

Slacks

FOR REFERENCE
SOCIOLOGY DIVISION, VANCOUVER PUBLIC LIBRARY
NOT TO BE TAKEN FROM THIS ROOM

VOLUME 6 • NUMBER 4

IN A NUTSHELL

A QUARTERLY PUBLICATION MARCH 1979
M.P.A. 2146 YEW ST VANCOUVER B.C.V6K-3G7



Vancouver Public Library
Ms M Ford, Head, Sociology
750 Burrard St
Vancouver B C
V6Z1X5

FORWARD DIVISION
APR 1 1979
CANADA
VANCOUVER, B.C.

PATIENTS' RIGHTS

SCREAMING IN THE WIND • THE
BOOK REVIEW • POETRY • DRUGS
TRANSITION • SAGE BRUSH SALI

PATIENTS' RIGHTS...

WHERE

PATIENTS' RIGHTS IN B.C.

REVIEW PANEL

Any time after admission, an involuntary patient may apply for a hearing by a Review Panel, to which he or she is entitled after 30 days from the date of admission. Most patients, however, are simply discharged on their physician's order.

COURT REVIEW

Anyone, patient, relative, friend or any interested person who believes the patient should not be admitted to, or kept in hospital may apply to the Supreme Court to have the admission reviewed by the court. One is well advised to consult a lawyer with respect to this procedure.

The present Mental Health Act of B.C. is designed to protect the COMMUNITY from the MENTAL PATIENT. We want legislation - particularly a CHARTER OF MENTAL PATIENTS RIGHTS - to protect as well the mental patient from the community.

We want a Mental Health Act which serves both patient and community as fairly as humanly possible.

We want an Act which spells out specifically the fine phrases of the Canadian Council on Hospital Accreditation of Mental Health Facilities in Canada: The Mental Health Service SHALL ACKNOWLEDGE THE PERSONAL DIGNITY OF AND PROTECT THE RIGHTS OF THE CLIENT AND THE COMMUNITY; and the Canadian Bill of Rights: ...the right to life, liberty, security of the person and the enjoyment of property and the right not to be deprived thereof EXCEPT BY DUE PROCESS OF LAW.

We want a Charter of Mental Patients Rights and a new Act to incorporate the best ideas and legislation now available to us from Europe, the U.S. and the rest of Canada, because we view this province as in the psychiatric Dark Ages vis a vis mental health legislation reform.

At a well-attended Workshop on Patients Rights held at MPA, May 13, 1977, we put forward a number of Patients Rights for discussion.

MPA, Coast Foundation and VCLAS collected the following "rights" into legislative form from perusing other mental health acts from both Canada and the U.S.

We hope that those in decision-making positions in government will read these rights and others re-printed in this issue of the Nutshell when they formulate a Charter of Mental Patients Rights in B.C.

No person by reason of being a patient shall forfeit the right to civil or criminal legal redress for neglect, mistreatment, assault or any other form of negligent or wilful misconduct.

Emergency medical care shall be given within an institution if in the written opinion of the attending physician of a patient a true medical emergency exists and surgery is necessary to save the life, physical health, eyesight, hearing or member of the patient. The "Director" may give consent if no proper relatives or guardian is available and he cannot obtain the appropriate judicial authority.

Every person detained for evaluation or treatment shall have the right to be visited by his personal physician, attorney and clergyman or any other person, between the hours of 9 a.m. and 9 p.m. except that this right may not interfere unreasonably with the operation of the agency. A patient shall have the right to enjoy religious freedom and the right to continue the practice of his religion in accordance with its tenets during the detainment, except that this right may not interfere unreasonably with the operation of the agency. Provision for religious worship shall be made available on a nondiscriminatory basis. A resident shall not be coerced into engaging in religious activity.

Any type of photography including video-tape, cameras used for providing services or research material shall require the patient's written consent, unless precautions are taken to conceal the patient's identity.

At all hearings a person shall have the right to an analysis of his psychological condition by an independent evaluator who is a licensed physician selected by the patient or by his attorney.

Every person undergoing treatment or evaluation shall be entitled to the rights set forth in the Act and to rights that the department specifies by the rules. A list of patients' rights shall be prominently posted in English and French in all facilities providing evaluation or treatment. In addition, a copy of the list shall be furnished to every patient upon admission to a mental health facility.

A physician is obligated to consider more than a diseased organ, more even than the whole man - he must view the man in his world.

Harvey Cushing.

A patient shall have the right to refuse shock treatment. The administration of electro-convulsive therapy shall meet the following conditions:

- Written documentation and signed approval and consent shall be entered in the record of the recipient.
- Consent shall be for a stated number of treatments, and within a series during a stated time period. Prior to each treatment a recipient can refuse consent.
- There shall be an absolute right to refuse ECT, before and during a series of treatments.

A patient shall have access to individual storage space for his private use while undergoing evaluation or treatment.

A patient shall have access to telephones between the hours of 9 a.m. and 9 p.m. to make and receive confidential calls. Long distance calls shall be allowed if the patient can pay the agency for them or can properly charge them to another number. The agency may restrict the right of a patient to call a particular person when notified in writing by that person that he is being harassed by the calls and wishes them curtailed or halted.

A person shall receive treatment and physical and psychiatric care for the full period he is detained. The clinical record shall record all medical and psychiatric evaluations and care and treatment received by the person. An agency shall provide a treatment program based on individual needs; careful and periodic re-examination by appropriate professionals each 90 days and recorded. A full physical examination shall be given once a year.

If a patient of the hospital works, this work shall be in the patient's interest. If any work performed by the patient is to benefit the hospital or agency of the hospital, the patient shall be employed and paid in accordance with the law, except as follows:

There may or may not be remuneration for a 2 day assessment period, record of which shall be entered into the patient's clinical record and the information contained in the clinical record shall be made available on request of the person, his attorney or guardian.

Any violation of a person's rights shall give him a cause of action for the greater of either \$1,000 or 3 times the amount of damages. It is not a prerequisite to this action that the plaintiff suffer or be threatened with actual damages. Any person acting in good faith upon either actual knowledge or reliable information who makes application for evaluation or treatment of another person is not subject to civil or criminal liability for such act.

Recipients of mental health services shall be permitted to the maximum extent feasible and in any legal manner, to: conduct personal and business affairs and otherwise exercise all rights, benefits and privileges not divested or limited.

Mail addressed to a patient shall not be opened unless the patient, or a legally empowered guardian, or the parent of a minor, has consented that an article of mail may be opened by a des-

ARE THEY?

physi-ated person, or there is reasonable belief that the article contains a recompon or other object which poses immediate danger of luationious physical harm to the patient or to any member of the staff of the institut- a n. Where such reasonable on belief exists, the mailed article shall be opened in the presence of the patient.

At Douglas Hospital Cen- e, Montreal, there is a committee called the Patien- Rights and Ethics Comm- tee made up of people both om the hospital and the community which meets month- in an Ombudsman role. is hospital also has had r a number of years a Pat- nts' Executive Council, ich meets weekly to review grievances at the pati- level. This committee composed of one represen- tive from each of the rds in the hospital, plus staff adviser. The Chair- n of the Patients' Rights and Ethics Committee (a mem- of the clergy), also ts as a member of the Pat- nts' Executive Council. this way the Chairman is le to get direct feedback om the patient population ncerning areas of concern. uglas Hospital sent MPA a py of their Grievance and cident Report Procedure, d also a copy of their aft proposal of a Bill of ghts and Responsibilities r Patients in the Douglas spital Centre.

RIGHTS:

u have the right:

To be treated with respect and dignity at all mes.

to prompt and adequate medical attention, and care and treatment provided by alified staff.

to be given all relevant information regarding your treatment.

to your own legal coun-

to uncensored communica- on by letter, person or telephone (unless a suspen- on of these rights is ord- ed for therapeutic reasons d properly recorded in ur file).

to decent living condit- ons, nutritious food and adequate clothing.

7. to retain your own personal property except for reasons of space, safety or value.

8. to be informed of all your rights and responsibilities as circumstances arise e.g. audio visual, ECT, etc.

9. to refuse to participate in any research or educational project.

10. to confidentiality of your treatment record.

11. to be informed of any expenses charged to your account.

RESPONSIBILITIES:

Insofar as you are declared to be capable of (or not declared incapable of) behaving in a responsible manner:

1. You are expected to abide by the rules and regulations of the institution.

2. You are subject to the same legal procedures as any other citizen.

3. You are expected to respect the rights and property of other patients and staff.

4. You are expected to be responsible for your physical care, i.e. bathing, grooming, dressing.

5. You are expected to do normal housekeeping tasks appropriate to your situation.

INTERIM DEMANDS OF THE PARTICIPANTS in the North American Conference on Human Rights and Psychiatric Oppression, May 30, 1976:

1. Mental patients demand the right to be informed in clear language of the effects of any "treatment" (drugs, electro-shock, psychosurgery, etc.) offered. We demand the right to refuse any "treatment", or to withdraw our consent at any time after we have given it, without reprisals.

2. We demand the right to uncensored communication by telephone, letter and in person, with whomever we wish and at any time. Telephones should be available on each ward.

3. We demand the right to be paid at the prevailing rate for non-mental patients for any work assignments performed while in the hosp-

ital - at a rate never to be less than the minimum wage.

4. We demand an end to the practice of keeping psychiatric records of patients. Until such time, we demand the right to see our records

at any time and to complete confidentiality of our records.

5. We demand an end to physical abuse of mental patients. We demand an end to the practices of seclusion and restraints to make us conform. We demand an end to sexual abuse of mental patients.

6. We demand the right to decent, humane living conditions while in the hospital.

7. We demand the right to a sexual life while in the hospital and the right to our sexual preference.

8. We demand the right to remain silent during the initial and subsequent psychiatric interviews and the right to have legal counsel or ex-patient advocates present, as anything we say might be used against us in future legal proceedings. We demand the right to have legal counsel who represents our interests as defined by us.

9. We demand the right to financial assistance while in the hospital. The state has an obligation to supply us with spending money for things that make life in the hospital bearable: cigarettes, food from the canteen, phone calls, writing materials and postage, transportation (especially for seeking housing and jobs), etc.

10. We demand the right to an alternative to incarceration in a mental hospital. If we decide we want a hospital, we demand the right to the hospital of our choice.

11. We demand an end to involuntary commitment and "conditional voluntary" commitment. We demand that all hospitalization be completely voluntary with no strings attached.

12. Until such time as com-

mitment is abolished, we demand an automatic hearing outside the hospital for all patients facing commitment. We demand the automatic appointment of free legal counsel for the hearing, and the right to a number of interviews with the attorney before the hearing.

13. We demand an end to repercussions such as kicking patients out of the hospital when we exercise our right to refuse treatment or engage in political activity

14. We demand the right to be adequately provided with income and housing when we leave the hospital. We demand jobs or easily accessible vocational training of our choice for those who want it.

15. We demand the right to organize patients' rights groups in the hospital and to hold meetings from which staff is excluded. We demand that ex-patient advocates be freely allowed to attend these meetings and have free access to patients who want to see them.

16. We demand the right to immediate and adequate medical treatment from the doctor of our choice, when we request it.

17. We demand that all medical procedures be clearly explained to us. We demand the right to refuse sterilization and all other medical and surgical procedures.

18. We demand an end to the practice of "behaviour modification".

19. We demand that hospitals provide nutritious food including adequate food for vegetarians. We demand the right to choose what we eat and how much.

20. We demand the right to be involved in decision-making at all levels of the institution, including decisions about the making of hospital rules, the hiring and firing of staff, and the way in which money is used. We demand that mental patients make up 50% of any governing body.

