

Another purpose would be to operate as a clearing-house for patient-initiated research into questions of employment, discrimination, legal points, accommodation, etc.

A third purpose: eventually to provide help, based on experience, to persons who would otherwise find themselves with no place to turn in the middle of the night or whenever.

Lanny Beckman (himself a day patient at the psychiatric clinic in Burnaby is spokesman for the Mental Patients' Association. He points out that "in a city of one million people it is virtually impossible to get help for emotional disturbances during the night and especially on weekends."

The association hopes, if it can get enough financial support, to be able to send a car out to bring people going through such crises down to the centre, where others who understand the experience might help them. Or, if necessary, get medical attention.

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BECKMAN, WHO IS ONLY three months away from his PhD in psychology, says that two fellow-patients at the Burnaby day hospital have committed suicide recently. Both suicides, he feels, could have been avoided if a centre like this had existed.

"The segregation of people with serious psychological problems from the general community is a mistake, one which aggravates the problem and which must be overcome before meaningful solutions can be undertaken."

Certainly, the established agencies and institutions have not come up with many "meaningful solutions."

The Mental Patients' Association is now in the process of finding a house to rent as a drop-in centre. They have a little money, but definitely need more.

Anybody who might want to send a donation toward helping this project can send it to the Mental Patients' Association, care of the Bank of Montreal, Brentwood Branch, 546 Brentwood, Burnaby. Donations are tax deductible.

Any patient or former patient who wishes to join or help can contact Lanny Beckman at 738-9429. Or write to the group at 2249 York, Vancouver 9.

The odds are heavily stacked against them. They're going to need all the help they can get.

A couple of years ago, Edro I. Signori and Henry Rempel of the University of B.C. psychology department worked out a list of 18 "disadvantaged" groups to study the

broad range of employment discrimination.

The study showed that in Vancouver, the most discriminated-against group was mental re-



tardates. Then came hippies. Then came ex-mental patients.

Ex-criminals, native Indians, the physically handicapped, Negroes, East European Communists, East Indians, older workers, Orientals, school drop-outs and Jews — all were less likely to run into prejudice than retardates, hippies and ex-mental patients.

This is a problem psychiatrists never deal with. This is a problem which is seldom considered when the decision is made to commit a person to hospital.

Places like Riverview "brand" people, or at least leave scars on their record which can only work against them in the future. Medical people ignore the problem but that doesn't solve it.

It is one more argument in itself for getting rid of mental institutions. But we are concerned right now with another dimension to the situation.

Discriminated-against minorities have repeatedly found it necessary to organize themselves to fight for their rights, to assert their own sense of dignity and worth, to find ways to deal with the violence unleashed against them by society as a whole.

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PERHAPS IT WAS INEVITABLE that sooner or later mental patients would take the step which other persecuted minorities have had to take.

It was a long time coming, but in this last couple of weeks exactly that has begun to happen in Vancouver.

A group of about 30 mental patients and ex-mental patients has formed a "Mental Patients' Association." It is, so far as I know, the first organization of its kind.

The idea is for these persons to band together to provide services for themselves and others which are not being provided by either the government or the medical profession.

Such as: a drop-in centre where problems might be discussed on a two-sided person-to-person basis, rather than on a one-sided patient-to-doctor basis.

The sharing of experience, problems and information about what to do to solve these problems would be one

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THE GROUP HAS SO FAR held a number of meetings, had itself incorporated as a non-profit society — and already its members, linked together by a telephone network, have been able to begin helping each other out.

The need for such an organization should be self-evident. Too many emotional disruptions can only be dealt with — under the present system — by committal to a mental institution or by doses of tranquillizers.

Tranquillizers cure nothing and committal to a mental institution results in the individual being branded perhaps for the rest of his life.

Once the Mental Patients Association centre is in operation, an alternative will exist — it's called "accurate empathy."

What will be offered instead of a trip to the funny farm and a bottle of pills will be human warmth, contact, sympathy and understanding, plus the support of people who have been through it all, who know from experience exactly what's going on, and who therefore have the resources of their own knowledge to draw upon.

But the group needs a lot of help to get on its feet. I strongly urge anyone who can help to do just that.

The association hopes to have a car before too long, so that volunteers will be able to go out and pick up persons who feel themselves in need of help — and bring them back to the centre, where they will find themselves in the warm embrace of a group of people who are not thinking of them as "patients," but as individuals with problems well-understood by the group.

Right now, in Vancouver, a person experiencing emotional difficulties in the middle of the night, for instance, has almost no place to go. And this is a city where the suicide rate has climbed 30 per cent in the past 10 years.

However, the centre is not quite ready to begin operations. All sorts of things are needed. Beds, linen, carpets, kitchen equipment, a fridge, dressers, sofas, a sewing machine, a typewriter, drapes, tables, chairs . . .

The aim is to make the centre as much a "home" as possible. Anybody who can contribute anything along these lines is asked to contact Phyllis Brown at 291-8983. Several applications for grants have been sent out, but aside from the \$1,000 from the UBC graduating class, nothing has panned out yet. So money is desperately needed, too.

