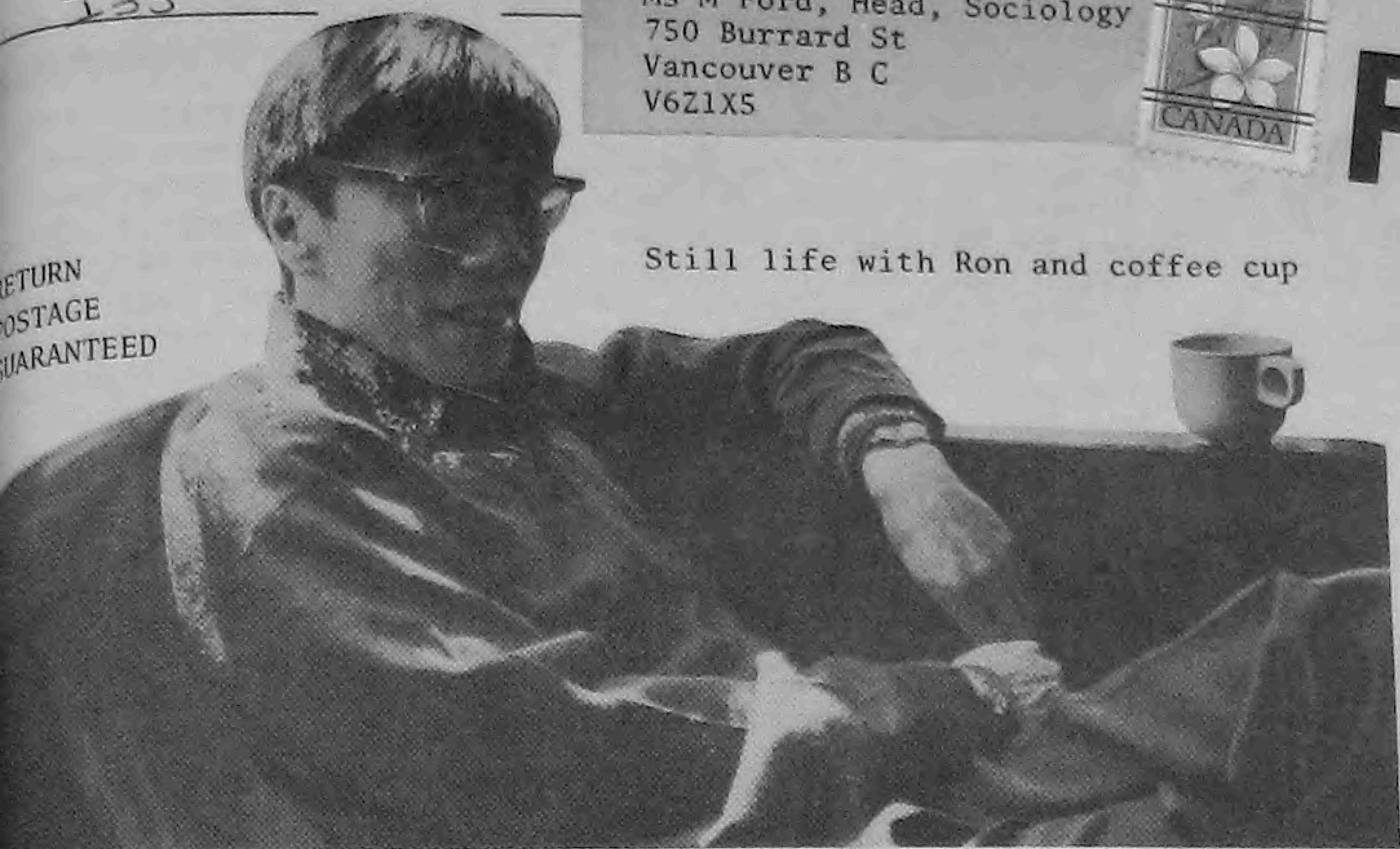


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RETURN
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Still life with Ron and coffee cup

"in a nut shell"

VOLUME 7 NUMBER 2

Newspaper of the Mental Patients Association

Offices at 2146 Yew St., Vancouver, B.C. V6K 3G7

Telephone (604) 738-5177

ONE STEP BEYOND

Construction will soon begin on a new 14-unit building in the Fairview Slopes costing \$720,000.

Nearly a year in the planning and design stages, the building will represent a new approach to working with ex-mental patients.

Marilyn Sarti describes it as "an apartment building for graduates of our other five residences." This means that the kind of activities planned for the residents will be geared towards more independent living, and also toward getting a job and eventually becoming totally integrated with ordinary society.

Project Manager Jacques Khouri, who was hired last August, said that the most difficult thing was not losing momentum while waiting for Provincial funding.

"It took seven months but finally we got the Minister of Health in Victoria to confirm that funding will be available through Long Term Care," he said.

Another reason for frustration was the Vancouver civic strike, during which the development permit application was held up. However, the Project Architect, Jay Bancroft, was able to meet with the Urban Design Panel and get their approval for the design.

Bancroft worked with a Planning Committee of MPA consisting of Marilyn Sarti, Tim Isaac, Alex Verkade, Geoffrey McMurchey, Charlene Gardiner, and Patty Servant.

With the help of a CMHC start-up loan of \$7,400, the project was able to pay for the initial organizational and consultant fees. The City of Vancouver was supportive, and Ann Kloeppenberg of Social planning was part of the planning committee.

The concept of the building had to serve the needs of the proposed residents, and so a great deal of thought went into deciding the kinds of activities planned and the space requirements for them.

FEE • FI • FO • FUM

I SMELL THE BREATH OF A DEVELOPER

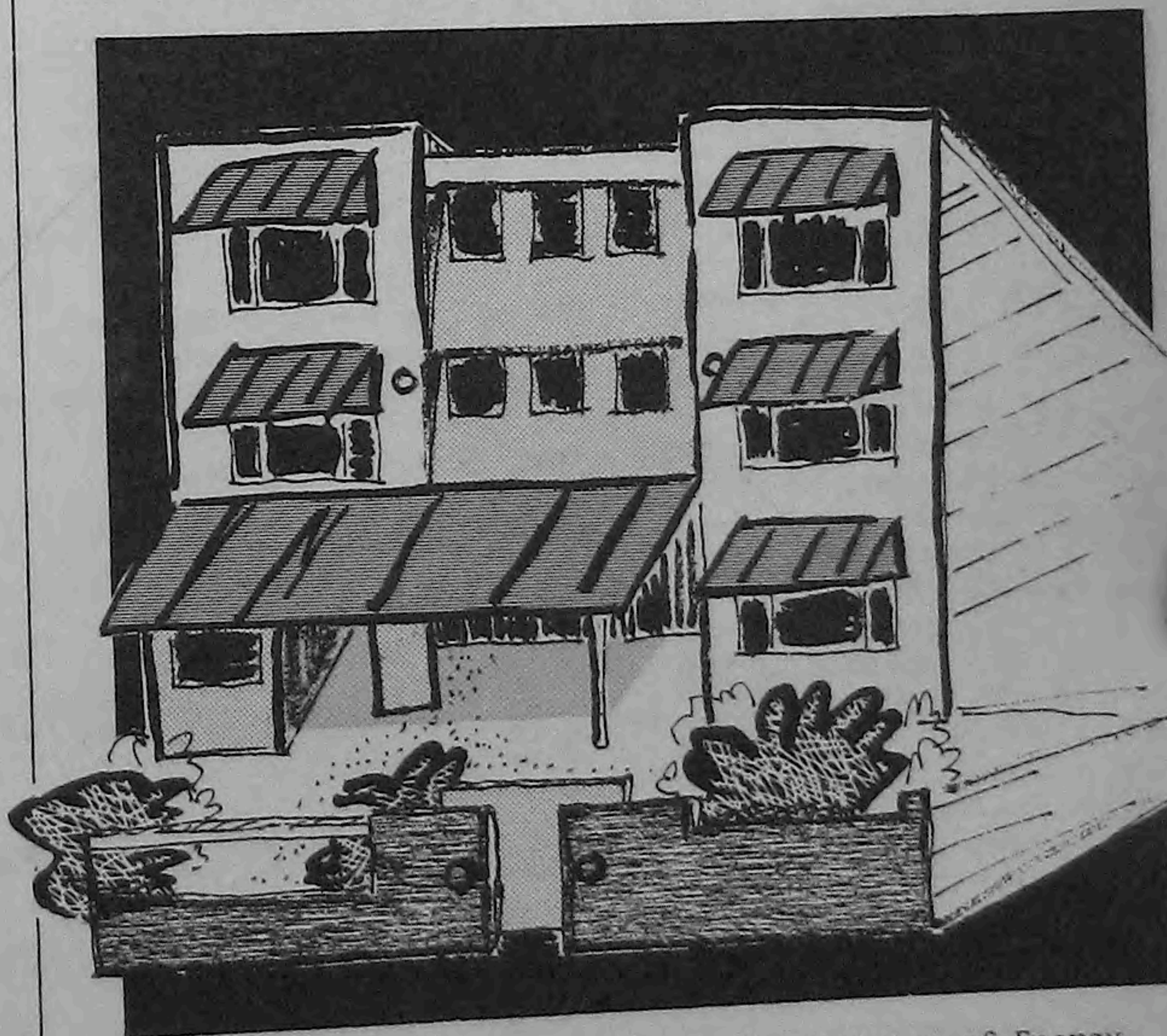
During the garbage strike there were people sleeping in the Smithrite garbage containers. Is this some California - inspired - get - back - to - the - garbage movement? Or did someone inadvertently slap a 'For Rent' sign on the broadside of a Smithrite? Neither. It's the housing crisis, and, as usual, the poor 'dwell' on it.

