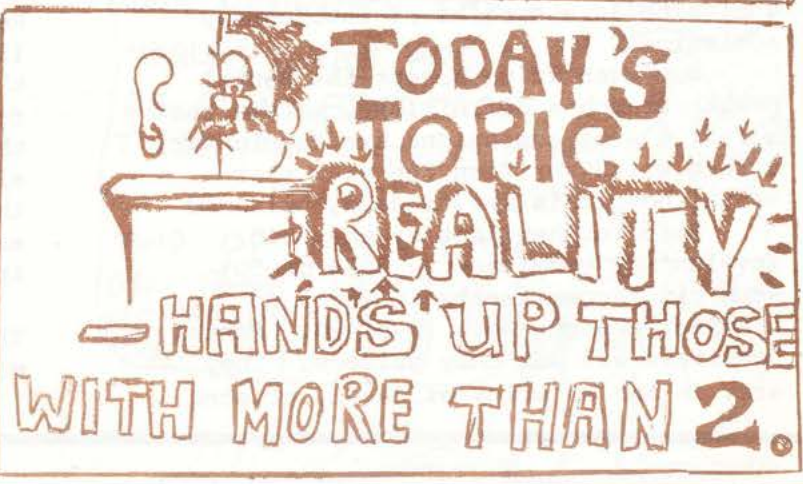
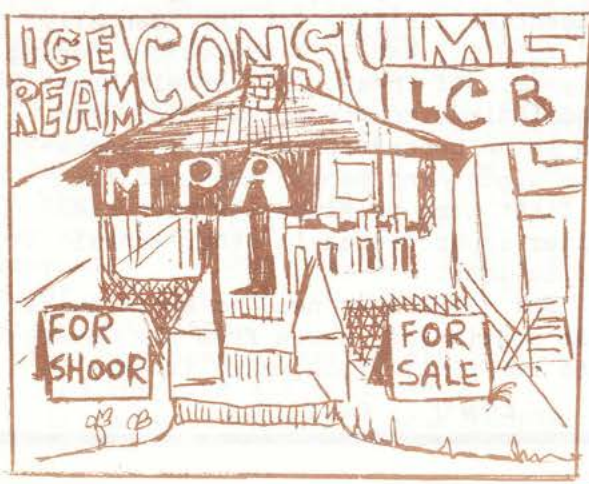
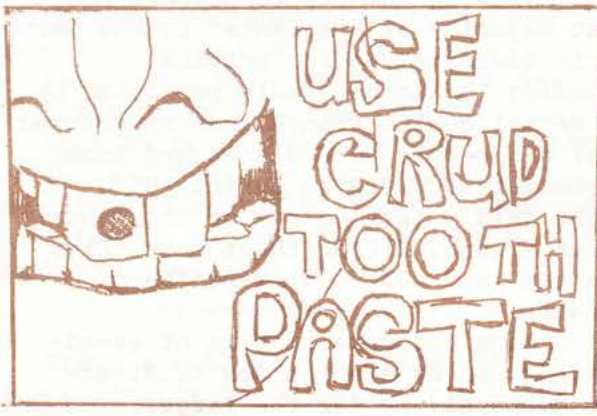
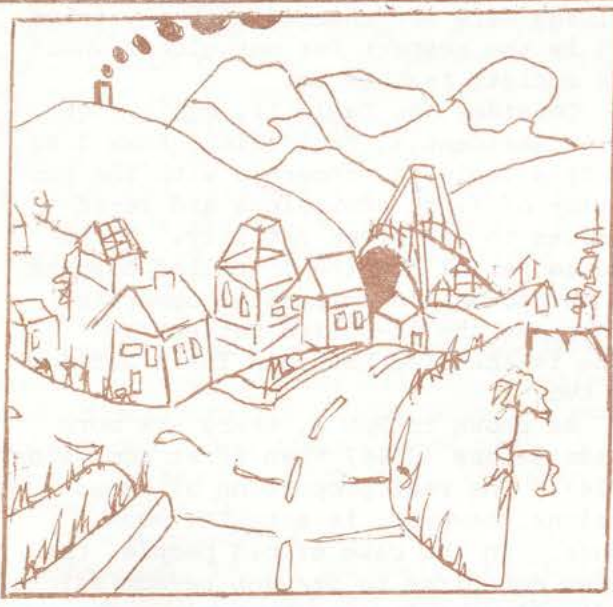


graphics

IN A NUTSHELL

MENTAL PATIENTS ASSOCIATION NEWSLETTER
3191 - W. 10th Ave. Vancouver 8, B.C.
Phone: 738-5177, 738-1422

No. 16 Dec. 1972



A GRIM TABLE TALE

The two Tables accompanying this articles are re-printed from the 1970 Statistical Report published by the Mental Health Branch of the B.C. Government. The figures clearly reveal some of the major failings and iniquities of the "mental health" system in this province.

Consider Table 1, focusing on Rows 3 to 9: "Residential Facilities for the 'Mentally Ill'." During nineteen seventy, 4190 people were admitted to Provincial mental hospital beds. The Table columns indicate Methods of Admission, of which there are 3 types. The first is "Informal" or "Voluntary." In these cases the person enters hospital either because (s)he wants to, or in order to avoid being admitted involuntarily. The second type of admission is by "Medical Certificate," whereby the person is admitted against his or her will on a "civil commitment." Finally, "Legal Procedure" involves admission following a court hearing, generally related to criminal charges.

The first thing to note in Table 1 (Row 3) is that only 1382 or 33% of people who enter hospital do so "voluntarily." This is in fact an over-estimate since many people are threatened or coerced into signing voluntary admission papers. And many of these "voluntary" admissions have their status later changed to "involuntary," when they voice their desire to leave. As Thomas Szasz puts it: "Voluntary admission is a species of involuntary admission."

But even if we accept the Mental Health Branch's definitions, we see that a full 67% of admissions are involuntary a fact which verifies the view that mental hospitals are, indeed, prisons.

