

# MENTAL PATIENTS' ASSOCIATION

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February 21, 1972

Opportunities for Youth  
British Columbia Desk  
Postal Box 2500  
Ottawa, Canada  
KIP 5VI

Dear Sir:

On behalf of our organization, I am submitting an application for an Opportunities for Youth Grant for the summer of 1972. Last year, when MPA was still in its infancy, we received an OFY Grant which played a vital role in helping us to establish our organization.

I think the main point we have demonstrated in our first year is that, given the opportunity, ordinary underprivileged people can make crucial contributions to the betterment of the community. The need for our services is amply documented in the application and attached letters of support.

A grant from the Local Initiatives Program has enabled us to continue the work which was initiated on the basis of our 1971 OFY Grant. The funds we are requesting for this summer are to be used to maintain and expand our program, in which hundreds of people are now involved. I believe our application clearly conforms to your five selection criteria.

We are requesting salaries for fifteen participants from May 15th to September 15th. As there is nowhere in the application where a description of the positions is explicitly requested, permit me to describe them here.

a) Five Coordinators to operate a 24 hour combined residential/drop-in/crisis center in the east end of Vancouver. The model for this center will be taken from the program at our West end center which has proven highly successful.

b) Three Coordinators to expand the residential capacity of our Matsqui farm halfway house. Their work will entail organizing the residents in the construction of cabins and/or domes on the 28 acre site.

c) Two cooks, one at the east end and one at the west end Vancouver center, to work with residents in running a full kitchen, serving three meals a day.

- d) One Housing Coordinator to help residents of all centers find, furnish and move into group homes and thereafter to maintain contact with the homes to provide help in solving emotional, social and practical problems which arise.
- e) One secretary-receptionist to coordinate the general office at the west end center.
- f) One Night-Crisis-Worker to be on duty at the west end center five nights a week between midnight and 8 A.M. to provide emotional support to residents who cannot sleep, to answer the crisis phones and to provide transportation to callers when necessary.
- g) One Arts and Crafts Coordinator to organize a crafts program to help residents who are moving out of our centers to make furnishings, decorations etc., for their new homes.
- h) One Public Relations and Liaison Officer to make MPA's services known and available to hospitalized patients before discharge, and to coordinate MPA members in a hospital visiting program whereby in-patients - especially those who have no visitors - are paid regular visits.

The young people who fill these positions have played and will continue to play an active and cooperative role in defining and carrying out their functions.

Appended to the application forms you will find 70 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 MPA. On pages 5 to 13 will be found a detailed and exhaustive response to Application Item IAa. Pages 14 to 27 contain responses to other Items which require more space than is allotted on the forms.

On page 28 to 70 will be found photocopied documents pertaining to the Association. They serve as a barometer of MPA's progress and of community and professional support we have engendered. It is hoped 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.

We do hope Opportunities for Youth will see fit to continue supporting us in our work which is so desperately needed by so many underprivileged people.

We will be happy to comply with any requests you may have for further information.

Thanks very kindly for your (lengthy) consideration.

Yours sincerely,

A handwritten signature in cursive script that reads "Lanny Beckman".

Lanny Beckman  
Project Coordinator

LB/jl  
Encl.

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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 organisation.

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 46 to 47.
- 2) Mental patients are heavily stigmatised and discriminated against, and require a self-help organisation to promote their own welfare. Discrimination is especially acute in the field of employment. A study supported by the Department of Manpower and Immigration, authorised 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 70.
- 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 "after-care", 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 the recipients of these services as well as to the community at large.
- 7) An organisation which can involve patients in meaningful community work constitutes an ideal means of ameliorating the stigma, isolation and purposelessness which accompany the patient-role.

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.

It is quite remarkable to consider that one year ago MPA had not yet been founded and that today, thanks largely to a grant from the Department of Manpower and Immigration, there are 18 paid full-time participants working for the Association.

The overwhelming response to MPA by patients indicates how needed our organisation 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 51).

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 organisation and I am sure you will use the funds appropriately." This passage is taken from his letter on page 55.

MPA's innovative, responsible and vital role in the area of mental health has been recognised by Government, professionals, psychiatric institutions and other community service groups (see pages 35 to 67).