•See Dave Beamish's RIVERVIEW PROJECT REPORT page 5

from page 3

Any patient voluntarily admitted to a mental health facility shall retain the right to refuse any particular treatment or form of treatment. No person shall be discharged from a provincial mental health facility or refused admission to such facility or discriminated against within such facility by reason of his or her refusal to consent to any treatment or form of treatment. Any person who is discharged from a provincial mental health facility or refused admission to such a facility or discriminated against in violation of this provision, shall have a cause of action for the greater of either \$_____ or 3 times the amount of damages. It is not a prerequisite to such action that a person suffer or be threatened with actual damage.

A person who is or has been evaluated or treated in an agency for a mental disorder shall not be discriminated against in any manner, including but not limited to:

- (a) seeking employment
- (b) resuming or continuing professional practice or previous occupation.
- (c) obtaining or retaining licenses or permits, including but not limited to motor vehicle licenses, motor vehicle operator's and chauffeur's licenses and professional occupational licenses. Applications for positions, licenses and housing shall contain no requests for information which encourage such discrimination.

A person who is or has been evaluated or treated in an agency for a mental disorder shall not be discriminated against in any manner.

All information and records obtained in the course of evaluation, examination or treatment shall be kept confidential and not as public records, except as the requirements of a hearing may necessitate a different procedure. Information and records shall be disclosed, pursuant to rules established in the regulations, to:

- (a) physicians and nurses, etc.
- (b) individuals to whom the patient has given consent.
- (c) persons authorized by court order; Department of Corrections.
- (e) persons legally doing research using hidden identity methodology.
- (f) and the patient himself or herself.

A patient has the right to be furnished with reasonable amounts of stationery and postage and to be permitted to correspond by mail without censorship with any person.

BOOK REVIEW

"THE HISTORY OF SHOCK TREATMENT"

edited by Leonard Roy Frank
San Francisco, 1978, 206 pages

Reviewed by Don Weitz (excerpts reprinted)

Forced or involuntary psychiatric treatment without the person's informed consent is a serious abuse and injustice. It's one of the most explosive issues in today's treatment of people labelled "mentally ill".

As a former psychiatric inmate who has survived roughly 100 insulin coma and electric shock treatments, and a prolific writer on shock, Leonard Roy Frank has earned credibility... the hard way. Frank's The History of Shock Treatment is a compelling and brilliant piece of work, a shocking and scholarly expose of the psychiatric atrocity conventionally called electro-convulsive therapy ("ECT"), as well as insulin coma and subcoma therapy. Reading the insulin part brought back painful memories of my own horrifying experience with thirty to forty insulin treatments in McLean Hospital in Boston in 1951. The "hungry horrors" more accurately describe the experience.

In chronological order, Frank has organized a wealth of documentary evidence on electric shock right up to 1977. He traces the early beginnings of ECT back to 47 A.D., when non-convulsive "electric eel" treatment was first used on a Roman emperor for his "headaches". Then, with some mention of "Camphire" and crude shock machines in the 1700's and 1800's, the use of Metrazol and Insulin are briefly discussed. Insulin coma treatment was introduced by the Austrian psychiatrist Manfred Sakel and first used on "schizophrenic patients" in 1933. In 1936, psychiatrist Joseph Wortis wrote this about the seventy-five cases treated by Sakel:

... the procedure is complicated, difficult and dangerous. No definite principle of dosage has yet been found, and much of the procedure is still a matter of thumb and intuition. There already have been two deaths in the series

1938 was the fateful year; that was the year Italian psychiatrist Ugo Cerletti was the first physician to use "ECT" on - you guessed a "schizophrenic" man picked up by police and brought to Cerletti for "observation". He never gave, nor was asked for, his informed consent to what followed:

"benefits" of ECT; highly personal and emotional autobiographical accounts of what electric shock felt like from scores of inmate-victims; consciousness-raising illustrations and photographs, poems by ex-inmates, obscene ads pushing the latest and most effective shock machines as well as anticonvulsant drugs, and muscle-relaxants; an "ECT Death Chronology" (reporting 384 deaths directly related to ECT from "109 English-language sources" through 1977); a partial "Shock Doctor List" which includes the names and hospital affiliations of doctors who've admitted using ECT; a fine thirty-page Glossary clearly explaining many key psychiatric terms and concepts; and two bibliographies including a 177-item one on electric shock. The cover showing an atomic bomb exploding inside the brain is particularly effective.

The four original articles near the end of the book are in themselves worth the book's \$6 price. These feature ex-inmate Steven Sears' personal account of his hospitalization and shock treatments, Dr. David Richman's scathing attack on shock and psychiatric drugs, John Houston Scott's clarifying piece on the key legal issues involved, including a crystal-clear definition of informed consent and a "model statute" to restrict or ban all shock treatment, and an excellent historical account by Wade Hudson (also a former psychiatric inmate and co-founder of NAPA, Network Against Psychiatric Assault) on NAPA's continuing fight against electric shock.

The weight of evidence Frank has assembled clearly shows that electric shock damages human brains, invariably causes some permanent memory loss, in many cases causes permanent loss or weakening of some intellectual abilities, and that informed consent is rarely, if ever, obtained from the "patient". The many brain-damaging effects of ECT are further supported by the empirical research of neurologist John Friedberg in his book Shock Treatment Is Not Good For Your Brain. Friedberg was once kicked out of a psychiatric residency program because of his outspoken views and research on electric shock.

All too many concerned and well intentioned people are still brainwashed by psychiatric mythology and intimidated by psychiatrists' power. Leonard Frank has done us all a good service in producing this book which demysti-

LETTER TO EDITOR

Sirs:

The L'Hirondelle case is yet another example of the incredible stupidity, irresponsibility and total lack of caring shown over and over by anyone connected with the psychiatric profession (a profession is a misnomer in this case).

It is no longer good enough that so-called nurses get their only training at a Psychiatric Institution. This practice alone has caused countless thousands of needless deaths because such "nurses" are capable of thinking only "it's all in the head".

Every nurse should have the full basic R.N. training and then take further education in the specific area of his/her choice - and especially those in the psychiatric profession.

We all know that there are imaginary illnesses and there are also very real - very serious physiological illnesses which all too often show the exact same symptoms. If a nurse has not had full training, how on earth can he/she tell the difference? It is all too obvious they cant - thus we have tragic results.

A good majority of the doctors in these institutions are no better. To put it bluntly they are rejects from the "outside" world. Many have emotional problems, drinking problems, and in fact could not hold down any responsible job elsewhere. The few that are good have such a huge case-load that even they are reduced to incompetency.

For Canada to dare scream about Human Rights at other Countries is the greatest act of hypocrisy that I've ever seen. Our mental patients have no rights nor do our Native Indians.

Prisoners who have committed crimes against society have rights and privileges but our sick - those who have committed no crime - not only have no rights they are forced into institutions - against their will - and then forced to take "treatment" again - against their will.

Until this Country produces a working Bill of Rights for our sick and our Natives - I suggest they shut up.

-P. Armstrong-

RIVERVIEW PROJECT REPORT

If you've ever been a psychiatric patient, especially in Riverview or the Forensic Psychiatric Institute, you will recall the discomfort, the difficulties of coping with the institutional setting, lack of privacy, medications, staff, other patients and yourself.

And no matter how short or long your stay, you'll remember the uncertainty and fear accompanying the crunch of discharge from hospital which seemed so slow in coming.

Since the project started in September, Arlene and Tom have made the transition to life in the community. Leo still lives in Forensic and Merv in Riverview. It says a lot for their courage and perhaps partly because of the difficulties of their personal situations, they have been able to keep MPA's Riverview drop-in centre operating five days a week.

Arlene keeps the books, and, with Merv, is engaging in a program of visiting patients in West Lawn (long term care unit formen). Merv has arranged access to sports equipment for members of the Riverview drop-in centre and, with Dave, is involved in ideas for a newsletter. Leo will soon be doing his first Review Panel. He also has come up with good ideas for the drop-in, such as a suggestion box. Tom often mans the drop-in on days when everyone else is absent. His sense of humour enlivens everyone.

Tom, Leo and Merv now work three weeks out of four, and will until May when they start full-time. Leo has restricted off-grounds privileges which we hope will be eased up soon. Because of this and the fact that they and Arlene do not live in Vancouver, they aren't seen often at MPA Vancouver, but do get in to occasional meetings.

We have applied through Young Canada Works for funds to hire three young people this summer to engage members at Riverview in budgeting and planning special activities. We also will apply to the provincial government.

On the last MPA regular Thursday van trip to Riverview, fifteen (count 'em) members filled the van to capacity and several more came by bus. Far out! There are twelve or fourteen hundred patients who need visitors.

In addition, Marc (7th Avenue residence) is going to open the drop-in on Saturdays, and Tony, a former member, will do so on Sundays commencing March 1st.

Visitors are always welcome at the Riverview Project. Come out and see us. Visit some patients. And if you'd like to become more involved on a regular basis, we can put you to work.

- Dave Beamish -

electric shock and other psychiatric "treatments". The book demystifies psychiatrists' claims that such "treatment" is only for our "own benefit", when in reality it is used to control people who dare to be different or are "out of control" - of the authorities.

In the introduction, psychiatrist Lee Coleman writes:

More important than possibly influencing a few psychiatrists, however, is the struggle to arm psychiatric inmates with the knowledge and the will to resist assault by the psychiatric system. I believe this book, with its demystifying message, will further that struggle. The goal is liberation from psychiatry - the day when no psychiatrist may force anything on anyone. Psychiatrists will never willingly give up their power to force themselves on patients. Such power must be denied them by fundamental changes in our laws, primarily the abolition of civil commitment. In that effort, every reader of this book is a potential participant.

The patient was brought in, the machine set at 1/10 of a second and 70 volts and the shock was given. Naturally, the low dosage resulted in a petit mal reaction. After the electric spasm, ... the patient burst into song. The professor suggested that another treatment with a higher voltage be given. The staff objected. They stated that if another treatment were given the patient would probably die and wanted further treatment postponed The Professor decided to go ahead right then and there, but before he could say so the patient sat up and pontifically proclaimed no longer in jargon, but in clear Italian, "Non una seconda; Mortifere!" (Not again, it will kill me.) This made the Professor think and swallow, but his courage was not lost. He gave the order to proceed at a higher voltage and longer time; and the first electro-convulsive in man ensued. Thus was born ECT out of one man and over the objections of his assistants.

It's also interesting to discover that Cerletti decided to use ECT on "mental patients" (human beings) after seeing how effective it was in stunning and immobilizing pigs being led to the slaughter.

