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LOCAL INITIATIVES PROGRAM APPLICATION

1972-1973

Item 7. Describe Work to be Undertaken

The Mental Patients Association is currently engaged in providing a broad program of community services to mental patients, former patients and others experiencing emotional disturbances. The bulk of these services are furnished in the ^{five} four centers operated by the Association, although many of our activities and programs do occur in community settings such as mental hospitals, mental health clinics and facilities of related community groups. Our objective has been to integrate our organization into the community as fully as possible rather than to create an island segregated from adjacent services and agencies.

The ^{five} four MPA centers are:

- 1) East End Residence, located at 369 East 21st Avenue, Vancouver. Capacity of eight beds.
- 2) West End Residence, located at ~~1982 West 6th Avenue~~, Vancouver. Capacity of ten beds. ^{1754 West 11th Avenue}
- 3) Farm Residence, located on 40 acres of land at 26942 108th Avenue, Whonnock, B.C. Capacity of ^{nine} thirteen beds.
- 4) Drop-in/Crisis Center, located at ~~3191 West 10th Avenue~~, Vancouver. ^{15 months}

For the past year, the majority of our funding has been provided by the Local Initiatives Program, which has enabled the growth of our service program to its current scope. As proposed in this application, the work to be undertaken through ^{Local Employment Assistance Program} Local Initiatives funding is intended to maintain the present program with a few major modifications and additions. ^{the one major addition of the South End Residence (opened March 1, 1973)}

The ^{project activity} proposed work will be described in terms of the ^{twenty} fifteen positions for which application is being made.

A) TWO EAST END RESIDENCE SUPERVISORS

The East End Residence, which was established in January of 1971, has evolved a highly successful program for people recently discharged from psychiatric hospitals. The majority of residents have been referred to our organization by hospitals, psychiatrists and other mental health workers who have indicated satisfaction with their clients' growth and rehabilitation in our program. Success has been mainly reflected in the almost negligible rate of hospital re-admissions among residents of all three residential centers.

This is to be compared to re-admission rates of almost 70% among ex-patients receiving no aftercare services.

Over the past year the East End Residence has achieved a stability which indicates that two full-time supervisors will be sufficient to manage the program. This is so as a result of the excellent work accomplished by the present supervisors, who have involved the residents to a very great degree in responsibly managing their own affairs. It should be pointed out that other salaried coordinators (whose work will be described below) will be variously involved in the residence as part of an effort to further integrate the ~~four~~^{five} MPA facilities. Especially in the event of crisis and emergency, the two supervisors will have additional personnel to call upon for assistance.

The supervisors' jobs are demanding in terms of both time and emotion. As a rule, they work upward of 60 hours per week and are on call 24 hours a day. These jobs, as is true of all ~~15~~²⁰ applied for, require a great amount of dedication, since the needs of emotionally upset people are intense and are not confined to pre-determined hours.

The principal responsibilities of the supervisors entail developing emotionally supportive relationships with the residents, and, using these relationships as a base, the supervisors serve as resource persons in encouraging self-reliance and participation among the residents.

These goals are sought in three main areas.

1) Basic Survival Skills. Included here are essential domestic activities such as shopping, cooking, cleaning, laundry, managing subsistence incomes and so on. As our experience has shown, it is remarkable how few people leaving hospital possess these basic skills and how this lack leads to recurrences of emotional disturbances and hospitalizations. In no other mental health programs do patients receive concrete training in these areas. We believe our low re-admission rates depend largely on the attention paid to these fundamental activities.

Three house meetings are held weekly in which residents make up work-schedules and review one another's activities. The emphasis is placed on group activities so that a resident is not left on his own to accomplish a given task. Weekly shopping trips are taken; rotating daily schedules for cooking and washing dishes are followed; weekly house clean-ups are done. House budgets are set on a monthly basis with weekly reviews to ensure functioning within the budget.

Supervisors are especially involved in maintaining contact with hos-

pitals, welcoming new residents and introducing them to the routine of the house. With increasing length of stay, residents are expected to undertake greater responsibility in house management, while the supervisors' role tends to become less prominent.

Perhaps the basic lesson which the supervisors endeavour to convey is that the resident's well-being is interdependently related to the group's and that social responsibility in a democratic setting can have a personally therapeutic value.

2) Participation in the General MPA Program. The second area in which supervisors aim to generate involvement is the broader MPA program. The objective here is for the residents to feel a part of a community larger than a single, isolated house. We have found that there is tendency for residents to view the house as an enclave and for the entire house, as a unit, to reproduce symptoms of withdrawal. To overcome this problem, we have re-structured MPA so as to involve all residences in activities. For example, location of the weekly business meetings rotates among the ~~three~~^{four} city centers. Potluck suppers are held at the residences with the residents serving as hosts for member-guests. Weekly day-trips to the MPA farm are made.

Supervisors encourage residents' participation in planning and attending activities at the drop-in center. These activities (which are described in detail on page 11) include meetings, encounter groups, recreational and sports events, guest speakers, films etc. The attempt is made to have residents attend outside events at least three to four times a week. Supervisors are generally involved in arranging and providing transportation.

These aspects of the program have proven highly successful. Rather than being ~~four~~^{five} separated houses, MPA is developing into a cohesive, social community which fulfills a wide scope of needs for residents. Supervisors function as indispensable catalysts in bringing about this cohesion.

3) Integration with the Genrerel Community. With the emotional security of MPA as a basis, residents are encouraged by the supervisors to familiarize themselves with and participate in the surrounding community. Each week, a guest speaker is brought in from a local institution, agency or community group. Not infrequently, residents strike up a relationship with the speaker, which leads to their joining in the programs of the particular group.