Grants have been awarded by all three levels of Government:

- 1) City of Vancouver, Civic Grant (see page 35).
- 2) B.C. Government
  - a) Provincial Secretary's Department (page 39).
  - b) Department of Rehabilitation and Social Improvement (page 38).
- 3) Federal Government
  - a) Secretary of State Department
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    - ii) Opportunities for Youth (page 43).
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  - b) Department of Manpower and Immigration: Local Initiatives Program (page 40).

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 44).

C. Contribution to Community Betterment: Specific Services and Activities

MPA is currently operating three centers, two in Vancouver (one in the east end and one in the west end), and the third a farm near Matsqui, B.C., 40 miles from Vancouver.

The west end center has been in operation for one year and offers a broad program of services which are described below. The east end center has just been opened. Based on the success of our original center, we plan to develop the new center along the lines of the old one. We propose to use a major portion of the Opportunities for Youth Grant to accomplish this development. The program at the original center is described in detail so as to give the reader a clear idea of the objectives we have in mind for the OFY Grant.

The other major goal to which the Grant will be applied is the expansion of the farm project. A description of the current farm program is presented below. Additional specific plans for expansion can be found in response to Application Item B-4.

1) Vancouver West End Center. This center, which was opened last February, consists of a two-storey house with fully redecorated basement. The center serves a wide variety of functions.

a) Ex-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." <sup>off/T</sup> 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 is 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 realisation 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 upset people this is the most difficult time as sleep is often disturbed 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, which is to be coordinated by one project participant, 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 on-going 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 four 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 the 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.

The research committee has also been meeting with a faculty member and several students from the Law Faculty at U.B.C. We have been studying the Mental Health Act and its application in practice. We are preparing a brief making specific recommendations for legislative changes.

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.

We are applying here for one salary to support a supervisor for the Arts and Crafts Program. The job will entail building a workshop in the east end center and working with people at both centers on crafts projects.

This program is not designed to help depressed people pass time. Rather, it is geared toward the practical and functional goal of working with residents to create furnishings and decorations for the group homes into which they move at the completion of their stay at our centers. The program serves a vital function in helping people to establish themselves in independent and cooperative living situations.

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, volley-ball, badminton, 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 hospitalised. It is felt that this is an invaluable way of helping patients to maintain a bond with the community.

In order to expand this vitally important program, we are asking for one salary to support a Public Relations

and Liaison Officer. The function of the position will be two-fold: first, to go into hospitals and inform patients about MPA and about how we can begin helping with housing, employment etc., while people are still hospitalized. The second function entails coordinating a broader visiting program in which MPA members pay regular visits to hospitalized patients, especially to those who have no visitors. (This latter group comprises a surprisingly large percentage of patients.)

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 organisations 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 persons are currently working for MPA on this basis.

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 distributing the MPA's monthly Newsletter, In a Nutshell. Eleven 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 the 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 the 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 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 the MPA, outings, picnics at the MPA farm, etc. A salary is being provided by the Department of Rehabilitation and Social Improvement to a coordinator responsible for coordinating an integrated program of daily activities.

2) Farm Halfway House A member of the MPA has leased to us, rent-free, a 28 acre farm and two-storey farmhouse near Matsqui, B.C. The operation of a rural halfway house for discharged patients represents another innovation the 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 the MPA. In general, ex-patients are admitted to the program by referral from a psychiatrist.

In addition to maintaining the interior of the farmhouse, 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 neighboring woods and helping the owner of the adjacent dairy farm with his work.

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, if they desire, ease back into an 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.

Expansion plans for the farm, involving three OFY project participants, can be found in response to Application Item B-4.

#### D 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 hospitalised 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. MPA's costs in providing these preventive services amount to a small fraction of what the costs would be to Government.

These facts are readily acknowledged by professionals and by Government. The letters on pages 55 to 67 are statements by prominent officials regarding the economical role MPA is playing in the mental health field. Pages 35 to 43 reflect the recognition by all three levels of government that considerable savings ensue from MPA's existence.

#### E. 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.

APPLICATION ITEM A-2: ADMINISTRATIVE DECISIONS

Administrative decisions will have to be made in regard to the allotment of funds, the execution and modification of the service program, the distribution of responsibilities among the project participants, the coordination of activities among the three centers and the daily handling of emotional crises.