In the preface, Frank states the book's chief purpose:

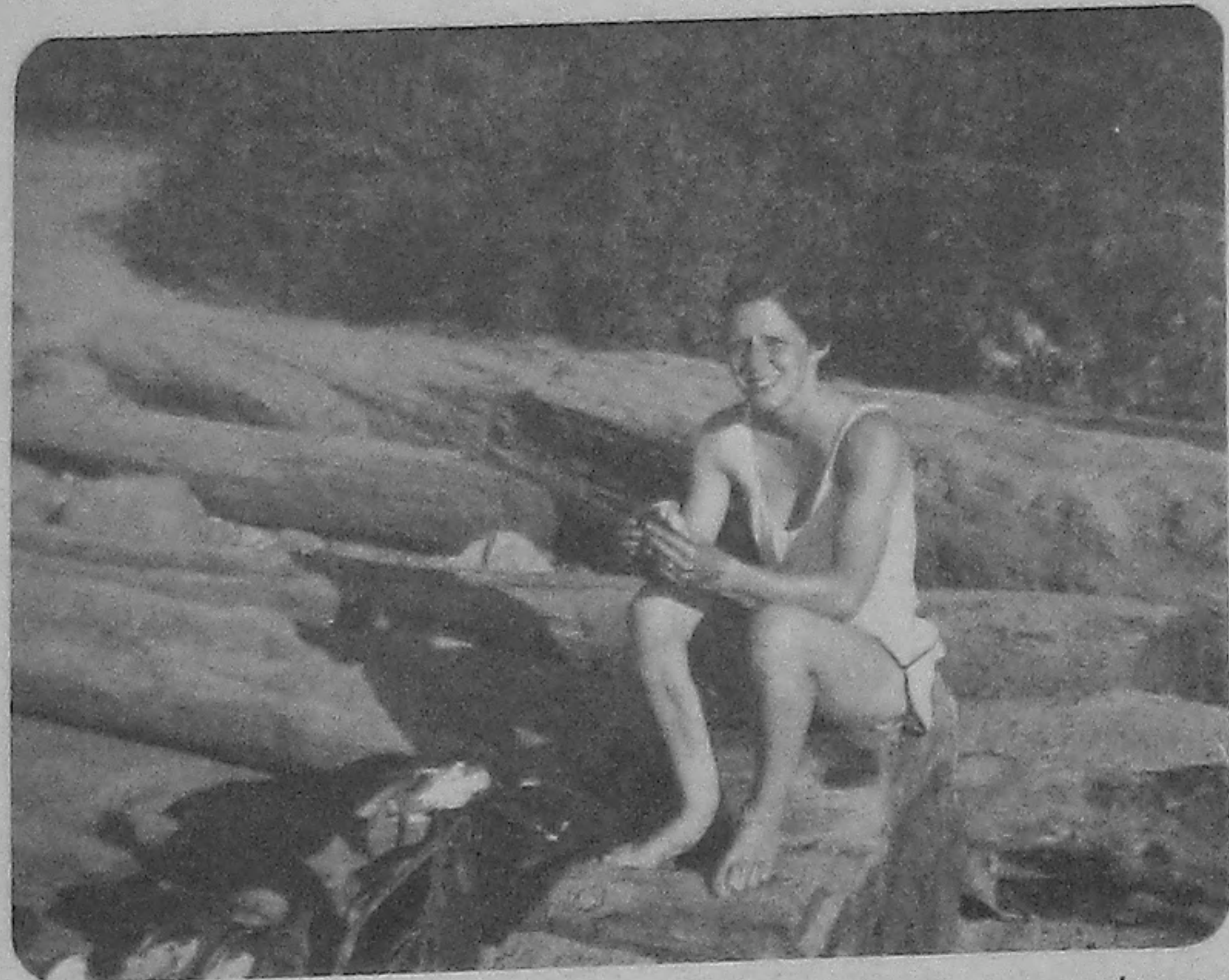
I have assembled these materials in the hope that their dissemination will lead the public to demand an end to shock treatment and all other psychiatric procedures to individuals against their will or without their informed consent.

The "materials" which Frank has organized to document the brain damage, permanent memory loss, paralyzing fear and deaths directly caused by shock are most impressive in their completeness, balance, variety, scholarship and dramatic impact. It's all here - bland but chilling clinical excerpts from medical and psychiatric journal articles and pro-shock doctors extolling the wonders of



TRANSITION

IN MEMORY OF LYNN DOWNEY AND



Lynn

IN MEMORY OF LYNN DOWNEY
who died October 13, 1978

Lynn Downey lived at the West 10th Ave Residence for approximately five months. In that time we became very close to Lynn, and she established some strong friendships with other members of the house.

She gave a great deal of energy to other people, being kind hearted and often laughing. When she was outraged - she was outrageous; and people respected her passion.

Although we miss Lynn, we trust her decision to move on. We understood her too well to feel it was an indulgence of the moment. She is special, wherever she is.

-Eve and Charlene-

IN MEMORY OF RAY BABCOCK
who died January 25, 1979

I made my first visit to the M.P.A. Drop-In just after being hired as coordinator of the 33rd Ave house in January, 1978. The place and the people were unfamiliar, and I felt scared and self-conscious as I entered the room.

Ray spotted me immediately. He introduced himself as an old-time member, and offered to show me around. He toured the Drop-In with me, gave me a few Nutshells and talked at length about his experiences at M.P.A.

Ray's warm and open manner put me at ease. I thought this must be a friendly group if members take such pride in it, and extend themselves to welcome new people.

First impressions are important, and I am grateful to Ray for my orientation to the Drop-In. His cordiality carried through all my subsequent meetings with him, and I consider Ray's death a personal loss and a loss to M.P.A. as a whole.

Rhona Bezonsky



LETTER TO:

Mr. G. Gardom,
Attorney General,
Parliament Bldgs.,
Victoria, B. C.

Dear Sir:

Hopefully this correspondence will have some effect on the betterment of care taken toward the mentally ill, when they are incarcerated in jail.

In 1970, or thereabouts, I was put on a waiting list to be admitted to Riverview Hospital as a voluntary patient. I had committed a violent assault on a very nice and innocent lady, for no logical reason whatsoever, except that I was extremely immature and completely emotionally out of control.

There was a warrant out for my arrest, however there was at the time some sort of police strike, and warrants of this type were being filed until their settlement was reached and they were able to handle them.

I worked tremendously hard at taking care of myself until there was a bed vacant for me in hospital. I asked the welfare department to house me with the Salvation Army, which they

did for three weeks. I was able to cope in this situation. In the meantime I had met another lady whom I was attracted to. After three weeks the welfare worker told me that I had had my share of that good treatment and I would now have to stay at the Stratford Hotel.

It was the most bottom of the barrel, inhumane, degraded place anybody could imagine. I pleaded with the welfare worker not to put me there, that I was ill and on the waiting list to go into hospital. I had a twenty year history of psychiatric illness. He would not listen to me and said that if I did not stop pleading, he would end up in Riverview.

As soon as I entered this degraded old room, with holes in the walls, which had been kicked in, and old men drunk all along the hallways on what I suspect was rubbing alcohol, I became so depressed that I would far far sooner be dead. Right away I became frightened that something would happen to my mind, and I would once again re-act my violence on the lady that I had newly met. Against the advice of my psychiatrist I went to the police station and turned myself in on my charge for safe-keeping.

I was detained, terrifyingly, on the prosecutor's request by the court without bail. He was indescribably harsh in his presentation to the judge. I certainly had no criminal record. I was detained in Oakalla for six weeks awaiting trial. I was interviewed in Oakalla by psychiatrist Rod Whitman, who assessed me as necessitating hospitalization as a voluntary patient, but not as a committed person, which was the only possible way I could get hospitalization while in prison.

In the six weeks of indescribable hell I spent in jail, I could have, in my opinion, quite justifiably hanged myself. I wanted to scream my head off every night and all night, but if I had I know what would have happened to me by the other prisoners.

I was treated like garbage by the guards, and I can now count my lucky stars that I managed to last the six weeks, when I was put on probation to outside treat-

ment. Prison is overwhelmingly unjust for the mentally ill.

If a prisoner becomes physically in need of hospital, he is so sent there. For God's sake mentally ill people must be treated equally.

In the name of humanity I plead with you to make this the situation in which no more mistakes can be taken.

Yours truly,
Thomas Pollok



THE RUNAROUND OR PASS THE BUCK

By ROS OBERLYN

When Ray Billy Babcock first appeared in Vancouver provincial court on a robbery charge, he was, in the words of one court official "just one of a thousand cases dancing through the courts."

That was on Saturday, Jan. 20.

At his first appearance in courtroom 101, Babcock was remanded in custody for two days so he could be seen by a doctor.

The reason, according to the duty counsel for that day, was that the prosecutor felt the 38-year-old Vancouver man should see a psychiatrist.

Babcock was still waiting to see the doctor when he returned to court Jan. 22. He told duty counsel Art De Meulemeester then that he wanted to see a psychiatrist.

On Jan. 25, after four court appearances and five days in custody, Babcock committed suicide. He still hadn't seen a psychiatrist.

Lawyers and members of the Mental Patients Association want to know why not.

Vancouver lawyer Ann

Rounthwaite wrote to the attorney-general's department nine months ago complaining of "a disastrous situation" in Vancouver provincial courts.

The letter charged that accused persons were held in jail for up to eight or 10 days so that they could be seen by a physician or psychiatrist.

RAY BABCOCK

In an interview, Jim Jardine of Vancouver's provincial Crown Counsel office said the court custody system, with responsibility for prisoners split between the city and province, has gone downhill and needs to be changed.

Jardine said the problem is tied to a funding dispute between the province and the city, which wants money for housing provincial prisoners.

Dr. John MacKenzie, who as Vancouver city jail physician sees more than 600 requests a year for psychiatric assessments, said the problem of getting mentally disturbed persons out of jails and into treatment without delay is a long-term one, although the situation is improving.

Referring to the court system, he said, "The problem is: it's a big machine — it's a vast, impersonal machine."

Once a person appears in court, he becomes a provincial prisoner who is housed at the Lower Mainland Regional Correctional Centre (Oakalla) in Burnaby, except for the few hours he is awaiting a court appearance in Vancouver.

Then he is held in the provincial court cells at 222 Main.

However, the provincial court has no physicians of its own, but uses the services of the Vancouver city jail doctor at 312 Main.

Psychiatrists, called in at the city jail doctor's request from the Forensic Psychiatric Services Commission, examine prisoners at the city jail.

According to lawyer Henry Brown, duty counsel at Babcock's first appearance, Babcock's ordeal began when he went to police Jan. 18, confessing to a bank robbery and then denying he had committed the crime.

Brown said he seemed "just one of a thousand cases dancing through the courts."

In court, the prosecutor requested a two-day adjournment so Babcock could have a psychiatric assessment.

According to a report compiled by provincial sheriff Dave Duncan after the suicide, the "hold doc" order, which means the prisoner is to be held in custody until he sees the city jail doctor, said nothing about a psychiatric interview.

Babcock was then taken to a provincial holding cell.

Duncan said that when no instructions came about taking him to see the doctor, the prisoner was sent to Oakalla.

Duty counsel De

Meulemeester said Babcock told him he had been "in and out of Riverview 10 times in the last 10 years" and that he had been taking medication to combat depression.

After the fourth court appearance, six days after Babcock turned himself in to police, Duncan said, the sheriff's

office received instructions to take Babcock to the city jail to see Dr. Mackenzie.

On that Wednesday afternoon, following this medical examination, the Forensic Psychiatric Commission services received a request to examine Babcock.

According to the commission's executive director, Dr. John Duffy, the psychiatrist went to the jail immediately.

Meanwhile, Babcock already had been sent back to Oakalla.

On Thursday morning, when Babcock was returned to provincial court jail for another court appearance, he was placed alone in the protective custody unit as his own request because, he said, he feared a beating by other inmates.

In a routine check at about 10:50 a.m., he was found hanging by his own belt.

Jardine, who has responsibility for Crown counsel in dealing with accused persons with mental problems, said the problem comes in getting prisoners from the provincial court jail to the city jail.

"Here's where the horror show comes up," Jardine said.

"We've had prisoners go out to Oakalla when we've requested (that they be kept at) Main Street," Jardine said.

Among the questions likely to be raised at the coroner's inquest are:

- What happened to the medication Babcock said he was in the habit of taking to relieve depression? Sheriff

Duncan said his department had no instructions regarding medication for the prisoner.

- Why didn't the sheriff's department know Babcock had psychological problems? Duncan said there were no indications Babcock

might harm himself.

- How many other prisoners on remand to see the doctor are shunted instead between Oakalla and provincial court? Duncan said, "It's certainly not uncommon to take a day or two to have the doctor get to it."



