

MENTAL PATIENTS ASSOCIATION

1982 WEST 6th AVENUE

VANCOUVER 9, B.C.

PHONE 738-5177
738-1422

March 15, 1973

Local Employment Assistance Program
Department of Manpower and Immigration
Seventh Floor
1155 West Pender Street
Vancouver 1, B.C.

Dear Sirs:

Re: Local Employment Assistance Program Application

Enclosed please find our application for a three year grant from the Local Employment Assistance Program.

We are requesting funds to sustain a broad range of service programs which have evolved over the past 2½ years and which have been supported by the Local Initiatives Program for the past 15 months. The services we offer to ex-mental patients and others in emotional distress have been recognized by both the professional and lay communities as making an innovative and vital contribution to a hitherto neglected sector of society. The many attached letters of endorsement reflect a wide cross-section of support among professionals and government officials working in related mental health fields.

The letters on pages 67 to 93 specifically recommend approval of the present application. In these letters--and in the application itself--a number of recurrent reasons are offered in behalf of such approval. In addition to the very great need for a continuation of MPA's services in the community, several of the reasons pertain to issues of financing and employment.

As MPA has demonstrated, government funding for our organization constitutes, not a drain, but rather a substantial savings in the public treasury. By providing preventive mental health services on a very economical basis, the Association enables a minimum of 45 persons to remain out of mental hospitals at any given time. At the most conservative estimate, this represents an annual net savings of more than \$135,000 in public funds. Pertinent figures are summarized in Table 1 on page 46.

This net savings would in fact be much higher if it took into account the many MPA services beyond those of sustaining people out of hospital. Many of these services are related to the question of employment. As is documented in the application, ex-mental patients are one of the most chronically unemployed groups in Canadian society. However, as a result of the support received from MPA during periods of emotional crisis, a great many of our members have been able to become self-supporting in the normal labour market.

Further, our organization is playing a pioneering role in hiring ex-patients--most of whom were not only unemployed, but were classified as "unemployable"--to perform crucially needed community work. Beyond question, these persons

.....2

receive invaluable job-training experience and the increased self-confidence which enhance their employability in the competitive job market. Our record as regards helping "unemployable" people to return to the work world is amply documented in the application and accompanying letters.

A related benefit pertains to the fact that innovative employment roles are opening in the mental health field. As it becomes increasingly evident that professionals cannot alone meet the demand for services, paraprofessional and non-professional positions are being created in many mental health programs. The experience and training gained through working with MPA constitutes excellent preparation for filling such positions.

A basic intention of this application is to secure funds to hire unemployed and unemployable people who, through their work experience with our organization, will be aided in resuming normal employment. Our aim will be to effect a turnover in the L.E.A.P. positions so as to enable the maximum number of people to receive the training benefits needed to find regular work.

To this point, MPA has been reliant upon short-term, unpredictable funding programs, a fact which has only magnified the precariousness with which our members have lived. At any given time, there are more than 150 people who are heavily dependent upon MPA's services. These are among the most insecure and forgotten people in society. A discontinuity in our services would have quite shattering effects upon many of them. A three year grant through the Local Employment Assistance Program would obviate much of the insecurity and would have immeasurably beneficial effects in terms of both our service programs and employment training programs. We are confident that such funding will be repaid many times over in both humanitarian and economic terms.

The application following this letter consists of 111 sequentially numbered pages of descriptive material on MPA. All page number references throughout pertain to these pages.

Because we are requesting substantial funding over a three year period, we have endeavoured to present a full account of the principles, services and plans of our organization. On pages 5 to 58 will be found detailed narrative responses to the application items. The worksheets on pages 59 and 60 contain employment and financial information. On pages 61 to 111 will be found photocopied documents pertaining to the Association, including registration documents (pages 61 to 66), letters of support regarding the present application (pages 67 to 93), documents regarding MPA and issues of employment (pages 94 to 100), and letters of general support (pages 101 to 111).

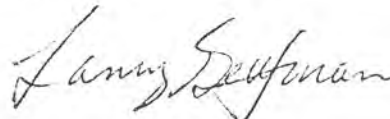
Owing to the length of the application, a Table of Contents is presented on pages 1 to 4 in order to aid the reader in obtaining an overview of the material and in readily locating particular passages.

We believe our accomplishments, as presented in the application and accompanying letters, speak for themselves. We do hope the Local Employment Assistance Program will enable the continuation of our work through a grant of 20 salaries plus employee benefits and overhead costs as requested in the appended forms.

Finally, we should mention that Mr. Gerry Hutchison, our Local Initiatives Project Officer, has visited our centers on many occasions and will be able to elaborate on points raised in the application.

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

Yours very truly,

A handwritten signature in cursive script that reads "Lanny Beckman". The signature is written in dark ink and is positioned to the right of the typed name.

Lanny Beckman
Project Coordinator

LB/eh

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LOCAL EMPLOYMENT ASSISTANCE PROGRAM APPLICATIONMARCH 15, 19731. Sponsoring Agency - name, address, telephone number;

Mental Patients Association
1982 West 6th Avenue,
Vancouver 9, B.C.
738-5177; 738-1422

2. Project - name, address, telephone number;

Mental Patients Association Community Service Project
1982 West 6th Avenue
Vancouver 9, B.C.
738-5177; 738-1422

3. Project Officials - names, titles, addresses, telephone numbers;

Lanny Beckman
Administrative Co-ordinator
2504 York St.
Vancouver 9, B.C.
738-9429

Barry Coull
Administrative Co-ordinator
2080 Alma Road
Vancouver 8, B.C.
733-2375

Gerald Walker
Treasurer
2525 York St.
Vancouver 9, B.C.
733-0762

4. Project Activity - description;

The Mental Patients Association is a self-help organization, currently engaged in providing a broad range of community services to mental patients, former patients and others experiencing emotional disturbances. The bulk of

these services are furnished in the five centres operated by the Association, although many of our activities and programs do occur in community settings such as mental hospitals, mental health clinics and facilities of related community groups. Our objective has been to integrate our organization into the community as fully as possible rather than to create an island segregated from adjacent services and agencies.

The five MPA centres include four residences (total bed capacity of forty-one) and a drop-in/crisis centre: The centres and their locations are as follows:

- 1) East End Residence, located at 369 East 21st Avenue, Vancouver.
Capacity of eight beds.
- 2) West End Residence, located at 1754 West 11th Avenue, Vancouver.
Capacity of ten beds.
- 3) South End Residence, located at 166 West 19th Avenue, Vancouver.
Capacity of fourteen beds.
- 4) Farm Residence, located on forty acres of land at 26942 108th Avenue, Whonnock, B.C. Capacity of nine beds.
- 5) Drop-in/Crisis Centre, located at 1982 West 6th Avenue, Vancouver.

For the past 15 months, the majority of our funding has been provided by the Local Initiatives Program, which has enabled the growth of our service program to its current scope. As proposed in this application, the work to be undertaken through LEAP funding is intended to maintain the present program with the one major addition being the South End Residence (opened March 1, 1973).

The project activity will be described in terms of the twenty positions for which application is being made.

A) TWO EAST END RESIDENCE SUPERVISORS

The East End Residence, which was established in January of 1972, has evolved a highly successful program for people recently discharged from psychiatric hospitals. The majority of residents have been referred to our organization by hospitals, psychiatrists and other mental health workers who have indicated satisfaction with their clients' growth and rehabilitation in our program. Success has been mainly reflected in the almost negligible rate of hospital re-admissions among residents of all residential centres. This is to be compared to annual re-admission rates of more than 50% among ex-patients receiving no after-care services.

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

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

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

reliance and participation among the residents.

These goals are sought in three main areas.

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

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

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

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

2) Participation in the General MPA Program. The second area in which supervisors aim to generate involvement is the broader MPA program. The objective here is for the residents to feel a part of a community larger than a single, isolated house. We have found that there is tendency for residents to view the house as

an enclave and for the entire house, as a unit, to reproduce symptoms of withdrawal. To overcome this problem, we have re-structured MPA so as to involve all residences in activities. For example, location of the weekly business meetings rotates among the four city centres. Potluck suppers are held at the residences with the residents serving as hosts for member-guests. Weekly day-trips to the MPA farm are made.

Supervisors encourage residents' participation in planning and attending activities at the drop-in centre. These activities (which are described in detail on page 18) include meetings, encounter groups, recreational and sports events, guest speakers, films etc. The attempt is made to have residents attend outside events at least three to four times a week. Supervisors are generally involved in arranging and providing transportation.

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

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

Supervisors contribute to planning regular outings in which residents have the opportunity to visit the facilities of community groups. Additionally, supervisors engage in familiarizing residents with those community resources designed to meet specific needs such as housing, employment, welfare, health, education etc. Residents are shown how to make use of information centres, Manpower employment and training

programs, health clinics, welfare programs, high school completion and other adult education programs, etc.

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

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

B) TWO WEST END RESIDENCE SUPERVISORS

The West End Residence, with a capacity of ten beds, was established in July of 1972. Since that time it has quickly developed a program comparable in strength and cohesiveness to that of the East End's. In fact, because of its greater proximity to the drop-in centre, it has circumvented some of the isolation problems discussed in the previous section in relation to the East End Residence. The West End Residence has been purchased by our organization with mortgage financing arranged through CMHC.

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

It should be emphasized that these two supervisors work closely with those in the other residences in planning and carrying out regular joint activities with residents of all houses.

C) TWO SOUTH END RESIDENCE SUPERVISORS

This residence, with a capacity of fourteen beds, was established March 1, 1973,

just prior to the time of the writing of this application. We do not presently have two salaries for the supervisors and therefore the other residence supervisors along with other co-ordinators, VOP workers and volunteer members are engaged in operating the residence. This however is a considerable drain on manpower from the other program areas and is only a makeshift arrangement until two salaries can be secured. Experience had shown that two supervisors per residence are essential for efficient management.

The reason we have undertaken to open this residence prior to securing the two salaries is that the demand on our organization for housing is especially acute (there is currently a waiting list of 20 referrals from mental institutions) and also that this ideally large house has become available.

Stabilizing the program in this residence is the main new area of work for the next several months. We hope that the very badly needed two salaries will be approved by LEAP to enable the residence to continue in operation.

Once again, the programs and goals of this residence are equivalent to those of the other two Vancouver residences (see above) and will be functionally integrated with theirs.

D) TWO FARM RESIDENCE SUPERVISORS

In August of 1972, the MPA farm changed its location from Matsqui to Whonnock. The present farm is situated on 40 acres of land on which there is a large house and a small cottage with a total bed capacity of nine. Additionally, there is a barn for livestock, an immense chicken coop, several storage huts, a dozen fruit trees and a large gardening area. We have found that a farm setting, removed from the excessive pressures of the city, constitutes an excellent therapeutic environment for emotionally upset people. The same conclusion has been

reached in rural therapeutic programs in other countries such as Holland and Denmark. In Canada, however, there are few such programs in existence.

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

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

The two supervisors have performed a remarkable job of involving residents in redecorating the farm houses and undertaking outdoor activities such as live-stock farming. The farm currently has 100 chickens and 200 chicks and is supplying eggs to all residences and many members. Three calves and a horse have been obtained and a plot of land has been prepared for the cultivation of a vegetable garden in the Spring.

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

In order to minimize the isolation of the farm, weekly visits of 13 to 20 people from the city centres have taken place. Often these visits serve as work-parties with members contributing to helping with farm chores.

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

It is intended that the farm supervisors will work closely with the Transportation Co-ordinator and the Activities Co-ordinator (see below for a description of these two positions) to further integrate the farm and city programs with regular travel in both directions. The chance for city members to visit and participate in the farm has proven to be one of the most interesting and constructive of MPA's activities.

Finally, it should be stated that one of the farm supervisors has had extensive experience in farming and is involved in teaching farming skills to the residents and visiting members.

E) TWO ADMINISTRATIVE CO-ORDINATORS

The two present Administrative Co-ordinators were founding members of MPA in January of 1971 and have functioned in an administrative capacity since. It is largely under their direction that programs and policies have evolved. They intend to continue in these roles in the future.

Their duties, which encompass general project management, are outlined in response to Item 13 below (page 50) and their position in the organizational structure is represented diagrammatically on page 52.

As liaison persons between the various program areas, they are responsible for maintaining an overview of the organization^{and} for developing work-plans with representatives of each area. Once plans have been approved at business and/or general meetings, the Administrative Co-ordinators serve as resource persons in the process of implementing decisions in these areas.

They are also responsible for securing operating funds and maintaining funding income for the organization. This entails a considerable amount of paper-work in the form of grant applications, regular progress reports and business correspondence. With the Treasurer, they make up the executive committee, one of whose main functions is to prepare budgets and to ensure that funds are administered within budgetary limits.

These co-ordinators generally serve as spokesmen for the organization and are involved in public relations activities vis-a-vis the outside community, including government departments, hospitals, mental health agencies, community groups and the media. They are responsible for the writing of research findings, newsletter material, press statements and so on.

In the area of housing, the co-ordinators are involved in the endeavour to purchase residential facilities through CMHC mortgage financing and to have these residences licensed through the City of Vancouver and the Provincial Government. To date, one house has been purchased (the West End Residence) and efforts will be sustained to purchase additional facilities. These are major and time-consuming tasks, but are seen as essential goals with respect to the long-term security of the organization.

Manpower problems in MPA also fall within the domain of these two positions. When openings arise or new positions are created, these co-ordinators are responsible for advertising for applicants, informing the applicants of the duties of the positions and preparing for the election meeting. They are also in close contact

with other co-ordinators when job problems arise and when suggestions and advice are required with regard to these manpower problems.

In summary, the Administrative Co-ordinators are largely responsible for the overall planning and implementation of the programs and policies of MPA. They are among the main links in the communication network, both internally and with external institutions. On a daily basis, their executive functions are to keep the various MPA areas informed of relevant developments and to maintain the cohesion and progress of the organization.

F) TWO DROP-IN CENTRE CO-ORDINATORS

The drop-in/crisis centre, which is the central co-ordinating facility within MPA, is open 24 hours a day and provides a very wide range of activities and services. Each week the centre is visited by a minimum of 125 to 150 people and receives more than 450 phone calls of which approximately half are business calls and half crisis calls.

The co-ordinators' jobs are extremely varied and demanding. They involve organizational responsibility for smooth management of the centre in relation to all activities, both structured and unstructured, which occur at the centre. In view of the excessive demands of the positions, the co-ordinators must enlist the help of volunteer-members in carrying out the tasks in the various program areas.

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

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

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

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

Drop-in centre co-ordinators are also responsible for general maintenance of the centre and its programs. In these capacities, they again make use of volunteers,

and especially those on the Vancouver Opportunities Program. There are currently 20 VOP placements with MPA. The co-ordinators are responsible for allotting tasks to the VOP people. In general, this entails assigning each VOP person to work with one of the co-ordinators. The drop-in co-ordinators thus act as a liaison between the VOP people and the co-ordinators, and are responsible for handling any work problems which arise in these relationships.

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

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

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

Finally, these co-ordinators work with the Activities co-ordinator in planning and publicizing schedules of activities and events.

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

G) ONE ACTIVITIES CO-ORDINATOR

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

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

The activities co-ordinator works with the drop-in centre co-ordinators, the crafts co-ordinator and the residence co-ordinators in order to develop overall programs which relate to the needs of residents and members.

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

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

The activities co-ordinator will work closely with the transportation co-ordinator to ensure the greatest possible access to these activities.

H) ONE SECRETARY

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

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

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

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

I) ONE TREASURER

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

One of his primary responsibilities is the establishment of realistic program budgets. These budgets are regularly reviewed within the context of monthly financial statements produced by the treasurer. In addition, he must

keep the membership informed of the organization's financial status through the maintenance of bookkeeping records of source and application of funds which are open at all times to review and audit.

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

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

The current treasurer's qualifications for this position are discussed on page 51.

J) ONE TRANSPORTATION CO-ORDINATOR

Transportation for mental patients and ex-patients is a crucial problem. Over 90% of the patients in Riverview Hospital come from low-income backgrounds. Due to a combination of emotional factors and job-discrimination, the majority go onto welfare upon release from hospital. Transportation, although essential in an urban setting, is prohibitively expensive within the budget of a welfare recipient.

With a full-time transportation co-ordinator, MPA is able to provide free, readily accessible transportation to both members and residents. Transportation is available for residence shopping, trips, laundry etc. For especially disturbed people, rides are provided for various necessary appointments - welfare, medical, psychiatric and so on.

