

MANPOWER AND IMMIGRATION
LOCAL INITIATIVES PROGRAM APPLICATION
FROM THE MENTAL PATIENTS ASSOCIATION
NOVEMBER 5, 1971

AN EXPLANATORY NOTE ON THE CONTENTS OF THIS APPLICATION

Appended to these application forms are 64 sequentially numbered pages of descriptive material on the Mental Patients Association. All page number references throughout the application pertain to these appended pages.

The first 25 pages contain responses to application items 4 (Project Description), 5 (Additional Employment), 11 and 12 (Estimated Project Costs and Method of Financing) and 13 (Employment Sources Other Than Canada Manpower). The responses to these items, especially to number 4, are detailed and exhaustive.

We have endeavoured to present a full account of the principles, services and plans of MPA. A primary reason for doing so is that we are applying herein for support to open a Center in the east end of Vancouver which will provide a similar range of services to those provided by our present Center. We hope that a thorough description of the program at the present Center will aid judges in estimating the probable success of the proposed new Center.

On pages 26 to 64 will be found photocopied documents pertinent to the Association. They serve as a barometer of MPA's progress and of community and professional support we have engendered. It is hoped that these documents will be given fair weight by the judges.

Owing to the length of the application, a Table of Contents is presented on pages 1 to 4 in order to aid the reader in obtaining an overview of the material and in readily locating particular passages.

MENTAL PATIENTS' ASSOCIATION

3191 WEST 10th AVENUE

— VANCOUVER 8, B.C.

PHONE 738-5177
738-1422

November 10, 1972.

Local Initiatives Program
Canada Manpower Center
549 Howe Street
Vancouver 1, B.C.

Dear Sir:

Re: Local Initiatives Program Application, 1972-1973

Enclosed please find our application for a Local Initiatives Program grant for the period December 1, 1972 to May 31, 1973.

Our organization was awarded an L.I.P. grant last December (Project No. 51163) and has subsequently received two extensions. In the past year, MPA has grown quickly in strength and cohesiveness. Thanks largely to your support, our service program has more than tripled in scope. We believe we have proven our capability of responsibly administering funds and of providing a program of desperately needed services to a hitherto neglected sector of the community.

Mr. Gerry Hutchison, who is our Local Initiatives Project Officer, has visited our centers on many occasions and will be able to elaborate on points raised in the present application.

We are requesting fifteen salaries plus operating costs for the next six month period. These funds are required to sustain our service programs with some modifications and additions.

During a recent MPA Conference and in several follow-up sessions, we have carefully devised a structure which will require fifteen Local Initiatives salaries in order to maintain our service output. We would like to underscore the importance of this point. More than 150 people are now dependent on our organization, of whom approximately one-third would be hospitalized were it not for our programs. The people whom MPA serves are among the most downtrodden in society. A discontinuity in our services would have quite shattering effects on many of these people.

We are appending to this application numerous letters of support from government, professionals and related community agencies. It is widely agreed that MPA has evolved into one of the most successful examples of community self-help organizations, and has done so with those people who have been deemed the least capable of meeting their own needs. We feel we are making a greatly needed contribution to the community by providing an accepting environment for those who have been rejected in other social spheres. Further, we are providing these people with the opportunity to work into the group and to undertake responsible roles in helping others

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who have nowhere else to turn.

The majority of our salaried coordinators are, themselves, ex-mental patients and the fifteen positions applied for will also be filled by ex-patients. In following this policy, we will be providing employment to one of the most discriminated-against groups in the employment field. A local study, supported by the Department of Manpower and Immigration, revealed that, of 18 disadvantaged groups, ex-mental patients were the third most discriminated-against with regard to job opportunities. (A review of this study can be found on page 55.)

A Local Initiatives grant to our organization will serve to relieve unemployment among one of the most chronically unemployed groups in society. Furthermore, such a grant will enable us to continue demonstrating that, given the opportunity, "unemployable" people are indeed capable of accomplishing remarkable goals.

We would like to emphasize a point made in the application on pages 18 to 19, namely, that by helping people to deal with their problems outside of hospital, our organization contributes to a net savings of public funds amounting to more than \$16,000 per month. We are demonstrating that mental health costs can be cut considerably through the use of non-professionals and community-based facilities. This fact, we feel, constitutes strong justification for continuing government support.

Appended to this application, you will find 55 sequentially numbered pages of descriptive material on MPA. All page number references throughout pertain to these appended pages.

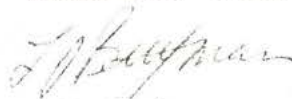
We have endeavoured to present a full account of the principles, services and plans of our organization. On pages 4 to 25 will be found detailed responses to application items requiring more space than is allotted on the forms. On pages 26 to 54 will be found photocopied documents pertaining to the Association. They serve as a barometer of MPA's progress and of the community and professional support we have engendered.

Owing to the length of the application, a Table of Contents is presented on pages 1 to 3 in order to aid the reader in obtaining an overview of the material and in readily locating particular passages.