Owen Lindsay



Paige Gardner



Dean Watts



Al Hutchison and his mother

POETRY

FRUIT IS WHERE YOU FIND IT

I never get mad - I get hostile;
I never feel sad - I'm depressed.
If I ever sew or I knit and enjoy it a bit,
I'm not handy - I'm merely obsessed.

I never regret - I feel guilty,
And if I should vacuum the hall,
Wash the woodwork and such and not mind it too much,
Am I tidy? Compulsive is all!

If I can't choose a hat I have conflicts,
With ambivalent feelings toward net;
I never get worried, or nervous, or hurried -
Anxiety - that's what I get.

If I tell you you're right - I'm submissive,
Repressing aggressiveness too
And when I disagree, I'm defensive, you see -
And projecting my symptoms on you.

If I'm happy I must be euphoric -
If I go to the Stork Club or Ritz
And have a good time making puns or a rhyme -
I'm a manic - or maybe a schiz.

I love you but that's transference
With Oedipus rearing his head.
My breathing asthmatic is psychosomatic,
A fear of exclaiming "Drop dead!"

I'm not lonely, I'm simply dependent -
My dog has no fleas - just a tic:
So if I seem a cad, never mind - just be glad
That I'm not a stinker - I'm sick.

Jean A. Richmond

HEROIN FREAK

King Heroin is my shepherd, I shall always want.
He maketh me to lie down in the gutter.
He leadeth me beside troubled waters.
He destroyeth my soul.
He leadeth me in the path of wickedness.
Yea, I shall walk through the valley of poverty and will fear no
evil for thou, Heroin, art with me.
Thou needle and capsule comfort me.
Thou strippest the table of groceries in the presence of my
family.
Thou robbest my head of reason.
My cup of sorrows runneth over.
Surely heroin addiction shall stalk me all the days of my life
and I will dwell in the house of the damned forever.

- Anonymous -

Prisms and Possibilities

...and..and..and.. I forgot to tell you about the prisms

Precision cut plastic with world transforming possibilities
Rainbow marvelous
And yet revealing nothing that was not already there.

A certain kind of man performs this function also
(And not without considerable refinement)
Taking the raw stuff of life

And giving it form and beauty.

To possess such strength, grace, and harmony

Is both a gift and a burden

There is no consolation.

with love,
Kitch Lorraine

Loss

My heart
is as barren
as dusting
leaves
sweeping themselves
across
a
midnight
parking lot

My heart
is as old
as the oak
and as sad
as a
winter rain

Tears
do not form
when
you cannot cry

- Petra Graves -

THE CAT

The pot of Luck
Has gone Back
But we all see
Through the Cat.

Now and again
I look back
And see through
The eyes of the Cat.

And again and again
We fall in a group
But we can't fall
Back on the Cat

Soon we will see
The Cat.

- Paul Curtis -

Stained Window

The life was coming
And I was going to go,
But all I wanted to do
Was to see the window!

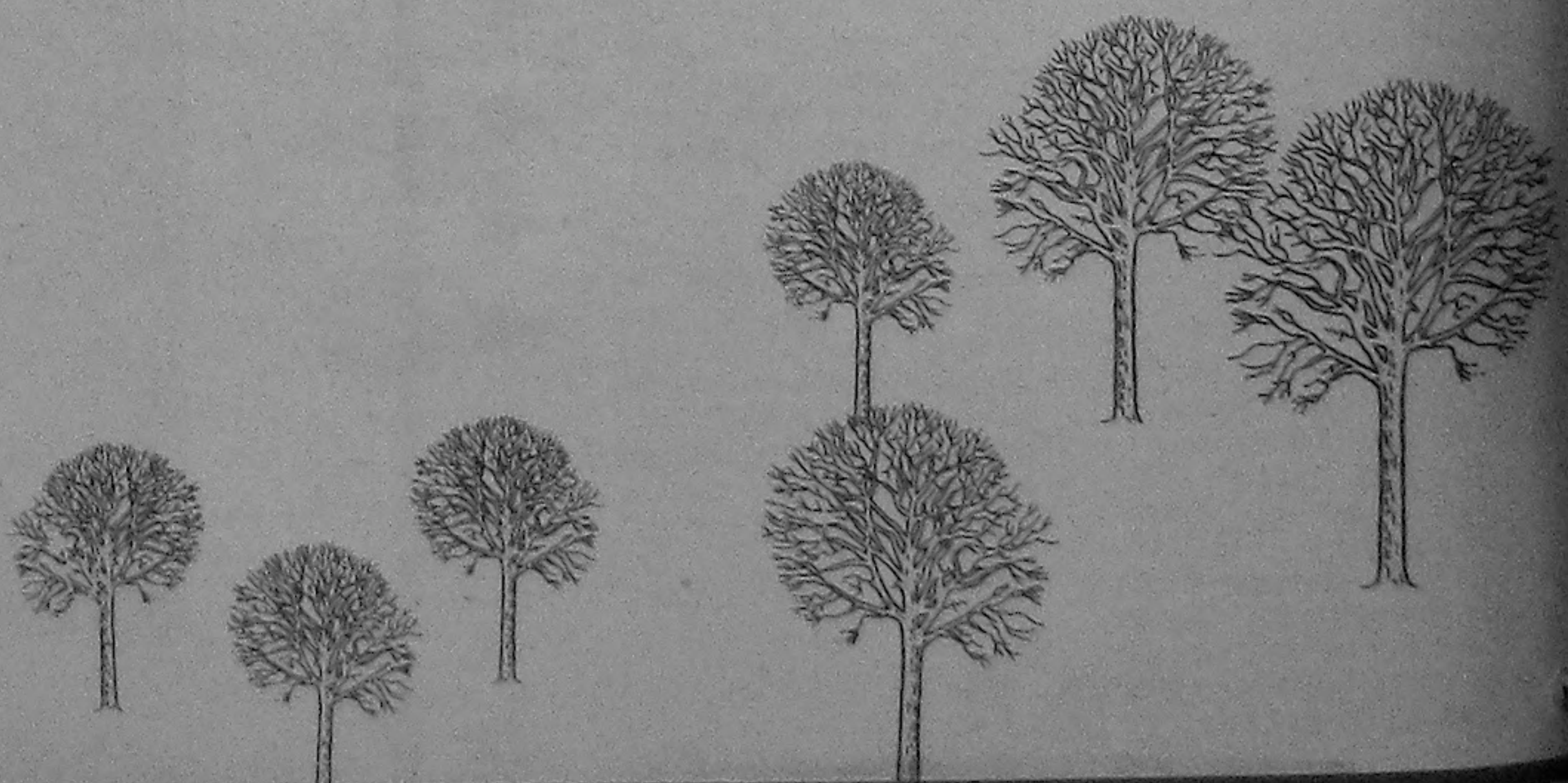
And when I approached
The house that held
The Window
I felt for it.

Again I looked
But there was Nothing
There, and I didn't
Know what to think!

But that window
Will always be there
For that house is my
Body!

The window is the
Key to salvation
And Understand this;
The window is in you!

- Paul Curtis -



Somewhere on Seventh and below it

On the dark outside near where you were
 dancing from table to table
 it seemed like rain glistened and sprayed lights
 and you think of that small summer
 that could not contain all of you
 instead just a smile appears
 on some nameless face
 that must be you
 walking along the shore
 by where we shared wine laughs and lies
 because this will jangle
 as the place to be
 at the appropriate time
 you know because jerry was there
 with some talk about someone
 he spent the night with
 not remembering who
 except she was pretty
 that one has been heard before
 over by the trees
 beneath the flower shop
 a round sort of place
 with a scent of quiet roses
 she's bundled in her hair
 and hurries down the avenue
 just why that house
 torn at the stone of cles eileen
 so damn long ago
 where i became frightened
 from her hash laugh

- Gordy Williams -

SUNDOWN OR SUNSET

Sundown: "will there be violence or peace?"
 Through an ended journey
 I search for release
 Another dear friend lived not long ago;
 Those hoilers & demons claimed him,
 By possessed mind control
 They come to overtake & inherit your soul
 "Scarlet blood burst forth upon every wall!!"
 "Due to recollections of gunfire
 I've heard in the hall."
 Imprisoned "I pray for a crimson bow
 To slay my voices; created in
 Nether worlds unknown
 Truly; my warring mind has been put at ease
 Cured of mental disease"
 There is an answer; to peace of
 Mind outside; setting to the west:
 A Canadian sunset soothes
 My ill mind; the very best

Created by
 David John Millen

Guess What's Coming To Dinner

Fruit toast and
 Grapefruit
 For breakfast
 What a breakfast

We unfastened
 The fast

It's good to wake up
 And eat
 Bright and early
 Every morning

Munch Munch
 Munch Munch

Thank you
 Essondale
 I love it here
 Wish I could stay
 Here forever
 - Think I shall

-Herb Runge-

REVELATION

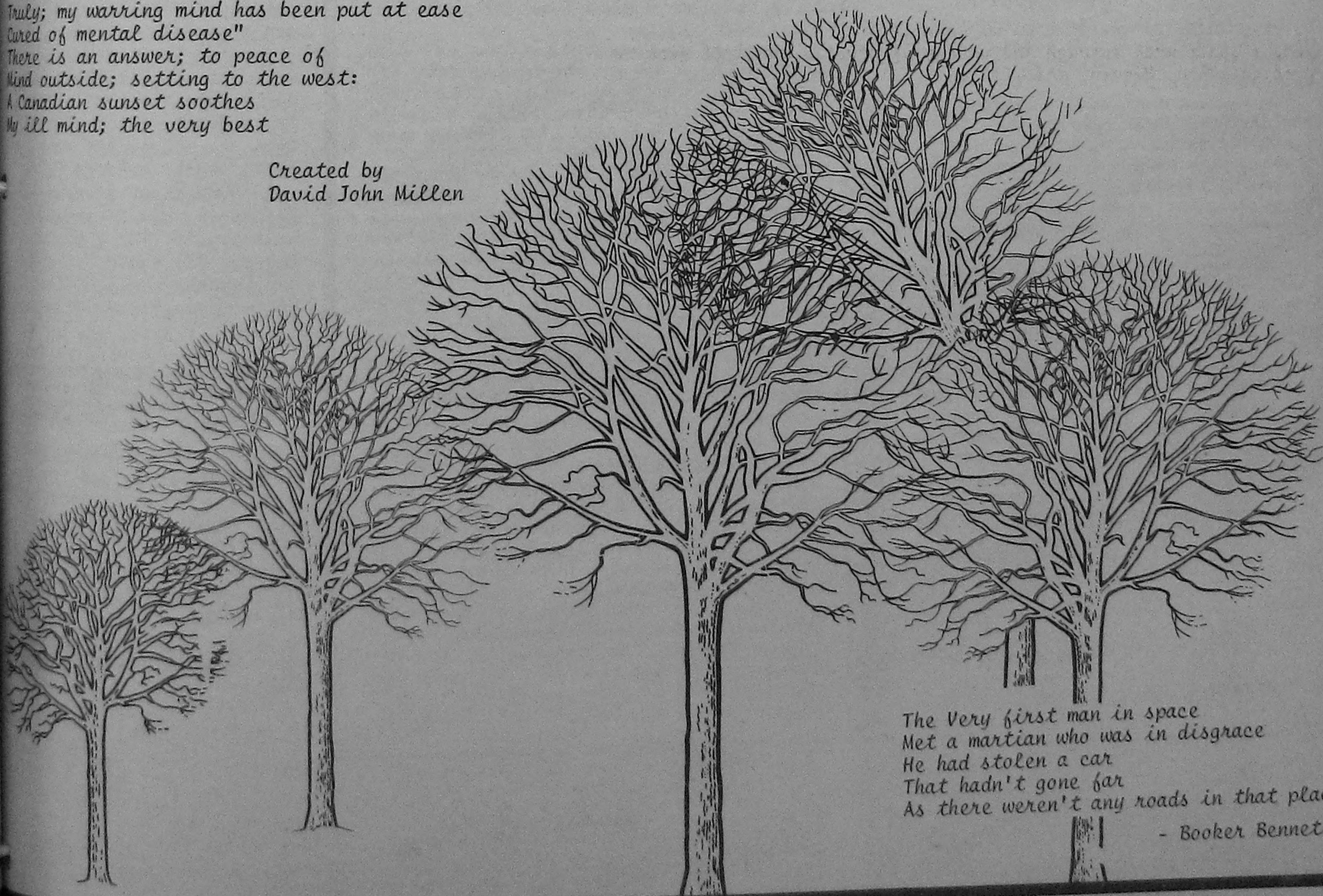
My bed is soft, comfortable
 very snug and warm
 I enjoy my bed
 Wish you could, too.

