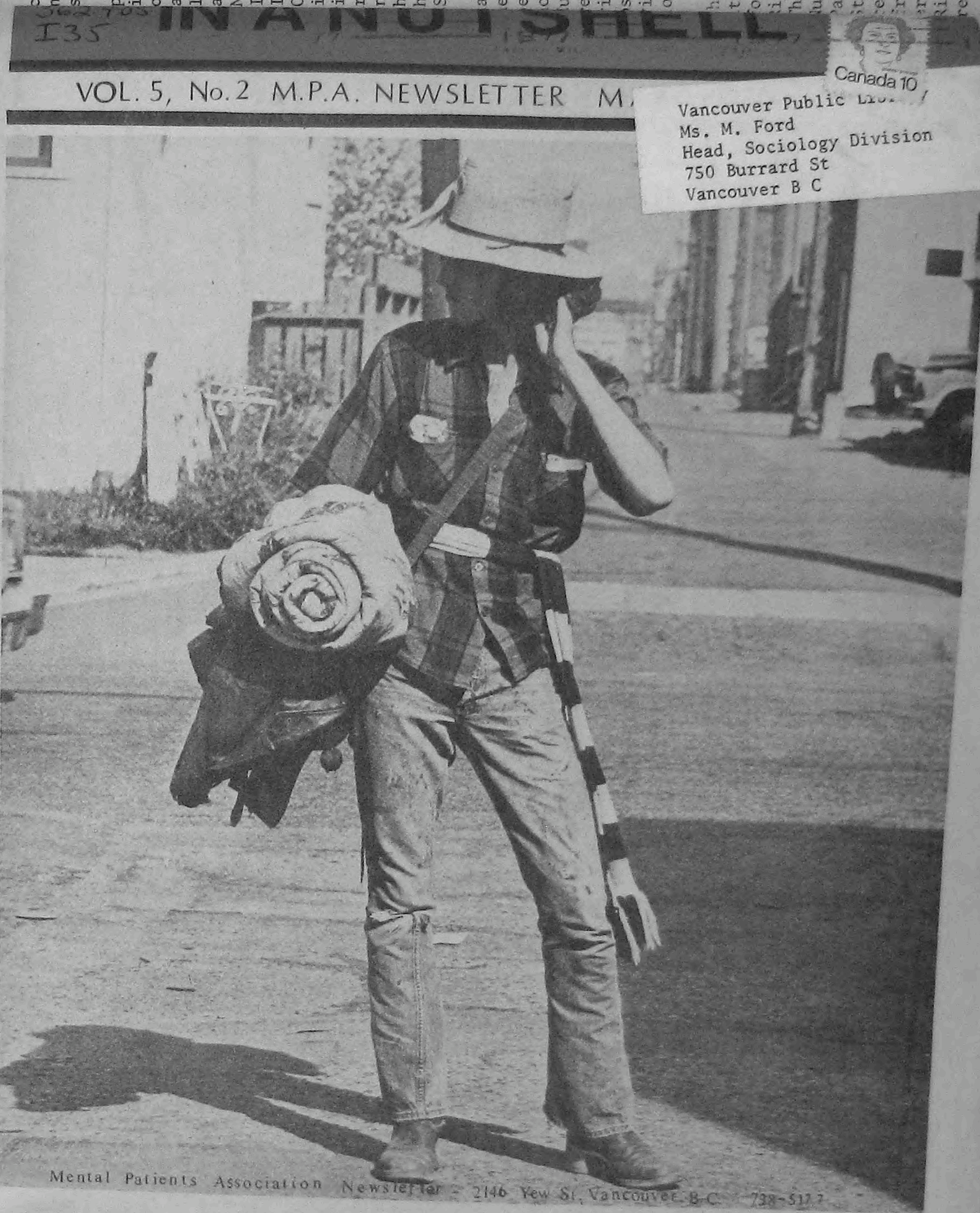




PHOTO BY GORD MCCANN



I35 IN A NUT SHELL

VOL. 5, No.2 M.P.A. NEWSLETTER M.

Canada 10
Vancouver Public Lib.
Ms. M. Ford
Head, Sociology Division
750 Burrard St
Vancouver B C

IN A NUTSHELL

ver' ti- gō

(A disordered condition in which a person feels that he, or his surroundings are whirling about).

The following quotation comes from a letter to the " NUTSHELL " editor, March 1977, by Ian Manning, Executive Director, Riverview Hospital, Essondale, B.C.

"We are interested in discovering, not covering up, any imperfections in the system...."

A few weeks ago, several people involved in the M.P.A. Riverview Extension Programme discussed examining the use of seclusion rooms at Riverview Hospital. (Seclusion rooms are locked, cell-like cubicles with a mattress on the floor, a screened outside window, and a small window in the door for observation of the patient by staff or vice-versa. That's all there is. Smoking is not allowed, neither are visitors except for staff, as a rule. Anyone ever confined in such a place usually hates it and the people who put him/her there.

Shortly after the above discussion, a female patient from Crease Clinic (and long time M.P.A. member) asked us to inquire into seclusion procedures, hoping to improve them as she had recently been confined herself and felt unfairly treated.

We discussed the matter at two consecutive Friday meetings which are held at our Riverview Drop-in Centre and a social worker suggested we submit a proposal regarding seclusion rooms and policy to the executive committee of the hospital.

Not wishing to present an ill-informed proposal, M.P.A. workers questioned charge nurses in West and Centre Lawn units with a good response.

Then Lisa and Rick approached a nurse in Crease Clinic (the unit in which administrative offices are located). They explained what information we required and asked to speak with the charge nurse. She was at coffee break so Lisa and Rick waited. Upon her return, the charge nurse was briefed by the nurse. She then phoned Dr.

MacFarlane, the clinical director, for permission to discuss seclusion policy with M.P.A.. He didn't say yes and he didn't say no. The charge nurse then informed Lisa and Rick that she would be happy to discuss the matter with them but only with

the approval of the unit nursing supervisor, Mr. MacLaughlin.

Downstairs to the information desk trudged Lisa and Rick. The unit supervisor met with them in the waiting room but advised that not he but Ian Manning, the executive director, could give the necessary authorization.

Poor Lisa and Rick... Off they went to the executive director's office. But no one was home. Happily, on their return to the information desk they met Mr. Manning's secretary and returned to his office where she suggested that permission for the charge nurse to speak should come from Dr. Macfarlane.

Undaunted by this latest revelation, our two friends proceeded to the office of the clinical director where they were kindly received by Dr. Macfarlane and immediately redirected to Ian Manning the executive director. At his office they were given an appointment for the next day.

Happy Lisa and Rick! They finally met the man who could give the word. Almost. Mr Manning wrote down our questions and promised to give us an answer as soon as he could confer with Dr. MacFarlane, clinical director, and Mrs. Mitchell, director of

nursing.

As good as his word, next day Ian Manning, executive director met with Dave Beamish, office co-ordinator at our Riverview office. While not wishing to cover up any imperfections in the system (see quotation above), he said, "the hospital can't allow M.P.A. to just nose around asking charge nurses questions with tape recorders and taking up their time (we didn't suggest tape recorders). Such a matter should be handled more formally. He suggested seclusion policy be included at the tentatively scheduled mid-April meeting to discuss again new



hospital procedures for investigating allegations of abuse of patients. Dave accepted. M.P.A. will be attending this meeting. Charge nurses usually do not attend such affairs. Mr. Manning also promised to send us a copy of hospital policy regarding seclusion of patients which he did.

And so it goes. Perhaps future M.P.A. funding should include danger pay for those dealing directly with hospital staff. Unaccustomed to running around in circles, both Lisa and Rick experienced pronounced sensations of dizziness and nausea during the above exercise. I'm feeling a bit queasy myself.

Surely if bureaucracy can be defined as administration characterized by excessive red tape and routine, any definition of psychiatric bureaucracy must include excessive paranoia as well.

Whirling.....
-DAVE BEAMISH-

OMBUDSMAN
ARTICLE
PAGE 4

Letters...

Dear MPA:

Several months ago you were kind enough to arrange a presentation for some of my students who were interested in learning more about the work of the Mental Patients Association. I promised you that I would give you some of their impressions following the trip.

...Those students who visited your centre and one of the residences all found that the trip had been invaluable to them, and, I might add, a real eye-opener. Their predominant impression was one of dismay that there is so little governmental support for the needs of those in your organization. In fact, several in the group said that they were going to write letters to their MLA's protesting the lack of funds available.

The other predominant impression was one of admiration for the work that is being done by both the staff and the Association members themselves. Most students were surprised to find as much initiative under rather depressing and apparently unencouraging conditions.

I would like to thank you for your willingness to provide us with the opportunity to visit. As I am sure you are well aware, reading about "mental illness" in a text book is quite a bit removed from the realities in which your people live, and I think that it is quite important that students become acquainted with reality. I would like to add my thanks to theirs, especially since this was my own first visit to your facilities and I feel that it is important that I, too, be aware of what is happening in the community in the mental health field. I hope that should I teach another course where field trips are important that I may be able to call upon your generosity again.

Sincerely,
E.N.Pareis, Ph.D.
Psychology Instructor
Capilano College.

Thank you for your encouraging letter. It is heartening to know that people who might someday be working in the mental health field are aware of and listening to some of the difficulties experienced by a group such as ours. Feel free to call on us again.