Bob HUNTER

The Mental Patients Association of B.C. is less than a month away from being ready to go into operation on a 24-hour-a-day basis.

A house — at 3191 West Tenth — has been rented, a grant of \$1,000 from the UBC graduating class has been obtained, along with about \$500 in private donations.



and membership has reached 125.

The house will serve as a drop-in centre for persons experiencing mental or emotional upheavals. It will be run mainly by former mental patients who know, from experience, exactly what is going on in the heads of the tormented people who will be coming to them for help.

The idea is to provide services which are not available through the existing institutions, and further, to provide a place of refuge where the disturbed person will not have to go through all the degradation ceremonies which he or she would have to go through if they had themselves committed forthwith to a prison-like place such as Riverview.

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MAINLY, THE MENTAL Patients Association hopes to be able to get beyond the limitations of the existing psychiatric system in B.C.

Rather than being confronted by a systemized pigeon-holing bureaucracy, the person who felt himself in need of help would be able to go down to the centre and get help from other individuals who understand his ordeal intimately, having at one time or other been in just such a state themselves.

Several psychiatrists and psychologists have offered their assistance. They will be available in extreme emergencies, but for the most part the aim of the group is self-help. Group therapy sessions, discussions, recreation, crafts, and even beds will be provided.

Bob VAN. SUN AUG. 12/71
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HUNTER

Today's guest columnist is Lanny Beckman, the prime mover behind the Mental Patients Association. Both Lanny and the MPA are experiencing overt feelings of hostility toward Dave Berner, yesterday's guest columnist, and his group, X-Kalay. I thought it would be good perverse fun to have Berner and Beckman appear back-to-back in this space. Actually, Lanny looks like Dave's freaky cousin. Or does Dave look like Lanny's straight cousin? Lanny is going to be serious . . .

Look out your window. One in three houses you see (if you're lucky enough to see houses) will be directly beset with emotional problems sufficiently serious to drive one of its members into a psychiatric ward. If you live in a working class neighborhood, the ratio is closer to one in two houses.

Perhaps your own family has been afflicted; if it hasn't yet, perhaps it will be in the future. The odds are not good that you'll escape the epidemic of emotional disturbance plaguing Canadian society.

Despite its commonness — or perhaps because of it — mental illness is one of the monsters we seem to deny most vigorously. We're afraid of states of mind that are unpredictable and extraordinary. We develop false stereotypes about mental illness that permit us to mystify the phenomenon and to keep up our guard. We create the stigma that forces us to hide what most needs to be exposed. Canada spends \$3 per person per year on military research and 10 cents on mental health research.

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ANYONE FAMILIAR WITH the mental health situation knows that existing psychiatric facilities are pathetically inadequate. Nervous breakdowns are not one-shot affairs; people don't leave hospital fully rejuvenated and prepared to cope with the outside world. Almost 70 per cent of patients admitted to psychiatric institutions have been there before! This revolving-door policy of admissions bears witness to the fact that most patients are caught up in an endless cycle that shuttles them back and forth between home and hospital. In most cases, mental institutions are just receptacles or way-stations where people with problems stay for periods of time before returning to the same set of circumstances that drove them crazy in the first place.
Certainly the solution to the

problem is the vast reorganization and improvement of hospital facilities; the re-ordering of our moral and financial priorities so that mental health is 30 times more important — not 30 times less important — than the military.

The improvement of hospital facilities, however, is only a secondary aspect of the solution. More important, and more obvious, is the development of preventive facilities. These entail resources *within the community* where people can receive ongoing support before their problems become serious enough to require hospitalization.

Within the past few years, psychiatry has begun to recognize the need for preventive, community resources. However, they are being developed at a turtle's pace. Professionals are bogged down by conservative traditions and red tape. They also tend to surround emotional disturbance with an aura of voodooism and technical jargon that make solutions seem more difficult than they really are.

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PATIENTS ARE LONELY, depressed, anxious. They need — watch out, here come some far-out concepts — love, understanding, a sense of community and belonging.

The Mental Patients Association is a non-professional group of patients and former patients attempting to build a community where emotional problems can be dealt with on a 24-hour basis before they reach unmanageable proportions.

As well as a farmhouse in Matsqui, we have a drop-in and half-way house in Vancouver with 12 beds. Most of the residents are patients who have just left hospital. The immediate post-hospital period is an especially crucial time. Fifty per cent of patients who kill themselves do so within three months of discharge from hospital.

Additionally, we hope to provide contact and support for people who have completed their stay with us. We are in the process of establishing group, or co-op, homes for ex-patients leaving MPA Centre. To do this, we will require help from sympathetic landlords.

The housing issue is, for many ex-patients, literally a matter of life and death. If you have a house that will be coming up for rent any time during the next few months, please give us a call. Ask for Barry or Lanny at 738-1422.

Bob

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HUNTER

The Mental Patients Association has decided to hand out honorary memberships to deserving public figures.

The MPA is a group of over 200 mental patients and former patients who have banded together to provide themselves with some of the services which no one has gotten around to



providing.

