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MENTAL PATIENTS' ASSOCIATION

3191 WEST 10TH AVENUE
VANCOUVER 8, B.C.

TELEPHONE: 738-1422
Office: 738-5177

January 14, 1972

City Clerk
Vancouver City Hall
453 West 12th Avenue
Vancouver 10, B.C.

Dear Sir:

Re: 1972 Civic Grant

On behalf of the Mental Patients' Association I am enclosing an application for a Civic Grant for the year 1972.

Last year, when our organisation was still in its infancy, City Council approved a grant of $3,000.00 to be made to the Association. At that time we were scarcely a few months old and the Council, to a large extent, supported our principles rather then our achievements.

Since last year MPA has grown at an almost incredible pace. We have become an established agency in the community, offering urgently needed services to hundreds of emotionally destitute people. Our success to date rests largely on the support given us by City Council last year. Following the City's grant, numerous others were obtained from the Federal and Provincial Governments and from independent funding agencies.

Furthermore, we have engendered a broad spectrum of support from the professional community who have acknowledged the vital, responsible and economical function we are serving in the mental health field. Documents reflecting this support are appended to our application.

A condition of our 1971 Civic Grant was that certain officials of the City of Vancouver familiarise themselves with the operations and activities of our organisation. Accordingly, Dr. R.J. McQueen and Mr. Jim Karpoff have visited our Centre. In a letter which can be found on page 42 of the appended application materials, Dr. McQueen says, "Both Mr. Karpoff and myself support wholeheartedly the objectives and activities of the Mental Patients' Association and feel that you are performing a great deed in our community." I am certain that Dr. McQueen and Mr. Karpoff would be willing to offer information and advice regarding our present grant request.

Further support from the City of Vancouver has been offered in the form of a grant of $2,350.00 in furnishings from the Angelus Hotel (please see page 22).

The 1972 Civic Grant application form asks that an audited Financial Statement be submitted. As we will not complete our first fiscal year until March, 1972, we do not yet have an audited statement. Mr. Henry of your office has advised that we submit our own financial statement with the application and forward to you our audited statement when it has been prepared. We are following his

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suggested course of action, anticipating that an audited statement will be available by March. Should you require it earlier, kindly advise us and we will have one prepared as soon as possible.

You will notice from our application that we are requesting funds to support the operation of a centre in the east end of Vancouver. It will be our third centre, the others already operating being a farm in Matsqui and a combined half way house-drop in centre in Kitsilano. The success of our Kitsilano centre indicates that the new one should provide a similar range of services, namely, residential half way house facilities for discharged patients, crisis intervention services and drop in facilities.

Staff salaries for the east end centre are being provided through a grant from the Department of Manpower and Immigration's Local Initiatives Programme (see page 26). We are currently negotiating the purchase of a centre and plan to have it in operation by February.

While the Local Initiatives Programme is supplying a small portion of non-salary operating funds for the new centre, we estimate that an additional $10,000.00 will be required to finance the operation for 1972. As indicated in application Item 6, it is this sum which we are requesting from the City.

Because we are requesting funds for operating costs rather than salaries, application Form B4 has been left blank. Information pertaining to salaried positions can be found on page 11, appended to the application forms.

You will find 57 sequentially numbered pages of descriptive material on the Mental Patients' Association appended to the application forms. All page number references pertain to these appended pages. On pages 4 to 13 will be found a detailed and exhaustive response to application Item 15.

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

On pages 14 to 57 will be found photocopied documents pertaining to the Association. They serve as a barometer of MPA's progress and of community and professional support we have engendered. It is hoped that these documents will be given fair weight by the judges.

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

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

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Vancouver City Hall

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

Thank you very kindly for your consideration.

Yours very truly,

Lenny Beckman
Project Director

LB/plb

Encl.