Don't be jealous of me
 instead
 Take pride
 In my pride, eh.

My bed is tall
 firm and colourful
 Not dull like your bed
 My bed is rectangular

Now you know
 it is not queen size

-Herb Runge-



The Very first man in space
 Met a martian who was in disgrace
 He had stolen a car
 That hadn't gone far
 As there weren't any roads in that place

- Booker Bennett -

SREAMING IN THE WIND

The following are excerpts from taped conversations between Molly Dexall and MAKARA's Nora D. Rundall. They worked together at Coast Foundation but had been out of touch for five years, until Molly called our office a few months ago about her writing — some of which appears here. You couldn't speak with Molly without being powerfully moved and informed about what it's like to be a mental patient. She paints a lucid portrait of someone who has been to hell and, in her own estimation, not quite back. Molly survived, and more than survived, and then she died, while this article was in progress, in August 1977.

I had a husband I couldn't live with and didn't know it, a husband who demanded me to be a particular kind of woman which I wasn't. He did everything he could do by force and any other way to mold me into what he wanted me to be, and I couldn't be it, it was totally against my nature I had not given up, and I kept trying, even though I should have known then that there was no point in trying. Sometimes you get into a situation where you're with a person and that person cannot find anything good to say about you; then the best way to end all the suffering for you and them is to clear out. And I hadn't reached that point yet.

I had a four-year-old child who was blind and that was very difficult. I was having a rough time and I was coping. My house was clean, my meals were made on time, everything was done. I was under a lot of pressure, but I was managing all right.

Then something happened to me, an unusual thing, involving another person, of high reputation. And I got very upset about this. I thought I should do something about it, but I couldn't think of anything to do or anyone to go to with it. I went to my doctor, and my doctor said, after he had finished talking to me for a while, that he felt I should see a psychiatrist. I thought he meant that because I was so upset about this thing that I should see a psychiatrist. In those days it was quite the thing, psychiatry; it isn't so much now as it was then.

That was 1955. So I went to a psychiatrist. He didn't even listen to the end of my story; what he did was tell me he thought I should go into hospital. I went in the hospital; I thought, I'll get a rest, someone else can serve me my meals, it will be really cool, I'll have a nice man to talk to and tell him all my troubles and everything. I was in there maybe ten days or two weeks before they decided what to do, and at that time the psychiatrist decided I should have shock treatment.

It's incredible what an ignoramus I was. I thought, well, I'll find out what this is all about. We'll give it a try. So I had shock treatment. I had six shock treatments, and found to my surprise that I had almost totally forgotten this incident that had upset me so badly and I had also forgotten my telephone number, I wasn't quite sure how many brothers and sisters I had, I certainly couldn't remember how to make soup, I couldn't remember what the bus fare was; and I went home in that state. That was supposed to be cured.

So I went home to the situation that had given me problems before, and it was almost impossible to cope with now that I couldn't remember that and this. People were treating me funny. I went around telling everybody I had shock treatment; I thought, that was really something, I knew what it was all about, and they didn't. I had no prejudices against mental patients and I didn't realize that other people did. And so there were people who began to avoid me.

I think I was home three months and I couldn't make it, so I went back to the hospital. I went into Crease Clinic (part of Riverview mental hospital). From Crease I graduated to East Lawn which was for women hopeless-to-impossible. At the end, I had been in seventeen times.

Then my son Fred was graduating from Jericho Hill School for the blind, and he wanted to go to public school. He could not make it without my help. So it meant if I continued with my travelling to and fro from East Lawn, without giving him steady support, his education would be a mess. So it was a matter of, well, I've lost my own future, but I don't have to lose his. I made up my mind that I was going to go beyond my ability, beyond my endurance, beyond everything: I was going to get the hell out of there.

I just went after a doctor. In East Lawn you see a doctor when you go in and a doctor when you come out, but in between you don't see them. They're down the stairs and out the hall as fast as they can before people can catch them. In East Lawn you've already given up trying to catch the doctors. In Centre Lawn you're grabbing for the doctors, but in East Lawn you give up, you don't even try. So I said I wanted to see the doctor and they arranged for me to see him. I went in and I saw him

and I said, 'I'm going home.' He said, 'Who says?' I said, 'I say. It's my kid's birthday tomorrow and I'm going home to make him a birthday cake.' He looked at me kind of strange, and said, 'Your husband doesn't want you to.' I said, 'There's no way he can keep me from going home. Because I own it, legally. Because my mother made us fix it up that way, with joint ownership. He said, 'All right, you go ahead, as soon as you don't feel good, come right back or you'll be in trouble. OK?'

I have never been back.

Then I had a few experiences with my husband that made it obvious that I was slowly being pushed to the wall. I sat in a corner in the kitchen, and didn't dare move out of it. He'd sit in the living room watching TV, and he'd march into the kitchen and open up the fridge and look in. He'd open the fridge just for an excuse to come in the kitchen. He wouldn't even leave me in peace in the kitchen. He'd come in bursting and blasting and looking at me and everything. So I took my bed and ran upstairs. And I was upstairs for a year. And even then he wouldn't leave me in peace. By gum I knew I had to go. There wasn't a corner I could put myself in. So then I landed at MPA (the Mental Patients Association) one night, and my face was all cut from a beating, and they said that's it, you're not going back. They had beds at MPA at that time. They said, 'Go downstairs and take the corner bed, and put a drapery sheet around you.' I stayed that night. And I went down to legal aid the next day.

MPA found a job, and I was to go down and apply for it. I was wearing the one dress I had that was presentable. When I went in I noticed I had a slit on the right arm, I had to hold it closed. My hair was plenty curled anyway from everything, but I did the obvious thing; I curled my hair and went down there. They interviewed me, they told me that it was a job having to do with the mentally ill, and they started asking me about myself. They were just curious about my background. I started crying. And they were crying with me; we were all crying. I came out of that and thought: I haven't got a chance in the world.

I came home and I went to my neighbour; she said, 'Did you make it?' I said, 'No way, I haven't got a chance. I put them all in tears. I won't be any good at it. I haven't a chance.' They called me that night to tell me I had a job. My god. I left my neighbour's and I went home. I had a little tiny suitcase with all my clothes, and seven dollars.

Fred had some money, and it was in my name; he had a couple hundred dollars in my name. It went very much against my grain; I took the money. I told him about it. I said, 'I'll help you every night with your homework. I'll give it back.' I wasn't going to get paid for a month. And I went out and took my suitcase and got a room. Next day I went to work. There's no answer to how or why it was possible, it happened. Two days later Freddy was on my doorstep; he said, 'I can't live with him either.' So there I was with my kid in my room. I couldn't sleep on the bed, let alone both of us. That night he slept on the bed, I sat up; I went to work the next day and he went to school. And then after I came home from work, I called MPA. I said, 'I need some help. I have to get a place to live with Freddy.' We came to this place, and it was more than I could afford. But what are you going to do? So I took it. It was furnished.

When I had my day off on Saturday, I went to the house — I still had a key to the house. I went to the house and I had a moving van come, and I got everything that I owned personally, stuff people had given me, stuff I had brought to the marriage from my single days. And all the things, we packed them into the moving van. My husband was sitting in the chair ready to make trouble, and he thought the movers were friends of mine. So two great big bruisers walked in and he sat quietly in the chair.

I was beyond fright. I was numb. I just did what I had to do. And I moved the whole bloody mess in here and we set up house and we have a happy home. And they lived happily ever after. They should, by god, after all.

recreational programs for ex-mental patients who were living in licensed boarding houses in Vancouver. These boarding houses were overcrowded and provided only a place to sleep and meals. Coast would go from house to house in their rickety bus and take people for afternoon drives around the lower mainland. They also organized cardgames, bingo, rug-hooking and coffee drinking at community centres, and a couple of times a year organized a big dance.

NOTES. The Vancouver Mental Patients Association was founded by former mental patients, who knew that re-adjusting to an unwelcoming society required somewhere to go to between the hospital and the street. Among varied services, the MPA has a drop-in centre and five group houses, and they lobby for the human rights of the emotionally handicapped, who are noticeably unmentioned in Bill C-26, the Human Rights Act.

Coast Foundation, when Molly worked for it, provided social and

SAGE BRUSH SALI

Bout ever 3 - 4 years we seems t'git us a real bad epidemic. 'Pears t'coincide with 'lections.

This here epidemic hits kiddies an it be some'at like yer malaria. Once ya git it ya got it fer life. No cure yet.

Only danged thing I knowed of be t'stay way from yer hustlin' politekers.

Don't let em kiss yer young'un. That be how these here experts thinks it be spread.

Trouble be - t'thing lies low fer a spell so you don't rightly knowed some'at aint right. Ya sure finds out quick like when Jr. goes t' school.

Aint get em no name fer it cause theys jest found t' thing out. I calls it Politekal virus.

Caint blame Jr. - he caught it an t'aint his fault. Seems any kiddie - or most o'em - what be kissed by yer Politekers ends up with some'at what makes 'em lie - caint help it none - an t'aint what ya calls yer little white lies neither. It's what yer head fellas calls Pathological lying.

I reckon all parents should be told 'bout this here so's they can protect Jr.

Ya gots t'keep t'kids away from all meetin's an all Politekers. We got us' uns nuff liars round now - don't need more o'em.

Course - - if'n ya wants Jr. t'be a Politeker some day - take him t'all t'meetins - don't matter what Party - an make right sure he be kissed by everone.

---Dependin' on t'amount o' kisses Jr. could be alder-

Dependin' on t'amount o' kisses Jr. could be alderman, mayor, MLA, Premier, MP, or even Prime Minister.

-Sage Brush Sali-

COFFEE

For COFFEE Drinkers
An IBM study of 73,000 employees since 1968 has found no relationship between coffee drinking and high blood pressure. A smaller study in Evans County, Georgia concluded similarly, that there was no association between death from heart disease and consumption of coffee.

But, take note that excessive coffee drinking (9 to 10 cups per day or more) can result in the "restless leg syndrome" or even bring out an underlying schizophrenia in susceptible individuals.

RIVERVIEW EXECUTIVE COMMITTEE REPORT



On Wednesday, January 31, MPA members including three Riverview patients, and Gerald Green, lawyer with the Mental Patients' Advocate Project, met with the Riverview Hospital Executive Committee and Elizabeth Barnett, Director of Volunteer Services, for the first of this year's quarterly meetings. An MPA agenda was submitted previously to the Executive.

The first question raised was, "Are patients being discharged from hospital as a result of their seeking court action to obtain their release?"

This arose from a concern of members that some patients are hospitalized longer than necessary. One indication of this seemed to be that when a patient sought court action through services of the Mental Patients' Advocate Project, he or she would be discharged quickly, which seemed to imply either that the patient should have been discharged already or was being discharged precipitously so the doctor would not have to justify his diagnosis in court.

