

CITIZEN ADVOCACY AND MPA

The report of a Task Committee of the Section of Psychiatry, B.C. Medical Association, February, 1973, pointed out the need for a spectrum of resources for the mentally ill. One of this spectrum was the need for Citizen Advocacy Services to be "available to (these) individuals to look after individual's rights, etc."

Three years later the need still exists and we're as far from citizen advocacy for mental patients as we ever were, barring the patient advocates who represent a small number of involuntary patients at 30 day Review Panels.

The provincial government has promised to bring in legislation establishing the office of Ombudsman to investigate the rights of individuals in their dealings with bureaucracy. Similarly a person or agency should be available to investigate the rights and privileges of those incarcerated through no fault of their own in mental hospitals and by reason of their incarceration unable to deal with bureaucracy or anything else.

Over the past 2 years MPA members have been comparing our antiquated Mental Health Act and Patients Estate Act to less punitive legislation in other parts of North America. The Arizona Act and

the Michigan Act devote many pages to specifying the rights of mental patients: to receive and send correspondence freely, to have access to legal counsel, access to their own physician, access to visitors at all reasonable times, the right to toilet facilities every hour when in solitary confinement and so on. None of these rights is spelled out in B.C. mental health legislation. Standard practice permits many privileges to which people confined in B.C. mental hospitals can make a just claim, but standard practice does not guarantee these privileges. All the more reason why an "ombudsperson" or citizen advocate should have access to all wards, particularly locked wards, and solitary seclusion rooms (if their existence is justified at all) so that people confined therein have the opportunity to confide in - and complain if need be - to someone not locked into the institutional system.

The general public assumes that every member of the population shares the same freedoms, except those imprisoned for breaking the law, thereby losing many or all of their rights. This is not so in mental hospitals. Notwithstanding the generally humane treatment most patients receive, doct-

ors, and nurses hold awesome power over a hospitalized person's life, especially if that person has been declared legally and personally incapable of managing his own affairs.

MPA has heard of a Legal Aid lawyer who could not contact his client by phone; and of the deprivation of a voluntary patient who was refused visits from his family and friends for six weeks. Since no reason was given, and no "patient advocate" or "ombudsperson" available to seek out a reasonable explanation, the family and friends suffered a great deal of anguish as a result.

A March 24th account in the Vancouver Sun detailed an incident in which a hospital patient, Alec Tysko was struck by a nurse. A Legal Aid lawyer was refused access to Tysko because he had not requested the lawyer's visit. An MPA member who tried to visit Tysko was told he was out "on grounds!"

These incidents are not set down provocatively to insinuate that mistreatment or "cover-ups" are rife in the mental hospital system. They are spelled out to show the urgent need for an ombudsperson, citizen advocate Legal Aid lawyer, or some other person employed independently of government or the hospital who is avail-

able to all patients within the system and to Significant Others outside the system who want reasonable answers to their questions.

In the face of the lack of a charter of mental patients' rights (advocated by a previous Attorney General's Department but never acted upon) some form of citizen advocacy or an ombudsperson would provide at least a temporary solution to the long-standing problem.

MPA had hoped to fill a local advocacy role, particularly with the establishment of our office/drop-in centre at Riverview Hospital but MPA visitors have found that they are not free to visit wards unless either staff or patients have requested the visit earlier.

MPA member Patty Servant recently returned from a CMHA conference in Oshawa during which the ombudsman of an Ontario mental hospital reported to the gathering. She describes elsewhere how patients "do feel he really is an advocate and not just another staff member".

We can only hope that the recommendation of a Task Force of B.C. psychiatrists for advocacy services to ensure the rights of the individual will be acted upon without further delay.

Jackie.

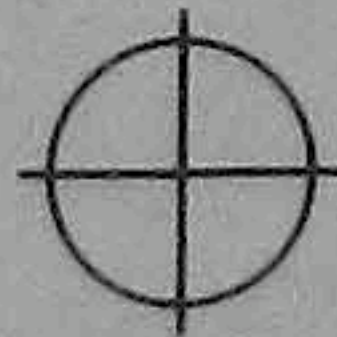
MPA

CONSTITUTION

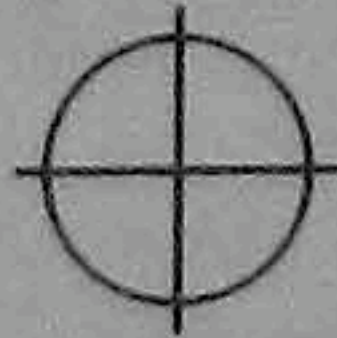
AT LAST, the M.P.A. constitution and by-laws have been officially amended to conform to the practise of a society which is based on power reversal and self-help.

At a memorable Extraordinary General Meeting called on April 21st, 1976, the membership voted the Board of Directors out of existence and legally became the governing body of M.P.A.

M.P.A. may be the only non-profit society whose members have complete control of all society business, based on the concept of one voice-one vote.



Borrowed from the Canadian Psychiatric Association Jl. March 1976.