VANCOUVER MENTAL PATIENTS' ASSOCIATION SOCIETY

Source and Application of Funds for the Period:
February 15 to December 31, 1971

Source:		
Graduating class of U.B.C.	$1,000.00	
Department of the Secretary of State	1,500.00	
Opportunity for Youth Program	5,280.00	
City of Vancouver	3,000.00	
B.C. Telephone Company	250.00	
Metro Council of the United Church	1,000.00	
Office of the Provincial Secretary - Operating grant - 6 months @ $250.00	1,500.00	
Local Initiatives Program - First installment	12,100.00	
Donations from individuals	4,849.07	
Interest income	127.04	
Sale of goods	82.23	$30,688.34
Application:		
Incorporation	$ 30.00	
House vehicle	499.75	
Automobile insurance	160.00	
Bank charges	31.30	
Canada Pension Plan expense	69.03	
Cash over and short	1.80	
Craft expense	102.99	
Gas and electricity	347.30	
House vehicle maintenance	367.11	
Interest and exchange	75	
Miscellaneous expense	188.70	
Office expense	218.24	
Operating expense - house vehicle	445.48	
Operating expense - house	668.65	
Personal cash loss (Maureen Badgley)	100.00	
House renovations	547.54	
Rent	2,340.00	
Salaries	8,699.07	
Sports expense	16.80	
Subscriptions	15.50	
Telephone	611.48	
Trailer rental	10.45	
Transportation expense	24.60	
Vehicle rental	75.83	$15,572.37

Farm - Vehicle	$ 79.75	
Craft expense	9.29	
Heating fuel	155.34	
Games expense	25.61	
Electricity	147.89	
Legal fees	30.00	
Miscellaneous expense	27.80	
Operating expense	53.57	
Telephone	265.63	
Room and board	110.00	
Renovations	327.58	
Taxes (in lieu of rent)	235.00	
Tools	15.71	
Water rates	50.00	$1,533.17
Unexpended balance and recoverable expenditures		13,582.80
Cash on hand and in bank		13,052.80
Vancouver City Savings Share account		25.00
B.C. Hydro - security deposit		50.00
Co-op Store Share		100.00
Co-op house - rental loan		54.00
Loans receivable		301.00
		$13,582.80

G.W. Walker
Treasurer

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APPLICATION ITEM 15: SERVICES, OBJECTIVES AND NEED

A. Background and Principles

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

MPA was founded on the following fundamental beliefs:

1) Mental health facilities in Canada and particularly B.C. are grossly inadequate. Relevant statistical data can be found on pages 32 to 33.

2) Mental patients are heavily stigmatised and discriminated against, and require a self-help organisation to promote their own welfare. Discrimination is especially acute in the field of employment. A study supported by the Department of Manpower and Immigration, authorised by Deputy Minister Thomas Kent, revealed that of 18 disadvantaged groups, ex-mental patients were the third most discriminated against with regard to job opportunities. A review of this study can be found on page 57.

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

4) The most glaring gap in services occurs in the area of "aftercare", i.e., follow-up services after hospital discharge. The situation in Canada is not appreciably different from that described by the American Joint Commission on Mental Illness and Health: "Aftercare services for the mentally ill are in a primitive stage of development almost everywhere. Where they do exist, services and agencies caring for the former patient tend to split off from mental patient services as a whole and further to approach the patients' problems piecemeal."

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

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

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

B. Community Support and Recognition

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

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

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

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

The Section of Psychiatry of the B.C. Medical Association has passed a resolution endorsing the objectives and activities of MPA (page 37).

Dr. William C. Holt, Director of the Burnaby Mental Health Center, has written the following: "You are to be congratulated for the initiative and enthusiasm you have brought to a long neglected area of patient services, and I believe you have only to point out to the Government the extent to which your services are now being used, and the obvious savings these services represent in dollars as well as human suffering over traditional in-patient care, to receive their enthusiastic support. You have shown yourselves a responsible organisation and I am sure you will use the funds appropriately." This passage is taken from his letter on page 41.

MPA's innovative, responsible and vital role in the area of mental health has been recognised by Government, professionals, psychiatric institutions and other community service groups (see pages 36 to 53).

