HEAD ON

A SELF HELP MODEL

THE VANCOUVER MENTAL PATIENTS ASSOCIATION

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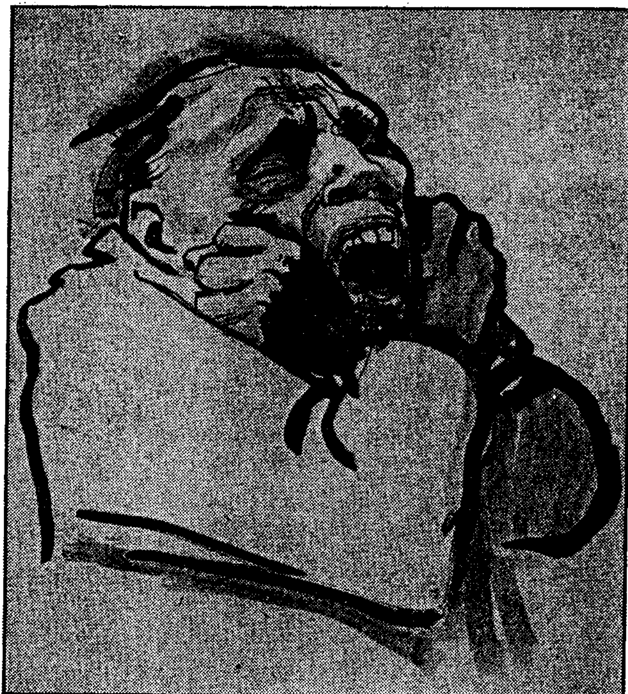
Preface

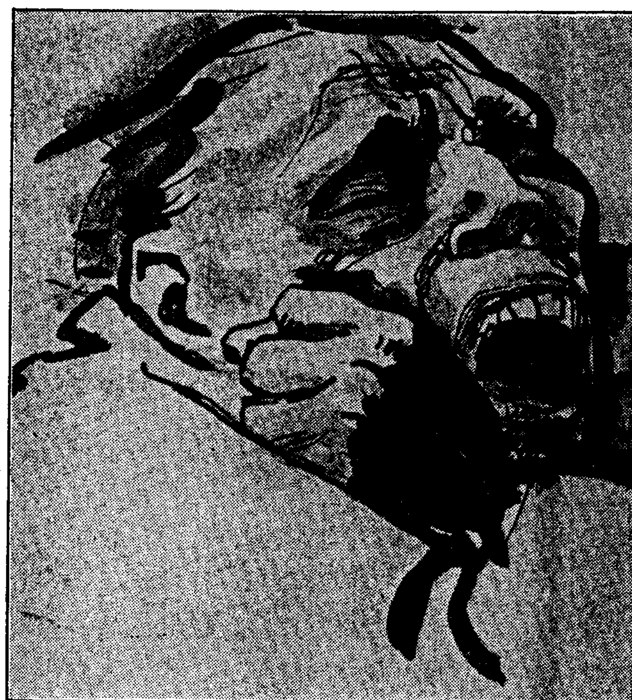
From the very beginning people have wanted to know about M.P.A. What we do? How we do it and why? Various people have written about us, taped us and filmed us.

In early 1977 members decided that it was time to write our own story. We sought and recieved funding to produce this booklet. The basic research was there in the archives and records of M.P.A. and one of our original members put it all together in chronological order. This booklet is an amalgamation of the ideas, written material, and talents of members throughout M.P.A., but special thanks must go to Fran Phillips whose contributions helped change an endless task into a finished product.

We hope people will find reading about M.P.A. enjoyable, enlightening and stimulating. We have tried to be honest about our own shortcomings so that other groups can learn from our experience. We know that there is no easy way to build up self-help collectives but we hope we have inspired more people to try.

The Educational Services Project.





G K Chesterton

on

Madness

The last thing that can be said of a lunatic is that his actions are causeless. If any human acts may loosely be called causeless, they are the minor acts of a healthy man; whistling as he walks, slashing the grass with a stick, kicking his heels or rubbing his hands. It is exactly such careless and causeless actions that the madman could never understand; for the madman (like the determinist) generally sees too much cause in everything. The madman would read a conspiratorial significance into these empty activities. He would think that the lopping of the grass was an attach on private property. He would think that the kicking of the heels was a signal to an accomplice. If the madman could for an instant become careless, he would become sane.

Every one who has had the misfortune to talk with people in the heart or on the edge of mental disorder, knows that their most sinister quality is a horrible clarity of detail; a connecting of one thing with another in a map more elaborate than a maze. If you argue with a madman, it is extremely probable that you will get the worst of it; for in many ways his mind moves all the quicker for not being delayed by the things that go with good judgment. He is not hampered by a sense of humour or by charity, or by the dumb certainties of experience. He is more logical for losing certain sane affections. Indeed, the common phrase for insanity is in this respect a misleading one. The madman is not the man who has lost his reason. The madman is the man who has lost everything except his reason.

The madman's explanation of a thing is always complete, and often in a purely rational sense satisfactory. Or, to speak more strictly, the insane explanation, if not conclusive, is at least unanswerable; this may be observed specially in the two or three commonest kinds of madness. If a man says (for instance) that men have a conspiracy against him, you cannot dispute it except by saying that all the men deny that they are conspirators: which is exactly what conspirators would do. His explanation covers the facts as much as yours. Or if a man says that he is the rightful King of England, it is no complete answer to say tnat the existing authorities call him mad, for if he were King of England, that might be the wisest thing for the existing authorities to do. Or if a man says that he is Jesus Christ, it is no answer to tell him that the world denies his divinity, for the world denied Christ's.

IN A WORD (or so) IT'S M.P.A.

self help
patients rights
M P A group residences
participatory democracy philosophy
the vancouver mental patients association
how it got started Lanny Beckman vancouver sun ad
a topsy turvy way to h… overcome mental illness enclosed
patients rights where a… …ntal patients and the law reform.
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ice skating dream workshop base… movies mystery tours visit to riverview hospital conferences picnics
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bans business meeting general meetin… …ers licences and permits complaints charitable
donations requests for assistance from united states england australia new zealand canada
schools universities colleges ex-mental patient groups individuals habitat world
congress on mental health anti-psychiatry manic depression schizophrenia :
lithium valium chlorpromazine stelazene anarfilartane cogentin
psychiatric assessment unit barred windows injections
community care teams social workers confidentiality
crisis information sharing patient abuse
psychosurgery research fiction
poetry in a word (or so)
it's M P A

WHO IS M.P.A.?

The Mental Patients Association (M.P.A.) began as a result of the efforts of an ex-patient, Lanny Beckman, and a non-patient, Barry Coull, who were largely influenced by the growth of the Radical Therapy Movement in North America. This movement does not represent a particular kind of therapy, but rather it is a viewpoint which approaches emotional problems by looking for the sources of oppression, exploitation and repression in our society. It is a current of thought which has always been recognized as legitimate at M.P.A. because, while it is a place for mental patients to socialize, to find housing and to work, it is also a place where people can organize politically against how our society produces and treats mental patients.

When M.P.A. was founded, it was defined as a self -and-mutual help organization for present, former and future mental patients. It has always been open to anyone going through difficult emotional times and to those who are interested in helping other people. Its members represent a complete spectrum of the emotionally oppressed, from native people to single parents, but most of the individuals at M.P.A. have experienced an exceptional kind of oppression — that which comes from being a mental patient in a mental hospital.

The question of who a mental patient (or ex-patient) is became a subject of frequent debate but finally the membership agreed on the following definition: it's someone who has been incarcerated either voluntarily or involuntary in a mental institution. This definition has several important features — (1) it does not try to analyse mental illness (whether it exists or is just medical terminology), (2) it does say something about how society is organized (there may or may not be mental patients but there are mental hospitals), and (3) it recognizes confinement in a mental hospital as a special experience.

The main advantage of patient liberation movements and in particular the radical therapy outlook is that they have not isolated 'emotional problems' from 'problems in living'. This perspective helps people recognize that their actions are often rational responses to their very real social situations, to the way they are treated in the mental health system and by the society in which they live.

The irony is that those people who most desperately need humane and supportive human contact are led to believe that health care institutions, and the professionals attached to them, always know how to help people, and urgently want to do so. If an individual needs counselling and support, they are not made aware that mental institutions usually do not provide it. What they do provide is an education; what people learn is fear, caution, and to expose as little of themselves as possible. R.D. Laing expresses his sense of the process: "They are playing a game. They are playing at not playing a game. If I show them that I see they are, I shall break the rules and they will punish me. I must play their game of not seeing I see the game."

The way people are treated in the mental health system provides countless occasions for resistance but it is steady, unending and frustrating work. The system is designed to prevent resistance and disruption. Problems of power are converted into problems of personality and anyone who undertakes to fight for change must be prepared to be discredited.

The Mental Patients Association is an alternative dedicated to both political and personal change. The individuals who are committed to change, who attempt to look at their own behavior, to understand why and how they relate in the world, and to try to improve their own situations. The M.P.A. model promotes personal change by first accepting forms of behavior which are not tolerated anywhere else. They help people understand that change can only occur through their own efforts and through political unity.

M.P.A. is full of fighters like Molly Dexall. She was

a charter member who devoted her days to helping other ex-patients stay out of mental hospitals. Before she died in 1977, she had given countless speaking engagements on behalf of the organization and had also found time to cook Saturday breakfast at the Drop-in centre. She described why she came to M.P.A.:

"One late winter evening the police picked me up for crying on the street. That's all I was doing. Crying! They took me to hospital, where I had to be co-operative, for fear they'd send me back to Riverview (provincial mental hospital) where I'd spent a good part of eleven years.

"I wasn't crying because I was crazy. I was crying because the Christmas lights were so beautiful, and my life was so unbeautiful, with a physically abusive husband, a blind son, and no money of my own, you know?

"In 1971 my husband beat me once too often — he even broke my glasses — but neither he nor the shrinks had quite broken my spirit. I had helped to start a new organization called the Mental Patients Association and that night I fled to the M.P.A. house and the people there put me to bed downstairs and finally I relaxed and went to sleep. The next day they sent me to Legal Aid to find out how I could leave my husband and keep my child. Thanks to M.P.A. I never went home. And I didn't go back to Riverview. After seventeen hospitalizations and one hundred and twenty-eight electric shock treatments, I never want to go there again. You know?"

Getting Started

Numerous people were responsible for the development of the Mental Patients Association but only one person could be called the founder.

As a patient of a day care program, Lanny Beckman had experienced an alienation and powerlessness that led to a general lack of faith in organized mental health services. During the time he spent in hospital he learned that professional help and medication didn't overcome depression as much as sharing problems with other patients — discussing, planning and working towards positive change with others who understood mental illness very intimately. The tragedy of two suicides of fellow patients, both on weekends when staff were unavailable, prompted these thoughts into actions.

Articles by Lanny and local newspaper columnist in the Georgia Straight and the Vancouver Sun urged mental patients to form a collective front and the first meeting was held. The fact that eighty-five people turned up was an indication that these feelings were widely shared.

The early days of M.P.A. were characterized by enthusiasm, dedication and exchanged compassion, just sharing the feelings and experiences that everyone thought only they had.

Day to day operations were more appropriately described as Bedlam. The original location was a house offered at low cost by a sympathetic ex-patient. There were few restrictions upon the use of the house and any other landlord would not have been so tolerant. Activities ranged from group meetings, crisis intervention, resource workshops, to providing a place to stay for those with nowhere to go. Members worked long hours without getting paid. The first priorities were to deal with people's loneliness and emotional stress. Volunteer professionals offered seminars on mental health problems and were promptly rejected on the grounds that they were irrelevant to the true needs of members.

Only one cardinal rule prevailed: offer as much peer support as possible and never refer anyone to hospital. There was essentially no formal structure or planning for future growth. Immediate problems consumed all energy. In an attempt to avoid becoming just another hospital, M.P.A. had made a place where people could do pretty much as they liked without conforming to a million rules. This in itself was an important stage in development. A series of events then occurred which forced people to develop a more organized approach.

Early in 1971 two very disruptive people had entered M.P.A. and were practicing a form of mayhem they called "attack therapy". The open nature of the association had allowed these people a free hand to dominate and intimidate the group. Since most members did not like having their activities dictated as they were in hospital, it seemed a contradiction to impose this authority on others. Their own distaste for rules and authority led them to believe that there should be no rules and that members should be free to do as they choose. Most people, however, felt this policy was unrealistic and that absolute freedom often meant the freedom to interfere with the liberty of others and the freedom to jeopardize M.P.A.'s existence. They realized that the organization was becoming a breeding ground for "strong" people to impose their will on the "weak".

This was not only because of the anarchistic structure of M.P.A., but also because there were many confused, upset and frightened people using the facilities. To a large extent rules were not enforced for fear of challenging the tiny number of strong and agressive people. The debate over this issue resulted in a number of important questions being raised.

They were: how decisions are to be made; who is to make them; and who has the authority to carry them out. M.P.A. had already adopted a system of participatory democracy but members were still relying heavily upon leadership to make decisions. The leaders, on the other hand, saw their responsibility as ensuring that the entire membership participated in decision-making so that no one filled the power vacuum by forcing his ideas on others.

A responsible leadership and many meetings resulted in the group re-affirming some basic principles. It was realized that the entire membership of M.P.A. should be responsible for *everything* that went on there; that authority must be the group's, not the executive's; and finally, that the group was as important as the individual. Only with these ground rules established could M.P.A. go on to make policies that retained their value because the power and responsibility were in the hands of everyone.

That more imput meant better decisions being made was constantly shown to be true. The following rules still stand today.

(1) No violence
(2) No alcohol
(3) No non-prescription drugs
(4) No interfering with the peaceful enjoyment of others.

There were other changes as well. For the first time, the group voted to expel certain members who refused to conform to the few democratic rules. In the words of the association, "M.P.A. is not for everyone".

In addition to all the crises that threatened to pull M.P.A. apart, there was another underlying threat. Rent had to be paid and volunteer members, becoming exhausted, were unable to keep up with the constant demands. Only two people were on salary and aside from a few donations, there was little outside support. The funding committee had encountered their first obstacle — the need to be an incorporated society.

M.P.A. was then forced to formalize itself more than ever before by drawing up a constitution and choosing a board of directors. Incorporation and a statement of objectives sped up the move to a more solid financial position. Funds were obtained for five salaries through the city and from various private foundations.

Later, in January of 1972, a federal grant allowed for the hiring of thirteen employees. Secure funding meant that M.P.A. could realize many of its goals for expansion. A residential program was a first priority. Much more, it meant that M.P.A. had been recognized as a viable alternative to the traditional medical model.

The organization has now grown from a twenty-four hour crisis centre and crash-pad to the largest comprehensive support service for ex-patients in Canada, with an operating budget of over one-half million dollars, real estate worth one-half million and contacts all over this continent and Europe.

It has a paid staff of thirty, a sizeable number of whom are ex-patients, and a large volunteer staff of ex-patients. It owns and operates five halfway houses for former patients and operates transportation for their use. The service component now outweighs the radical political component, but M.P.A. still occupies the forefront in attempts to improve conditions for mental patients and former mental patients.

