How the NDP's Dennis Cocke took the community out of community mental health... and why.

A case study of the relationship between social democracy and the political economy of psychiatry in B.C.

by STAN PERSKY
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The bourgeois state admits workers and Social Democrats into its institutions, into its own democracy, in a way, and only in such a way that it filters them by filtering away the revolutionaries; wears them down by turning them into officials...wins them through bribery: "you will train them and shall buy them...", keeps them busy, engulfs them in work, chokes them under reams of papers, the foetid air of "reforms", large and petty; perverts them with the philistine comfort of a "culturally" bearable philistine life.

Lenin, Marxism on the State

CANADA, 1974, and the word is around that British Columbia is the place to be for radicals. Scores of displaced leftists from the previous decade, grant-seeking liberal-humanists, aesthetically-oriented progressives, and the odd disenchanted Waffler, flock to the Ramparts-legitimized semi-socialist mecca of the West. The faint hope amongst almost all is that although this may not be the "it" of political day-dreaming and/or serious analysis, the very nature of the social democratic state should make the limits of tolerance wider, the process of cooptation through direct government employment less painful than a non-renewable LIP grant, and most important, the act of daily living more humane.

Even if social democracy in B.C. and elsewhere, does not and has never constituted a "threat to the existing system of power and privilege", it is commonly accepted that it indeed presents an attractive picture of widespread and well-intentioned reform. Social democracy for the left-leaning, entrepreneurial activist promises "a certain humanization of the social order" and for the time being, the availability of an extended system of human services predicated upon a grass-roots participatory base.

Put briefly and in classic Marxist terms, the program of the social democrats proposes to alter the relations of production whilst maintaining the old mode of production albeit with slightly changed appearances.

However, in the light of the prospects of revolutionary action in English Canada, these welfare-developments represent a unique source of consumption and a place of contact with the growing lumpenized segments of the population.

Moral Indignation

BEFORE COMING TO OFFICE in B.C. in August, 1972, the New Democratic Party as opposition (along with various other critics) was vocal in its denunciation of the 2,000 patient Riverview Mental Hospital complex as outdated, barbaric, inhumane, etc. The critique was made more from a philanthropic perspective than from a purely political one. As such, the elements without which an understanding of the nature of mental hospitals and the mapping of truly liberatory alternatives are impossible, were lacking. There is no evidence that the inflamatory rhetoric against Riverview was based on a thorough analysis of the class basis of that institution and/or on the examination of the soundness of the classificatory schemes of clinical psychiatry.

In going back to some of those early statements of moral indignation on the Riverview issue, one is reminded of the enlightened French humanists of the early 19th Century. These men, of whom Phillip Pinel and Samuel Tuke are the best remembered, were busily re-evaluating 'humanity' and in many ways trying to determine the place madness was to occupy within it. Their intentions remain 'honourable' even in the light of other circumstances and more than a century later: "the liberation of the insane, the abolition of constraint, and the constitution of a human milieu".

But hand-in-hand with the gestures of those men went a series of operations which "organized the world of asylums, the methods of cure, and at the same time the concrete experience of madness." By the same token, the humanitarian ideals propounded by the NDP in its attack on Riverview engendered another series of similar-in-kind operations which now attempt to organize a universe of community mental health care, of new methods for the management of the mentally ill, and of "lily-pad madness." And just as the gestures of the well-meaning philanthropes have been historically evaluated by the institutions they helped to create, so must the intentions of this government begin to be evaluated against its implementational machinery.

The Greater Vancouver Mental Health Project

ONCE INSTALLED IN OFFICE, NDP Health Minister Dennis Cocke, a former insurance executive, bought a plan put together by Dr. John Cumming, psychiatric consultant to the Mental Health Branch since Socred days. Cumming's professional reputation is based on a study of attitudes toward mental illness, carried out by him and his wife, Elain Cumming—currently a University of Victoria sociology prof—15 years ago in a small Canadian town, and on his experience in heading up a community mental health programme in New York during the 1960's. The Cumming proposal was a comprehensive plan for the care of the mentally ill incorporating the following features:

1. The treatment of mental illness in the community.
2. The use of less professionalized persons as prime therapists.
3. The use of unorthodox control systems for the management of severe and chronic mental illness.