MPA facilities are widespread: two on Vancouver's west side; one in the east end; one in Mount Pleasant and one in Whonnock, 45 miles from the others. Interactions among these centres are very difficult to maintain in the absence of a full-time transportation co-ordinator. Before such a position was filled, persons wishing to take up residence at the farm had at times to wait several days before belongings could be moved from the city. It was often difficult

for people from the residences, and especially for outside members to attend meetings or activities held at the drop-in centre or at an outside location. Without a reliable driver, excursions and work-parties to the farm were difficult to organize.

We often find that depressed and withdrawn people will not leave their house unless a good deal of encouragement - and often this means a ride - is provided. We believe that reliable transportation makes a real contribution toward helping depressed people to break through their introversion and inactivity. It is this sort of intervention that often serves to break the re-admission cycle to hospitals. With the community liaison co-ordinator, the transportation co-ordinator will continue to schedule regular hospital visits. He will also continue to provide transportation to and from all MPA activities and many other community events. He will be available for crisis transportation, will provide weekly trips to the farm and will be responsible for maintenance of MPA vehicle.

As stated in response to Item 19 below (page 55), the Mental Health Branch of the Provincial Government has provided funds for the purchase of an 18 passenger bus to be used for the transportation purposes described in this section.

K) TWO RESEARCH CO-ORDINATORS

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

In June of 1972, a grant was received from the Donner Canadian Foundation to support intensive research activity on legislative questions pertinent to the mental health area. (This work has continued and broadened since December with the support of the Local Initiatives Program.) The objectives of the legislative research are as follows: Researchers are to investigate the Provincial Mental Health Act and the de facto procedures used in implementing the Act. A principal objective is to document discrepancies between de jure and de facto procedures.

In addition to examining library and other written sources, the researchers have conducted interviews with patients, ex-patients, psychiatrists, physicians, lawyers, mental hospital staff, ambulance drivers, police and others regularly involved in psychiatric admissions.

The ultimate aim of the legal-research project is to contribute to legislative reform of the Mental Health Act. Very significant progress toward this goal has been achieved. A thirty-page revised Mental Health Act has been written, accompanied by a seventy-page explanatory brief. The revised Act and brief are currently entering third-draft form and are nearing completion. Numerous contacts have been made, particularly with government officials in the Mental Health Branch, and with lawyers who have responded enthusiastically to our proposed revisions.

Six Vancouver lawyers have worked closely with the researchers and will continue to do so through the upcoming stages. A U.B.C. law class has divided our act into sections and is working with us in small seminar groups on the revisions.

Since the election of the new Provincial Government, the prospects of our endeavours contributing to legislative reform have markedly improved. We have met with Dr. R.G. Foulkes, Consultant to the Minister of Health, and have discussed

mental health reforms both in terms of legislation and general programing. His assistant has spent a week with our organization, working with the researchers on the revised Act and on proposals in the broader area of mental health services.

Dr. W. Mahabir, Chairman of the Riverview Hospital Legislative Committee, has written us requesting cooperation between his committee and ours. And in November, the research delegation met with Mr. Cocke, Minister of Health, and discussed legislative and other mental health reforms.

At that time we presented Mr. Cocke with the second-draft of the revised Act and we understand that certain of its recommendations will be implimented in legislation to be passed during the spring, 1973, session. In fact this has already occurred. Legislation is now being enacted which allows the patient to nominate one person to a three person board for review of his case. Major legislative reform in the mental health area, however, will not occur until the Fall session - following Dr. Foulkes' report - and we feel that it is essential that our research and lobbying activities continue until and beyond the Fall session.

The research group has recently submitted to Dr. Foulkes' committee a preliminary brief entitled "Proposals for Reform in the Area of Mental Health Care in British Columbia." The recommendations in this brief pertain to reform of services, facilities and programs in mental health and complement the legislative reforms urged in the aforementioned revised Act.

The activities of the two research co-ordinators are now in mid-progress and considerably more time will be required to consolidate the substantial gains made to this point. Following is a description of the future work to be undertaken, for which we are requesting two salaries.

Based on consultative meetings with lawyers, law students and other professionals, the third and final draft of the revised Act and accompanying

legislative brief will be prepared. These will be published along with the second brief ("Proposals for Reform") in book form in an edition of 500 copies to be circulated among government officials and influential professionals. The contents of the book will be edited into non-technical language, will be published as a 20 page pamphlet and will be circulated in 2,500 copies among patients, ex-patients and the general public.

Contact with the government will be intensified. We will continue to lobby for creation of and representation on committees designed to review and revise mental health policies, programs and legislation. As a long-term objective (see also Item 5, below) it is hoped that our research and lobbying efforts will yield significant improvements in government services to mental patients and will lead to the creation of effective aftercare programs, comparable to those of MPA. Based on the encouraging response of the Provincial Government to our proposals, we are confident that, given sufficient time and effort, our endeavours will meet with a high degree of success.

Until recently, our organization has concentrated its energies in what can be called "service" areas. Research activities directed at urging, and documenting the need for, reform of government programs and legislation are essentially complementary to service work. MPA programs, no matter how broad their scope, cannot reach more than a small percentage of B.C. mental patients. By making continuing informed in-puts to the government however, MPA can affect policies which do affect all mental patients in the province. Because almost all other proposals originate from professionals, it is especially appropriate for our organization to continue doing research and making recommendations, since we alone speak from the position of the recipients of mental health services--a viewpoint too long ignored.

We thus see research activities as necessarily ongoing endeavours which are inherently related to our service programs. To take an example of this

relationship: making use of media to do public education striking at the false and cruel stereotypes regarding mental illness is a research activity which helps to alleviate the stigma and hardship bearing upon the lives of mental patients, and thus possesses a crucial service component.

The goals for which MPA stands--decent aftercare programs; community-based decentralization of mental health facilities; protection of civil rights of mental patients through legislative change--can be achieved only through informed, well-documented and publicized research. Reforms wrought through these activities will constitute an immeasurable contribution to the well-being of hospitalized patients and ex-patients.

(Should LEAP officials desire to obtain copies of the written research materials discussed above, we will be happy to forward them upon request.)

K) ONE COMMUNICATIONS COORDINATOR

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

In order to reach and involve patients (as well as the public and professionals) a communications system has been established under the direction of the communications coordinator. Within MPA, this system comprises an inter-facility activities newsletter (MPA Home News) containing reports and announcements of meetings, activities, housing and employment notices etc.

The main MPA newsletter, In a Nutshell, is distributed to members as well as to professionals, community groups, hospitals, universities etc. It encompasses a broader range of issues than the internal Home News and is published monthly.

The newsletter publication focuses upon ameliorization of the mental patient

stigma; emphasizes civil and legal rights of patients; reports upon developments in the mental health field; outlines social and economic changes germane to patients and ex-patients; and encourages professionals and patients to work toward solutions in these problem areas. The objective is to make the paper readable, informative and useful to those who are or have been hospitalized.

The communications coordinator works closely with the research coordinators in order to publicize up-to-date findings. In liaison with the activities coordinator, leaflets, posters and ads are printed to announce upcoming events and activities. In conjunction with the drop-in coordinators, the communications coordinator encourages members to submit personal articles, statements, poems and stories for publication. Weekly creative writing classes are held to instruct interested members in methods of expressing their ideas in writing. This coordinator works with members in all stages of the publication process, teaching them the various skills ranging from writing, through making plates, printing and distribution. In addition to these responsibilities, this coordinator maintains a circulation and resources file which lists the membership, community resource groups, other mental patient groups, professionals etc.

The first 13 editions of In a Nutshell were printed in mimeograph format; the last four on offset press. These last four have inspired widely favourable responses. Circulation has become international and has increased to 900.

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

M) ONE COMMUNITY LIAISON COORDINATOR

The problems regarding the integration of ex-patients into the community are only partly emotional. The fact that most are on welfare and cannot afford regular bus fare is a major obstacle. A daily round trip to the MPA center costs

\$15 per month, an exorbitant expense in the life of a welfare recipient who receives only \$102 per month. The related factor of loneliness and depression which accompany economic privation makes it even more difficult to involve people in activities and relationships.

In many cases, we have lacked the manpower to maintain contact with members who have withdrawn to housekeeping rooms and who feel too upset to use the drop-in center. Ex-patients over 40 years of age comprise the majority of this group.

It had been raised numerous times that the average age of regular MPA members was lowering because some older members were dropping out of the group. We viewed this as a serious problem, as we have never wanted to be a "youth group," and during our earlier stages there was a greater mixing of generations.

The position described here was therefore created in December of 1972 and has served to regenerate the interests of older members by maintaining contact with them and by planning activities which better relate to their needs and interests. The community liaison coordinator has organized a regular group of over 40's to maintain telephone and personal contact with each other and to participate regularly in planning and attending MPA activities.

In cooperation with the transportation coordinator, hospital visits by MPA members to all local psychiatric hospitals occur twice weekly. This is an extremely valuable service to inpatients, a surprisingly large percentage of whom have no visitors whatsoever.

This coordinator is also involved in developing joint activities and programs with other self-help groups in an effort to exchange information and to foster integration through community acceptance of mental patients.

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

5. Project objectives - short term, long term.

Short term

Our short term objective is to maintain and, wherever possible, improve the efficacy of the service programs described in the previous section. The major addition to the program in the short run is the establishment of another residence (the South End Residence) with a bed capacity of fourteen. This residence opened March 1, 1973. As we have not yet been allotted specific salaries for the two supervisors of the new residence, we will be spreading manpower somewhat thin during the early phases. Based on this fact and on our past experiences, we estimate that the house will require 2-3 months to evolve a stable program comparable to those in the other three residences.

Long term

Because the demand for MPA's services is always greater than our facilities can accommodate (there are generally 15-20 referrals from hospitals on our waiting list to move into the residences), we anticipate that the number of residences will continue to expand over the next three years. These residences are financially self-sufficient with the exception of two supervisors' salaries and minor operating costs, both of which are supplied by MPA. It is anticipated that as new residences open, funds will be obtained from the Provincial Government in line with the following objectives.

These long-term objectives are to:

1) purchase additional residences with CMHC mortgage loans (a mortgage on one house has already been obtained and CMHC has stated that they will provide mortgage financing on further houses);

2) have these houses licensed by Community Care Facilities Licensing. (This has not yet been achieved by MPA, and we anticipate a prolonged period of negotiation with both the City of Vancouver and the Provincial Health

Department.);

3) apply for funds under the Treatment Resources Act which sets forth programs administered by the B.C. Department of Health to provide grants of up to one-third the price of purchase and/or construction of facilities for "psychiatrically disabled people." These grants, which are available only for facilities which have a Community Care Facilities Licence, will substantially decrease the monthly mortgage payments and thus contribute toward the self-sufficiency of the residences;

4) receive welfare payments from the Provincial Department of Rehabilitation and Social Improvement for residents. These payments depend upon a Community Care Facilities Licence, but once this has been obtained, the payments will be sufficient to cover all residence operating costs, including supervisors' salaries.

This long-term objective, then, is to make the residence program "self-supporting," i.e., independent of unpredictable, short-term government granting programs.

When this goal is attained for a given residence (i.e., when Rehabilitation payments are sufficient to cover the two supervisors' salaries), we propose an expansion process whereby the supervisors cease to obtain salaries through LEAP funds, thus freeing two positions for additional people who require job-training and development. The two new employees will be hired to establish a new residence. The objectives of this process are: 1) to increase the number of residences to meet the demand for housing among ex-patients; and 2) to continually open up new positions for people who require job-training on the LEAP program.

Generally, our goal will be to have a turnover in LEAP manpower, either when employees are capable of obtaining work in the normal labour market, or

when additional sources of MPA income enable present employees to move out of LEAP positions so as to accommodate new employees in need of job-training. This process is intended to offer the largest number of people the opportunity of obtaining job-skills through employment on the LEAP program.

A further long-term goal involves working more closely with other agencies and departments in the mental health field. Specifically, we hope to strengthen our working bonds with the B.C. Government Mental Health Branch to effect reform in mental health legislation (see pages 22 ff., above) and service programs. We feel we have already made in-roads in this direction as witnessed by the mental health legislation enacted in the Spring, 1973 session of the Legislature.

The government is about to establish community mental health teams in the west end and Kitsilano areas. We will be attempting to work with these teams through interlocking programs, perhaps on a cost-shared basis. To give one example, there is a very great need for crisis hostels providing short-stay residential facilities. The mental health team programs have shown interest in fulfilling this need and it is hoped that joint hostel programs might be operated by a staff comprised of their workers and ours.

In the future, we will also be exploring possibilities of other such joint programs with the various neighbourhood and community agencies in our areas.

Another long-term goal will be to seek out sources of permanent funding. A plan has already been described for securing continuing funding for the residence program. As for the drop-in and activity programs, we feel the most likely source of ongoing funding will be the B.C. Government. So far, however, they have not committed themselves to substantial financing of community organi-

zations. We do believe, though, that such funding will be made available in the future if sufficient pressure is applied to the government. In fact, the two administrative coordinators, for whom salaries are being sought in the present application, will devote a considerable portion of their time to expanding contacts with the B.C. Departments of Health and Rehabilitation in an effort to secure permanent funding following the termination of LEAP support. Based on experience to date, we believe this to be a realistic long-term goal. As the appended letters show, MPA already has the support in principle of the B.C. Government; once long-term funding programs are established, our organization should be highly eligible for such funds.

It should be emphasized that any expansions in our service programs over the next three years will not require additional funding from LEAP. In fact, the salaries applied for here will enable coordinators to work on obtaining other sources of funding for purposes of expanding.

There are numerous programs we hope to establish beyond those described in this application. To name but a few, these programs include: 1) crisis hostel services; 2) child care services; 3) facilities and programs for old people; 4) legal aid services to inpatients; etc. We propose that any additional sources of funding income over the next three years be applied toward establishing these new programs on a pilot basis. Consultation with LEAP officials will be carried out before any such programs are established.

We are requesting funds in this application to sustain MPA's present programs in their entirety. The only known sources of other income over the next year are two small grants from the B.C. Government: 1) Provincial Secretary's Department - \$250 per month; and 2) Department of Rehabilitation and Social Improvement - \$425 per month. We propose that these grants be utilized

to establish new programs, ideally on a joint basis with the community mental health team to be established in Kitsilano, likely within the next six months. The greatest need we have identified is for short-stay crisis hostels, i.e., providing beds for a maximum of 4-7 days for persons in emotional crisis who are in the process of finding housing. (These hostels will serve to circumvent many hospitalizations.) As a long-term goal, then, we propose the establishment of such hostels, first on a pilot basis, and then, with additional B.C. Government funding, on an expanded and permanent basis.

To repeat, these long-term goals will be met through funding from non-LEAP sources; securing such funding, however, will be done by two coordinators receiving salaries through LEAP.

Criteria of Evaluation

Project evaluation will be carried out in terms of the goals and criteria spelled out in this application. Particular concern will be focused upon evaluating the efficacy of programs vis-a-vis employment training. As far as is possible, we will endeavour to do follow-up study on employees who have terminated their work with MPA and have taken up employment in the normal job market. We hope to involve the Department of Manpower in this aspect of evaluation by having Manpower officials aid in the process of finding jobs for MPA graduates and by keeping these officials informed of their employment progress.

A related form of employment evaluation pertains to the Vancouver Opportunities Program. As is indicated in the VOP report on MPA (see pages 95ff.), ten of the 27 MPA-VOP placements returned to the working community in one nine-month period. As VOP does follow the progress of these workers, a basis for evaluation will be provided in the VOP reports on MPA. The objective here, as with LEAP, is to aid "unemployable persons" to re-enter the normal job

market. A principal evaluation criterion will be the degree to which this goal is achieved.

There are several ways in which ongoing evaluation of service programs is routinely accomplished. A built-in form of evaluation exists by virtue of the fact that a great many professionals refer their clients to us and continue to survey their clients' progress in MPA. The feedback from these professionals--as seen in the enclosed letters--constitutes a check on the efficacy of MPA services. This feedback will continue to be sought and, where needed, adjustments will be made based on such feedback.

A further form of continuing evaluation is by the coordinators and members at weekly business meetings. In these meetings each coordinator describes his or her work activities during the prior week and states objectives for the coming week. Group discussion centers on evaluating past activities and on assessing the feasibility of future plans. Program modifications are based on the decisions which arise from the group interaction. These meetings are open to all interested persons, and thus may be attended by LEAP officials in order to observe the ongoing process of evaluation and planning.