Philosophy

The Mental Patients Association was from the beginning dedicated to providing choices and power to ex-mental patients. Every aspect of the organization was based on this philosophy of "self-help" and "self-government"; becoming responsible for one's own life, learning the basic skills necessary to survive, and helping others to do the same.

In all of its dealings with community agencies, the association was determined not to alter its process and objectives. While the membership was enjoying wider acknowledgment and approval, they still faced perennial conflicts over licencing and were under constant pressure from conservative groups who were fearful and resentful of having an unorthodox mental patients' group in their neighbourhood.

In one incident ten members of a residence owned by M.P.A. were forced to vacate their home because of a complaint filed by a small group of neighbours. Although there had been no confrontation, the issue surfaced at a meeting called by the local Citizens Advisory Board. The real concern was that the nature of the residence would devalue the property in the area. The members of the East Eighth House were then determined to move, but not before they delivered a letter to every doorstep telling their neighbours just what they thought of them.

Still other threats came from both individuals and organizations who saw the opportunity to promote their own philosophies. The Church of Scientology had made several claims that they were working co-operatively with M.P.A. It finally became necessary for the association to take a stand and publicize this error. More and more the membership was realizing that their survival was dependent upon maintaining

the power and responsibility within the group.

Through all the chaos of working out internal conflicts and attempts to gain outside support, M.P.A. continued to thrive, expand and attract prospective members and employees. This was not due to substantial salaries for they had been consistently low and at times non-existent. There were a number of people who were lured by the vast potential power inherent in collective action by patients but the majority of people came to M.P.A. to find comfort and friendship. One member put it this way:

> *"I think what M.P.A. does provide is friendship for some, probably for a majority of people; a place to go; somewhere to get help, with almost anything there's someone at M.P.A. who will try to help. That's a hell of a lot more than most other places offer. You don't need an appointment, we don't adhere to office hours, the people who work here aren't on a professional-client basis, they're your friends, they're your enemies, whatever, but they are people."*

No statistics were available to prove that the organization had any therapeutic effects, but people were coming to M.P.A. and making changes in their lives. Newcomers, who at first stayed in the background, were slowly emerging to voice their opinions, each time with a little more confidence. Individual members frequently progressed within the organization to fill paid positions and later to move on to jobs in the community.

Realizing that not everyone was ready at the same time for the same amount of self-management, M.P.A. designed a system that permitted the maximum possible level of individual variation. Above all, members were given responsibility for decisions regarding every aspect of their lives. The results were seen by a noticeable decline in the number of people returning to hospital and Mental Health professionals who still described the organization as "anti-psychiatric", "disorganized" and "too political" became aware that M.P.A. was working. Clients were being sent in greater numbers to M.P.A. by hospitals, community care teams and private psychiatrists.

Lanny Beckman — Profile of an innovator

An intellectual, a humorist, an academic, an actor, an organizer, a mental patient. His belief that mental patients could help one another more effectively than anyone else hit a responsive note in others, mental patient and non-mental patients alike. The appeal of his vision to screwed-up people who had previously never done anything for themselves beyond creating a fantasy world was amazing. His knowledge that the group process would provide a safe setting for the inexperienced to learn provided mental patients with a vehicle to fight the tyranny of the mental health system. Lanny's idealism provided a goal for M.P.A.

Lanny was a Marxist. He saw mental patients as an oppressed group. He exposed the power and self-interest of psychiatry, arguing that psychiatrists could not, on one hand, fulfill society's demand for removal and control of mental patients, while, on the other hand, convince those same patients that treatment was solely in their interests. His rhetoric was anti-psychiatric. Thus he defined the enemy and in the process created a certain amount of notoriety for the group.

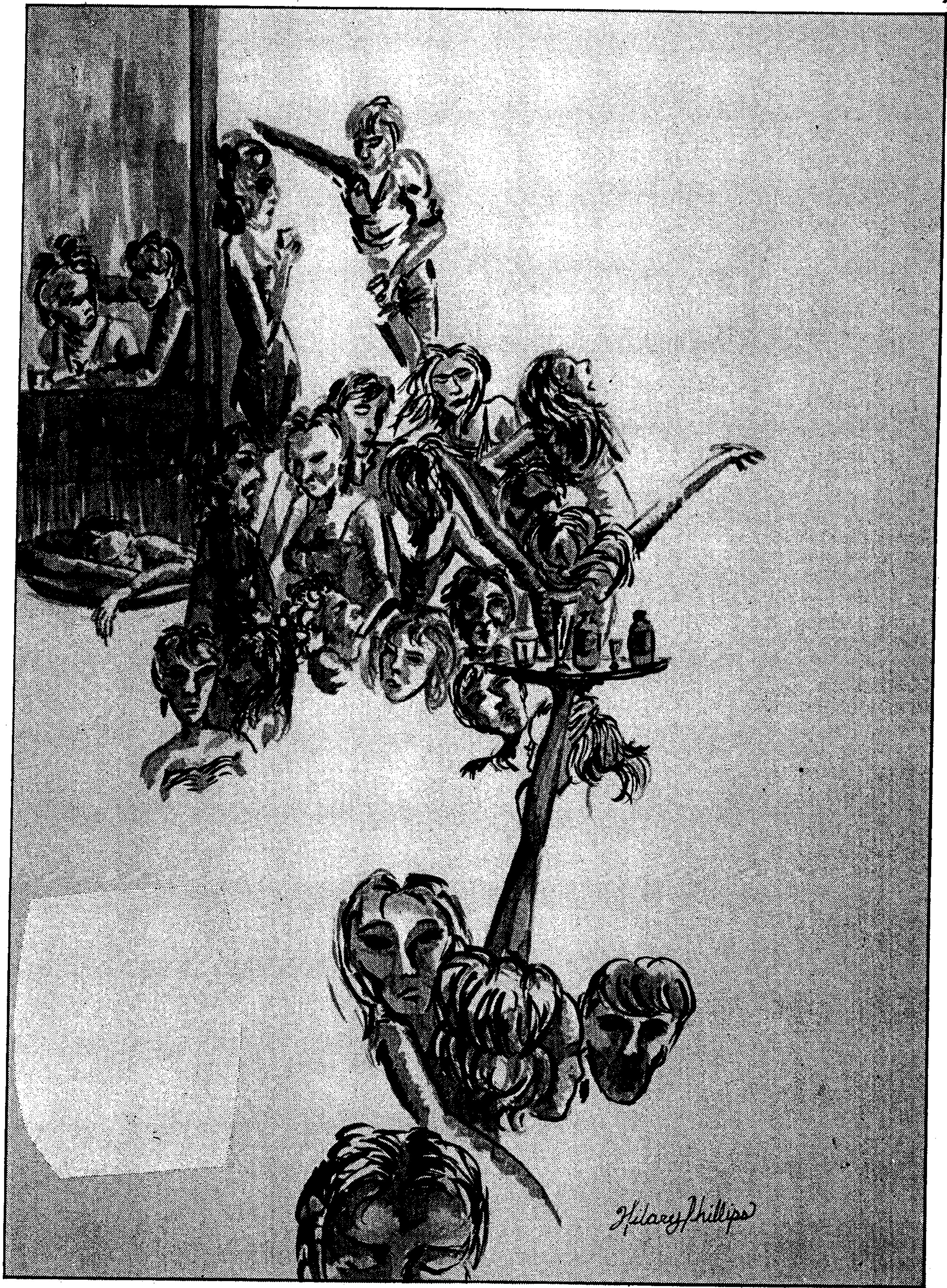
Lanny got his message across, using his experience as a mental patient, his incisive humor and his ability to portray the experience of others. He sought out people in the media, the professions and the public who had some understanding of the problems of the mental patient. Some psychiatrists, community and hospital workers, politicians and members of the public began to show interest and give support.

More important, he attracted mental patients and non-mental patients with a wide variety of skills and talents who were willing to become involved in politics, research, legal and social aid, housing, employment — any area in which members expressed a need or interest.

As an organizer, Lanny maintained a broad overall view of M.P.A. He demonstrated that members must contribute to the full extent of their abilities. He demanded absolute commitment to the group, to the point of self-sacrifice. Power was possible only if a person could assume responsibility yet function within the group. The function of the group was to control power by approving or disapproving proposals of those in leadership positions. Lanny saw group independence, not personal independence, as the goal.

The assumption of responsibility within the group was left to the individual. Other members were allowed a wide range of irresponsible behaviors. Sanctions were applied only when a person's behavior threatened the continued existence of the group.

Lanny's vision, organizational concepts and research provided a base for the theoretical model on which M.P.A. was established. Participatory democracy and self-help were key principles in that theory. Lanny's view of M.P.A. as a miniature socialist state was never realized. The process of group action to put theory into practice changed the dream.


Hilary Phillips

STRUCTURE & PROCEDURES

The power structure of M.P.A. is essentially horizontal rather than vertical. There is virtually no hierarchy —no Board of Directors, no executive, no boss and few restrictions governing membership. One becomes a member of M.P.A. by living in an M.P.A. residence, by participating in the programmes and activities of the organization or by being elected as a staff member.

All paid members must stand for re-election every six months. By-elections are held whenever a position becomes vacant before the six month term has expired. All elections are widely advertised via public posters, newspapers ads and word of mouth. Candidates are encouraged to apply from within the membership as well as from the public.

There is a policy that at least fifty percent of all current employees be ex-patients although this ratio may vary in each election. Secret ballots are used at all elections to ensure that they are fair. Voting is also done by secret ballot in the residences, whose members choose their own co-ordinators, and for most major decisions made by the membership. The whole democratic procedure of decision making is dependent upon members being able to vote freely, with no outside influence or coercion.

M.P.A. is divided into three structural and functional components. They are, Office and Research, Drop-in Centre and Residences. Each area is independent yet related and has clearly delineated terms of autonomy and responsibility. They all hold weekly meetings which are open to anyone interested in attending. Any recommendation can then come from these meetings to a weekly Business Meeting which deals with day-to-day operation and expenditures under one hundred dollars.

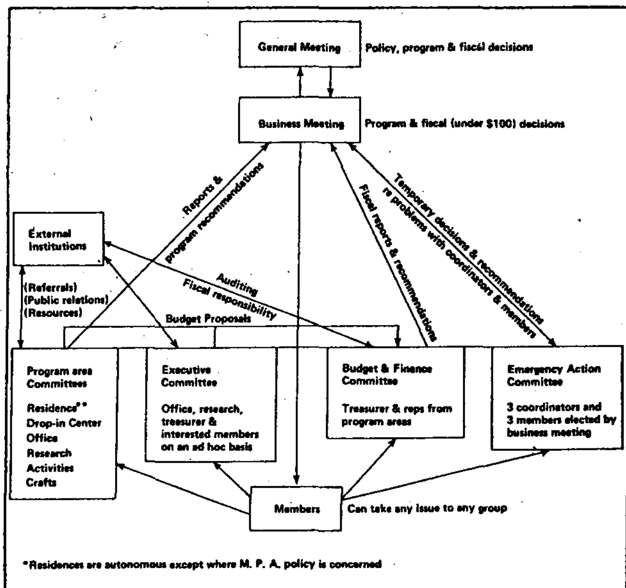
All large expenditures and any matters affecting M.P.A. policy are forwarded to the General Meeting (held once every three weeks) for final consideration. General Meetings are the most widely attended because here all the important issues of previous weeks are reviewed and decided upon by the general membership. The decision making procedure is a pure form of Participatory Democracy. Any member may make a suggestion, make a motion, speak his or her thoughts or feelings, and vote.

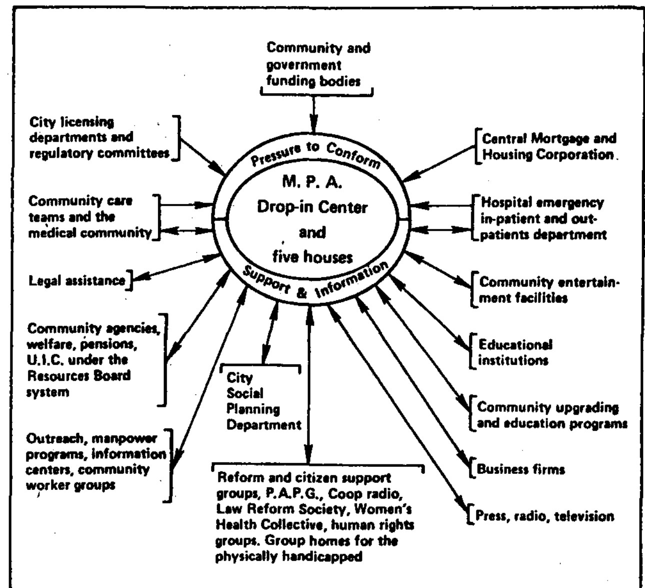
A majority vote rules at all meetings, which are conducted in accordance with basic parliamentary procedure. Discussion on a single issue can often last for hours and there is little pressure to speed up the process.

Although this process can be slow and frustrating, the benefits are clearly demonstrated:

- Decisions are made neither hastily nor on an uninformed basis.
- Maximum input and consideration of decisions is achieved.
- Decision making becomes a therapeutic process in which members learn to rely upon their own judgment, restoring confidence and self -esteem.

The concept of therapy at M.P.A. is simple and practical. It involves self-help and survival. There is a built-in support system which encourages people to





Graphs: ***Behavioural Self-Management,*** edited by Richard B. Stuart, Brunner/Mazel, Inc., 19 Union Square, New York, N.Y. 100003, 1977, reprinted and distributed with the kind permission of the publishers.

take the responsibility in running their own lives and to develop the skills necessary to cope with the pressures of the community.

"The unique aspect of your service...is that you don't provide a service to people, you work with people to enable them to serve themselves. Many aim for this goal in the helping professions but your group comes perhaps closer than most in accomplishing this aim."

(W. Dales, Social Worker, Riverview Hospital)

None-Of-The-Above

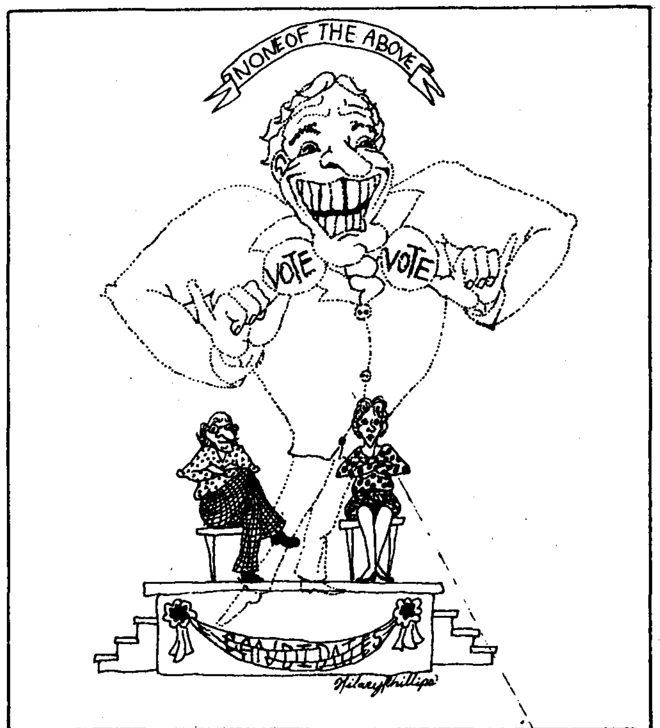
- a profile of a figment of M.P.A.'s imagination.