Supervisors contribute to planning regular outings in which residents have the opportunity to visit the facilities of community groups. Additionally, supervisors engage in familiarizing residents with those community

resources designed to meet specific needs such as housing, employment, welfare, health, education etc. Residents are shown how to make use of information centers, Manpower employment and training programs, health clinics, welfare programs, high school completion and other adult education programs, etc.

Most mental patients experience serious degrees of cultural dislocation, related to feelings of segregation from the community. This often ensues from an ignorance of the various resources which are designed to meet social needs. We feel that a crucial preliminary step in integrating into the community is to discover and familiarize oneself with it.

The ultimate objective of the residence program, in which the supervisors play an indispensable role, is for the ex-patient to feel that the community is his home rather than a foreign and hostile milieu.

B) TWO WEST END RESIDENCE SUPERVISORS

The West End Residence, with a capacity of ten beds, was established in July of 1972. Since that time it has quickly developed a program comparable in strength and cohesiveness to that of the East End's. In fact, because of its greater proximity to the drop-in center, it has circumvented some of the isolation problems discussed in the previous section on the East End Center.

The programs and objectives of the West End Residence are generally identical to those detailed above, and need not be repeated.

It should be emphasized that these two supervisors work closely with those at the East End in planning and carrying out regular joint activities with residents of both houses.

C) TWO SOUTH END RESIDENCE SUPERVISORS

See (1A)

D) ONE FARM SUPERVISOR

In August, 1972, the MPA farm residence changed its location from Matsqui to Whonnock. The new farm is situated on 40 acres of land on which there is a large house with a bed capacity of nine and a small cottage with a ^{total} bed capacity of ^{nine} four. Additionally, there is a barn, a very large chicken coup, several storage huts, a dozen fruit trees and a large gardening area. We have found that a farm setting, removed from the excessive pressures of the city, constitutes an excellent therapeutic environment for emotionally disturbed people. The same conclusion has been reached in rural therapeutic settings in other countries such as Holland and Denmark.

In Canada, however, there are few such programs in existence.

The MPA farm program is in many ways equivalent to those of the ^{three} East ~~and West~~ End Residences, especially in regard to principles governing daily domestic management. There are, however, some basic differences arising from the isolation and rural setting of the farm.

For two main reasons, the farm program does not accept residents who are suffering major emotional problems. (These people are accommodated by the city residences.) The first reason pertains to the relatively isolated context and inaccessibility of psychiatrists, medicines and other community facilities. Secondly, because there are more chores to be done to keep the farm running, residents must be sufficiently stable and committed to undertake these chores dependably and regularly.

The two supervisors (~~one is receiving a salary from the Company of Young Canadians and the second salary is being applied for in the present application~~) have performed a remarkable job of involving residents in redecorating the farm houses and undertaking outdoor activities such as livestock farming. The farm currently has 100 chickens and 200 chicks and ¹⁵ will be supplying eggs to all residences and many members. ~~In the near future,~~ ^{three} calves will be obtained and ^{+ a horse have been} and ^{a plot of land has been prepared for the cultivation} ~~in the spring~~ a vegetable garden ^{of a vegetable garden in the Spring.} planted.

Because of the paucity of mental health services in rural areas, the supervisors have begun, and will continue, to establish local contacts so that the farm serves the neighbouring areas. To this point, the Haney Problem Center has referred people to the farm as has the local welfare office. Additionally, Reverend Peter Stinson of the local United Church has been closely involved in the development of the farm program, and he and members of his congregation have visited regularly and helped with much of the redecorating and other work.

In order to minimize the isolation of the farm, weekly visits of 15 to 20 people from the city centers have taken place. Often these visits serve as work-parties with members contributing to helping with farm chores.

It is proposed that the supervisors continue to strengthen the program in which residents have the unique opportunity of involving themselves in meaningful and cooperative farm work. In regular house meetings during which schedules are set out, the supervisors work with residents in planning both indoor and outdoor activities necessary for the maintenance of the farm.

It is intended that the farm supervisors will work closely with the

Transportation Coordinator and the Activities Coordinator (see below for a description of these two jobs) to integrate the farm and city programs with regular travel in both directions. The chance for city members to visit and participate in the farm has proven to be one of the most interesting and constructive of MPA's activities.

Finally, it should be stated that ^{one of the two} the supervisor (who was previously unemployed and for whom the present salary is being sought) has had extensive experience in farming and is ideally suited for the position. ^{involved in teaching farming skills to the residents + visiting members}

INSERT => E) TWO ADMINISTRATIVE COORDINATORS - See p. 10

F) D) TWO DROP-IN CENTER COORDINATORS

The drop-in/crisis center, which is the central coordinating facility within MPA, is open 24 hours a day and provides a very wide range of activities and services. The center is visited by 125 to 150 people per week and receives more than 300 phone calls, of which approximately half are business and half crisis calls.

The coordinators' jobs are extremely varied and demanding. They involve organizational responsibility for smooth management of the center in relation to all activities, both structured and unstructured, which occur at the center.

In view of the excessive demands of the positions, the coordinators must enlist the help of volunteer-members, and to a large extent their jobs entail coordinating volunteers in carrying out tasks in the various program areas.

The most difficult and time-consuming function served by the center falls in the area of crisis work. By its very nature, such work requires one-to-one situations in which the person in crisis can find someone to talk with for uninterrupted periods of time. There are obviously far too many persons in crisis for the two coordinators to handle the demand by themselves. Thus a great deal of their time must be invested in recruiting, training and helping crisis volunteers to be available 24 hours a day.