City Council in San Francisco passed a progressive by-law recently concerning replacement housing. When one housing unit is demolished, another in a similar price bracket is erected and the evicted party is given first choice of the new housing. With the current housing shortage happening here in Vancouver, you'd think that some sort of similar strategy would be adopted. Anything! But our Ministry of Human Resources can barely get around to doing an "official" study of what the development of B.C. Place and Pier B.C. will do to the residents of the adjacent areas, let alone the City Council passing a motion for replacement housing.

continued on page 12

For example, a common lounge with kitchen facilities will be on the main floor. There will be 10 studio apartments and four one-bedroom suites, one reserved for the caretaker/manager.

Bancroft has tried to use solar energy in the design as well. Collectors on the roof are planned for heating, with a piping system to bring heat from the south (sunny) side to the north side of the building.



An application has been made to the Ministry of Energy Mines and Resources for a solar grant to enable the MPA to include this feature in the project.

Once construction begins in August, the completion will be seven months later, or about March of 1982. A builder has not yet been chosen, but will be selected through a public tender process.

"I'm really pleased, to be honest, with how things have worked," said Marilyn Sarti.

And so are the rest of us.

- By Jacques Khouri

ISSUES

M.P.A. is currently undergoing another period fraught with violence. We have gone through similar phases in the past, and while it is of little consolation to those who have been assaulted, these periods have passed. It is a shame that problems in the organization have to reach a critical stage before energy is "found" to deal with them. It is ironic that often the trouble-makers are not ex-patients, but people who enjoy victimizing those weaker than themselves. It is my belief that these people are cowards.

What can M.P.A. as an organization do to protect itself and its members from these situations? Perhaps the answer is establishing a registered membership. People who are not ex-patients could be asked their motives. There are a number of excellent non-patient members whose contributions are valuable. I do not think they would mind being asked a few questions. M.P.A. does not need trouble-makers, dope dealers, thieves and leeches.

Members of houses are asked what they can contribute and made well aware of the rules.

They make commitments to the group. In the drop-in there are no commitments made and it seems none are expected. Members who do feel a personal commitment are often hampered by those who show disrespect and contempt for us and our environment, or who, at best, are apathetic.

Years ago it was stated that M.P.A. is not for everyone; that still holds true today. It's time we "clean house" and make the D.I.C. a safe, comfortable place for those who wish to get on with their lives by helping themselves and their fellow members.

We can do it only if we act as a group and make it known we will no longer be victims.

by Patty Servant

MENTAL HEALTH CONFERENCE PLANNED FOR PHILIPPINES IN JULY

The Vancouver based World Federation for Mental Health, a group which some years ago was denounced by the Mental Patients Association during their 1977 Vancouver Congress, has recently been criticised for planning their 1981 Congress for Manila in

the Philippines. The Philippines since 1972 has been under martial law under the rule of Ferdinand Marcos. In a recent MPA letter the Manila location was criticised, and the response from the WFMH was not exactly heart-warming. In fact, the snobbery was such that any further correspondence with the group is not too likely. It becomes obvious that no group which claims to be holding the interests of the mentally ill very high would hold a large, expensive meeting for their member associations in a country where civil, human and legal rights are ignored on a regular basis.

According to material from the group, President Marcos is the Honorary Head of the Philippine Mental Health Association and his wife is the Chairperson of the 1981 Congress. The list of personalities setting up the congress reads like a Who's Who of the Philippine dictatorship.

We were first told about the congress from the Citizens Commission on Human Rights people, who have apparently been picking a bone with this group, and even recently tried to get a group membership. MPA, however, has taken the stand that the congress location is not acceptable and that another place should be found to hold it.

by Jay Schumacher

VALIUM LINKED TO DEFORMITIES

A Vancouver scientist has found that diazepam (more commonly known as Valium), given in high doses to mice and rats at the time in their pregnancies when fetal lips and palates are forming, causes cleft lip and palate deformities in their babies.

Dr. Ravindia M. Shah, associate professor of oral biology at the University of British Columbia Faculty of Dentistry, produced the defects so he could study cleft development and prevention of deformities in that area.

Cleft birth defects are one of the most common deformities known to man, occurring in one of every 800 babies born.

In Dr. Shah's study, the severity of the cleft deformity increased as the dosages increased; unusually high dosages of diazepam had to be given to lab animals to cause the defects.

anonymous source

POISON PENFUL OF PROPAGANDA

On May 26, the Vancouver Sun printed a letter from two members of the Rape Relief Collective condemning sexist advertising, and calling on women to "stand up and break the silence that has kept us submissive in this society."

Two days later, in the early hours, Rape Relief,

Continued on page 11

MARYS' OWN housing crisis

Mary lives alone in a tiny room in our house. She has no family here and the few friends she met at M.P.A. have stopped coming by now, so that Mary has slipped back into an angry, fearful madness.

For a while after she got out of the hospital Mary seemed to be doing fine. She was a little shaky at first due, I suppose, to the drugs they'd given her, but she was able to get along by herself in the modest room she rented from the City of Vancouver. She would smile at us as she passed in the hallway occasionally making a bit of shy conversation. At the M.P.A. Drop-in Center she told people how her family was all in Europe, how she used to be a nurse at St. Paul's Hospital. She even attended a meeting or two of our Tenants' Association, sitting quietly out of the way.

The rest of us in the house tried to be kind to Mary. Kirk, also an M.P.A. member, invited her to Christmas Dinner when it was evident that she was alone

on Christmas Day. I tried to keep her interest up in the Tenants' Association and the fate of the old West End house we all lived in.

Then Mary began to shut herself up again in madness. She stopped reporting to the West End Community Care Team for her medication. The Care Team did not, apparently, decide to see what was happening with Mary. Left on her own, she became increasingly hostile. She has not talked to any of us for a month or more.

Our kindness first gave way to exasperation and impatience as Mary gave up looking after herself or the house we shared. Visitors to the house were unnerved by her silent truculence. She often locked herself out of the house and then rang every doorbell in the house for someone to let her in; that someone was then rewarded by a sullen glare as she pushed past in the hall.

Mary has never been violent but frightens people nonetheless. Anyone walking past her door to get to the basement might be startled

by Mary flinging the door open as if the Four Horsemen of the Apocalypse were thronging there. The odor of rotting garbage and stale clothes began to assail the noses of passerby in the hall near her room. The downstairs tenants who shared a bathroom with her complained she left puddles of urine on the bathroom floor.

Now exasperation has become alarm for our own safety - the other day Mary forgot she'd set a pot of wieners on the stove to boil. Not long after, our house, an extremely flammable old wood-frame, was filled with thick smoke. Mary crouched by her window, giggling as the fumes billowed into the hallway.

Had she been cooking with fat instead of water, a fire would have been likely to have consumed our home.

When Mary first came out of hospital a year ago, there were a few visits by the Care Team. Then none to our knowledge. Since then, we tenants and the house manager have asked the Care Team to do something about Mary. Her social worker has explained that the Care Team must have a person's consent before it can help.

After the wiener-burning, the Care Team is now trying to locate Mary so that they can assess whether or not she is a danger to herself or others. But Mary knows that she may be involuntarily committed as a result of that

assessment and is hiding from them.

We have also asked Venture to do something - our impression is that Mary's behavior is not hazardous enough to warrant their intervention. We wonder, does she have to burn the house down before the health authorities will do something?

In the meantime, we worry that Mary will again forget something on the stove, or fall asleep with a lit cigarette in her hand. Mary's story leaves us with some questions about mental health care in B.C. Is it fair to place people in the community who can't look after themselves? Do community care workers really try to persuade people like Mary to cooperate with them? With all due respect for mental patients' rights, should people like Mary be permitted to refuse the very care and supervision that might keep them out of hospital? This may be heresy in MPA's books but it occurs to us that there ought to be some kind of middle road between the neglect which resulted from Mary's presumed refusal to work with the Care Team and the massive suspension of civil liberties that results when a person is involuntarily confined to a mental institution.

Why not a change in legislation which would allow institutions to make cooperation with a Community Care

GERRY WALKER, DIED JULY 8, 1981, AGED 55

All the long-time members of MPA will remember Gerry as someone without whom, in our early days, we could not have survived. Many of the grass-roots organizations that were founded in the early 1970's foundered for lack of responsible book-keeping. Gerry was competent in this field, and, in fact, worked for us for several months without pay until we were able to find some salary money for him. He continued to work for us as Drop-In Centre Coordinator and book-keeper until 1977, besides doing innumerable other things. Gerry was one of those who do good by stealth; one would discover, quite accidentally, that he had spent his little spare time in the last month helping out someone in crisis. But he never expected praise -- in fact, shrugged it off with embarrassment.