We believe our accomplishments, as presented in the application, speak for themselves. We do hope the Local Initiatives Program will enable the continuation of our work through a grant of fifteen salaries plus operating costs as requested in the enclosed forms.

Thank you very kindly for your (lengthy) consideration. We look forward to your decision.

Yours very truly,



L.J. Beckman
Project Co-ordinator

LB/lw

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APPLICATION ITEM 4: PROJECT DESCRIPTION

A. Background and Principles.

The origin and development of the Mental Patients Association constitute one of the most exciting chapters in the history of the Canadian Mental Health Movement. In January, 1971, for the first time in Canada, a group of mental patients and former patients banded together to furnish a broad spectrum of services for people experiencing major emotional disturbances. The Mental Patients Association was thus incorporated as a non-profit, non-professional, self-help community service organization.

MPA was founded on the following fundamental beliefs:

1) Mental health facilities in Canada and particularly B.C. are grossly inadequate. Relevant statistical data can be found on pages 39-40.

2) Mental patients are heavily stigmatized and discriminated against, and require a self-help organization to promote their own welfare. Discrimination is especially acute in the field of employment. A study supported by the Department of Manpower and Immigration, authorized by Deputy Minister Thomas Kent, revealed that of 18 disadvantaged groups, ex-mental patients were the third most discriminated against with regard to job opportunities. A review of this study can be found on page 64.

3) Patients and former patients have a special understanding from first-hand experience of the needed services which are lacking in the mental health field.

4) The most glaring gap in services occurs in the area of "aftercare," i.e., follow-up services after hospital discharge. The situation in Canada is not appreciably different from that described by the American Joint Commission on Mental Illness and Health: "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 the patients' problems piecemeal."

5) Given the context, the opportunity and the coordination, patients--and especially former patients--are capable of providing many of these services for themselves, and thereby of diminishing their re-admission rates along with their excessive dependency on overworked professionals and understaffed institutions.

6) The provision of meaningful and urgently needed services to emotionally disturbed persons is beneficial to both the donors and recipients of these services as well as to the community at large.

7) An organization which can involve patients in meaningful community work constitutes an ideal means of ameliorating the stigma, isolation and purposelessness which accompany the patient-role.

B. Community Support and Recognition

While the foregoing beliefs may be true or admirable or both, one might be skeptical about the chances of a group of people who have had difficulty managing their own lives banding together to make important contributions to the community. The achievements of MPA leave no doubt however that patients are entirely capable of making such contributions.

The overwhelming response to MPA by patients indicates how needed our organization is in the community. Our membership numbers close to 400; our facilities are always filled to capacity.

While policy-making and executive powers are reserved for non-professionals (i.e., patients, whether former, current or prospective), professionals are regularly and enthusiastically involved in an advisory capacity. The coordination of our services with those of professionals has been indispensable to our progress.

The Section of Psychiatry of the B.C. Medical Association has passed a resolution endorsing the objectives and activities of MPA (page 44).

Dr. William C. Holt, Director of the Burnaby Mental Health Center has written the following: "You are to be congratulated for the initiative and enthusiasm you have brought to a long neglected area of patient services, and I believe you have only to point out to the Government the extent to which your services are now being used, and the obvious savings these services represent in dollars as well as human suffering over traditional in-patient care, to receive their enthusiastic support. You have shown yourselves a responsible organization and I am sure you will use the funds appropriately." This passage is taken from his letter on page 48.

MPA's innovative, responsible and vital role in the area of mental health has been recognized by Government, professionals, psychiatric institutions and other community service groups (see pages 43 to 60).

Grants have been by all three levels of Government:

- 1) City of Vancouver, Civic Grant (see page 33).
- 2) B.C. Government, Provincial Secretary's Department (page 35).

- 3) Federal Government: Secretary of State Department
 - a) Citizenship Branch (page 34).
 - b) Opportunities for Youth (page 36).
 - c) Company of Young Canadians.

Additionally, grants have been received from the University of British Columbia Graduating Class, 1971 and the United Church Board of Evangelism and Social Service (page 37).

C. Contribution to Community Betterment: Specific Services and Activities

MPA is presently operating two Centers, one in Vancouver and the other a farm near Matsqui, B.C., 40 miles from Vancouver.

1) Vancouver Center. This Center has been in operation since March, 1971 and consists of a two-story house with fully redecorated basement. It serves a wide range of functions, which will be described in detail as we are applying in this application to open a similar Center in the east end of Vancouver.

a) Patient Halfway House. Twelve beds are available for patients just discharged from hospital for stays of up to one month. In most cases, these patients are referred to us by the hospital. The atmosphere at the Center is non-institutional and home-like. Regular meals are served and the domestic details of the house are determined by the residents.