During the initial stages of a volunteer's work, a coordinator works closely with the volunteer, familiarizing him or her with MPA programs, community resources helpful to the upset person and basic rules and guidelines on dealing with crisis situations. The coordinator is present during the volunteer's first few shifts and is on call thereafter to assist with particularly difficult problems which arise. When no crisis volunteer is available for a given shift, it is the responsibility of the coordinators to fill in. On the average, this amounts to two shifts per week per coordinator.

Since in the area of crisis work, much of our service must depend on volunteer help, it is necessary for the coordinators to give a good deal of time and attention to working with volunteers. All crisis service agencies (which are unfortunately all too few in Vancouver) experience a very high rate of attrition among volunteers. This had been our experience until coordinators began working closely with volunteers. We have found that this policy is the only way of maintaining an active pool of volunteer help. To provide desperately needed crisis services, we find it is well worth our while for coordinators to establish close bonds with volunteers so that the latter feel a commitment to their work and to the group.

It is on the graveyard shift that this policy has reaped the greatest benefits. The late night hours are usually the most difficult for emotionally upset people. Our organization provides virtually the only facilities where disturbed people can relate in-person to volunteers during the middle of the night. The number of prevented suicides and of other lesser tragedies is incalculable because crisis services are available at MPA between midnight and morning.

Drop-in center coordinators are also responsible for general maintenance of the center and its programs. In these capacities, they again make use of volunteers, and especially those on the Vancouver Opportunities Program. There are currently 20 VOP placements with MPA. The coordinators are responsible for allotting tasks to the VOP people. In general, this entails assigning each VOP person to work with one of the ~~current 18 MPA~~ coordinators. The drop-in coordinators thus act as a liaison between the VOP people and the coordinators, and are responsible for handling any work problems which arise in these relationships.

In general, the drop-in coordinators function in an organizational capacity and ^{with the administrative coordinators} are responsible for distributing manpower throughout MPA's program areas, ^{especially those related to the drop-in center} They require a broad overview of the organization and are ~~the principal~~ resource persons to whom others can turn when organizational problems arise. ^{related to drop-in or crisis programs}

When a newcomer arrives at MPA, it is often the drop-in coordinators who make the initial contact. Their function here is to make the person feel welcome, to discuss his or her interests and to suggest which aspects of the MPA program would be most likely to meet the person's needs.

The drop-in coordinators are also responsible for being familiar with

community resources and for working with the secretary in keeping an up-to-date file on such resources. They are thus in a position to act as a referral source for members in regard to problems of housing, welfare, employment, health etc.

Finally, these coordinators work with the Activities coordinator in planning and publicizing schedules of activities and events.

It should be emphasized that the ²⁰~~15~~ positions described in this section of the application have been structured so as to maximize efficiency and cooperation among coordinators. The two drop-in coordinators are particularly central in this liaison capacity.

G) E) ONE ACTIVITIES COORDINATOR

The activities coordinator has a very special function at MPA. Because many members are unable to concentrate for long periods of time or are shy and withdrawn, a major requirement for this position is the ability to draw people into activities and to design programs which allow for varying degrees of participation.

MPA activities must revolve around the needs of individuals as well as of the communal group. It is essential that the coordinator avoid "keep busy" activities reminiscent of hospital programs and have the ability to constantly evaluate and re-adjust the program to suit the needs of the participants.

The activities coordinator works with the drop-in center coordinators, the crafts coordinator and the residence coordinators in order to develop overall programs which relate to the needs of residents and members.

In conjunction with the communications coordinator, this position entails responsibility for publicizing events through newsletters, posters, personal contact, the phoning committee etc.

There has been an effort made to plan a wide variety of activities so as to meet as broad a range of interests as possible. Regular activities which will be maintained through the efforts of this coordinator include: N.F.B. film showings; music and folk singing nights; yoga classes; dances; card and games nights; therapy groups; potluck suppers; sports events; coffee parties and other activities for older members; trips to the Planetarium, Aquarium, Art Gallery, MPA farm, relevant lecture series and conferences and other events in the community.

The activities coordinator will work closely with the transportation

coordinator to ensure the greatest possible access to these activities.

F) ONE SECRETARY

The secretarial position is basically that of office coordinator. Responsibilities will involve general office routine, typing, answering business phones, filing etc. There is a considerable amount of typing work including: reports, applications for grants, ^{newsletter material} minutes of business meetings and general meetings, letters of contact with various community groups and a daily flow of general business correspondence.

The secretary functions as a general information source, keeping coordinators informed of programs and activities and keeping the general membership informed of daily changes in plans etc.

The secretary will have further responsibilities in helping with office budgeting, keeping newspaper clippings in files, working with the library committee and seeing that various media and public relations requests are attended to by the appropriate coordinators.

With the rapid growth of MPA over the past year, administrative responsibilities have greatly multiplied, making the secretarial position essential to the efficient functioning of the organization.

G) ONE TREASURER

Within the area of financial management, the objectives of reliable financial control and viable long range programming can only be realized through the functions of a competent treasurer. Within MPA, the treasurer plays an essential role in program planning.

One of his primary responsibilities is the establishment of realistic program budgets. These budgets are regularly reviewed within the context of monthly financial statements produced by the treasurer. In addition, he must keep the membership informed of the organization's financial status through the maintenance of bookkeeping records of source and application of funds which are open at all times to review and audit.

