

VANCOUVER MENTAL PATIENTS ASSOCIATION SOCIETY

POLICIES, PRINCIPLES, GOALS AND PROGRESS

APRIL 16, 1971

Background and General Aims

The Vancouver Mental Patients Association Society (VMPAS) is a recently formed self-help group of patients and former patients whose general objective is to provide for its members those services currently unavailable within the community. The Society is founded on the principle that, through pooling their resources, patients and former patients can learn to help themselves, to become self-sufficient and to contribute usefully and responsibly to the welfare of normal community life.

The idea of minority, disadvantaged groups banding together to improve their own lot is ancient. It is remarkable that mental patients have never done so. That they have not is due, in part, to the stigmatic and destructive stereotype of the mentally ill as irresponsible persons incapable of acting wisely on their own behalf. This pervasive stereotype has been internalized by many patients, thus discouraging them from openly identifying and working with other patients. Most of us are quite aware of the lengths to which people will go to dissociate themselves from the category of "mental patient."

The time has come however when many patients and former patients are prepared to begin throwing off the stigma which has only added pressure to already serious circumstances. The people in our organization have found the courage to unite openly in common purpose with others who have experienced similar emotional problems.

Many patients, and especially former patients, find that they do have sufficient emotional strength to undertake the task of establishing an organization. One of the themes underlying the VMPAS is that these people, through providing companionship, sympathy and understanding, can assist those in greater need. Briefly, the stronger will help the weaker.

It is not the intention of the VMPAS to encroach upon the territory of professionals. The imbalance, however, between the mental health needs of our community and the resources available to meet these needs is very

great. Professionals in the mental health field are seriously overworked. Psychiatrists' waiting lists range from three to six weeks. Psychiatric wards are invariably filled to capacity with long waiting lists. The VMPAS intends to supplement the endeavours of professionals, to work along side, rather than at cross-purposes with, agencies and individuals concerned with improving mental health facilities in British Columbia. The Section of Psychiatry, B.C. Medical Association, has endorsed the objectives of the VMPAS in a resolution passed at its meeting of March 15, 1971. To that effect, a copy of a letter from Dr. F.W. Hanley, Secretary-Treasurer of the Section of Psychiatry, is enclosed.

That patients and former patients themselves undertake the task of filling in gaps in the mental health field is beneficial from two points of view. First, in extending the available services many more persons will find relief from the emotional problems plaguing them. Also, as Dr. Ghaed, psychiatrist, points out in his letter (enclosed), the very act of providing these services is therapeutic for the members of the organization. The sense of independence and self-esteem which goes along with helping others is immeasurably important in the rehabilitation of persons who have suffered emotional problems. In the professional opinion of Dr. Ghaed and other psychiatrists, patients can help each other. This is a fact which patients know well from personal experience. Relating to others who have shared similar feelings of anxiety and depression encourages the letting down of barriers and affords a strong sense of relief.

Statistical Data

The following statistics, pertaining to the great need for improved mental health facilities in Canada, and especially B.C., confirm in abstract fashion the personal experiences of most patients.

According to an official Riverview Hospital release, the population count as of January 1st, 1970 was 3,019, while the number of qualified resident psychiatrists was "fewer than ten." The B.C. Government Annual Health Report, 1968, states that during the fiscal year ending March 31, 1968, of 3100 admissions to Riverview, 1900 were re-admissions.

One out of three nuclear families in B.C. will have at least one member hospitalized in a mental institution. The probability of an individual's being hospitalized for psychiatric reasons in B.C. is higher than for any other province, while the number of psychiatric beds per capita is lower than for any other province.

14.7% of Canadian males and 13.3% of Canadian females will spend part of their lives in a mental institution. As one writer put it, "Mental illness is the country's number one health problem." And yet, while \$3.00 per capita is spent on defense research annually in Canada, only 10¢ is spent on mental health research.

### Specific Objectives

The VMPAS has initiated a program of action to begin ameliorating the unsatisfactory conditions described above. One aim is to supplement community mental health facilities so as to aid patients making the difficult transition from hospital to home, thus reducing the chances of their returning to hospital. At present, most patients find themselves caught up in a cycle which shuttles them between home and hospital. As noted above, almost two-thirds of the admissions to Riverview are re-admissions. Transitional psychiatric facilities in Vancouver are notoriously inadequate. There are fewer than five "half-way houses" for mental patients in the Vancouver area.

In other parts of the world, half-way house programs have proven advantageous from both psychiatric and financial points of view. The Richmond Fellowship, a network of half-way houses initiated in England in 1959, has demonstrated that fewer of their clients return to hospital, more are able to secure steady employment, and that the saving on public funds is considerable.