The most meaningful form of evaluation must, we feel, be based upon the fullest participation of members, i.e., recipients of services. In October of 1972, a two-day conference was held to evaluate the programs of MPA with a view toward restructuring the organization so as to improve the quality of service programs. More than 100 members participated in this conference. We propose that a similar means of evaluation be utilized at the end of each fiscal year on the LEAP program and that LEAP officials be involved in this intensive evaluation procedure.

Regarding the conference, we recommend the following. Questionnaires will be devised to assess attitudes toward the entire range of MPA services. The questionnaires will be constructed to elicit attitudes toward specific items, and

will also allow for open-ended recommendations by the respondents. These forms will be distributed to all those who have had any involvement with MPA, including residents, volunteers, coordinators, VOP workers, members, service recipients and professionals. Responses will be organized in preparation for discussion during a two-day weekend conference. This material will be considered in small groups, which will work up proposals to be entertained by the entire group on the second day of the conference. This is essentially the format used at the October conference, which proved to be a very successful means of conducting a thorough evaluation and of initiating needed changes in the structure and functioning of the organization.

Organizing a review of this sort requires substantial output of energy. We feel it is highly worthwhile, however, in that it enables democratic assessment necessary for the organization to continue meeting the needs of its constituents.

6. Information describing how the project will aid those persons not likely to become employed through normal labour market activity or how the project will supply Manpower services to persons requiring them.

Ex-mental patients are one of the most chronically unemployed groups in Canadian society. Psychiatrist, Dr. H.J. Wahler, states in his article, "Abandoned People:"

"Employers, like other people, are also 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 reflect 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. The fact of being an ex-mental patient is a distinct disadvantage, but with the added blemishes of not having worked regularly,

currently receiving treatment (i.e., taking medication) and lacking relevant work skills, the ex-patient was found to be a truly bottom-rung prospect for employment."

There are three principal reasons for the alarmingly high unemployment rate among ex-patients.

1) Many ex-patients lack the continuing emotional strength to succeed in the competitive job market;

2) Discrimination against ex-patients is pervasive in the employment field. In line with Dr. Wahler's contentions, a recent U.B.C. study, supported by funds from 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. Even ex-criminals are more favourably treated when applying for work. A review of this study can be found on page 100;

3) In conjunction with points 1 and 2, the very high general rate of unemployment in B.C. guarantees that an excessive proportion of people recently discharged from mental hospitals will remain out of work for lengthy periods. Estimates run as high as 60%.

One of MPA's chief achievements has been in demonstrating that ex-mental patients, who are denied work in the normal job market, are indeed capable of providing useful and vitally needed services within the community. Given the proper context and coordination, otherwise unemployable people can make important contributions in job roles. The letters from professionals, found on pages 67 to 111, attest to the worth of services provided by MPA's employees. Of the present 20 salaried coordinators, more than half have been hospitalized and the rest have been treated by private psychiatrists for extended periods. All were unemployed prior to obtaining work with MPA and had found it very difficult to secure or maintain jobs in the normal labour market.

There are additional ways in which the project will aid its employees: first, through the creation of new job categories, and relatedly, through

providing job training skills which will enhance the person's future employability.

The exorbitant demands placed on mental health professionals as a result of the increasing frequency and severity of emotional problems among Canadians have led to a recognition by the professionals themselves that new job categories must be created in the mental health area. Paraprofessionals, non-professionals and volunteers are finding an ever-growing role in the field.

To quote the Voluntary Action News, the publication of the National Center for Voluntary Action (February, 1973; p. 5): "Because of the severe manpower shortage in the mental health field, attention has been increasingly focused upon expanding the role of existing mental health specialists and creating new roles for so-called paraprofessionals and subprofessionals.

The recently released "Hastings Report," ("Report of the Community Health Center Project to the Conference of Health Ministers") states: "It should be noted that not all skills required are those of health care professionals and technologists, as for example, telephone crisis centers and other forms of "lay" involvement have shown."

Clearly, new job roles for non-professionals are beginning to open in the service fields, and this process is already well under way in the area of mental health. The August 1972 report by the Job Development Project of the Vancouver Opportunities Program states: "The Job Development Project experienced limited success in its attempts to open up paraprofessional jobs within agencies (except notably in the fields of education and health);" (emphasis added).

In crisis centers, in volunteer programs of mental hospitals, in community organizations such as MPA, and in government programs such as the B.C. Youth Development Center, non-professionals are being assimilated into

mental health programs to provide essential services complementary to those of professionals. MPA has played a fundamental part in this trend toward the creation of innovative employment roles.

Job-training is a paramount dimension of working with MPA. The trend within the mental health field is away from academic training to on-the-job training. The experience and skills gained in MPA work are invaluable and are increasingly recognized by adjacent agencies. MPA employees operate in a daily context where actual life-situations must be handled. In line with our emphasis on teamwork, coordinators share information about problem situations in a structured way so as to improve the efficacy of handling job demands. Coordinators are also involved in planning and carrying out training programs for new volunteers.

These experiences are, for coordinators, fundamental learning situations in which transferable skills are systematically acquired. They can be applied in a broad spectrum of situations related to the area of human relations, especially in the paraprofessional roles described above. The sense of responsibility learned in a controlled context of group support increases the person's employability in a wide range of related job fields. At present, MPA is one of the few organizations in which such skills can be acquired and used in preparation for future employment.

This contention, which is central to the present application, is confirmed in the attached letters from professionals. To take one example, the Social Development Officer of the Canadian Citizenship Branch states in the letter on page 76, "Coordinators at MPA, in addition to learning therapeutic skills, also gain much management experience: planning group recreational activities, acquiring and maintaining houses, running farms, contact with landlords, government officials, management of budgets, coordination of staff and their functions. All of these

skills are readily transferable to the general job market." A Counsellor with the Department of Manpower and Immigration states in the letter on page 75 "I . . . have found that/they offer ex-patients is a legitimate one that prepares them for work on the regular labour market."

The skills which are cultivated in MPA job roles are in fact latent in many ex-patients, who have had first-hand experience of major emotional problems and who can apply this experience to helping others. Until recently, society has not recognized nor of course encouraged the development of such skills. Such recognition and encouragement, however, is currently beginning to emerge. The B.C. Mental Health Branch Newsletter (October 1972), in discussing the function of the Riverview Volunteer Services Department, states, "Some of the most effective volunteers are former patients." We believe that during the next decade, the mental health disciplines will increasingly make use of the skills of ex-patients as new job categories unfold. MPA is currently training such persons to occupy these employment roles.

The foregoing claims regarding the creation of new employment roles and job-training are supported by professionals familiar with MPA in their letters on pages 67 to 92. A further source of confirmation involves MPA's two year connection with the Vancouver Opportunities Program. As many as 20 welfare recipients have worked at any given time in a part-time capacity with our organization. All of these VOP workers are ex-patients and have been classified as "unemployable." The proportion who found jobs in the normal labour market after working with MPA is astonishingly high.

In a nine-month period, ten of the 27 VOP placements removed themselves from the welfare rolls. The report on pages 95ff., "Evaluation of the Mental Patients Association as an Opportunity Placement," states:

"The fact that ten people in nine months have been able to return to the working community, whether as volunteers, workers or students, is a statistic that cannot be quoted by many other self-help groups, and certainly not by one that has mental patients as its membership. . . . MPA is a model self-help group and provides a very real service to its specific group of people and to our community. The shelter offered affords those lacking self-confidence the opportunity to re-enter society in a gradual and positive manner."

Mr. Walter Boyd, Director of the Department of Welfare and Rehabilitation, states in his letter on page 94, "I am very pleased to see the tremendous benefits that are being derived from the cooperative working relationship between the V.O.P. and your organization. The results are indeed remarkable."

The main objective of MPA's programs is to help people through emotionally turbulent periods so that they can resume useful and productive lives in the larger community. Many ex-patients fail to achieve this goal in normal employment situations because they periodically, not continuously, require emotional support and understanding beyond what can be expected within the normal job structure. Many quit or are fired because of a cyclic, temporary crisis during which job demands should be, but are not, relaxed. Thus a person who is inoperative for three two-week periods each year may remain unemployed all year because he cannot perform his job functions during the crises. An accumulation of such experiences naturally tends to undermine confidence and, out of fear, to repel people from making further job applications.

It is in relation to this point that MPA coordinators receive special, needed consideration. Because the group shows understanding toward a productive employee who occasionally requires alleviation of his usual job demands, a coordinator can weather emotionally turbulent periods without losing his job or the support of his fellow workers. He is thus helped to resume his responsibilities without having suffered stigma or loss of face. This support contributes greatly toward self-confidence, which is often transferable to other,

normal job contexts.

And when an MPA coordinator or member does secure a regular job, he will return to the group during a crisis period to receive the support needed to maintain the job. This point is confirmed by Dr. W.H. Bridge, Coordinator of Adult Psychiatry for the province of B.C. One of the top officials in the Mental Health Branch, Dr. Bridge states in his letter on page 67,

"It is clear that while getting a job is very difficult for large numbers of ex-mental patients, the difficulty is further aggravated by the high rate of failure in jobs that have been found by members of this group, if they do not receive support and guidance to enable them to ride out the difficulties of the early weeks and months of a regular employment situation. This seemed to me to be one of the areas in which your organization has been particularly successful in supporting and guiding the members."

As this and the accompanying letters indicate, our record as regards helping people return to gainful employment is a central confirmation of our success in producing self-sufficiency. This claim is true of volunteers, members, VOP workers and coordinators, all of whom show a higher likelihood of securing employment following a period of involvement with MPA.

7. Other Community Benefit.

Before discussing other community benefit, let us briefly review the community need as regards mental patients and ex-patients.

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

caring for the former patient tend to split off from mental patient services as a whole, and further, to approach the patient's problems piecemeal."

These quotes certainly describe the situation in the Vancouver area, where transitional facilities for patients leaving hospital are urgently needed. Other than ours, there are in Greater Vancouver only two such facilities (i.e., which provide care-programs) and these accommodate 25 patients. This in a region where there are more than 4,500 inpatients at any given time!

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

Clearly, the solution to this intolerable situation lies largely in the creation of supportive, aftercare facilities within the community. Mental health professionals and hospitals obviously cannot handle the demands made upon them. Dr. George Stevenson, former Medical Director of the National Committee for Mental Hygiene states:

" . . . every psychiatrist remembers men and women who could have been helped to get well faster and protected from relapse if there had been a service extending care and study outside the office, hospital or clinic and offering information and encouragement enabling them to meet and understand the difficulties with which they were confronted. Such help, we have come to believe, is as essential to the recovery, rehabilitation and continued health of a patient as is insulin to the care of a diabetic. In some cases, it means literally the difference between life and death."

Emotional problems are so pervasive in our society, and the facilities to handle them so inadequate, that a national program of community mental health resources is desperately needed. As detailed throughout this application (especially in Item 4), our organization has taken important, concrete steps toward developing such community-based resources. Given further funding, we will continue to serve those members of the community so generally otherwise ignored.

There are multiple benefits thus accruing to the community as a result of MPA's service programs. First and most obvious are the benefits to the recipients of the services. Described in detail above, they include: the creation of a supportive micro-community for people who have been ostracized from the larger community; crisis and suicide prevention services; an opportunity to become involved in useful work activities; residential facilities for 41 discharged patients; and help in re-assimilating into the general community in regard to housing, family, employment etc.

Community Benefit in the Form of Public Financial Savings

Although MPA is primarily a service organization concerned with people, there is an undeniable economic dimension to our work. We would like now to discuss the ways in which MPA's programs result in major savings to the public treasury.

Firstly, benefits arise from the fact that MPA's services help recipients to become self-supporting. Mental patients and ex-patients tend to be dependent on state funds for their subsistence, first during the period of hospitali-

zation and later when they receive welfare payments, as most do. As mentioned above, one of MPA's main accomplishments is in helping discharged patients to acquire the skills and confidence for becoming self-sufficient members of the community.

Once discharged from hospital, the person's chances of securing gainful employment increase markedly through his or her involvement with MPA. This fact is documented in the Vancouver Opportunities Program report on MPA found on pages 95ff., and in the many letters from professionals found on pages 67ff.

A more major way in which our programs make a financial contribution is related to MPA's cardinal goal of helping people to conquer emotional problems outside of hospital.

Because hospital costs are far in excess of MPA's (in fact of any community-based service's) each patient-day spent outside of hospital represents considerable public savings, a fact which will be documented below. The B.C. Government recognizes the unnecessary cost of inpatient facilities and will be establishing programs under the direction of Dr. John Cumming to replace costly and inefficient inpatient services with community programs. In his report, Dr. Cumming states: "A majority of patients in inpatient facilities . . . need neither the support nor control of such a service. Therapeutically and fiscally, inpatient treatment should be minimized." He goes on to say that "the Community Care Service is aimed at replacing expensive inpatient services with less expensive community services."

The Report of the Community Health Center Project to the Conference of Health Ministers (i.e., the Hastings Report) states:

"It is generally accepted that the greatest potential for economies in the use of health care resources lies in reducing expenditures in the largest and most rapidly growing area of spending within the health services--the hospital. . . . But the chief means of controlling costs within the hospital is to be found in a reduction

in the present acute bed/population ratio. and a consequent reduction of inpatient services and facilities. Increased emphasis on alternate forms of care, such as extended care facilities, home care programs and community health centers, are seen as ways of achieving this goal."

There are three principal ways in which MPA's services reduce public health expenditures via enabling people to remain out of hospital.

1) Early hospital discharge. Many people are retained in hospital beyond the point of recovery because they have no housing accommodations or family to which they can return. By providing 41 beds in our four residence, patients can be discharged earlier than otherwise.

2) Decreased re-admission rates. B.C. Government figures show that at least 61% of inpatient admissions are re-admissions (Mental Health Branch Statistical Report, 1970). Of all Riverview inpatients in 1960, 90.0% were re-admitted to the same facility between 1960 and 1969 (i.e., 59.2% were re-admitted once; 36.6% were re-admitted two to five times; and 4.2% were re-admitted six or more times. Source: Mental Health Branch Newsletter, September, 1971, pages 6-7). The chief reason for this staggering rate of re-admissions is the lack of supportive community facilities. As has been documented above (page 7, and attached letters of support) MPA's drop-in and activity programs as well as the residence program produce a highly significant reduction in the number of hospital re-admissions.

3) Circumvention of first hospital admissions. Many people contact MPA who have never been admitted to hospital, but who are at the time entering a period of crisis and emotional breakdown. Many of these people avoid entering hospital as a result of the supportive intervention of MPA's crisis and activities programs.

Let us now consider in a conservative light the public financial savings which ensue from our programs. First we might briefly review the fiscal con-

ditions of inpatient hospital treatment. Fifty percent of Canadian hospital beds are occupied by mental patients. In B.C. it costs the taxpayer an average of \$20 per day for each inpatient. These per-diem rates vary from \$17.66 at River-view Hospital to \$80 at U.B.C. Health Sciences Center Hospital (source: Mental Health Branch Annual Report, 1971).

MPA's four residential centers have a capacity of 41 beds, all of which are filled at almost all times. At a conservative estimate, 20 residents would be in hospital at any given time were it not for MPA's facilities. Of our 150 weekly drop-ins, a bare minimum of 25 would be hospitalized if they did not have access to the drop-in center programs and activities.

Thus at any given time, at least 45 people are not occupying hospital beds who otherwise would be. At the hospital inpatient per-diem rate of \$20, this amounts to a gross public savings of \$900 per day (i.e., $\$20 \times 45$), or \$328,500 per year (i.e., $\$900 \times 365$).

To support the program which will enable 45 persons at any given time to remain out of hospital and in MPA facilities, we are requesting from LEAP a three year grant of \$138,000 annually (i.e., 20 salaries at \$100 per week plus employee benefits plus overhead costs).

By enabling 45 persons to remain out of hospital, our programs thus represent an annual net public savings of more than \$190,000 (i.e., $\$328,500$ minus $\$138,000$).

It can be argued, and rightfully so, that in all likelihood many of the 45 persons will be unable to be employed during the time when they would otherwise be hospitalized, and that therefore many will be receiving welfare payments during the period of incapacitation. To take the most conservative estimate--that all 45 are on welfare--this represents a public expense of \$55,080 in annual welfare payments (i.e., $45 \times \$102$ per month $\times 12$ months). Taking

this figure into account adjusts the annual net public savings resulting from MPA's programs to slightly more than \$135,000 (i.e., \$190,500 minus \$55,080).