None-of-the-above first arrived at an M.P.A. election meeting in June of 1972. Avi Dolgen introduced him/her to the group, and, as usual, a huge argument resulted. In the end, None-of-the-above won, and has run in every M.P.A. election since. He/she has become an institution.

None-of-the-above represents the ideals and aspirations of individual members. If a member wants to elect someone who never says "fuck-off" for instance, None-of-the-above would have to be the choice.

If all candidates running for a particular job just don't seem to be with it, or, for some reason, don't fit the voters' idea of the right person for the position, None-of-the-above gets the votes.

Funny thing though, when None-of-the-above does get elected, he/she never does the job. Another election is called, new candidates are sought and, you guessed it, None-of-the-above runs again! By this tactic, None-of-the-above keeps M.P.A. honest and continues to provide a very important ingredient of M.P.A. elections-choice.



Office and Research

The office of M.P.A. operates out of a small section of the Drop-In Centre which is a constant thoroughfore of activity. A part-time bookkeeper, two office co-ordinators and an over-worked secretary handle operating expenses, communicate with government officials and answer all the in-coming mail.

Together they create our image of sophistication and efficiency. The office co-ordinators are responsible for securing the funding for all of M.P.A.'s programs, salaries and mortgage payments. They also work on a number of other projects that involve liaison between M.P.A. and the community (as described in the last section). The hardest part of the job is to avoid doing everything alone, which means ensuring that the membership is informed and involved.

The issue of leadership comes up again and again at M.P.A. because some people are always more skilled in co-ordinating, organizing and making suggestions. If members do not want to follow these suggestions they are free not to. In the democratic process, leaders have no formal powers. Their main role is to make sure that people don't make one-sided decisions without bringing them before the group, and that M.P.A. is run by the active participation of its members.

The Drop-In Centre

M.P.A.'s operating headquarters, activity centre, and business and social meeting place, referred to as the Drop-In Centre, is located in the heavily populated Kitsilano area of Vancouver, known across Canada for its tolerance of unconventional groups of people. The building blends in with others in the area, and except for the flow of people in and out, remains fairly obscure.

Once inside, however, there is no mistaking it for another slickly run social service centre. Through the smoke haze and the clutter, the walls are covered with phone lists on other resources, posters advertising everything from weekly activities to gay rights, and graffiti that is humourous, obscene and bordering on bizarre.

Most of the time the place is crowded and the noise level is high. There is a separate room for watching T.V., a dark-room, workshop and crafts area, and a large living room where people can relax, drink coffee, participate in various game tournaments and activities, or just sit and talk.

Five co-ordinators and numerous volunteers take turns keeping the Drop-In open from nine a.m. to midnight seven days a week. They give advice, make referrals and try very hard to avoid the role of policing. With up to a hundred people coming in and out in a day, a lot of time is spent dealing with personal conflicts among members.

Incidents involving physical and emotional violence have to be dealt with after-the-fact because it is impossible to foresee every tense situation. Whenever problems arise, all the members who are present at the time are called together to make a decision. Banning a person from the premises for a certain length of time is the group's only sanction, but this procedure is used sparingly because for many people M.P.A. is their last resort.

The Drop-In Centre has always been the major problem area in M.P.A. The open door policy and lack of consistent contact with people makes it difficult to form the kinds of supportive relationships that occur in the houses. While many regular members have contributed a great deal to M.P.A. as a whole, positive feedback is slow. We want other groups to realize that running such a large and diverse centre cannot be done without encountering a number of serious problems, but the Drop-In has its lighthearted moments as well. Holidays mean parties and somehow the group always manages to pull together when M.P.A. is in jeopardy.

Week-long conferences have been devoted to discussing the problems of the Drop-In. Some members have argued that what it provides is a comfortable place to cop-out — and for some people it is. Participation can only be encouraged, not demanded. Suggestions have ranged from restricting membership to discontinuing services, but there is always the rebuttal — without the Drop-In Centre there is only the street.

The Residence Programme

Mental hospital in-patient caseloads have been dropping steadily in British Columbia since the late sixties, while outpatient care in the community has risen from 7,240 persons in 1972, to 16,000 in 1976, which indicates the size of the trend towards treatment of the mentally ill in the community, as opposed to institutions.

Community mental health centres were set up for follow-up treatment, but they could not provide the other necessary support services that would keep people out of hospital. M.P.A. was well aware of the revolving-door syndrome: the pattern which returns about 60% of mental patients again and again to hospital, a percentage that would condemn any other field of endeavour. Out of this knowledge came our first residence in a working class area of Vancouver, set up to encourage ex-patients to change their outlook and improve their living situation. M.P.A. now owns and operates five houses with a total of forty-nine beds for both men and women.

The residence program is now well established but stability did not come easy. When members set up the first M.P.A. residence, they made the mistake of canvassing the neighbourhood for approval. The neighbours thought a halfway house for ex-mental patients, a wonderful idea — somewhere else. The housing committee then learned not to invite refusals — they decided to act first and worry later, and this philosophy has determined our housing policy ever since. There was also continual harrassment from city licensing officials because of regulations governing the number of unrelated adults who could occupy a single family dwelling. M.P.A. worked for years towards changes in municipal legislation and finally a new designation of *community residential facility* was conceived by the city's social planner.

If this amendment to the zoning bylaw is approved, it will provide a model for every city faced with the problem of integrating communal groups into single family neighbourhoods.

Still another problem has been funding. At one time residents were in total control of their own money; they paid their rent and shared most of the cost involved in maintaining a communal house. The management now operates on a per diem basis whereby all residents receive a twenty-five dollar comfort allowance. Although they are given an additional forty-five dollars for money management practice the self-help concept is weakened.

A residence committee continues its efforts to obtain "global" funding for salaries so that house members can manage their own finances but with the present trend of government funding policy the chances are slim.

People learn about the residences by referral from social agencies and by talking to people who are familiar with M.P.A. Applicants may visit a house several times before deciding whether or not they want to live there. They are then required to participate in the weekly house meeting and seek approval by a majority of the current residents. Voting is always done by secret ballot and a trial period is set of one to two weeks. A person is turned down only on the rarest occasions.

The group then divides up the housekeeping, cooking and shopping chores. If, at the end of the initial period, the new member has complied with the rules (which are the same as those of the general membership) and proven his or her willingness to participate, a vote is taken for membership on a permanent bases. Should there be problems at a later date, they are discussed in house meetings and people are given several warnings and ample time to change before they are expelled by vote.

If needed, new residents are assisted in basic life skills which include shopping, cooking, cleaning, laundry, money management, and learning how to become independent. There is no pressure, however, to force people out on their own. The most important part of the program is to provide an alternative "home" with a communal family atmosphere in which individuals are given the affection and support they need.

M.P.A. residents vote to hire two co-ordinators and have the power to fire them. They are not staff in the usual sense of the word; they have no vote in house meetings and act primarily as friends and resource people. As *power reversal* is a basic principle, coordinators are on twenty-four hour call, crises are often handled completely by these core members. What will often happen is that several of these people will move out at about the same time. A few may get an apartment together, leaving only remnants of the core. This causes a dissolution of the old order and the feeling in the house may be quite different while this change is in progress. We see this as a necessary part of the organic process which brings with it valuable learning experiences. New members are then forced to take on a greater level of responsibility.

Not only do residents learn to manage their own affairs responsibly, they are able to cope with the stresses that would ordinarily prompt a return to hospital. With a unique family who can understand

and help people through their low periods, the hospital becomes the last alternative, as seen by our recedivism rate which averages fifteen per cent.

Although M.P.A.'s overt direction involves initiating enormous political changes, the most visible progress has come from the personal changes that occur in the residence program. It is as much the concern of our organization as anything else.

Living in an M.P.A. house

— *a personal account*
by Pat Oram

I wasn't talking to anyone or eating properly and found myself only going out to get drunk. I had had enough experience with the mental health establishment to know that they couldn't be of much help to me. They were all too impersonal. Their advice never seemed relevant to my own situation.

I had lived in an M.P.A. house three years before, and remembered the feeling of belonging. I knew the ropes and trusted some of the people there. I needed somebody to trust again — somebody who wouldn't fuck me over. I knew that at M.P.A. I would be accepted at face value. People wouldn't try to make me over into what they thought I should be.

At the same time, being voted into an M.P.A. house is a frightening experience. I was sure I wouldn't be accepted. I assumed other people would dislike me as much as I disliked myself. In spite of knowing what I did about M.P.A. houses, I was angry at not being able to cope and having to put myself at the mercy of this group.

I wasn't that fussy about doing cooking, cleaning or shopping. They became trade-offs in order to do something about the way I was relating to people — or failing to relate. In the long run, like it or not, I was forced to deal with the various people living in the house.

Probably the toughest thing to handle is the chain reaction that happens when more than one person starts to freak out. Everyone tends to drift away from each other. They go and hide until things cool out.

Another problem is having to deal with different personalities in the house. The fact that everyone in an M.P.A. house has been crazy at one time or another makes no difference. They are neither easier nor more difficult to live with. Country and western addicts put down the acid rock freaks. The neat types object to the slobs. The good cooks despair of the non-cooks. Clashes occur over differing life styles. Dishes never get picked-up — all the typical trips that happen when you put together people of differing backgrounds. Living in an M.P.A. house is just like living in any communal house, with the exception that we hire co-ordinators as resource people.

When I first moved into an M.P.A. house, I didn't believe the M.P.A. rhetoric. I saw co-ordinators as authority figures. I expected them to act like the staff of the hospital or the hospital's halfway house, giving orders, controlling life at the house and generally policing people's behavior. Some people, when they first move in, ask permission from co-ordinators to use the telephone, get something to eat, turn on the T.V., etc. The habit of having all decisions made for you is hard to break. No-one wants to risk doing anything wrong.

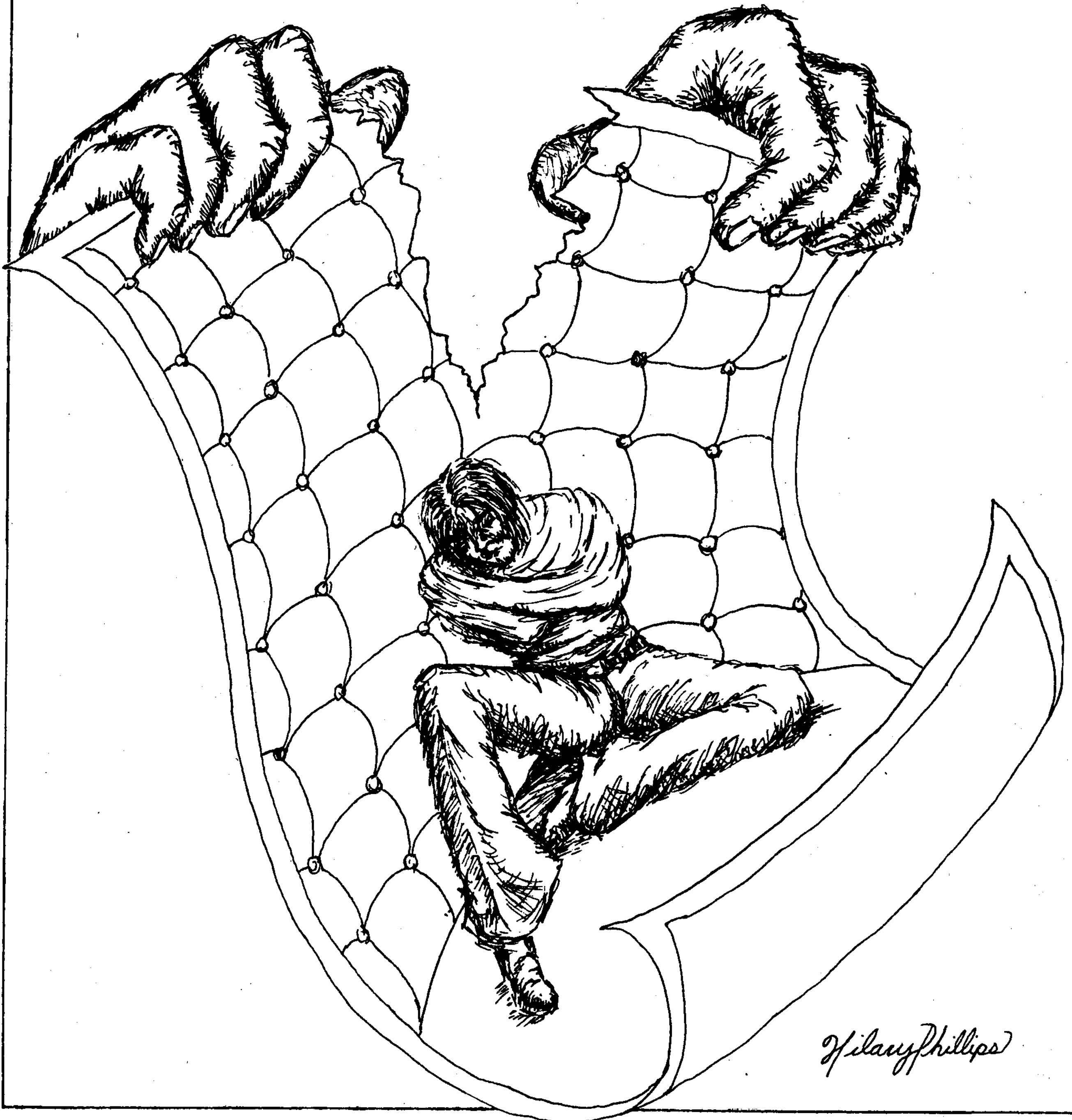
The first inkling I got that I could choose what I wanted to do was at house meetings where the people really did get involved in making decisions.