Note further that of the 2808 involuntary commitments, 2534 or 90% were civil commitments in which no criminal charges were involved. Mental hospitals are not only prisons. They are, in the majority of cases, prisons

for people who have committed no crime.

Many of these people happen to be old. It is interesting to note how the mental health system "serves" those who have given their lives to this society and who are no longer useful. In Row 6, we see that during the year, 630 old people were admitted to the "Geriatric Division," a medical euphemism for "Old People's Prison." And prison it is: of the 630 admissions, 590 or 93% were incarcerated against their will! Of the 590, 589 were not charged with any crime. Such is the respect for our elders which this society teaches us!

Consider now Table 11, again focusing on Residential Facilities, Rows 3 to 9. This Table is concerned with the proportion of first admissions and re-admissions to any given facility. These figures reveal how the so-called hospital and the so-called community cooperated to oppress the so-called patient as (s)he is shuttled back and forth between the two.

As shown in Row 3, there are more re-admissions (2166) than first admissions (2024). The real proportion of re-admissions, however, is actually much higher. In the case of old people, the system conspires to prevent re-admissions by disallowing inmates to leave. The great majority of "patients" in the Geriatric Division die in "hospital." According to Another Table published by the Mental Health Branch (not re-printed here) 685 people were discharged from the Geriatric Division during 1970. In the grisly terminology of the Mental Health Branch, 278 of these were "Live Releases" and 407 (60%) were "Dead Releases."

A more accurate picture of re-admissions can be seen in Row 4..Riverview Hospital, by far the largest Residential Facility for the "Mentally Ill" in B.C., had 3514 admissions during the year. Of these, 2137 or 61% were re-admissions to Riverview. And even this is an under-estimate of re-admissions since many people admitted for the first time to Riverview have been earlier incarcerated in other mental institutions.

But there's no need to split hairs. These statistics, taken from the Government's own publication, make it easy to

CON'T PAGE #3

FROM PAGE * 2

fill in the details of a person's life once (s)he has embarked on a career as a mental patient. Off the bat, we know that the choice of career is usually imposed against the person's will. Once in the hospital, the "patient" is usually treated (involuntarily) to shock therapy, drug therapy and work therapy (for 10¢ a day!). One would have to be crazy to choose these forms of therapy, and few do. After a period of time, the person is discharged - a decision generally made on the most arbitrary, pseudo-medical criteria, e.g., the bed is needed for someone else, the person has given up struggling against the rules, the family is prepared to try tolerating the person again, etc.

Once back in the "community", the bycle begins anew: unemployment, welfare, fear of your psychiatric history becoming known, discrimination, frustration, anger, freaking-out. And again "loved ones" come to the rescue, committing the person involuntarily.

This dequence of events, it should be emphasized, is not unusual. In fact, it is the most typical one for people who, by a Doctor's signature, will be transformed into mental patients. Some, the most oppressed, will end up in the Geriatric Division as "Dead Releases".

Much as people wish to ignore these social realities, they do exist. The mental health system is a mirror pointed at the bottom os society, reflecting its most brutal and ugly facts.

There are those who claim that such facts ought not to be belaboured. Any number of complacent cliches are invoked to suppress discussion. Many of the cliches express heartfelt concern for the staff of mental institutions, who are supposedly threatened by frank discussion. For example: "The staff are doing the best they can under terrible conditions". "They are overworked". "Hospitals are overcrowded". "They are only following orders". " They have no power in the system, etc., etc."

All of these arguments are true. And they are all irrelevant. It is quite common to hear people

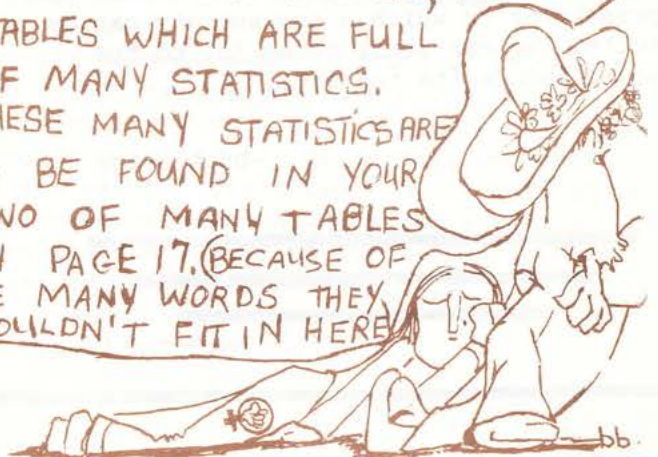
say that Riverview Can't be closed down because 1800 staff members would be thrown out of work. This line of reasoning is nonsense.

MENTAL INSTITUTIONS SHOULD EXIST FOR THE BENEFIT OF THE PATIENTS, NOT THE STAFF. And for the benefit of the patients, Riverview must be closed down and replaced with human and democratic, community-based facilities which people will attend only voluntarily.

Certainly, lower level staff are oppressed, but as the Tables reprinted here show, not nearly as oppressed as patients. If staff are seriously interested in doing their jobs (rather than in just preserving them) they will begin to organize among themselves and to form alliances with patients' groups. Rather than falling back on defeatist platitudes, they will begin to challenge the cruel and inhuman practices which are now given the absurd name of mental health. The effect of this joint struggle will be to have the statistics discussed above relegated to the museum of psychiatry.

- Lanny Beckman

THIS ARTICLE, AS YOU CAN SEE, IS FULL OF MANY WORDS. SOME OF THESE MANY WORDS REFER TO TWO TABLES. THESE AREN'T YOUR ORDINARY TABLES, BUT TABLES WHICH ARE FULL OF MANY STATISTICS. THESE MANY STATISTICS ARE TO BE FOUND IN YOUR TWO OF MANY TABLES ON PAGE 17. (BECAUSE OF THE MANY WORDS THEY COULDN'T FIT IN HERE)



bb.

editorials

capitalism! humbug!

Christmas is the time when society puts on its glossiest cover, it wraps itself up like an expensive Christmas gift and sells itself. Stores and manufacturers rake in the profits through stepped-up consumption and people find themselves in a prefabricated tinsel world where if they have money they can play the game and if they don't their lives remain miserable.