These figures are summarized in the following Table:

TABLE 1

Government Costs and Savings Comparing Public Mental

Hospitalization Inpatient Care with MPA Programs for Forty-Five Patients

	<u>Mental Hospitalization</u>	<u>MPA</u>	<u>Savings</u>
Patient per-diem rate	\$20	\$8.40	\$11.60
(x 45)			
Per-diem rate for 45 patients	\$900	\$378.00	\$522.00
(x 365)			
Annual Rate for 45 patients	\$328,500	\$138,000.00 (requested from LEAP)	\$190,500.00
Annual welfare rate for 45 persons	-	\$55,080.00	- \$55,080.00
Net annual public savings			<u>\$135,420.00</u>

It should be kept in mind that this annual savings of \$135,000 pertains only to the 45 persons who would otherwise be hospitalized. In fact, this figure would be far higher if it took into account the additional community benefit arising from: the creation of 20 jobs for unemployed people; the job-training components of this employment; keeping people off welfare by helping them to maintain jobs during emotional crises; and the services to those hundred of members who, though they might not otherwise be hospitalized,

still obtain a very wide range of benefits from MPA's programs.

To quote Dr. Wähler, ". . . the increased productivity and decreased hospital dependence of ex-patients or potential patients assisted by such (community-based aftercare) teams would repay the monetary costs many times over. Humanitarianism, increased opportunities for paraprofessionals and possibilities for extending knowledge and improving methods would all be gravy."

These facts are readily acknowledged by professionals and government officials familiar with MPA programs. The letters on pages 67 to 92 are statements by prominent officials regarding the highly economical roles MPA is playing in the mental health field.

In summary, a grant through the Local Employment Assistance Program will not only create additional employment, provide invaluable job-training and contribute essential services to the community, but will also result in annual net savings in excess of \$135,000 in public funds.

-
8. An assurance that services to be provided are not a duplication of, or in competition with private enterprise or services more appropriately provided by some other Department, Program, Agency or level of Government.

As private enterprise is not engaged in the provision of any services comparable to MPA's, there is no conflict of interest in this area.

There are of course other agencies and government programs serving mental patients. Almost none however provides a continuity of care in the form of follow-up services for discharged patients--a principal reason for the alarmingly high re-admission rates. It was in fact because of the paucity of such services that MPA was founded, and because of the excessive unmet needs in the

area of aftercare that we have grown so quickly. This is to say that there is no danger of duplication of services in the area of aftercare--MPA's chief domain.

To re-quote Dr. Gordon Paul: ". . . the greatest weakness to date (in mental patient care) has been in the failure to include provision for community support and follow-up." It will be a distant (and happy) day when sufficient numbers of aftercare programs exist such that it can be said they are duplicating each other's services.

As regards competition with other programs, the enclosed documents (pages 67 to 111) make it evident that MPA's relationships with other agencies is cooperative rather than competitive. Our services are integrated with those of mental hospitals, psychiatrists, social workers and other mental health professionals and groups. They call upon our resources regularly through client-referrals. Prior funding from all levels of government attests to the cooperative relationship in these areas.

To a very great extent, MPA has already been assimilated into the network of mental health services and is involved in relieving some of the exorbitant pressures placed upon government and other agency programs in mental health.

9. Geographic area and C.M.C.(s) involved.

The Greater Vancouver area, the Haney area and relevant C.M.C.'s.

10. Recruiting procedures.

We propose that applicants for the twenty positions be recruited through two main sources: Canada Manpower Centers and the MPA membership.

In line with MPA's policies, salaried employees have always been placed in positions through election by the membership at general meetings. This democratic procedure is inextricably a part of MPA's philosophy and accounts in large part for the high morale and cohesiveness of the organization. We thus request approval to continue electing applicants to vacant posts.

In the past, many employees have been elected who have been referred by Canada Manpower Centers. Those who have been elected directly from the membership have, with the approval of the Department of Manpower, been allowed to register at a C.M.C. subsequent to the election, if they were not so registered previously. We would like to continue with this procedure, which will mean that all employees will be registered at a C.M.C., either before or immediately following their election.

There are several reasons for permitting hiring directly from the membership. First, a very high percentage of our members are unemployed and many are technically classified as "unemployable." Despite this classification, however, it has been a primary achievement of our organization that many "unemployable" people have managed to undertake responsible, salaried positions within the group (see Item 6 above).

These people have demonstrated their commitment and ability through periods of unremunerated work or through minimally paid work on the Vancouver Opportunities Program. During these periods they have proven their capabilities to the membership, which has led to their election. The VOP is in fact designed to aid "unemployable" people to make the transition to gainful employment. Many have been elected to MPA salaried positions (in transition into the normal

labour market) and have registered with a C.M.C. after their election. We would like to have this avenue of recruitment left open.

A main thrust of this application is that MPA hires people who have a low likelihood of obtaining employment in the competitive job market, but who will have a higher likelihood following their period of work with our organization. Whether it is mandatory that workers be hired through a C.M.C. or simply that applicants be referred by C.M.C. for possible employment, we do request that every consideration be given to referring ex-mental patients. Such persons are among the most discriminated-against in the employment field and thus among the most chronically in need of work. It is these people whom MPA is designed to serve and whom we most wish to employ.

11. Expected start date.

June 1, 1973.

12. Expected duration.

Three years (i.e., from June 1, 1973 to May 31, 1976).

13. Description of how the project will be managed and directed.

In the past 2½ years, MPA has demonstrated project management and direction which has enabled rapid and responsible growth in the scope of our service programs. The number of facilities has increased from one to five. Membership has increased six-fold. Grants have been obtained from all levels of government.

The professional community has supported and made regular use of our facilities.

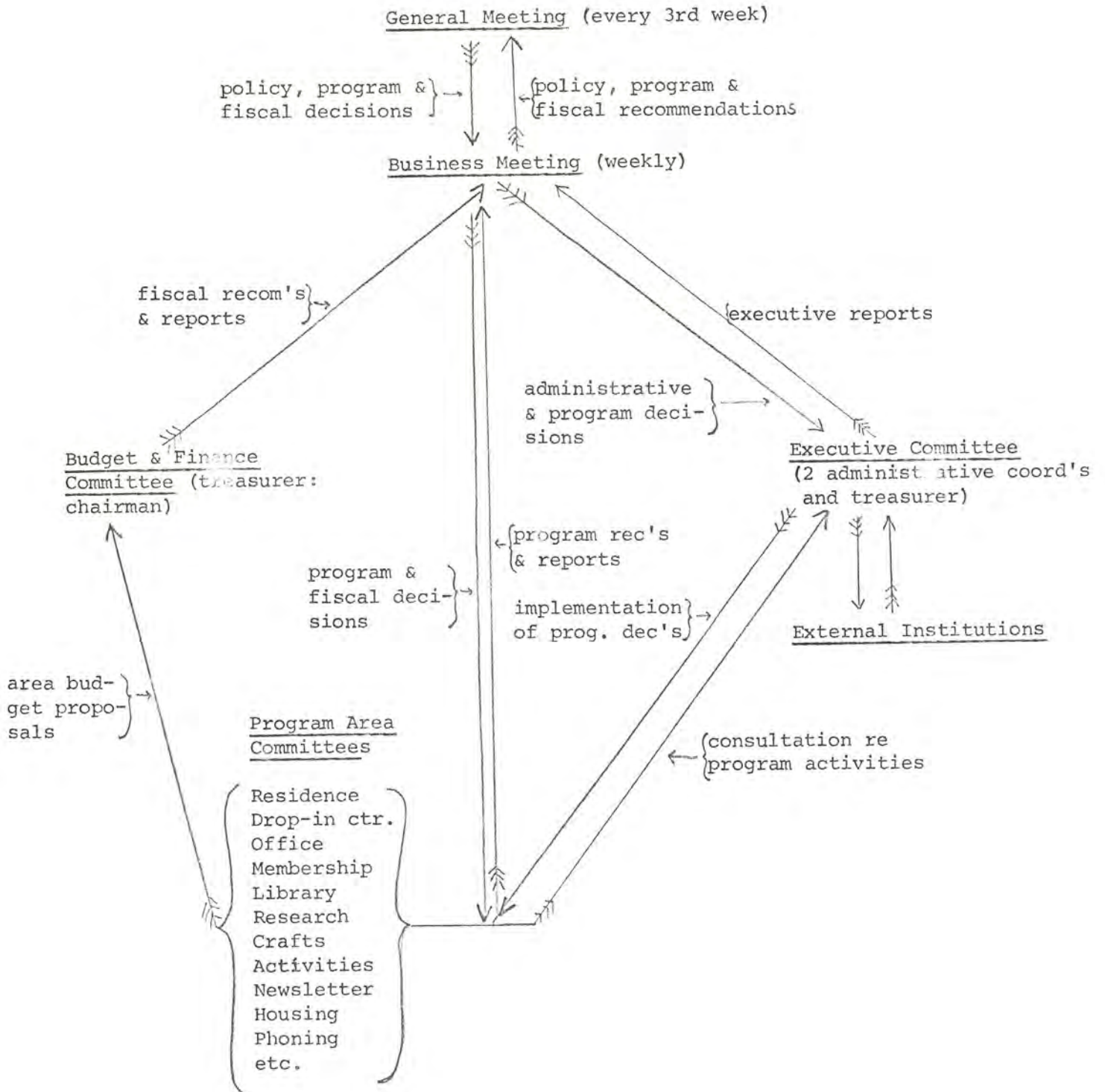
During this period, the same three officials (two administrative coordinators and the treasurer) have served as the executive committee and have taken principal administrative and fiscal responsibility. They will continue in this capacity in the future.

The treasurer has previous experience of 20 years as an auditor and accountant including five years as a Treasury Auditor with the Office of the Comptroller of the Treasury and four years as a payroll officer with the Department of National Revenue. He will continue to administer the funds and maintain our bookkeeping system in the same thorough manner which has satisfied previous auditors.

The diagram on the following page indicates the decision-making and administrative structure of the organization, and will be described below.

DIAGRAM 1

Administrative Structure



Let us briefly describe the operations of the foregoing structure. In line with the democratic philosophy of MPA, the general membership meeting has ultimate powers as regards all general decisions of policy, programming and finances.

The weekly business meeting, made up of all salaried coordinators and any interested members, is the operative nucleus of the group in regard to the regular implementation of general meeting decisions. The business meeting thus discusses and refines area budget proposals from the Finance and Budget Committee. It discusses program recommendations from individual representatives of the program areas. Fiscal and program proposals are worked up for presentation to the general meeting.

General meeting decisions are discussed at business meetings with area representatives and with the executive committee where plans for implementation are laid out. On a daily basis the area representatives work with the executive committee regarding administration of programs and budgets. The executive committee thus acts as administrative liaison between the program areas and the business meeting to oversee the routine operations of the group.

In practice, of course, the workings of the structure are not as clear-cut as they appear on paper. However, they do approximate the theoretical model, which has evolved over the years through a process of trial and error, growth and experimentation. The Re-structuring conference, discussed on page 33, was instrumental in producing the structure shown here. This structure combines what we believe to be the most suitable mixture of two features: namely, 1) administrative efficiency, and 2) involvement and participation of the greatest number of members.

We feel the structure is strong proof that a fairly large organization can carry out service programs in a democratic way without alienating the participa-

tion of members. MPA's history has shown that responsible project management has evolved largely because members have been included in the decision-making process.

We thus propose to continue within the basic framework of this structure, making whatever modifications prove necessary as new needs develop. The annual re-structuring conference will provide a thorough evaluation and will establish guidelines for future structural changes.

14. Is a developmental phase required?

As MPA has been in operation for more than two years, we do not feel a developmental phase is necessary. The only major addition proposed beyond our present program is the opening of a new residence which should be quite stabilized by the time a decision is made on this application.

15. If so, describe.

16. Has (or is) the project receiving funds from this Department?

Yes.

17. If so, describe.

Our organization has received two grants through the Local Initiatives Program. The first commenced December 16, 1971 and was extended twice to November 30, 1972 (Project Number 51163; funds from this grant totalled \$75,426).

The second Local Initiatives grant runs from December 1, 1972 to May 31, 1973 (Project Number X 1377; total - \$45,630).

18. Names of Federal, Provincial or other Agencies contacted for assistance in providing any capital costs required, i.e., building materials, machinery, tools etc.

In December of 1972, our organization requested funds from the Mental Health Branch of the Provincial Government to purchase a 16 passenger bus to be used for the purposes described on page 21.

19. If so, results of the above contacts.

We have been informed by Mr. Alex Porteus, Assistant Deputy Minister of Mental Health, that our request has been approved and that funds (\$5,700) for the purchase will be forthcoming in the near future.

20. Potential to become self-supporting.

Potential to become self-supporting can be viewed in terms of either the organization as a whole or of individual members within it.

As regards individual members, it has already been stated that, in the absence of aftercare services, a large percentage of ex-patients remain chronically unemployed and depend upon the state for their support in the form of either welfare payments or institutional costs during periods of hospitalization. We have discussed at length the ways in which MPA's services enable individuals to become either wholly or relatively self-supporting (see Items 6 and 7 above).

A substantial proportion of members are able to obtain employment as a result of involvement with MPA. Through participation in a supportive community, individuals acquire the self-confidence and social skills requisite in normal employment situations. The job-training components attendant to working as a coordinator or VOP worker are transferable to other job situations.

Many members thus become wholly self-supporting following their involvement with MPA. And those members who remain unemployed (but who would be hospitalized were it not for MPA's residence and activities programs) require far less in the way of state funds for their support (see Table 1, page 46). As the accompanying letters attest, our objective of helping individuals to become emotionally and financially self-supporting is being met to a considerable extent.

In his letter on page 68, Dr. W.H. Bridge, Coordinator of Adult Psychiatry for the Province of B.C., says of MPA:

"The Association's programs for its members in training them in the realities of survival in socially and economically difficult situations have, I know, been of great value in sustaining many people and enabling them to reach a point at which they could improve their own situation and move to a self-sustaining position which they had not been able to achieve before."

Regarding the relationship of aftercare programs such as MPA's and possibilities for self-sustainment, Dr. Wahler writes:

"The majority (of ex-mental patients) reside in the community for varying time spans and are periodically rehospitalized. With the sustained care that could be provided by developmental aftercare teams, 35 to 50 percent of those served could become self-sustaining people within a year and sometimes less. Another 30 to 40 percent could remain out of mental hospitals. In addition, a potential bonus lies in the fact demonstrated by Dr. Frederick Thompson's Intermediate Quarters Program in Washington State 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 the aftercare they need over a sufficient period of time" (emphasis added).

The question of MPA's potential to become self-supporting as an organization is more problematic. Since we are a service organization and not a business, we do not anticipate engaging in commercial enterprises which would generate income to support the services. Doing so would draw us too far from our principles and goals.

Because mental health services fall squarely and almost exclusively within the domain of government, it is expected we will continue to rely on public funding in one form or another. As discussed in Item 5 above (pages 28ff.) it is hoped that within the next three years we will be able to purchase and license boarding houses and to receive payments from the Department of Rehabilitation and Social Improvement for services to residents.

Presently most boarding houses are operated by private parties and much of the government payments go toward the private profits of the operator. This income could be used by our organization to pay supervisors' salaries and to provide service programs, which do not exist in boarding houses as presently operated.

There are, however, many bureaucratic obstacles to purchasing and licensing boarding houses and these goals are viewed as quite long-term. When they are attained, our residence program will be financially guaranteed, and we will then require special funding only for the non-resident facets of the program.

More detailed information on MPA's potential to become self-supporting and on our relationship in this regard to the Local Employment Assistance Program can be found on pages 29ff.

In closing, we would like to reiterate a point summarized in Table 1 on page 46: namely that although MPA does receive funding from government sources our programs are in a sense more than self-supporting since we save the government far more than is represented by the grants received.