Decisions will be made on a democratic basis. Perhaps MPA's single greatest achievement to date has been the extent to which all members of the group participate in decision-making. The formal structure of MPA virtually eliminates stratification. All members, whether salaried or not, have formally equal status. Major decisions regarding policy, financing and discipline are made by the group either at general meetings or central committee meetings which are open to all members. In general, power is not delegated by the group to a small number of representatives; rather, the emphasis is on the group's taking responsibility. While this egalitarian structure is not as efficient, administratively, as a hierarchical system would be, it is incomparably more satisfactory from a human and "therapeutic" point of view. MPA is one of the few groups in Vancouver where powerless people can and do have a real say in shaping their own community. The individual and social growth which ensue from genuine participation are invaluable.

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The main groups who will benefit from our project are hospitalized mental patients and recently discharged patients. We do not, however, exclude people who have not been patients; in other words, credentials are not required. Welcomes are extended to prospective patients - which includes everyone. Perhaps the main way in which these people will benefit is in being accepted into a vital and useful community where they are not treated as social lepers, but rather as people who are capable of giving as well as receiving help. Specific benefits include help with emotional crises, housing, employment and welfare problems, and largely help with general problems of loneliness and aimlessness. A detailed description of the relevant program aspects can be found on pages 7 to 12.

The majority of people who contact MPA are referred to us by other community groups and agencies or by psychiatrists and hospital wards. People have been referred by all psychiatric hospitals in the Vancouver area, by other crisis centers, by the Vancouver Opportunities Program, by information centers, by Community newspapers, by private psychiatrists, psychiatric nurses, psychologists, social workers, by community mental health clinics, by agencies for the handicapped, by Inner City and other low-income groups.

It would require a full volume to describe the needs to which our project responds. Some relevant statistical information can be found in response to Application Item 1,A,a and on pages 46 to 47 . 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.

While initially it appeared that the needs to which MPA would respond were emotional, it has become apparent that in most cases emotional problems are only the end result of unmet social, political, economic and cultural needs. At the same time as we are responding to emotional needs (e.g., through our crisis intervention program) we are also addressing ourselves to the other problems, through setting up group homes, work projects, helping people find jobs, holding discussion sessions on financial management and low-income budgeting, teaching crafts skills relevant to decorating and furnishing low rental housing etc.

General objectives include: 1) helping people to avoid entering or re-entering hospital; 2) helping to prevent suicides; 3) helping people to discover, create and enter the human sections of the community.

As stated above, specific objectives for the summer include the development of the program at the east end center and the expansion of the farm project. See also the following section.

The objective of expanding the capacity of the farm from eight to about twenty-five will entail building a crafts and sleeping area in the basement and constructing cabins or domes in the surrounding wooded area. The three farm coordinators for whom salaries are being sought will be chosen for special carpentry skills. Their job will be to involve residents to as great a degree as possible in the actual planning and construction.

With the fact kept in mind that the full residential program will be going on during the construction phase, a tentative time table is as follows.

During May and June, sites will be selected, building plans made, municipal licensing obtained, materials gathered, and the land prepared for construction.

The construction phase will occur between July and the middle of September. As the resident capacity increases during the summer, additional residents will join the community to participate in the full program, including whatever construction remains to be carried out.

The objective for the newly opened east end center will be to develop its program during the summer, taking as a model the program at the west end center.

May and June will be devoted to planning and carrying out a crisis training program for volunteers. The project participants will work closely with professionals in establishing the training program. Also during these months an activities program will be developed and housing and employment aid will be provided for residents.

July to September will be taken up with providing residential, drop-in and crisis intervention facilities. Of the five coordinators, at least one will be on duty at all times. The cook will work with the residents to prepare three meals a day. An arts and crafts workshop will be built which will be used by residents who are moving out to make furnishings and decorations for their new houses. This part of the program will be organized by one of the project participants. A housing Coordinator will help residents find houses, acquire furniture and move in. She or he will also maintain close contact with the ex-residents and will provide help with emotional, interpersonal and practical problems.