Christmas is the time when the war-like Western world pays lip-service to peace and good-will for a few days out of the year to return to blood-shed as usual.

In other words Christmas as we know it is a shuck. The lies society uses every day to sustain itself ("this is a land of plenty", "the best of all possible worlds where people are free" etc.) are amplified at Christmas. And people's problems are also amplified. There are more murders and suicides at Christmas than at any other time of the year. People forced to be happy can't stand the game any longer and freak out. I got a call from a woman just the other day who swore she'd kill herself by Christmas if her life didn't change.

Don't get me wrong. I'm not down on Christmas. I'd like to see its ideals become a permanent reality. It's just that this society can no longer make people happy and some people rich at the same time. It can't go on preaching good will and peace for a few days out of the year and go around screwing people up for the remainder of the time. Let's work to see the ideals of Christmas become the principles on which a new society can be built. We can still bring joy to the world before its too late.

-Dick Betts



"I challenge the speaker's charge that we have one health care system for the rich and another for the poor. To us, there are no poor!"

letters



Mental Health Metro,
CMHA,
522 - Mt. Pleasant Rd.,
Toronto 298, Ontario.

Dear Sir or Madame:

I am presently involved with a group of discharged mental patients in the west end of Toronto.

The focal point of this group is around job experience and the independence it fosters while retaining the supportive help that exists between the team members at their weekly meeting.

In an attempt to provide the best possible assistance with this group of men, I would appreciate any relevant material on your operation. Obviously it must be succeeding as its existence and success is known in our area.

Hoping to hear from you, I remain,

Gratefully yours,

Gregory Teskey
Community Representative.

WHO'S INSANE?



The way society is dealing with mental health is a farce. Institutions are too full and treatment is hampered by staff. Perhaps the hardest thing to understand is the term insanity. Everybody has their own pet neurosis and everybody is insane - which makes everybody sane. The people who are locked up may be as sane as the majority of people on the street but their behaviour doesn't fit into any neatly defined category so they are abnormal, therefore they are sick. Perhaps these people are right and society's sick.

Sam has been a patient in a mental hospital for seven years. He has a brilliant mind and knows more about relating to people and predicting their reactions than most of the staff. He organized a Patients Council to give inmates a say in the way the institution is run and has

managed to change quite a few regulations governing the freedom allowed inmates. What is a man like this doing in a mental 'hospital?'

Stanley is a perfect example of someone who doesn't fit into normal circles. Because he is a homosexual and rebelled against the alienating and inhumane treatment imposed on him by society, society feels it must hide him away where he can't embarrass anybody. He is lonely and unaccepted. He has been constantly rebuffed, harassed and ridiculed but he still cares deeply about people. He is extremely sensitive and emotional but he is not mad. The motives for institutionalizing people like Stanley should be closely examined.

Janice is another example of a sane mental patient. She was hospitalized for two years because her parents didn't have the time to try and understand her views so they told her doctor she was unmanageable and unable to adjust to society but perhaps society is unable to adjust to her, or any person whose views do not agree with Mr. Average. Janice was thirteen when committed. Is that democracy?

There are many other cases that could be quoted to point out the injustice of our mental health laws. There are old people who have no place to go so rather than take the time to establish them in a community we lock them up. People who are depressed are hospitalized but I know of no other place - except maybe a prison - as depressing as a mental hospital. Your rights and freedoms are taken away and you receive the same treatment as a not-too-bright three-year old. Is this supposed to make you feel better?

If society keeps locking up people who are different, where are our future leaders, artists, poets, geniuses going to come from? They are different, you know. If the present trend keeps up it will be easier to release the "insane" and hospitalize the so-called normal people. At least it would solve the problem of crowded institutions. Beware what you say - you could be committed next.

- Patty Servant

FROM LEPROSY TO CRAZY



The following are excerpts from a talk given by Phil Brown at UBC in November. Phil spent a lot of time around MPA during his few days in Vancouver. The complete version of his talk as well as the discussion at MPA will soon be published in a pamphlet.

The essence of things I want to say come in the category that psychology's like anything else, that it's not a special thing that you would not question when you question other things in the society.

The way I want to structure this is to talk about some of the major things that are going on in psychology that are incredibly oppressive and to move into the history of the concepts of the myths of mental illness and other myths about psychology and psychiatry.

Lately there's been an increase in uses of psychosurgery, particularly lobotomies. This is the image conjured up from the forties where thousands of people were given lobotomies. The main use of this was to prevent the activities of

patients who were considered dangerous. Now they do it to people who are considered too quiet. They do it to sedate housewives and to children in school who don't seem to want to learn enough. The Department of Justice is very interested in getting it into prisons.

Combine that with the traditional things that go on in mental hospitals where people are incarcerated for long periods of time against their will and given massive doses of electro-shock and drugs. It's just a mass effort to cool people out using psychology and psychiatry as techniques of social control.

With that in mind I want to go through the history of the concept of mental illness and all the myths attached to it.

In the middle ages there was a huge leprosy plague and there were tens of thousands of leprosaria and people were there in a purely custodial capacity. Now lepers, through history and in the Bible and in religious tracts of the middle ages were always considered the

CON'T PAGE * 7

FROM PAGE * 6



scapegoats of society. The idea of leprosy was abhorrent to people and there were leprosaria they could look to and know they were all right. But there were people (lepers) who weren't and they were typically serfs, poor people who had no property or rights whatsoever.

Later the idea of leprosy as a scapegoat was replaced. Mental illness sort of bloomed up, both in itself and as an adjunct to witchcraft. Now there was a whole new group of scapegoats. Capitalism destroyed feudalism and the Catholic hierarchy. Communications and trade made the world much tighter. At the same time inquisitions were uncovering witches as the Catholic order tried to recoup its power.