Grants have been by all three levels of Government:

1) City of Vancouver, Civic Grant (see page 21).
2) B.C. Government
   a) Provincial Secretary's Department (page 25).
   b) Department of Rehabilitation and Social Improvement (page 24).
3) Federal Government
   a) Secretary of State Department
      i) Citizenship Branch (page 28)
      ii) Opportunities for Youth (page 29).
      iii) Company of Young Canadians
   b) Department of Manpower and Immigration: Local Initiatives Program (page 26).

Additionally, grants have been received from the University of British Columbia Graduating Class, 1971, and the United Church Board of Evangelism and Social Service (page 30).

C. Contribution to Community Betterment: Specific Services and Activities

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

1) Vancouver Center. This Center has been in operation since March, 1971, and consists of a two-storey house with fully redecorated basement. It serves a wide range of functions, which will be described in detail as we are applying in this application for a grant which will, in part, support the operation of a similar Center in the east end of Vancouver. It should be stated that the major portion of funding for the new Center is being provided through a grant from the Department of Manpower and Immigration's Local Initiatives Program. We are currently in the process of purchasing an east end Center and plan to have it in full operation by February, 1972. The following description of our existing Vancouver Center can be taken as a proposed model for the new Center.

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

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

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

Statistics show very clearly what happens to discharged patients when confronted with inadequate (or non-existent) aftercare services. For many patients, the break between the supportive milieu of the hospital and the often hostile climate of the community is too drastic. The Los Angeles Suicide Prevention Center found in a continent-wide study that fifty percent of patients who commit suicide do so within three months of discharge from hospital. And according to the B.C.

Government Annual Health Report, 1968, two-thirds of psychiatric admissions are re-admissions. Most patients who return to the community will later be re-admitted to hospital. And this situation is worsening. The Joint Commission on Mental Illness and Health reports that re-admission rates have tripled between 1955 and 1968!

Clearly, the solution to this intolerable situation lies largely in the creation of supportive facilities within the community. MPA has successfully taken initiative in this direction, and given additional funding, will expand its services so as to help greater numbers of patients avoid re-entering hospital.

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

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

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

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

Especially crucial is the fact that MPA is open during the middle of the night. For many emotionally disturbed people this is the most difficult time as sleep is often difficult and regular sources of support are absent. Invariably one will find people awake and talking throughout the night at our Center. Patients know from personal experience that the availability of night services can make the difference between life and death. It is a fact that most suicedes occur in the middle of the night. A paid staff member is on duty each night at the MPA Center from midnight until 8 a.m. to provide help in crisis situations.

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

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

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

d). Committees and Planned Activities.

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

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

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

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

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

The committee is also designed to help correct the public's misguided notions regarding mental illness and to

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

iii) Arts and Crafts Program. We have built in the basement of our Center a workshop area offering a full program of arts and crafts, including macrame, batik, silkscreen, leatherwork, ceramics, weaving, painting, woodwork, pottery, tie-dye, sculpture, etc. Eight people can work on projects simultaneously. A full-time supervisor for the arts and crafts program is being supported through a grant from the Department of Rehabilitation and Social Improvement.

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

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

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

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

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

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

x) Newsletter Committee. This committee is responsible for publishing and distributing the MPA's monthly Newsletter, In

a Nutshell. Nine newsletters have been published to date, each distributed to more than 300 people.

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

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

xii) Other Activities. Activities involving members and people from the community are held regularly. These activities include play readings, poetry recitals, guest speakers, film showings, meetings of older members of the MPA, outings, picnics at the MPA farm, etc. A full-time staff member is responsible for coordinating an integrated program of daily activities.

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

It is a well documented fact that rates of mental illness are higher in urban then in rural settings. Clearly, the pace and pressures of living in cities contribute significantly to the emotional disorders which lead people in alarming numbers to our mental institutions. It is reasonable that the more relaxed tempo of a rural environment would prove beneficial to patients recovering from emotional breakdowns. This view has been endorsed by the many psychiatrists who have shown their approval of the establishment of a farm Center by the MPA.

The farm program is directed by two resident staff members. Ex-patients are admitted to the program only by referral from a psychiatrist.

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

Our objective is to begin construction this spring to increase the resident capacity of the farm from eight to sixteen.

