down the drain.
Neglected and forgotten,
The rainbow leaves no stain.

Its death won't change the world.
No one cares what's in the gutter.
We choose to ignore the needy,
When all they need is bread and butter.

When it rains hard in your world
And you need help from any one.
You may end up like the rainbow,
In a gutter, all alone.

Published in the Summer 1990 issue of the Co-Ad report, by the Coordinating And Advisory council for Mental Health Services in York Region.

The Ultimatum

by Karen R.

T'is the time of day, to seek the hour,
To find the moment, within our power.
To do what's right.
And find what's wrong.
Correct the doing,
And sing our song.
Amongst the lights,
So brightly lit.
Where, beyond the crowd,
The others sit.
Analyzing, contemplating, criticizing,
Finding fault, in what's our trick.
So long, we say, it's been good for now,
But now, it's your turn, so show us how!

Bookworm

Brother Twelve

The Incredible Story of Canada's False Prophet

By John Oliphant McClelland & Stewart, 1991

As a friend, Mr. Oliphant has been a valued confidante and source of moral support during my emotional and mental difficulties over the past decade. Many thanks, John.

-Jim Gifford, editor

for his role of Messianic master out to save humanity.

Establishing his colony of followers on Vancouver Island and the Gulf Islands of British Columbia, his reign of exploits caused his descent into a demagogue who strictly controlled Foundation

late persons. In the end, the misuse of this inner force was the undoing of his dreams.

The book is a gem for those who know 'truth is stranger than fiction'. Cultism, black magic, sex, court cases, political intrigue, and gold treasure are a few of the aspects that make for a great read. The odyssey of Brother Twelve, mystic and fraud, even extends beyond his supposed death.

A great gift!

Brother Twelve by John Oliphant struck a personal chord with me. Having been a spiritual manic, I was intrigued by Edward Arthur Wilson, alias Brother Twelve, and his religious megalomania.

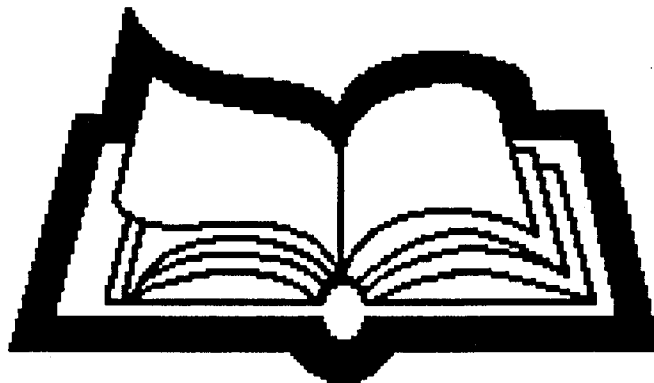
The book recounts Wilson's 'visions' while in France during the mid-1920's. In these trances, he wrote the initial inspired writings of what was to become the 'Aquarian Foundation'. The prophecies, ushering in the 'New Age' were given him by 'The Great White Lodge', spiritual beings believed to be guiding the destiny of mankind.

In England and then Eastern Canada, he gathered support

members, even threatening them with loss of their souls if they questioned him. Truly 'power corrupts'.

This false prophet's fits of rage and delusions of grandeur are all too familiar to one who has been manic.

Wilson or Brother Twelve, a slight, charismatic, ex-sea captain from England was possessed by a power to draw and manipu-



Minute Particulars

by Andrew Feldmar

Some years ago, R.D. Laing and I were sitting on the beach of Cortes Island, immersed in conversation, when a man approached us. He had just emerged from the sea, huffing and puffing and wet. He greeted us and after some small talk, he commented on how hot we must be and said, "You should go in for a swim!" Laing's face immediately clouded over, he looked the man in the eyes and bellowed, "If by the time I count to three, you are not gone, I'll bash your head in! Now fuck off!" The man seemed confused, but departed promptly.

