

VANCOUVER MENTAL PATIENTS ASSOCIATION

The Mental Patients Association was formed in January of 1971 in response to the needs of a socially and politically neglected group in the community and in the country. The group comprises those people who have been locked up in institutions medically mystified as "mental hospitals." The people in these "hospitals" have been further mystified by the label "mental patients," a collective slur which haunts those inside and outside of institutions. It is a stigma to those inside and a fear (with unconscious factors of "am I really insane?") to those outside.

Because of these mystifications people who have been in institutions often have feelings of guilt and a general stigma about their own oppression. That is, people often conceive of themselves as being, or having been, "ill" or "sick!" They have internalized the labels making them part of ~~an~~ an identity which has been laid on them by professionals (medical doctors, psychiatrists, social workers, officials etc.).

Much as women, blacks and gay people carried the labels of the oppressor class around inside them--bottled up but ready to explode-- so do people who have been declared "psychotic," "paranoid," "schizoid," "neurotic" and on and on ad nauseum. Now these people are ready to explode and it's beginning to happen in Vancouver, Canada with the Mental Patients Association.

In light of the foregoing, the name Mental Patients Association may seem contradictory. Some of the early history of MPA will clarify how the group began and why the name was chosen.

In the beginning

About a month before the organization got started, one of the founders published an article in the local underground paper describing his experiences in mental hospitals and calling for the formation of independent groups of patients. The article, however, ended on the following rather pessimistic

note:n

Clearly there is a need for mental patients to begin organizing . . . (But) paradoxically, most people in psychiatric wards are incapable of the kind of discipline required to undertake serious political action. The struggle to get through each day takes precedence, leaving little energy for that other struggle.

The growth of MPA and of other MP Liberation groups in the past couple of years has proven beyond a doubt that patients are perfectly capable of organizing and that the pessimism expressed above, though natural, is unfounded. Shortly after the article appeared, about a dozen patients at the Day Hospital got together to discuss the feasibility of uniting outside the hospital context.

We all knew that our needs were not being met at any of the institutions we'd been in. The experience of almost all of us was that we offered each other comfort, understanding and time which the staff were incapable of providing. For the most part, they simply belonged to another category.

In a series of discussions, we came to the collective realization that we, the patients, do constitute a special grouping, i.e., we share common interests, views and experiences. Why then had patients never organized to promote these commonalities? We agreed that our internalization of the social stereotype and stigma of "mental illness" had led us to define ourselves as a non-group or anti-group. We had been indoctrinated to be ashamed of having been hospitalized. With the encouragement of staff, the spontaneous bonds of friendship which arose between patients were severed upon discharge. We all rushed back to the normal (!) world, endeavouring to obliterate the bonds formed in hospital.

But it was impossible to deny that there is an invisible community of patients. Because hospitalization is rarely a one-shot affair (2/3 of admissions in B.C. are re-admissions) people's paths cross again and again.

And friendships do arise which spill out of the hospital setting, but they are few and their origin is generally hidden from the outside world.

Our decision to form MPA--to extend these connections and make them visible--grew out of an event which every patient has experienced. One of our fellow patients killed himself. Following the weekend break, during which time the day hospital was closed and we were all "on our own," we congregated for the Monday morning meeting. The head shrink solemnly announced that he had some bad news. "Gordon Kinnon," he said, "suicided over the weekend."

This was the third such announcement I had heard in my few months as a patient. Again I was filled with feelings of shock and rage that such things continue to happen.

The news of Gordon Kinnon had an especially grotesque overtone that made it press in all the more closely. There were at the time two Gordons at the hospital and since most of us did not know each other's ~~names~~ last names, our eyes darted around the group to see which Gordon was alive and which dead. The reaction happened instantaneously and somehow made each of us more aware of our common vulnerability to dead Gordon's fate.

Some of us cried. Someone kicked a chair across the room. We talked for a long while. There were self-recriminations: "If only I had called him over the weekend;" uncomprehending grief: "Why did he do it? Why didn't he get in touch with someone?" and anger ~~xxxxxxxxxx~~ toward the staff: "Why didn't you prevent it? That's your job."

What we all knew was that the death was preventable and that we could have prevented it. He didn't have to be alone in the city.

Eventually someone suggested that we run off a patient's phone list. Each of us received one and soon most copies were tattered from use. Not long afterwards we decided to begin an organization through which we could maintain our contacts and involve other patients and ex-patients.

To begin we needed a name. Several euphemisms were proposed and subsequently rejected since we felt they reinforced the stigma we collectively wanted to struggle against. Reacting against the euphemisms, one member suggested the name "Crazies for Violence." Someone less moderate proposed "Crazies for Senseless Violence." Other suggestions included "Mentally Oppressed Movement," along with the slogan, "Need help? Call MOM."

Mental Patients Association was chosen as the name for a couple of reasons. First it made the group easy to locate for people coming out of hospital. We wanted to eliminate any need to decipher the name. Second, and most important, it meant being upfront about a social and political fact. "Mental patient" defines those who have been incarcerated by social, political and legal means. Moreover, "mental patient" means-- to most--one who is at worst totally deranged or at best a nuisance and almost helpless. The way to fight this oppression is not to run from it but to stand up openly as oppressed people and fight it. Like other oppressed groups, we wanted to challenge and destroy the myths and mystifications that bourgeois society has invented about us.

So MPA started off small with a few people who felt that enough was enough. It was time to set up an organization which does what the mental health industry (the series of interlocking levels of professionals shrinks, oppressive hospitals, drug companies, social work networks and government agencies) cannot do: alleviate the misery of people of people incarcerated in hospitals upon their release, and set up a full, human community to prevent further admissions.