PROJECT 11000001 COST ESTIMATE WORKSHEET PROJECT

DEVELOPMENT PHASE N. OF WEEKS ACTUAL PROJECT N. OF WEEKS 156

DO NOT PUT BOTH ON SAME FORM
CHECK THE CORRECT BOX

AGES	FISCAL YEAR			FISCAL YEAR June 1/73-May 31/74			FISCAL YEAR June 1/74-May 31/75			FISCAL YEAR						
	No. EMPLOYED	No. WEEKS	TOTAL WAGES	No. EMPLOYED	No. WEEKS	TOTAL WAGES	No. EMPLOYED	No. WEEKS	TOTAL WAGES	No. EMPLOYED	No. WEEKS	TOTAL WAGES				
sideence Supervisors	X	X		8	52	416	100	41,600	8	52	416	100	41,600	8	52	
ministrative coordinators				2	52	104	"	10,400	2	52	104	"	10,400	2	52	
op-in Center coordinators				2	52	104	"	10,400	2	52	104	"	10,400	2	52	
ivities coordinator				1	52	52	"	5,200	1	52	52	"	5,200	1	52	
cretary				1	52	52	"	5,200	1	52	52	"	5,200	1	52	
assurer				1	52	52	"	5,200	1	52	52	"	5,200	1	52	
ansportation Coord.				1	52	52	"	5,200	1	52	52	"	5,200	1	52	
earch Coord's				2	52	104	"	10,400	2	52	104	"	10,400	2	52	
ommunications coordinator				1	52	52	"	5,200	1	52	52	"	5,200	1	52	
ommunity Liaison coordinator				1	52	52	"	5,200	1	52	52	"	5,200	1	52	
TOTALS	X	X		20	52	1040	"	104,000	20	52	1040	"	104,000	20	52	

EMPLOYEE BENEFITS	FISCAL YEAR		FISCAL YEAR 1973-1974		FISCAL YEAR 1974-1975		FISCAL YEAR	
	No. EMPLOYED	No. WEEKS	TOTAL WAGES	TOTAL WAGES	No. EMPLOYED	No. WEEKS	TOTAL WAGES	TOTAL WAGES
EMPLOYMENT INSURANCE			873	873			873	873
AVADA PENSION PLAN/QUEBEC PENSION PLAN			1,653	1,653			1,653	1,653
WORKMENS COMPENSATION INSURANCE			4,160	4,160			4,160	4,160
EMPLOYEE HOLIDAY PAY			6,686	6,686			6,686	6,686
HEALTH INSURANCE			110,686	110,686			110,686	110,686
EMPLOYEE BENEFIT TOTALS			110,686	110,686			110,686	110,686
TOTAL OF WAGES AND EMPLOYEE BENEFITS			110,686	110,686			110,686	110,686

DEVELOPMENT Actual Project
 SPECIAL COSTS - DECREASE EACH ONE

1973-74 1974-75 1975-76
 AMOUNTS

PROJECT NUMBER

REVENUE FROM SALES OF GOODS
 DESCRIPTION OF GOODS / SERVICE

DESCRIPTION	1973-74	1974-75	1975-76	TOTAL
ERHEAD				
SUPPLEMENT AND FURNISHINGS RENTALS				
RENT				
<input checked="" type="checkbox"/> HYDRO <input type="checkbox"/> WATER				
MATERIALS AND SUPPLIES	600	600	600	1,800
PHONE	7,440	7,440	7,440	22,320
<input checked="" type="checkbox"/> POSTAGE				
FURNISHES RENTAL	2,340	2,340	2,340	7,020
INSPECTION AND TRAVEL	10,680	10,680	10,680	32,040
Maintenance	2,520	2,520	2,520	7,560
Program Expenses	3,060	3,060	3,060	9,180
TOTAL OVERHEAD	960	960	960	2,880
DIRECT COSTS	27,600	27,600	27,600	82,800
CITY				
TOTAL CAPITAL COSTS				

G - OTHER GRANTS - SOURCE #

II - FEDERAL CONTRIBUTION

TOTAL WAGES AND BENEFITS

ADD: SPECIAL OVERHEAD + CAPITAL

LESS: REVENUE + OTHER GRI

TOTALS: FEDERAL CONTRIBUTIONS
 (PER SPECIAL WAGE)

ITEM	Drop-In Centre Sub. No. Yr.	Yr.=\$600.00	1973/74		1974/75		1975/76		EXPLANATI
			Monthly	Annually	Monthly	Annually	Monthly	Annually	
MATERIALS & SUPPLIES -	Drop-In Centre	Yr.=\$600.00	\$ 50.00	\$ 600.00	\$	\$	\$	\$	Daily coffee & do cleaning and house Accounting supplie etc.
	Office		225.00	2,700.00					Newsletters - pap Activities Newsle Publishing Pamphl chase of books, a etc., for general
	Printing		60.00	720.00					Materials and sma crafts, art suppl
	Research & Library		110.00	1,320.00					
	125.00		125.00	1,500.00					
Subtotal: No:\$620.00	Crafts & Work- Shop		100.00	1,200.00					
Annually 7,440.00									
REFERENCE & POSTAGE -	Drop-In Centre		90.00	1,080.00					Telephone - 3 lin
Sub. No. - \$ 155.00	Postage		105.00	1,260.00					General Newslette Correspondence \$
Yr. - \$ 1,100.00									Emergency Rental
RENTAL OF PREMISES -	Residence(s)		100.00	1,200.00					On assumption tha
Sub. No. - \$ 890.00	Drop-In Centre		350.00	4,200.00					
Yr. - \$10,680.00	West Residence		440.00	5,280.00					
TRANSPORTATION & SERVICES	Insurance and Licencing		25.00	300.00					re: NPA Farm vehi
Sub. No. - \$ 210.00	Operating		85.00	1,020.00					Gas, oil, general
Yr. - \$ 2,520.00	Repairs & Eqpt. Business Travel		30.00	360.00					repairs, tires, c
	70.00		70.00	840.00					Reimbursement for travels for employes
MAINTENANCE	Drop-In Centre		55.00	660.00					Upkeep, repairs & lease requires a electrical, plumb
	Residences :		40.00	480.00					Upkeep, repair; : all residents ; (these costs to - as above, plus
Sub. No. - \$ 255.00	Fast Residence		40.00	480.00					included in figur
Yr. - \$3,660.00	West Residence		40.00	480.00					food, film & fil; and repairs, pho tures, community
	South Residence		80.00	960.00					
	Equipment : (as above)		-----	-----					
OFFSHORE EXPENSES	Activities		80.00	960.00					
Sub. No. \$ 80.00									
Yr. \$960.00									
TOTALS			2,300.00	27,600.00	2,300.00	27,600.00	2,300.00	27,600.00	

TOTAL THREE YEAR OVERHEAD EXPENDITURE \$ 82,800.00

	2,700.00	720.00	1,320.00	1,500.00	1,200.00	1,080.00	1,260.00	1,200.00	4,200.00	3,280.00	300.00	1,020.00	360.00	840.00	660.00	480.00	480.00	480.00	960.00	27,600.00	2,300.00	27,600.00	2,300.00	27,600.00	

\$ 82,800.00

EXPLANATION

Daily coffee & donuts, Saturday morning breakfasts, evening meal once a week, cleaning and household supplies etc. Accounting supplies, general supplies, xeroxing, equipment repairs and servicing etc. Newsletters - paper and printing costs for General Newsletter (950 copies) and Publishing Pamphlets, eg. Mental Health Act, General stationery supplies, purchase of books, articles, periodicals, magazines, newspapers, legal materials, etc., for general and Research Library Materials and small equipment purchases (leatherwork, woodwork, metalwork, fabrics, art supplies, clay, glazes, etc.) Telephone - 3 lines

General Newsletter (\$60.00), Activities Newsletter (\$20.00), Office Programme Correspondence (\$25.00)

Emergency Rental to cover rent costs of new residents not yet on welfare

On assumption that there will be no rental increase over next 3 years

re: MPA Farm vehicle

Gas, oil, general upkeep & servicing repairs, tires, chains, etc.

Reimbursement for bus fares, taxis etc. in crisis situations & travel allowances for employee vehicles used for business & crisis

Upkeep, repairs and maintenance: because of exceptionally heavy use of buildings, lease requires all but major repairs (ie. roofing) to be borne by MPA; furniture, electrical, plumbing, painting, grounds upkeep, etc., etc....

Upkeep, repairs, renovation & replacement of household supplies, as virtually all residents are welfare recipients MPA must bear some, though not all of (these costs to maintain residences. as above, plus isolation & agricultural expenses included in figures above

food, film & film equipment rentals, hall rentals, sports and musical equipment and repairs, photography equipment and expenses records, admission fees to lectures, community events, recreational facilities, games, camping eqpt & expenses

" SOCIETIES ACT "

CANADA: }
Province of British Columbia. }



No. 9185

Certificate of Incorporation

I hereby certify that

" Vancouver Mental Patients Association
Society "

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

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

Vancouver, Province of British Columbia.

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

Registrar of Companies.

Accepted for registration
FILED AND REGISTERED
MAR 24 1971
A. H. HALL,
REGISTRAR OF COMPANIES

I hereby certify that a duplicate copy
of this document has been filed with
pursuant to the Societies Act.
Dated this _____ day of _____ 1971
Registrar of Companies

"SOCIETIES ACT" R.S.B.C. 1960 Ch. 362

CONSTITUTION

1. The name of the Society is "Vancouver Mental Patients Association Society".
2. The objects of the Society are:-
 - (a) To assist in the rehabilitation and promote the welfare of mental patients and former mental patients.
 - (b) To establish and operate social, vocational, recreational and emergency service centres for the above purpose.
 - (c) To acquire funds and other assistance for the above purposes.
 - (d) To print publish and distribute literature for the above purposes.
3. The operations of the Society are to be chiefly carried on at the City of Vancouver in the Province of British Columbia.
4. Upon the winding up or dissolution of the Society any funds of the Society remaining after the satisfaction of its debts and liabilities shall be given or transferred to such recognised Canadian Charitable Organization in British Columbia promoting aims similar to that of the Society as may be decided by members of the Society at the time of winding up or dissolution. This clause is unalterable.

BY-LAWS

In these By-laws:-

- (a) "Society" shall mean the Vancouver Mental Patients Association Society.
- (b) "Board" shall mean the Board of Directors of the Society.
- (c) "Member" shall mean any person listed in the records of the Society as a member thereof.

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- (c) "Member" shall mean any person listed in the records of the Society as a member thereof.
- (d) "Year" for the purpose of defining terms of Office shall begin at the Annual General Meeting and terminate at the next following Annual General Meeting.
- (e) "Society Year" shall begin on the 1st day of April in each year and shall terminate on the 31st day of March in the next ensuing year.
- (f) "Extraordinary Resolution" shall mean a resolution passed by a majority of two-thirds of such voting members as are present in person at a General Meeting of which notice specifying the intention to propose the resolution as an Extraordinary Resolution has been given.
- (g) "Act" means the Societies Act B.C. 1960 Ch. 362.

ARTICLE ONE - MEMBERSHIP

1. The members of the Society shall be those persons who shall sign the original Articles of Incorporation or their successors who shall be the sole voting members. There shall be at least five members and when vacancy occurs in the number of members the surviving members shall have the right to elect a member to fill the vacancy. The majority vote of the surviving members is necessary to fill a membership vacancy or to elect any member when an vacancy occurs.

-2-

2. No person who is not a mental patient or who has not been a former mental patient is eligible for membership in the Society.
3. The members shall have the right to elect the directors, who shall hold office for a period of one year.
4. A person shall cease to be a member of the Society upon resignation or a member may be expelled by a resolution of the Board of Directors passed in the general meeting called for that purpose. A member may be expelled when such person ceases to have any active responsibility in the Society or when he has conducted himself in a manner prejudicial to the interests or the objects of the Society or for any other good or sufficient cause.
5. The annual general meeting of the members shall be held at a place and at a time to be determined by the Directors, in the month of February of each year.

ARTICLE TWO - DIRECTORS AND OFFICERS

1. The affairs of the Society shall be administered and managed by a Board of Directors consisting of five members who shall be the original subscribers to these by-laws and who shall thereafter be elected at the Annual General Meeting of the Society. Any Director elected to fill a vacancy is elected for the remaining term of the vacant position. Provided that the Directors at any time may by resolution authorize the increase in membership or an increase the number of Directors or both.
2. The qualification for Director or Officer shall be co-incident with qualification for membership in the Society. A Director or Officer shall cease to be a Director or Officer at the time he ceases to be a member of the Society.
3. General, special and directors' meetings may be held at such times and at such place as the Directors may determine. No formal notice shall be necessary if all Directors are present or if those absent have signified their consent to the meeting being held in their absence. A meeting may be convened by the Chairman of the Board or by any two Directors in which case two days notice of such meeting shall be given. The Board may appoint a day for regular meetings and of such regular meeting no notice need be given.
4. Questions to be decided and resolutions passed shall be by

the Society or when he has conducted himself in a manner prejudicial to the interests or the objects of the Society or for any other good or sufficient cause.

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4. Questions to be decided and resolutions passed shall be by vote of the simple majority of those Directors present and entitled to vote except as otherwise required by these by-laws or by the Act.
5. The Directors shall elect a Chairman and appoint a Secretary-Treasurer. The Directors may from time to time appoint an auditor and other officers. The duties of the Secretary Treasurer and any such other officers appointed shall be as may from time to time be prescribed by the Board.
6. The Chairman shall represent the Society in any official capacity or may direct any other officer or Director to represent the Society in his place.
7. The Board of Directors or the Chairman may from time to time establish committees and may delegate power and authority to such committees or to any person or persons, whether they be members of the Society or not, to promote and carry out the objects of the Society and resolutions of the Board.
8. The Directors shall not holdy by reason of acting as Directors be entitled to any remuneration except out of pocket expenses

but any member or non-member or director may be employed by the Society at a salary or wages approved at any special General Meeting called for that purpose.

9. The Directors may elect to the position of Honorary Director any person who has made an outstanding contribution to the welfare of the Society.
10. Honorary Directors shall be entitled to all privileges of Directorship except those of voting or holding office.
11. Honorary membership may be cancelled by the Board, for any reason without notice to such member.
12. The term for any officer shall be coincident with the term for Directors.
13. The Board of Directors or any person other than the /Secretary Treasurer, or any committee of persons appointed by the Board shall determine who is a mental patient or former mental patient requiring the assistance of the Society.
14. Without restricting the generality of paragraph one of article two any expenditure of moneys, other than day to day expenses of the Society, shall be approved by the Board of Directors.

ARTICLE THREE - GENERAL

1. The Board of Directors may adlpt a Seal which shall be the Common Seal of the Society. The Common Seal of the Society shall be under the custody and control of the Directors and shall not be affixed to any instrument except in the presence of the Chairman of the Board of Directors or the President (if any) of the Society and the Secretary Treasurer or any alternative by any two Directors and the Secretary Treasurer, upon authority of a resolution of the Board of Directors.
2. The year of the Society shall be the calendar year.
3. Annual reports to the members shall be dispensed with. Provided that the Board of Directors may direct that such a report be made to the Board from time to time' as they shall determine.
4. Cheques drawn by the Society shall require the signature of the Secretary Treasurer and such other signature or signatures as the Board may determine.

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4. Cheques drawn by the Society shall require the signature of the Secretary Treasurer and such other signature or signatures as the Board may determine.
5. The by-laws of the Society shall not be altered or added to except by an extraordinary resolution of the Society.
6. The Society may subscribe to become a member of and cooperate with any other Society or association whether incorporated or not whose objects are in whole or in part similar to its own objects.
7. The Society shall not be limited as to borrowing powers and for the purpose of carrying out the objects of the Society, the Directors may borrow or raise the payment of money in such manner as they think fit.

ARTICLE FOUR - SECRETARY TREASURER

1. The Treasurer shall in addition to performing such duties as may from time to time be prescribed by the Board of Directors, keep full and accurate accounts of

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all receipts and disbursements of the Society in
proper books of account and shall deposit all moneys
or other valuable effects in the name and to the credit
of the Society in such Bank or Banks or places as may
from time to time be designated by the Board of
Directors. He shall disburse the funds of the Society
as directed by the Board of Directors, taking proper
vouchers therefor and shall render to the Board of
Directors at the regular meetings thereof or whenever
required of him, an account of all his transactions
as Treasurer, and of the financial position of the
Society.

PROVINCE OF
BRITISH COLUMBIA

MENTAL HEALTH BRANCH

XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX3405 Willingdon,
Burnaby 2, B.C.

March 1st, 1973

Mr. Lanny Beckman,
Project Coordinator,
Mental Patients Association,
1982 West 6th Ave.,
VANCOUVER 9, B.C.

Dear Mr. Beckman: --

Thank you for your letter of February 23rd, 1973. I am naturally very pleased to hear that M.P.A., has a reasonable opportunity to acquire some financing on a three-year basis which should enable the organization to plan more effectively than past short-term grants have made possible.

In view of the known high rate of unemployment amongst those suffering from mental disorders, especially those who have been in-patients in mental health facilities, any arrangements which enable the Mental Patients Association to stabilize its program for assisting this group must be most welcome. As I think you are aware, I was very impressed during my visits to your facilities by the orientation and training in work attitudes and accent on skills and strength in surviving the difficult early phases of employment situations which seem to be an integral part of your program. It is clear that while getting a job is very difficult for large numbers of ex-mental patients, the difficulty is further aggravated by the high rate of failure in jobs that have been found by many of this group if they do not receive support and guidance to enable them to ride out the difficulties of the early weeks and months of a regular employment situation. This seemed to be one of the areas in which your organization has been particularly successful in supporting and guiding the members.