There will definitely be lasting Community benefits from our project. Perhaps the main one will be the realization by the community in general and by ex-patients in particular that people who have been hospitalized can provide for themselves many of the services needed to re-enter the community. Another lasting benefit will be the erosion of the stigma, stereotypes and prejudices which has resulted from MPA's work in the Community.

Other ongoing benefits are reflected in the prevented suicides, the jobs we have helped people find, the group homes we have established, the innumerable friendships that have begun at MPA, and the sense of purpose and belonging that has developed in so many people's lives.

Firstly, it should be said that all positions at MPA, including salaried positions, are filled through democratic elections. Thus, project participants' skills and abilities will be evaluated by the group as a whole. Our experience in the past shows that the group has consistently made wise decisions in selecting salaried workers.

Certain positions require specific and definable skills. These include: cook, secretary, arts and crafts supervisor, farm carpenters and administrative coordinators responsible for paperwork.

Other positions require abilities which are more difficult to define. For example, the Housing Coordinator and Employment Coordinator who must possess certain skills in dealing with people and agencies in the business world. Also included here are the Farm Coordinators responsible for organizing outdoor activities such as gardening, raising livestock, etc.

Still other positions require skills which are difficult to define, yet easy to recognize. These include the Night Crisis Worker and the General Coordinators who are "people people," that is, who help out in crisis situations and relate to residents and drop-ins experiencing emotional problems. Further information on participants' tasks can be found in the covering letter.

The professionals named above and many others have provided continuing assistance as advisors and consultants. Five professionals have conducted a crisis training program attended by 85 MPA members. Help has been given by opening channels whereby MPA people in need of intensive care can readily be admitted to hospitals and other mental health facilities.

People in the psychiatric field make regular visits to our centers to spend time with their patients residing at MPA, and to provide assistance in crisis situations and with other emotional and administrative problems which arise. Numerous letters are appended to this application.

In addition to the technical advice described in the foregoing section, a staff worker with the Company of Young Canadians is in almost daily contact with MPA to assist with administrative problems. Numerous friends in the media have opened their columns and programs to us whenever we desire publicity. The Vancouver Opportunities Program has placed an average of 15 welfare recipients at any given time to work 30 hours per month with MPA. The business community has been surprisingly generous with donations of everything from truck rentals to photocopying services.

Letters of financial and other support can be found among the appended documents. It should be made clear that the present and prospective funding grants are allocated to aspects of the program other than those pertinent to this application. See also Section F-3.

Support has been supplied by the following groups and agencies in the community. Letters from most of these sources can be found among the attached documents. Vancouver Opportunities Program; Company of Young Canadians; Voluntary Association of Health and Welfare; Metropolitan Health Service of Greater Vancouver; U.B.C. Health Sciences Center Hospital; the Vancouver Sun; Vancouver City Council; B.C. Government Department of Rehabilitation and Social Improvement; B.C. Government Provincial Secretary's Department; Department of Manpower and Immigration; Department of the Secretary of State; Metropolitan Council of the United Church of Canada; B.C. Medical Association Section of Psychiatry; Burnaby Mental Health Center; Inner City; University of B.C. Graduating Class; University of B.C. School of Social Work; University of B.C. Department of Psychology; University of B.C. Faculty of Law.

I know of no other organization whose activities and objectives are identical to MPA's, i.e., a group of non-professional ex-patients providing a broad aftercare service program in the mental health field. In fact, there are very few organizations concerned with the provision of any aftercare services for ex-patients.

There are, however, many organizations and agencies concerned with contributing to the welfare and betterment of the community, and whose goals are thus compatible with ours. Many of these groups are listed in the foregoing section.

So far as we know, nowhere else in the world has a group of ex-patients organized to furnish real services for themselves and for hospitalized patients. Where mental patients organizations do exist they tend to operate under the aegis of a professional body, to lack a center which they control and to engage simply in social activities. The idea that, by virtue of their experiences, ex-patients are especially suited to help others in emotional difficulties, seems to have been put into practice first by MPA.

The idea of self-help groups is not original with MPA. However, more than most other groups of this type MPA has been particularly successful in establishing a program which goes beyond simply providing token services. The needs of people who contact us are very real and urgent. The innovative feature of MPA lies in the fact that we help people in solving fundamental problems related to housing, employment, social isolation etc.