-Editorial Staff-

Dear MPA:

In October 1976, the Federal Government released roughly 22 million dollars to the Dept. of Human Resources in Victoria, which is, as we all know, under the direct closed hand of Bill Vander Zalm.

This money was to be added to the pensions for people on Handicapped Persons Income Assistance.

The 22 million was to have been given out starting in October 1976 as a raise of \$22.50 each month for every person on the program.

Gordon Gibson, Liberal leader in Victoria, last week asked Mr. Vander Zalm what had been done with the money.

The Resources Minister said the money was being held in reserve while his department conducted a study on the needs of the handicapped, whether the handicapped actually needed this cash.

Outside the House, Gordon Gibson said Mr. Vander Zalm's explanation was complete nonsense, which is obvious to anyone.

He said the money was sent by Ottawa to "help handicapped people and it's not helping handicapped people at all.

It is my contention that Mr. Vander Zalm is leaving the money in the bank, to develop surplus cash flow for his department in an attempt to embarrass the NDP Government, all at the expense of the handicapped people of British Columbia, for the sole purpose of earning large daily rates of bank interest.

If this action of Mr. Vander Zalm seems dictatorial and unfair to you, write your Member of Parliament in Ottawa, Postage free and send a copy to the Sacred Cabinet in Victoria and to your local Victoria MLA. (which does require a stamp)

Since the money was sent to Victoria to be released from October '76 onward, demand that your MP push the raise through retroactive to October 1976 and that the raise be passed in this session in Victoria.

This unbelievable insensitivity on the part of the Sacred government damages the integrity of everyone in this province.

Don Steele
1656 E. 4th Ave

Dear MPA:

We've got to be more positive. You can't give up. You can only help yourself. Don't drag others down unless you have to. Negative only feeds negative, and self pity makes you cry forever.

I love you all...
I gave up and got depressed, and ended up going to Riverview for two months and getting my beautiful baby taken right out of my arms.

I went to visit my mother for Christmas and was very hyper - not depressed yet. I hadn't crashed or cracked but I was heading downhill.

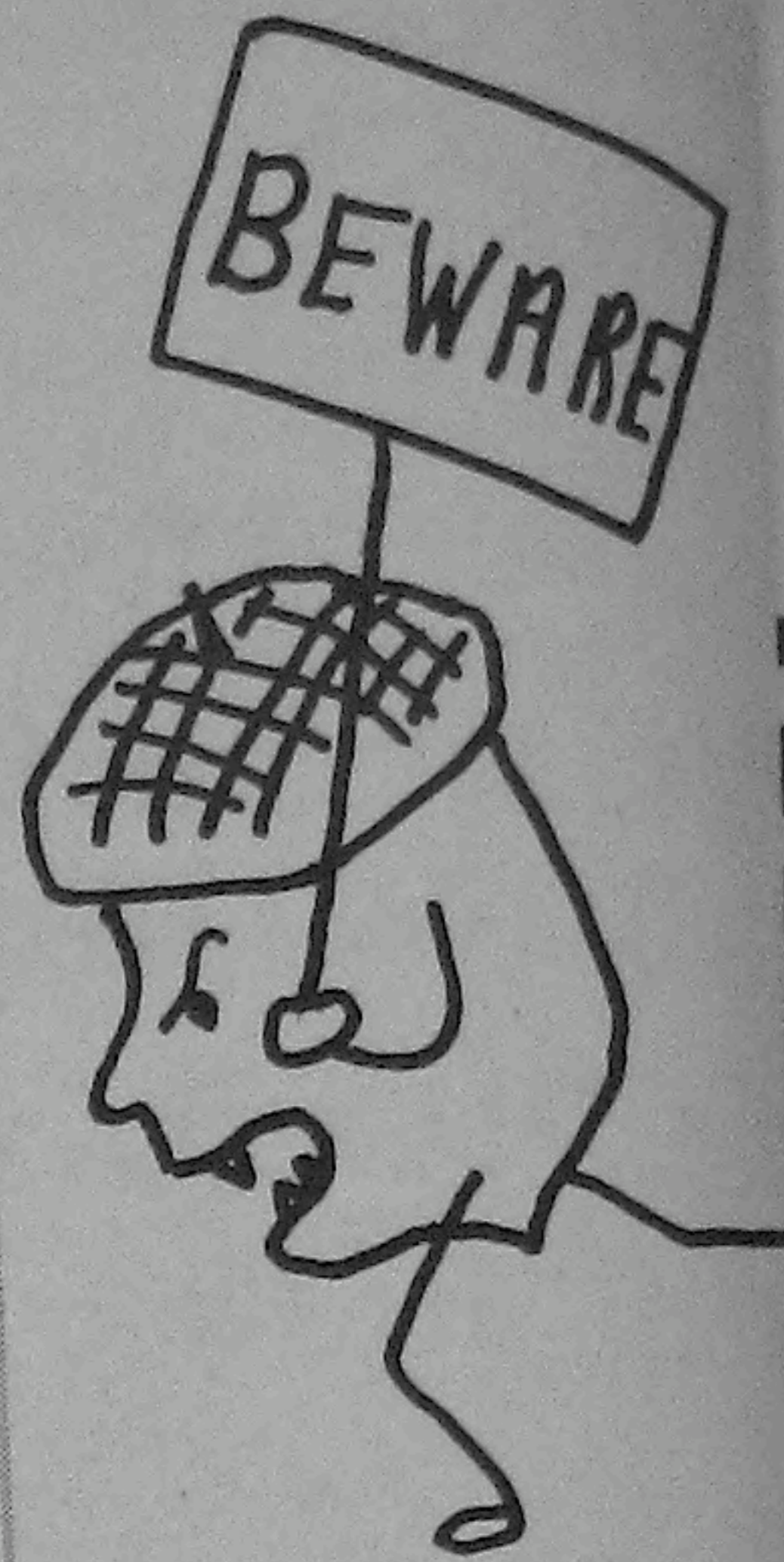
I told her everything and she took my baby away for a night and hid him. I called the police. They came and were going to help me but I was overcome by three doctors who my mother worked for in a medical clinic. She phoned them at the time I called the police and told them I was hysterical and had had a nervous breakdown. I was hysterical... I WANTED MATTHEW (my baby) back. I love him! They sent me to Riverview where I was given electroshock therapy (e.c.t) because I wouldn't cooperate with them. I called Harry Rankin, now my lawyer. My doctor wouldn't let out any information and said I'd be in the rest of my life if I told him 'where it was at' again. I told him he was a cruel negative man who had no empathy. He also told me that I would be isolated and never get my child back because I'd lived an unstable hippie life on Texada Island - which was my mother's biased statement. It is the most healthy life ever. Good food, fishing and hunting, close friends and caring people.

I escaped and got a job as a DAY CARE SUPERVISOR. I was sane enough to get a job as a day care supervisor but not sane enough to look after my own child!

I got my shit together so Matthew is mine. I told too much to the wrong people (my folks). So beware, be positive, and get your shit together before it's too late.

What I want to do is let you know the situation because all it takes is another committal from daddy and mommy and the two doctors who committed me before, Dr. Schoenfeld and a doctor at V.G.H. I was hyper and agitated for a good reason. I felt blackmailed and unloved by my parents. I need protection. Tell me my rights.

Thank you. Chris.



Riverview: a place where the nuts chase the squirrels instead of the other way around.

Gary Ta



THE NUTSHELL over years has added to the mailing list names of many readers who expressed a desire to receive the newsletter but an inability to contribute to the cost of production and mailing.

We do not want to deprive any reader of the pleasure of receiving our newsletter and we are hoping to resolve the situation by acquainting you with the problem.