Gerry had about two minutes of "star time" in the NFB film "The Mental Patients Association." He was shown sitting in the outer office, no doubt on the chair he'd labelled "Director's Chair." Some of us will always remember Gerry most clearly as he sat in this chair, tilting it back to danger point. "Gerry, some day you're going to go over backward." "Of course I won't; I know what I'm doing." But once in a while, to the great glee of all present, he did....

What else is there to say? Just that some of us, as long as our own lives last, will never forget Gerry Walker or cease to miss him.



See Tribute on page 11

HORN BLOWING SECTION

CHUCK DAVIS

Vancouver's Mental Patients Association (MPA) is an informal group of people that gets together for social occasions, and to do a bit of lobbying. They have a neat little newsletter, called *In a Nutshell*, and from it I excerpt this: "It's about time MPA offered to help Parliament out of its constitutional pickle. Many of the members of Parliament have clearly gone off their medication. They're crazier than we are. As we have unique experience in this sort of thing, it's our obvious duty to send a support group immediately to Ottawa before they do any serious damage..."

Nutshell offers book review, poetry, commentary on legislation affecting mental patients, social notes...and humor. There's a photo of a Rube Goldberg device in which a small crank makes a padded fist that repeatedly hits the bottom of an upturned ketchup bottle held in a clamp. This weird device is described as "another fine product of MPA's busy workshop."

'Newest publishing smash in province is a collection of household hints'

And there's a joke section: How many psychiatrists does it take to change a light bulb? Answer: Only one. But the light bulb must really want to change.

From "The Province,"
March 13, 1981

by Gordon Hardy

LETTERS

Dear Friends:

I was glad to see the article in the *Northern Times* May 10th by Nigel Amies that had been taken from "The Nutshell." This matter of food and health has been discussed more frequently in recent years and many people are interested.

I enclose a review that I did for the "Northern Times" last year on "Diet, Crime & Delinquency," by Alexander Schauss, with introduction by Dr. Michael Lesser. (See article on Page 10)

Sincerely,

Eve Smith

To the Editor:

I've just bought "Psychobattery," the book that should at long last prove what so many of us have been saying for years - with of course no one listening - that psychiatry is, for the most part, pure fakery, a le-

galized con game, garbage; that in fact, it does far more harm than good.

I threw the book with all my strength right across the room.

Now it lies crumpled on the floor Oh how it hurts

I just can't read anymore.

I'd been going to see a plastic surgeon soon. I'd wanted to get

self-inflicted scars - On both my arms removed

Now I'm having second thoughts

perhaps they'll be of use I can hold them up

For all the world to see

And say so truthfully -

"You goddamned Fools - these scars are the result of your damned

psychotherapy."

- by Pat Calder



Our M.P.A. secretary of eight years, Jane Mullens, retired in March. Beautiful and vivacious as ever, Jane is now devoting her time to building a home in the Fraser River Valley.

Jane was one of our longest term paid members, having started when M.P.A. was just a donated space in someone's house. Through the years she was much more than an efficient and tireless secretary; Jane was best friend to a number of members, and some people visited her every day at the office.

Helpful without being officious, compassionate without being pitying, moral without being priggish, energetic without being bossy, and with a keen sense of justice, Jane was indeed a beloved member. We all miss her, and wish her happiness in her new endeavours.

In British Columbia, the criticism of the existing Mental Health Act is becoming a regular occurrence. Recently we have seen the commitment and treatment of several young children in the Riverview Hospital.

The first of the cases, called 'Jack' in the media to protect his identity, was committed to Riverview and was held there for approximately 2 - 3 weeks while a decision to take him out was pending.

The response to the exposing of this abuse of the Mental Health Act was to immediately (within 2 days) remove him and place him in a non-psychiatric foster home on Vancouver Island.

According to the Minister of Human Resources, who was questioned by NDP MLA Norman Levi, the boy was put into Riverview because he was severely psychotic. However, the medical director of Riverview, Dr. Goresky, says the boy was admitted because there was no other facility in which to place him. Reports from an East Lawn psychiatrist, where the boy was housed on the fourth floor, claimed the boy was not receiving medical treatment and was not psychotic.

The boy's presence in the institution was discovered by a member of the Citizens Commission on Human Rights after over-hearing a patient claim they had seen a boy on their ward. The first steps taken were to locate the boy and interview him.

Jay Schumacher, who interviewed him, found that he was placed in the hospital by the actions of the Human Resources Ministry and that he had been the victim of sexual harassment by his step-father. The Human Resources people had removed him from the home in an effort to protect him from further assaults.

He was not placed on any medication, nor was he taking part in any therapy in the ward.

of sacred substances, and the incantations of the litany of psychiatry in the embodiment of terms like paranoid-schizophrenic, manic depressive, neurotic, psychotic, hyperactive and hundreds of other phrases are calculated to place each patient in awe of his treating physician. If you do manage to escape this impending treatment ritual, it will not be long before you are again subjected to the priest of healing and the ritualistic phrases and treatment.

It is under this system that a person is committed without the normal procedures granted the criminal, or any other person who is about to have his or her liberty taken away from him. Once the procedure of the Mental Health Act is followed, the two physicians' signatures, and the application for admission filled out appropriately, the person is, in the eyes of the state, a patient. With this epithet attached to you, you are now freely treated with or without your consent. If you refuse the choice is given - "take the medication, or be given it." How many patients have suffered the degradation and agony of having medication forced upon them by several large male nurses holding them down, and injecting some pale coloured liquid into their bodies, or being forced to ingest some foul tasting syrup and open their mouths to prove they have swallowed it?

The effects of such 'healing substances' on the body and psyche are well documented. Side effects like 'tar-dive dyskinesia,' dry mouth, swollen tongue, blurred vision, lack of sexual drive, impotence, apathy, confusion, constipation, sensitivity to sunlight, and the hundreds of other effects have been claimed not only by the victims of the medication, but also by the drug manufacturer. When a patient complains about these side effects, he is normally just given another medication

Can ANYONE be a mental patient in B.C.?

By Jay Schumacher

B.C. Director Citizens Commission on Human Rights

His natural father, now living in Winnipeg, tried to obtain custody of him, but was turned down by a custody hearing. At this time 'Jack' was placed in Riverview Hospital and made a ward of the Superintendent of Child Welfare.

Under the Mental Health Act there is no criteria for age, as the law reads that any person of any age can be committed to a psychiatric hospital for nearly any reason. The only time age is mentioned is under voluntary admissions, under which a person has to be 16 years old to request admission.

In the case of children, this has been used to subject them to involuntary commitment, forced treatment and drugging as well as the inherently violent nature of the psychiatric system with its compulsory treatment.

The way the B.C. Mental Health Act is written, "almost any person can be committed" is a claim which has gone largely unnoticed by the proponents of the forced treatment model. The entire mental health system is based on the perceived paternalistic role of the state, and psychiatrists have managed to become the main professionals who deal directly with those who have been caught up in the machine.

In simple terms, the invoking of the Mental Health Act on children or adults is largely based on the observation and opinions of the committing doctors. Attitudes and behaviour which are little more than bizarre or out of the ordinary are perceived as a lack of 'normalcy' and are something which must be treated. It is this attitude which has resulted in many people being processed through the psychiatric hospitals like so many sides of beef through a slaughter-house. When a 'patient' is released from a psychiatric unit, or from the hands of a psychiatrist, he is not considered cured, but rather 'his illness is in remission'; nowhere in this system is a patient cured. If one thinks this way it is always possible to re-admit a person for little more than talking to himself or some other factor which exhibits a lack of normalcy.

How many patients have been taken to a lock-up or hospital and placed in a side-room awaiting their fate at the hands of someone they have never seen before? The interview usually consists of a faceless doctor looking in on you, perhaps sitting down and talking about how you are doing as though he really cared. This person may have your interests at heart, but he is paid by the state and the state wants you to be treated. It is very unlikely that you, the prospective patient, will get away without being subjected to the ritual of medicinal healing. The taking

to counter the first one's side effects.

Treatments like E.C.T. are still used on many patients. This treatment, which was first devised as a method to stun animals in slaughterhouses, found its way from this location into the mental hospitals solely on the basis that it did not kill the man it was tried on. It is used to this day. In the words of Oregon Neurologist, John Friedberg, dropping patients on their heads would probably result in the same effects.

All too often a patient approaches a doctor, opens up with all the symptoms which are befalling the person, hallucinations, visual distortions, physical complaints and psychological disorders (all, no doubt, caused by the very medication being used to treat) and promptly receives an increase in medication, a change in the type used, or perhaps even gets slated for shock treatments. With this in mind, the properly trained patient learns to keep his mouth shut about what is going on, doesn't complain and becomes merely another cog in the psycho-state paternalistic bureaucracy. There is a simple mathematical statement which explains the compulsory treatment model: more patients equal more hospitals equal more psychiatrists equal more drugs equal more mental illness equal more dollars equal more bureaucrats equal more control over the population. Thus it can be seen that there is a need for mental illness and the many different diagnoses which are produced by the mental health practitioners.

If the mental health system was demolished the decrease in employment would be incredible. Not only the direct service people would lose their jobs, i.e. the psychs and their helpers, but also the drug companies, the hospital equipment manufacturers and suppliers, the maintenance people at the facilities, the large expenditure in the community care costs and the decrease in unemployment, because people who formerly were being held in hospitals could now go out and get jobs because they weren't drugged to the hilt.