If you think Laing's response is off-the-wall, heavy-handed, rude and needlessly violent — look again. We are so desensitized to being pressured that we are unaware when someone makes a bid to control or dominate us. We have been trained that the polite response is to overlook the violence of persuasion. We have been domesticated into obedience and submission. Not so Laing. He once told me that the best thing a therapist can teach his patient is how to say "Get off my back!" or "Let me be!" to whoever pressures him. The best way to get this across is by modeling it, living it. The key word he reacted to was **SHOULD**. In my home, when my parents were still alive, I could never make them understand why I bristled

when, during every meal, one of them would start in with "Have some more!" I would say, "No, thank you." "But you should! You are so thin," and on it would go. Pressure, when applied by one person onto another inevitably forces the recipient to react. All authentic action from one's creative center is suspended, until after the pressure has been dealt with. Some of us are still waiting. When mom and dad have a blueprint for how their baby should be, baby feels the pressure. If it's chronic, one internalizes the million shoulds, the expectations; one learns to pressure oneself; or to seek out situations and people who will continue to put pressure on one; instead of turning one's back on just such situations. The reaction to pressure is either compliance or rebellion. Neither is authentic. One has the choice mostly to comply, mostly to rebel, or to oscillate between the two in a crazy and crazy-making way. One becomes two-dimensional, impoverished, trapped into a false survival mode. Neither compliance nor rebellion allows one's creativity or individuality to blossom. Children who comply, who are

obedient are thought to be good. Nobody understands why, as adults, these once exemplary children get depressed and find their lives empty and meaningless, waiting for death to deliver them from their chores. Those who rebel, are thought to be bad. Life becomes a heavy chore for these people, also, for an addiction to rebellion gets one into constant trouble, and allows one only a marginal existence. Under pressure, there is no experience of real love, only power struggle, daily war, the enslavement of one by the other.

Liberation means escaping the false, deadening dimension of compliance/rebellion. Liberation is a political, psychological moment of victory, when one dares to act from one's own authentic, creative core. This freedom is not won once and for all. We have to fight for it until we die. And we have to fight for each other's freedom. Providing shelter, true asylum, is a way to protect some from pressure, long enough for each to find his own core, and find the strength and courage to act from that core. Once you have caught on fire with your own life, you don't have to fear persuasion, control, seduction, domination, penetration, engulfment, capture, or absorption. One does not know how to live, one learns to live. It's hard to learn under pressure.



The Insider

by Rod Louis

Mr. Louis is a political activist and is currently a patient at Riverview Hospital.

As a brief personal history, I am now 28 years old and have been a consumer of mental health services in B.C. for most of the last 9 years. Like others, I initially rejected the entire concept of psychiatric diagnoses, feeling like the victim of a conspiracy to imprison me for my unusualness, not admitting I was a threat to my health.

Although always opinionated and outspoken, I have experienced severe states of what doctors call 'psychosis' or 'command hallucinations'. I am well known as a vocal and unrestrained critic of the unethical flaws and shortcomings in our mental health system.

People who make waves

in this system are labeled 'troublemakers'. Slanderous rumours spread quickly among social workers and care team personnel... and the 'good troublemaker', who showed courage and caring, becomes an outcast. Often this person has lodged valid complaints about poor attitudes, medication for punishment, physical abuse, and unbalanced diet.

Realizing goals and routine are therapeutic and constructive, I have encouraged Hospital management to involve patients in planning and implementing mental health services at Riverview. Initially, a 'Patients' Rights Committee' was refused by President John Yarski who claimed there were 'sufficient forums and avenues' for patients to bring about positive change. Eventually, we got a 'green light' for a 'Patients'

Concerns Committee'.

Our accomplishments have been limited by the 'blind intransigence' of administration to reasonable and vital improvements. The Committee has organized and hosted seminars on 'the 9 year plan for Riverview'. We have spoken to friends and relatives of patients concerning various issues. A notable achievement was meeting at Riverview in August of 1991 with the Deputy Minister of Health.