Dr. Gordon Paul, in an extensive review of programs concerned with patient care, concludes that "the greatest weakness to date has been in the failure to include provision for community support and follow-up." This certainly describes the situation in the Vancouver area where transitional or halfway facilities for patients leaving hospital are urgently needed. Other than ours, there are in Greater Vancouver only two such facilities which will accommodate 25 discharged patients. This, in a region where there are approximately 5,000 in-patients at any given time!

The imbalance between the demand and the facilities to meet it are staggering. This is borne out by the fact that our 12 beds are always occupied and usually people are also sleeping on couches.

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 study 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, 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. MPA has successfully taken initiative in this direction, and given additional funding, will expand its services so as to help greater numbers of patients avoid re-entering hospital.

b) Crisis Phone Service and Crisis Center. With the recognition that professionals in the mental health field simply cannot handle the demands made upon them, has grown the realization that non-professional volunteers can make invaluable contributions.

During the summer, five psychiatrists conducted a training program at MPA Center to prepare volunteers to deal safely and responsibly with people in crisis who contact our Center for help. More than 85 MPA members participated in the course, of whom 60 were deemed by the psychiatrists suitable for crisis intervention work.

Volunteers are on duty 24 hours a day to answer the two-line crisis phone, to pick up disturbed people and bring them to our Center or to hospital if intensive care is indicated.

It is impossible to exaggerate the need for this sort of service in the Vancouver area. For a population of one million people, there are no facilities where an upset person can be certain of finding immediate contact. The crisis phone services, while useful, constitute for most people in need too remote a source of help. These services all lack facilities to provide in-person contact. MPA is the only phone service which does so.

Especially crucial is the fact that MPA is open during the middle of the night. For many emotionally disturbed people this is the most difficult time as sleep is often difficult and regular sources of support are absent. Invariably one will find people awake and talking throughout the night at our Center. Patients know from personal experience that the availability of night services can make the difference between life and death. It is a fact that most suicides occur in the middle of the night.

The facts that our beds are always occupied and that we have more crisis work than we can handle indicate an urgent need for the establishment of additional resources.

c) Drop-in Center. MPA is always open to members for use as a social center. There are approximately 50 people per day and 125 per week who drop-in for companionship and social activity. Some use the Center as a place to get away from loneliness and aimlessness; others, to escape from more serious problems of anxiety and depression which arise from isolation and the stigma which reinforces the isolation. The knowledge that the stigma of "mental illness" does not prevail at MPA is, in itself, very therapeutic.

When no formal activities are planned, people engage in conversation, table games, planning activities, work around the Center etc.

d) Committees and Planned Activities.

i) Housing Committee. This committee serves one of the most vital of MPA's functions. Inadequate housing facilities represent a central factor in the etiology of many emotional disturbances. There are no aftercare services to help discharged patients with housing. Dr. Wahler refers to the services which do exist as "paper" aftercare. "Furthermore," he states, "the majority of ex-patients require multiple assistance in areas served by different agencies or branches such as housing, financial aid, medical care and basic living necessities."

Most discharged patients return to the unsatisfactory living conditions--often the isolation of a single room--which contributed to their earlier breakdowns.

Clearly, an indispensable means of helping to curb the alarmingly high rate of re-admissions is to help discharged patients find decent housing accommodations wherein ongoing support can be supplied. This is the function of the housing committee: to help residents who have completed their month's stay at our Center to obtain, furnish, decorate, and move into a group home.

To date, we have established two such homes. MPA is committed to maintaining close contact after these homes are set up. The housing committee helps with the entire range of problems, from the practical to the emotional. Also, the residents of the group homes are encouraged to make regular use of MPA Center. Weekly meetings are held with the group home residents and other MPA members to discuss and to attempt to solve any problems which have arisen.

ii) Research and Education Committee. This committee makes use of library and other sources to obtain data on the mental health situation in Canada. Its function is to inform the MPA membership and the public about the gaps in services and the need for additional services. Three psychology classes from U.B.C. are involved in this committee's work as

part of their course requirements.

The committee is also designed to help correct the public's misguided notions regarding mental illness and to begin undermining the stigma which serves only to aggravate the considerable problems with which any mental patient must contend. One nation-wide survey concluded that "the general public views the mentally ill with fear, distrust and dislike." One component of the public stereotype of the mental patient is that he is "dangerous." The facts, however, indicate otherwise. Dr. J.E. Rappeport summarizes his research findings as follows: "Crime rates are not higher among ex-mental patients than among corresponding persons in the general population; indications are that the reverse is true." One of the committee's tasks is to make these facts public.

iii) Arts and Crafts Program. We have built in the basement of our Center a workshop area offering a full program of arts and crafts including macrame, batik, silkscreen, leatherwork, ceramics, weaving, painting, woodwork, pottery, tie-dye, sculpture etc. Eight people can work on projects simultaneously. The workshop has been used, but only on a sporadic basis, as supervision and instruction have been voluntary and therefore part-time.