Attempting to take this machine apart piece by piece would be met with great opposition from all those who profit by the confinement and treatment of the so-called mentally ill.

In light of the perceived threat this action would bring upon the profiteers, an alternate system could be erected, which does not use the forced treatment model as its basis for existence.

The need for new, humane and benevolent treatments is long overdue. It has been found that many diseases, which

Continued on page 11

REVIEWS

How To Survive ... A Book Review

to Survive Being Commit-
to a Mental Hospital
Doug Cameron
Page Press 1980

Reviewed by Geoffrey McMurchy

have always been guilty in
writings of offering solu-
tions instead of just merely
telling a story."

Alas, if only that were
the case in this book!
In fact, Doug Cameron offers

precious little in the way of
insight, or the "how-to" that
the title suggest. He is
merely relating a story, and
not very well at that.

In a painfully repetitious
and simplistic manner he
tells of his post-university
trip to India, his well-to-
do parents who couldn't ac-
cept his long hair or vege-
tarianism, and his three
hospitalizations in three
different facilities in Texas.
His problem is diagnosed as
catatonic schizophrenia. Our

problem is that he suffers
from delusions of being an
author.

To be fair, if one can
overlook the redundancies and
dime-store platitudes, one
will surely find points in
the book to agree or empa-
thize with, especially if
one has been a mental patient.
But for anyone with any famil-
iarity with the cause, or who
has even seen "One Flew Over
The Cuckoo's Nest," the book
says nothing new.

The "One Alternative"(from
a jam-packed one and a half
page chapter of the same
name), which he prefaces with
the opening quote above, is
to give patients the right to
refuse treatment, more indi-
vidual rights, and "to offer
him truly stimulating classes
to attend such as history,
psychology, even math...even
making the classes college

IN A NUTSHELL PAGE 5-

level." He goes on: "Further-
more, one could easily con-
trol patients by not allowing
them to attend class should
they prove troublesome."
(...swell idea, Doug, but no
cigar.)

Mr. Cameron now does pa-
tient advocacy work in Austin,
Texas. More power to him and
anyone working to correct the
injustices that oppress men-
tal patients. I just hope
he's a better speaker than
he is a writer.

the Editor exercising whimsy.....



Running Account

"RUN FOR YOUR MIND:
AEROBIC EXERCISE AS A MEANS
OF ALLEVIATING
ANXIETY AND DEPRESSION"

Barry Ledwidge, Depart-
ment of Psychology Simon
Roosevelt University and River-
view Hospital Department of
Psychology

Reviewed by Jay Schumacher

What does a psychologist
at Riverview Hospital have
to do with an article called
"Run For Your Mind?" In the
case of many patients and
former patients, running for
their mind might be construed
as skipping out from River-
view Hospital or some other
psychiatric facility in the
province. Well, Dr. Barry
Ledwidge does not mean that
kind of running, although
it might not be a bad idea
for someone to teach pa-
tients to run when they see
a psychiatrist coming to-
wards them.

Dr. Ledwidge has, in
fact, done a number of
things with his study; he
not only reviewed the
available literature on
exercise for the treatment
of mental illness, but he
also taken part in
jogging with patients.
When I went out to Ri-
view to pick up a copy
of his paper some time ago,
I caught him as he was
leaving the Department of
Psychology at Riverview. I
told him that I was inter-
ested in his paper, that I
found out about it from
a friend, so he gave me a
copy.

In disbelief I casually
asked if he really ran with
patients, and sure enough
he claimed he would go off
jogging with patients on an
out-patient basis and that it
was working wonders in some
cases. Of course working with
out-patients and in-patients

means he is working with the
less demanding "cases," but
what do you expect? There is
no way the psychiatric facul-
ty at Riverview is going to
let a psychologist go run-
ning off with patients; they
might be cured.

All cynicism aside, Dr.
Ledwidge has taken a large
step in the treatment of the
mentally ill. He has, in
fact, created a new treat-
ment form for use at the hos-
pital, "Jogging Therapy."
There is already work thera-
py, recreational therapy,
rest therapy, group therapy;
in fact, almost everything
done is a therapy. This way
it is all classed as medical
treatment, so long as it is
prescribed by the attending

psychiatrist. In reading his
report, however, he does not
come across as some physical
exercise fanatic, but a per-
son who is truly interested
in the physical well-being
of his patients. He feels
that the use of various Ae-
robic (oxygen-consuming ex-
ercise) exercises increases
a person's resistance to
anxiety and depression, and
he backs up this theory
with studies done all over
the world.

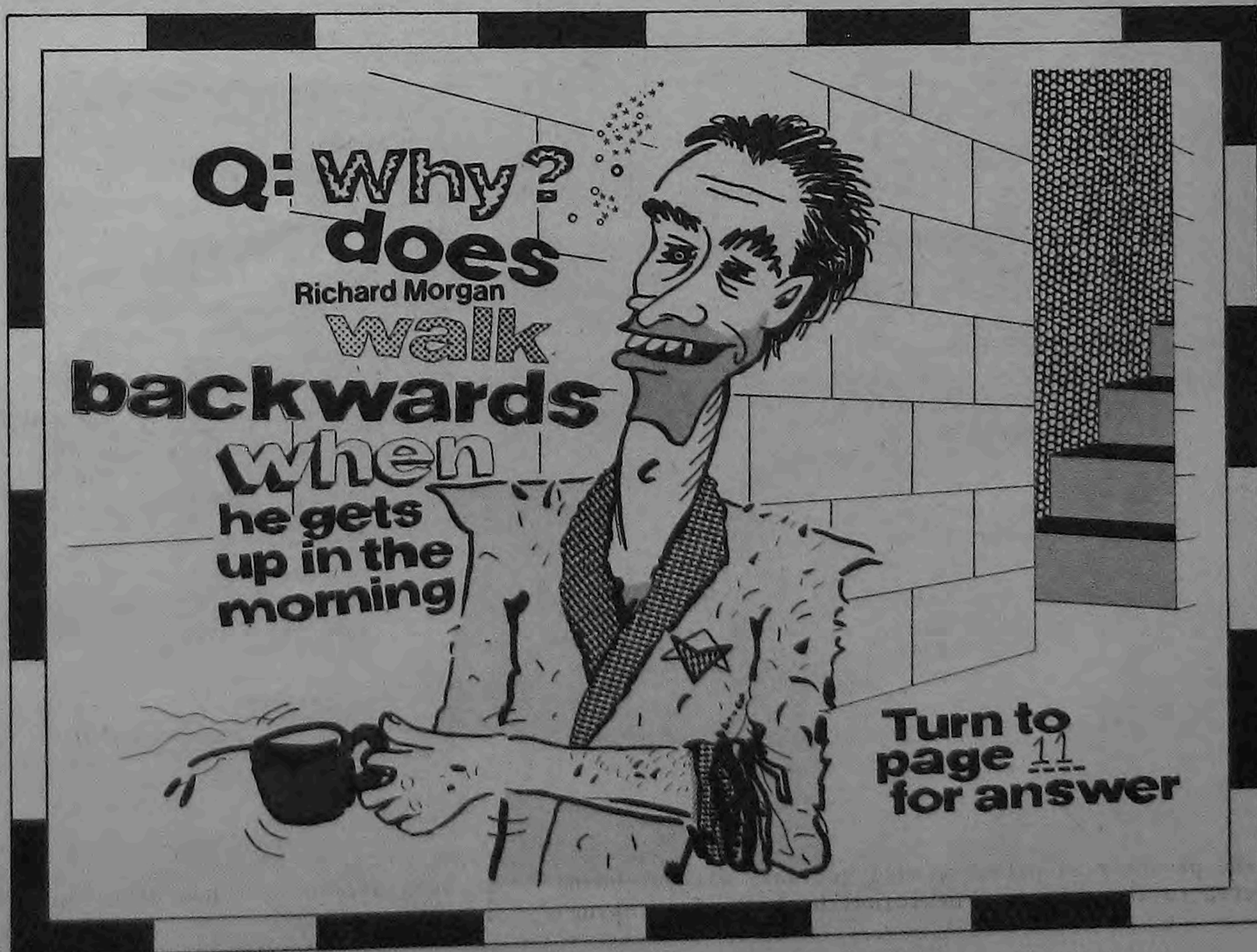
The old sayings, "a sound
mind in a sound body," "you
are what you eat" and the
other numerous statements of
health are incorporated in
Ledwidge's report. The pro-
blem with the article is
simply that it is couched in
technical terminology which
is a trademark of the profe-
ssional. Mind you, whether
it was written by Barry or

some other doctor, we would
still have the same trouble
reading it through from co-
ver to cover.

Dr. Ledwidge has hit upon
an avenue for mental healing
which has been largely ig-
nored by the mental health
system. The prospect of pa-
tients tramping out in teams
for long distance runs is
one which will probably bring
shudders in the medical el-
ite, but then, the patients
do deserve this, don't they?

After all, I don't think
that Dr. Ledwidge really had
in mind to let loose all the
patients at Riverview with
Adidas runners and T-shirts,
but then, wouldn't it be fun
if they were running after
their treating psychiatrists?