Membership and participation at Committee meetings is open to any patient/ex-patient, although only those who have been to Riverview may vote on motions. Minutes are distributed to all wards and patient areas of the hospital.

The Committee meets weekly at 3pm in our office on the 2nd floor of Crease Building. Monthly meetings begin at 2pm on the first Tuesday of each month on 'J3', 3rd floor, East Lawn Bldg.



Laughs with Lewry

by Dave Lewry

'Did you hear about the man who was run over by a steam-roller?'

'He was narrow-minded.'



House Arrest by Rod Louis

Before the recent B.C. election, the Patients' Concerns Committee at Riverview decided to organize and host a meeting of local and ministerial-level candidates.

Due to unethical and misguided policies of the former Social Credit government, there exist gaping and dangerous problems in this province's mental health services. The Committee felt not only internal Riverview issues but outside consumer concerns should be addressed. Thus

we wanted agencies such as the MPA and CMHA to attend. To insure action by elected politicians, we also wanted media coverage.

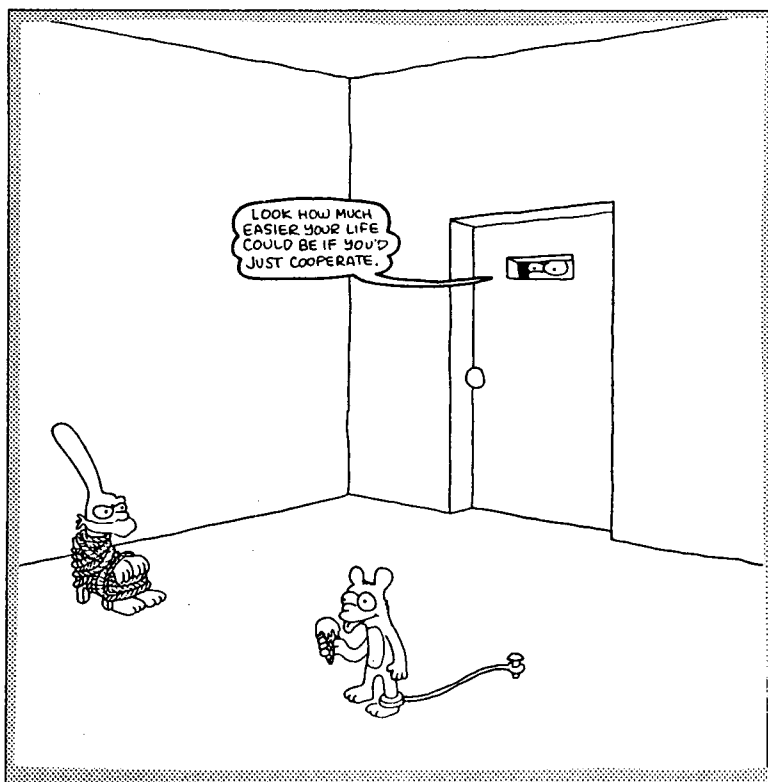
Initially, President John Yarski was 100% supportive and a tentative meeting was planned for Thanksgiving Monday. Then the President said he needed to discuss with management the two issues of media participation and the attendance of ex-patients and mental health associations. This occurred on October 4th.

The day before, a Province newspaper article appeared with the headline 'Patients seeking election debate on Mental Health'. In it were critical comments by me on the flawed enumeration process in Riverview and the deplorable state of the mental health services in B.C. On the 4th, I suddenly found myself held on what amounted to 'house arrest'.

I was deprived of all off-ward privileges; deprived of ground privileges; deprived of access to Recreational Therapy; deprived of therapeutic employment in the Occupational Therapy department; deprived of placing outgoing telephone calls and receiving incoming calls; even deprived of access to a lawyer or the RCMP.

Management effectively took over the Patients' Concerns Committee Candidates Meeting, flatly forbidding ministerial-level candidates and the media from attending. Only four local candidates were allowed to be guests. Anyone inquiring about the meeting was told Rod Louis had suddenly become too ill to talk on the phone. Although, not allowed to attend the meeting, I was permitted to vote in the election. The day after the NDP victory, I was given back all my rights and privileges.