Recent historical studies have shown that the people who were considered witches were number one, women and number two, the poor and number three, were scapegoats for some kind of personal

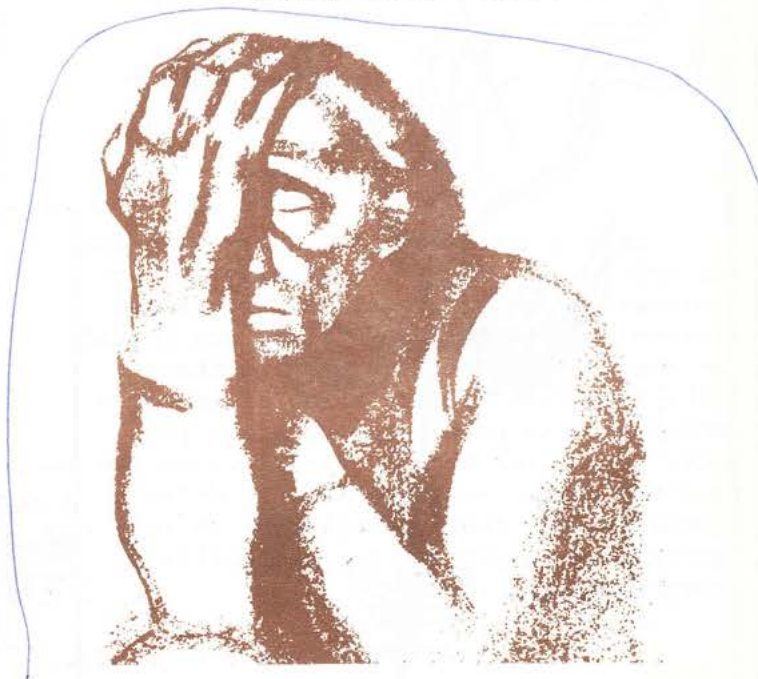
economic and political gain. They were usually accused of spiriting away somebody's lumber or causing someone's house to collapse.

We turn to people who were seen as mentally ill when witchcraft "died out". Witchcraft disappeared and mental illness filled the role of scapegoat or all of a sudden there was an epidemic of mental illness and there was this horrible little germ in the air causing people to flip out. In fact they were flipping out for very real reasons. They were poor, they were driven off the land by the enclosure movement (when rising capitalists took over the land as in 18th century England). There were all kinds of real reasons.

The person accused of mental illness is the person with problems in living. Most of the "symptoms" that people learn and that are codified by psychiatrists and psychologists as symptoms of mental illness are symptoms people learn in institutions.

People get into hospitals because of problems in living. Typically you find that the inhabitants of state mental hospitals are working-class people. People who come from the middle and upper classes go to private treatment.

- excerpted by Dick Betts



Last September the membership demanded changes in "people vs. work" energies. As a result of the September 6th Emergency General Meeting, the last Newsletter carried "A Peace Proposal" and many long and intensive meetings followed. A new structure was finally drawn-up, presented and accepted at the November 6th General Meeting.

The purpose of this restructuring was to open up opportunities for more members to do work, take responsibility, and to equalize power. The structure adopted is meant to be flexible to changes needed at MPA - either by demand or growth. Job categories were reviewed, changed or created. A total of 20 positions were struck, 18 of which are now filled (as of the December 6th Election). Each position position is categorized in-

to one of the following financial groups:

- Activities
- Crafts
- Drop-In Maintenance
- Office
- Transportation
- Library
- Research
- Finance
- Newsletter
- V.O.P.

As the December 18th Finance Meeting has not yet happened, these categories are not firm.

It was decided at a previous General Meeting that all positions officially ended December 6th, and that 18 of the 20 positions would be open for election (2 positions are yet to be defined and filled). Election results were:

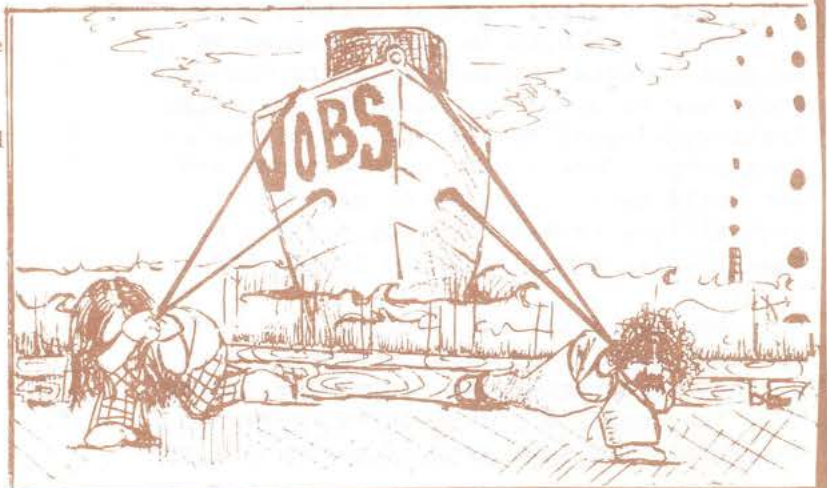
ELECTIONS & restructuring

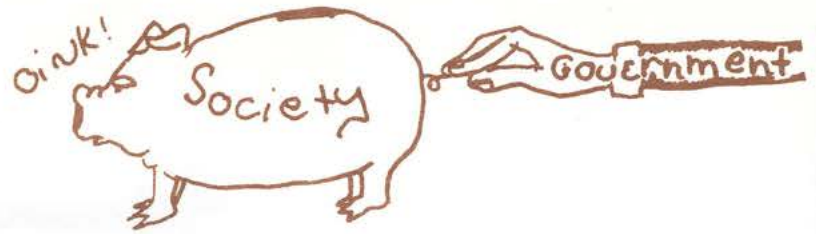
Farm: Mike Musclow
 East End Residence: Jack Jackson & Fran Phillips
 West End Residence: Grace Bisson & Dick Woodsworth
 Drop-In Centre:

Drop-In Co-ordinators: Dave Beamish & Karen Jover
 Activities: Patty Servant
 Transportation: Lloyd Howarth
 Membership: Barb Bussigel
 Crafts: Koko Johnson
 Communications: Terry Haughian
 Political Action: Dick Betts & Gerald Beraldi
 Community: Lanny Beckman & Barry Coull
 Office: Laura Wilimovsky
 Treasurer: Gerry Walker

Each co-ordinator will work with one or more V.O.P. member, gradually adding interested members until job groups are formed. Full job descriptions are posted at the Drop-In Centre. Getting these jobs done will require a lot of energy - more than one person can possible put out. Read over the job descriptions and see the person responsible. If we're gonna get the fuckin' work done we're gonna have to get off our collective asses and contribute.