"The First Annual River-
view Marathon" does have a
nice ring to it; what do you
think Dr. Goresky will say to
this?



By Cathy Godfree

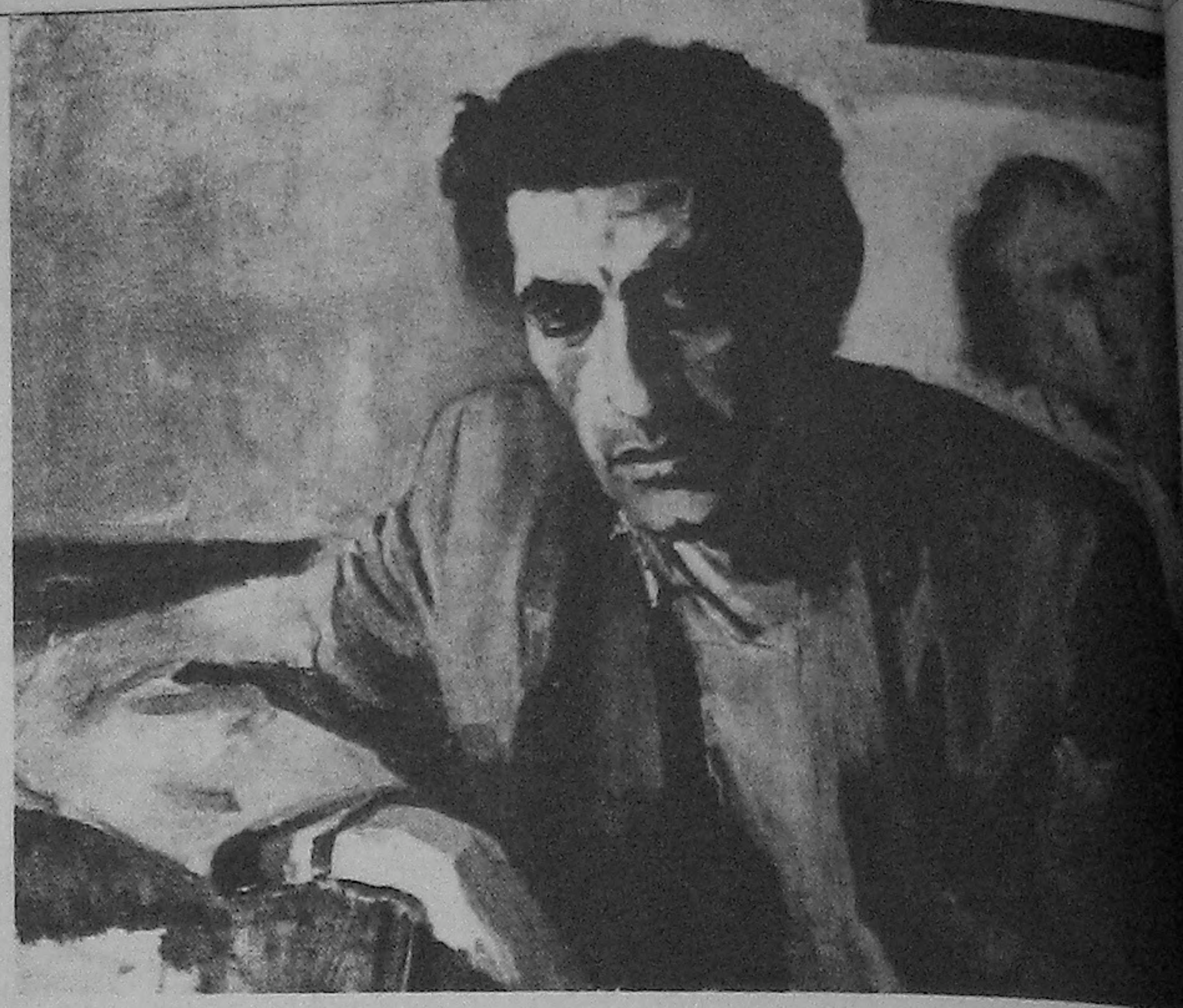
I've always talked of things I want,
But never thought I'd find.
I thought you had the miracles,
That would make my life unwind.

I came to you with all my lies,
and thought I'd make you see
That I would always be the same,
Not what you thought I'd be.

And when alone I always thought
of how to end my life
Even in my married year
I could not be a wife.

I lost the trust that I had gained,
which now I see was fair.
And through my own stupidity,
I thought you did not care.

But now that I can see all that,
I hope that I can have
A little of the trust I lost,
As to show you where I'm at ...



While the song sparrow prepares a fanfare
And the world idles in shock
Pericles waits to be reborn
To make us soldiers of thought.
We'll storm the doors of time and space
And see the wisdom of a higher place
Then dance in harmony for eternity
To the symphony of ecstasy.

By Brian Carignan

POETRY

THE GENIE

By Al Todd

This morning, Christ descended
on the Niagara.
A tenant, thinking it was
judgement day
jumped out of a second-floor window,
Two ambulances and a fire ladder
searched the premises
and found nothing.
But a bartender in the barroom
said that a genie
escaped from a bottle,
filled the room
with a bluish haze
and disappeared through
an unnoticed
hole in the ceiling.

THE SKULL

By Al Todd

Yesterday the sky split open
I saw an angel reading
The Word.
Not finding my name listed
I tore up the book.
The sky turned red
but not before
I saw my name
written inside
a towering skull.

THE BUDDHA OF KAMAKURA

By Al Todd

A crucifix turns inside me:
I am bread in Christ's hands.
Yet the wine is no longer
his blood.
I see myself
climbing
the Buddha of Kamakura
to count the thousand-petalled lotus.

In the Movie

by Erin Moure

In the movie one man only
rides up the river, to capture
his own drowning,
the be-headed lives of his friends
Numbed, white, lacking
the belly for alcohol that marked his generation,
he does Tai Chi in a slatted hotel-room,
pulls the air down around him
in strings, in tatters, in humid flags, in Technicolor,
in raw rice & meat, in watches & drugs,
in dreams
He pulls his drowned self behind him like a twin
it holds onto his ankles & cries
silently,
its sobs lost in the ack-ack of machines.
Inroads are no roads at all.
He doesn't want anything at all of the world,
not even its booze.
When he leaves the river,
heat-sodden & muddy, hands empty,
his friends
cheer, holding their chalk-white heads in their arms,
holding subtitles, arias & jungle,
defoliated memory, strips of skin

INSANITY IN THE FAMILY

By Garry Raddysch

Todor has died,
forty years a lunatic
unable to remember the moment
when the wind spoke

never hearing it again
behind the green walls
that hid the buds
of waving heads

patient listener,
his last brown words
fallen off their stalks
when the silence wrinkled

we had forgotten him
now we bring him out
solid dead old man
we mutter hymns
that have crossed on ocean
to lie insanely in our mouths

From Canadian Dimension Vol. 15, No. 4

CENTREFOLD

The Nutshell welcomes one and all poetry
and prose, and for that matter, drawings,
complaints, praises, etc.

try
not for me.
ugh not as lovely as a tree,

ree I think I understand.
se, on the other hand,
an unknown land.

will say, "This does not scan."
bad, man.

Gerry Walker

By Robert Ward

I thank my lucky stars I found you.
I thought love was a passing of time
Until I happened to meet you.
I heard love was just around the corner for the taking.
I looked the world over, for love with a meaning.
I thank my lucky stars we found each other at last.
I thought there was no hope for poor souls like me.
You love has spun my head around like a windmill.
I thank my lucky stars I found you.
It's a life long dream that has come true.
I thank the Lord for making a Beautiful Creature like you,
It means the world to me
I thank my lucky stars I found you.
It's a blessing in disguise.
I thank my lucky stars I found you.
A calm has come over my jumbled mind
I thank my lucky stars I found you.