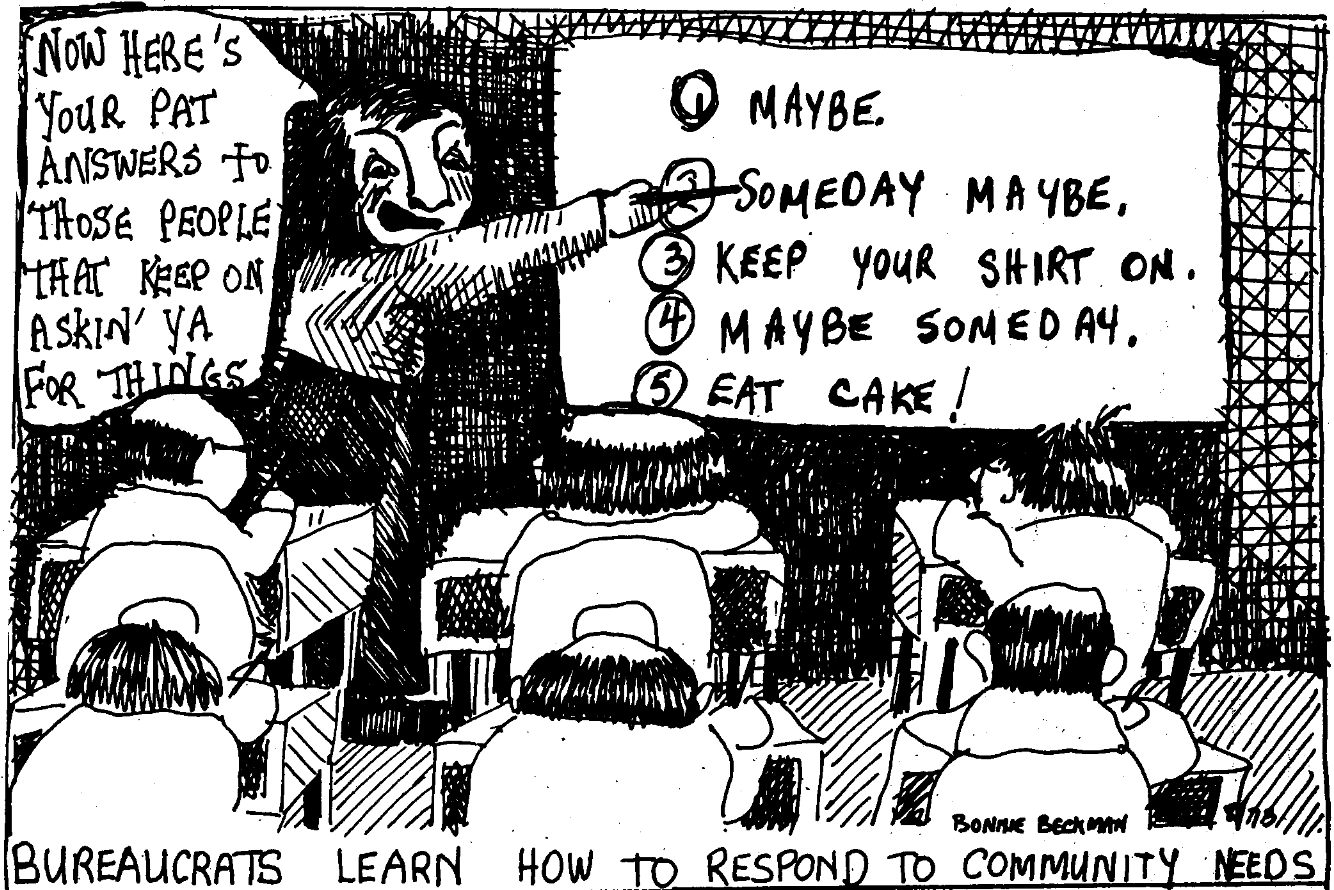
Being a house co-ordinator automatically means having power. I was lucky enough to have two co-ordinators who wouldn't accept the power I tried to hand to them. I had to make up my own mind about everything. I remember one time shopping for a new toilet seat with the cor-ordinators. They both insisted, as a house member, that I had to choose the seat. I decided to see what would happen if I picked the most God-awful colour I could find. The East house now sports a purple toilet seat!

It takes longer to see co-ordinators as caring people. I had become used to the distant clinical professional approach to my problems. It came as welcome relief to find my co-ordinators behaved like real people. It wasn't an us-and-them trip. It was all of us together. I lost some of my mistrust of people in general and was able to make some close relationships. I lived in the house for about ten months until I felt able to cope reasonably on my own.

Living in an M.P.A. residence was a very important experience in my life. I learned to know myself better, to recognize some of my strengths and abilities and am more confident about living independently.

BREAKING OUT





BUREAUCRATS LEARN HOW TO RESPOND TO COMMUNITY NEEDS

ELEMENTS OF AN EFFECTIVE MODEL

M.P.A. was, until recently, the only democratic mental patients service organization in Canada. American liberation groups have been primarily involved in political work and funding is not available to them to operate an extensive service component. M.P.A. has been fortunate in obtaining financial support from the Canadian government for a wide range of programs and encourages ex-patients in other places to organize themselves and to see that it is possible.

Two new groups have started in Ontario and Vernon that have chosen to adopt the M.P.A. philosophy and structure. There are many other options for ex-patients who want to get together, from small support groups to informal political meetings that require only a minimal amount of time and can operate without funding.

The M.P.A. model requires a full-time committment

because it is based on developing a position of power to achieve its objectives — to implement changes in the mental health system and to provide a democratic alternative. It is in distinct opposition to society's model and has meant years of building a respected reputation and seeking only that funding which allows the membership autonomy.

On Our Own★ is a book written by Judi Chamberlain, an ex-patient who spent years collecting information on patient controlled alternatives. Her book is important to everyone who is involved in the mental patients movement and to anyone who has been oppressed because of his or her status as a patient. She describes a number of methods in organizing self-help groups and political collectives and she outlines the basic principles for developing an effective patient-run organization:

"A model for a good alternative service for ex-patients must include the following elements:

- *The service must provide help with needs as defined by the clients.*
- *Participation in the services must be completely voluntary.*
- *Clients must be able to choose to participate in some aspects of the service without being required to participate in others.*
- *Help is provided by the clients of the service to one another and may also be provided by others selected by the clients. The ability to give help is seen as a human attribute and not as something acquired by education or professional degree.*
- *Overall direction of the service, including responsibility for financial and policy decisions, is in the hands of service recipients.*
- *Clients of the service must determine whether participation is limited to ex patients or is to be open to all. If an open policy is decided upon, special care must be taken that non-patients do not act oppressively toward the ex-patients. In other words, such a service must be particularily sensitive to issues of mentalism (as previously defined.)*
- *The responsibility of the service is to the client, and not to relatives, treatment institutions, or the government. Information about the client must not be transmitted to any other party without the consent of the client, and such information must be available to the client.*

★This book can be ordered from the following publishers:
Prentice Hall of Canada
1870 Buchmount Rd.,
Scarborough, Ontario

Hawthorn Books, Inc.,
260 Madison Avenue,
New York, N.Y. 10016

How to Start

Or be the first kid on your ward

An article by Lanny Beckman appeared in the July 1973 issue of **In a Nutshell**, *M.P.A.'s newspaper, in response to the many letters received from people who expressed interest in starting similar groups. They wanted to know how M.P.A. started and what they should do. The same article is reprinted here with a few updating revisions:*

Our early experience will probably be helpful to others, so let us review it briefly and draw from it some general principles that other groups can consider.

M.P.A. began with a number of patients in a day hospital programme. Organizing within a psychiatric program is a good, though not essential, place to start. What is needed is several people, as few as two or three, who have some minimal organizing skills and who will make a committment of at least three months work, slugging through all the setbacks, the apathy and the frustrations no matter how large they are.

Once this tiny core group has formed, they should set out some concrete principles of philosophy and courses of action. The philosophy, while it may not appear so at this stage, is crucial. It must embody policies of democratic participation which place the decision-making power in the group. This doesn't deny the importance of leadership (it is very impor-

tant) but the group must know that it has the power to control its leaders and its fate.

It is in these very early stages when most groups flounder. In the face of crisis, there are great temptations to bureaucratize and to centralize the decision-making power. This lack of faith in the group often parallels the recruitment of professionals or indoctrination to an external philosophy, an act which is fatal to the group's growth.

M.P.A. participated in the World Mental Health Conference in 1977 and was later invited to join the organization. At first the idea seemed appealing — it was a chance to have some influence on the direction of future conferences. After a lengthy discussion, the membership decided that it would not be in the best interests of a democratic ex-patients group to affiliate themselves with a professionally dominated organization. They chose instead to invite the World Mental Health Association to join M.P.A.

Collective power

Ex-patients are naturally sympathetic to democratic structuring because mental hospitals are among the most authoritarian institutions in society. Collective power must be exercised even if it appears that this power is only ratifying the leaders' decisions. A time will come when their decisions will be challenged and democratic forms must be kept during the group's infancy so that the members' will can be enforced when it opposes that of the leaders. (It took us about three months before a motion didn't pass unanimously.)

If the group has to abandon the forms of democratic functioning in order to survive, it is probably better that it not survive. If the core group's ideas are good, the larger group will support them and should be encouraged to participate in as wide a range of decisions as possible. The more important the decision to be made the more important it is to involve the group.

Serve the people

The core group should also establish policies regarding the general purpose of the organization. The cardinal purpose must be to serve the interests of patients, not to help professionals do their work. It's crucial not to get sucked into the tailwind of professional organizations. The group must maintain a real autonomy and be prepared to fight on behalf of patients, whoever this brings them into conflict with.

Progressive professionals can be useful as resource people and your services should be co-ordinated with theirs. But under no circumstances should they be given formal power within the group. The idea is not to set up a small growth on the body of the professional establishment, but to create a real, independent alternative geared toward uncompromising struggle against the oppression suffered by patients.

When the core group is agreed on basic policies, two courses of action ought to be initiated. One, start seeking funds, and two, begin recruiting a larger membership. Funds are essential, whether they're from private donations or government grants, because people will respond to actual services and this invariably means finding a physical location, which costs money.

Paper organizations get nowhere — except on paper. The ideal physical structure is a house, just a plain ordinary residential house, or at least a secure place where the group can meet and not be bothered by landlords or neighbours.

A sexy issue

A good place to begin looking for funding is to find a fund raising guide. These are usually available from provincial government offices, but you may have to ask around. Most of the booklets will outline the various agencies that provide funding or grants, where to apply and what kinds of programmes fit into their guidelines. (There may be separate guides for government and private foundations.)

Applications should be addressed to a specific person, if possible, and written in a clear and convincing manner promoting the quality of your ideas and strength of committment. It may be necessary to slightly distort the facts about the nature of the service you intend to provide in order to meet all their criteria. For instance, if they are more apt to fund a job creation programme emphasize the number of people you will employ. Also, play-down any political objectives — most funding sources, especially government ones, do not want to finance organizations that are going to cause any disruptions. Letters of support are very helpful, especially if they point out the need for your service in the community. They are not difficult to obtain from other agencies and sympathetic professionals. Try to include a detailed budget and a comparative cost of similar services. A small grant is a good starting point and gives you the opportunity to prove that patient-run groups can be effective. Finally, beware of funding which threatens to endanger your autonomy. It is better to accept less money than to have too many strings attached.

The next step is to recruit members. It is ideal, though not necesary, to have some funding commitment beforehand. Probably the best way is to get in touch with a progressive columnist and have him or her do an article on your proposal, giving the

background of the need for ex-patient groups. It should be easy to get the column done. As someone put it, "Mental Health is a sexy issue." The column should spell out the obvious need for such an organization and have interested people call the core group.

Ringing phones

If your experience is like ours, you will be deluged with calls. Be prepared to talk for quite a while with each caller, convincing him or her that your idea is not a pipe dream. Also, be prepared to have the first general meeting within about 10 days of the appearance of the column. People's interest in ideas dissipates quickly.

The column should also ask for donations of furniture and money (though don't expect to get much), and should ask sympathetic landlords to contact you about renting a place. This is very important. Our first drop-in center was rented from an ex-patient who read the column and who turned-out to be a great landlord. Most landlords would of course be totally resistant to renting you a house, so be sure that the one you find knows exactly what you want to do with it and supports your ideas. There are people like that around.

First Meeting

At the first general meeting, there should be plenty of time for people to express their ideas about the need for such an organization and to talk about their own experiences. Before this discussion gets too lengthy, however, attention should be turned to the immediate work to be done. A phoning committee should be set up to inform members about developments. If no meeting-place has been found yet, a committee should be struck to look for one. Another committee can begin seeking donations of furniture, etc. Again, the core group should be involved in all these committees and should maintain contact with the members and be prepared to do the work if members' commitments prove too weak.

Of course, phone lists of members' numbers should be run off (there is always a handy information center that will give you use of their facilities) and circulated among all members. A lot of phone contact should be maintained during the early weeks. People are used to groups not getting off the ground, so the feasibility of the project has to be continually reinforced until it takes on its own reality.

Keep it equal

There will probably be some sentiment at the meeting about electing a formal executive — president, secretary, etc. — and probably the core group will be nominated. This sentiment should be resisted. It is important not to develop hierarchies but to maintain a formal equality among all members. All of our elected people have always had the same title (e.g., office co-ordinator, crafts co-ordinator, etc.), and received the same (subsistance) salary.

It is all too easy to develop a formal hierarchy in the early stages when there's not much commitment among the members (who really cares if there's a president or not?), but there will come a time when members will care. By that time, if there already is a hierarchy, it may be too late to reverse the structure. So let the members live with the apprehension of not having a structured executive at the beginning. This is also good because it leaves lots of openings for new people to begin undertaking any of the work that has to be done.

Before the meeting ends, a time should be arranged for the next meeting and the phoning committee should notify all present, plus any new names acquired in the interval, just before the second meeting. Between the meetings, it is important for the core group (by this time hopefully expanded by a few) to have accomplished some concrete goals. The main thing is getting a good location — this gives the group the physical reality that is essential. After that, don't be disillusioned if things go slowly. It took us six weeks to furnish the center. Expect some people to get tired of waiting and to quit. Don't let this shake your faith in the viability of the project. The word is perseverance. If you have enough of it, the group will eventually develop a momentum of its own.

The house

These guidelines could go on endlessly, but let us wrap it up with a couple of additional points: first, more on the location, and second, on the setting up of rules. (Once your core group has formed, we will be able to give you more information and help).

We keep coming back to the finding of secure accommodation because without it the group has no actual base. The main thing is to avoid church basements or other locations controlled by institutions

external to the group. The setting must be under the complete control of the membership, open whenever the membership wants, and used for whatever it wants. A good location is a corner lot because there are fewer adjacent neighbours. It's more important, however, to find a neighbourhood — usually working class — where neighbours are least likely to get uptight about the slightly unusual use.

No red flags

This brings up an absolutely fundamental point. DON'T go to the neighbours beforehand asking for their approval. This is only waving a red flag in front of their noses. First, establish yourselves in the neighbourhood. Do this as fully as possible by endeavouring to keep all the activity inside the house. Everything possible must be done to avoid incurring the antagonism of neighbours. Once they can see that you're not disrupting the community, they will naturally come to accept your presence and there will be no need to go to them formally to announce your existence. Deal with things as they come up.

Likewise, DON'T go to the city to get a license. Let them come to you on all matters. The house will be rented so it won't be in your name. Either the city will never know you're there, or like the neighbours, it will eventually rcognize the value of your services and may turn a blind eye to any zoning regulations you might be violating. If they insist that you go through formal procedures, send your most respectable looking members to represent you.

The use of the house is somewhat more problematic. We began by combining three functions in one center: drop-in, crisis and residence. Needless to say, the place was a madhouse. However, we did survive the early months until we could establish our first residence so that the original center could be used only for social and crisis needs.

You should try within the first four months to set up a second house as a residence. Although ex-patients need a social center, housing is a much more fundmental need. If the group is going to provide real bread-and-butter services, it must eventually establish places for people to live.