Recipient of the first honorary membership was announced today. He is Dr. H. D. Roberts, new president of the Canadian Medical Association, who recently suggested that poor people should be sterilized before being allowed to receive welfare benefits.

A spokesman for the MPA said the reasons for offering Dr. Roberts an honorary membership in the mental patients' group were "obvious."

The association is incorporated under the Societies Act of B.C.

One of its other projects involves getting a horse and buggy to transport members. One member, an expert on astrology, is undertaking to teach the horse to fly in order to avoid snarling traffic.

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IT WAS FELT THAT DR. ROBERTS, as a new member might enjoy coming along for the ride. The MPA is confident that, on the basis of his much-publicized remarks, he would be able to relate to such an activity.

"He's on our wavelength," said one member.

Incidentally, the MPA has been offered a 24-acre farm near Matsqui as a second location. The group plans to begin setting the place up next month. People in need of a chance to cool out or recover from emotional or psychological distress — but reluctant to spend any time in places like Riverview Mental Hospital, where they will inevitably pick up the destructive stigma of having been hospi-

talized — will be able to go there.

Since its formation several months ago, the association has rented a house at 3191 West Tenth. About six people are staying there at the moment, people who would otherwise be in Riverview, probably under sedation — which is mainly what passes for "psychiatric treatment" in B.C.

Response to the project has been strong, reflecting the lack of existing facilities to help people in acute emotional and mental stress. Apart from the fact that slightly over 200 people have joined, donations have come in from all over the province, mainly from former patients who know from bitter experience just how inadequate the existing facilities are.

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GRANTS HAVE BEEN RECEIVED from the UBC graduating class, the citizenship branch of the federal government, Vancouver city council, the B.C. government, the Company of Young Canadians, and — dare I say it? — the Opportunities for Youth program.

The association is in the process of setting up a day care centre, a crafts program is in operation and a crisis-training session was held last week. Instead of the expected dozen or so people turning up for the session, 65 appeared. Several more psychiatrists are being recruited now to help handle the load. A research program is underway looking not only into general problems of mental illness, but into ways in which patients are discriminated against, both economically and socially.

The main function of the association remains as a drop-in centre operating on a 24-hour basis for persons experiencing extreme stress. Instead of being treated as "cases," individuals are offered the warm embrace of a group made up of people who know from experience what the individual is going through.

In setting up its farm location near Matsqui, the MPA will need all the help it can get. Anybody who can donate anything, whether a fridge or a stove or furniture or a van, is asked to contact Stan Mailley at the MPA house. The number is 738-9429.

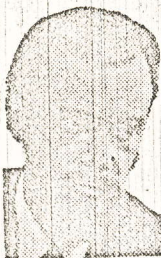
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HUNTER

A study recently completed at the University of B.C. indicates that the second most discriminated-against group in Vancouver, at least when it comes to employment, may be hippies.

The only group considered even more discriminated against was mental retardates.



Edro I. Signori and Henry Rempel of the psychology department at UBC worked out

a list of 18 "disadvantaged" groups to study a broad range of employment discrimination. University students, 301 males and 184 females, were asked to rate each group according to the degree of discrimination the students expected them to encounter.

Studies like this are based on the fact that the feelings of a large number of fairly socially-conscious people like students reflect community feelings at large with considerable accuracy.

The study was supported by the department of manpower and immigration and, according to the authors, may have provided a guide "for the implementation of social measures and programs aimed at the socially disadvantaged."

If such programs are ever launched, they would have to concentrate on helping hippies out even more than ex-mental patients or ex-criminals who were given a better chance at getting jobs than the hippies were (assuming the hippies were at all interested.)

At another level, the study is probably a good yardstick with which to measure the prejudices of Vancouver as a whole. Cities have personalities and can be identified not only in terms of skylines and size but by the collective behavior of their citizens.

In Vancouver, for instance, the study suggests that Negroes are only the eighth most discriminated-against group.

Obviously, in Memphis or Atlanta they would rate a lot higher. And here, British immigrants were considered the group least likely to run into discrimination in getting a job.

Here is the catalogue of prejudices that likely awaits the job-hunter in Vancouver, in order of the degree of discrimination they can expect to run into:

1. Mental retardates.
2. Hippies.
3. Ex-mental patients.
4. Ex-criminals.
5. North American Indians.
6. Boatniks.
7. Physically handicapped.

8. Negroes.
9. East European Communists.
10. East Indians.
11. Older workers.
12. School drop-outs.
13. Orientals.
14. Southern Europeans.
15. Jews.
16. Women.
17. Northern Europeans.
18. British immigrants.

An interesting side-light of the study was the fact that the females who were questioned considered themselves to be less discriminated-against in job-getting than the males felt they were. While 4.20 per cent of the male students felt that women face discrimination in this field, only 3.42 per cent of the women agreed. Their lot is not, they felt, as bad as men tended to think it is.

(This suggests some comments to me on the contradictions built into the royal commission on the status of women. But we'll save that for some other time.)