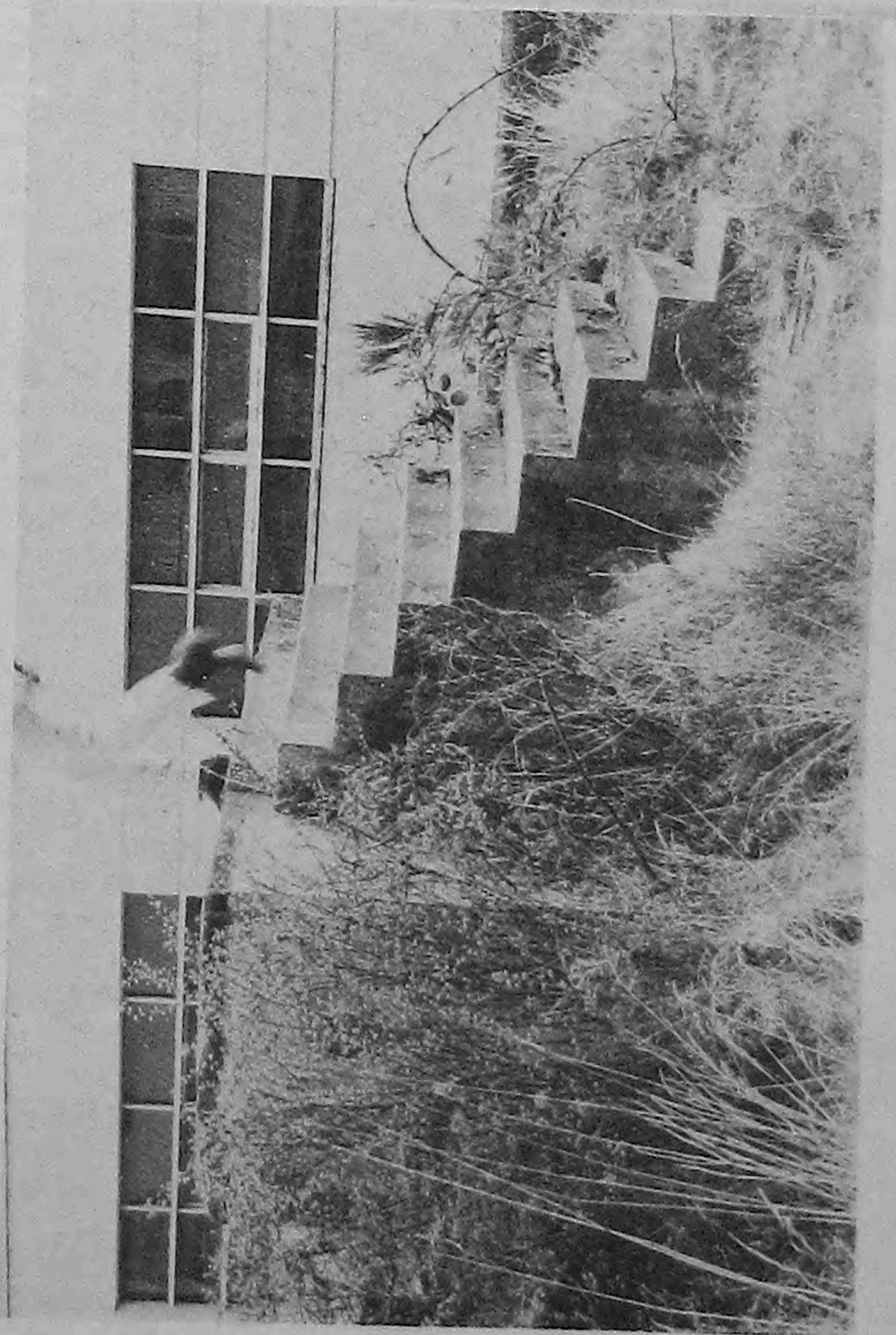
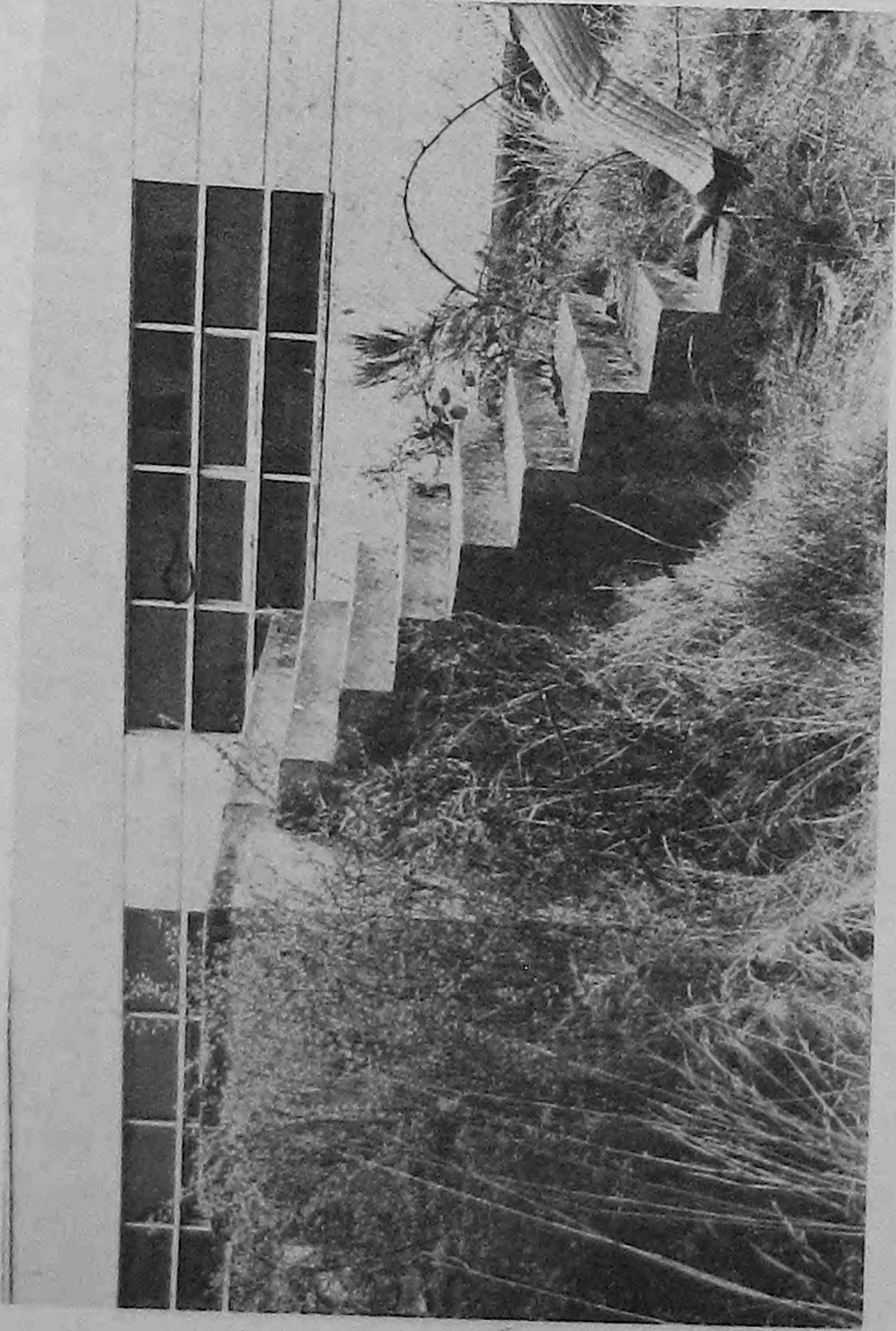
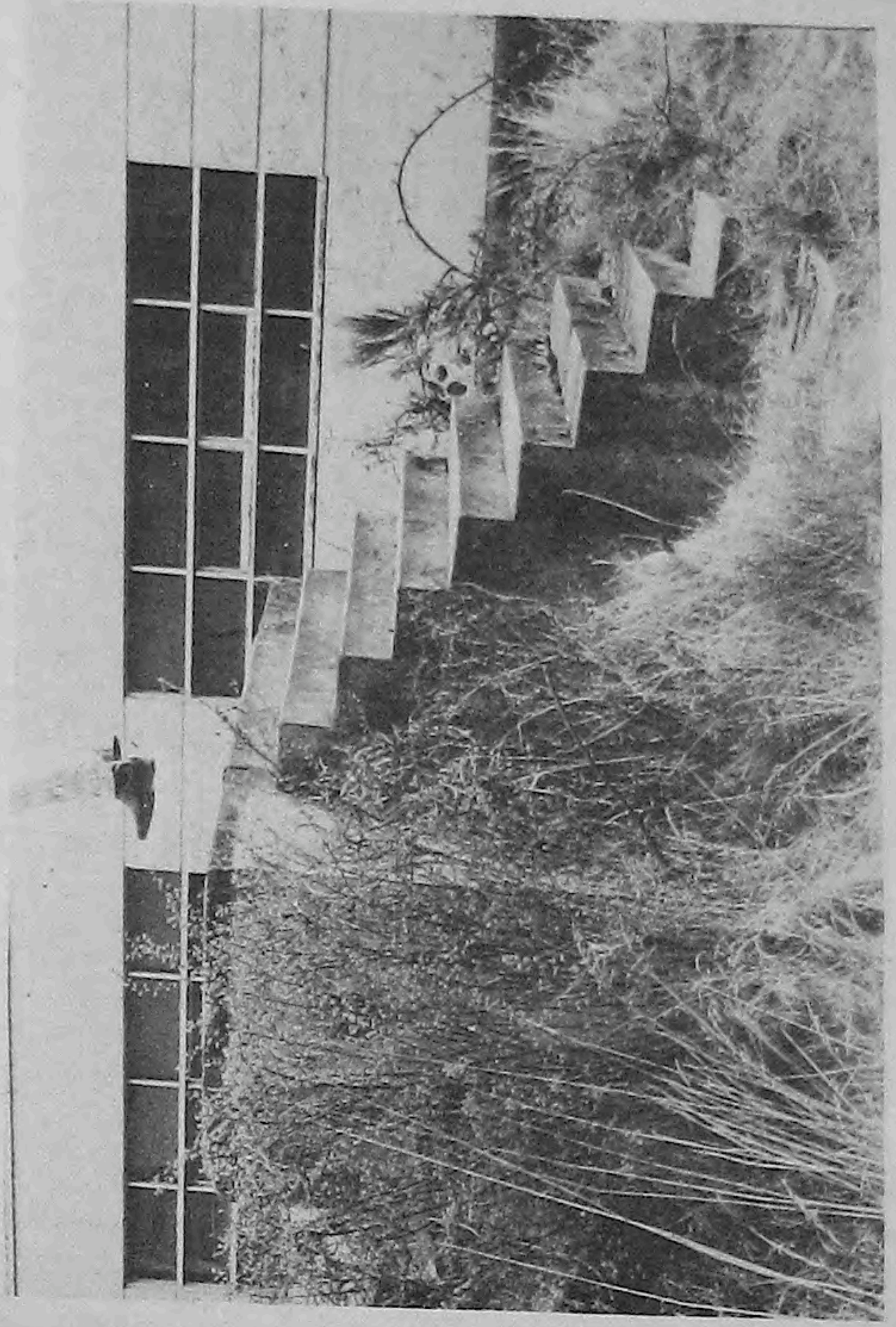
If persons concerned are now able to make a donation to the NUTSHELL it will be gratefully received.