Bob Ward

athered my scattered mind
led myself together
hered my wits
e to Thrilling eventful day,

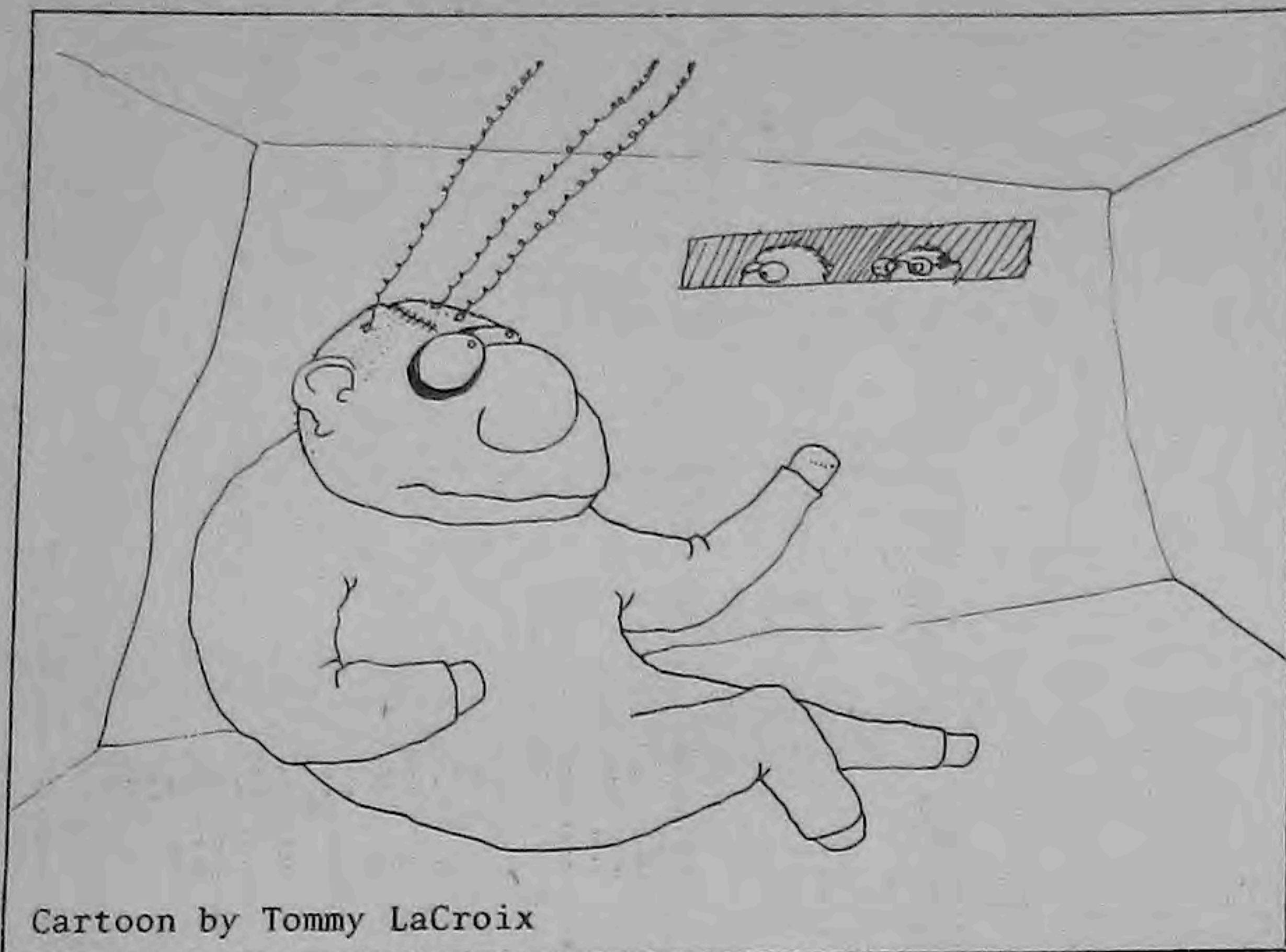
rain drops tinkling on glazed windows
the sky as pale as ever.

A perfect Dream - just being around
the smell of coffee in the kitchen,

aroma through the shanty
The silent valley in giant forest.
A dream of heaven lurking
somewhere in the mist.

A dream of living
a normal everyday life,
of being
a shining everyday person
a dream of just a
happy human being.
Life is a generous
Dream.





Cartoon by Tommy LaCroix

EXCERPTS FROM RECOMMENDATIONS OF HOSPITAL EMPLOYEES' UNION

Hospital Employees' Union Members, working in British Columbia's care facilities, are pressing for many improvements in the quality of care that is delivered to over 21,000 elderly, institutionalized citizens in the Province.

For years, B.C. has possessed the resources to solve the persistent problems identified in this study. But too many officials who make decisions about the elderly have ignored the potential for input from those most directly affected - residents and workers.

The HEU brief is the result of a nine month Union study involving over 1300 workers in 79 care facilities. In it workers voice specific concerns about poor quality care and inadequate working conditions.

The study found four primary and seven secondary problems that seriously limit quality of long term care in B.C.

THE PROBLEMS

1. Fire safety measures are inadequate in over half the facilities studied.
2. Too few staff are available to provide high quality care which considers human as well as physical needs of residents.
3. Care facility regulations are vague, different for each category of facility, and loosely enforced.
4. Where care facilities are owned and operated by profit making owners:
 - Workers in a higher proportion of facilities indicate that the quality of care is substandard.
 - Security of tenure for residents is almost nonexistent. Owners can and do choose to evict residents when more lucrative business opportunities arise.
 - Regulations are not sufficient to prevent some owners from skimping on needed supplies or staff.
 - The government does not seem to ensure that taxpayers' money provided to the profit making operator of a care facility will be used to provide good care for residents.

RECOMMENDATIONS

The Union's fire safety recommendations include:

1. Adoption and implementation of the new fire safety guidelines that have been written by the Fire Commissioner's office.

NOTE: Although these guidelines set out a good standard, Union members fear they will not be enforced. Since current regulations, standards, and guidelines calling for regular fire drills are ignored too often, the workers' anxiety may be justified. New guidelines will not increase resident safety, if facility operators are allowed to ignore them.

2. Installation of smoke detectors and sprinklers in all care facilities.

NOTE: Although smoke detectors have been installed in most facilities, sprinklers are not mandatory and few facilities have installed them throughout the premises. Fire detection alone is not enough to deal with an emergency, when few staff are on duty to help residents evacuate. Sprinklers will reduce the need to move people by putting out fires.

3. Provision of fire safety education for all new staff during their first day's orientation training.

NOTE: Night, relief, and casual staff often are not aware of fire safety procedures because they missed a group training session.

ON OUR OWN Speaks Out

EXCERPTS FROM
A STATEMENT TO THE
METROPOLITAN TORONTO SOCIAL
SERVICES & HOUSING COMMITTEE

Prepared By
Don Weitz and Harvey Jackson
Members of ON OUR OWN

Introduction:

We are here today as members and representatives of ON OUR OWN, an independent, self-help organization of psychiatric patients and former psychiatric patients based in Toronto. Both of us are ex-psychiatric patients - ex-psychiatric inmate is a more accurate and revealing term, since we were institutionalized and treated against our will. We are also the co-founders of ON OUR OWN: one of us (H.J.) is a member of our Board of Directors, the other (D.W.) is presently the group's project coordinator.

ON OUR OWN will be four years old this August. We now have over 180 members, people who have received or are still receiving some form of psychiatric or "mental health" treatment. Membership is free and open to people who have personally experienced psychiatric treatment. Through volunteer help from our members, ON OUR OWN runs its own drop-in, manages its used goods store (The Mad Market), and publishes its own magazine, Phoenix Rising, the official voice of the group. Although only one year old, Phoenix Rising now has a circulation of roughly 2000.

We are very proud of ON OUR OWN's ability to survive and grow, and we are very proud of our many accomplishments: providing friendship and emotional support to lonely, isolated and stigmatized people; organizing valuable social and recreational activities and job-training experiences; providing six full time jobs, one half-time job, and four summer student jobs for former psychiatric patients, and managing a budget this year of almost \$150,000. We have also spoken about ON OUR OWN and other issues directly affecting psychiatric patients and ex-patients on radio and TV, to health professionals, lay people, college and university students, and various community and volunteer groups including branches of the Canadian Mental Health Association. Filmmakers, freelance writers and the media have approached us for information and research material. Community Support - Where?

When we decided in 1977 to start ON OUR OWN, there was no self-help group run exclusively by and for ex-psychiatric patients. At first, we wanted to do a number of things. We wanted to get together with other

lonely and stigmatized institutions--who had also been victimized by the "mental health" system. We wanted to have our own place where people with emotional problems could come for mutual support, acceptance, understanding and friendship; where people could meet and respect each other's needs and rights--including the right not to be labeled; where we could start sharing some of our painful "mental patient" experience and start learning how to control our own lives, instead of allowing professionals to control us. We're well on the road to achieving these objectives.

However, as we look around us in Toronto, we find there are only three or four drop-ins where patients and ex-patients feel welcome; very little affordable housing, and no community-based, ex-patient controlled crisis centres for people with heavy emotional problems. We also find that people with psychiatric histories are still being denied equal opportunities or fired for trivial or arbitrary reasons.

Over one thousand poor patients are being dumped and ghettoized in disgraceful boarding homes in Parkdale. Some communities or cities (such as North York) don't want us living in group homes in their neighbourhood--the fear they'll catch our "mental illness" or we'll lower their precious property values. We find people--including some of our own members--who have just been released from Queen Street or the Clarke walking the streets aimlessly, bombed out of their bodies and minds from prescribed massive doses of tranquilizers and antidepressants, flat broke, and with nowhere to go. One of our members was released from Queen Street about two years ago in the dead of winter with no shoes or money. Other recently released patients have been forced to sleep outside during the winter--a few almost froze to death. And there are thousands of ex-patients who anxiously wait for their huge welfare cheques or "family benefits" allowances which are supposed to cover all their major living expenses for a month. (The cheques are routinely cut off once you've been admitted to a psychiatric institution.)

Then, of course, we find that many psychiatrists, social workers and other "mental health" professionals are too busy to listen to our many real complaints and need too busy to help most of us get through the maddening bureaucratic maze of referral, delay and indifference, too busy to help us find a de-

FREE LAW CLASSES



**People's
Law School**

3466 West Broadway, Vancouver, B.C. V6R 2B3 (604) 734-1126

We are offering a free 2 part session on the legal rights of mental patients on Thursday, August 13, and Thursday, August 20 at 7:30 p.m. Lawyer Gerald Green, patient's advocate at Riverview, will talk about such issues as: the right to refuse treatment, how to use review boards, confidentiality of records, children and mental health law.