In reply, Dr. McCulloch, Chief of Medical Staff, reported he had contacted all doctors in Crease Clinic and that none of them discharge patients to avoid court action. The suggestion was made by Dr. Goresky, Medical Director, that on previous occasions Gerald Green did not contact a client's doctor to inquire as to discharge plans. This could have led to a mistaken impression that patients were discharged hurriedly to avoid court action when in fact they were to be discharged anyway.

Gerald Green stated that it is now the practice of the Mental Patients' Advocate Project to make such inquiries and they had been doing so for the past three months.

It was suggested Dr. Goresky that MPA document any future complaints that cannot be dealt with otherwise and submit them to him.

The Mental Patients' Advocate Project provides a variety of

civil legal services to all psychiatric and former psychiatric patients in British Columbia and will assist patients in attempting to obtain their discharge. The project maintains an office next door to MPA in the Tuck Shop building at Riverview.

Because lawyers Gerald Green and Catherine Turner and friendly project factotum, Rhonda, have provided good service to MPA members, we reaffirmed to the Executive Committee our support of their work.

Incentive to do so came from the fact that the project requires re-funding later this year and there were rumours that Riverview Executive were at odds with Gerald Green on a variety of matters related to his duties.

Dr. Goresky informed us that he, Drs. Hislop and McCulloch and Emily Mitchell, Director of Nursing, met with Gerald on January 29 to discuss these matters. Gerald has shared his notes from the meeting with Dave Beamish and will explain more fully at a later date.

As usual, MPA has funding problems of its own. The current Riverview Project expires in September. As Canada Works is unlikely to re-fund it, we will be seeking money elsewhere. Dr. Hislop, Executive Director, agreed to support funding applications for appropriate MPA projects in future. Subsequent to this meeting he began to do so by sending a letter to Job Creation in support of a Young Canada Works application made by the Riverview Project.

MPA Residence Program in 1978 experienced a vacancy rate higher than is economic. Because we believe many hospital staff are unfamiliar with our program and some are unfairly biased, we explained the situation to the executive. Dr. Goresky confirmed that our houses are a useful resource to patients and it was suggested we prepare an information sheet on the program for distribution to

staff. This has since been done and is being followed up by Riverview Project workers and volunteers.

Complaints were made regarding faulty pay telephones in Crease Unit and difficulties in phoning in messages to patients.

W.D. Spears, Asst. Executive Director, referred the matter to H. W. Marsh, Administrative Officer, for investigation. MPA subsequently received a memorandum from Mr. Marsh detailing his efforts.

He described various problems with the phones, among them, use of slugs, tie-ups while people wait for incoming calls, report of phones out-of-order when a busy signal was received, and others. He also mentioned repair work done recently and procedure followed when a phone is reported out-of-order.

Here is one interesting excerpt from his report:

"There are presently 5 pay telephones in the Crease Unit, with 3 on the wards. Discussions have been held with the B.C. Telephone Marketing Division to remove the lower floor (library) unit and install a pay phone in a ward. The nursing department would prefer a phone on West 3. The B.C. Telephone Company are reviewing the receipts from the ward telephones and if the installation can be qualified by use (income) this will be done on completion of the survey."

In regard to the problem of phoning in messages to patients, Mr. Marsh was unable to identify where the problem lies and seeks specific instances in order to identify the area of difficulty. Dave Beamish is following this up.

Should you have any difficulty with Riverview telephones, note when and with what phone, and report your problem to Crease Information. Do the same if a friend (patient) does not receive your message.

The final and most important

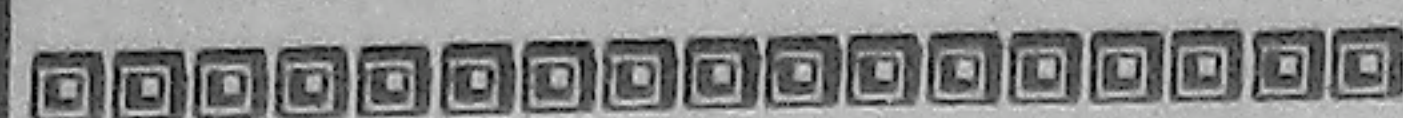
continued page 12



Richard



Angela



At the previous Executive Committee meeting, September, 1978, MPA suggested formation of a Patients' Council. Liz Barnett offered the services of her department and was appointed by Dr. Hislop to consult with nursing staff and MPA in producing terms of reference.

Its intent is to provide patients with a democratic forum for free discussion of matters they believe to be significant. Based on our experience, MPA members know that people can regain a sense of personal power and independence by exercising decision-making skills in important areas of their lives. The Patients' Council process promotes development of such skills. Hopefully, it will also promote improvements in the hospital as patients make known their decisions to staff and administration.

The Executive Committee approved in principle a Patients' Council. Dr. Hislop appointed Liz Barnett to chair a committee comprised of hospital staff and three MPA members to produce a workable proposal.

At this first meeting we discussed some points of council philosophy and objectives, using the MPA proposal as a guide. It is too early for comments on the committee other than to say that all members seemed sincere in their desire to produce a workable proposal.

The fact that the Executive has acted on our complaints, requests, and recommendations in a direct and open manner is indicative of their good will. This attitude can be experienced on many wards these days. Although we will continue to differ on various matters it seems that finally we've begun to communicate.

-Dave Beamish-

Search Committee for the Mental
Health Director,
3600 Geddes Road,
Ann Arbor, Michigan 48105, U.S.A.

In reply to your letter of October 6, 1978, requesting suggested criteria for selecting a Director of Michigan's Mental Health Department.

1. The self-help model should be applied both in psychiatric settings and all residential situations for ex-psychiatric patients in the community.

2. Decision-making power over living situation and treatment should be given to patients in all mental health facilities.

3. Consumers of service, i.e. psychiatric and ex-psychiatric patients, should be represented on all governing bodies in the mental health service.

4. Citizens of the community at large should be represented on all governing bodies in the mental health service.

5. Large psychiatric institutions should be decentralized and care given in the community.

6. All kinds of housing should be made available for psychiatric patients, i.e. crisis facilities, halfway houses, homes for those difficult to house and subsidized apartments.

7. A strong program of public education should be implemented with emphasis on the needs and difficulties faced by psychiatric patients and attempting to portray psychiatric patients for the real people they are, rather than the boogey-men and -women they are too often imagined to be, both by the media and the general public.

We recognize that these suggestions represent only a partial list of criteria for selecting a Mental Health Director but do believe that such principles crucial to the well-being of psychiatric patients anywhere.

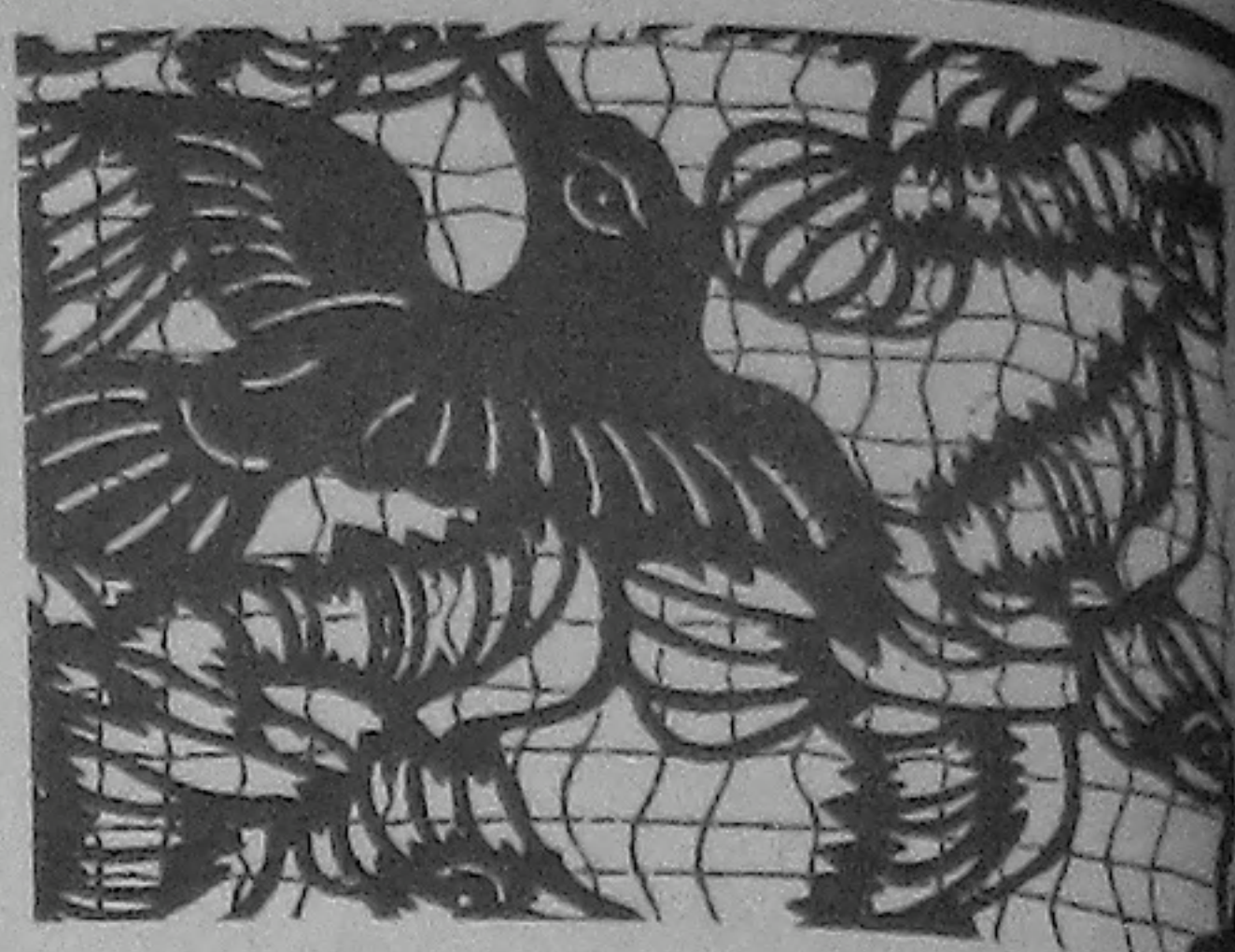
We wish you every success in your search and would appreciate information regarding the new Director when available.

Sincerely,
- MPA Membership -

THE GUY IN CELL 2

To Bennett, McClelland, and the
guy in cell 2 right 16.

After reading the informative article on Bill 18, in the October edition of the NUTSHELL, and listening to the testimony of a number of heroin or methadone users, I am inspired to respond.



It has always been against the medical profession's policy to withhold medicine in treating patients, for complicated reasons, I am sure. It is certainly against the policy of psychiatry, and I ought to know. It is also well known that you cannot force this help (or they call it that) on these strong people.

No one has the right to infringe on the personal feelings of other human beings' problems to gain political support of an uncaring society.

That is what this government is all about.

If we let this continue, we are moving in the direction of a combined Police and Medical State. That will be the end of this country that I, for one, fought for in Second World War.

It makes me wonder who has the problem, heroin addicts and other people who are scoffed at, like members of M.P.A., or is it the ignorant, uneducated, inexperienced people in the nicely living society with monetary values. It seems to me, a selfish, scared way of life.

We must see the legalization of narcotics. Lessen the addicts' problems by removing the need to steal, thereby also helping the economy.

I am reminded of an experience I once had in my life. In my class at school, I was usually at the top of the class in exams but, due to more problems both at home and in my life than any other youngster in the school perhaps, I held the record for truancy. The principal's solution to my problem was to expel me, leaving me with a grade eight education, and later charging the ratepayers to maintain me in Riverview for seven years, and it's all the more difficult for me now.