We feel the crafts program is an essential part of MPA, but requires a full-time, qualified supervisor to make it an operative aspect of the overall program.

iv) Athletics. We have the use of a local, church gymnasium each afternoon and one evening a week. Among the sporting events that go on in the gym are basketball, volleyball, badmington, floor hockey etc.

v) Therapy groups. Several professionals have conducted therapy groups at the Center. The School of Social Work at U.B.C. is currently operating a program of therapy groups supervised by senior social work students.

vi) Hospital Visiting Committee. This committee makes daily visits to MPA members who are hospitalized. It is felt that this is an invaluable way of helping patients to maintain a bond with the community.

vii) Videotape Training Program. Inner City, an agency within the Department of the Secretary of State, is conducting a project designed to instruct low-income community organizations in the use of videotape equipment for the purpose of producing television programs for local channels. MPA has been involved in the Inner City project since the summer.

viii) Vancouver Opportunities Program. This program supplements the allowance of "unemployable" welfare recipients by \$50.00 per month in return for which 30 hours are to be spent working with a community service group. Fourteen per-

sons are currently working for MPA on this basis.

The program is designed to aid welfare recipients in making the transition to gainful employment. With a grant through the Local Initiatives Program, MPA would be in a position to hire many of these people who have demonstrated competent work with our organization on the Vancouver Opportunities Program.

ix) Meetings. General meetings are held every third week and steering committee meetings every other week. All major policy and monetary matters are brought before the general membership who participate actively in decision-making.

x) Newsletter Committee. This committee is responsible for publishing and distribution of the monthly newsletter In a Nutshell. Eight newsletters have been published to date, each distributed to more than 300 people.

xi) Media Coverage. The media have shown strong interest in the novel and exciting experiment which MPA represents. The Vancouver Sun and Province have carried six articles on MPA. We have done three CBC Radio interviews and appeared on a local hot-line radio program. CBC Television has carried a half hour network program on MPA.

The response by the public--especially by ex-patients--to these exposures has been so great that we have been forced to cut down on our publicity as we simply cannot handle the excessive demands on our present facilities.

xii) Other Activities. Activities involving members and people from the community are held regularly. These activities include play readings, poetry recitals, guest speakers, film showings, meetings of older members of MPA, outings, picnics at the MPA farm etc.

2) Farm Halfway House. A member of MPA has leased to us, rent-free, a 28 acre farm and two-story farmhouse near Matsqui, B.C. The operation of a rural halfway house for discharged patients represents another innovation MPA has brought to the Canadian mental health field. Rural mental health facilities in other countries such as Holland and Denmark have proven very successful from both therapeutic and financial points of view. Similar facilities are virtually non-existent in Canada.

It is a well documented fact that rates of mental illness are higher in urban than in rural settings. Clearly, the pace and pressures of living in cities contribute significantly to

the emotional disorders which lead people in alarming numbers to our mental institutions. It is reasonable that the more relaxed tempo of a rural environment would prove beneficial to patients recovering from emotional breakdowns. This view has been endorsed by the many psychiatrists who have shown their approval of the establishment of a farm Center by MPA.

To this point, we have painted the farmhouse inside and out, furnished and decorated it. Most of the work has been voluntary. We have one person--the manager of the farm project--on salary,--and several ex-patients residing at the farm for periods of up to one month. In order for us to accept a resident on the farm program, he must be referred by his psychiatrist.

In addition to maintaining the interior of the house, residents are encouraged to involve themselves in the outdoor activities which only a natural setting can offer. These activities include planting vegetable gardens, clearing paths through the neighbouring woods and helping the owner of the adjacent dairy farm with his work. Two MPA residents have so far taken up part-time employment on the neighbouring farm. They declare this opportunity to have been an invaluable part of their recovery.

Eventually, MPA hopes to build a number of cabins on the land and to sustain a community of up to 30 ex-patients who are making the difficult transition back to society.

A crucial aspect of the farm program is its integration with our Vancouver Center. Farm residents, especially toward the end of their month's stay, are encouraged to attend functions at the city Center and to ease back into a normal, urban life-style.

The farm program affords a unique opportunity for emotionally disturbed people to live and work closely and cooperatively in a supportive milieu. As other countries have demonstrated, we believe that rural rehabilitation programs may represent one of the most effective methods for helping patients to re-socialize themselves.

It should be made clear that the farm project is in an embryonic stage. Additional salaried personnel are definitely required in order for the program to achieve its potential. At least two more salaries are deemed necessary, one for a person to build and supervise a crafts and activities program and to help the manager with organizational tasks, the other for a person to supervise maintenance, to provide transportation, and to be available in emergency situations.

D. Present Staff Situation

There are currently five full-time salaried staff with MPA. Four of these salaries are paid by the Department of the Secretary of State and one is supplied out of MPA's funds to the manager of the farm project.