ALSO if you have not recently send in your address change, and if you no longer wish to receive the newsletter, please let us know.

RE

MENTAL PATIENT TAKES OFF!

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O. WIRSCHING PHOTOS

WHY A HOSPITAL OMBUDSMAN

Firstly, what is an Ombudsman?

He is a watch-dog "designed to look into the entire workings of administrative laws"...he can bring the lamp of scrutiny to otherwise dark places, even over the resistance of those who would draw the blinds." "In addition to his statutory powers to investigate and recommend the Ombudsman may criticize and publicize"... "Until he has all the facts and the law...the Ombudsman is an independent investigator. From the point where the Ombudsman decides the complaint is valid he then becomes the citizen's representative and makes whatever recommendation he deems appropriate to bring about redress of grievance". "The Swedish word 'ombud' refers to a person who acts as a spokesman or representative of another person".

Until we have an Ombudsman in the province of British Columbia, psychiatric patients cannot seek redress of grievances through such a provincial office. Unlike the general populace, however, mental patients would have special difficulty in contacting an Ombudsman even if we had one. Being confined in an institution and feeling unmotivated to take action of any kind because of their condition, mental patients find letter-writing difficult: paper and pen are not generally available without bothering staff members, and nowhere in the Mental Health Act or regulations are patients guaranteed access to writing materials or stamps.

Making phone calls is also difficult. Phones are sometimes out of order, (have you ever tried to talk on the phone to a patient in Westlawn?), usually there is only one phone on a ward, and usually someone else gets to it first. If a phone should be available the patient must have a dime to use it - and that can be a real problem even for those who have ground privileges.

Having a non-staff person available to patients on the wards - a hospital ombudsman - to look after their complaints, suggestions, etc., is the obvious answer to a long-standing problem in psychiatric institutions. This is why MPA has helped to prepare and support a proposal (submitted to the Donner Foundation by Vancouver Community Legal Assistance Society) for a patients' rights office and patient advocate at Riverview Hospital - which is, we have discovered, one of the larg-

est of the old style mental institutions in Canada.

In the course of supporting the VCLAS proposal we have been taking a look at what other hospitals across the country are doing regarding patients' rights. Of 52 mental hospitals contacted we have heard from 23 so far.

Most provinces have an Ombudsman whose services are available to psychiatric patients who have the knowledge and motivation to request the services.

P.E.I. and B.C. are the only provinces who do not have a Provincial Ombudsman. In New Brunswick alone, 30-40 cases a year concerning mental patients are handled by the provincial Ombudsman (whose office was established in 1967).

Notwithstanding the fact of the Quebec Ombudsman office, in Hôpital St. Charles de Joliette the head of Pastoral Services also serves in the capacity of patient advocate because this hospital recognizes institutionalized peoples' special needs.

The Information Officer of the Provincial Hospital in Saint John, New Brunswick - a social worker - informs patients in that institution of their rights and is instrumental in seeing that patients obtain those rights.

His work includes visiting with each newly admitted patient, presenting the patient with a copy of a letter reviewing pertinent sections of the Mental Health Act, responding to questions raised by patients, arranging for Review Board hearings, coordinating other services as needed, assisting in Legal Aid applications and resolving conflicts as they may arise.

Other hospitals (Kingston Psychiatric; Saskatchewan Hospital, North Battleford; Brandon Mental Health Centre etc.) have part-time legal aid programs for patients. Riverview presently has a Legal Assistance Programme available every second Tuesday evening, but patients who request aid from this Programme are first pre-screened by hospital staff. The Saskatchewan Hospital is in the process of setting up a staff-patient grievance committee.

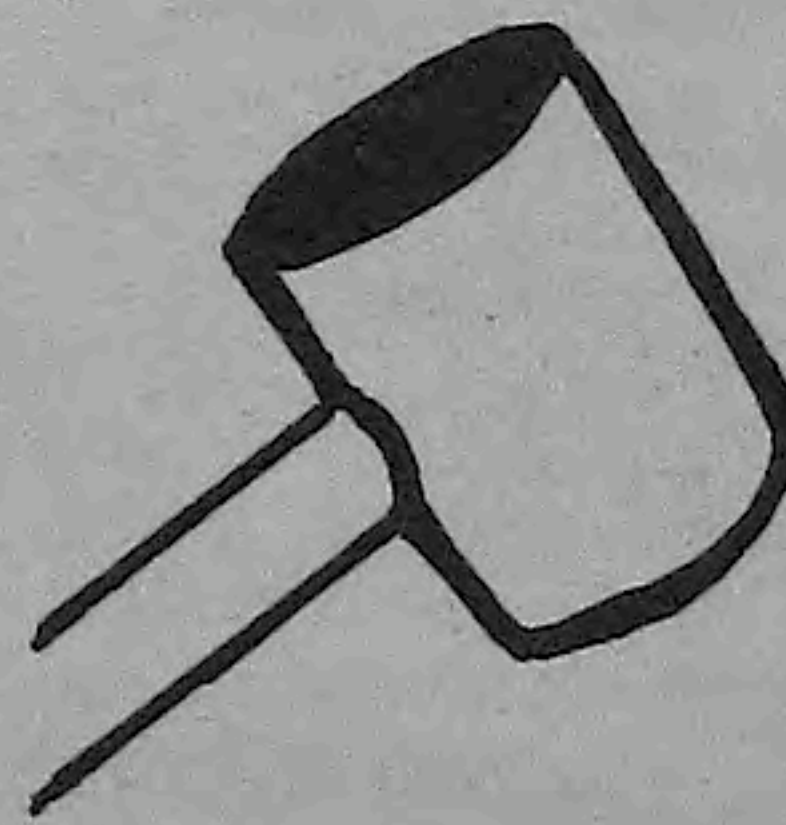
The Ombudsman office of Lakeshore Psychiatric Hospital, Toronto, was featured in Canada's Mental Health, Sept. 1976. This article described the services of the first Ombudsman program tailored to meet the needs of psychiatric patients in Ontario. As information officer of the hospital the Ombudsman divided his time



between patient advocacy and public relations. He was "to promote patients' awareness of their legal status and appeal avenues during hospitalization". He was available when patients "felt they were being treated unfairly by the hospitals bureaucracy" - operating on the premise that "whatever the patient identified as a problem warranted investigation".

Hopefully the soon-to-be-established Patients' Rights Office at Riverview Hospital will fulfil an advocacy role as well as if not better than others in hospitals across the country. The lawyer chosen for the job will not act as an ombudsman but directly as a patient advocate, a legal representative for those who need one. The Patients' Rights Office will act as a patients' ombuds-office, and refer clients to the advocate as necessary.

The following article describes the experience of the part-time Ombudsman at Windsor Western Health Centre:



A SANER, SCENIC LOOK AT MENTAL PATIENTS

by TOM POLLOK

Present day society still lacks the right understanding of people in mental hospitals.

The late Dr. Brock Chisholm, one time consultant psychiatrist to the U.N., who thought that we lived in a sick society, stated that as recently as 70 years ago, mental patients were secured in balls and chains. Some enlightened person took a chance and unlocked these very unnecessary punitive, restrictive measures. When no one reacted violently he had proved his point. Mental patients were not necessarily raving, dangerous maniacs.

Tranquilizers were discovered in the mid 1950's and were instrumental in relaxing security, and helped to control the patients illnesses.

Could it be these men and women had found inner strengths, which come from suffering? But in spite of efforts to educate the public, there is still widespread fear and lack of understanding of mental illness.

Is this fear justified? Are mental hospitals populated by raving maniacs, screaming and crawling about?

In the 1950's, forty eight of the fifty wards at Riverview Hospital in B.C. were

locked, and twenty years before that, the nursing staff at Ponoka Hospital in Alberta carried guns while escorting to social or recreational activities.

Happily, locked wards are extinct now, except for those with patients who are extremely ill, who might wander off or, without understanding, hurt themselves. Notice I said "themselves", no one else. Also patients do go home earlier and more often these days. Perhaps this is made possible by such places as the Mental Patients Association halfway house residences, and, in some cases, understanding relations and friends.

The 5 M.P.A. houses are maintained on a democratic principle. Residents live in these houses on a responsible, self-help basis. They share equally the chores of shopping, cooking, and the upkeep of the house. They are expected to participate in regular house meetings, at which all decisions are made by a majority of votes. No violence or use of non-prescribed drugs or alcohol are the basic rules.

People who have had no first hand experience in mental hospitals cannot understand the role of the patients. Contrary to public belief, the real beneficial

treatment to recovery does not come from psychiatrists, but rather from the inter-relationships between their brother and sister patients.