- Barb Bussigel





Ego Trip

How do I hate thee
 Let me count the ways
 I hate thee to the depth
 Of your narrow-minded heads
 I perceive thee to have had.

Society is a big fucking go-
 vernment-owned, government-
 bought and government-benefited
PIGGY bank.



✓ Growing is Relative

Some days
 i forget
 We are relative
 Brothers and sisters.

I was alone
 Lonely so long
 i never sensed
 a deepness in you.

i still cry
 gently, cruelly.
 It's heavy
 Learning to be
 together growing.

- Grace Bisson

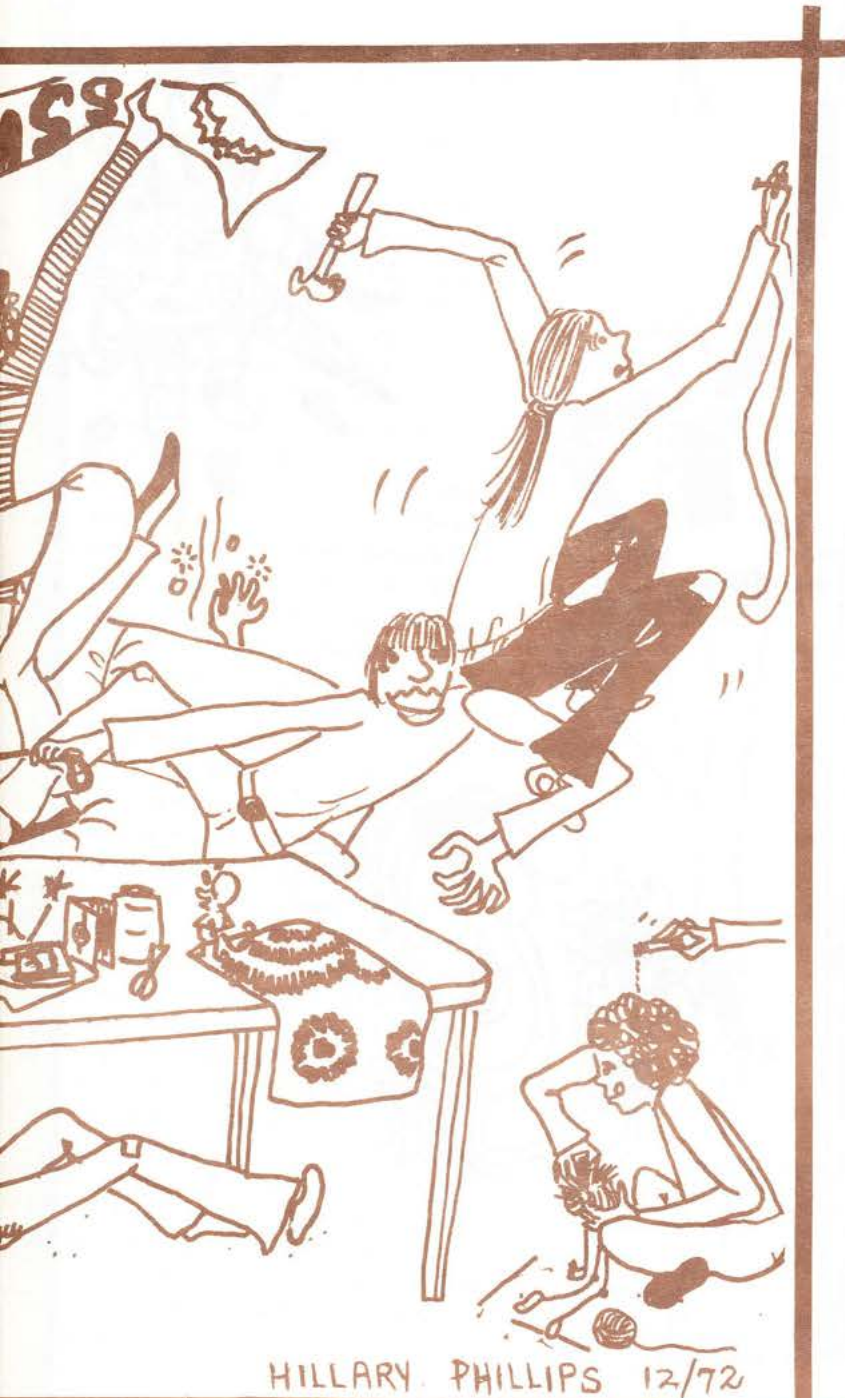
DRAWINGS
 by H.P.

BEST

WISHES



Xmas is DINNER at
December 25th v



FROM

MPA

HILLARY PHILLIPS 12/72

the DROP-IN - SPEND
with friends ! ! !



A poem Alias Uncle Earl

The colour grey
In a poisoned soul
Emits a sound like a sob
Dragging up the despair
And hopelessness
From the depth of forever

Grey is polluted black
Worse than black
Because brightened black
Brings false hope

Hey!!
Wake up and drag
Your pathetic soul
Out of apathy.
He who hath an ear let him hear
What the Lord sayeth to the prophets.
Get fucked
Get stoned
Get laid
Get up
Get made
Get involved
Get loved
Get live
Get dead
But get



Colors and patterns on your wall
Projected from your head
How much of what your mind comprehends
Is real.
How much of what is real
Does your mind comprehend.
Are you real?
Am I?
Why people - what have we done
to justify our existence
Nature is pure beauty.
Are you?
He who finds ugliness in beauty
Is really seeing the ugliness in himself
But he who can find beauty all around
Has beauty inside.