He is further required to produce six-month financial projections based on the budget of the previous half-year.

On a daily basis, his responsibilities entail control of petty cash; making out the payroll; payment of bills and dispersing funds to coordinators responsible for various budgeted program areas.

The current treasurer's qualifications for this position are discussed

in response to Application Item ¹³ 12, below.

J H) ONE TRANSPORTATION COORDINATOR

Transportation for mental patients is a crucial problem. Over 90% of the patients in Riverview come from low-income backgrounds. Due to a combination of emotional factors and job-discrimination, the majority of patients go onto welfare upon release from hospital. Transportation, although essential in an urban setting, is prohibitively expensive within the budget of a welfare recipient. With a full-time transportation coordinator, MPA would ^{is} be able to provide free, readily accessible transportation to both members and residents. Transportation would ^{is} be available for residence shopping trips, laundry etc. For especially disturbed people, rides would ^{are} be provided for various necessary appointments--welfare, medical, psychiatric and so on.

MPA facilities are widespread: two on Vancouver's west side; one in the east end; ^{one in Mount Pleasant are} and one in Whonnock, 45 miles from the others. Interactions among these centers are very difficult to maintain ^{and require} without a full-time transportation coordinator. ^{Before such a coordinator was employed} An individual wishing to take up residence at the farm ^{had to} must, at times, wait several days before his belongings can be moved from the city. It ^{was} is often difficult for people from the residences, and especially for outside members, to attend meetings or activities held at the drop-in center or at an outside location. Without a reliable driver, excursions and work parties to the farm have ^{were} been difficult to organize.

We often find with depressed and withdrawn people that they will not leave their house unless a good deal of encouragement--and often this means a ride--is provided. We believe that reliable transportation will ^{makes} make a real contribution toward helping depressed people to break through their introversion and inactivity.

With the community liaison coordinator, the transportation coordinator ^{continue to} will schedule regular hospital visits. He will provide transportation to and from all MPA activities and many other community events. Parts of his time will be devoted to crisis transportation. He will provide weekly trips to the farm, and will be responsible for maintenance of the MPA vehicle. He will also be available to drive discharged patients from the hospital to their home.

Clearly, this service ^{which} is desperately needed, and will lead to an integration of MPA facilities as well as of MPA with the surrounding community.

As stated in # 19 below, the Mental Health Branch of The B.C. Government has provided funds for the purchase of an 18 passenger bus, which is to be used for the transportation needs described in this section.

X I) TWO RESEARCH COORDINATORS

Since its inception, MPA has had a research committee designed to investigate, and collect data on, a broad range of issues in the mental health field. In addition to its research functions, the committee has engaged in educational work, informing members and the general public about the need for reform in the sphere of psychiatric services. Until this past summer, the committee operated on a negligible budget and was comprised exclusively of volunteers.

In June, ¹⁹⁷² a grant was received from the Donner Canadian Foundation to support intensive research activity into legislative questions pertinent to the mental health area. ^{This work has continued since December with the support of the L.I.P.} Specifically, researchers were to investigate the provincial Mental Health Act and the de facto procedures used in implementing the Act. A principal objective was to document discrepancies between de jure and de facto procedures. In addition to examining library and other written sources, the researchers conducted interviews with patients, ex-patients, psychiatrists, physicians, lawyers, mental hospital staff, ambulance drivers, police and others regularly involved in psychiatric admissions.

The ultimate aim of the legal-research project was to contribute to legislative reform of the Mental Health Act. Very significant progress toward this goal has been achieved. A thirty page revised Mental Health Act has been written, accompanied by a seventy page explanatory brief. The revised Act and brief are currently ^{entering third-} in second-draft form and will ^{near completion} require another month's work to produce the third and final draft.

Numerous important contacts have been made, particularly with government officials and lawyers, who have responded enthusiastically to our proposed revisions. ^{A U.B.C. Law Class has divided our Act into sections is working with us on further revisions in small seminar groups}

Since the election of the new Provincial Government, the prospects of our endeavours contributing to legislative reform have markedly improved. We have met with Dr. R.G. Foulkes, Consultant to the Minister of Health, and have discussed the proposed revisions. His assistant ^{has spent} is currently ^{has worked} spending a week with our researchers and is working with them on our revised Act.

Dr. W. Mahabir, Chairman of the Riverview Hospital Legislative Committee, has written us requesting cooperation between his committee and ours. ^{In November} We ^{the research delegation met with} will be meeting Mr. Cocke, the Minister of Health, ^{and} on November 28th to discuss legislative and other mental health reforms. Six Vancouver lawyers have worked closely with the researchers and will continue to do so through

the upcoming stages. They are: Dale Carr-Harris, Sidney Filkow, Kenneth Woodsworth, Ian Waddell, Stuart Rush and Michael Jackson.] To page (1A)

At this point the basic research has been accomplished; the next stages entail working to have our proposals circulated and, as far as possible, implemented as law.

The research project stands at a critical point. Having depleted the Donner Foundation funds, we fear that unless two full-time research salaries are forthcoming, the expected benefits of the past months' work will be seriously diminished.

Following is a description of the work to be undertaken during the next six months, for which we are requesting two salaries from the Local Initiatives Program. A third and final draft is to be written, based on consultative meetings with the lawyers mentioned above. This draft, along with the brief (comprising in all approximately 125 pages) will be published in book form in an edition of 500 copies to be circulated among government officials and concerned professionals. The contents of the book will be edited into non-technical language, will be published as a 20 page pamphlet and will be circulated in 2,500 copies among patients, ex-patients and the general public.

general ideas
educatnls.
media
long term
objectives -
reform

Contacts with government will be intensified. We will lobby for creation of and representation on committees designed to review and propose revisions in the Mental Health Act. Based on experience to date, we are confident that we will be successful in accomplishing these goals.