Psychiatrists can only lead the patient into this therapy. The patient must do the hard work himself. It seems that if you care strongly enough about someone, you can re-ignite life feelings in that person. But just as a carpenter cannot help an air line pilot who is in trouble as easily as another pilot, so mental patients are the best ones to help fellow sufferers. That is why the patients are encouraged to participate in activity groups, so caring relationships may be nourished.

Mental patients are human beings with an illness. Some of us are judges, doctors, labourers, teachers, and carpenters. We are people, no worse and no better than anyone else. Our problems are loneliness, fear, anger and depression. This is not always pretty, and it takes guts to get close to someone under these conditions of pain. But this is rehabilitation to a stronger life through understanding and care. Such is the vital role of the patient in most mental hospitals. These then are the helping people, not the crazy people.

Symbolic of a changing attitude has been the removal of bars from the windows at Riverview Hospital. In some of the buildings, the bars have been replaced by large unbreakable glass panes which has had a positive effect on the patients. They became more relaxed, knowing they are not regarded as dangerous maniacs. Unfortunately these renovations have only been done on buildings set back from the highway. Those at the Crease Clinic, within the public gaze still wear the symbolic balls and chains. Riverview Hospital should be regarded as a hospital and not a dungeon-type of insane asylum, but the reason the bars have not been taken out is apparently a financial problem. But where is the dignity in financial priorities? The stigma attached to bars just adds to the problems and struggles for rehabilitation of these people.

The next time you drive past the Crease Clinic, take a look at those bars and remember that the people behind them are your family and your friends who, because of an illness they didn't ask for feel misunderstood and rejected. Then look inside yourself and ask "Have I a clean bill of health?"

Ombudsman protects rights of patients

By GAIL PIRIE

In an era when civil and human rights are in the forefront, psychiatric patients at Windsor Western Hospital Centre IODE Unit can be comforted in knowing that someone at the hospital is concerned about their rights.

That someone is Mrs. Winnie Norton, whose role as ombudsman is a rather unique one, Windsor Western IODE Unit being the only hospital in Windsor to have an ombudsman.

Unlike most ombudsmen, Mrs. Norton does not owe her allegiance to the hospital. She is hired by and responsible to Windsor-Essex Branch of Canadian Mental Health Association. She is, therefore, independent of and neutral to hospital authority.

The position of ombudsman was initiated by a suggestion from a former psychiatric patient at the hospital.

Dr. David Brown, executive director at the hospital, and Mrs. Dorothy Holden, former executive director of Mental Health, Windsor-Essex, met with the former patient and then set up a committee to study the feasibility of and determine a job description for an ombudsman. It was proposed that there be a one-year trial project and the proposal was approved by both the hospital and the mental health association.

In June 1975, United Community Services approved a special projects grant for the purpose of hiring an ombudsman for one year on a part-time basis (two days a week). The project officially began on July 21, 1975.

One year later, the need for an ombudsman was definitely established. United Community Services just recently approved permanent funding for the project but still on a part-time basis.

Mrs. Norton has been the Ombudsman since July, 1976, working Mondays and Thursdays.

"The goal of the ombudsman," said Mrs.

Norton, "is to protect the autonomy and enhance the dignity of the individual receiving treatment for an emotional or psychological disorder while an in-patient at the hospital.

"The objectives of the job are to inform persons receiving psychiatric treatment of their rights while in the hospital, to secure the human and civil rights of patients as specified by the Canadian Bill of Rights and the Bill of Rights adapted by the hospital and to increase patients' understanding of hospital procedures and policies."

Mrs. Norton visits the patients in the psychiatric ward every Monday and Thursday. She introduces herself to all new psychiatric patients, provides them with a pamphlet outlining the patients' rights, the services of the ombudsman and the ways she can be contacted. There is a question box at the nursing station and all patients are encouraged to put their written concerns, questions and complaints in the box.

"When I walk through the wards, someone always stops me. I try to talk with them privately. I want them to know the matter will be treated confidentially. I don't have access to their medical records so I only know what they tell me, what they want to tell me.

"If there is a verbal or written complaint, I talk to all parties involved, patient and staff. Usually, it is just a communication problem. If it's a major problem, Dr. Brown (the executive director of the hospital) has always been available to me and I can present the problem to him.

"I have to be sensitive to the patients' feelings but I also have to be able to look at the problem objectively. I try to be honest and frank because when you are dealing with people's rights, you are also dealing with people's responsibilities.

"Some of the patients here," said Mrs. Norton, "can discuss things very openly. Others, due to their problems or medication,

are more withdrawn and reserved. Communication between us is not always an instant thing. I often have to sit and talk to them, let them get to know me, learn to trust me. Sometimes, they have to see how you interact with other people."

Far too many people have misconceptions about psychiatric patients, said Mrs. Norton. People often feel that all psychiatric patients are crazy, that they say what they say and do what they do because they are crazy and therefore everything they say and do is trivial.

"That just isn't true. They are human beings and have feelings and rights just like everyone else. Their complaints or problems are legitimate, in most cases, no matter how large or small. Besides being patients, they are people first of all and have to be treated as such."

Mrs. Norton has been concerned about patients' rights for a long time. She has been in the nursing field for 20 years, half of those as a practical nurse, the other half in administration. She has taken courses in hospital organization and management which have proved advantageous in her job as ombudsman.

"I think I have always been a sporadic ombudsman of sorts. I thoroughly enjoy this job and derive a great deal of satisfaction from it. The people at this hospital have given me their full support and co-operation. It says a lot for a hospital when it shows a willingness to be monitored. It shows that the emphasis here is on quality of care."

The quality of care has very seldom been the object of a complaint. During August, September and October, 1976, Mrs. Norton received 31 complaints and 23 requests for information.

"The most common complaints were regarding accommodations, maintenance and supplies. There were only two complaints about food and they were not about the taste or quality of the food but rather on the desire

for bedtime snacks."

Mrs. Norton added that some of the complaints and requests for information were on matters outside the hospital.

"Some of the complaints have been in regard to housing or employment. Some of the people feel discriminated against because they are psychiatric patients. I have even referred some people to Legal Aid. If outside problems have patients worried and upset, then their progress here will be affected so we have to help them as much as we can."

There are no plans at present to expand the ombudsman program to psychiatric units at other Windsor hospitals, according to Mrs. Chris McCarthy, executive director of Mental Health, Windsor-Essex.

"The budget is set for 1977. However, since the program has proved its worth, we would consider the possibility of extending it to other hospitals in the future but the idea would have to come from the hospital itself," said Mrs. McCarthy.



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 & Us, ehh?
 Export "A" - Brands &
 iron bars.
 "who hears the caged bird sing"
 who hears?
 who hears?

Kit
 West 4

MY HEALER

My darling, my sweet
 will you still approach me like you used to,
can you still?
 every facet
 of my nature?
 as from each side of
 that division in myself
 whose healing I am working on.
 You saw me as already healed.
 You never thought yourself to be my healer.
 You saw me whole.

Peter Reed

CHALLENGE

To me life's steep craggy canyon is ...
 Looking up a rocky wall frosted by cold.
 Then sky.
 Below, distance and the swift current at the bottom.
 Ahead the next boulder blocking my way.
 But with muscle and lever and remembering not to look ...
 God, I sometimes wish I didn't have to hear that scream
 As the huge boulder goes crashing down
 Joining that half-sobbing mountain stream.