Anyway, sorry junkies for getting my own little two cent story in, (I need a plug now and then too, you know).

People can work, make love, drive safely, cook and everything else, on heroin. They don't need a non-understanding society to tell them how to wipe their bum.

Who is to say that they are sick? They sure aren't crazy; I'll tell you that much. I think Schwartz is basing his philosophy on what they have done in Japan. I think that's ridiculous, absolutely ridiculous. This is not the Orient. The cultures are so far apart that not even love could bring us together. I have traveled quite a bit to the Orient, incidentally.

If this country will only smarten up, we will all be happier.

- Tom Pollok.

DRUGS

CONTACT-C & MELLARIL:

a fatal combination
Most anti-psychotic drugs can cause irregularities in heart beat. As a rule, such effects are not considered dangerous unless the person has a weak heart to begin with. Thioridazine (Mellaril) and mesoridazine (Serenal) have a greater tendency to produce cardiac side effects and therefore they are rarely given to people with known heart conditions. In others, Mellaril is widely used because of its calming effect and low incidence of extrapyramidal reactions. Unfortunately, dangerous cardiac complications may arise in these people as well, especially if other drugs which alter the heart beat are taken at the same time. The following case unhappily illustrates the seriousness of this interaction:

A young woman, with no known heart condition, suffered a fatal heart attack after taking her usual dose of Mellaril plus a single Contac-C capsule.

Presumably, the attack was caused by the additive effects on the heart of a nasal decongestant ingredient in the Contac-C (phenylpropanolamine) and the thioridazine. The severity of the interaction was intensified by the fact that both drugs were taken just after a meal. Food apparently increases the disturbance of heart beat caused by Mellaril.

There are a couple of other distressing aspects of this unfortunate incident as well. First, it was noted that the woman had just been switched to Mellaril from chlorpromazine. While taking the chlorpromazine she had an electrocardiogram done that showed typical phenothiazine-induced abnormalities in her heart beat. Regrettably, this was not felt to be a contraindication to Mellaril usage, or an indication of future heart problems. Secondly, before taking the Contac-C, the woman's husband had checked with the hospital from which she had recently been discharged. The hospital gave its okay, obviously unaware of any potential interaction.

A fatal reaction such as this is undoubtedly rare statistically, but it is no less tragic personally. Perhaps its severity will

impress upon doctors the need to take the ECG changes caused by psychiatric drugs more seriously, and upon those taking such drugs, the dangers of combining medications of any kind at any time.

Other cold medications that may have the same effect as Contac-C are: ALLEREST: NY-QUIL: ORNADE spansules, DM and AF, and expectorant syrup: SINUTAB plain and SA: TRIAMINIC decongestant tablets, plain and DM; decongestant and expectorant syrups: VICKS COUGH SYRUP and FORMULA 44-D.

As a final note, some of the anti-depressants (Elavil, Tofranil, and Sinequan) also cause heart beat changes and could possibly interact with these medications as well.

FLUPHENAZINE

It is a well documented fact that fluphenazine injections are associated with a high incidence of movement disorders. But, it is also generally accepted that such unwanted side effects are insignificant in comparison with the benefits of fluphenazine treatment, and that once the drug is discontinued they will disappear.

The results of a recent British study show that such beliefs are probably unrealistic. They found that 63 out of 400 patients (that is about 16%) receiving long-acting fluphenazine injections developed irreversible tardive dyskinesia, the ultimate movement disorder. In other words, side effects caused by the drug were indeed very significant and lasting in a considerable number of people.

The author however, still feels that it is better to have some involuntary mouth movements than schizophrenia. Perhaps true, but what if you didn't have "schizophrenia" in the first place? In a minor concession at the end of the article he mentions that using lower doses and avoiding the indiscriminate use of anti-Parkinson drugs (e.g. Cogentin) might help. But, after all, tardive dyskinesia is not so bad for other people to have.

MISUSE

OF PSYCHIATRIC DRUGS:

An article in the British Medical Journal reported that in 287 outpatients taking various psychiatric drugs, 50% of the drugs were incorrectly prescribed on pharmacological grounds.

Most were being given for too long, at incorrect dosage levels, or in combination with other drugs that were either doing the same thing or counteracting it.

Similarly, an American group writing in the American Medical Association Journal found that 67% of patients given psychiatric drugs in a hospital had no appropriate diagnosis noted on their charts. In 80% of the cases there wasn't even any data, such as symptoms or test results on the chart to support the use of these drugs.

ADDICT

I feel if a person is becoming a nuisance on the streets and is that addicted he also should be provided with such service. The present program has failed to disclose any specific treatment publicly and we should know what it is that is going to be used on people.

It has been presented as another penal system, and the two present programs already available to us have a very high failure rate, in that people are never completely cured of what ever ails them, whether it be addiction or crime.

I think it is going to promote more pushers and become another asset to highly organized crime. One thing a junkie doesn't need is another junkie within close proximity. As for your old Indian rope trick, that Mexican is sure getting away with all your silver.

-Hungry Monkey-

MAGICIANS

The professional magicians of our psychiatric community should be made aware that their witch-doctoring does not work.

I have seen people go into psychiatric institutions with emotional problems and be labelled as this and that. They were put on different types of medication, some of which have weird side effects; some of these are irreversible. These side effects produce symptoms of other types of hypothetical sicknesses. In which case the professionals use other types of treatment; i.e. electroconvulsive therapy.

I as an ex-patient think that the public should be fully informed of these goings-on.

"You, Mr. or Mrs. Q. Public - what would your position be if these atrocities were allowed to happen to your family, your relatives, your friends or yourself?"

The ineptitude of these professional magicians must be questioned if our society is to achieve mental health.

The patient must have basic human rights, the most important being due process.

BEDLAM

BY ANY OTHER NAME STILL STINKS

The psychiatric profession, although far from perfect, is dedicated to helping those in need.

Few mental patients appreciate the help they receive; I suppose that often the psychiatrists have no real understanding of the problem they're trying to treat, so they use different drugs to calm down the patient or change him, because those are the only tools they have.

The psychiatric profession has progressed since the last century, when mental patients were treated very cruelly and locked up in very hellish hospitals.

Maybe some changes still need to be made but I do believe there is no conflict of interest. Doctors want to cure people and people want to be cured.

Maybe a little more cooperation between patients and doctors would make it easier for both.

-a member-



PAT

PRESS RELEASE



After a year of uncertainty about its continued existence, a pioneering program for self-help among mental patients has finally received firm funding from the provincial government.

In a contract signed Thursday, March 29th, with the Mental Patients Association, the government explicitly recognizes that M.P.A.'s residential program "does not fit neatly" into any existing financial aid program.

But, as the contract notes in its preamble, Victoria, through its Long Term Care Program, "accepts the self-help model of care and operating philosophy of the M.P.A., and will agree to fund the care component of the M.P.A. houses providing the terms of this letter of agreement are adhered to."

The agreement means that M.P.A.'s five houses, with a total of 50 residents, will receive \$142,800 from the L.T.C. program which is administered by Ministry of Health.

Until this year, the M.P.A. housing program had been financed by the Ministry of Human Resources but a governmental reorganization had moved it into the L.T.C. program.

Following the signing of the contract, M.P.A.'s Housing Coordinator, Dennis McInnis, stated, "We were concerned that the unique aspects of our residence program would be lost under Long Term Care regulations. But we've concluded a contract that's a first in B.C. - real flexibility on the local level under Long Term Care."

M.P.A.'s major concerns were met by the contract signed March 29th:

- Residence coordinators will work flexible, on-call hours instead of the conventional fixed shifts
- Residents will receive spending money to meet their own personal needs
- House members to continue to choose by voting who they will live with, and to make all important decisions concerning the five houses.

In addition to Long Term Care's \$142,800 for April, 1979, to March, 1980, the housing program is funded by social assistance payments from the Ministry of Human Resources to each of the 50 individual residents. The total cost of the program for the next year will be approximately \$260,000.

The M.P.A. Residence Program has won praise from mental health professionals and consumer groups across North America for its innovative approach toward getting mental patients back into society.

In a letter to M.P.A., Michael Sorochnan, Vancouver's Administrator for Long Term Care, pointed out, "Victoria has allowed the Vancouver Long Term Care Program significant flexibility in accommodating changes in normal Long Term Care funding procedures to allow the M.P.A. to retain its existing operating philosophy."

McInnis stated, "We're thankful to all the people who wrote letters of support for M.P.A. to the Minister of Health. We also got good coverage from the media. Now we're looking to the future. We know M.P.A. does a good job, and we're happy Long Term Care has acknowledged that."



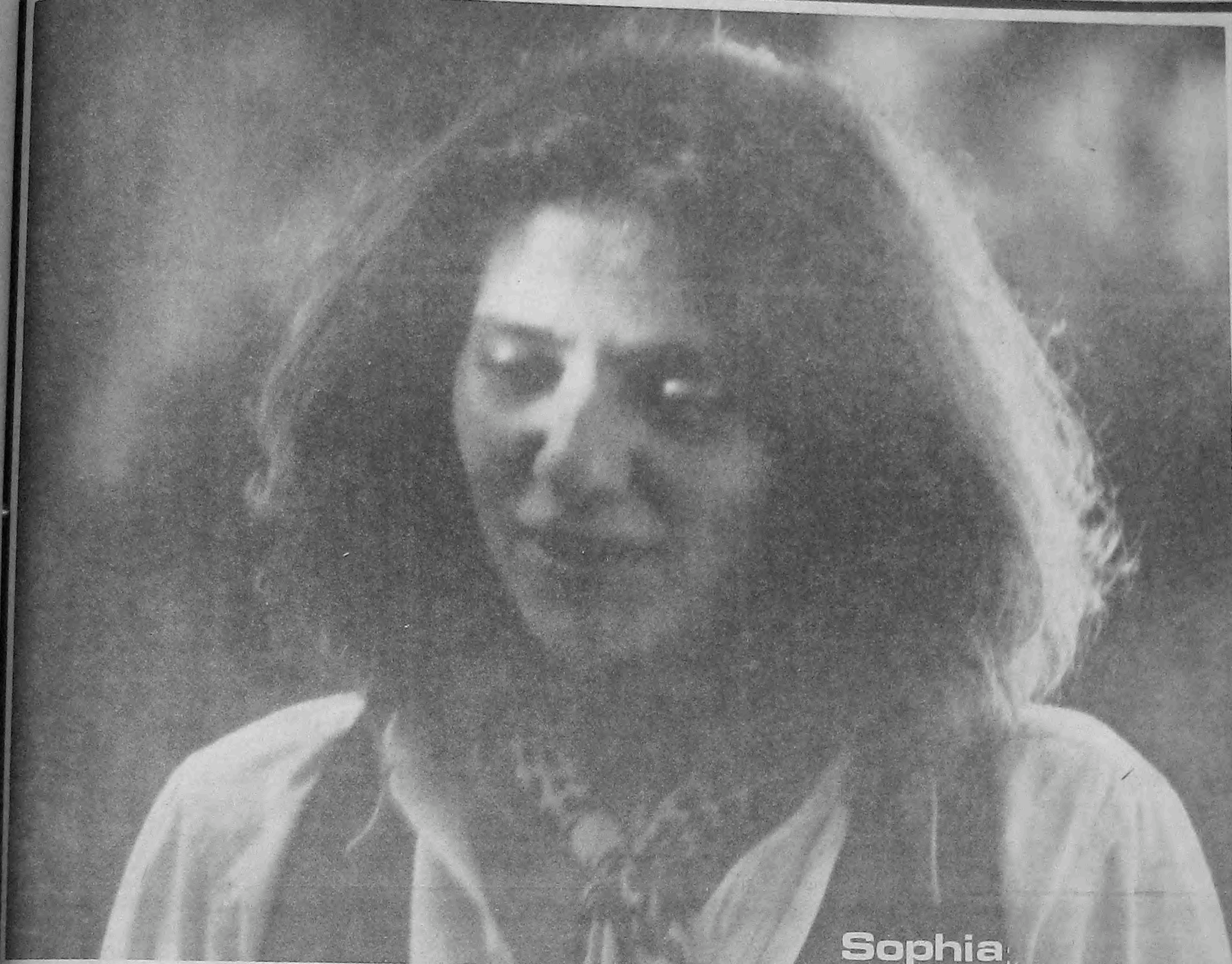
For further information contact:

Marilyn Sarti, Office Coordinator

738-2811 or 669-1499

Dennis McInnis, Housing Coordinator

738-5177 or 681-0902



Sophia

X-RAY VISION: ART TECHNO IS DEFINITELY TAKING ITS PLACE

THE RELATIONSHIP

between art and nature has been a recurrent theme in creative works throughout history. Geoffrey McMurchy's exhibition "X-Ray Vision" attempts to integrate the two. Not your run-of-the-mill reconciliation of disparate approaches, though. Few artists expose themselves to such vulnerability; this is not standard self-portraiture.