Cumming's idea, described in a widely circulated paper entitled, "A Plan for Vancouver", called for the *development of community care teams staffed by professionals in the subordinate health disciplines* under the quasi-direct supervision of a psychiatrist. These teams would treat mentally disturbed people right in their own community rather than sending them to places like Riverview. More than a dozen of these centres would be scattered like lily-pads throughout the city. More specifically, they would be located in areas with a high incidence of mental pathology which, of course, roughly coincides with the high incidence and high prevalence of unemployment, poverty, and associated discomforts. Eventually, part of the looney bin (Riverview) would wither away and the other part would be smoothly integrated with the Greater Vancouver Mental Health Project as a back-up service.

The creation of community-based psychiatric services (e.g. day hospitals, sheltered workshops, etc.), the securing of beds for mental patients in the general hospitals, and the establishment of an efficient and centralized psychiatric record system completed Cumming's experimental but moderate proposal. The plan, with its various reforms and timidities side by side with the development of new social integrative mechanisms, was a perfect miniature scale model of typical social democratic policy.

Health Minister Dennis Cocke

The Dispersion Of The Medical Model

THE CUMMING PLAN was not radical in the sense of going to the roots of the problem and doing something about it. Instead, the now-NDP mental health consultant accepted the "inherent superiority" of the medical model in the diagnosis and treatment of the "mentally ill" and adapted it to the dominant philosophical assumptions around him. To conform to NDP populist inclinations and impervious to the mental health movement's experience in the United States, Cumming outlined the technique of dispersing orthodox psychiatric services to local settings.

The implication of the plan was clear from the very beginning. The notion was accepted that the decentralization of unaltered systems of care was good by definition. Hence, in actual practice the emphasis was to be not in *the de-institutionalization and change of current psychiactric practices* but in *the institutionalization and psychiatrization in local settings of very straightforward and simple modalities of help.*

Underlying the plan was an ideological base far morsattractive than the now discredited psychoanalytic theories. Ego psychiatry with its emphasis on norms, goals, and instrumental skills, while preserving an essentially intra-psychic approach to the understanding of the individual and of social issues, was functionally appropriate both to the government and to the psychiatric sub-sector of the medical profession. Its acceptance by other groups—users and providers of services—increased the territorial claims of psychiatry and legitimized its authority and power in areas where reason and common-sense dictate otherwise. In so doing, the spin-off for the government was quite clear and valuable: It would reduce once again some of the embarrassing actualities of class inequality to the interpersonal realm making the problems susceptible to the only sphere social democrats can make their mark in: Service delivery.

The government and Cumming were possibly thankful that many interested on-lookers had not familiarized themselves with the mental health centres' experience in the U.S. and that the most militant of the concerned were in the dark until quite late in the process of bureaucratic finagling. The Cumming plan was little less than the inventive articulation of all the previous mistakes in the field of community psychiatry perpetuated elsewhere by medical emprissarios including Cumming himself. The transfer of very expensive and inappropriate features of medical institutions to community settings (i.e., staffing patterns), the further segregation of metnal patients in the community, the dispersion of psychiactric stigma, and the extension of psychiatric facilities without closing the obsolete ones, are a few of the highlights of the plan and of the errors of the past so well documented in the Nader report on mental health centres.

The Necessity Of Community Participation

SINCE THE TEAMS WOULD BE LOCATED IN NEIGHBOURHOODS and the government was committed to the rhetoric of participatory democracy, the plan sought to fore-stall both local fears and public protest by including neighbourhood residents in the shaping of the scheme. "There should be substantial local participation in planning the form of service which should emerge", wrote Cumming. User or consumer participation was never considered, possibly in keeping almost pre-consciously with the mystifications of psychiatric practice. And just what kind and what amount of citizen participation was never spelled out.