Until recently, our organization has concentrated most of its energies in what can be called the "service" areas. Working for legislative reform is, we feel, essentially complementary to service work. The Mental Health Act is a basically inhumane piece of legislation, systematically abridging the civil rights of mental patients. Reform of the Act will constitute an immeasurable contribution to the well-being of hospitalized mental patients.

We have received widespread support of our activities in this area, and request two salaries from the Local Initiatives Program to enable our prior work to come to fruition. This, we are certain, will lead to major improvements in the conditions affecting all those who are, or will be, hospitalized.

(Should Local Initiatives officials desire to see the second-draft of the revised Act, we will be happy to forward it upon request.)

J) ONE COMMUNICATIONS COORDINATOR

The stigmatization, discrimination and loneliness faced by mental patients is very great. Only through consistent and outreaching efforts can they become aware of the fact that they are neither alone nor neglected. MPA publications are at the center of this attempt.

In order to reach and involve patients, public and professionals, a communications system is being established and requires one individual to coordinate it. Within MPA, this system comprises an inter-facility newsletter (MPA Home News) containing reports and announcements of meetings, activities, housing and employment notices etc. The MPA newsletter, In A Nutshell, has been distributed to professionals, community groups, hospitals, universities and non-resident members. It encompasses a broader range of issues than the internal Home News. ^{and is published monthly} However, because there has been no single coordinator functioning as editor, the external newsletter has come out irregularly. By establishing the proposed position, we intend to publish twice a month in tabloid format and to substantially increase circulation.

The publication will focus ^{newsletter} upon ameliorization of the mental patient stigma; emphasize the civil and legal rights of patients; report upon developments in the mental health field; outline social and economic changes in regard to patients and ex-patients; and encourage professionals and patients alike to work toward solutions in these problem areas. ^{ITS} The objective will be to make the paper readable, informative and useful to those who are, or have been, hospitalized.

The communications coordinator will work ^{are} closely with the research coordinators in order to publicize up-to-date findings. In liaison with the activities coordinator, leaflets, posters and ads will be published to announce upcoming events and activities. In conjunction with the drop-in coordinators the communications coordinator will encourage members to submit their personal statements, poems, and articles for publication. Weekly classes will be held to instruct interested members in methods of expressing themselves and their ideas in writing. In addition to these responsibilities, the communications coordinator will, with the secretary and drop-in coordinators, maintain a circulation and resources file which will list the membership, community resource groups, other mental patients groups, professionals etc.

The first 13 newsletters were printed in mimeograph format; the last ^{four} two on offset press. These last two have inspired widely favourable responses.

Circulation, which has become international, has increased to 900.

In order to maintain this basic informational and educational service we will ^{continue to} require the services of a full-time communications coordinator.

M) K) ONE COMMUNITY LIAISON COORDINATOR

The problems encountered in integrating ex-mental patients into the community are only partly emotional. The fact that most are on welfare and cannot afford busfare is a major obstacle. A daily round trip to the MPA center costs \$15 per month, a major expense in the life of a welfare recipient who receives only \$101 per month. The related factors of loneliness and depression which accompany economic privation make it even more difficult to involve people in activities and relationships.

In many cases, we have lacked the manpower to maintain contact with members who have withdrawn to housekeeping rooms and who feel too upset to use the drop-in center. Ex-patients over ⁴⁰30 years of age comprise the majority of this group.

It has ^{was} been raised numerous times that the average age of regular MPA members is dropping because older members ^{were} have been dropping out of the group. We view ^{this} as a serious problem, as we have never wanted to be a "youth group," and during our earlier stages there was a real mixing of generations. The position proposed here ^{was created in December, 1972, + has served to} is intended to regenerate the interests of older members by maintaining contact with them and by planning activities which better relate to their needs and interests.

The community liaison coordinator ^{has} will ~~undertaken~~ to ~~organize~~ a regular group of over 40's to maintain telephone and personal contact with each other and to participate regularly in planning and attending MPA activities.

In cooperation with the transportation coordinator, hospital visits of MPA members to all local psychiatric hospitals will occur ^{twice weekly} regularly. ^{This is an extremely valuable} Joint activities and programs ^{will be developed} will be developed with other self-help groups in an effort to exchange information and ideas, stimulate social events and foster integration through community acceptance of mental patients.

In summary, the principal responsibilities of this position entail: contacting ^{+ re-involving} members who are not making use of our services; planning programs for members who are over 40 and who have withdrawn from MPA; and ~~organizing regular hospital visits~~; ^{recruiting new members from hospitals + the community at large, and} ^{organizing regular hospital visits; offering patients, about to be discharged, MPA services which will facilitate their re-integration into the community}

L) PUBLIC FINANCIAL SAVINGS RESULTING FROM MPA'S SERVICES

Mental health costs in Canada are very high. Fifty percent of hospital beds are occupied by mental patients. In B.C. it costs the taxpayer an average of more than \$20.00 per day for each in-patient. These per diem rates vary from \$17.50 at Riverview Hospital to \$75.00 at U.B.C. Health Services Center Hospital.

One of MPA's principal objectives is to provide supportive facilities in the community to help persons avoid entering or re-entering hospital. Though such facilities are tragically scarce, research studies universally show that they are highly successful in curbing re-admission rates and in diminishing public health expenditures. A comprehensive study of the Richmond Fellowship, a network of halfway houses for patients in England, has demonstrated that community based, aftercare programs result in fewer returns to hospital, shorter periods of psychotherapy and higher likelihood of securing steady employment.