**To Pre-Register
call 734-1126**

FRASERVIE LIBRARY
1950 Argyle Street
(54th & Victoria Dr.)
Bus Route: #25 (Victoria)

HASTINGS LIBRARY
2674 East Hastings St.
(at Slocan)
Bus Route: #10 (Hastings/U.B.C.) Wheelchair Access

ST. JAMES UNITED CHURCH
3214 West 10th
(between Macdonald & Alma St.)
Bus Route: #9 (Broadway) to Trutch St. stop, (1 block south) or #22 (Knight/Macdonald) to 10th Ave. stop, 6 blocks west

KITS HALL
2305 West 7th Ave.
(at Vine)
Bus Route: #9 (Broadway) Wheelchair Access

TUPPER SECONDARY SCHOOL
419 East 24th
Bus Route: #5 (Main)

U.B.C. LAW LIBRARY
Faculty of Law
1822 East Mall
(north end of U.B.C. campus at junction of Chancellor Blvd & N.W. Marine Dr.)
Bus Route: #10 (U.B.C./Hastings) walk north or (Chancellor) at Blanca Loop Wheelchair Access

PMTI - PACIFIC MARINE TRAINING INSTITUTE
2019 Dundas St.
(junction of Wall & Dundas St.)
Bus Route: #5 (Main/Hastings) stop at Main 1 block north to Cordova #12 (Powell) or #24 (Nanaimo)

CMCC - CANADIAN MEMORIAL COMMUNITY CENTRE
1811 West 16th Ave.
(at Burrard)
Bus Route: #20 (Granville) to stop on 16th, 3 blocks west to Centre Wheelchair Access

Interpreters for the deaf will be arranged upon request. Please call People's Law School at 734-1126.

This schedule is also available on tape at Crane Library, the C.N.I.B., and through the public library.

JULY 1981

VANCOUVER SUMMER SCHEDULE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			HOLIDAY 1	2	3	4
5	LAW FOR CREATORS: 2. Graphic Artists John Swift CMCC	6	7	THE CANADIAN LEGAL SYSTEM: 1. How Laws Are Made Jerry Ziskrout Hastings Library	8	9
12	PROTECTING THE COMMERCIAL IDENTITY: Trademarks & Tradenames John Swift CMCC	13	14	THE CANADIAN LEGAL SYSTEM: 2. The Courts Jerry Ziskrout & T.B.A. Hastings Library	15	16
19	20	WILLS & ESTATES 1. Why Make A Will? Gary Wilson Fraservie	21	22	23	24
26	CHILD APPREHENSION Liz Watson & Jamie Martin CMCC	27	WILLS & ESTATES 2. Probate Procedures Gary Wilson Fraservie	28	29	30
				31		

REGISTRATION & INFORMATION 734-1126 during office hours

AUGUST 1981 VANCOUVER SUMMER SCHEDULE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	HOLIDAY	3	STARTING & OPERATING A SMALL BUSINESS PART I 7:00-9:30 p.m. Doug Gray Fraservie	4	5	6
9	YOUTH & THE LAW: The Proposed Young Offenders Act Keith Hamilton CMCC	10	11	12	RIGHTS OF MENTAL PATIENTS PART I Gerald Green Kits Hall	13
16	STRIKES, PICKETS & LOCKOUTS Don Muldoon CMCC	17	SEPARATION & DIVORCE PART I Janet Bige & Mark Steven CMCC	18	SEPARATION & DIVORCE PART II	19
23/30	24/31	25	HOW TO DO YOUR OWN LEGAL RESEARCH PART I Mary Mitchell UBC Law Library	26	HOW TO DO YOUR OWN LEGAL RESEARCH PART II	27
				28		29



May 14, 1981
Toronto

violence = more junk junk

How does what we eat influence or determine how we behave? "We are what we eat" is an old expression that seems to have more obvious implications nowadays than it did in past years.

We have been through various phases in the history of the analysis of crime, from magic and witchcraft to inherited tendencies, environmental conditioning, how we were treated as babies and children, and so on. But in latter years a number of people - doctors, psychiatrists, nutritionists, social workers - a few (too few) law enforcement and prison personnel, have been studying the effect of food on behaviour and crime.

The over-excitabile child, the aggressive personality, the slow learner, the petty criminal - these are all people who might be helped by an improved diet. These people sometimes go on to a life of crime.

Here are a few cases, documented in a new book, *Diet, Crime and Delinquency*, by Alexander Schauss. (Parker House, 2340 Parker St., Berkley, CA 94704)

In the introduction, Dr. Michael Lesser, M.D., a California psychiatrist, cites the case

GOOD NUTRITION

The link
between

food and crime

of a young man who was treated with testosterone, for

impotence. He used more than the recommended dose, and this increased his aggressiveness.

Are we all potential criminals if under enough stress? How come most of us aren't? What drives us over the edge? This is where diet tells, says Alex Schauss, marshalling some powerful arguments and statistics to prove his point.

Jerry, for instance, was a highly strung young delinquent whose diet (examined by probation officers), consisted of cereals, sugar, milk, white bread, colas, desserts, hamburgers, pastries and other "junk."

The probation officers encouraged the family to replace junk with fresh fruit, whole grain cereals, nuts and vegetables, natural fruit juices, eggs and whole grain breads.

After only one month of this more natural diet (which the whole family used) the mother reported a marked improvement in them all. Jerry's own condition, as reported by the probation officers, had changed from



"hopeless" to "good" and Jerry himself felt better.

An isolated case, but many such cases begin to tell a tale.

Alex Schauss is taking up a story that others had started. One such is Dr. Abram Hoffer, M.D., Ph.D., FRCP(C) who has done pioneer work in megavitamin therapy while practising psychiatry. He promotes the principle of no junk food and of eating natural foods and plenty of raw fruits and vegetables. He now practises in Victoria, having practised for over 30 years in Saskatchewan.

Dr. Glen Green, medical consultant at the Saskatchewan Penitentiary, found that many inmates suffered from vitamin deficiency. This is hardly surprising when we consider that most of the food on the market is vitamin and mineral deficient or has had synthetic vitamins added.

Alex Schauss tells of "one of the saddest cases involving

delinquency." The mother had pre-natal problems, and the child had troubles: poor feeding habits leading to much tooth decay, excessive activity, constipation, many food allergies, short attention span at school, motor coordination problems, many colds, depression and so on. Their diet was very poor - T.V. dinner, eggs and sausages, white bread, canned fruit, no vegetables, candy, colas and chocolate.

"The probation department," says the author, "was nutritionally oriented...After only three weeks of encouraging the family to make radical improvements in their diet, all of this youth's symptoms were reduced for the first time in his life. One has to wonder why probation officers should be the first professionals to recommend nutritional changes in such a case in the 13 years of the boy's life."

One wonders indeed! Why did not the school nurse, or teachers, or the boy's doctor or dentist, not know enough to improve the family's diet? Perhaps it is not the responsibility of the teacher - but schools are places of learning and children would learn better if they knew how to eat for their health's sake, to improve their learning ability.

How much suffering, sickness, crime and money could be saved if people only knew how to eat good food and the good food was available to them!

by Eve Smith

NORTHERN TIMES
Box 880, Terrace B.C.
Oct. 29/80

To herb or not to herb

An American food service and nutrition specialist warns that herbal teas may contain more health hazards than benefits.

Pat Kendall explains, "Many herbal teas are safe substitutes for persons concerned about their intake of caffeine, but some have medicinal properties that make them potentially dangerous, specially if consumed in quantities or strong concentrations."

Certain plants, either their roots, bark or leaves, have recognized medicinal properties. They are the original source of some of the drugs now manufactured by chemical processes.

The plants are readily available in pre-packaged herbal tea blends at most health food stores, unlabelled to warn the consumer of possible hazards.

Tea from Sassafras Root, for example, contains safrole, a suspected liver carcinogen.

Senna, often used in herbal teas, is a strong laxative.

Burdock tea, for example, becomes toxic if steeped too long and other herbal blends may contain plant ingredients such as Goldenseal, known to be poisonous at certain dosage levels.

She cautions against picking wild plants for tea. The active ingredients vary with the part of the plant used, the growing stage of the plant and the location, not to mention the possibility of herbicide use.

Chamomile tea, used to aid digestion, is a cousin of the ragweed. Persons who suffer from ragweed allergies may go into shock after drinking chamomile tea.

These teas were originally used in very weak diluted contractions. According to Ms. Kendall the tendency now is to drink the teas in stronger concentrations or in larger amounts.

She believes this could be an unsafe practice.

From "The Vancouver Herald"
January 14, 1981



are common, are in fact iatrogenic (doctor caused). This can be taken one step further, and it can be found the disease exists only to those who perceive it. The patient does not feel ill, but in the case of nearly all mental illnesses, it is determined by the psychiatrist only that the illness exists. Thus, this perception of a real or imagined 'dis-ease' is iatrogenic, as it is doctor caused.