The four Government-supplied salaries are paid to the Directors of the Vancouver Center. The amount of work involved in administering the program delineated above is very great. Each Director puts in more than 60 hours per week on MPA business. While the emphasis is on teamwork among the Directors--especially in crisis situations--the approximate division of labour is as follows:

1) Project Director. The Director is responsible for the bulk of the major administrative tasks and of the "paper-work." These tasks include the initiation and organization of new aspects of the program, the handling of publicity and public relations, the preparation of reports on MPA's progress, the soliciting of financial support, the coordination of the research and newsletter committees etc.

2) Associate Directors. One Associate Director manages the daily operation of the Vancouver Center. His work entails the organization of house meetings for residents; helping new residents to adjust to the Center; handling the more serious crises which arise; keeping in contact with the resident's psychiatrist, social worker, welfare worker and family members; coordinating the work of the welfare recipients on the Vancouver Opportunities Program.

Another Associate Director handles the organization of house maintenance including laundry, clean-up, meals etc. She also coordinates the activities of the 24 hour crisis volunteer program, and time permitting, supervises the arts and crafts workshop. Additionally, she handles many of the arrangements for planned activities including professionally run therapy groups, athletic events, guest speakers etc. Finally, she is in charge of soliciting donations of materials for all aspects of the program

The other Associate Director is responsible for aiding residents to find adequate housing and thereafter for helping them with daily problems. (This is a very time-consuming task.) He also is the MPA treasurer and handles all financial matters, keeping full accounting records. He provides transportation to residents in a wide variety of situations including visiting psychiatrists, obtaining medication, visits to the welfare office and so on. As the coordinator of the Hospital Visiting Committee, he regularly drives members to hospitals to visit patients who have contacted MPA.

The specific tasks of each staff member have been described in detail for two purposes; first, to make clear the very heavy workload each is undertaking, and thus the need for additional salaried staff. Secondly, MPA is proposing in this application to obtain support for the purpose of opening a second Vancouver Center more or less identical in function to the first. The jobs which we will be creating for persons to operate the second Center will be similar in nature to the jobs performed at the original Center. (Please see the following Section.)

E. Proposed New Projects and Salaried Positions

1) Five New Positions to Open and Operate a New MPA Center. As stated above, the services MPA is providing to former patients is in very great demand. Our facilities are always full. Hospitals, psychiatrists and patients themselves contact us regularly in search of temporary living accommodations for disturbed people. Because of the excessive demand we are unfortunately placed in the position of having to say no to many people who desperately need a residence after discharge. Owing to the shortage of after-care community facilities, a great many patients remain in hospital at great expense to the taxpayer.

Dr. Frederick Thompson of the Intermediate Quarters Program in Washington State claims that "as many as 30 percent of the very long-term hard-core patients (i.e., average hospitalization over 15 years) can become self-sustaining when provided with the aftercare they need over a sufficient period of time."

Greater Vancouver could reasonably sustain dozens of halfway houses for ex-patients, and surely the trend in the mental health field indicates that many such facilities will be developed in the coming decade.

It is clear to us as to the professionals familiar with our work, that MPA is in a position to open a second Vancouver Center. Our present Center in the Point Grey district serves the western section of Vancouver. There is a great need for a similar Center in the eastern part of Vancouver where income levels are lower and rates of emotional disorders higher.

The success of our present Center suggests that the second should provide the same range of services and activities as the first (see Section C above). This proposal entails no risk of unnecessary duplication. There are so many people in desperate need of these services that it will be a distant (and happy) day when unnecessary duplication can be said to have occurred.

Our experience at the original Center suggests that five is a conservative number of employees needed to manage this sort of project. (It should be kept in mind that the Center will be open 24 hours a day.) A description of the job tasks to be carried out by these five employees can be found in Section D above.

We will not, of course, put all five new employees to work on developing a second Center, but will have two experienced staff work with three new employees and have the other two new employees take the vacated positions at the old Center. Very close contact will be maintained between all present and new staff.

If the five requested salaries are approved, development of the new Center will begin immediately. We submit our responsible and efficient management of our present Center as assurance that the proposed new project will fulfill its stated objectives.

2) Five New Positions to Serve All Three Centers.

a) Arts and Crafts Supervisor. As stated on page 10, MPA has built facilities to provide a full program of arts and crafts activities.

Inactivity, or the lack of purposeful activity, is a pervasive symptom of many emotional disorders. In a circular sense, such inactivity serves to further aggravate the problems by which it is caused. While MPA policy is geared toward encouraging sociable and meaningful activity among members, the lack of a full-time resource person in the crafts area means that all too often members do not have the motivation or skill to undertake projects on their own.

We have found that during the times when a skilled supervisor is present to initiate interest--especially in group projects--members actively involve themselves in arts and crafts activities. Among the group projects which have transpired to date are the silkscreening of 30 large advertising posters to be displayed in psychiatric wards, and the batiking of T-shirt uniforms for the MPA softball team, the Napoleons.

Every hospital psychiatric ward has an arts and crafts or occupational therapy program. We feel it essential that the MPA crafts program become operative on a full-time basis. To achieve this goal, a competent, salaried supervisor will be required.