In many ways mental patients occupy the bottom rung on the social ladder. It is a real tribute to the abilities of ordinary, dispossessed people that in MPA we have been able to create a community where destitute people can come together to help themselves and to make important contributions to the larger community outside.

The project we are submitting this year is an extension of last summer's project. When we submitted our application last year, MPA was only a few months old; we had just moved into our first center and a solid foundation for the organization had still to be laid. Thanks largely to the 1971 OFY Grant, most of the basic, initial building was accomplished through the summer and fall. During that period, a solid and extensive program was developed at our first center.

Since that time we have expanded our program and opened two additional centers - a farm at Matsqui and a residential and crisis center in East Vancouver.

This year's OFY submission is aimed at maintaining the program at the original center and at developing the programs at the farm and recently established East Vancouver Center.

The fundamental principles underlying both submissions are identical. This year's project is designed to build upon the accomplishments made possible by last year's Grant.

APPLICATION ITEM F-3: OTHER FINANCIAL ASSISTANCE

While applications for financial assistance for the summer have been made to other sources, it is important to emphasize that these submissions are designed to obtain funding for aspects of our program other than those relevant to this application. The other applications, which have been submitted to the B.C. Government and the City of Vancouver, seek funds for operating expenses and except in one instance, not for salaries. The operating expenses not covered in this application pertain to maintenance costs for two of the three centers.

We are currently receiving \$250.00 per month from the B.C. Government Provincial Secretary's Department and one salary for an Activities Coordinator from the Department of Rehabilitation and Social Improvement. We anticipate that these incomes will continue through the summer.

We have applied to the City of Vancouver for an operating Grant. While we have not yet been notified by them, we are hopeful that the grant (for maintenance costs on two centers) will be in the neighborhood of \$5,000.00.

FOR INTERNAL USE ONLY

File No. \_\_\_\_\_

Sub Region: \_\_\_\_\_

Name: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Region: \_\_\_\_\_

Duration: \_\_\_\_\_

Neighbourhood: \_\_\_\_\_

Total Cost of Project: \_\_\_\_\_

OPPORTUNITIES FOR YOUTH

APPLICATION FOR CONTRIBUTION

Read this form carefully before completing it. Answer all questions where applicable. Print in block letters.

1) TITLE OF PROJECT: MENTAL PATIENTS ASSOCIATION COMMUNITY SERVICE PROJECT

(A) a) Describe your project

The general objective of the Mental Patients Association is to provide to discharged patients a broad spectrum of "aftercare" services. These include halfway house residential facilities, drop-in facilities, crisis intervention services, employment and housing services etc. A detailed description of the project can be found on attached pages 5 to 13.

b) Describe your project time table

In addition to providing our normal range of services, our main goals for the summer are to develop and expand the service program at our newly opened east end center and to carry out the construction of cabins and/or domes at the Matsqui farm so as to accommodate a community of up to 25 ex-patients.

c) In what sense are you a part of the community in which you wish to work?

We have established strong working ties with numerous community service groups, government agencies, psychiatric wards, and professional agencies and individuals. A fuller description

of our role in the community can be found on attached pages 6  
to 7. Documents reflecting community ties can be found  
on pages 35 to 67.

- 2) a) Group Representatives: Mailing Addresses where you may be contacted until the end of October, 1972.

NAME LANNY BECKMAN  
ADDRESS 2504 YORK AVE.,  
(present)  
VANCOUVER 9, B.C. (residence)  
3191 West 10th Vancouver 8, (MPA)  
(mailing)

NAME BARRY COULL  
ADDRESS 3628 West 7th AVE.,  
VANCOUVER, B.C. (residence)  
3191 West 10th, Vancouver 8 (MPA Center)

Telephone number where you may be contacted until the end of October, 1972.

Tel. No. 738-5177 or 738-9429

Tel. No. 738-5177 or 738-5459

Date: from FEB. to NOV.

Date: from FEB. to NOV.