Thus if you were to remove the diagnostic procedure currently in use and set up a humane approach using simple communication, nutrition, exercise, job training, assistance in daily living, financial assistance and help in finding housing, a great percentage of the mental illness could be handled. Perhaps some medication could be used, for those who desire it, but the ideal would be to remove patients from these drugs and correct the environmental causes of the mental anguish.

Approaching this model would require changes in the Mental Health Act to accommodate a more benevolent, less intrusive care system. Perhaps a voluntary treatment approach only would help:

- restricting the length of time a person could be admitted on a forced basis;
- granting patients the right to refuse medication and treatment;
- increasing legal aid access so patients could sue the psychiatrist and hospitals for assault.

All these changes would put pressure on the existing system to clean up its act. The Mental Patients Association has produced a model which should be looked at. The need for facilities for the products of the mental health system had long been overlooked until the M.P.A. came into existence and saw the need for facilities. It is now time for a like minded group to see the need for alternate methods of alleviating mental distress with a properly humanistic approach, using all healing methods available except for forced treatment.

...and here's Owen



Answer to cartoon on Page 5

So his breath doesn't sting his eyes

anonymous source

tion department, nor, "was nutritional...After weeks of encouragement to make radiations in their youth's syndrome reduced for the his life. One why probation and be the first to recommend changes in such 3 years of the indeed! Why did nurse, or teacher's doctor or boy's diet? at the responsibility of learning would learn how to health's sake, learning ing, sick-ny could only know od and the able to ve Smith C.

"Chicken Little was right,"

Gerry Walker had written on a piece of yellow foolscap paper along with other sentences and fragments, unable to remember if he had

copied it from a chapter heading in a novel about modern youth by James Michener which he assured me wasn't right-wing. (All through grammar-school I didn't know why the teacher called those long sheets of paper foolscap. They didn't either and we all pronounced it full-scap and I thought it had something to do with filling it up. Now I've graduated from grammar-school and I have a dictionary on this table. A cap with bells on it worn by fools (for example, poets) and a picture of it was used as a watermark for paper until that's what consumers called it, the way the brandname Kleenex got to be used as the word for the tissue you blow your sniffles into. There are jokes all through the language and the temporary that tempts poetry.

The sky is falling. I think that's what Chicken Little yelled. It was a false alarm and Chicken Little was foolish.

Gerry Walker's room about the same dimensions as Jack Spicer's room and the glass of rye and water he gives me is as cloudy as the glass Spicer gave me when he taught me poetry. The tape recorder listened to our conversation about the randomness of people and sex. We felt temporary and everything else had the false appearance of the coldly eternal. (The wall I'm facing during this vigil is a mental succession of faces, torsos, clouds and cracks in the earth, says Arthur Rimbaud in the one line of his poem I'm working on the translation of

At the end of a day's work I go to the bar and my body sends false alarms through me. This is connected to the image of the fool's cap with the bells on it tinkling but I don't want to make a line of poetry about it that will seem to connect those images eternally. At night I look up for a moment and notice an arrangement of stars. Chicken little was right.

September 7, 1973
- by Stan Persky

continued from page 2

ch is currently preparing its June 28 fundraising kathon, was broken into, premises vandalized and files tampered with.

A few hours later, the brought a written warning to the two Rape Relief

members that they better lay off any more public statements about the role of women. The warning was signed by the Ku Klux Klan; enclosed with it was a poison penful of propaganda defining the true role of women in white, christian, patriarchal society.

While the two outrages may not have been connected, the rise of the Right, from terror attacks against East Indian farmworkers to grass roots organizing by anti-abortionists to the "right to work" lobby, calls for an urgent response.

Continued from front page ...

Meanwhile residents of hotels like the Grandview and the Stratford, some of them long-time residents, are being evicted so that the hotels can "upgrade," as they put it. Upgrade for what? Can it be in anticipation of the hoards of tourists that B.C. Place, Pier B.C. and (I can hardly wait) Transpo '86 will attract?

Residents still lucky enough to be living in hotels have had their rents increased proportionally when the welfare rates for shelter assistance increased in April. As the saying goes, 'monkey see, monkey do.' Shelter assistance rates are \$170.00 per month for single persons and \$300.00 for two people, so that if people are paying maximum rates or more they have to take money out of whatever little else they get for food and clothing.

The population of the Downtown Eastside has been declining because the mortality rate there is five times higher than in other parts of the city. The area is the stamping ground of the logging, fishing and mining casualties, who are generally older single men. The presence of Skid Road contributes to the undesirability of the area as far as living is concerned. The Downtown Eastside Residents' Association conducts interesting competition surveys and attempts to ring home points by "crowning" the sleaziest hotel in the area.

The older residents, mentioned above, are being replaced by the New Young Poor. (Would make a good name for a rock band.) You could easily imagine residents of Kitsilano casting a loving eye toward the Downtown Eastside where they imagined rents to be cheaper. So what if they had to put up with the nuisance of muggings now and again? Vancouver is unable to spread unless it does some fairly imaginative stuff on the water or underground, and, consequently, there is the disturbing trend of the demolition of tasteful old apartment buildings (especially in the West End and Kitsilano) to make way for condominiums and their ilk.

Like other residential programs, the Mental Patients Association was directly affected by the escalation of real estate values that occurred in the last years. The one residence that we rented was lost to redevelopment. (Our other four residences are M.P.A. - owned.) Since then another house was found to rent and we are in the pre-construction stages of a new, centrally located apartment building.

Many M.P.A. members have had to give up places in Kitsilano they loved and could afford to take up residence in areas like the

Editor and paste-up - D. Dawson
Proof reading and other important stuff - C. Batten
Photos by N. Oddo and printed by Action Reprographics
Many thanks to N. Evenson for 'typesetting' and contributors

SUBSCRIPTION RENEWAL

Have you renewed your subscription to "IN A NUTSHELL?" We would appreciate receiving \$4.00 per subscription (4 issues) to cover costs of printing, if you are financially able to do so.

East End. The Drop-In Centre that is maintained by M.P.A. is probably frequented less - or shall I say, people have to make more of an effort to get to the Centre now, as a result. There have been incidents recently involving individuals sleeping in surrounding under-car parks and garages, which are very difficult for the organization to control/patrol.

In 1980 several factors contributed to placement problems for mental patients. Referrals from hospitals were up approximately 15% from 1979 and roughly 26% of mental patients discharged from Riverview were short to medium term patients, meaning that their internments were of a duration of 3 to 9 months.

Facilities for the mentally ill have been dwindling steadily. When real estate values skyrocketed many of the boarding houses sold out to private developers. 1980 saw the closure of 10 facilities with a total of 132 beds. And only one home accommodating thirteen clients and one family care home for

two clients were added. A great deal of frustration was felt by those people responsible for placing patients in facilities.

Many mental patients required intermediate care and because of the shortage of beds, could not be placed. Intermediate care refers to the amount and complexity of care on a daily basis.

A number of beds cropped up in these large intermediate care programs but they were not suitable for mental patients due to the institutional character these facilities exude. And the operators and Long Term Care staff of these facilities are reluctant to accept ex-mental patients.

And lastly, both Mental Health and General Long Term Care facilities lack sufficiently qualified and/or experienced staff to handle the mentally disturbed people now living in the community.

Underaged patients presented a confusing problem as well. Of the 524 hospital connected referrals, 49 of them were under the age of 19. While most of them

Cupcake shot of Georgia



required placement in a care facility and were suitable to the programs, most were not eligible simply because of their age.

Are people staying longer in supervised facilities with the housing crisis in full swing? Studies have shown that there are more younger people involved in the Long Term Care Programs now and they tend to move a lot. The Mental Patients Association provides 46 beds and has always had a fluctuating clientele that varies with numerous factors - the 'young and restless factor, the sort of patients we house (the degree of mental disturbance) and even the weather is a contributing factor to the state of transiency.

Mental illness and poverty seem to go hand in hand. You get my drift. You could probably have a substantial chicken - egg argument about which comes first or a cause and effect dialogue. Those collecting welfare, which account for the majority of people in our houses, are discriminated against enough as it is, but just try adding a dash of schizophrenia (or the mental illness of your choice) and sending them out to look for a decent place to live.

Speaking of Places - this brings me back to B.C. Place. It's surprising how little public involvement there has been in this massive project. Bits of information leak out at appropriate intervals, but for the most part the whole affair has been shrouded in secrecy. I suppose it's a more conducive atmosphere for wheeler-dealer activities - secrecy, that is. The scenario, as far as I can see, goes something like this - gov't à la Bill Bennett sets up Crown Corporation, wants to erect BIG STADIUM, adjacent "moderate to luxury" (as Bill puts it) housing, lets greedy developers invest up a storm, and to heck with everyone else.

Everyone else meaning us other measly taxpayers who are probably going to benefit from this excess the least. By the way, how do the less fortunate fit into the grand scheme of things?

The cost of land "down there" and the price of borrowed money these days are going to make it a real challenge for the government to fabricate some sort of rental structure for social housing in B.C. Place. I am assuming that this is foremost in their minds in this the Year of the Handicapped.

by D. Dawson

Data taken from the 1980 Annual Report of the Greater Vancouver Mental Health Service and helpful individuals at the First United Church, 320 E. Hastings.