Group rules

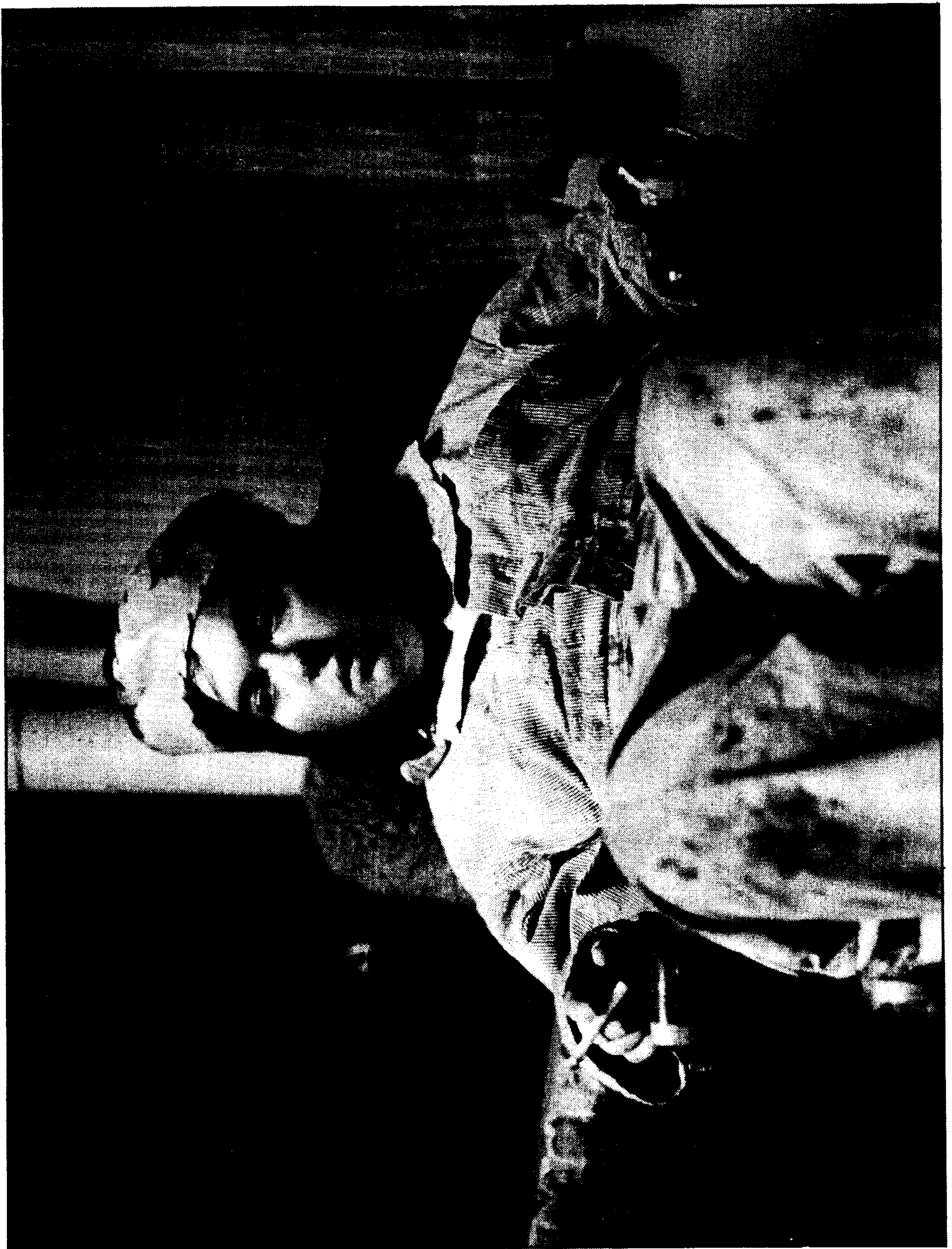
Finally, let's consider setting and enforcing rules. While the tendency toward bureaucratization must be avoided at all costs, so should the opposite tendency: anarchism. Democracy doesn't mean having no rules. It means having them set and enforced by the group. There will be a good deal of chaos in the early stage and without some enforceable regulations, the group's existence will be threatened. This can happen through hasssles with neighbours, minor scandals, etc.

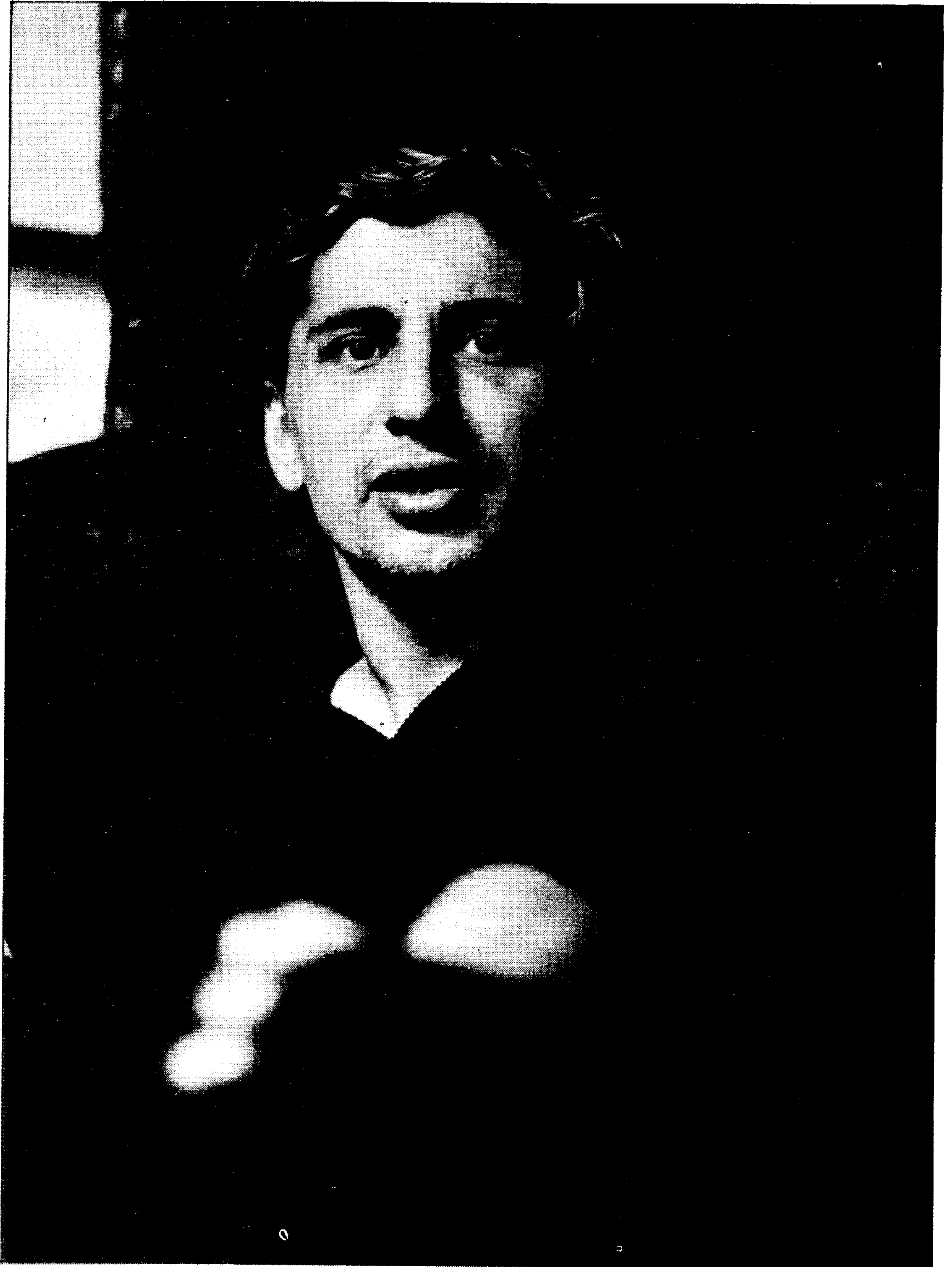
We began with four cardinal rules, and essentially they haven't been added to during the past two and a half years. They are: 1) No alcohol on the premises; 2) No illegal drugs; 3) No physical violence; and 4) No interfering with the peaceful activities of others.

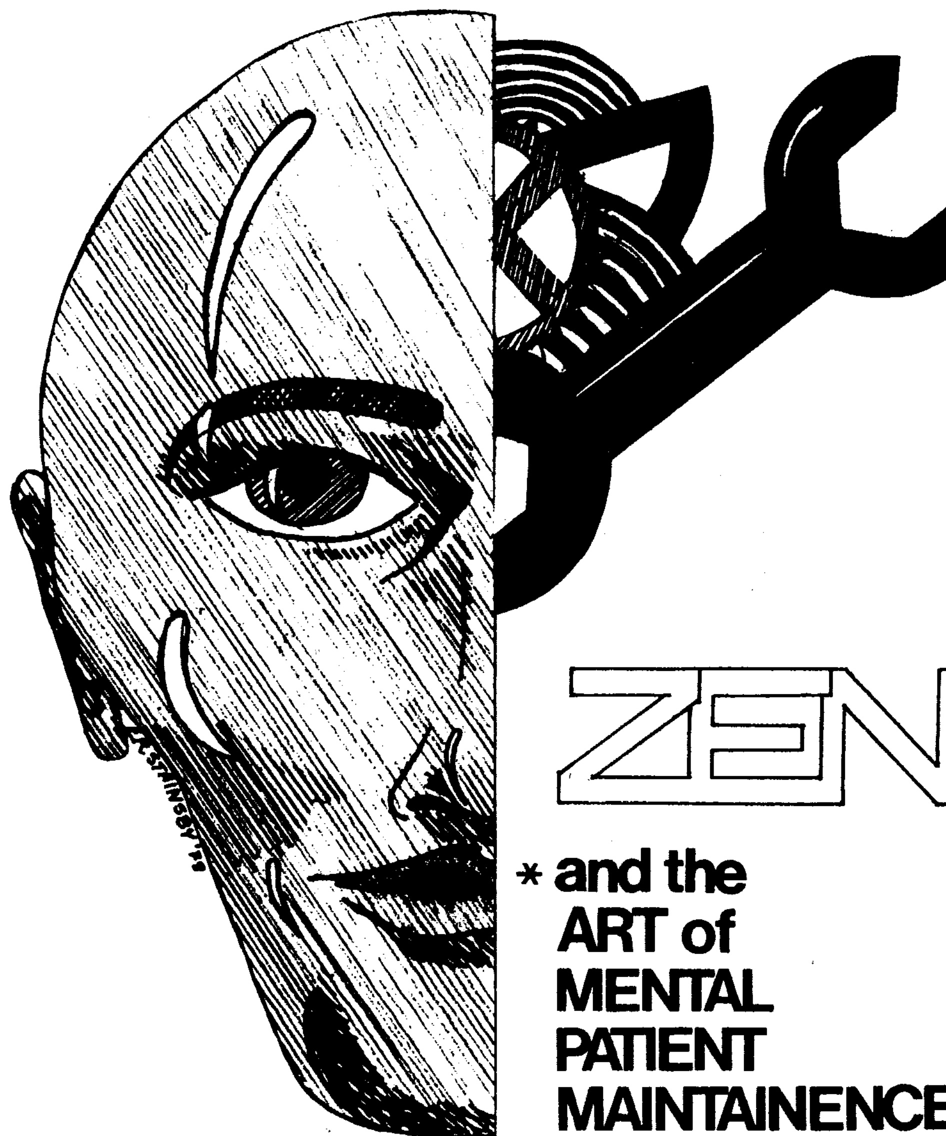
Usually our group was very lenient—sometimes too lenient—in enforcing these rules. They were generally broken by someone who was very freaked-out and the group felt compassion and often declined to ban the person. At times this resulted in very serious problems. Occasionally the group's survival was threaened by the excesses of one or two people.

Since we had always been the people who had rules enforced on us by others, we did not find it easy to see ourselves as the enforcers of rules. However, our eforcement was very different from 'theirs' since ours was done democratically by the whole group. Of course, you will have to confront these issues as they arise in your own experience. But we suggest that you keep the number of rules to a minimum and that you do not shrink from enforcing them when the good of the whole group is threatened.

We hope that our experience and suggestions will be helpful. We very much want to aid any groups who are getting started. Please let us know how things are developing and whether we can be of help. Good luck. Power to the patients.







ZEN * and the ART of MENTAL PATIENT MAINTAINENCE

EXPERIMENTAL VENTURES

The development of M.P.A. has always been based on the membership having and making a number of choices. Errors in judgement tend to be less frequent because there are so many people involved in critically evaluating every new idea or policy change and because no one person has the power to decide what is best for the group. 'Trial and error' may not be the most effective system, but it does force people to closely examine every issue.

Although M.P.A. has enjoyed a large degree of flexibility in program design, the membership has taken a rather conservative approach towards internal change. Part of the problem is apathy. Initiating new projects requires more effort than sustaining the old order and invariably the work falls on the same few shoulders. But then hospitals teach very little about the spirit of co-operation and to an insecure person taking on any task means leaving oneself open to failure.

It has also been difficult suggesting any major program change that such a large and diverse membership would agree on. In any case, M.P.A.'s experimental ventures have been sporadic and for the most part limited compared to their outside activity.

The Farm

Fresh air, sunshine and an easy going life-style in the country all added up to a perfect setting for people who were going through emotionally hard times. Or so M.P.A. thought.

At the very first meeting of the Mental Patients Association, a couple turned up who owned a farm in Matsqui and offered members a house and several acres of land rent free if they would agree to pay the taxes. It is unlikely that anyone would have ever thought of the idea of operating a farm with so many other immediate priorities but such a generous offer was hard to refuse. The membership voted to go ahead with the proposal and it was named the F.U.N.N.I. Farm — the Foundation for the Understanding of Nervous and Neurotic Illness.

Work committees were formed and they made preparations for the move. A number of people had expressed interest in becoming residents at the farm and a person was elected to co-ordinate the program. Except for some disagreements with the owner, who thought everyone should rise at 7 a.m. and read the Bible aloud every night, as he did, everything was coming together. When an old van was acquired, Vancouver members began making trips out to the farm. Then, just as people were settling in, the owner moved to Vernon and tried to sell his property to M.P.A. The deal fell through when Central Mortgage and Housing Corporation declared the building structurally unsound.

Members were not yet ready to give in. A second farm was found at Whonnock, forty miles from the city, and a new person was hired to replace the first coordinator who had quit. Within a short while a number of problems developed.

There were hassles with the neighbours and local officials were called in to assess the situation. They

knew nothing about M.P.A. and after a very brief visit they made some biased recommendations that put the farm in jeopardy.

Meanwhile the new co-ordinator had talked the membership into buying three hundred chickens and a few pigs and cows on the grounds that this would save money. M.P.A. members were almost all city dwellers and their knowledge of farm animals, black country nights and rural neighbours was nil. Eventually all the chickens died and everyone was beginning to feel very isolated.

The co-ordinator had also been practicing gestalt therapy on his captive audience and he did not attend meetings to keep the membership informed about what was going on. The farm problem came up regularly for review at meetings and conferences and finally in June 1973, members voted to close it down.

For two years M.P.A. struggled to keep the farm going because it seemed so workable in theory. However, practice was another matter. The distance from the city produced problems of exhaustion for co-ordinators, isolation of residence from supporting groups and a great longing for Fridays when a vanload of visitors came out from the drop-in centre. The farm was replaced with another residence in Vancouver. Surrounded by polluted air, a frantic pace, and the usual urban madness, it continues to thrive.