However, the citizen participation pitch (or put-on) went into high gear once Victoria hired John Kyle to head the Vancouver project in mid-1973. Kyle was hand-picked for the job by plan-architect Cumming. Kyle's father and Elaine Cumming's father, were once professional colleagues in the legal circles of a Saskat-

chewan town, which possibly explains how Kyle, an industrial sociologist, got the inside track on this $22,000-a-year managerial job. The newly-appointed director's first move was a whirlwind tour of the mental health committees that began to spring up in the designated target areas. He was to let the citizens know how important they were and promise they would have a real say in what took place.

The development of these committees, beginning in the spring of 1973, was uneven, both in terms of political consciousness and representativeness. For instance, in the Mt. Pleasant area—a blue collar working class district—a small citizens' group consisting, not of working class residents, but rather of people working for existing social service agencies was formed and obviously promised little trouble to project administrators. On the other hand, the committee in Kitsilano—in class terms, a mixed district of white collar office workers, shopkeepers, professionals and students—was large, surprisingly cohesive in its views, and made up of youthful paraprofessionals involved in innovative and often oppositional neighbourhood associations and self-help groups. In addition, there was, due to the involvement of the Kitsilano-based Mental Patients Association, some categorical representation of users of mental health services and of ex-mental patients.

Do Communities Exist?

MANY COMMUNITY ORGANIZERS involved in the mental health field were not insensitive to the fact that, even in the case of Kitsilano where a lively group quickly got together, such groupings are not automatically 'representative' of the people living in the area, nor is the 'control' they are asking for automatically 'in the best interest of' their community. Some of these activists knew that the very notion of community organizing is theoretically fraught with difficulties, to say nothing of the practical problems they encounter.

Some of them had read and wrestled with radical social critic Marjaleena Repo's scathing attack on several modish ideas in her essay, "The Fallacy of Community Control", (printed in *Transformation* Magazine, January, 1971), where she writes, "The problem with the concept of community control is that it is a thoroughly amorphous concept, unclear and vague, ill-defined and wobbly like a huge marshmallow. It means different things to different people, yet it has become an unquestioned given, seldom if ever critically examined by those advocating it." Repo's point is that 'community control' arguments often serve as little more than a disguise for hiding the existence of social classes under the pretence of classless neighbourhoods. Almost invariably, she argues, the interests of the oppressed working class are undercut in the cries of 'participatory democracy' and the interests of the middle and upper classes are once again served.

In the case of the Mental Health Project, the question never reached such a sophisticated stage. The issue, for the Kitsilano (Kits) group anyway, became: could *any* group of residents in a neighbourhood have *any* control over the community care team's activities or would all the power remain with the government, its bureaucratic cast of thousands, and its hired professionals? Could the high-powered medical association be effectively challenged at the neighbourhood level? Could some of the mystifications surrounding the identification and the treatment of the mentally ill begin to be debunked? And finally, could the establishment of more effective methods of social control at the community level be avoided?

After months of arduously seeking answers to these questions, *the final reply* came: *No.*

Money and Mental Illness

KITSILANO IS AN AREA OF 35,000 PEOPLE that is draped around the southern shores of Burrard Inlet. Mostly consisting of rambling, older-type houses, it is undergoing rapid transition, with 50-75 homes bulldozed yearly to make way for three story walkups. The highrise developers are waiting on the fringes, hoping

HUGH PARFITT

City Council will change the zoning laws and let them in. Citizens in Kitsilano, wary but willing to try, decided to treat the government call for local participation in mental health planning at face value. Working with Dr. Hugh Parfitt, a liberal psychiatrist living in the area and hired by the Mental Health Project to get community participation and the team going, a Citizens Committee was formed in a church basement in May, 1973.

The group quickly put forth a set of liberal "guidelines" for how the team ought to do its job, secured veto power over who would be working on the team (the okay came directly from project boss Kyle) and began proposing, upon invitation, a budget to establish local mental health services in the community.

On the face of it, creating a budget may look like dull and unrewarding business. The Kits citizens, however, were quick to learn that the dry figures of a budget were at the heart of "the form of service that should emerge." How you spend the money directly determines the structure of the services provided.