- Brian Harton -

THOSE AWKWARD SITUATIONS

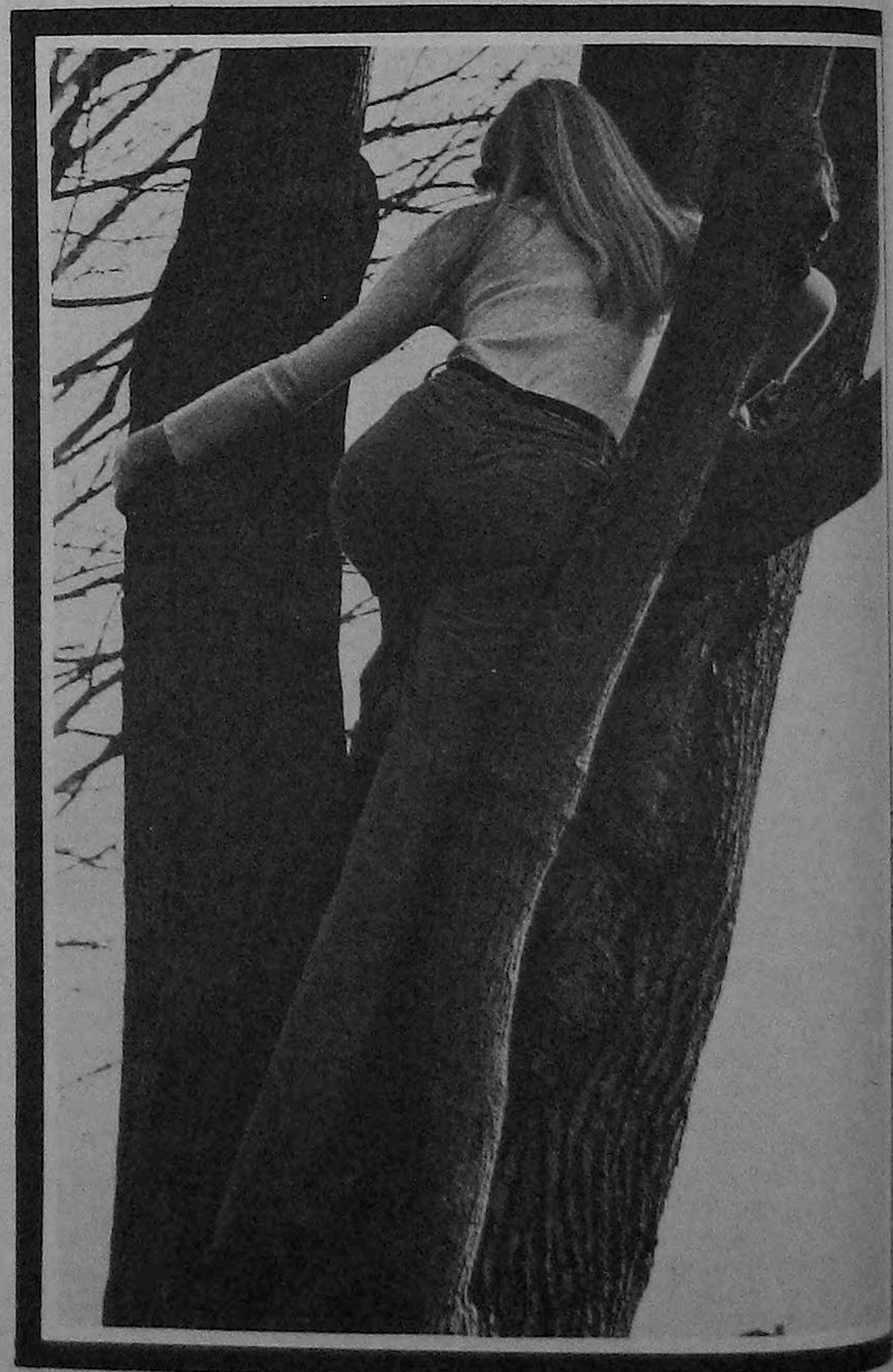
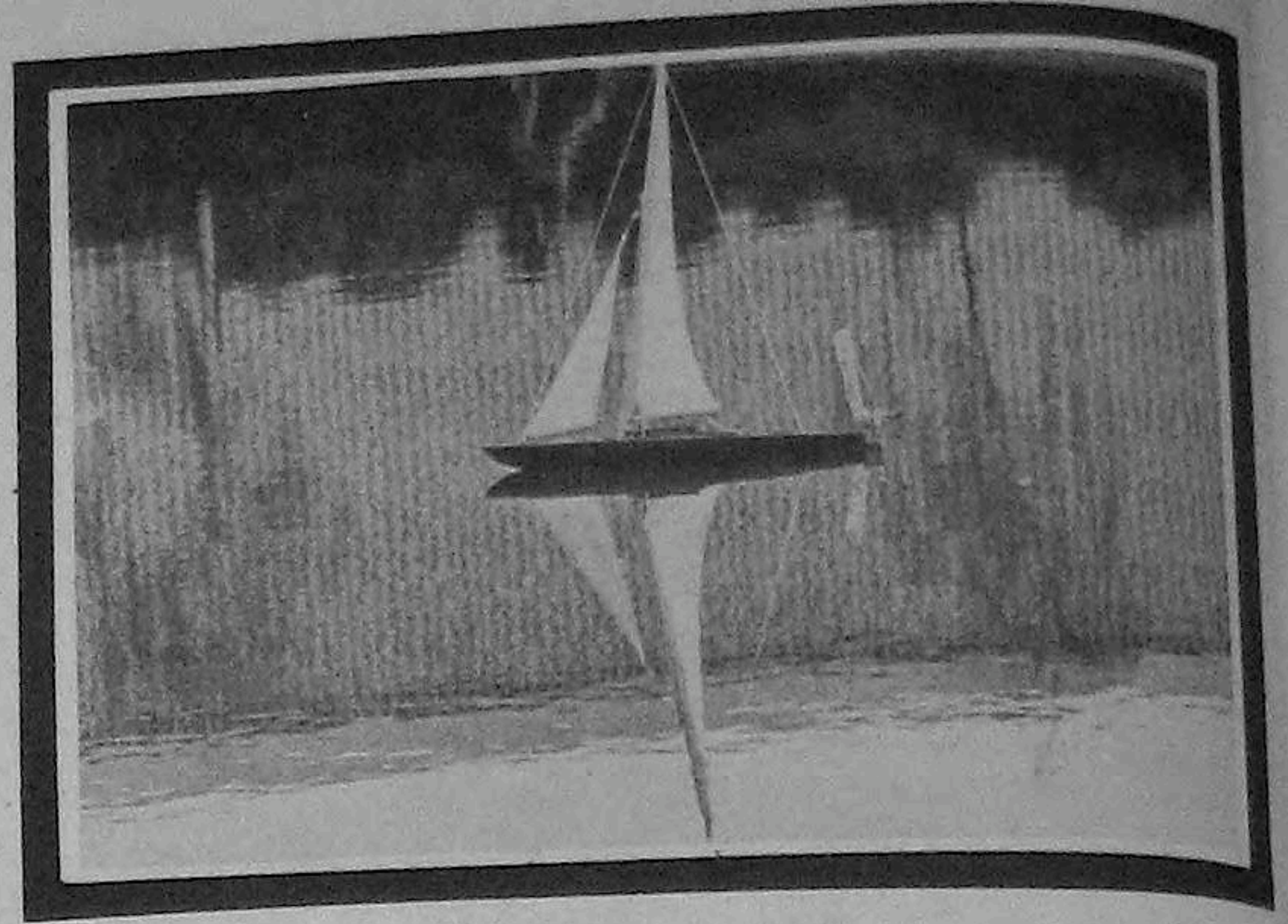
There is no moment when I cannot acknowledge being held
 where no time is wasted
 that is: here
 where "here" means nowhere else to go
 because to be elsewhere would be to waste time
 more profitably spent here where I am held
 at the end of the road
 no matter what awkward situations my desire
 has led me into:
 only at this ultimate moment
 can I acknowledge
 that I am held.

Peter Reed

FRIENDSHIPS

Friendship stands the test of time
 better than any sweet wine.
 Happiness is only a phone call away
 when you have friends no-one can sway.

SHARON COHEN



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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

MY DREAM

My body bares the battle scars
 but now my mind's set free
 although you are some time away
 you're still right here with me.

You're in my morning paper
 You're everywhere I go
 You're in my stars, the zodiac
 You're part of me, my tranquility.

Life just wouldn't be worth while
 if I couldn't dream
 if I couldn't close my eyes
 to fantasize,

 evaluate-ize

This world with just us in it
 with the wind, rain, and the sea
 to realize it's in my mind
 and my mind belongs to me.

- Rick Doyle -

I am
 a deep green sea
 of knowledge.
 slowly rolling

- Rick Hopkins -

DREAMER'S EQUATION

I followed a kaleidoscope of neon signs
 onto the water - where the city's story was flowing,
 converging at a point of wild, silent, hypnotic splendour -
 stirring in me the dreamer's equation
 of peace, hope and eternal faith.

Everything seemed so insanely graceful - delicate,
 the moon acted as a lesser sun -
 interacting with the celestial fluid -
 and playing, dancing with it were invisible ladies of the night
 who guided the currents out onto the ocean
 where the depths were great, and freedom limitless!!

The day's light then bent, fragmented; this utopian panorama of beauty.
 and I arrived at the realization -
 a dream, hell man; it was a damned dream!
 a dream! a dream!

- Mick/77 -

TO WENDY

You spoke of Stars
 making me hear
 a continent of sound;
 The song stretches across the miles
 and far-away evenings of time.

You spoke of Stars
 and the memory
 flashes in the dim light
 of a city
 night.

- Rob Steele -

THE MOUNTAIN NIGHT COUNTRY

By a glowing shimmering fire
 Which throws a pulsating auburn hue
 I dwell, self-reflecting, in the backwoods
 staring deeply through
 the Earth's Sky, painted blackish blue.

There's an enrapturing fragrance
 of poplar and scotch pine.
 The enormous heavenly astral bodies
 dotting outwardly, then into a place in space
 Solely apart, yet wholly mine in mind.

How wild seems God's mountain night country air
 Past mine own red face wind blusters without care
 Crystallized, dancing snowflakes form
 a whispering, hardened crust near
 Creating a pure white gound.
 As well I've been listening attentively
 tuned to nature's strange, violent, yet
 peace-giving eerie sounds
 How fresh seems clean mountain night country air.

From a green park bench
 Nature has meticulously sketched me.

David John Millen.

IN THE MIDST

He was doubled up inside
 He knew there
 Was no place to hide
 So in the midst
 He sat down and cried
 For too long and
 To too many he had lied.

Now, more or less
 It was the cracking
 Inside
 So in the midst;
 He sat down and cried
 He had not lied.

- Warren -

'MAYBE I AM WORTHWHILE'

a true encounter

I wrote you recently regarding the employment problems of the mentally ill. I regret that I may have equated employment of any kind to apparent "normality" and "salvation from a life of misery".

I would like to share some of my recent experiences and impressions with you.