The Womens' Residence

The development of the Womens' Residence is linked with the broader issue of women and their position in M.P.A. Portland Frank, a longtime member, dvotes an entire section to this topic in the second edition of her *Anti-Psychiatry Bibliography.* * It is one of the best analyses ever written about the problems of sexism both at M.P.A. and in psychiatry. It is rprinted here in a slightly condensed form, and will hopefully aid other new ex-patient groups:

The lack of widespread political consciousness in M.P.A. has its consequences; the one that has single-handedly produced the most harm to our members and to our solidarity as a whole is *sexism.*

The tentacles of sexism have often increased their stranglehold on mental patients — of course — with a little help from psychiatry. One of the things psyciatric oppression does is mystify people into believing that "mental health" comes from playing better sex roles. Women who buy this line are forced to accept their oppressed status. Men, however, must scramble like crazy for their "manhood," and in a sexist society, the realization of "manhood" always demands the oppression of women.

How does sexism operate in M.P.A.? At the official level of power structure, it doesn't. M.P.A.'s partcipatory democracy system provides everyone with equal decision-making power; in the residences, sex roles do not determine the workload, and everyone shares equal responsibility for cooking, cleaning, and other house management. No sexism at the leadership level, either: in fact, many of M.P.A.'s most solid leaders have been women. Sexism in M.P.A. assumes pretty much the same forms — subtle and blatant — which operate everywhere in sexist/macho social life. It is a set of attitudes and actions that are highly oppressive to women:

- *"Coming on":* treating women like sex objects rather than comrades;
- *Insults:* women being interrupted at meetings and being subjected to sexist remarks;
- *Maid Service demands* being placed on women;
- *Male orientation* in many houses and at the Drop-in Centre which results from a self perpetuating overabundance of males; and
- *Physical violence against women* which has been quite rare but has happened nonetheless.

This sexism in M.P.A. has left its mark: it has corroded many relationships as well as the whole mebership solidarity; it has driven several of our women away forever. It has been difficult to raise M.P.A.'s consciousness — both male *and female* — about these problems and to get people committed to dealing with them seriously. Tolerance has often been volunteered more readily than support and even violent incidents, while never openly tolerated, have often been to easily forgotten.

The men in M.P.A. are not the only guilty ones. Many M.P.A. women have also contributed to their own oppression: they've bought the line that a woman's role in life is to be a doormat for men and that there's just no point in fighting back.

What efforts has M.P.A. made as a group towards dealing with its problems related to sexism? Three main things have been tried: an all womens' residence, a violence committee, and a womens' comittee.

The Womens' Residence was opened early in 1974. It was originally conceived and set up in accordance with feminist principles by a small group of M.P.A. women. At the time, female membership was on the decline as a result of M.P.A.'s reputation as a heavy place for women. The purpose of the Womens' Residence was to provide women with a hassle-free space to get their heads together and thereby help strengthen and increase the female membership.

As things turned out, though, the Womens' Residence never became the vanguard of feminism in M.P.A.; in fact, it never even managed to maintain full occupancy. (The reasons for continued vacancies were highly complex and to some extent attributable to feminist consciousness never taking root among the residents.)

Late in 1975, alas, the house folded as an all -womens' space when, faced with the long-term contradiction betweeen empty beds alongside a growing waiting list of men trying to get in M.P.A. houses, the membership voted to convert it into a mixed residence.

The first large scale attack on sexist practices in M.P.A. was launched by the Committee on Violence that met in connection with M.P.A.'s 1975 annual self -evaluation conference. The committee was organized by a group of M.P.A. women who decided it was high time to challenge sexism.

It also made some concrete proposals for change. For example, making sexual advances against someone's wishes was defined as *violence,* and sanctions such as banning were proposed for people who refused to obey the rules.

Since this conference, there has always been a strong (albeit small) group of women in M.P.A. who keep this awareness going and who hold onto issues to the end.

The M.P.A. Womens' Committee has had a sporadic career. It began in 1974, ran for a large part of that year and then folded. Its purposes were: (1) to bring M.P.A. women together and create a solidarity based on dialogue and mutual support; (2) to increase feminist consciousness throughout M.P.A.; and (3) to fight against sexist practices that still occur. Various attempts have been made to revive the Womens' Committee and although this group has never succeeded in getting any wide scale participation, women in M.P.A. continue to get together when the need arises.

Where is M.P.A. now with regard to sexism? It's coming along, but progress has been slow. M.P.A. is not like it was two to three years ago. Things have been improving; there are fewer hassles now and more support for women is present when they do occur; several men have been cleaning up their acts; there are heavier sanctions against those who haven't.

As a reflection of these improvements, more women have been coming to M.P.A. again.

M.P.A. is far from perfect, but it has an open-ended potential for improvement. Some women have used

M.P.A. as a place to begin their own struggles against sexist oppression and they have grown stronger because of it. What M.P.A. provided, essentially, was time, space, relationships, a sense of power and a sense of self-worth. It also provided practice in decision-making, an absolutely vital need that women seem to get so little of in this world.

Support for women is not overwhelming, but it is there — and there are a lot of M.P.A. women who have come a long way.

*The Anti-Psychiatry Bibliography (2nd edition).
This is a completely annotated guide to all the progressive psychiatric literature, tapes and films that are available.
Orders can be made throught the following publisher:

Press Gang Publishers Ltd.,
603 Powell Street,
Vancouver, British Columbia,
V6A 1H2.

Miscellaneous Endeavours

Throughout the years, as M.P.A. has grown in size and scope, small support groups and volunteer committees have emerged to handle important issues as they arise. They have pro-

vided an informed medium for developing closer relationships with other members and with the experience of working as a cooperative team in specific areas of interest. Like any voluntary efforts, they frequently fizzle out before they can get off the ground, but there are numerous successes worth noting.

Support Groups

When the membership feels that M.P.A. is getting too much into research and related fields and not enough into caring for people, small groups are initiated to avoid the danger of isolation among members.

There have been informal rap groups of every nature at M.P.A. — groups for men only and for women only, therapy sessions run by M.P.A. members and outside people and support groups for members in crisis.

Workshops

Workshops are conducted periodically to train members and coordinators in mental health related areas. They have included crisis training, first aid and drug information courses. Other workshops — creative writing, dream analysis and yoga — have been more socially oriented.

The Drama Workshop has been a successful ongoing group. Weekly sessions are conducted by Gary Pogrow, a local actor and director, who teaches members improvisation, theatre games and creative movement and no one has to be a serious actor to join — it's mostly for fun.

Committees

M.P.A. has learned a lot about committees. Objectives must be determined immediately and members should meet on a regular basis. The most important factor is that they progress a quickly as possible and come to an end when the task is complete. (Bureaucratic committees tend to drag on for years.)

The Emergency Action Committee (E.A.C.) was formed in July, 9173, to deal with coordinators who needed support or were not doing their jobs. Later on, committee members were called upon to help with crisis situations in the drop-in and residences. The E.A.C. is presently not active, it has typically been dormant during quiet periods.

The Committee to Investigate Shock Treatment developed out of an M.P.A. conference held in 1975. Several months were spent reviewing research, investigating hospital practices and interviewing individuals who had received shock therapy. After a careful analysis of all the information gathered, the committee recommended that M.P.A. take a firm stand against shock treatment—that they support individuals who wish to refuse treatment, provide public information on the possible effects of shock therapy and lobby for change regarding informed consent.

The Committee on Violence formulated clear definitions of *acts of violence* as they pertain to the M.P.A. membership and made recommendations for appropriate sanctions.

Offshoot Projects

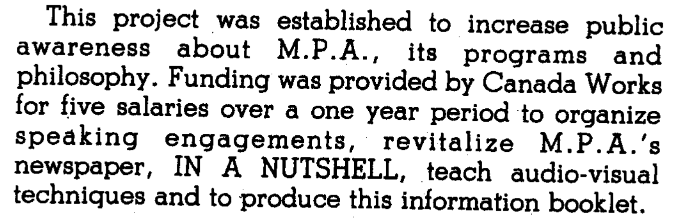
In recent years M.P.A. has has sponsored a number of short-term projects funded by government make-work programmes. As a well established organization

that is seen as a "good risk" by funding agencies, M.P.A. has been able to branch out into areas it could never afford on its own budget:

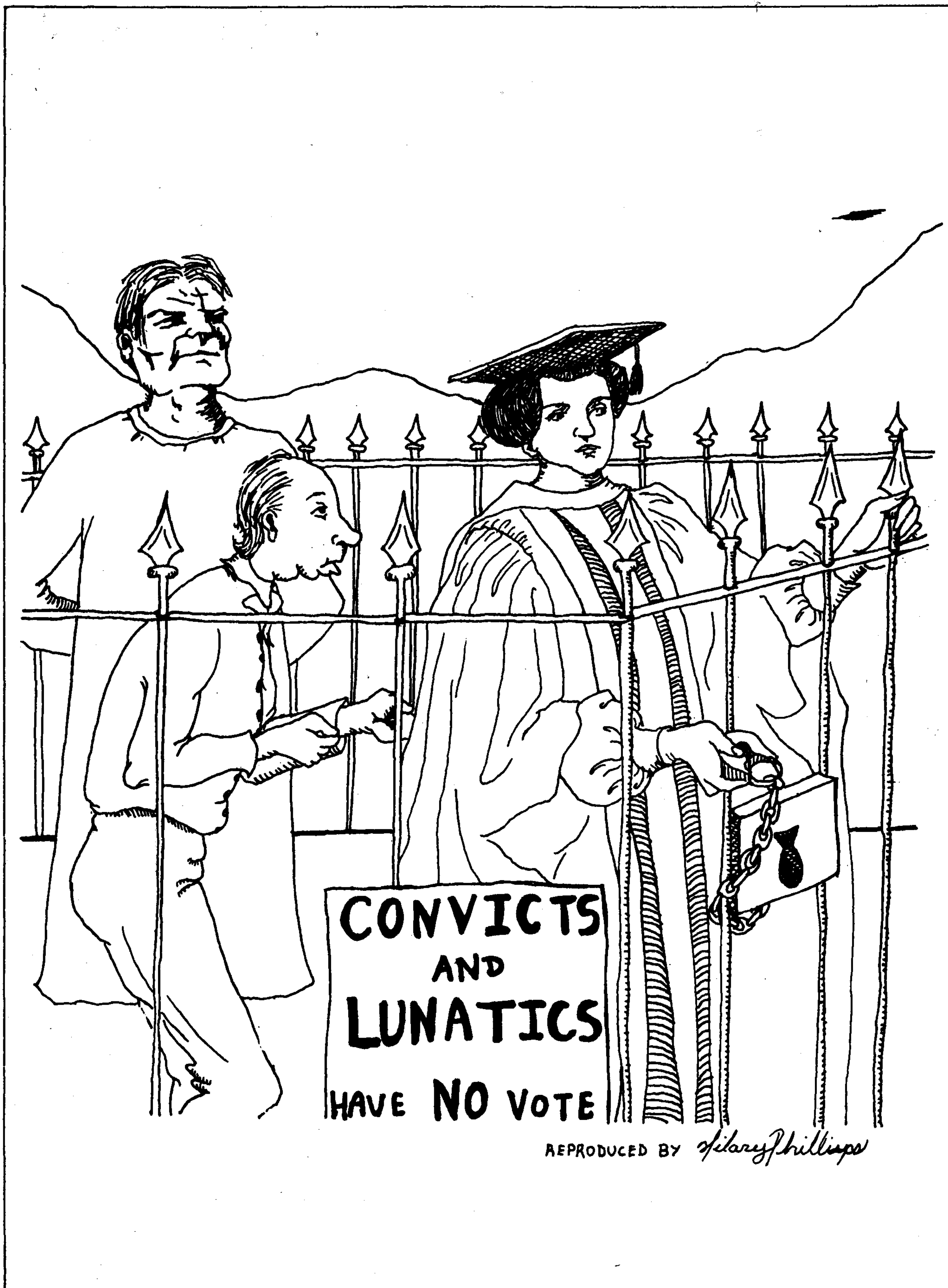
The Riverview Extension Project

The Riverview Drop-in first opened in 1973 staffed by volunteers. It has since been funded by three government grants and remains a top priority for M.P.A. sponsorship. The project operates a social centre and a referral and information service for hospital patients. The people who work there visit wards, get to know the need and problems of patients and staff and transmit information to the upper management. The Riverview project was the first step in opening up lines of communication between M.P.A. and Riverview Hospital, the largest mental health institution in the province. It has provided one of the few opportunities for M.P.A. to voice its opinion on seclusion, patient abuse, and general hospital policy.

The Educational Services Project (1977-78)



This project was established to increase public awareness about M.P.A., its programs and philosophy. Funding was provided by Canada Works for five salaries over a one year period to organize speaking engagements, revitalize M.P.A.'s newspaper, IN A NUTSHELL, teach audio-visual techniques and to produce this information booklet.


CONVICTS
AND
LUNATICS
HAVE NO VOTE
REPRODUCED BY Hilary Phillips

M.P.A.'S IMPACT IN B.C.

From the outset, M.P.A. has advocated radical change in the mental health care delivery system. Broadly, we have addressed the oppression of mental patients by society and its agent, the psychiatrist, whether that oppression stems from myths perpetuated by misinformed and fearful citizens or by mental health professionals unwilling to disturb the status quo or question the archaic laws and practices which govern the lives of mental patients.

The M.P.A. thesis has been that *alternatives* must be found to a system designed to carry out society's mandate to imprison and control mental patients, a system which condemns them to a life of stigma and whorthlessness. Our belief; is that remedying the system will not necessarily work, will take too long because of the system's built-in power, and is too costly in terms of the lives of thousands of mental patients.

Specifically, M.P.A. has attacked B.C.'s obsolete mental health legislation, unfair and unlawful commital procedures, 'closed' investigations of alleged patient abuse, seclusion and treatment policies which, in practice, proved to be more punishment than therapy, inhumane service without access to an ombudsperson, community bias against the mental patient in housing, employment and services, denial of both legal drug and medical information to patients, and lack of patient input into treatment plans. Our attacks have been called vicious and vindictive by professionals whose life work is threatened by such complaints and who are, themselves, caught in a patriarchal, medically dominated heirarchy in which they themselves have little real power.

M.P.A. has utilized every means at its disposal, as well as the talents of numerous members, to voice its concerns, to demand change, to co-operate and work with professionals to improve the lot of the mental patient and to develop a model which provides alternatives to the purely medical approach.

For a bunch of nuts who have proved themselves not to be crazy all of the time, this group has accomplished much in its seven years of existence.

Reaching Out

M.P.A.'s newspaper, *In a Nutshell,* was initiated in the organization's first year and serves to keep members in touch, to criticize mental health policies and practices, and to publish members' ideas, poetry and opinions. It has an international readership and is published regularly. (Available upon request, subscription by donation.)

Other Publications

1974 — *Madness Unmasked* — (out of print) —poetry, prose and illustrations by M.P.A. members.