I am working to restart several projects that died when I was under 'house arrest' and continue to strive for positive change at Riverview.



Mental Health Act Review

by O. Wirsching

The Patient Concerns Committee met on Jan. 14/92 at Riverview Hospital to give input into proposed changes to the Mental Health Act. Roderick Louis called the meeting to order at 2:15 pm and introduced Gary Curtis, Chairman, Mental Health Act Review Committee, and Bill Trott from the Community Legal Assistance Society. There are many questions still on the table for patients under the umbrella of the current legislation. Some of these are:

Q: What is the criteria for certifying (making involuntary) a person? The person is deteriorating; the person is a threat to self or other?

A: The committee (from the Ministry of Health) said that individuals who are a danger to self or others and/or suffering severe malnutrition and past evidence of deterioration are the criteria for admission to hospital.

Q: How long should/can be held before the involuntary status must be reviewed? How long can a person be held for examination in a psychiatric emergency department before a decision is made to either release or detain the person for psychiatric treatment?

Q: If a person is deemed "in need of treatment", how long can the person be detained before detention is reviewed?

Q: Should the patient's condition requiring involuntary commitment be reviewed by his/her physician or other independent physicians?

Q: If a person is being detained in a hospital, should they be allowed to refuse therapy/drugs? Should this be contingent on the person's competency?

A: Gary Curtis: If a person is able to understand the risks and benefits of medication, he/she is deemed competent and can refuse treatment.

Q: If a person is very mentally ill, should the person be able to have medical decisions made by an appointed person rather than "unilaterally" by the psychiatric facilities staff?

A: Gary Curtis: Yes. This substitute decision-maker would have been appointed by the patient before the patient became too ill to consent to treatment deemed necessary by hospital staff. The decision-maker would carry out the wished of the patient and be informed about medications to avoid,

etc.

Q: If a person is a voluntary patient, should he/she be able to refuse drugs/therapies? Should he/she be able to leave the hospital when they wish at the spur of the moment?

Q: If a person is involuntary in hospital "A" should there be a mechanism established to stop the patient from being arbitrarily transferred to hospital "B"?

Q: If a patient is either voluntary or involuntary, should that person be allowed access to his/her medical records? Should that person be allowed copies of his/her records? After requesting review of his/her records, how long ought the time lapse be before he/she is allowed access to any and all records?

A: Bill Trott: The Royal Commission recommended that the patient's file is the property of the patient. A major study was done at Riverview in 1980 and nothing terrible happens when the patient has access to files.

Q: If a person is competent and is either voluntary or involuntary, should that person be allowed to change doctors/wards/hospitals if he/she requests?

Q: If a person is not competent, should that person be allowed

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Mental Health Act Review

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to change doctors/wards/hospitals? Should the person be allowed to have a substitute decision-maker request doctor/ward/hospital moves?

Q: If a person is voluntary, contented and "functioning well" and "in remission" at Riverview or similar hospital/treatment facility - should the person be afforded "the right" of not being discharged to a non-therapeutic inappropriate setting? Should the person whose schizophrenia/manic depression/mental illness in remission be afforded "the right" of not being discharged until an appropriate, therapeutic, mutually agreeable living setting is found?

A: This question addresses the concerns many patients have about being discharged into the downtown skid row core, and the lack of adequate housing.

Q: Should a person who is "suffering" confinement on a ward/unpleasant side-effects or other treatment decisions be allowed to appeal the psychiatrist/nursing staff orders to an independent review mechanism?

A: Most patients agreed that medications create side-effects/physical manifestations, that are debilitating and de-humanizing. Roderick Louis commented that patients should not have to be forced out of hospital because of the poor conditions.

Q: Should there be a system of regular review of a patient's need for hospitalization? How long should the time lapse be between reviews? i. e., weekly, monthly, 3 months?