In fact, the direction of all government mental health programs is toward the establishment of community-based programs and the decentralizing of large mental institutions, which are inefficient both therapeutically and economically. MPA is part of this trend toward decentralization, and has demonstrated unequivocally that our programs have helped many people to conquer emotional crisis out of hospital.

Let us consider the financial savings which can be expected to ensue from the facets of our program for which we are requesting support from the Local Initiatives Program. Our three residential centers have a total of 31 beds. At a conservative figure, it has been estimated that, at any given time, 15 of our residents would be in hospital were it not for our facilities. Of our 125 regular drop-ins, a minimum of 25 would be in hospital if they did not have the drop-in center's programs and services to fall back on. Thus, at least 40 people are not occupying hospital beds who otherwise would be. At a per diem rate of \$20.00, this amounts to a gross public savings of \$800.00 per day or \$24,000 per month.

This application is requesting an average of \$7,600 per month over the next six months. By helping 40 people to remain out of hospital, our program thus results in a monthly net public saving of more than \$16,000. This figure says nothing of the additional community benefit to the other members, who, though they would not otherwise be hospitalized, still obtain a wide range of services from MPA's programs.

These facts are readily acknowledged by professionals and by government. The letters on pages 37 to 49 are statements by prominent officials regarding the economical role MPA is playing in the mental health field. Pages 32 to 36 reflect the recognition by all three levels of government that considerable savings do ensue from MPA's service programs.

In summary, a grant through the Local Initiatives Program will not only create additional employment and contribute to community betterment, but will also result in considerable savings of public funds.

Item 8. In What Ways Does the Project Meet a Community Need?

Dr. Gordon Paul, in an extensive review of programs concerned with mental patient care, concludes that "...the greatest weakness to date has been in the failure to include provision for community support and follow-up." And describing the situation in the United States--which is not appreciably different from that in Canada--the Joint Commission on Mental Illness and Health states: "Aftercare services for the mentally ill are in a primitive stage of development almost everywhere. Where they do exist, services and agencies caring for the former patient tend to split off from mental patient services as a whole, and further, to approach to patients' problems piecemeal."

These quotes certainly describe the situation in the Vancouver area where transitional facilities for patients leaving hospital are urgently needed. Other than ours, there are in Greater Vancouver only two such facilities (i.e., facilities which provide care-programs) and these accommodate 25 patients. This in a region where there are more than 4,000 in-patients at any given time!

The imbalance between the demand and the facilities to meet it is staggering. Statistics show very clearly what happens to discharged patients when confronted with inadequate (or non-existent) aftercare services. For many patients, the break between the supportive milieu of the hospital and the often hostile climate of the community is too drastic. The Los Angeles Suicide Prevention Center found in a continent-wide survey that fifty percent of patients who commit suicide do so within three months of discharge from hospital. And according to the B.C. Government Annual Health Report, 1971, 1968, two-thirds of psychiatric admissions are re-admissions. Most patients who return to the community will later be re-admitted to hospital. And this situation is worsening. The Joint Commission on Mental Illness and Health reports that re-admission rates have tripled between 1955 and 1968!

Clearly, the solution to this intolerable situation lies largely in the creation of supportive facilities within the community. Mental health professionals and hospitals obviously cannot handle the demands made upon them. Emotional problems are so pervasive in our society, and facilities to handle them so inadequate, that a national program of community mental health resources is desperately needed.

As detailed throughout this application (especially in Item ⁴ 7), our organization has taken important, concrete steps toward developing these community-based resources. Given further funding, we will continue to serve those members of the community who are so generally otherwise ignored.

Item 9. Covering Continuing Costs After Expected Completion Date

The Mental Patients Association was founded in order to meet an ongoing need in the community and will continue past the expected completion date of May 31, 1973. Although the majority of our expenses are currently covered by the Local Initiatives Program, we have received funding from numerous other sources, most of them governmental. The commitment to our organization by these sources is sufficient reason to believe that additional funding will be forthcoming upon the termination of L.I.P. The specific sources from which funding can be expected are as follows.

1) Opportunities for Youth Program. In 1971, this program awarded MPA a grant of \$5,800. Based on their satisfaction with our programs, OFY granted us \$21,000 (15 salaries) for the summer of 1972. This grant, which was one of the largest in B.C., was not accepted by our organization because our Local Initiatives funding was extended through the summer. There is every reason to anticipate that a 1973 grant will be received and that it will be sufficient to sustain the bulk of our services following the expiration of our Local Initiatives contract.

2) Vancouver City Council. Our organization has been awarded Civic Grants of \$3,000 and \$4,500 for 1971 and 1972 respectively. We can believe that a somewhat larger grant can be expected in 1973 to fund portions of our program currently supported by L.I.P.

3) B.C. Government. We are currently receiving monthly grants of \$250 from the Provincial Secretary's Department and \$425 from the Department of Rehabilitation and Social Improvement. These grants will continue past May 31, 1973.

Since the new government was elected, we have had extensive contact with prominent officials in the Department of Health Services and Hospital Insurance. Without exception, they have shown keen interest and support of our organization and its approach to mental health problems. The Minister has replied to our letter and has arranged to meet with us in late November in order to establish cooperative working bonds between his Department and MPA. Dr. R.G. Foulkes, Consultant to the Minister, has visited our center and has requested further meetings in order to further familiarize himself and his staff with the principles, goals and programs of MPA. One of his assistants is currently spending a week at MPA and will be preparing a full report on our organization, as well as on our policy recommendations for reform in the mental health field.