After my first emotional breakdown, I desperately sought employment. After half a dozen or so attempts, I was able to stick with one job - yes, as a typist - for one year. (Typists are people. They, too, have their story.) At any rate it was a year of great misery. I was competent as a typist, but my supervisors informed me that I was totally lacking in initiative and drive. Weighed down with depression I slept every lunch hour in the ladies' lounge and also slept immediately after returning home from work. I was absent from work more than was necessary. Anti-depressants increased my appetite and I gained weight.

It seemed clear that I was a person of little value. All aspirations crushed under the realities of weakness and fatigue, I allowed myself to be completely defined as a person by my work role and by the attitudes of my employers. I tried to explain to my employers that I had been emotionally ill and that in time I would change, but it was to no avail. It was clear that they did not believe in me. I did try to change, but it seemed futile and painfully slow. In desperation I quit the job. On my last day they refused to give me my cheque until the last hour for fear I would leave early.

I became a nursing aide. I worked as hard as I could, never being late or absent. It was another world. I worked on a floor consisting of gynaecology patients and female geriatric patients, many of whom were classified as requiring Level 4 care. I learned how to feed and to bathe them, to provide fresh linen and gowns at regular intervals. But I wished there could have been more laughter and some song, a little joy to illuminate the stark white antiseptic rooms. I worked seven and eight day stretches, including weekends and holidays. I worked there as long as I could, six months. I knew I could never be a nurse.

Once, having read Germaine Greer, I thought it would be nice to work at what is considered to be one of the "male" occupations. Alas, I lack the strength to be that kind of liberated woman. It seems clear that I may never find a ready-to-wear occupation.

I have returned to the world of the typist. I work on temporary assignments. I would really like to find permanent part-time work. However, it seems that no one would consider hiring me on a permanent basis.

I am not yet ready to write myself off. Society seems capable of writing me off; a small voice inside me keeps whispering persistently that, yes, I do have something to offer, I do have some small abilities as yet untested, I do have a right to be here.

I would like part-time work. Unemployment Insurance provides no security; it does not last forever. Welfare satisfies one's dire physical needs. They are not interested in paying for one's aspirations, particularly if these aspirations are not going to lead to employment. If I can satisfy only my dire physical needs, there seems no reason to go on living.

I would like part-time work. I would like to have the time to visit the elderly, to teach a retarded child on a part-time basis. Why would I do these things? Partly for selfish reasons, I admit: "...some faint feeling of confidence that my smile...my presence...has value and can give life." "...I can do something worthwhile...maybe I am worthwhile..." (Jean Vanier, "Tears of Silence".)

I would like part-time work. I would like the time to study conversational French. For no practical reason. It happens to be part of my heritage.

I would like part-time work because I no longer aspire to live in an expensive apartment. I did once. It was my refuge from the world, my prison. I would now like a room. I would hope to challenge its utilitarian nature with shades of hot pink and brown. And I would pray that it not become a prison but a warm and happy nook with a welcome mat.

I would like part-time work because after a full day of typing I am drained.

But I can find no part-time job. There is no guaranteed annual income. Welfare will not pay for my French lessons, my other aspirations or the decoration of my room. What is the answer?

They say I am mentally ill. I have met many people during the course of my illness, some shattered, bleeding egos. We share our pain in group therapy - my sense of the reality of others forever altered by these true encounters.

What is the answer? I don't know. I only know that I encountered in print the hope that is Jean Vanier. I quote from "The He of Silence":

"he who clutches desperately to security - to every day habits, work, organization, friends, family... closed off... no longer lives: more than security, life needs adventure risk dynamic activity self-giving presence to others"

"the worthy lady, over rimmed glasses, saying: 'lazy' the bank manager shouting: 'stupid' are right...in a way... the miserable man knows it only well

his misery is the awareness of his misery 'i remain in the vomit of my worthlessness..."

"you are a human person important mysterious infinitely precious what you have to say is important because it flows from a human person in you there are those seeds of the infinite those germs of love...of beauty which must rise from the earth your misery so humanity be fulfilled. if you do not rise then something will be missing if you are not fulfilled it is terrible you must rise again on the third day... rise again because we all need you for you are a child of God you, sam john willie mae my brother...my sister be loved beloved".

BOOK REVIEW by CATHY BATTEN

MY SISTER'S KEEPER
by TED ALLAN.
Canadian Play Series. General Editor, Jack Gray. University of Toronto Press, 1976

My Sister's Keeper, is an early play by the author of the enormously successful *My Father Told Me*. Its author juxtaposes two characters, the "sane" Robert and his "schizophrenic" sister Sarah, and poses the question: where lies the distinction between sanity and madness?

As the play opens Sarah unexpectedly appears in Robert's London flat. Robert sees an academic whose magnum opus is to be "the first book by a Canadian that will establish itself internationally as a breakthrough in the understanding of love". He is about to leave for a two week holiday with his son, and suggests that Sarah stay in his flat until he returns. Sarah tells Robert that she and her husband are divorced, and half-accepts his suggestion that she remain in London permanently.

On Robert's return, Sarah tells him that she has recently had a mental breakdown. She appears calm and happy, but after Robert leaves her to have dinner with his girl friend Lucy, she begins to hallucinate. Next day Robert presses sleeping pills on her and arranges for her to enter a private hospital. Sarah demands that instead, Robert devote the next month of his life to "curing" her with his devotion. Robert at

first refuses, but when Sarah confronts him with his responsibility for having committed her to a primitive hospital when she was sixteen, he at last agrees to try the experiment.

The cure momentarily seems to work, but brother and sister come to an open break after Robert discovers that Sarah has told Lucy that Robert is her lover.

Sarah demands that Robert make love to her; he refuses but finally admits that he has always desired her. During the final moments of the play he declares: "We must sleep together. That is the only way I can get rid of my guilt. We must make love...now it's the only way we can both be cured." But Sarah, in a complete volte-face, accuses him of cruelty and lack of feeling, and leaves for the mental hospital, rejecting Robert's offer to go with her: "I will have to learn to do things on my own... even going to a nut house." Here the play ends.

Ted Allan's Preface to the play explicitly states his thesis: "It is the absence of love which leads to madness." The question remains: how well does he convey his intention in terms of theatre? Despite the surface brilliance of the dialogue and the many moments of bizarre humour, one sometimes receives the impression that Allan wrote this play while consulting references in the works of R.D.Laing. For example,

Sarah describes her recent illness in these words:

"This breakdown has taught me something. I think some kinds of mental breakdowns are very constructive. I hallucinated a bit, but I was able to let myself feel and think things I usually reject.

Politics of Experience, anyone?

Sarah also compares her "insane" sensitivity to Robert's

Sarah also compares her "insane" sensitivity to Robert's "sane" callousness in this scrap of dialogue:

SARAH: You say you're not cruel, but I've seen you cut up lemons.

ROBERT: Don't you cut up lemons?

SARAH: Yes. But when I do I cry.

As Robert remarks, "That can make slight difference to the lemons."

Or, to take another example, here is Sarah's state-

ment on the relationship between mental illness and societal pressures:

SARAH: Why is it that more women become mentally ill than men? Explain it.

ROBERT: It is obvious that society is tougher on women than on men. I am not responsible for society.

SARAH: You are. You and people like you are society!

These doctrinaire intrusions, however, can be dismissed as minor blemishes on an otherwise vivid and fascinating play. What is more disturbing is the confusion shown in the depiction of the relationship between Robert and Sarah. That there is an extraordinarily strong bond between them is

undeniable. That each has feelings of hostility, mixed with guilt, toward the other is also clear. But much else remains obscure. Robert feels guilt about Sarah's period of hospitalization when she was sixteen. But he at the time was only nineteen, and was acting under the instructions of his mother. It is not pretty to watch Sarah playing on his remorse to extort larger and larger concessions from her brother.

Then Sarah spends much of the latter half of the play trying to entice Robert into bed with her. When he finally wishes to make love to her, she rejects him as cold and unfeeling. The rationale here seems to be that if Robert enters the "mad" world Sarah inhabits (and into which she constantly coerces him) he is free to commit incest with his sister. If he wants to do so to assuage his guilt (a guilt which Sarah has rammed down his gullet a hundred times) he is inhuman. At this point one begins to wonder: Is it a question of "who is mad, who is sane" or one of "who is the aggressor and who is the victim"?

Despite this apparent confusion of purpose in the play, Ted Allan has given us a vivid, often hilarious picture of two very complex people. Perhaps it is a mistake to try to find explicit sensible motives for all the actions of Robert and Sarah. It may be that like ourselves and the people we know in the real world that these two infuriating characters persist in being "whole" people, and refuse to be pinned down.

Thankyou for your Generosity

We wish to thank the following, for donating much needed funds towards our transportation fund.
We have acquired a fifteen passenger bus and our programme of activities, emergency calls and other transportation needs are much enhanced with the addition of dependable vehicle.
Once again THANKYOU.

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MENTAL PATIENTS' RIGHTS WORKSHOP

TO CONSIDER EXISTING LAWS FROM A MENTAL PATIENTS' RIGHTS PERSPECTIVE, WITH A VIEW TO REFORM.

FRIDAY, MAY 13/77 10:00 am to 5:00 pm

10:00 am : MEET AT THE MPA DROP-IN CENTER (2146 YEW STREET, VAN.) TO FAMILIARIZE WITH EXISTING B.C. LAWS REGARDING MENTAL PATIENTS AND COMPARE THEM WITH OTHER COUNTRIES, & OTHER JURISDICTIONS.