A quadriplegic for the past two years McMurchy's exhibition is subtitled "Accidental Collage." The works are a documentation, even an invasion of "one man's body... claimed by art and nature." The artist has been systematically x-rayed, admittedly beyond therapeutic requirements. Thinking it would act as rehabilitation, hospital staff provided McMurchy with a complete record of his body, x-rayed at his own request. He has affixed colour Xerox images to these large format transparencies and arrived at a powerful statement about the hardness of technology and the fragility of nature.

Photographs reproduced by colour photocopy have a surreal effect which is at least twice removed from reality. Attached to the looming background of an x-ray, they take on an intensity that is full of



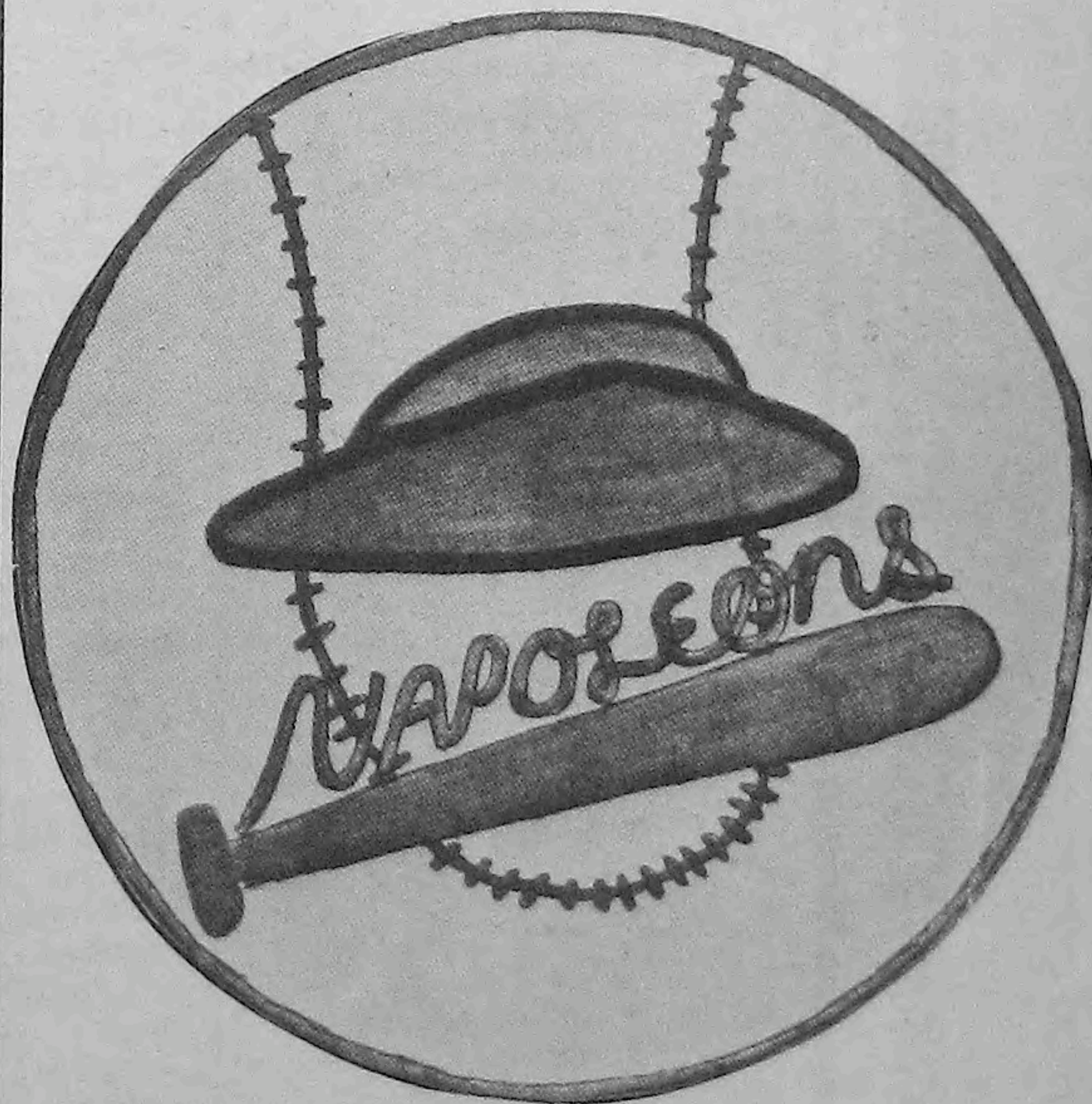
life force and yet delicate at the same time. The effect is a tension between hot images on cold. Survival and creativity rise on the wings of a butterfly out of the black and white of the x-rays — a recurrent theme in the works is flight. Feathers and wings alight delicately to resurrect what is earth-bound. "I get the feeling I'm remembering how to fly. It will happen again and by then I'll know why," is an inscription on one work.

Another piece has the digital face of a telephone secured on an x-ray. "I seem to have a bad connection. (God dial me a better line)," is the wry title.

Art techno is definitely taking its place. The time elapsed between a mental image of the creative work and the finished piece can now be greatly reduced. Because the artist does not have to deal laboriously with technique, content becomes of primary importance. And the ideal of becoming liberated through technology can begin to be realized.

"X-Ray Vision" is at Pumps Gallery, 40 East Cordova Street, until March 17th. Hours are Tuesday to Saturday, 1-5 pm, 688-7405.

By Kathy Vinton



THE WINNER !

The above design submitted by Doug Sarti won the \$25 prize in the contest for a t-shirt logo for the M.P.A. softball team the NAPOLEONS.

BITS & PIECES

excerpt from:
POSITION PAPER ON MENTAL
HEALTH SERVICES FOR BRITISH
COLUMBIA

"I don't see all mental patients as the underdogs of society and mental health professionals as villains in making them underdogs. I think a lot of mental patients have become self-centred, self-indulgent, introspective, dependent, people whose main problem is their lousy self-image which keeps them as underdogs. Why? Because they're being helped by the helping professions, and pitied or feared by a society ignorant about mental illness. To be in the position of being a person who is helped, or pitied, or feared, or ignored, is to be put down to the point of feeling inferior or worthless.

...Bill C 24, the Canadian Human Rights Bill, excludes the mentally handicapped as a class against which society cannot discriminate. The Bill includes the physically handicapped, the ex-cons, sex, ethnic background - you name it - but it excludes the mentally handicapped and this has got to be changed...

Enlightened mental health legislation can also help the self-image of the mental patient... If basic human rights aren't legislated, they become differently interpreted by individuals working in different institutions. Some people in the helping professions bend over backwards in helping mental patients who should be helping themselves. I've seen mental health workers make themselves sick by doing too much for their patients, over-protecting them as though they were dependent children. I've also seen mental health workers who can't even be bothered to explain drug side effects to people who are suffering a lot of needless physical and mental agony through ignorance of their own symptoms.

I don't think individual charge nurses or social workers should make decisions as to whether or not the patients in their care should have visitors or make phone calls, or whatever. Basic human rights should apply to all people in Canada. MPA believes that basic human rights and due process of law should apply to mental patients whether patients are in local hospitals, psychiatric or forensic institutions...

Now we need legislation which states clearly that mental patients in institutions have basic rights like everybody else. Laws which state certain regulations and rules governing the rights and responsibilities of helper and helped simply formalize the process of improving a patient's self-image and standardizes the procedures. The results won't be perfect but I think they'll be far better than the haphazard arrangements existing from institution to institution in B.C. today.."

OPSHA

A NOTE ON OPSHA - ONTARIO
PATIENTS' SELF-HELP ASSOCIATION

The Ontario Patients' Self-Help Association (formerly Ontario Mental Patients' Association) is an independent and non-profit organization of psychiatric and former psychiatric patients based in Toronto. Former psychiatric patients established the group 1½ years ago on August 9, 1977.

Over 100 people have joined or expressed an active interest in OPSHA. Membership is FREE. The only criterion for joining OPSHA and coming to the meetings is present or past psychiatric treatment, inside or outside a psychiatric institution.

OPSHA is run democratically. All decisions are made by majority and open voting, each member has one vote and all positions are elective. OPSHA now has four directors and five officers: a chairperson, treasurer, membership secretary, recording secretary and a press or media officer. We recently drafted and approved a Constitution and By-laws, we're also incorporated as a non-profit organization.

The chief purpose of OPSHA is to provide support and services to psychiatric and former psychiatric patients. We hold informal, weekly socials every Tuesday night at 8 in All Saints Church, which is located at the corner of Sherbourne St. and Dundas St. E. The business meeting is held once-a-month on the last Tuesday. We're also planning to provide a wide range of social, recreational and educational activities for our members. We're also seeking funding.

WE ENCOURAGE PEOPLE TO GET INVOLVED AND START DOING, SPEAKING AND THINKING FOR THEMSELVES.

If you'd like more information, please call us at 461-7994, or write to: P. O. Box 7251, Station A, Toronto Ontario M5W 1X9

NIGHT MARE

NIGHTMARES AND BEDTIME
MEDICATIONS:

Giving the total dose of psychiatric drugs just once a day is advocated for its convenience, its increase in patient compliance and its possible sedative effects. But large doses of psychotropic or antidepressants taken at bedtime can often disrupt sleep by causing very distressing nightmares.

When the medications are taken in smaller doses throughout the day this bothersome side effect is reduced.

ALLERGY

SCHIZOPHRENIA AND FOOD
ALLERGY:

A British research group thinks that allergies may be a cause of schizophrenia. They found the so-called "schizophrenics" had higher antibody levels to certain grains than "normals". In order of decreasing importance, the grains were: barley, lentil, wheat, haricot bean, soya bean, and rice. Their study also considered allergy to cow's milk but found no relationship between it and schizophrenia.

TYPE A

BEHAVIOUR MODIFICATION:

An editorial in the Canadian Medical Association Journal on "Type A Behaviour (that is aggressive, hyperactive, achievement-oriented behaviour) and Heart Disease" states that "for the potential benefit of many population subgroups, social psychological intervention (behaviour modification) aimed at whole communities may ultimately be the most practical and beneficial approach" to decreasing type A behaviour and thereby decreasing the incidence of heart disease. In other words, this editorial is proposing intentional behavioural control of the general public or the molding of masses according to the whims of an "educated" minority.