It is intended that this resource person will spend approximately half-time at the Vancouver Center and the other half constructing and supervising a crafts program at the new Center and to a lesser extent at the farm.

b) Activity Program Co-ordinator. The need for this position is related to the comments of the previous subsection. In order to mobilize depressed and upset people, a full program of activities ought to be in operation. To date, the arrangements for such activities have been made primarily by the Directors. As a result of their other responsibilities, however, often there are no organized activities occurring. It is felt that at least one or two such activities should be planned and supervised each day. Among these activities would be: outings, guest speakers, discussion groups, therapy groups, athletics etc. There are more than enough people using the Center(s) to sustain both an activity program and an arts and crafts program

Coordinating the activity program for the two Vancouver Centers (and to a lesser extent for the farm) will be a full-time position.

c) Secretary. As MPA grows, so does the amount of office and secretarial work. While some of this work has been handled on a volunteer basis, the Director has spent a good deal of time typing correspondence, applications, reports and articles, and running off stencils for the newsletters, handouts and bulletins. His time could be spent more profitably were a competent, full-time secretary available.

Especially with the proposed expansion to three Centers, the volume of office and paperwork will be prohibitive unless a secretary is employed.

d) Chef For the Two Vancouver Centers. Approximately 20 meals are served three times a day at our Vancouver Center for residents and drop-in members. Shopping and cooking have been handled by two chefs on the Vancouver Opportunities Program and by the residents.

To ensure high quality of meals at both Vancouver Centers, we feel one of these chefs (who by the way has worked professionally for 35 years) should be placed on a full-time salary to coordinate the cooking responsibilities for both Centers. His work will entail working with the residents on shopping, preparing menus and cooking.

e) Employment Co-ordinator. A very high percentage of our membership is unemployed and on social assistance. There are several reasons for this. One is the generally high rate of unemployment which affects almost all subgroups. Secondly, discrimination against ex-mental patients in the employment field is intolerably great. This fact is borne out not only in the personal experience of many of our members, but also in objective studies. The Manpower and Immigration study referred to earlier found that of 18 disadvantaged groups, ex-mental patients were the third most discriminated against

in employment (see page 64).

A third reason for high unemployment is that some ex-patients simply lack the emotional stability at the time necessary for securing steady employment in the very competitive job market. Emotional stability, however, is not an absolute quality. Many ex-patients who are marginally employable remain out of work because of the generally high unemployment rates and the de facto discrimination mentioned above.

In a sense, it is meaningless to describe someone as unemployable. Employability is always related to the nature of the job situation. In highly competitive job situations a relatively unstable person is unemployable; in a more sheltered situation however, that same person will often prove competent. This has been our usual experience at MPA with "unemployable" people on the Vancouver Opportunities Program. Given the supportive job context of MPA, most of them have proven very adequate and some highly competent.

We have found that none of our members enjoy being on social assistance. It is a status which undermines self-confidence and augments feelings of worthlessness. MPA encourages unemployed members to find work; many however are too threatened by the competitive job situation to take the first step.

The position of Employment Co-ordinator will entail aiding ex-patients in securing employment in the job market. This means contacting employers on the job applicant's behalf, explaining MPA's role in trying to get ex-patients a fair shake in employment and pledging to help the applicant in any way possible with job problems. It means sensitizing employers to the discriminatory practices which are all too frequent.

The Employment Co-ordinator will help the applicant prepare for job interviews, will accompany him to interviews and will provide moral and practical support during the initial employment phase. We believe that in order to aid marginally employable ex-patients to secure employment this sort of support is essential.

As well as fulfilling MPA's objectives of promoting the betterment of ex-patients, supporting an Employment Co-ordinator will doubly fulfill the Local Initiative Program's aim of creating employment. If he can help even five ex-patients per month to secure gainful employment and to get off social assistance, his salary will have been well spent.

3) Two New Positions For the Farm. As stated above, only one person is currently receiving a salary for managing the farm project. The farm has a capacity for eight discharged patients. However, owing to the fact that only one stable, salaried person is on hand, we have restricted the number of residents to four.

Two additional personnel are required in order for the project to accommodate its capacity of eight residents, and also to co-ordinate the construction of additional facilities so as to increase the resident capacity.

One new salary is designed to support a person to assist the farm manager in the organization of a crafts and activity program, to co-ordinate outdoor work activities and to provide emotional support to disturbed residents when crises arise.

The second salaried position will entail supervising house and ground maintenance including shopping and cooking, providing transportation to and from the Vancouver Center, and being available in emergency situations.

Once again, it should be kept in mind that the farm will be open 24 hours a day. We estimate that three stable employees is the minimum number required to handle the practical and emotional problems of eight persons just discharged from hospital.

* * *

In all, MPA is applying for salaries for twelve employees for 6 months each. The criteria to be used in the selection of applicants is described in detail in answer to Item 13 of this application (page 24).