1974 — *Anti-Psychiatry Bibliography* — by Kathy Frank, (now Portland Frank); a comprehensive guide to literature, films and tapes. Currently revised and due for re-issue by Press Gang Publishers.

1975 — *Women Look at Psychiatry* —(author organized by an ex-research co-ordinator under the Women's Publishing Project).

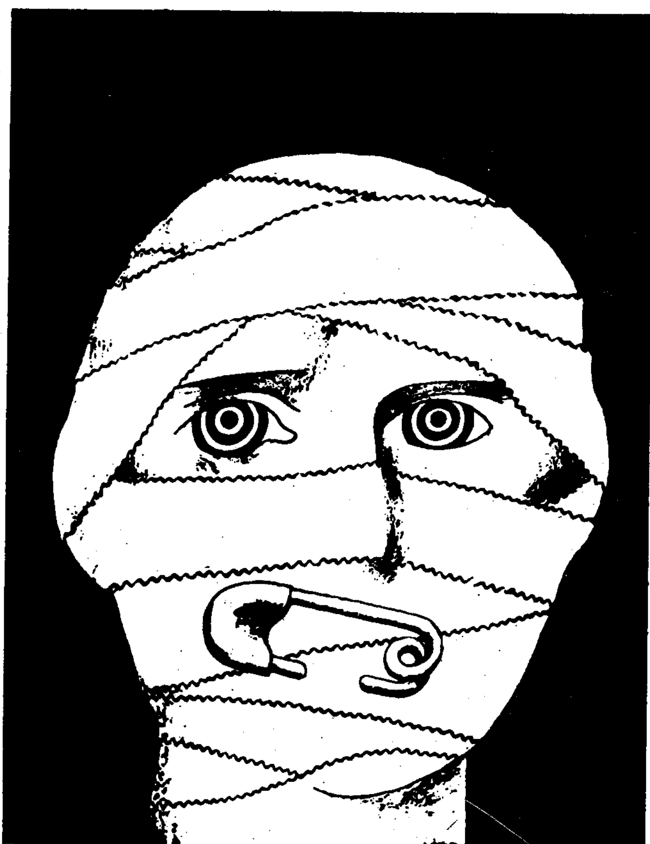
1977 — *"Power Reversal and Self-Help — A New*

Concept of Mental Health in the Community"; the M.P.A. paper presented to the Banff International Conference on Behavior Modification March 21-26, 1976. Published in *Behavioral Self-Management,* Richard B. Stuart, ed.

The Vancouver Sun and Province, The Georgia Straight and numerous community papers publish articles on M.P.A. on a regular basis.

Presentations of the M.P.A. Model

1974 — Workshop at the Canadian Mental Health Association (C.M.H.A.) provincial conference.
1975 — Booth and workshop at the C.M.H.A. national conference.
1976 — Workshop at the C.M.H.A. Ontario provincial conference.
1976 — Presentation of an M.P.A. video tape to the Banff International Conference on Behavior Modification.
1976 — Presentation to the Williams Lake C.M.H.A.
1976 — Booth at Habitat.
1977 — Booth and workshops at the World Federation on Mental Health Conference.



1977 — Tour to Pentiction, Vernon, Trail — interested citizen groups.

Media Productions

M.P.A. has depended upon the media to gain attention for the plight of the mental patient, to argue its case for change and to demonstrate that mental patients can be reasonable, responsible community members.

1971 — C.B.C. one half-hour program on the beginnings of M.P.A.
1972 — C.B.C. program on M.P.A. and issues concerning the mental patient.
1976 — The National Film Board produced a film "The Mental Patients Association" available by request from the local N.F.B. office.
1976 — M.P.A. produced a forty-five minute video for presentation at the Banff International Conference on Behavior Modification.
1977 — The national C.B.C. program "Man Alive" produced a half-hour documentory on the M.P.A. residence program.
1978 — M.P.A. produced a half-hour video designed to give feedback to hospital staff on treatment.
1978 — M.P.A. was invited to contribute to the Vancouver People's Law School production of four half-hour video tapes on "The Mental Patient and the Law."

From its inception, M.P.A. has made regular appearance on C.B.C., C.J.O.R. and Co-op Radio programmes as well as C.K.V.U. and community television appearances to speak to various mental health issues.

Briefs to Government

Funding applications require a continuous process of teaching members to construct budgets, justify funding and show accountability to officials. We are currently funded by the provincial and municipal governments. The federal government provides monies (to a few private organizations) for special projects in research, maintenance and publishing.

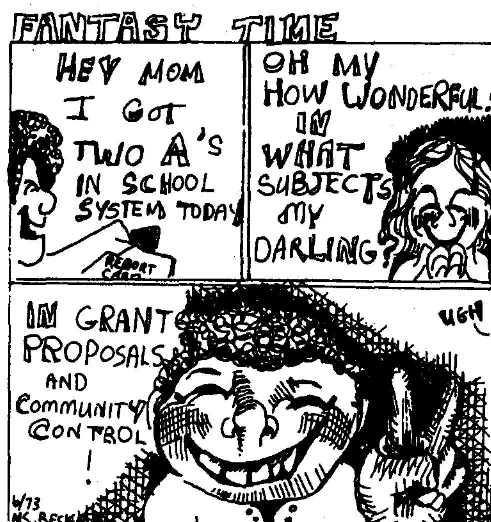
1972 — M.P.A.'s first report on the B.C. Mental Health Act, based on two years of research, resulted in a number of changes to the Act, the most significant being the establishment of review panels as an appeal procedure for committed patients. In 1977 M.P.A. collaborated with Coast Foundation and a lawyer interested in mental patients' rights to

compile the best features of international legislation on mental health.

1973 — M.P.A. presented its first brief on crisis care in the community. M.P.A. members were active participants in the Ad Hoc Committee on Community Resources for Persons with Emotional Difficulties which produced a fourpart housing alternative for the special needs of mental patients in the community. Funds were not forthcoming for the proposal even when it was cut to provide only a crisis facility.

Current bureaucratic thinking on funding for ex - mental patients is to define all long term care as that required by the elderly with many physical disabilities which allows more money for the multi -handicapped while severely limiting funds for those handicapped in only one area of their lives. In addition, this attempt to lump all people with long term care needs together threatens any group attempting to foster self-help and independence for its members.

M.P.A. makes regular presentations to the Vancouver City Council Social Services Committee regarding permits and development applications. It seeks help from the Social Planning Department about our needs for by-law changes, for community residential facilities and for funding for some of our programmes. It also addresses council on its policies toward community action groups, fair employment practices, etc.



Collaboration With Other Groups

M.P.A. follows a policy of contributing to groups interested in similar problems. Our model was used in the development of group homes for the physically disabled. We sit on the board of the Handicapped Resource Centre for the physically disabled and on a newly formed committee to co-ordinate work activity programs for ex-mental patients. We have been active with anti-poverty groups, the women's movement, community worker groups, and the Vancouver Peoples Law School.

Guest Speakers

M.P.A. has frequent requests to speak to community groups, students and professionals. The subject ranges from discussion of the M.P.A. model to problems of the mental patient and the law.

We give consumer feedback to professionals about the effectiveness of their programmes. We attempt to resolve problems which occur between our members and various agencies and attempt to prevent problems from arising.

M.P.A. is often asked for information on organizing self-help groups for ex-mental patients from people across Canada and the U.S.A. This current publication is an attempt to provide information for those starting similar groups.

Summary

Historically, the cause of the mental patient has never been a popular one. It is not surprising that politicians, and those in power, have tended toward a 'hands -off' policy on the hot potato of major changes in the mental health system.

M.P.A., a small group of ex-mental patients and interested in non-patients, has proved it can make a significant contribution to both institutional and community care plans involving mental patients. Further, it has demonstrated that mental patients are a valuable resource in giving feedback to professionals and citizens generally to change attitudes and practices which have proved costly in terms of money and ruined lives.

The most flagrant abuses are now behind us. Without their shock value it is going to be much more difficult to obtain some very necessary and basic reforms, such as:

- a Mental Health Act which provides safeguards for patients and allows for investigations of questionable care practices both in hospitals and community care teams;
- a patients' bill of rights to assure that no one who has freedom curtailed will suffer under arbitrary, albeit well-meaning, decisions made by those in control of their lives;
- a mental health system, no longer based upon the medical model, in which alternatives are actively encouraged, independence a goal and input from users of the service becomes an effective tool in designing and implementing programs and services.

Other Anti-Psychiatric Groups

ACT/ACTION
710 Lodi St.,
Syracuse, N.Y. 13202

Advocates for Freedom in Mental Health,
928 North 62nd St.,
Kansas City, Kansas 66102

Advocates for the Liberation of Patients,
Room 1305,
112 So. 16th St.,
Philadelphia, Pa. 19103

American Association for the Abolition of Involuntary Hospitalization
c/o Post Office,
University of Santa Clara,
Santa Clara, Cal. 95053

Association Quebecoise pour la Protection des Malades (A.Q.P.M)
5285 rue Aurele,
St-Hubert J3Y 2E8

Boulder Women Against Psychiatric Assault,
c/o Lillith Bookstore,
1743 Walnut,
Boulder, Colo. 80302

Campaign Against Psychiatric Atrocities,
P.O. Box 6899,
Auckland, New Zealand

Centre for the Study of Psychiatry,
4628 Chesnut Street,
Bethseda, Md. 20014

Citizens Against Shock,
c/o Adamski,
1704 S.E. Taylon,
Portland, Oreg. 97214.

Citizens Committee for Human Rights,
944 Market St. Rm 607,
San Francisco, Cal. 94102

Colorado Network Against Psychiatric Assault,
3520 East 17th Ave.,
Denver, Colo. 80206

de Gekkenkrant,
P.O. Box 3286,
Amsterdam,
Netherlands

Elizabeth Stone House,
108 Brookside,
Jamaica Plain, Mass. 02130

Felicia Fox,
270 Merimac,
Williamsburg, Va.

Foundation for the Abolition of Compulsory Treatment,
P.O. Box 3,
Subiaco, West Australia,

Gardes Fous,
c/o Bernard de Freminville,
1 rue des Fosses St Jaquis,
75005 Paris, France

G.I.A.(Groupe Information Asile)
c/o Yves-Luc Coureur,
rue Langeveid, 146,
1180 Brusselles, Belgium,

Heavy Daze,
111 Tavistock Crescent,
London W11, England

Issues in Radical Therapy,
Box 5039,
Berkley, Cal. 94705

LAMP(Centre for the Study of Legal Authority and Mental Patient Status
Central Station,
P.O. Box 3233.
Hartford, Conn. 06103

LAMP (Centre for the Study of Legal Authority and Mental Patient Status)
1947 Duught Way,
Berkley, Cal.

Madness Network News,
P.O. Box 684,
San Francisco, Cal. 94101

Mental Health Consumer Consensus of Alameda County,
Box 3742,
Hayward, Cal. 94540

Mental Health Law Project,
84 5th Avenue.,
New York, N.Y. 10011

Mental Health Law Project,
1220 19 St. N.W.,
Suite 300,
Washington, D.C. 20036

Mental Patients Civil Liberties Project,
Suite 1600,
1315 Walnut St.,
Philadelphia, Pa. 19107

Mental Patients Liberation Front,
Box 156,
West Sommerville, Mass. 02144

Mental Patients Liberation Project,
2134 S. Humboldt,
Denver, Colo.

Mental Patients Liberation Project,
c/o Freespace,
339 Lafayette Street,
New York, N.Y. 10012

Mental Patients Liberation Project,
1626 S.E. 39th Avenue,
Portland, Oregon

Mental Patients Liberation Project,
Box 1745,
Philadelphia, Pa. 19105

Mental Patients Liberation Project,
Box 158,
Syracuse, N.Y. 13201

Mental Patients Liberation Project,
116 Carolina Ave. S.E.,
Washington. DC

Mental Patients Rights Association,
P.O. Box 301,
Locahatchie, Fla. 33470

Mississippi Mental Health Project,
P.O. Box 22571
Jackson, Miss. 39206

N A P A
c/o Mars,
3520 E. 17th Ave.,
Denver, Colo 80206

N A P A
c/o Carol Thompson,
512 W. Wilson St. 307,
Madison, Wisconsin

N A P A
c/o Greg Berglund,
736 Santa Rita Place,
San Diego, Cal. 92109

N A P A
558 Capp St.
San Francisco, Cal 94110

N A P A
c/o Beattie H-16 Koshland,
V.C.S.C.
Santa Cruz, Cal. 95064

N A P A
Box 5728
Santa Monica, Cal 90405

Network Against Psychiatric Oppression,
P.O. Box 667 F,
New York, NY 10010

Off Our Backs - Chicago Friends,
P.O. Box 11878,
Fort Dearborn Station,
Chicago, Ill. 60611

Ontario Mental Patients Association,
Box 7252, Station A
Toronto, Ontario

Patients Organized for Environmental Therapy,
(POET)
Box 7253
Imola, Cal. 94558

Patients Rights Organization,
c/o Legal Aid Society 707
Community Relations Dept.,
2108 Payne Ave.,
Cleveland, Ohio

People's Rights Organization,
1347 S.W. Blvd. Apt. G.,
Rohnert Park, Cal 94928

Project Release,
97 North Victoria St.,
Kitchener, Ont.