The new government has officially endorsed the decentralization of mental

health services and the creation of community based facilities. They have said that MPA's program is indicative of the direction in which they propose policies should move.

Based on these contacts, we feel confident that the Provincial Government will provide funding for the maintenance and expansion of our organization following the termination of the Local Initiatives Program.

4) Other Sources. Two additional likely sources of continuing funding are from the Company of Young Canadians and the Kinsmen Rehabilitation Foundation, both of which are currently providing financial assistance.

Based on MPA's accomplishments and reputation, it is almost certain that the sources discussed above will furnish sufficient funds to ensure the continuation of our organizational programs.

To this point in the application we have taken pains to delineate only those facets of our program for which Local Initiatives support is being requested. Pertaining to these facets of the program, no other funds are being received or applied for.

There are, however, other program areas for which government funds are being received. These funds, which have been discussed in Application Item 9, are detailed below. Again it should be emphasized that these funds are earmarked for program areas which are complementary and adjacent to the proposed L.I.P. project, but will not duplicate nor overlap with the requested Local Initiatives funds.

a) Federal Government. The Company of Young Canadians are providing four salaries to our organization. The positions supported by these funds are: two administrative coordinators, one farm coordinator and one research coordinator. The funds are paid directly to the coordinators and not to MPA.

b) Provincial Government.

1) Provincial Secretary's Department. A monthly grant of \$250 is used to cover various operating expenses at the four MPA centers.

2) Department of Rehabilitation and Social Improvement. One monthly salary is being provided for the coordinator of the Crafts Workshop Program. This coordinator works closely with the Activities coordinator in integrating crafts with general activities.

c) Municipal Government. MPA is in receipt of a 1972 Civic Grant of \$4,500. These funds are used to cover maintenance and operating expenses of the four centers.

In regard to non-salary operating costs, the funds listed in this section are essential supplements to those program areas related to, but not covered by Local Initiatives funding.

Item 12. What Action is Proposed to Ensure Satisfactory Project Management and Financial Control?

Throughout the first two years of its existence, the Mental Patients Association has demonstrated project management which has proven not only capable of maintaining the organization, but also of rapidly extending its scope. Facilities has^{ve} increased from one center to four. Programs and activities have proliferated. Membership has increased six-fold and grants have been obtained from all three levels of government. During this period of growth, the same two persons have undertaken principal administrative responsibility and will continue in this capacity in the future.

For the past 18 months, funds have been administered by the same treasurer. His previous experience of 20 years as an auditor and accountant includes five years with the Office of the Comptroller of the Treasury as a Treasury Auditor, and four years with the Department of National Revenue as a payroll officer. He will continue to maintain our bookkeeping system in the complete and thorough manner which has satisfied previous auditors. Additional relevant information can be found in the description of the treasurer's responsibilities, page 12.

Item 13. Hiring Through Canada Manpower Center

If it is mandatory that workers be hired through Canada Manpower Center, we are prepared to use this procedure. For several reasons, however, it would be preferable from our point of view to select unemployed workers directly from the MPA membership.

Practically speaking, the first and most salient reason is that there are currently 13 employees receiving L.I.P. salaries and it is likely that most, if not all, will be retained at the general election of all positions in December. All of these people were unemployed prior to receiving jobs with our organization, but since they are working with us now they are not listed with Manpower. Because they have played a crucial role in developing both their own jobs and MPA generally, we feel it is highly desirable that they be permitted to continue, if re-elected.

Other reasons for hiring directly from our own membership have to do with the fact that a very high percentage of ex-mental patients are unemployed and many are technically classified as "unemployable." Both conditions pertain to the majority of our membership. A primary achievement of MPA is that many "unemployable" people have managed to undertake responsible salaried positions with the group.

These people have demonstrated their commitment and ability through periods of unremunerated volunteer work, or through minimally paid work on the Vancouver Opportunities Program. During these periods they have proven their capabilities to the membership, which has led to their election.

The fact that all paid workers are democratically elected by the membership is central to the cohesiveness and morale of the organization. We strongly urge that the Local Initiatives Program endorse the continuation of this policy. This, of course, does not preclude referrals from CMC; but in view of the many unemployed MPA members who are already known by the general membership, it is unlikely that CMC referrals would be elected prior to a period of volunteer work.

Whether it is mandatory that workers be hired through CMC or simply that people are referred by CMC for possible employment, we do request that every consideration be given to referring ex-mental patients. Such persons are among the most discriminated-against in the employment field (see Manpower study on page 55) and thus among the most chronically in need of work. It is these people whom MPA is designed to serve, and whom we most wish to employ.

DEPARTMENT OF NATIONAL REVENUE, TAXATION

875 HERON ROAD OTTAWA 8, ONT

CHARITABLE ORGANIZATIONS

NOTIFICATION OF REGISTRATION



MINISTÈRE DU REVENU NATIONAL, IMPÔT

875, CHEMIN HERON, OTTAWA 8 (ONT)

ORGANISATIONS DE CHARITÉ

NOTIFICATION D'ENREGISTREMENT

12061 REV 70

REGISTRATION NUMBER ASSIGNED - N° D'ENREGISTREMENT ATTRIBUÉ
0583901-11-27

PLEASE QUOTE THIS NUMBER IN ALL CORRESPONDENCE WITH THIS OFFICE
PRIÈRE D'INSCRIRE CE NUMÉRO DANS TOUTE LETTRE À NOTRE BUREAU

EFFECTIVE DATE - DATE DE PRISE D'EFFET
March 24, 1971

NAME OF ORGANIZATION - NOM DE L'ORGANISATION

Vancouver Mental Patients Association Society,

ADDRESS - ADRESSE

3191 W. 106th Avenue,

VANCOUVER, B.C.