F. Public Financial Savings Represented by MPA

Mental health costs in Canada are very high. Fifty percent of hospital beds are occupied by the mentally ill. In B.C. it costs the taxpayer an average of \$13.00 per day for each in-patient. These per diem rates vary from \$11.00 at Riverview Hospital to \$70.00 at the U.B.C. Health Sciences 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. Community facilities in other countries have proven very successful in curbing re-admission rates and in diminishing public health expenditures. The Richmond Fellowship, a network of halfway houses for patients in England, has resulted in large public savings.

Residents have fewer returns to hospital, require shorter periods of psychotherapy and are more successful in securing steady employment.

MPA has demonstrated in unequivocal terms that we have helped many people to conquer emotional crises out of hospital. It has been estimated by professionals that, on the average, 8 out of 12 of the residents at our Vancouver Center would be hospitalized were they not staying with us. A conservative estimate is that 10 to 15 of the 125 persons who drop in regularly would otherwise be in hospital. It costs the Government \$7,020 on the average to keep 18 patients in hospital for one month. MPA's total monthly expenses for the Vancouver Center amount to less than one-quarter of that figure, representing a savings of more than \$5,000 per month to the Government.

These facts are readily acknowledged by professionals and by Government. The letters on pages 48 to 60 are statements by prominent officials regarding the economical role MPA is playing in the mental health field. Pages 33 to 37 reflect the recognition by all three levels of Government that considerable savings ensue from MPA's existence.

Each public dollar invested in MPA results in a savings of many more dollars to the taxpayer. Our current resident capacity is 16 (12 at the Vancouver Center and 4 at the farm). This application is based on the projection of doubling this capacity (12 new beds at the second Vancouver Center and 4 new beds at the farm). Additionally, the drop-in capacity will double and the drop-in program will be far more extensive. The efficacy of the drop-in program in helping people stay out of hospital ought not to be underestimated.

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

G. Financial Management

Prior to joining MPA, our treasurer had worked as a professional accountant and Government auditor for almost 20 years. He has, since MPA's inception, kept full accounting records of source and application of funds. These records are open at all times to review and audit.

Our methods of financial management have been acceptable to the Government Departments who have provided grants. On this basis, we shall continue with the same methods.

H. Prospective Sources of Funding Upon Termination of the Local Initiatives Program In May, 1972

The budgetary information presented in Application items 11 and 12 takes into account operational costs to May 31, 1972. There is excellent reason to believe that funding will become available to sustain the program beyond that time and that most, if not all, of the 12 new positions will be continued.

1) Opportunities For Youth. MPA was awarded a grant of \$5,280 by the Opportunities For Youth Program during the summer of 1971, at a time when we were yet in our infancy. Officers from this program have indicated great satisfaction with the use to which these funds were put. It is very likely that in view of MPA's proven stability, a considerably larger grant will be awarded for the summer of 1972.

2) Vancouver City Council. Application for renewal of our Civic Grant can be made in March, 1972. Again it is reasonable to believe that a grant larger than \$3,000 will be forthcoming at that time.

3) B.C. Government. We have applied to the B.C. Government for an increase in our \$250 monthly grant. Letters on pages 48 to 60 were written specifically in support of this application. The Government has indicated that our request will likely be granted at the commencement of the next fiscal year, April, 1972.

4) Kinsman Rehabilitation Foundation. We have met several times with the Directors of this Foundation who have shown strong interest in our program. We are working with them in drawing up an application for a three year diminishing grant of \$8,000, \$5,000 and \$3,000, the first year's funds to become available in July, 1972.

APPLICATION ITEM 5: ADDITIONAL EMPLOYMENT

There are many ways in which MPA's proposed program will provide additional employment over and above that which would normally take place this winter.

First, MPA's program is novel and innovative. Although there are literally tens of thousands of ex-mental patients in Greater Vancouver, no other agency is employing non-professional ex-patients to provide social services in the mental health field. MPA serves as a unique model of how a new concept in employment can be utilized to make essential services available. No other agency will create employment this winter to open a community Center in east Vancouver for mental patients. No other agency will create jobs to develop a rural halfway house for patients.

The second way in which additional employment will be provided relates to the points discussed on pages 16 to 17 (q.v.). Many former patients are unemployed. It is conservatively estimated that 60 percent of our membership is out of work. One reason for this is the discrimination former patients encounter while seeking employment. Dr. Wahler states, "Employers, like other people, also are inclined to reject ex-patients, particularly when they lack the usual employee credentials of regular previous employment and recommendations. A recent survey by Deightman and Marks of employer attitudes toward hiring ex-patients reflects such trends. These workers found ex-patients to be among the low men on the totem pole as prospective employees along with alcoholics and addicts."

In many cases this discrimination is blatantly unfair. While a job applicant may in the past have suffered a breakdown, been hospitalized and shown an uneven work record, rejecting him on this basis often neglects the fact that he has completely recovered and is capable of handling the demands of a normal job situation. Two of the people currently on our staff have experienced this discrimination but are now doing excellent work for MPA. Thus by hiring more ex-patients who have been rejected in traditional jobs MPA will be creating additional employment.