12:00 pm - 1:00 pm : LUNCH BREAK AND MOVE TO KITS HOUSE (7TH AVENUE & VINE STREET).
 1:00 pm - 2:00 pm : AUDIT TAPE OF PROF. D. WEISSTUB'S LECTURE: "PSYCHIATRY & THE LAW".
 2:00 pm - 4:00 pm : PANEL DISCUSSION WITH JACKIE HOOPER, GERALD GREEN, & GARY FORSGREN, USING THE DISCUSSION PAPER TO PROPOSE A MORE IDEAL CONSTITUTION OF MENTAL PATIENTS' RIGHTS.

4:00 pm - 5:00 pm : PARTICIPANTS' CONCLUSIONS & SUMMATION: "SETTING DOWN" OF A PROPOSAL FROM THE WORKSHOP.

TEA, COFFEE, & DONUTS PROVIDED...

We must know in advance
 approximately how many to
 expect! (Best-minute calls accepted:
 738-5177)

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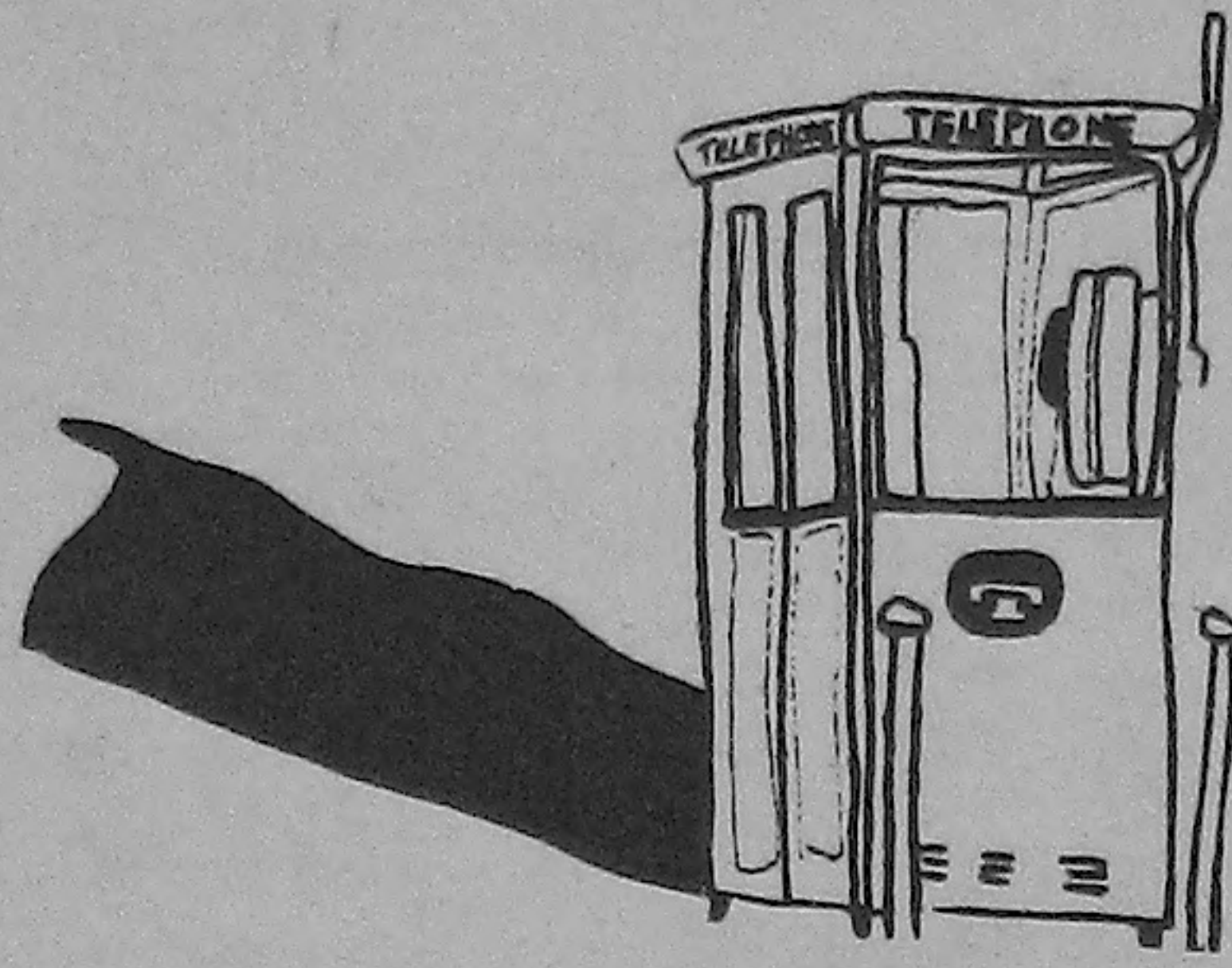
DO YOU PLAN TO ATTEND? *Jack*

WOULD YOU LIKE TO RECEIVE OUR DISCUSSION PAPER? (7 PG. BKLT.) *Jack*

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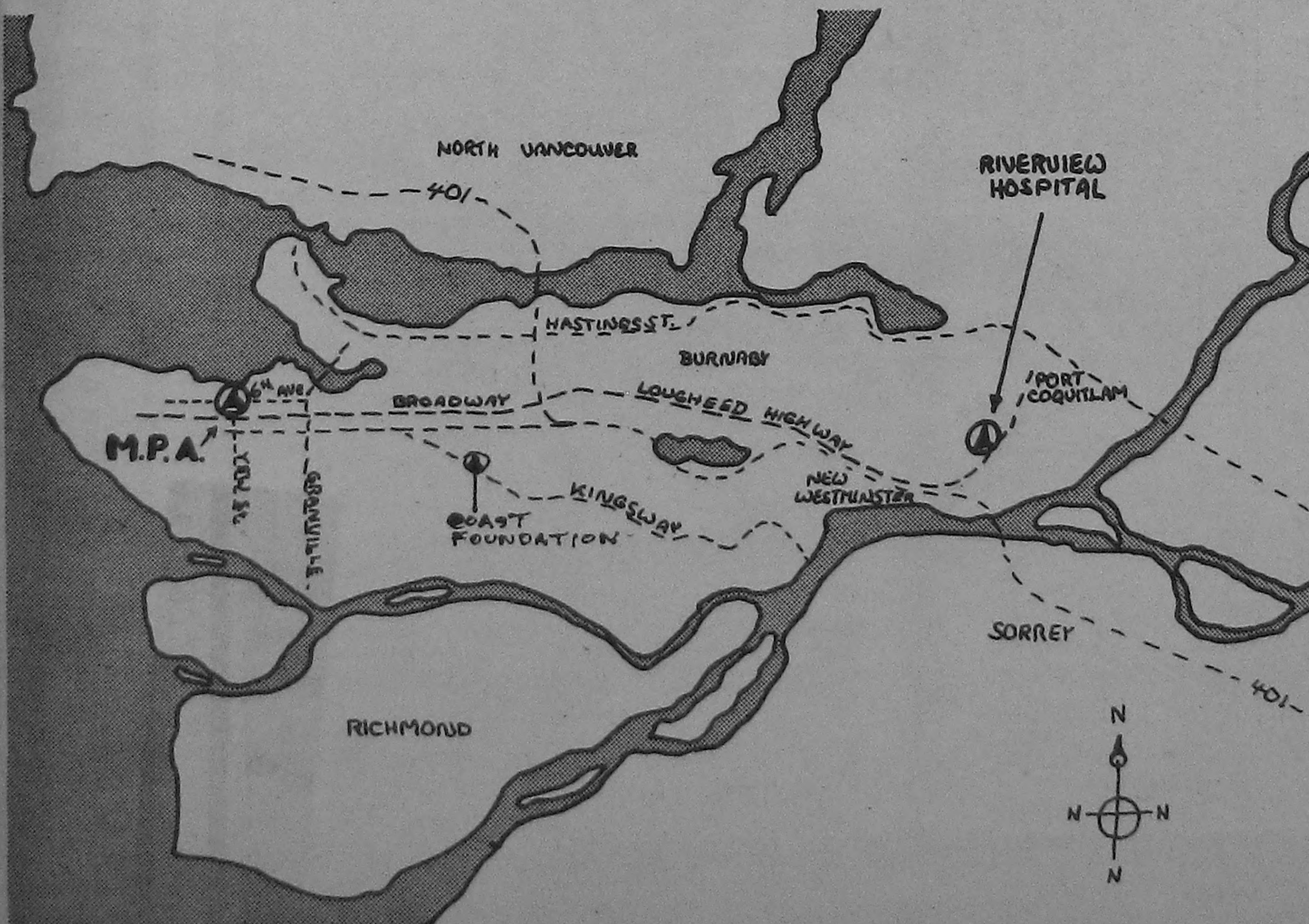
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Catch the 933 Lougheed Pt. Coquitlam bus at the Tuck Shop. Get off at Hastings and Granville Sts. in downtown Vancouver. Transfer to a 10 UBC or a 7 Dunbar bus and get off at Broadway and Yew Sts. Then walk down Yew to 6th Ave.

HOW MUCH DOES IT COST?

Buy a 75¢ bus pass on Sunday and you can travel on it all day. At other times fare is 35¢ from 10-3 every day and after 7 every night. It's 40¢ other times