A: Detention certificates should be shorter.

Q: Should a person's medical records be released to other hospitals/facilities only with the consent in writing of the patient?

Q: If the person is not competent, should the records be released to other persons/facilities/hospitals only with the patients written consent?

Q: Should a substitute decision-maker be allowed to act for the patient in regards to release of confidential records?

It is clear that not all of these complex questions could be answered in two hours. The Mental Health Act Review Committee will be submitting a white paper of patient or community recommendations to the legislature in the fall. If the reader wishes to give input into this consultation, please write to:

Mr. Gary Curtis,
Ministry of Health/Policy
M.H.A.
1515 Blanchard Street,
Victoria, B.C.
V8W 3C8

OR

Riverview Hospital,
Patient Concerns Committee,
500 Lougheed Highway,
Port Coquitlam, B.C.,
V3C 4J2

Telephone:
524-7095 Messages: 524-7304 or
524-7000



AIDS Prevention Theatre Troupe

On Oct. 9, 1991, I had the opportunity to see a play "Conjuring the Plague" by Richard Morell. This play was performed at Carnegie Centre and the Forensic Psychiatric Institute for A.I.D.S. Awareness Week. There were about 100 people attending and the performance was followed by

a question and answer/info sharing session. The A.I.D.S. Prevention Theatre Troupe takes live theatre to residential care facilities, hospitals, and drop-in centres in an attempt to educate persons with a mental disability. The idea of using live theatre was developed by Janny Becker, a

AIDS Troupe

worker in a group home where a resident had developed HIV. This resident had been living at the same group home for years, but was ejected after testing positive for the HIV virus. He was moved from hospital to hospital and died five months later. This tragic experience led Janny to take an activist role.

One of the difficulties in

talking about A.I.D.S. and safe sex, is that most information is dry, clinical, and just not interesting. The medical jargon falls on deaf ears and people, especially young people, tend to reject mainstream society values. This is true of other groups, and there has been an effort to use different approaches (like comic books for teenagers) to get the message

across. "Many people seem to believe that mentally ill people don't have sex or do alcohol and illegal drugs, which is totally wrong," Becker says. "Due to the nature of the illness, they are often vulnerable to sexual exploitation. They need education about safe sex, needle-exchange programs, and HIV antibody testing, just like the rest of the population."

(The APTT is recognized as a not-for-profit organization by the IRS of the United States and is supported entirely by grants and private donations. Please call (206) 322-5258 for additional information.



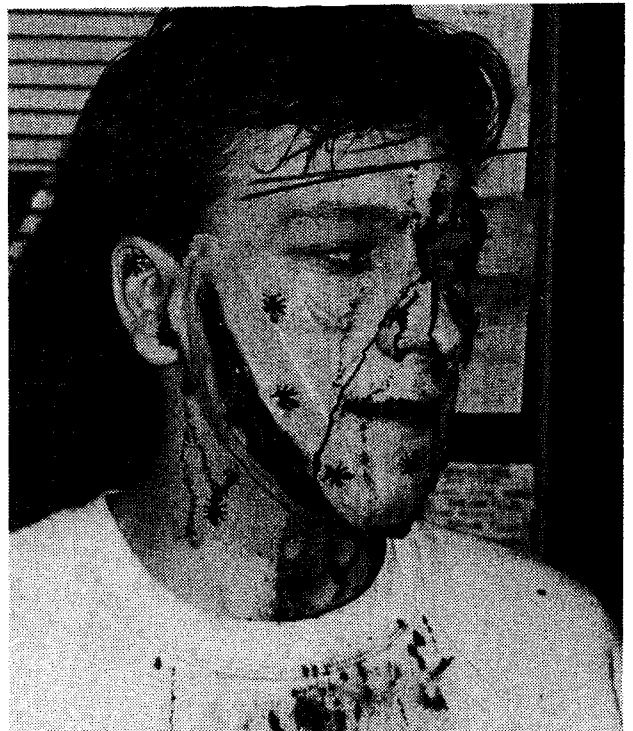
What's Been Happening

Schizophrenia March: On Sunday, September 29th, 1991, a gathering sponsored by Friends of Schizophrenics marched from City Hall, along Cambie to Broadway, then west to Granville, up to 12th Avenue, and returned to City Hall. At the end of the march, several persons spoke including NDP Candidate Tom Perry.