A fundamental principle behind MPA is that the stereotype of the mental patient as undependable and irresponsible is both wrong and destructive. The tragedy is that the stereotype can become self-fulfilling as a result of discrimination. If a man's job applications are rejected because of his psychiatric history, or if he is dismissed because an emotional crisis temporarily interferes with his productivity, he will likely begin to view himself as inadequate

and to perform less capably in future jobs. At the very time when employers ought to be supportive, many place the values of production before human values.

MPA employees know that during emotionally turbulent times, the group rallies support. This knowledge fosters a commitment to the organization reflected in truly devoted, responsible and self-motivated work. Thus, another way MPA will create additional employment is through providing a sheltered and supportive work milieu to people who are marginally employable and likely to remain otherwise unemployed. Furthermore, employment with MPA tends to enhance feelings of confidence and self-worth and thus serves to heighten the workers's future employability in the competitive job market.

It should be noted that unemployed ex-patients exhibit a wide range of abilities: 1) For many ex-patients, serious emotional problems are a thing of the past; they are capable of handling the demands of any ordinary job. 2) At the other end of the spectrum are patients who are still too disturbed to undertake any continuing responsibilities. 3) Between these we find all shades of employability.

We do not intend to create additional jobs by hiring people in the second category. We hope to hire people from the first and third categories and to have fully recovered ex-patients taking on more of a leadership role and helping their less stable co-workers to contribute productively.

In summary, MPA will provide additional employment this winter by hiring people no one else will likely hire, to do jobs no one else will do. These people need and deserve jobs. The services they will perform are vital to the welfare of the community.

APPLICATION ITEMS 11 and 12: ESTIMATED PROJECT COSTS and METHOD OF FINANCING

It should be made clear that we have carefully presented a budget only for the expanded aspects of the program covered in this application. Revenue and costs pertaining to the already established aspects of the program have not been included.

Our current treasury of \$4,800, the \$250 monthly grant from the B.C. Government and the four Government-supplied salaries are committed to costs related to the existing program.

The costs summarized in 11B are related to the program aspects to be undertaken by the 12 new employees: primarily, operation of the new Center, the arts and crafts program and a portion of the farm program.

While the existing and new parts of the program will be closely coordinated, we have sought in these sections of the application to separate them and to deal only with the proposed expansion.

APPLICATION ITEM 13: IF WORKERS ARE NOT TO BE HIRED THROUGH CMC

If Local Initiatives Program authorities require that workers be hired through CMC, we are prepared to accept this decision.

For many reasons, however, it would be preferable from our point of view to select applicants from the MPA membership.

- 1) There are many unemployed people in MPA.
- 2) MPA members are already familiar with and committed to the principles and policies of the Association.
- 3) The membership is acquainted with an applicant's dedication and ability as reflected in his involvement on a voluntary basis.
- 4) All present staff had worked for at least two months for MPA on a voluntary basis before being elected to fill a salaried position. Thus, in all fairness, present dedicated volunteers ought to be eligible for the positions.
- 5) To date, all executive officers, whether salaried or not, have been democratically elected to their positions by the general membership. When so many of our members are unemployed, it would seem unfair to have salaried employees appointed from an outside source with the membership having no say in these appointments.
- 6) The fact that ex-mental patients are actually involved in decision-making and executive functions has been very important to MPA's success. If the very important decisions regarding the employment of 12 persons is taken away from the membership, resentments will likely be incurred and confidence undermined.
- 7) The Vancouver Opportunities Program has placed many "unemployable" persons to work with MPA over the past six months. The purpose of this program is to aid such persons to make the transition to gainful employment; the Placement Officer has expressed the hope that, should salaried positions become available, MPA would consider VOP workers to fill them (see her letter on page 60). We feel it is both fair and proper that they be eligible to compete for the positions.

If it is agreeable to the Local Initiatives Program, we propose that the salaried openings be advertised in a special newsletter, that interested applicants be asked to submit applications immediately and that all applications be discussed and voted on at a special general meeting to be

called at the earliest feasible date. (In fact, word of mouth advertising has already begun and several people have indicated interest in the positions should they become available.)

In the past the membership has acted wisely in electing officers. The two main criteria which have governed their decisions have been the dedication and ability of candidates. We encourage you to demonstrate faith in MPA by allowing us to democratically select our employees.

However, should you decide that some or all new employees be hired through CMC, we would strongly request that ex-mental patients be given first priority. We realize that, owing to discriminatory practices, many ex-patients are unwilling to disclose their psychiatric histories to potential employers. (This, by the way, is a further reason to have employees selected from the MPA membership.) If this information is available to you, we would appreciate your making use of it in referring applicants to us.

Perhaps the ideal resolution on both sides would be for our employment choices who are not already registered with Canada Manpower to so register. We would be happy to comply in this way.