Self-help and mutual support in a group setting is, of course, of recognized value. It does, however, have not only its limitations but indeed, its dangers. Again, during my visits to the Mental Patients Association, I was impressed by the readiness which your Association showed in calling for guidance from appropriate professionals, as I believe that a reluctance to maintain these effective working relationships with professionals in the field has been responsible for the failure of some other groups who in the past have tried to carry the entire load solely on the basis of their own past experiences. The mutual support and trust which



can be developed amongst members of an association such as your own is, of course, a valuable treatment tool which the members of such an association are in the best position to provide to the professional, but which can be used by the group so very much more effectively when professional guidance in the skill of using it is recruited.

You have solicited my comments regarding the value of M.P.A. services and I can express my opinions in summary. I appreciate the value of the Mental Patients Association and its work. Real down-to-earth life situation experience is gained by many people in the process of helping one another. The skills of professionals which may not be available in quantity directly to every member can be accepted and diffused and directed to the membership at large and this is economic and effective means of the distribution of professional services through non-professional groups which has many times been demonstrated in other situations especially by the use of appropriately prepared volunteers in a variety of treatment and supportive situations. The Association's programs for its members in training them in the realities of survival in socially and economically difficult situations have I know, been of great value in sustaining many people and enabling them to reach a point at which they could improve their own situation and move to a self-sustaining position which they had not been able to achieve before. These are items which it is difficult, if not impossible, for a formal organization with bureaucratic structures to impart to those who need it, and indeed, those who need it most are often unable to accept it from a service delivery system which they see as "bureaucratic and impersonal". The actual work that you are doing, coupled with your meticulous bookkeeping and record-keeping which you were so willing to throw open for me, indicate a combination of effectiveness, responsibility, and I suspect, economy, which seem to me to fully justify continuing the attitude of support to your organization which you are aware I have in the past expressed at the time that I recommended to the Provincial Secretary the continuation of the small grant which you were then receiving, and indeed, recommending to him that an increased and improved system of financing should be considered by him.

If you feel that the opinions expressed by me can be of any assistance to you in seeking other grants and sources of financing you are, of course, entirely at liberty to use this letter or copies of it to support such requests.

Yours very truly,



H.W. Bridge, M.B., M.Sc., C.R.C.P.(C),
Coordinator of Adult Psychiatry.

HWB/MS

REPLY TO: Dr. P.A. Lavelle

PHONE: 521 - 2611



THE WOODLANDS SCHOOL
NEW WESTMINSTER, B.C.
CANADA

March 14 19, 73

Mental Patients Association
1982 West 6th Avenue
Vancouver 9, B.C.

Attention: Mr. Lanny Beckman, Project Coordinator

Dear Sir:

I am pleased to hear that Mental Patients Association has an opportunity of getting a longterm grant to sustain your service programs. This will enable you to consolidate and expand into other areas. This kind of financial security is so necessary for a society which needs to consolidate its present program, and to expand to meet the ever increasing need for more help and meeting people's problems. Your excellent record of good use of money, responsible management, of services provided on a shoe-string budget, and of help and support for deeply disturbed people more than justifies your application, which is supported by myself and many other professionals in the field. The grant could be justified on the savings of public funds that would have been spent on hospitalization of the many people your organization enables to remain in the community.

Expansion in the area of finding jobs for ex-patients and preparing them for work again, would be a most useful service. Mental patients have a very high rate of unemployment; most do not find jobs in the competitive job market. Often the first rehabilitation efforts will be made in helping others, as many ex-patients have unique experience in this, and are highly motivated to do so. This often uncovers a real talent, and such people should be encouraged to continue, and to swell the ranks of the volunteer para-professional bodies who are helping meet the great demand that professional services could never expand sufficiently to meet. Experience of working with M.P.A. can lead to raised self esteem, a place in society, a stronger identity, and increases the persons motivation to work and so his future employability.

...2/

Another area which needs attention is poor quality of life of the mentally retarded after being discharged from an institution. They seldom have the capacity or initiative to organize on their own behalf, yet many are emotionally stable and could be supported in the community more easily than many ex-mental patients. They too require hostels, and a sense of belonging and having somebody to turn to in time of need, and more job preparation than is currently available. Many of the retarded who are perfectly capable of working if properly supported, are in fact on welfare, and liable to remain a burden on public funds for some time to come, because of the very poor organization of rehabilitation services in this Province.

In conclusion, I think M.P.A. does a very worthwhile job in the community, that they provide excellent value for the money they get; that they manage money very well; that they should be encouraged to expand further into the area of employment. I recommend the society be given the necessary grants to accomplish their aims.


P.A. Lavelle M.B., Bch., D.P.M.,
F.R.C.P. (C)

PAL/lh

E. E. LEYLAND, M.B., B.S. (London)

PSYCHIATRY

1235 WEST PENDER STREET
VANCOUVER 1, B.C.

March 8, 1973

Department of Manpower and Immigration
1155 West Pender Street
Vancouver 1, B.C.

Dear Sir:

RE: THE MENTAL PATIENTS ASSOCIATION

As is well known, mental patients have a high rate of unemployment. Sometimes the problem arises, in the beginning, from his own anxieties, difficulties with certain types of people, difficulty in accepting certain responsibilities or working with certain types of framework. On the other hand, the return of the mental patient to society, he then finds his fears, uncertainties and anxieties then interfere with his effectiveness and efficiency. Over and above this is the observation that the mental patient, current or ex is, by the fact of being labelled as such, immediately in a disadvantaged position.

What then can be the function of the Mental Patients Association in relationship to the patient and his work? The Provincial Mental Health Service, i.e. the Professionals, are in constant short supply as evidenced by the frequent statements. The Mental Patients Association, if nothing else, is a source of actively interested paraprofessionals who are in the unique position of having gone through it and out the other side. In other words, they "know" what the problem is. The Mental Patients Association, then, by involving the patient in the running of his own organization is improving his "peopling" skills, and thereby indirectly, his self-esteem. Confronting him with those real-life, everyday decisions is logically the best human training for his return to Society as a self assumed productive person.

Who knows, at some future date, the Mental Patients Association might be given sufficient funds to go further and offer specific job retrainings, over and above the general human ones.

Working from the grass roots up, they do an impressive job and deliver where the help is most needed. All this on a minimal budget.

Hopefully they will be given a 3 year grant which would certainly offset

Department of Manpower
and Immigration

March 8, 1973

that sense of temporariness that frequent requests for funds must induce.
The 3 year grant would enable them to get on with that very useful, effective
and worthwhile job they do for themselves.

Yours sincerely,



E. E. Leyland, M.P., C.R.C.P.(C)

EEL:sm

P. SOMMERFREUND, M.D., F.C.C.P.

217 - 3195 GRANVILLE STREET

VANCOUVER 9, B.C.

TELEPHONE 732-8122

Mar. 6, 1973

Mental Patients Association
1982 West 6th St.
Vancouver, B.C.

Attn. Mr. Lanny Beckman.

Dear sir,

It is with distinct pleasure that I write this letter of support to you and you may use it as you see fit.

I have had opportunity to observe the workings of M.P.A. for over a year and wish to state the following facts. The M.P.A. is doing a service to both former mental patients and society in general by calling upon volunteers, non-professionals and Para-professionals to work with mental patients. A Most important advantage is that they are using the mental patients for self-help and help to other patients. Need I stress the success of this method in Alcoholics Anonymous and other similar organizations.

By stressing self-management in their houses many patients are eased into managing their own homes and learning

P. SOMMERFREUND, M.D., F.C.C.P.

217 - 3195 GRANVILLE STREET

VANCOUVER 9, B.C.

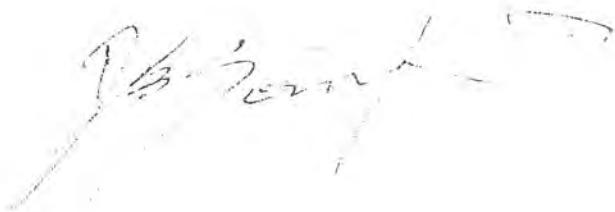
TELEPHONE 732-8122

- 2 -

new skills. I have personally observed at least two male patients during this time who became completely self-sufficient and most of all, self-supporting. Both had been on welfare before.

I honestly think that money spent in this project will save money in the short and long run, in welfare payments, use of expensive institutions and the use of the time of expensive specialists. During this year I have seen a number of patients who greatly reduced the use of drugs and/or completely stopped such use. I was impressed with their improved sense of self-worth and with it self-confidence resulting in independence.

Yours sincerely

A handwritten signature in dark ink, appearing to read "P. Sommerfreund", is written over the typed name. The signature is fluid and cursive, with a long horizontal stroke extending to the right.



Canada
Manpower
Centre

Centre de
Main-d'œuvre
du Canada

Manpower
and Immigration

Main-d'œuvre
et Immigration

Your file

Votre référence

Our file

Notre référence

549 Howe Street
Vancouver 1, B.C.

8 March 1973

Mental Patients Association
1982 W. 6th Avenue
Vancouver 9, B. C.

To Whom It May Concern:

I have been asked by the Mental Patients Association to provide a letter verifying the following points.

1. Ex-mental patients have a very high rate of unemployment; most do not find permanent jobs without special help.
2. That there is a growing need for para-professionals to be working in the community.
3. Ex-patients do possess unique experience and can help others who are undergoing emotional stress.
4. There is a job training component in working with MPA; former patients are prepared for employment in a regular situation, and working with MPA increases their future employability.

It has definitely been my experience at Canada Manpower and elsewhere that former mental patients face a formidable problem in seeking permanent employment. I do believe that organizations such as MPA perform an invaluable service to the community in providing a "half way" house situation for former patients many of whom, without group support, would have no alternative but to return to hospital.

I personally have been associated with MPA since 1968 and have found that the employment experience they offer ex-patients is a legitimate one that prepares them for work on the regular labour market. I have also found that MPA is a responsible community organization whose service is both theoretically and practically viable.

Yours sincerely,

D. E. Paterson
Manpower Counsellor



DEPARTMENT OF THE SECRETARY OF STATE
 SECRÉTARIAT D'ÉTAT

201-1271 Howe Street,
 VANCOUVER 1, B.C.

6th March 1973.

Mr. Lanny Beckman,
 Project Co-ordinator,
 Mental Patients Association,
 1982 West 6th Avenue,
 VANCOUVER 9, B.C.

Dear Mr. Beckman:

I am pleased to hear that the MPA may be eligible for a three-year grant from Manpower. The constant necessity of searching for funds is a detrimental drain on the energies of people who should be concentrating on rendering a service.

I have no hesitation in endorsing the services offered by the MPA although I am afraid I have not the knowledge to be able to relate statistically to the question of employment. It is certainly true that the general public, including employers, lack knowledge about mental health-illness. For many people, the only information they have is the kind of sensationalism that gets into newspapers. Needless to say, this is not conducive to having ex-mental patients hired. I do have personal knowledge of working with people in a mental-health setting. From this I can vouch for the fact that very often someone who has successfully come through a period of mental and/or emotional turmoil is a more sensitive person and more able to assist others having the same difficulties, than one who has not had the experience.

Co-ordinators at MPA, in addition to learning therapeutic skills, also gain much management experience; planning group recreational activities, acquiring and maintaining houses, running farms, contact with landlords, employers, government officials, management of budgets, co-ordination of staff and their functions. All of these skills are readily transferable to the general job market.

Hoping this letter is of assistance, I remain

Yours sincerely,

Lynn Foster, RSW,MSW
 Social Development Officer.

LF/em



Mr. Lanny Beckman,
Project Co-ordinator,
Mental Patients Association,
1982 West 6th Avenue,
Vancouver 9,
British Columbia.

March 2nd, 1973.

Dear Lanny,

In reply to your letter of February 23rd, I am most happy to support your application for a grant from the Department of Manpower & Immigration.

I have been familiar with the activities and goals of the M.P.A. for several years now, and have been very impressed with the work it has done.

Having been active in the labour relations field since 1958, I am very much aware of the problems that an ex-mental patient has in obtaining employment. If they are honest on the application form, the company automatically eliminates them as a potential employee. If they are dishonest and lie about their health, mental or otherwise, they are forever subjected to the threat of discharge for having lied if they are ever found out.

In meeting with the members of the M.P.A., I have been very impressed with the fact that ex-mental patients seem to be in an excellent position to help those who have recently been released from some kind of psychiatric treatment, institutionalized or otherwise. Having gone through the trauma of treatment and adjustment, ex-mental patients are more empathetic to the needs of their fellow-sufferers.

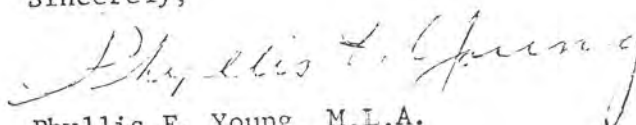
- 2 -

Mr. Lanny Beckman

The M.P.A. has sought out employment opportunities for its clientele, and I believe that such a grant would accelerate such a programme and the educational benefits thereof.

My very best wish to all of the M.P.A.ers.

Sincerely,



Phyllis F. Young M.L.A.
Vancouver Little Mountain

PFY/j



March 13, 1973

Mr. Lanny Beckman,
Project Coordinator,
Mental Patients Association,
1982 West 6th Avenue,
Vancouver 9, B.C.

Dear Mr. Beckman:

In reply to your letter of February 23, I would like to verify the following points:

- 1) Ex-mental patients have a very high rate of unemployment; most do not find ongoing jobs in the competitive job market;
- 2) What with the exorbitant demand on mental health professionals, there is growing recognition of the need for non-professionals, para-professionals and volunteers to perform services complementary to those of professionals;
- 3) In many cases, ex-patients possess unique experience and ability to help others who are undergoing emotional stress;
- 4) There is a job-training component in working with MPA; coordinators work in actual life-situations in which essential "helping" skills are learned;
- 5) Finally, the experience gained in working with MPA increases the person's future employability in other, related jobs.

The MPA provides a very valuable service to the community and deserves all financial help possible in order to carry on their work.

Yours truly,

Rosemary Brown, M.L.A.
(Vancouver-Burrard)

VANCOUVER 8, CANADA

SCHOOL OF SOCIAL WORK

March 5, 1973

To Whom It May Concern:

Dear Sirs:

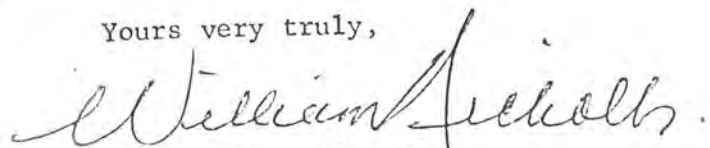
Re: Mental Patients Association

On November 2, 1972, Mr. Barry Coull of the Mental Patients Association was invited to make a presentation on the history, goals, organization and service programme of that organization to a class in community organization and social planning at the School of Social Work. There was a full discussion, questioning and analysis of the Association, and a frank consideration of the underlying principles, leadership structures and ways in which problems had been handled. This was very well received by the class members - predominantly social work students, but also others from the School of Community and Regional Planning and from Nursing, all in their graduating year.

As a self-help association, the Mental Patients Association evidently has been close to the needs of ex-mental health patients, and has sought through mutually supporting activities to build confidence, reduce loneliness and dependency for its members. The organization has secured outside referrals, support and encouragement, but has maintained its separate operation, using a high degree of participation by members as a means of sharing responsibility. Much patience has been required; the process of involvement is regarded as central and a great deal of personal commitment has been shown.

My impression is that the Mental Patients Association by innovation and persistence has demonstrated it is able to provide important, and otherwise largely neglected services in an area where self-help and direct supporting relationships are basic to rehabilitation. I would therefore support the application of the Mental Patients Association for a grant to enable it to sustain its service programmes.

Yours very truly,



William M. Nicholls
Associate Professor

WMN/cs

THE UNIVERSITY OF BRITISH COLUMBIA
HEALTH SCIENCES CENTRE HOSPITAL
VANCOUVER 8, CANADA

Social Service Department

March 7, 1973.

Mental Patients Association
1982 West 6th Avenue
Vancouver 9, B. C.

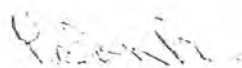
Attention: Pam LaFreniere

Dear Miss LaFreniere:

I have been referring patients intermittently to the Mental Patients Association over the past two years. I feel that M.P.A. is extremely useful in serving as an after care resource for patients being discharged from hospital. As you are aware, there is a desperate shortage of such accommodation for patients, and M.P.A. has certainly met a community need in this respect.