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

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

D. Present Staff Situation

There are currently eighteen full-time salaried staff members with MPA. Four salaries are provided by the Department of the Secretary of State, one out of our own funds, one by the Department of Rehabilitation and Social Improvement and twelve by the Department of Manpower and Immigration's Local Initiatives Program.

The positions and attendant responsibilities are as follows:

1) Two Project Directors are responsible for major administrative tasks involving the entire organisation.

2) Two Project Coordinators at the Tenth Avenue Center are responsible for managing the daily operations of the Center and for coordinating program services, including the volunteers' crisis intervention program, Vancouver Opportunities Program, etc. One of these Coordinators serves also as the Association's Treasurer.

3) Two Farm Directors are responsible for planning and operating the Matsqui Farm Center program.

4) Five Project Coordinators of the East End MPA Center are currently in the process of negotiating purchase of an adequate Center. These five salaries have recently been made available to us through the Local Initiatives Program. The objective is to open a 16-bed Center to serve the eastern parts of Vancouver where rates of mental illness are alarmingly high. The success of the program at our present Center in Kitsilano suggests that it be used as a model for the new Center.

We are hopeful that the new Center will be in full operation in February, 1972.

5) One secretary-receptionist is responsible for managing the general office.

6) One Employment Coordinator is responsible for helping ex-patients to secure gainful employment.

7) One Cook at our present Center prepares three meals a day for all residents and for some drop-ins.

8) One Housing Coordinator is responsible for helping residents who have completed their 30 day stay at one of our Centers to find decent housing accommodations, to acquire furniture, to move in, and thereafter the Coordinator maintains regular contact, providing assistance with emotional and practical problems.

9) One Night-Crisis Worker is on duty five nights a week to deal

with crises and any other problems which may arise.

10) One Arts and Crafts Supervisor is responsible for coordinating a full program of arts and crafts activities.

11) One Activities Coordinator is responsible for planning events and involving members in a daily program of activities geared towards helping members to socialize and to re-adjust to more normal living situations.

E. Public Financial Savings Represented by MPA

Mental health costs in Canada are very high. Fifty percent of hospital beds are occupied by the mentally ill. In B.C. it costs the taxpayer an average of $13.00 per day for each in-patient. These per diem rates vary from $11.00 at Riverview Hospital to $70.00 at the U.B.C. Health Sciences Center Hospital.

One of MPA's principal objectives is to provide supportive facilities in the community to help persons avoid entering or re-entering hospital. Community facilities in other countries have proven very successful in curbing re-admission rates and in diminishing public health expenditures. The Richmond Fellowship, a network of halfway houses for patients in England, has resulted in large public savings. Residents have fewer returns to hospital, require shorter periods of psychotherapy and are more successful in securing steady employment.

MPA has demonstrated in unequivocal terms that we have helped many people to conquer emotional crises out of hospital. It has been estimated by professionals that, on the average, 8 out of 12 of the residents at our Vancouver Center would be hospitalised were they not staying with us. A conservative estimate is that 10 to 15 of the 125 persons who drop in regularly would otherwise be in hospital. It costs the Government $7,020.00 on the average to keep 18 patients in hospital for one month. MPA's total monthly expenses for the Vancouver Center amount to a small fraction of that figure, representing a savings of thousands of dollars per month to the Government.

These facts are readily acknowledged by professionals and by Government. The letters on pages 41 to 53 are statements by prominent officials regarding the economical role MPA is playing in the mental health field. Pages 21 to 30 reflect the recognition by all three levels of Government that considerable savings ensue from MPA's existence.

Each public dollar invested in MPA results in a savings of many more dollars to the taxpayer. Our current resident capacity is 18 (12 at the Vancouver Center and 6 at the Farm). With the addition of 16 beds at the new East End Center, our resident capacity will almost double to 34. Additionally, the drop-in capacity will double and the drop-in program will be far more extensive. The efficacy of the drop-in program in helping people stay out of hospital ought not to be underestimated.

By contributing to our program of helping disturbed people to handle emotional problems outside of hospital, a Civic Grant from the City of Vancouver will result in a large net savings of public funds.

F. Financial Management

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

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