Tel. No. \_\_\_\_\_

Tel. No. \_\_\_\_\_

Date: from \_\_\_\_\_ to \_\_\_\_\_

Date: from \_\_\_\_\_ to \_\_\_\_\_

- 3) a) Location of Project Activity

Neighbourhood: KITSILANO; RENFREW HEIGHTS; MATSQUI PRAIRIE  
City or Town: VANCOUVER; VANCOUVER; MATSQUI  
Province: B.C.

- b) In the case of a travelling group (theatre, mime, dance or other group) give the names of the places which you will visit and the approximate dates of each visit.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
\_\_\_\_\_  
N.B. Immediately upon acceptance of your project, you must establish definite contacts and send us a final itinerary.

4) Number of paid participants.

	Male	Female
Number of students at secondary level in 1972-73	x	x
Number of students at post-secondary level in 1972-73	x 5	x 5
Non-students in 1972-73	x 2	x 3
TOTAL:		

5) Give a budget outline. Elaborate in Section F.

Total salaries:	\$ 24,300.00
Total other expenses:	\$ 2,408.00
TOTAL:	\$ 26,708.00

6) Dates:

\_\_\_\_\_  
\_\_\_\_\_

Start of your project:	15 (Day)	MAY (Month)
Completion of your project:	15 (Day)	SEPTEMBER (Month)

Projects must be carried out between May 15 and September 15, 1972. No amount of money will be paid for a period before or after these dates.





July: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

August: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

September: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B-5 Will there be lasting community benefits from your project?

Explain. See page 19.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION C

C-1 What skills and abilities do project participants have which are related to the tasks to be performed?

See page 20.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C-2 a) Give the names of any specialists or other qualified persons you have consulted concerning your project.

Dr. E.D. Hardin, Psychiatrist      Dr. W.C. Holt, Psychiatrist  
Dr. R.P. Uhlmann, Psychiatrist      Mr. M. Jackson, Professor of Law  
Dr. A. Ghaed, Psychiatrist      Mrs. Alberta Levitan, C.Y.C. Supervisor  
Dr. L. Pulos, Psychologist

b) Describe how these persons have assisted or will assist you in preparing, implementing or evaluating your project.

See page 21.

c) Specify any assistance (technical advice, supplies, or financial support) which you expect to receive from sources other than OFY. Please name these sources and provide letters of support.

See page 22.

C-3 What general support can your project rely on from community organizations or other groups? Please enumerate:

See page 23.

SECTION D

D-1 a) Do you know of any organizations whose activities and objectives are identical or similar to yours in the area in which your project will take place? If so, name them.

See page 24.

b) Which of these have you consulted?

We have consulted all of the organizations listed in Section C-3.

D-2 a) What cooperation have you requested from them?

We have requested cooperation in the form of general support, financial support and assistance with the planning and execution of our service program.

b) What was their reply?

As indicated in the attached letters, their replies have been universally supportive. They have recognized the essential value of our project and have endeavoured to provide whatever assistance was at their disposal.

D-3 In what way is your project original or innovative?

See page 25.

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SECTION E

E-1 a) Is this submission in any way a continuation of a project supported last year by OFY?

YES

b) If so, give the title of that project and names of the project representatives.

Summer Crisis Service Project

Lanny Beckman; Barry Coull

c) Is the project you are submitting this year identical, similar to, or different from that of last year? Be precise.

See page 26.

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c) NAME Mr. Michael Jackson  
 POSITION Professor  
 ADDRESS Faculty of Law  
Univ. of B.C.  
 TEL.: 228-2211

d) NAME: Dr. R.J. McQueen  
 POSITION: Director of Mental Health Services  
 ADDRESS: Metropolitan Health Service of Greater Vancouver  
453 W. 12th Ave., Van. 10  
 TEL.: 873-7011

SECTION G

We the undersigned, as future paid participants of the project declare that we have read the present form and will be jointly responsible for the project if it is accepted. Newcomers will have the same rights, the same responsibilities, and access to the written agreement which will be sent to accepted projects.