DRAWINGS
BY H.P.

REPORTS

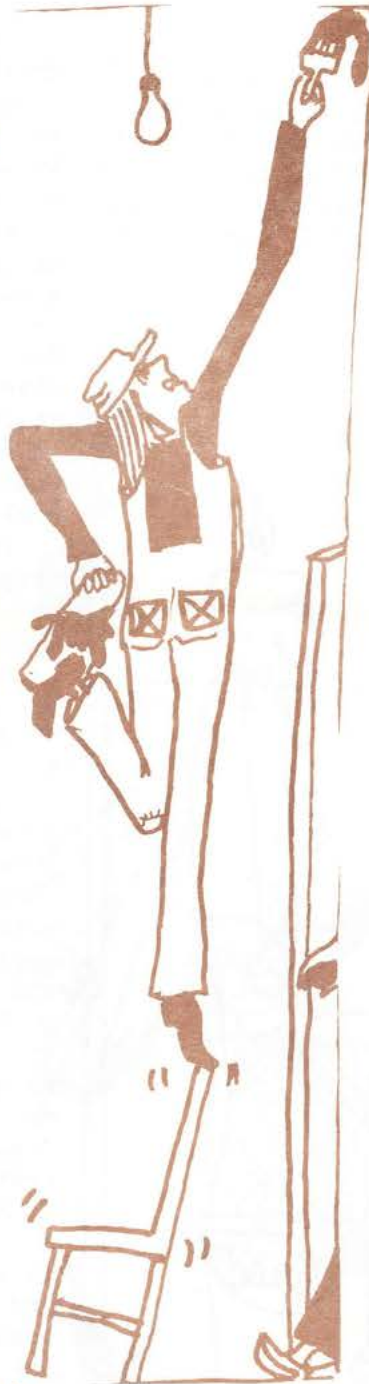
East End

Some very exciting developments at the East End are keeping us all busy and out of mischief this month.

We have started a general redecoration of the house. The residents decided that they would prefer to stay in their own house rather than move to the new house MPA has purchased. Half of the kitchen has been repainted and the bathroom got a colour lift too. The fellows got together to design and build a long natural wood table. Some general rearrangements made more space in the kitchen - all very satisfying.

One of our group, Jack Jackson, has written for a LIP grant to start a new residence - one for people who are not yet ready to take full responsibility for their everyday lives. He has received support from MPA for his project and has received letters of support from a family doctor, a VGH psychiatric and clinical specialist and from the medical director of The House. Jack has received a lot of encouragement from the people in his house and MPA generally. We want to congratulate him for getting a grant idea off the ground.

-Frances Phillips



H.P.

Research

The second draft of the mental health act (our new proposal) is done and copies can be read or borrowed for a couple of days from the Drop-In Centre office. For a report on the contents of the act and the major changes it proposes see the October Newsletter. I won't go into it here.

The arduous task of critically re-reading the act and finding loop-holes in the first draft took us a couple of months. Now two teams, a law class from UBC and a group of friendly lawyers in Vancouver will be suggesting further amendments so we can present a final draft.

Other activities besides the act have included Politics Night with its ups and downs, trying to help Morris Nishi who was thrown into Riverview for robbing a bank, a visit with Dennis Cocke, the provincial health minister to tell him about MPA and work with a community coalition to sponsor all-candidate meetings for the civic elections. The last project saw MPA getting involved with other groups to put on a community action.

All these activities could use several articles on their own but we don't have the space here to write them. Gerald and I will be around the Drop-In Centre most days if people want to find out more about what's going on. It's important to coordinate our activities with MPA members since this is an area that can be too easily be removed from people. Have a good Christmas and New Year.

- Dick Betts

West End

The residence has been fully occupied with one notable exception. A bed was reserved for one person whose parents called MPA from Montreal.

On the international scene: I drove Harry to the airport to catch a flight home to Amsterdam. He was extremely grateful for the support given him by the residents and left ten dollars to the house. A meeting of the residents decided to supplement this with voluntary contributions of fifty cents a person per week to create an activities program for members of the house. We are aiming at an outing on Hollyburn mountain early in the New Year as the first project.



We also look forward to increasing cooperation with the East End Residence in planning activities and dealing with areas of common concern: i.e. decent housing for ex-mental patients. Much help has come from Grace Bisson who has spent a great deal of her time at the house and has helped individual residents deal of her with their financial and emotional problems.

We're all preparing for a complete redecoration of the house.

- Dick Woodsworth

Making Gifts

Christmas Gift-Making Day

Every Saturday afternoon until Christmas we are getting together with ourselves and people from the community to make Christmas gifts for our friends and families.

Arnold came over and brought examples of his stain glass work. People got right into this - some going so far as learning to use the glass cutter while others started on projects. Arnold is available Saturday and Wednesday afternoons for this work.

Koko was into a sand candle trip and people did some gorgeous creations with wax, shells and driftwood.

Michiko did Japanese paper folding with another group. The mantle was filled with paper birds, pigs, etc.

Fran's daughter, Hilary, showed others how to make some fascinating wool freaks. These are big woolly heads with pipe-cleaner arms and legs and plasticine hands and feet and noses.

Dick and Fran's husband, Vic, went off to Iona Island to get driftwood for Christmas boxes. These will be ready to put together for our next Saturday session.

Anyone who has an idea for a Christmas gift we can make is invited to bring samples and material (we'll pay the costs). You can show others how to go about making it.

- Fran Phillips



Activities

Parks Board Passes

Cathy Batten has arranged reduced-rate tickets for pitch & putt golf, skating, swimming, conservatory, etc. The Activities Committee will purchase these and make them available. If you are interested, contact Cathy or Patty or the Activities Committee, 1:00 p.m. every Monday at the Drop-In Centre.

Groups - Tom Sandborn

Tom is leading a new group Monday, 8:00 p.m. every week at the Drop-In Centre. The first group had more men than women, as usual, but it was a good group. We discussed which type of group we would like - encounter, gestalt, etc. I personally felt good after it was over. It's worth going to.