Some disappointment was expressed by MPA representatives at the lack of preparation, organization and public relations regarding the event. It also unfortunately coincided with the AIDS March in Stanley Park.

Halloween Party: All Hallow's Eve brought out the MPA ghosts and goblins to an eerie party at the community Resource Centre. Games, munchies, and prizes made this masquerade a howling success.

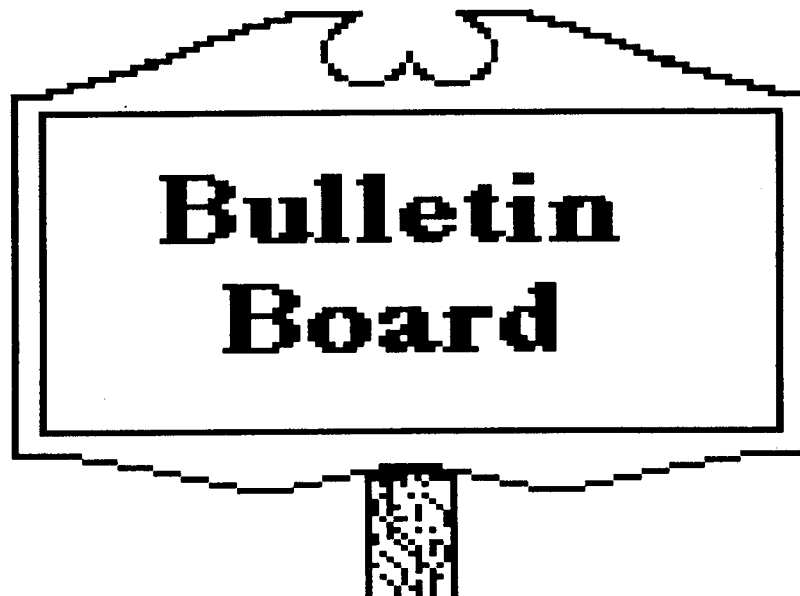
Christmas Dinner: Thursday, December 19th, a hungry bunch of festive spirits got together at Kitsilano United Church for Christmas Dinner. The packed house enjoyed turkey and all the trimmings due to the hard work of those in the kitchen. Many Thanks!



Tim Heister is Halloween Costume Party winner and pumpkin carving champ

What's Been Happening

New Digs for MPA: The Community Resource Centre has now expanded to include the vacated space once occupied by our Woodwork Shop (now located a block away) and the congested office which was at the front entrance. The office now has breathing room for the staff and is situated on the second floor. Everyone is slowly getting used to the new MPA digs and a new revitalized spirit is in the air.



Community Resource Centre Activities are an opportunity to flesh out your days with good times...fulfil some of those talents and enjoy the comradeship of fellow MPA members: 'No Time Like the Present'.

Offerings include a Men's Social Group, a Womens' Social Group, Leatherwork, Chess for Everyone, Cribbage Club, Literature & Writing Group, Pottery and Sculpture, Aerobics and Work-out, Badminton, Volleyball, Floorhockey, and outside activities such as Cross-country Skiing.

If you have ideas for activities, crafts, or just fun, let us know. To register, phone 738-2811 and see detailed information in the MPA monthly bulletin.

CRC drop-in hours are 4:30 pm to 11:30 pm during the week and noon to 7:30 pm Sat. and Sun. Get into a game of pool, Nintendo, watch a video on Tuesday night or an early movie matinee on Friday. Bingo on Friday nights at 7 includes 5 chances to win cash prizes.