Signatures of project participants:

Name	Signature	Age	Address	Telephone
<u>John Butler</u>	<u>John Butler</u>	<u>21</u>	<u>P.O. Box 6551</u> <u>Station B</u>	<u>N/A</u>
<u>Barbara Bussigel</u>	<u>Bj Bussigel</u>	<u>25</u>	<u>1835 Stephens</u>	<u>732-9345</u>
<u>Alysa M. Bishop</u>	<u>Alysa M. Bishop</u>	<u>19</u>	<u>3628 10th</u>	<u>739-5159</u>
<u>Brian Loomes</u>	<u>Brian Loomes</u>	<u>23</u>	<u>2249 WYORK</u>	<u>739-0287</u>
<u>DICK BETTS</u>	<u>Dick Betts</u>	<u>22</u>	<u>1395 CARRINGTON</u>	<u>733-7503</u>
<u>Linga Kallstrom</u>	<u>LISA KALLSTROM</u>	<u>24</u>	<u>211-1960 65th</u>	<u>733-4081</u>
<u>Lauren Miller</u>	<u>Lauren Miller</u>	<u>29</u>	<u>3175 W. 12th Ave.</u>	<u>738-1268</u>
<u>QUI DELGADO</u>	<u>Qui Delgado</u>	<u>25</u>	<u>7010 Alma Rd</u>	<u>733-2375</u>
<u>DARRYL RIMPEL</u>	<u>Darryl Rimpel</u>	<u>21</u>	<u>369 E 21st</u>	<u>874-0102</u>
<u>UDY LECHEAR</u>	<u>Udy Lechea</u>	<u>24</u>	<u>2832 E 48th Ave</u>	<u>424-5450</u>
<u>Neil Friedenberg</u>	<u>Neil Friedenberg</u>	<u>25</u>	<u>3744 W. 6th</u>	<u>724-0291</u>

As universities are still in session, we have not yet recruited our full complement of fifteen participants. By May 15th, we will have advertised at local universities and hired all participants.

N.B. Once signed, this application form will constitute your definite proposal. Its contents will form the basis for any discussion you may have with the Project Officer who will meet with your group during the summer, regarding the progress of your project.

SECTION H

Have you contacted your local OFY Project Officer so that she/he can give you her/his comments and recommendations?

Yes   X              No           

Her/his name   PAT CANNING  

If you feel it necessary, you may enclose other documents supporting this application.

SECTION F

F-1 Total Salary Costs - Number of Full Time Participants

At Each Salary Rate

Number of Persons	X	Number of Weeks	X	Salary per Week	=	Total Salary
<u>15</u>		<u>18</u>		<u>\$90.00</u>		<u>\$24,300.00</u>
_____		_____		_____		_____
_____		_____		_____		_____
Total Salaries:						<u>\$24,300.00</u>

F-2 Other Expenses:

Indicate and justify your estimated expenses.

Transportation: Insurance, maintenance and operating expenses  
for two MPA vehicles to be used mainly for crisis transportation  
at \$60.00/month each \$ 480.00

Equipment Rental (give cost per hour, week, or month):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Rent: Rental of one ten-bed center at \$250.00 per month  
 \_\_\_\_\_  
 \_\_\_\_\_ \$ 1,000.00

Supplies: Arts and crafts program expenses at \$125.00  
per month (see attached page 10 for a description of this  
program), Office expenses at \$50.00 per month. \$ 700.00

Telephone: Three crisis phone lines each at \$19.00  
per month. \$ 228.00

Special Costs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL EXPENSES	\$	<u>2,408.00</u>
TOTAL SALARIES	\$	<u>24,300.00</u>
TOTAL COST OF PROJECT	\$	<u>26,708.00</u>

F-3 If you have applied for other financial assistance for this specific project, please give details. To whom was the request made? What are the funding arrangements? How much do you expect to receive or have you already received? See page 27.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F-4 Please attach three letters of recommendation from persons supporting the objectives of the project. List their names below.

a) NAME	<u>Dr. R.P. Uhlmann</u>	b) NAME	<u>Dr. E.D. Hardin</u>
POSITION	<u>Psychiatrist</u>	POSITION	<u>Psychiatrist</u>
ADDRESS	<u>Dept. of Psychiatry Univ. of B.C.</u>	ADDRESS	<u>705 - 750 W. Broadway, Van. 9</u>
TEL.:	<u>228-3731</u>	TEL.:	<u>876-1133</u>