Christmas Party

Tillicum Food Co-Op (hosts to such spectacular events as the Halloween Party and the Kosmic League Wind-Up Blast) has kindly donated their warehouse for a Christmas wing-ding, Saturday December 16th. There will be live music - Bearwoody is playing for sure. We're negotiating with a few other groups - they're locked in the MPA basement, but should weaken and consent soon. There will also be food and drink! Hopefully we can get some food donations - will need VOLUNTEER COOKS AND HELP to set up at the party. We need a good recipe for wine punch. Anyone willing to help contact Patty, Cathy Batten, Kathy Carney, Linda Craigeer or Fran - See Ya All There!!!

Movies and Films

We have 10 free passes a week to Sunday movies at UBC. All you have to do is go to the door, say you're an MPA member, and you'll be admitted free.



H.P.

We're trying to get good films for our Friday nite film sessions. We've just about run out of good ones from the National Film Board and other sources aren't all that good

either. The Library had old movies (Charlie Chaplin, Mae West, etc.), but our excitement was short-lived as the films were silent and small cuts from original movies. We need more people turning out. It's extremely discouraging to show movies to an audience of 2 and then to have only 50% of the audience like the film. The projectors aren't so good either. Womens' Centre got us a film on the women's street theatre in New York. The showing of Salt of the Earth got fucked-up twice. If anybody knows where we can get good movies LET US KNOW, PLEASE!

Pot-Luck Suppers

The regular pot-luck suppers are continuing before each general meeting. The last one had a good variety of food and preceded the most exciting general meeting in months.

Male-Female Discussion Group

We've had two male-female discussion groups - and now are considering getting a few outsiders to liven things up. The Womens' Centre and the Gay Alliance Toward Equality are possibilities. Anyone knowing of men's lib groups, let me know.

Basketball & Volleyball

These Thursday night activities need a lot more people in order to be successful. The House will

FROM PAGE * 15

continue playing every Thursday - but will not be picking people up at MPA. If you want to play, see me and we'll arrange transportation if enough people are interested. It's up to you.

Live Music & Cards

Sunday nites we're going to try and have live music, games and cards. P.S. the cards, games, etc., are always available. Earl has the key to the cupboard.

- Patty Servant



WHAT MUST WE DO TO WIN?

~THE ENEMY WILL NOT PERISH OF ITSELF~

Drop-In

There have been some changes around the Drop-In Centre recently and hopefully more to come.

Koko leads the redecorating "crew" which has painted and wallpapered the kitchen, dining-room and living room in bright colours. People are still needed to help complete the task. Also, donations of good furniture to replace the dilapidated stuff would be appreciated.

To the best of our knowledge, the house we call our Drop-In Centre has been sold. The following motion passed with an overwhelming majority at the General Meeting of November 29th, 1972:

"That the lease be honoured and MPA remain in this house until the lease expires (June 30th, 1973) and if necessary we take the issue to court".

Since we'll still be here for at least half a year we want to continue to make it, physically, a more pleasant place to be.

It was also decided, after lengthy discussions, that there would be no "crashers" allowed. In this area a concerted effort must be made to help people find places to live.

Kathy Carney quit as Drop-In Coordinator and on December 6th, Dave Beamish and Karen Joeever were elected as replacements.

For activities happening at the centre and elsewhere, see Patty's report and the calendar of events in this issue.

- Kathy Carney

Farm

The farm seems to be a good place for chickens but a bad place for residents in the winter. This has been in large part due to a lack of manpower and to a lack of any transportation other than private vehicles.

Farm visits for all interested city residents and members have been going on every Friday in private cars, and have included from five to fifteen persons. Usually we take enough food to prepare a meal for all who go and spend several hours working to improve the farm: i.e. building a pig pen, making a new cover for the well, etc.

Mike has provided the farm with more than three hundred chickens of which half will begin to lay eggs in the next month and half will be slaughtered as broilers. A plot of land has been plowed up in preparation for planting in the spring and we have hopes of acquiring a few pigs and at least one cow in the next month.

We have been in contact with Riverview, U.B.C. Health Sciences, etc., concerning potential residents for the farm. They felt that if there were more personnel at the farm that there definitely would be residents. Jamie Jenkins has volunteered to live at the farm and since then we have received a call from Riverview with a request for space at the farm. We hope that the regular farm visits, the volunteer work by Jamie and increased support from co-ordinators in the city will result in a full residence at the farm in the next month.

- Dick Woodsworth

CON'T FROM PAGE # 3.

ADMISSIONS OF PATIENTS
METHOD OF ADMISSION BY FACILITY
1970

TABLE
I

Row	Mental Health Facility	All Admissions	METHOD OF ADMISSION		
			Informal	Medical Certificate	Legal Procedure
1	ALL FACILITIES	9842	6938	2628	276
2	I. FACILITIES FOR THE MENTALLY ILL, TOTAL	9427	6619	2534	274
3	(a) RESIDENTIAL FACILITIES, TOTAL	4190	1382	2534	274
4	Riverview Hospital	3514	1297	1944	273
5	British Columbia Youth Development Centre	46	45	1	--
6	Geriatric Division, Total	630	40	589	1
7	Valleyview Hospital	441	39	401	1
8	Dellview Hospital	139	1	138	--
9	Skeenaview Hospital	50	--	50	--
10	(b) OUTPATIENT PROGRAMS, TOTAL	5237	5237	--	--
11	Mental Health Centres, Total	4698	4698	--	--
12	British Columbia Youth Development Centre	539	539	--	--

ADMISSIONS OF PATIENTS
TYPE OF ADMISSION BY FACILITY
1970

TABLE
II

Row	Mental Health Facility	All Admissions	TYPE OF ADMISSION	
			Re-Admission to this Facility	First Admission to this Facility
1	ALL FACILITIES	9842	2772	7070
2	I. FACILITIES FOR THE MENTALLY ILL, TOTAL	9427	2667	6760
3	(a) RESIDENTIAL FACILITIES, TOTAL	4190	2166	2024
4	Riverview Hospital	3514	2137	1377
5	British Columbia Youth Development Centre	46	1	45
6	Geriatric Division, Total	630	28	602
7	Valleyview Hospital	441	17	424
8	Dellview Hospital	139	3	136
9	Skeenaview Hospital	50	8	42
10	(b) OUTPATIENT PROGRAMS, TOTAL	5237	501	4736
11	Mental Health Centres, Total	4698	445	4253
12	British Columbia Youth Development Centre	539	56	483

HELP!