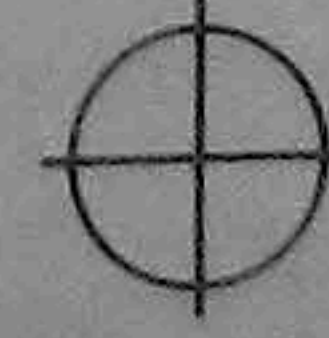
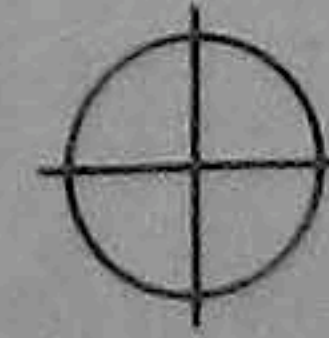
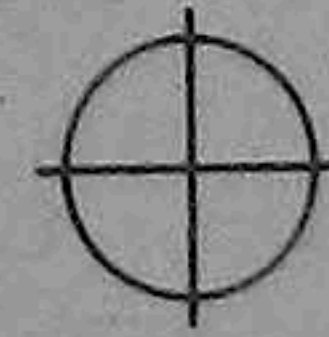
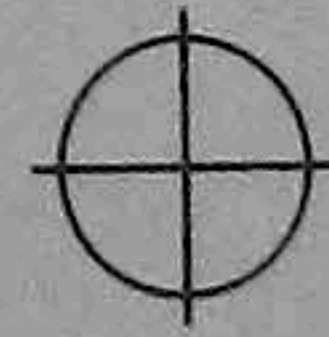
"...further investigation of ECT is necessary. Indeed it may be queried how ethical it is to use a therapy on any but an experimental basis when so many questions about it still remain unanswered."

C.G. Costello, Prof. Dept. of Psychology. University of Calgary



"We shall have to learn to refrain from doing things merely because we know how to do them".

Sir Theodore Fox



IN

MEMORIAM

We offer our sympathy and condolences to the families and friends of two people whose faces we miss around the Drop-In Centre, Lynne Rothery and Bruce McLean. Prescribed drugs were always too easy for them to obtain. We tried very hard to help them, and to convince them that life was worthwhile and that the pain they felt would eventually pass. We cared a lot. They didn't care enough. Now it's too late, and all we can do is regret their leaving us.

CITIZEN ADVOCACY AND MPA

The report of a Task Committee of the Section of Psychiatry, B.C. Medical Association, February 1973, pointed out the need for a spectrum of resources for the mentally ill. One of this spectrum was the need for Citizen Advocacy Services to be “available to (these) individuals to look after the individual’s rights, etc.”

Three years later the need still exists and we’re as far from citizen advocacy for mental patients as we ever were, barring the patient advocates who represent a small number of involuntary patients at 30 day Review Panels.

The provincial government has promised to bring in legislation establishing the office of Ombudsman to investigate the rights of individuals in their dealings with bureaucracy. Similarly a person or agency should be available to investigate the rights and privileges of those incarcerated through no fault of their own in mental hospitals and by reason of their incarceration unable to deal with bureaucracy or anything else.

Over the past 2 years MPA members have been comparing our antiquated Mental Health Act and Patients Estate Act to less punitive legislation in other part of North America. The Arizona Act and the Michigan Act devote many pages to specifying the rights of mental patients: to receive and send correspondence freely, to have access to legal counsel, access to their own physician, access to visitors at all reasonable times, the right to toilet facilities every hour when in solitary confinement and so on. None of these rights is spelled out in B.C. mental health legislation. Standard practice permits many privileges to which people confined in B.C. mental hospitals can make a just claim, but standard practice does not guarantee these privileges. All the more reason why an “ombudsman” or citizen advocate should have access to all wards, particularly locked wards, and solitary seclusion rooms (if their existence is justified at all) so that people confined therein have the opportunity to confide in – and complain if need be – to someone not locked into the institutional system.

The general public assumes that every member of the population shares the same freedoms, except those imprisoned for breaking the law, thereby losing many or all their rights. This is not so in mental hospitals. Notwithstanding the generally humane treatment most patients receive, doctors, and nurses hold awesome power over a hospitalized person’s life, especially if that person has been declared legally and personally incapable of managing his own affairs.

MPA has heard of a Legal Aid lawyer who could not contact his client by phone; and of the deprivation of a voluntary patient who was refused visits from his family and friends for six weeks. Since no reason was given, and no “patient advocate” or “ombudsperson” available to seek out a reasonable explanation, the family and friends suffered a great deal of anguish as a result.

A March 24th account in the Vancouver Sun detailed an incident in which a hospital patient, Alec Tysko was struck by a nurse. A Legal Aid lawyer was refused access to Tysko because he had not requested the lawyer’s visit. An MPA member who tried to visit Tysko was told he was out “on grounds”.

These incidents are not set down provocatively to insinuate that mistreatment or “cover-ups” are rife in the mental hospital system. They are spelled out to show the urgent need for an ombudsperson, citizen advocate Legal Aid lawyer, or some other person employed independently of government or the hospital who is available to all patients within the system and to Significant Others outside the system who want reasonable answers to their questions.

In the face of the lack of a charter of mental patients’ rights (advocated by a previous Attorney General’s Department but never acted upon) some form of citizen advocacy or an ombudsman would provide at least a temporary solution to the long-standing problem.

MPA had hoped to fill a local advocacy role, particularly with the establishment of our office/drop-in centre at Riverview Hospital but MPA visitors have found that they are not free to visit wards unless either staff or patients have requested the visit earlier. MPA member Patty Servant recently returned from a CMHA conference in Oshawa during which the ombudsman of an Ontario mental hospital reported to the gathering. She describes elsewhere how patients “do feel he really is an advocate and not just another staff member”.

We can only hope that the recommendation of a Task Force of B.C. psychiatrists for advocacy services to ensure the rights of the individual will be acted upon without further delay.

Jackie.