Mental health care is costly. Fifty percent of hospital beds are occupied by the mentally ill. In B.C., the cost per patient-day varies from \$12.00 at Riverview to \$60.00 at the U.B.C. Psychiatric Unit. Stated in these terms, our respective cost will be a small fraction of \$12.00. Without question, funds invested in the VMPAS will result in a net reduction in public mental health expenditures.

The VMPAS has opened a Center designed to carry out three principal functions.

First, it will serve as a drop-in or social Center, a place where patients and others can come to escape from loneliness and aimlessness. The Center will be open 24 hours a day and will provide during the day and evening a program of semi-structured activities, including therapy groups run by professionals, discussion groups, recreational and craft activities, outings and vocational training activities.

Due to widespread unemployment, as well as the discrimination ex-patients encounter while looking for work (one study found that ex-patients were the third most discriminated-against group as far as employment opportunities were concerned), many

people otherwise ready to return to the community find they have no way to fill their time. Our Center will provide a locus for such people to use their energy for the benefit of themselves and others.

Secondly, the house will serve as an emergency or crisis Center, especially during the middle of the night. There is no existing agency in Vancouver where people in emotional crisis can be assured of finding direct help in the middle of the night. The Crisis Center, primarily a telephone service and the prototype for the other emergency services, will send a volunteer out after midnight only under what they consider the most serious circumstances, if they have someone available, which is generally not the case. The Crisis Center reports that in February, 1971, while they received 48 "suicide" phone calls, only 28 people were visited personally. Most of these visits were for drug rather than suicide cases. Further, these phone services lack the facilities to bring disturbed people back to their Centers. It is under such conditions that the suicide rate in B.C. has risen 35% in the past decade.

The VMPAS is initiating a training program, directed by professionals, to prepare volunteers to deal safely and responsibly with people in crisis situations. Having had a car donated, we will also be in the position to drive to people's houses and bring them back to our Center. When intensive care is indicated, we will take people to hospital. (We are currently in the process of arranging an open-door policy with psychiatric hospitals in the Vancouver area.) We have approximately 12 beds available for people in emotional distress to stay for periods of up to a month. A full kitchen will be run by and for residents of the Center.

The third function of the Center will be to provide a wide variety of specific services. 1) As one large category of people who buckle under the stresses of urban life are separated women with children, the VMPAS intends to set up a baby-sitting co-operative, with the eventual prospect of having the women concerned operate a day-care center. 2) Since many of our members are unemployed, the VMPAS plans to assist people in finding jobs and in creating meaningful, remunerative work. 3) We will help people in need find their way to lawyers, doctors, psychiatrists, or if necessary, into the hospital.

The VMPAS will co-ordinate its activities with those of institutions and individuals, both professional and volunteer, working in the field of mental health and emergency care in the Vancouver area.

#### Progress to Date

The VMPAS has been incorporated as a Society under the Societies Act. Our present membership numbers about 150.

Since our inception in February of 1971, we have rented a house at 3191 West 10th Avenue, Vancouver 8, which we have almost completed decorating and furnishing. All labour has been volunteer to this point. The active involvement of members in the social and work activities around the Center serves as a clear indication of the need for an organization such as ours.

The Company of Young Canadians has agreed to place two of our full-time volunteers on salary for a six-month period commencing May 1, 1971.

Approximately \$1800.00 has been raised, \$800.00 in private donations and \$1,000.00 from the U.B.C. Graduating Class, 1971. Our current treasury is approximately \$900.00. To assure our continuance, however, the VMPAS is in urgent need of additional funds.

#### Budget

As the major portion of our capital expenses have been covered, we are concerned primarily with raising funds to cover operating expenses.

#### Monthly Operating Expenses:

Rent.....	\$220.00
Utilities.....	80.00
Program expenses (food, transportation, maintenance, recreation and office expenses).....	<u>350.00</u>
TOTAL MONTHLY OPERATING EXPENSES	\$650.00

#### Conclusion

The VMPAS has no illusions about our Center solving the profound and pervasive emotional problems in Vancouver. We see our project as being largely demonstrational, an example of how an attack on emotional misery might begin, and of how patients and former patients can play an active role in helping themselves, rather than relying exclusively on professionals.

We are a group of people for whom some special considerations ought to be made. We are confident that ultimately we can help ourselves regain our own sense of dignity and purpose. To achieve this goal, it would be most helpful for us now to have a demonstration of support from an outside group.

There is a tremendously pressing need in Vancouver for an organization such as ours. The issues around which we are organizing are literally those of life and death.