In less than two years MPA has grown to a formal membership (those who participate in some way) of about 400 and an active membership of about 150. We currently operate four centers: a drop-in/crisis center and two communal houses in Vancouver and a farm 40 miles from the city. The city

houses and farm have a capacity of 28 beds where people can live ~~gather~~ together communally instead of being bummed out living lonely lives only to return to hospital. The houses, which are entirely controlled by the residents, provide a human alternative to the jail-like "mental health" facilities. Furthermore, the whole thing runs on about \$75,000--less than two shrinks make in a year. Even that seems like a lot of bread. Where does it come from?

Ironically, most of it comes from government grants. (Footnote: It's very important for our American brothers and sisters to realize that in this sense Canada (a relatively wealthy colony of the American empire) is quite different from America and that certain kinds of progressive organizing are much easier here. Canada has always had a high unemployment rate, usually first or second ~~xx~~ in the capitalist world. Our economy is about 90% controlled by the American empire which is interested only in resource rip-offs requiring minimal labour and job development. Our comprador government responds to this high unemployment--highest among youth, about 20%)-by grant schemes to pacify the people. ~~xxxxxx~~ Not many people actually get anything out of these grants, but at MPA we have been ~~xxxxxx~~ able to build an organization which can't be ignored.

* This whole topic deserves far greater discussion than there is space for here. We don't, however, want to confuse the situation by implying that the government gives us all that bread--actually crumbs to them--with no strings attached. Our political freedom is definitely restricted because of our economic dependence, but in view of the total lack of previous organizing among mental patients, we have decided to use the money to build a strong organization which can become eventually self-sufficient, politically unrestrained. So far we have concentrated on building a strong community, meeting our own social and emotional needs and engaging in reformist political activity.)

While some socialists might be legitimately critical of our taking government money, we feel that the growth and solidarity of MPA justifies our decision on the whole. There is however a good deal of self-criticism within the group and some movement has been made toward greater self-sufficiency (i.e., more volunteer help).

The grants cover operational expenses and equalized salaries of \$320 per month for 15 coordinators who are elected by the membership to handle MPA's affairs and to coordinate various projects. All major issues such as hiring, firing, money expenditures and program changes are decided at general meetings. There has been a real and successful effort to run MPA as a participatory democracy with all members having access to decision-making power.

Like all organizations, especially those which are trying to develop a radical consciousness, MPA has had its growing pains and internal contradictions. One of these prompted the move from "anarchy" (when the group was small and decision-making didn't have to be particularly structured) to group democracy. We realized that when you exist in a hostile and aggressive society, adhering to an anarchist model is utopian and ultimately suicidal. The group has got to take responsibility for establishing structures which ensure the widest possible involvement in making and carrying through policy decisions. The group democracy practice has made MPA an organization which is relatively free from control by a few and from ego-trips by some over others. Ultimately the group (however much of it wants to come to meetings and take part at any given time) decides on how things should go. Thus, people can find an area in which to gain a say almost regardless of their head-space at any particular time.

A problem we are continually struggling with, however, is that coordinators,

who are around MPA full-time, have too much power and responsibility. Working splits between coordinators and members saw members struggling and succeeding in gaining more information about and access to certain decisions they felt alienated from. The result of this struggle has been a plan to re-organize MPA into a cell structure with members and coordinators together in small groups so that divisions are further minimized. The idea is that these cell groups would function as both MPA work groups (each cell being responsible for certain areas of MPA work) and encounter groups. We hope that the plan will lead to a de-alienation of work activities and to less of a split between work and love.

The cell structure proposal reflects the growth of MPA in another way. In the past MPA has seen itself largely as a progressive "service" group. (Many activities have been organized with the purpose of collective alleviation of oppression. These activities have ranged from son-nites, baseball games, crafts, therapy groups, hospital visiting etc. etc. It's impossible to capture the full range of these activities here. Anyone who is interested in finding out more about MPA can subscribe to our newsletter, In a Nutshell. It is a monthly publication, meaning it comes out about eight times a year. You can receive it by writing to us at 3191 West 16th Avenue, Vancouver 8, Canada.) Now there is a move away from a purely service orientation; there are definite roads to be forged into the community and politics.

At present MPA is moving in two directions: 1) the internal education of members, and 2) extending the struggle for changes in the mental health laws to the public and government levels. These points should be dealt with separately.

In internal education MPA has regular weekly meetings we call Politics Night. These meetings are open discussions of personal and political matters. Politics Night is one way of raising consciousness and bringing together the personal and political into a unified world-view. The cell structure, we hope, will be another way.

On the public level, MPA's research committee has re-written the present archaic and authoritarian Mental Health Act of British Columbia. ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ We will be presenting our Act to the newly elected (Aug. 30) left-liberal government of B.C. in a few months time. We hope to see many of our proposals become law. Ours is a reformist and transitional Act, but it does take most of the power from the present holders (psychiatrists, directors of hospitals and government bureaucrats) and puts it back into the hands of the people. We'll keep MP informed of our progress so our sisters and brothers in other MP groups can see how ~~ex~~ we're doing.

For the present, then, MPA has been relatively successful within its own stated purview--as an alternative to the present mental health system. A functional collectivity has been reached, membership is growing and financially we're doing all right. Our next tests are responding to real, concrete expressions of social change so that MPA can become part of the struggle for the liberation of all people who are alienated by the series of oppressive networks called society. MPA is extending the fight against one of these networks: the mental health industry.

ALL POWER TO THOSE WHO DON'T HAVE IT!

- Lanny Beckman
- Dick Betts