RIVERVIEW HOSPITAL 521-1911
 DIVERVIEW OUTPATIENTS DEPT 872-0211
 THE VENTURE 874-8622
 THE VISTA 738-3622
 VALLEYVIEW HOSPITAL 521-1911
 BURNABY MENTAL HEALTH CENT. 434-4247
 MENTAL HEALTH SERVICIES, METROPOLITAN
 HEALTH SERVICE OF GREATER VANCOUVER
 (873-7391) (873-7392) (873-7404)
 HEALTH SERVICES HOSP. UBC 228-3731
 SCHIZOPHRENICS ANNONYMOUS 2801 Pine St
 SE-CURE ORGANIZATION OF B.C. 325-2030
 BURNABY GEN HOSPITAL 434-4211
 NOTH VAN LIONS GATE HOSP. 988-3131
 ST PAULS HOSPITAL 682-2344

MEDICAL CLINICS

Downtown Comm. Health Service 685 -2744
 Reach Centre 254 -1354

DENTISTRY

Faculty of Dentistry 228 -2112
 Dental Out-Patient Clinic 876 -3211
 Gordon House Neighbourhood
 Services 683 -2554

REHAB SERVICES

Al Anon 688 -1716
 Salvation Army -De Tox Centre 688 -7796

WELFARE

Joshua Co-op Society 254 -8844
 Unemployed Citizens Welfare
 Improvement Council 731 -0131
 Vancouver Welfare Rights
 Organization 254 -9881
 Legal Aid Society of B.C. 687 -1831
 Vancouver Community Legal Assist Society
 and Community Lawyer Program 872 -0271
 Vancouver Tenants Council 872 -0296

24 HOUR HELP

Crisis Centre 733 -4111
 (For bad trips they have 24 hour
 service at Vanc Gen Hosp 12th & Willow
 876 -3211)
 Life-Line 939-4422 (Coquitlam)
 In-Site 926-5481 (West Van)
 Birth-Right 687-7223 helps pregnant
 women
 Cool-Aid 736-9971
 Stay Project 876-8232 4830 Victoria
 for Cedar Cottage
 and Kensington area drop in.
 Native Info Centre 255-0535 687 E.
 Hastings Drop-in.

The House: Soft Drug Help 732-3301
 1040 West 7th Drop In
 Fish 299-4824 922-1311


USUALLY OPEN PHONES

NOW 736-7376 1 P.M. to 7 A.M.
 Inter-Section 596-1727 (Surrey)
 Feedback - East End Youth Line 6-12pm
 254-9871
 Speakwasy U.B.C. 228-4557
 Mon - Fri. 10 a.m. to 10 p.m.
 Sat noon - 8 p.m.
 Senior Line - over 50 year olds 732-3757
 11 a.m. - 2 p.m.
 7:30 - 10 p.m.
 Lookout: For the elderly 254-9933 6p.m.
 to 8 a.m.

M.P.A. 738-5177
 Societe Nouvelle 874-9510 10 am-10 p.m
 Interact for two cultures english French
 9 am- 5 pm 731-5830
 Crossreach 732-3243 weekdays



DECEMBER'S ACTIVITIES

<p>14 THURSDAY</p> <p>8:00 P.M. POLITICS NITE</p> <p>6:30 BASKETBALL</p>	<p>15 FRIDAY</p> <p>8 P.M. FILMS</p>	<p>16 SATURDAY</p> <p>NOON: XMAS PRESENT MAKING</p> <p>XMAS PARTY!</p>	<p>17 SUNDAY</p> <p>10 PASSES TO UBC FILMS</p>	<p>18 MONDAY</p> <p>1:00 P.M. ACTIVITIES MTG.</p> <p>7: P.M. GROUP WITH TOM SAND-BORN</p> <p>8: P.M. FINANCE MTG AT LANNY'S.</p>
<p>19 TUESDAY</p> <p>NOON - BUSINESS MEETING</p>	<p>20 WEDNESDAY</p> <p>9-12 NOON OVER 30'S RAP GROUP</p> <p>NOON LIBRARY MEETING</p> <p>6:30 P.M. POT LUCK SUPPER AND GENERAL MTG.</p>	<p>21 THURSDAY</p> <p>8: P.M. POLITICS NITE</p> <p>6:30 P.M. BASKETBALL</p>	<p>22 FRIDAY</p> <p>FARM VISITS</p> <p>10:30 A.M. (DROP-IN)</p> <p>11:00 (W.END)</p> <p>11:30 (E.END)</p>	
<p>23 SATURDAY</p> <p>?</p>	<p>24 SUNDAY</p> <p>10 PASSES TO UBC FILMS</p>	<p>25 MONDAY</p> <p>CHRISTMAS DINNER</p> 	<p>26 TUESDAY</p> <p>NOON: BUSINESS MEETING</p>	
<p>27 WEDNESDAY</p> <p>9-12 NOON OVER 30'S RAP GROUP</p> <p>NOON: LIBRARY MEETING</p> <p>8 P.M. (E.END) MALE FEMALE DISCUSSION GROUP</p>	<p>28 THURSDAY</p> <p>8:00 P.M. POLITICS NIGHT</p> <p>6:30 P.M. BASKETBALL</p>	<p>29 FRIDAY</p> <p>FARM VISIT 10:30 (DROP-IN)</p>	<p>30 SATURDAY</p> <p>?</p> <p>31 SUNDAY</p> <p>10 PASSES TO UBC FILMS.</p>	

DON'T FUCK AROUND
GET OUT AND ENJOY YOURSELF