If the Department of Manpower and Immigration are considering giving you a three year grant, please pass on to them that I would heartily support such a move.

Yours sincerely,



Ralph Buckley, M.S.W.
R.S.W.

Social Service Department

LRB/nm



BRITISH COLUMBIA YOUTH DEVELOPMENT CENTRE
"THE MAPLES"

3/2/73

To Whom it May Concern:

Dear Sirs

I have been informed that the Mental Patients' Association is eligible for a three-year grant to sustain its service programs. I am encouraged to hear this and want to support MPA's request for financial aid.

It seems unquestionable to me that MPA provides a unique and valuable service to the community at large. A service which in both emotional and hourly terms is beyond what many professionals are willing or able to give. Also, as a self-help type of organization MPA contributes by helping people to develop skills for helping others with similar experiences. This to me seems to be the progressive direction for health services in general.

For these reasons I would be glad for MPA to be funded so that it may carry on its work.

Sincerely,
Caroline Haxelke
Consultant Psychologist
The Maples.



March 1, 1973.

Mr. Lanny Beckman
 Project Coordinator
 Mental Patients Assn.
 1982 W. 6th Ave.
 Vancouver 9, B.C.

Dear Mr. Beckman:

I am pleased to be able to offer the Mental Patients Association my support in their application to the Department of Manpower and Immigration for a three year grant.

It is well-known that individuals who have experienced adjustment difficulties to the extent that they have required clinical treatment have often been frustrated in their attempts to find suitable employment when they re-enter the job market. This is particularly true of alcoholics. Approximately 60% of all alcoholics who seek treatment at out-patient clinics are unemployed and it has always been considered to be crucial for their continued sobriety that employment (or retraining) be secured as quickly as possible.


It is my understanding that the provincial government as part of a reorganization of the delivery system for Health and Welfare services (including mental health and drug-alcoholism programs) intends to encourage the development of local self-help groups and, as well, to employ as many non-professionals as possible.

In the field of alcoholism, alcoholics who have discontinued drinking have been used at all levels in the treatment process. This has been possible largely through the experience they have gained while members of Alcoholics Anonymous - one of the earliest established self-help groups. For some kinds of services, their enthusiasm, dedication and their ability to relate to other alcoholics have made them definitely preferable to professionals.

While the practice of employing alcoholic counsellors has been somewhat of a tradition in this field, and in the recent past programs have been initiated to have former welfare recipients become case-aids or occupy

other Welfare positions, there has been no similar development within the area of mental health. It is for this reason that I would encourage any program which would allow individuals who have had such problems gain experience in providing assistance to others who have similar problems. I believe that within a very short time the more formal treatment agencies will come to recognize a need for a substantial number of experienced non-professionals.

Lots of luck with your project.



R.E. Cutler
Director of Research

pb/REC

THE UNIVERSITY OF BRITISH COLUMBIA
HEALTH SCIENCES CENTRE HOSPITAL
VANCOUVER 8, CANADA

Social Service Department

March 6, 1973.

Department of Manpower & Immigration
549 Howe Street
Vancouver, B. C.

Dear Sirs:

RE: THREE YEAR GRANT TO MENTAL PATIENTS ASSOCIATION

I am writing this letter to support the Mental Patients Association's application for funding. I am a social worker at the Health Sciences Center Hospital, University of British Columbia and was previously employed at Gordon House Neighborhood Services. From my work with mental patients and ex-mental patients, I can definitely say that unemployment is a major problem for ex-mental patients and their families.

Often ex-mental patients very much need non-alienating work where they can relate to people on the job. Because of their own experiences, some ex-patients are well suited to work in the community mental health field as volunteers and non professionals. The ex-mental patient is in a unique position to help others who are going through stressful situations.

Working for M.P.A. would give an ex-mental patient varied work experience, therefore improving his chances of gaining future employment.

The present M.P.A. services are helping fill an important need in the community. The three year grant would sustain these services while providing valuable employment training and experience.

Sincerely,

Marsha Enomoto

Marsha Enomoto, M.S.W.
Social Service Department
Health Sciences Center Hospital

ME/nm

LEBLANC & COMPANY

BARRISTERS & SOLICITORS

RAYMOND L. LEBLANC, B.A., LL.B.
 KENNETH S. SPECHT, B.A., LL.B.
 R. DALE CARR-HARRIS, B.A., LL.B.
 ASSOCIATE COUNSEL
 CYRIL J. MCGUIRE, LL.B.

SUITE 101-2515 BURRARD STREET

VANCOUVER 9, B.C.

FILE NO.

March 14, 1973

Canada Department of Man-
 power and Immigration

TO WHOM IT MAY CONCERN:

RE: The Mental Patients' Assoc-
iation of Vancouver (M.P.A.)

This is a letter in support of a grant to sustain the service programs of The Mental Patients' Association, and is written at their request.

Since October of 1972, I have been a general advisor to the M.P.A. and have undertaken legal matters on behalf of individual members of this organization. In addition, because of my interest in the work M.P.A. has been carrying on, and my belief in its social importance, I have attended a number of their meetings and have had numerous contacts on both a professional and personal level with many of the members. Based on this experience, I wish to make the following points with respect to the employment problems, employability and need for employment of these persons.

1. Although ex-mental patients tend to be above average in intelligence, skills and training, they have a very high rate of unemployment; most do not find on-going jobs in the competitive job market.

.....2.

2. Because of the excessive demand on mental health professionals, there is a need for non-professionals and para-professionals to perform services complimentary to those of the professionals.
3. Ex-mental patients often possess unique experience and ability to help others who are undergoing emotional stress. In many cases, hospitalization with its disadvantages for the individual and the community has been avoided by early contact between persons undergoing emotional crisis and members of M.P.A.
4. There is a job-training component in working with M.P.A.; co-ordinators work in actual life-situations in which essential "helping" and problem-solving skills are learned. They also learn skills in dealing with people and in making contact with community organizations and agencies which are appropriate and relevant to given situations.
5. The experience and self-confidence gained in working with M.P.A. increases the person's future employability in other related or unrelated jobs.

The problem of public financial cost and loss of productivity resulting from institutional mental health care has been of increasing concern for decades. The Mental Patients' Association of Vancouver, has shown initiative and responsible management in establishing a viable alternative to institutionalization in many cases. They have also demonstrated their value in rehabilitating ex-mental patients and re-establishing them as part of the work force in the community. The correlation between mental ill health and unemployment has been repeatedly documented. It is therefore, my carefully considered judgment that funding of this organization

.....3.

by the Department of Manpower and Immigration could be a vital contribution to the reduction of unemployment in Canada.

Sincerely yours,

A handwritten signature in cursive script that reads "R. Dale Carr-Harris". The signature is written in dark ink and is positioned to the right of the typed name.

R. DALE CARR-HARRIS
B.A., LL.B., of the
British Columbia Bar

RDCH:roj

VANCOUVER COMMUNITY LEGAL ASSISTANCE SOCIETY

257 East 11th Avenue
Vancouver 10, British Columbia
Telephone Number 872-0271

IAN WADDELL B.A., LL.B., LL.M.
BARRISTER & SOLICITOR
Legal Director

DAVID MOSSOP B.A., LL.B.
BARRISTER & SOLICITOR

DENNIS MURRAY LL.B.
BARRISTER & SOLICITOR

DOROTHY JAQUES B. Sc., LL.B.
BARRISTER & SOLICITOR
(Also Of The Alberta Bar)

2nd March, 1973

Mental Patients Association
1982 West 6th Avenue
VANCOUVER 9, B. C.

ATTENTION: Lanny Beckman
Project Co-Ordinator

Dear Mr. Beckman:

I understand that MPA is eligible for a three-year sustaining grant from the Department of Manpower and Immigration. I am writing to you in support of your application for a grant and would hope that you will pass this letter on to the appropriate authorities.

I am sure the department knows the history of the MPA and what the MPA has been doing in the past little while. Everyone in the community knows or should know the need for services to ex-mental patients.

I am sure the Department would be interested in problems of employment of ex-mental patients so I need not comment there. There is a growing recognition of the need for para-professionals and volunteers to perform services complementary to those of professionals. This is true of the health profession, especially mental health, just as it is true for the legal profession, where through our office, we have been developing the use of para-professionals. We find that community people who have experienced legal problems whom we have helped can in some instances be useful to our organization to

Mental Patients Association
2nd March, 1973
Page Two

help others going through the same problems. I am sure that this would be especially true with ex-patients; they know what it is like to go through the emotional stress.

The MPA is quite clearly recognized in the community as far as I am concerned. It is a well-run, energetic, relevant organization and I would think that any experience gained in working with the MPA would increase a person's future employability. As well, I would stress the savings to the public in the long run as a result of programs such as that of the MPA.

I have personally been involved in activities with the MPA including one seminar entitled "Mental Patients and the Law" and have been, frankly, impressed.

If I could be of any further assistance either to MPA or the Department of Manpower and Immigration, please let me know.

Yours sincerely,



IAN G. WADDELL,
Legal Director

IGW/sp

SIDNEY FILKOW

BARRISTER AND SOLICITOR

1414 LABURNUM STREET
VANCOUVER 9, B. C.
TELEPHONE 732-6659

March 13, 1973

Vancouver Mental Patients Association Society
1982 West 6th Avenue
Vancouver 9, B.C.

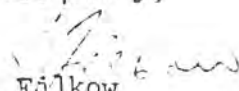
Dear Sirs:

As you know I have worked with many of your co-ordinators in connection with various legal matters and research projects since the inception of your organisation. From my experience in this regard and from my knowledge of the general duties and functions of the co-ordinators I know that they gain valuable skills in research, writing, organisation, administration and communicating effectively with officials and the public.

On many occasions when I have attended your drop-in centre I have observed former patients and co-ordinators assisting someone obviously undergoing emotional crisis. These crisis situations were always successfully resolved because, I am sure, of the personal background and understanding on the part of those assisting as well as their experience in having handled such situations on previous occasions.

For these reasons I have no hesitation in stating that in my opinion those working with the Mental Patients Association gain valuable and unique experiences which greatly enhances their employability in other related jobs. In addition I believe the self-confidence and self-reliance which is also achieved greatly increases their employability in general.

Yours truly,


S. Filkow

BOLTON, RUSH & CLAGUE

BARRISTERS & SOLICITORS

P. MICHAEL BOLTON
STUART RUSH
IAN W. CLAGUE1105 DOMINION BANK BUILDING
207 WEST HASTINGS STREET
VANCOUVER 3, B.C.

TELEPHONE (604) 687-2708

March 7, 1973

Mental Patients Association,
1982 West 6th Avenue,
Vancouver 9, B.C.Attention: Mr. Lanny Beckman

Dear Sirs:

It has been brought to my attention that the Mental Patients Association has been contacted by the Department of Manpower and Immigration regarding the possibility of a three-year grant to sustain the services of the M.P.A. for a further three years. I am writing this letter to you to express my support as someone who has been involved with the Mental Patients Association for obtaining this grant from the Department of Manpower and Immigration.

I have been involved with the Mental Patients Association in many ways. I have taught three separate classes on mental patients and the law and have had several members of the Mental Patients Association attend these lectures to give their views on the necessary changes in the mental health law to the classes. I have assisted members of the Mental Patients Association in obtaining their legal rights as mental patients. I have acted on behalf of referrals from the Mental Patients Association in the criminal courts and in proceedings under the Mental Health Act.

My experience with mental patients and with the Mental Patients Association has led me very strongly to believe that among ex-mental patients there is great difficulty for these patients to obtain employment in the job market. There is a regrettable societal bias against hiring ex-mental patients and an unnecessary fear of recurring problems among employers.

Mental Patients Association
 Att'n: Mr. Lanny Beckman

March 7, 1973
 Page 2

From my understanding of the community interaction of ex-mental patients at the Mental Patients Association and the therapy and experience which they derive from this interaction, I believe that ex-mental patients can assist each other in a considerable way to help other people with emotional problems or who find themselves in stressful situations to overcome these situations. In this sense I believe that the experience of those of the Mental Patients Association for ex-patients is quite unique. While there is a therapeutic aspect to this type of interaction there is also a job training aspect as well. I believe that those persons who have worked in the past with the Mental Patients Association on a volunteer basis and on a hire basis work in real situations in which their own personal skills and experiences are vital to the assistance which they can give to other people. Obviously, an extension of the work which is performed at the Mental Patients Association in helping ex-patients not only gives the person a sense of self worth, but also provides certain skills and understanding which are transferrable to other jobs and job situations and thus make the person more employable in other job areas.

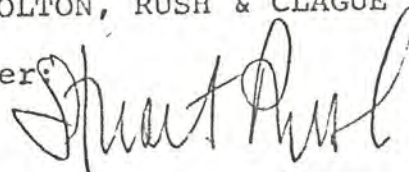
I think what the Mental Patients Association is attempting to do is demystify the necessity of professional treatment for mental patients and to move into a wide field of volunteer and lay service for ex mental patients. Naturally, the field of a para-professional as it relates to ex mental patients and as I believe the Mental Patients Association views it, is different from yet complimentary to those of professional people in the field. Again, I think this job experience is worthwhile and transferrable to other job fields.

I hope that you will consider the points which I have made in this letter very carefully and I would be most appreciative to talk to anyone who might need further explanation of these points. I would once again reiterate my support for the Mental Patients Association and the work it is doing for its mental patients and for the need for continuing funding for their programs.

Yours very truly,

BOLTON, RUSH & CLAGUE

Per



Stuart Rush

SAR/ch

WELFARE AND REHABILITATION
DEPARTMENTTELEPHONE: 731-9155
1530 WEST 8TH AVENUE
VANCOUVER 9, B.C.

OFFICE OF THE DIRECTOR

February 22, 1972

Mr. Barry Coull
Mental Patients' Association
3191 West 10th Avenue
Vancouver 8, B.C.

Dear Mr. Coull:

I have read your report of February 3, 1972 and have a copy of Mrs. Keays' letter to you dated February 8, 1972.

I am very pleased to see the tremendous benefits that are being derived from the cooperative working arrangement between the V.O.P. and your association. The results are indeed remarkable and I believe you would agree with our point of view that the V.O.P. is one of the most realistic and effective programs in Canada in helping many people to get back into society in a meaningful and satisfying capacity.

Keep up the good work. You can count on our full support.

Yours very truly,

W. N. Boyd,
Director.

WNB/hl

CC: V.O.P.

Mrs. Keays

EVALUATION OF
THE MENTAL PATIENTS ASSOCIATION AS AN OPPORTUNITIES PLACEMENT

Submitted by: (Mrs.) J. Minchinton
Placements Coordinator
Vancouver Opportunities Program

Date: January 31, 1972

In review, the MPA applied, and was accepted, as a placement in May 1971, so this evaluation covers a nine months period. During this time a total of 27 people have worked as volunteers within the MPA. The average number of volunteers placed at any one time has been fifteen. All, excepting one man, are people who have been, or are, undergoing treatment for psychiatric problems that prevented employment, or acceptance, by the working community. At the MPA, the volunteers have been assigned to perform useful work in a sheltered, confidence-building, environment.

Since Fall, six people have left this Opportunities placement, and re-entered the working community. Two volunteers obtained employment, via requested new VOP placements, as school aides funded through the Federal Local Initiatives Programme, and three volunteers obtained full-time employment. All five are no longer in receipt of Social Assistance.

One former volunteer is currently employed at the MPA as cook.

One other volunteer has returned to school.

Two more volunteers requested other placements, and are currently functioning independently in the community.

To date, this makes a total of ten people that have made a combined use of the shelter and supported services offered at the MPA, plus the incentive and structure of the VOP, to gradually move back into the community. Due to the short time this association has a number of Opportunities, it is difficult to project what the average length of time is that a volunteer may need to spend at the MPA as his placement. However, it has been demonstrated that the MPA encourages movement into the community, as soon as the volunteer appears ready. The total length of time needed for participation in Opportunities, is probably going to be shown as standard. This, of course, is dependant upon individual needs, the same as for anyone who participates in the VOP.

It is my opinion, that the MPA is a model self-help group, and provides a real service to its specific group of people, and to our community. The shelter offered, affords those lacking self-confidence, the chance to re-enter society in a gradual and positive manner. The liaison between the VOP and the MPA, is an invaluable resource for these former patients. The fact that ten people in nine months have been able to return to the working community, whether as volunteers, workers, or students, is a statistic that cannot be quoted by many other self-help groups, and certainly not by one that has mental patients as its membership.