Project Release,
202 Riverside Drive, Apt. 4E
New York, NY 10025

Project Renaissance,
15039 Carnegie Ave.,
Cleveland, Ohio 44106

Psychiatric Inmates Rights Collective,
415 Escalona Drive,
Santa Cruz, Cal. 95060

Psychiatric Inmates Solidarity Movement,
Hawaii Chapter,
P.O. BOX 88228,
Honolulu, Hawaii 96815

Psychatrisis en Lutte,
c/o Dr. Nicole Frey,
7 rue Santos — Dumont,
75015 Paris, France

Scarlett Letter Group,
c/o The Daily Planet,
1609 West Grace St.,
Richmond, Va 23220

State and Mind,
P.O. Box 89,
West Sommerville, Mass 02144

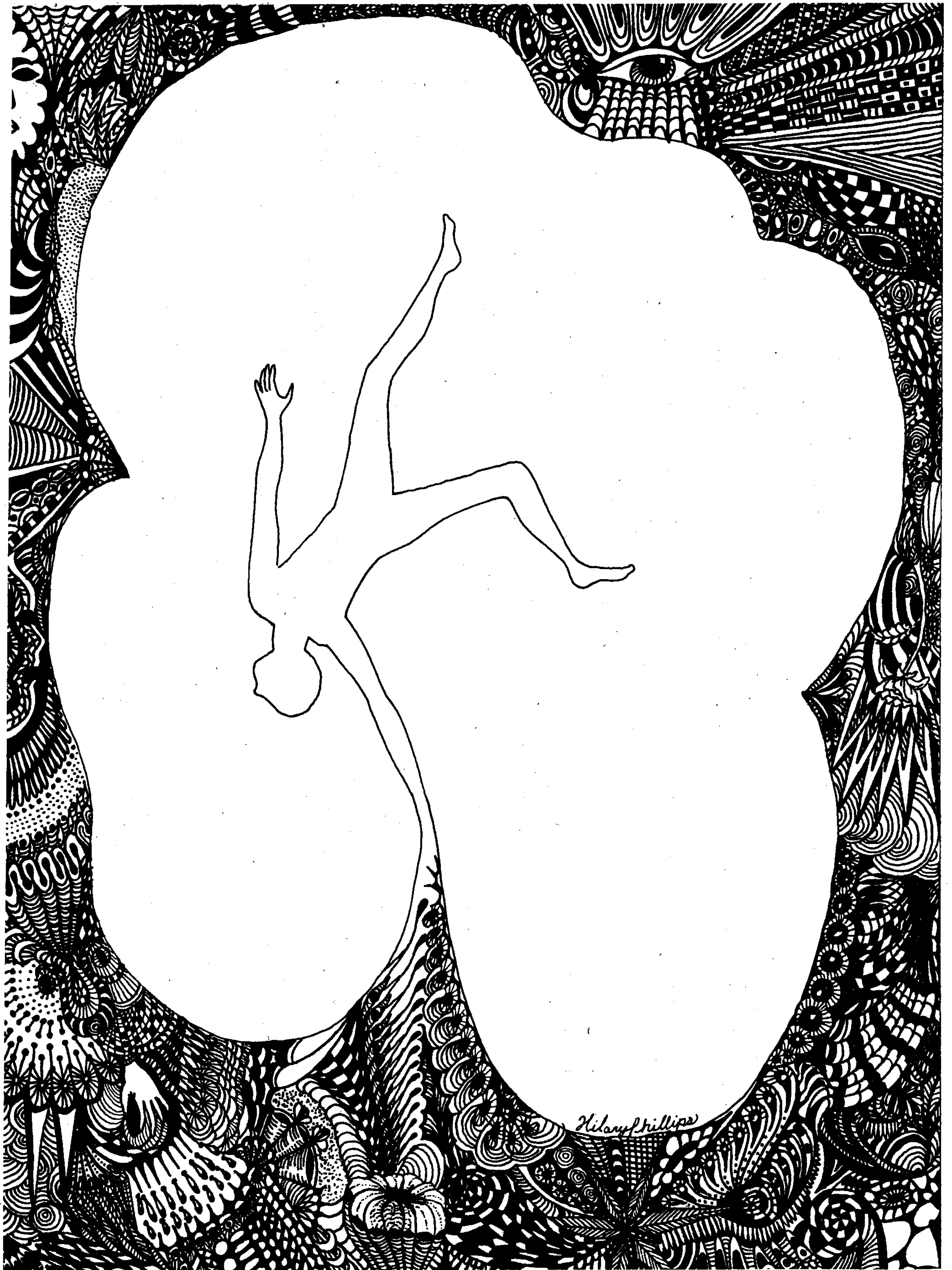
Support for Women in Madness,
c/o Las Hermana,
4003 Wabash,
San Diego, Cal 92104

Universal Life Church,
c/o Rev. John. A. Lanpworthy,
Perkins State Hospital,
Jessup, Md 20794

Vermont Health Rights Comm.,
c/o Helvarg 6,
76 N. Union St.,
Burlington Vt. 05401

Welcome Back,
3206 Prospect Avenue,
Cleveland, Ohio 44115

Women Against Psychiatric Assault,
558 Capp St.,
San Francisco, Cal 94110


Hilary Phillips

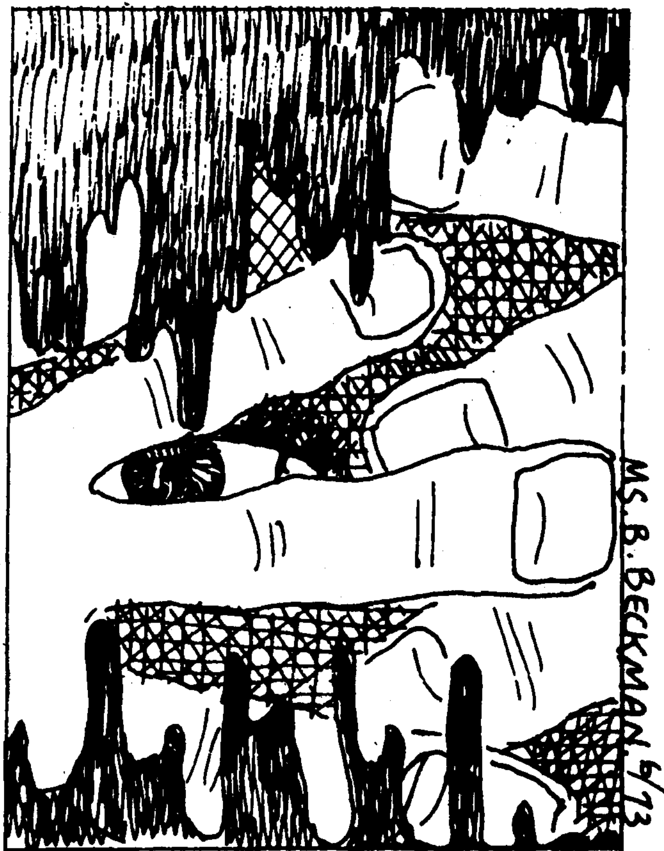
The Psychiatrist's Handy Glossary Of Patient Terminology

by Lanny Beckman

Any professional group develops specialized concepts and terms to aid communication among its members. However, technical jargon often hinders understanding between different professions. Such is the case with psychiatrists and patients.

Owing to the wide publicity given to the psychiatric profession, patients have no difficulty understanding their therapists. Psychiatrists on the other hand are often bewildered by the complex terminology of the professional patients. In the interests of mental health, the following glossary of patient terms is humbly presented to help the psychiatrist achieve a greater understanding of his client.

- ***Bad*** — a condition of depressed mood or affect. Not good.
- ***Not bad*** — a common reply to the question "How are you?"
- ***Hung-up*** — a fixation or overinvestment of libido in a particular object relationship. Usually followed by "on".
- ***Up-tight*** — generally designates an anxiety reaction. Many psychiatrists experience difficulty with the "up" in up-tight and erroneously say "up-hung" or "tight-up". This usage tends not to enhance rapport between the parties.
- ***Flipped out*** — may refer to a manic state, a panic state or a manic panic state. Not related to male exhibitionism.
- ***Freak out*** — acute anxiety state often accompanied by thought disorientation and loss of ego boundaries. Improper usage: What a relief when the hour is up to get that freak out of the office.



KING OF THE WORLD

(OR LOOK WHAT
THEY'VE DONE
TO MY MANIC DEPRESSION, MA(

ONCE IN A RARE WHILE A WONDEROUS
POWER DESCENDS
TO CROWN ME KING OF THE WORLD
MY BEING BURSTS WITH ENERGY:
I CAN BE ANYTHING, DO ANYTHING, GO
ANYWHERE, MEET ANYONE,
NOTHING IS IMPOSSIBLE.
ALL AROUND MY LIGHTENING FLASHES
AND LIFE IN ITS SMALLEST DETAIL BE-
COMES SIGNIFICANT.
SADLY, THOSE NOT POSSESSED OF THE
POWER ARE FEARFUL,
FOR THEMSELVES, FOR ME.
SO I'M BANISHED TO A GRIM FORTRESS
WHERE BEARDED MAGICIANS SMOKING
PIPES
EXERCISE THEIR PECULIAR ART TO
DRIVE THE POWER AWAY.
THE BUBBLE BURSTS, THE SHIP SINKS,
THE PLANE CRASHES
AND I COME DOWN HARD.
IT'S ALL FOR THE BEST I SUPPOSE
BUT ON DAYS LIKE THIS WHEN I'M DEAD
INSIDE,
I REMEMBER THE POWER AND YEARN FOR
THE CROWN.

Dave Beamish

MRS. SHAFFRON

Mrs. Shaffron?
Mrs. Shaffron!
Can you hear me?
Yes.
My name is Fernie.
Can you hear me?
Yes.

My friend Una and I have been watching you since you came on the ward the other day. You look so pathetic, dear, with that blank expression. Can you hear me?

Yes.

We want to be your friends. We feel that you are terribly frightened and we can't bear your suffering.

Mrs. Shaffron?
Mrs. Shaffron!

Please don't look like that. We want to be your friends. We want to help you. You never move from that chair except to go to the bathroom or eat or go to bed. We've seen you sit in the same position for hours on end. My dear, God is with you and Una and I are with you too. We have both been terribly ill and are getting better, but we have had help. We have had each other and we have had God. We don't speak of Him except before our meals when we thank Him for his blessings. We take turns doing that and we would be happy if you would eat with us and take turns too. Mrs. Shaffron, I speak to you of God. Do you have something to say?

Amen.

Una is Pentecostal Tabernacle and I'm United. Can you tell me your faith? You don't really have to say. I guess it's not really important.

It is important. I'm a Jew.

Do Jews have special words they say before they eat?

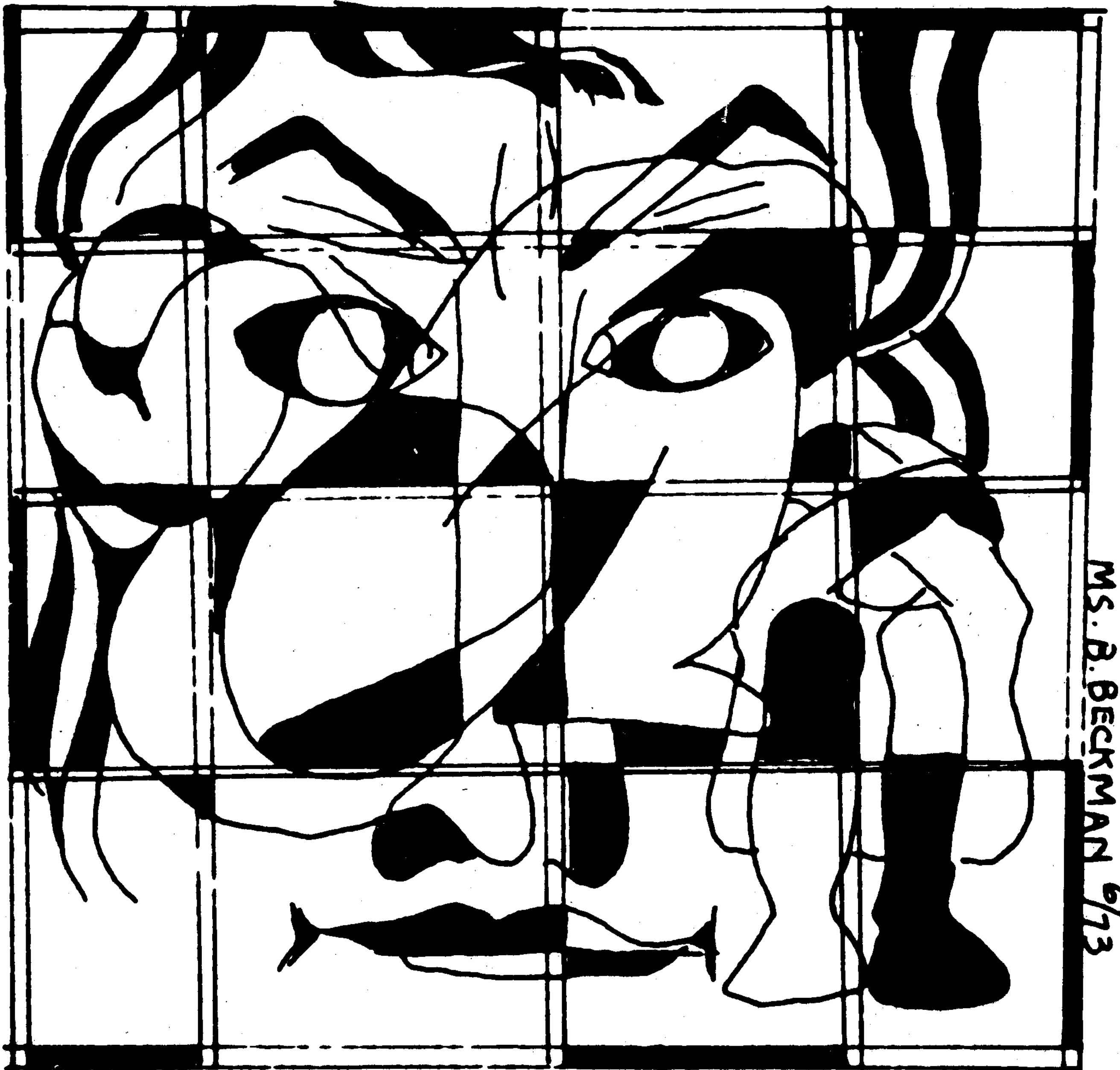
Blessed art Thou O Lord Our God, King of the Universe Who brings forth words from a frozen mouth.

Molly Dexall

AN OPEN AND SHUT CASE

I do adore
A door
That acts like a door
And doesn't ever lock
like a door
Cause I've had that
galore before

Molly Dexall



SING A SONG OF SICKNESS OR WHO'S CRAZY?

Well, I'm an ex-mental patient
(You can forget about the "ex"),
That gives me cause to break the laws
And be a pain in the neck.

It was terrible in the hospital
They treated me like hell,
They burned my brains with E.C.T.
I never will get well.

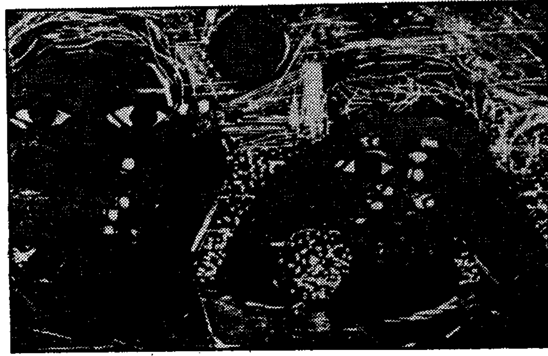
They pumped me full of tranquilizers,
Oh, the horror and the pain!
But I've fooled them — I don't take them,
Just so I can be insane!

So now, whenever I feel like it,
I scream and yell and shout,
I offend others' sensibilities,
I occasionally bash and clout.

Yet, I'm really the nicest person
As long as I get my way,
Won't you please do everything for me
So on my ass I can stay?

Because I'm an ex-mental patient,
Think I'll make it my career;
It sure as hell beats working
And the lifestyle's a good bit freer.

Dave Beamish



INSTITUTIONAL BLUNDERS

"Is that a poem"
Yes Georges
Yes, my dear
A poem from Heart
to Heart
& smart — 1. smarties
2. halloween candies
in sm. grab bags
to save for your kids
if they ever come to visit you.

Yew — whoo!
I say — you, who???
Me & you
we & they
them & us & Us, ehh?
Export "A" — Brands &
iron bars.
"Who hears the caged bird sing"
who hears?
who hears?

Kit
West 4

STORYVILLE

There are many who have stories
In storyville
C.U. & C.L.U.
& no clinical help
or clue — only books & moving stars
Help others out &
stay in yourself
as no one can speak for You
or Help **You** Out
Yes, Dr. Know.
Advertise
Help wanted:
Rehab & Joe Bad.
A visitor perhaps,
A visit to the laundry room
and constructed tours for
inmates of — institutions.

Kit
West 4