THE ABOVE-NAMED ORGANIZATION HAS DULY FILED AN APPLICATION FOR REGISTRATION TO QUALIFY AS A REGISTERED CANADIAN CHARITABLE ORGANIZATION WITHIN THE MEANING OF THE INCOME TAX ACT.

DONATIONS MADE TO THE ORGANIZATION ON OR AFTER THE EFFECTIVE DATE MAY BE CLAIMED AS A DEDUCTION BY THE DONORS IN COMPUTING THEIR TAXABLE INCOME IN ACCORDANCE WITH AND TO THE EXTENT PROVIDED BY SECTION 27 (1) (a) OF THE INCOME TAX ACT IF SUBSTANTIATED BY A RECEIPT IN DUE FORM.

IT IS UNDERSTOOD THAT THE PRESENT REGISTRATION WILL ONLY REMAIN VALID SO LONG AS THE ORGANIZATION CONTINUES TO FULFILL THE REQUIREMENTS OF THE INCOME TAX ACT AND THE INCOME TAX REGULATIONS IN RESPECT OF REGISTERED CANADIAN CHARITABLE ORGANIZATIONS.

- THE REGISTRATION MAY BE REVOKED IF
- (a) THE ACTIVITIES OF THE ORGANIZATION SO CHANGE THAT IT NO LONGER FULLY QUALIFIES AS A CHARITABLE ORGANIZATION
 - (b) AN ANNUAL RETURN OF INFORMATION IS NOT FILED AS REQUIRED
 - (c) RECEIPTS ISSUED TO SUBSTANTIATE CLAIMS OF DONORS UNDER THE PROVISIONS OF SECTION 27 (1) (a) OF THE INCOME TAX ACT ARE NOT IN A FORM WHICH MEETS THE REQUIREMENTS OF THE REGULATIONS, OR
 - (d) THE ORGANIZATION OTHERWISE CONTRAVENES THE INCOME TAX ACT OR REGULATIONS IN RESPECT OF REGISTERED CANADIAN CHARITABLE ORGANIZATIONS

L'ORGANISATION SUS-MENTIONNÉE A DÉPOSÉ UN DOCUMENT DEMANDANT D'EN-REGISTREMENT AFIN D'ÊTRE RECONNUE COMME « ORGANISATION DE CHARITÉ CANADIENNE ENREGISTRÉE » AU SENS DE LA LOI DE L'IMPÔT SUR LE REVENU.

DANS LE CAS DU REVENU IMPÔTABLE, LES DONATEURS POURRONT RÉCLAMER EN DEDUCTION LES DONCS VERSÉS À L'ORGANISATION À PARTIR DE LA DATE DE PRISE D'EFFET, EN CONFORMITÉ DE L'ARTICLE 27 (1) (a) DE LA LOI DE L'IMPÔT SUR LE REVENU ET DANS LES LIMITES FIXÉES PAR CET ARTICLE, SI LES DONCS SONT APPUYÉS D'UN REÇU EN BOYNE ET DUE FORME.

IL EST ENTENDU QUE LE PRÉSENT ENREGISTREMENT NE DÈTERMINERA VALAIRE QUE TANT QUE L'ORGANISATION CONTINUERA DE SE CONFORMER AUX EXIGENCES DE LA LOI ET DES RÉGLEMENTS DE L'IMPÔT SUR LE REVENU CONCERNANT LES ORGANISATIONS DE CHARITÉ CANADIENNES ENREGISTRÉES.

- L'ENREGISTREMENT PEUT ÊTRE ANNULÉ SI
- a) L'ACTIVITÉ DE L'ORGANISATION CHANGE À TEL POINT QU'ELLE N'A PLUS PLEINEMENT QUALITÉ D'ORGANISATION DE CHARITÉ
 - b) UNE DÉCLARATION ANNUELLE DE RENSEIGNEMENTS N'EST PAS PRODUITE AINSI QU'IL EST PRÉSCRIT
 - c) LES REÇUS DÉLIVRÉS À L'APPUI DES RÉCLAMATIONS DES DONATEURS, EN VERTU DES DISPOSITIONS DE L'ARTICLE 27 (1) a) DE LA LOI DE L'IMPÔT SUR LE REVENU NE SONT PAS DANS UNE FORME RÉPONDANT AUX PRÉSCRIPTIONS DES RÉGLEMENTS, OU
 - d) L'ORGANISATION ENFREINT AUCIEMENT LA LOI OU LES RÉGLEMENTS DE L'IMPÔT SUR LE REVENU CONCERNANT LES ORGANISATIONS DE CHARITÉ CANADIENNES ENREGISTRÉES.

“ SOCIETIES ACT ”

CANADA:)
Province of British Columbia. }



No. 9185

Certificate of Incorporation

I hereby certify that

“ Vancouver Mental Patients Association
Society ”

has this day been incorporated as a Society under the “ Societies Act.”

The locality in which the operations of the Society will be chiefly carried on is

Vancouver, Province of British Columbia.

GIVEN under my hand and Seal of Office at Victoria, Province of
British Columbia, this-twenty-fourth-..... day
of March, one thousand nine hundred
and seventy-one

Registrar of Companies.