The supervisors of MPA*VOP volunteers, Mr. Lanny Beckman, Mr. Barry Coull, and Mr. Gerry Walker, have demonstrated to me an honest concern that the criteria for volunteer placements be met, and enforced. This is illustrated by the fact that, although there is an allowance for 20 volunteers at any one time, there has never been more than 18, and the current number is 13. There are not make-work situations developed in this placement, and a volunteer is not placed unless he will be adding a valid function, and is capable of performing his job well. If a volunteer does not prove satisfactory, he is terminated, thus proving that internal discipline is strong, and the VOP protected from any who might wish to misuse it.

To date, I have not collected written opinions from Doctors and Social Workers on this subject. But, I have a lot of verbal communications, and the thoughts are that the combination of MPA-VOP, is of great benefit to their patients, and produces positive results. Professional documentation would delay the submission of this evaluation for some months, but I will get such papers, if requested.

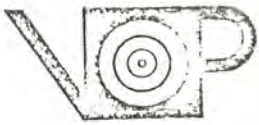
I recommend two changes in the restrictions now placed on the MPA:

1. That a Psychiatrist's letter no longer be a requirement

for placement, as the initial screening practised by the supervisors, has proven to be effective and sufficient.

2. That the ceiling of 20 volunteers be established as negotiable. The MPA is now opening a second "house", and it is probable there will be need for more volunteers in the next year.

Any reservations that may have been felt when the MPA first became a member agency of the VOP, have most certainly been erased in the last nine months. There can only be genuine respect for this group, and their attempt to meet the very real needs of the mental patient. In conclusion, I ask for the acceptance of my recommendations, and say that the MPA is a valid and necessary Opportunities placement.



Vancouver Opportunities Program

1439 COMMERCIAL DRIVE • VANCOUVER 6, BRITISH COLUMBIA • 255-9336

November 2, 1972.

Re: The Mental Patients Association's
application for funds.

To Whom It May Concern:

During the last year and a half we have seen that the Mental Patients Association is providing a real service to the community by providing after-care services, and preventative help, to people who are suffering emotional distress.

They have demonstrated a high level of responsibility in the administration of their previous funding, and the administration of their services.

We know the need that MPA is attempting to satisfy, we know how crucial that need is, and we endorse their application for funds to continue, and to expand.

Yours truly

A handwritten signature in cursive script that reads "E. Heustis".

(Mrs.) Emily Heustis
Chairman

EH/ks

HUNTER

A study recently completed at the University of B.C. indicates that the second most discriminated-against group in Vancouver, at least when it comes to employment, may be hippies.

The only group considered even more discriminated against was mental retardates.



Edro I. Signori and Henry Rempel of the psychology department at UBC worked out a list of 18 "disadvantaged" groups to study a broad range of employment discrimination. University students, 301 males and 184 females, were asked to rate each group according to the degree of discrimination the students expected them to encounter.

Studies like this are based on the fact that the feelings of a large number of fairly socially-conscious people like students reflect community feelings at large with considerable accuracy.

The study was supported by the department of manpower and immigration and, according to the authors, may have provided a guide "for the implementation of social measures and programs aimed at the socially disadvantaged."

If such programs are ever launched, they would have to concentrate on helping hippies out even more than ex-mental patients or ex-criminals who were given a better chance at getting jobs than the hippies were (assuming the hippies were at all interested).

At another level, the study is probably a good yardstick with which to measure the prejudices of Vancouver as a whole. Cities have personalities and can be identified not only in terms of skylines and size but by the collective behavior of their citizens.

In Vancouver, for instance, the study suggests that Negroes are only the eighth most discriminated-against group.

Obviously, in Memphis or Atlanta they would rate a lot higher. And here, British immigrants were considered the group least likely to run into discrimination in getting a job.

Here is the catalogue of prejudices that likely awaits the job hunter in Vancouver, in order of the degree of discrimination they can expect to run into.

1. Mental retardates.
2. Hippies.
3. Ex-mental patients.
4. Ex-criminals.
5. North American Indians.
6. ...

8. Negroes.
9. East European Catholics.
10. ...
11. East Indians.
12. Older workers.
13. School dropouts.
14. Orientals.
15. Southern Europeans.
16. Jews.
17. Women.
18. Northern Europeans.
19. British immigrants.

An interesting side light of the study was the fact that the females who were questioned considered themselves to be less discriminated-against in job-getting than the males felt they were. While 4.20 per cent of the male students felt that women face discrimination in this field, only 3.42 per cent of the women agreed. Their lot is not, they felt, as bad as men tended to think it is.

(This suggests some comments to me on the contradictions built into the royal commission on the status of women. But we'll save that for some other time.)



BRITISH COLUMBIA MEDICAL ASSOCIATION
CANADIAN MEDICAL ASSOCIATION - B.C. DIVISION

101.

ACADEMY OF MEDICINE BUILDING
1807 WEST 10TH AVENUE, VANCOUVER 8, B.C.

TELEPHONE:
736-5551

E. C. MCCOY, M.D.
EXECUTIVE DIRECTOR
D. M. BOLTON, M.D.
EXECUTIVE SECRETARY
R. G. WILSON, M.D.
EXECUTIVE ASSISTANT
J. B. PAUL
SECRETARY-TREASURER
D. BAIRD
ADMINISTRATIVE ASSISTANT

March 25, 1971.

Lanny Beckman,
Project Director,
Mental Patients Association,
3191 West Tenth Avenue,
Vancouver 8.

Dear Mr. Beckman:

In reply to your letter of March 22, I am pleased to inform you that at the General Meeting of the Section of Psychiatry, B. C. Medical Association on March 15, 1971 the following motion was passed: "The Section of Psychiatry supports in principle the objectives and activities of the Mental Patients Association".

The minutes of this meeting will not be approved until the next meeting, called for April 19.

Yours sincerely,

F.W. Hanley

F. W. Hanley, M.D.
Secretary-Treasurer
Section of Psychiatry
B. C. Medical Association

FWH:ep

EARL D. HARDIN, M.D.

PSYCHIATRY

TELEPHONE:
876-1133SUITE 705
750 WEST BROADWAY
VANCOUVER 9, B.C.

November 8, 1972.

To Whom It May Concern:

Re: The Mental Patient's Association

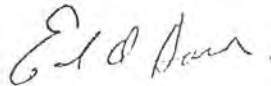
This is to commend the Mental Patient's Association, and to endorse requests the group is making for grants to continue and further their efforts.

It is obvious that there is a substantial place in the total field of mental health care for a self-help organization. I believe that this particular association has been extremely effective in some instances where more conventional psychiatric approaches were offering limited objectives. The Mental Patient's Association provides an opportunity for persons with psychological and social disabilities to make gains with a large measure of dignity and initiative.

I think the organization's leaders have a reasonable set of working hypotheses and have a great deal of capability. It seems to me they have been responsible and diligent in their dealings with the more conventional personnel and facilities operating in the mental health field in this area.

I hope the Association will continue to have the financial wherewithall to sustain itself and grow.

Sincerely yours,



Earl D. Hardin, M.D.

EH/cd

METROPOLITAN HEALTH SERVICE OF GREATER VANCOUVER

Administrative Offices
~~Atkins Building~~
Vancouver 10, B.C.

November 3, 1972

Telephone 873-7391
~~873-7391~~
File No.

Mr. Lanny Beckman,
Project Coordinator,
Mental Patients' Association,
3191 West 10th Avenue,
Vancouver 8, B.C.

Dear Mr. Beckman,

I enjoyed meeting with your workers the other day and to hear of the progress which your association is making. I understand your association is presently doing research and evaluating its functions. I hope you will share your reports and evaluations with those of us who have been following the progress of the Mental Patients' Association. An annual review of this nature is useful to all of us in the "helping" sphere.

I feel that the Mental Patients' Association is providing a service in the community which is not being provided by others, and in this respect would support the request for funds as long as the association continues to function within the framework of its constitution.

Yours sincerely,

R.J. McQueen M.D.

R.J. McQueen, M.D., D.Psych., C.R.C.P.(C).,
Director, Mental Health Services.

RJM/MJB



CITY OF VANCOUVER
CANADA

SOCIAL PLANNING / COMMUNITY DEVELOPMENT

453 WEST 12TH AVENUE, EAST WING
VANCOUVER 10, B.C.
873-7011

November 8, 1972

Dear Reader:

Re: Mental Patients' Association

I am writing to express strong support for the endeavours of the Mental Patients Association. The Province of British Columbia has been very weak in developing facilities, programs and resources to meet the needs of those suffering mentally and emotionally.

My personal bias had tended towards the development of a strong community mental health program. The Mental Patients' Association meets this need and in fine style. Better still, the momentum is coming from the "experts", those who have experienced mental and emotional difficulties.

With assistance, the Mental Patients' Association has proven itself capable of developing a viable organization with a range of strengths and abilities, particularly in program development and management of funds.

This is not to provide the illusion that Mental Patients' Association is perfect. Like all operations, mistakes are made and are experienced. But it is viable, it is strong because the people both give it strength and from it receive their strength.

This alone is sufficient for it to merit my support. I hope you feel it merits yours financially and otherwise.

Yours truly

G. Douglas Purdy
Social Planner



SIMON FRASER UNIVERSITY, BURNABY 2, BRITISH COLUMBIA, CANADA: 291-3111

November 6, 1972

TO WHOM IT MAY CONCERN:

I have been in close touch with the Mental Patients' Association since the time of its initial organization and am happy to state that they have been doing an excellent and responsible job in a pioneering area where the need in this community is great.

This is an unusually democratic group which manages to preserve, in spite of a rather heavy turnover, a sort of intelligence and innovative flexibility which is rare, and to do this, furthermore with modesty and consideration for others. They have come to enjoy a high regard from all quarters.

These people have a high degree of integrity and have thoroughly demonstrated responsibility and competence in the management of funds. I regard the MPA as a proven experiment, highly deserving of continuing support.

Yours very truly,

Fred J. Irom, Professor
BEHAVIOURAL SCIENCE FOUNDATION

FJI/pp



CENTRAL MORTGAGE AND HOUSING CORPORATION
 SOCIÉTÉ CENTRALE D'HYPOTHÈQUES ET DE LOGEMENT
 Ste. 240, 2609 Granville St.

British Columbia Regional Office • ~~2286 Ouest, 12e Avenue~~ • Vancouver 9, B.C.
 Bureau de la région de la Colombie-Britannique • 2286 ouest, 12e Avenue • Vancouver 9, C.-B.

October 30, 1972.

Mr. Lanny Beckman,
 Project Co-ordinator,
 Mental Patients' Association,
 3191 West 10th Avenue,
 Vancouver 8, B.C.

Dear Mr. Beckman:

I am pleased to endorse the good and effective work the Mental Patients' Association is attempting to carry out with those in need via a variety of services in the community. In working with you concerning housing needs and ways these can be met, I have been able to see the real contribution the Association is making and how responsibly it goes about this. I have no question at all about its ability to administer various funds, including those from the public sector. Consequently, I support any applications you might make for continued financing and funding of the work of the Association.

Yours sincerely,



Roland Hennessey,
 Social Development Officer

RH/jb

ALDERMAN

CITY OF VANCOUVER
CANADA

October 3, 1972

Mr. Lanny Beckman,
Project Co-ordinator,
Mental Patients' Association,
3191 West 10th Avenue,
Vancouver 8, B.C.

Dear Mr. Beckman:

Thank you for your letter of September 29, 1972.

In my opinion, the Mental Patients' Association has fulfilled a very useful need in the community and the group that I have met has my absolute confidence so far as their ability to administer funds and carry on the organization is concerned.

Any support that I can extend to your organization now and in the future will certainly be done.

Yours truly,

Harry Rankin
Alderman *HR*

February 17, 1972.

Mr. John York
Public Relations Officer
Mental Patient's Association
3191 West 10th Avenue
Vancouver, B.C.

Dear Mr. York:

Thank you for your offer to speak to our patients and staff about the services offered by the Mental Patients Association.

As I indicated to you, there has been a steadily improving liaison between our psychiatric facilities (in-patient and out-patient) and your association during the last six months. Many of our patients have made use of the recreational services, the accommodation resources and the "drop-in" facility which is offered. It has been our experience that many of the social isolated and lonely young people who receive Vancouver General Hospital psychiatric services, are also helped through participation in and utilization of M.P.A. programs.

We look forward to hearing your presentation in the near future.

Yours very truly,



Mrs. M. Russell, RSW
Social Service Department

MR/me

RS

September 3, 1971.

Mental Patients Association,
3191 West 10th Avenue,
Vancouver 8, B. C.

Dear Sirs:

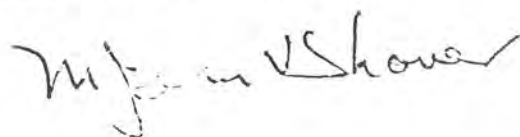
This letter will describe our interest and relationship of your Association. You already are aware of this but its written version may be of some help to you.

The Metropolitan Council is now that arm of our church which acts as a kind of local investigation whenever appeals for funds are made to the National Office of our Board of Evangelism and Social Service. Such an appeal went forward from the Mental Patients Association and we were asked to make such an investigation.

The concept and program of the Association appealed to us in the first place. We are committed ourselves to this kind of self-help group. We appreciated the fact that the program got underway so quickly with and without extensive financial backing. We were concerned that the program, while involving the self-help principle, not put itself in a position where it was outside professional back up. Our enquiries lead us to believe that the professional back up was taken care of.

As a result of our investigation we recommended support of the request to our Board and I, therefore, feel that I can pass this word on to you. According to our lights and knowledge we would commend this programme and its needs to whomsoever is presented with a request for help.

Yours sincerely,



M. John V. Shaver.

MJVS/jp

THE UNIVERSITY OF BRITISH COLUMBIA
HEALTH SCIENCES CENTRE HOSPITAL
VANCOUVER 8, CANADA

August 19th, 1971

TO WHOM IT MAY CONCERN:

During the past year, I have become familiar with the work being done by the Mental Patients Association. I have also participated in training patient volunteers for Crisis Intervention Service through the Mental Patients Association. In addition, I have spent some time at the house run by the M.P.A. and have dealt with some of the acute psychiatric problems that presented there. I have spoken at some length with the leadership of the M.P.A. and have been quite impressed with their abilities. The M.P.A. is obviously a responsible organization and is providing a much-needed service to Vancouver. I have watched the M.P.A. grow from a beginning organization to a greatly expanded one and I am presently aware of the need for increased facilities and increased funds and staffing to provide those facilities. I have been informed that the M.P.A. is applying to the government of British Columbia for a Grant increase. I wish to write this letter in support of this increase in funds for the M.P.A. I am confident that the funds would not only be used wisely, but will greatly benefit the community as a whole and especially those deriving benefit from the M.P.A. services. There is no question in my mind as a psychiatrist that an organization such as the M.P.A. keep chronic patients and acutely disturbed people from occupying expensive hospital services for long periods of time. They provide a real halfway house service at a considerable reduction in price.

I am hopeful that those responsible for providing an increase in funds to the M.P.A. will consider my remarks in support of them.

Sincerely,



Ralph Peter Uhlmann, M.D.
Resident Psychiatrist,
Health Sciences Centre Hospital.

RPU:amcb

THE UNIVERSITY OF BRITISH COLUMBIA

VANCOUVER 8, CANADA

DEPARTMENT OF PSYCHOLOGY

March 21, 1972

Mr. Lanning Beckman
Mental Patients Association
3191 West 10th Avenue
Vancouver, B. C.

Dear Lanny:

Now that the academic year is almost over at U.B.C. I would like to take the opportunity to thank you and M.P.A. for the rewarding experience you have given the senior students in my psychology class in letting them do research at M.P.A. and serve as volunteer helpers. Being deeply concerned with human beings, my psychology students were genuinely impressed with the work and dedicated sacrifice of M.P.A. in helping others in distress.

As you know, I have been in favor of the aims and goals of M.P.A. since we first discussed them, before M.P.A. became a reality. What is really remarkable, though, is the degree of success you and your staff have been able to achieve in making M.P.A. a reality, particularly in view of the enormous financial and other difficulties you have had to face in getting started. I feel, though, that your efforts have been rewarded. I believe, as do many other professional mental health workers in the field whom I have spoken to, that M.P.A. has made a unique and very necessary contribution to the mental health problem in British Columbia. I want you and M.P.A. to know that you can count on my continued support.

With best regards,

Claude

Claude de Martino, Ph.D.
Assistant Professor and
Chairman of Clinical Training