Rejecting the government's original budget structure calling for an all-professional team operating in an office environment, the Kits Citizens came up with an alternative. The citizens suggested that the Mental Health Centre be located in a comfortable old house, run a 25 hour drop-in service, more or less equalize the salaries of the workers on the team, minimize top-down administration, provide more money for clients' needs than originally planned, hire people on the basis of their ability to work with other people rather than on paper-certified "professional qualifications", establish a much needed crisis centre, and deal with whatever mental health needs there were in Kits.

The citizens' alternative was itself a compromise. Though a majority of the more-than-50-member citizen group believed in more radical propositions, they were sensitive to the tensions of the situation: they had to present a budget that would be reasonable enough for the medical bureaucrats and politicians of the Metro Board of Health to approve, and also reasonable enough to maintain their credibility in the 35,000 person neighbourhood as 'reasonable' people rather than raving radicals. So, for instance, the citizens avoided confronting psychiatric economics: at one meeting, psychiatrist Parfitt (who had announced his intention to apply for one of the jobs) on being asked why he should be paid *$21,000 for half-time work*, frankly replied that he thought he was worth that much and furthermore, he "couldn't ask his family to make the sacrifice" of living on less. The citizens decided to lay off that particular issue.

Although finally uncontested, it's important to see the ideological implications of this sort of thing. A group of people, mostly earning $10,000 a year or less, trying to secure care for another group of people, many of whom will be on welfare and therefore, earning less than $3,000 a year, are cornered into accepting the 'right' of another person to earn in excess of $40,000 a year. The rationale for such disparities are to be found in the high-priced person's mysterious powers as a psychiatrist and the power of the medical profession.

The people on the Kits committee simply decided to accept the proposed salary as a necessary defeat to be traded off for other possible benefits to people being served by the Mental Health team. Readers will be pleased to learn that psychiatrist Parfitt's family didn't have to "make the sacrifice." He got the job a few days later.

The Budget was Bigger

THE CITIZENS BUDGET came to $40,000 more than the $180,000-a-year slated by the government for the neighbourhood centres. Still, this wasn't terribly out of line with the sentiments expressed in Cumming's document. The plan "will be modified by the various areas concerned in order to better meet with their particular needs", he wrote in his proposal. That's what the Kits citizens thought they were doing.

The government had announced it was willing to shell out slightly over $2 million annually as an operating budget for the teams. Additional monies for support services would be forthcoming. If the plan worked at all, the $18 million a year spent maintaining Riverview Hospital might be considerably trimmed. Cumming hammered away at the financial angle in

KITS CITIZENS' MEETING

his "Plan for Vancouver": "Therapeutically and fiscally inpatient treatment should be minimized...The problem of cost is assuming more and more importance. We have, in the past, developed a very expensive system. Before we extend what we currently offer, we will have to consider how to make what exists less expensive." It was a strong selling point and the social reformer hordes in Victoria, who had obviously not done their homework, were pleased. Had they paused for a moment to reflect on the overall vagueness of professional hometreatment coupled with the opening of psychiatric beds in general hospitals without the closing of Riverview facilities, perhaps they would have had second thoughts on the plan-architect's financial pronouncements.

From Reason to Rabble-Rousing

THE BUDGET PREPARED BY THE KITS GROUP was duly shipped off to the whole maze of administrators: The Mental Health Project Coordinating Committee; Director Kyle; the Mental Health Advisory Committee; the Metro Board of Health, etc., etc.. Eventually it would reach Deputy Minister of Mental Health, Dr. "Tommy" Tucker's Community Care Services Society which administers this particular show from the Victoria end. At one point it was explained to one of the authors that the Community Care Society was simply a device for *bureaucrats* to get around the *bureaucracy*. Its board is made up of those *bureaucrats* who themselves want to get around the *bureaucracy* to do things they would otherwise not be able to do.

A major spin-off of the citizens' initial participation, besides having to acquire an enormous amount of knowledge about the ins-and-outs of civic government, was the opening up of a second front of scuffle to acquire more citizen power within these higher administrative levels. Most of the local bodies consist of a finite group of bureaucrats who are shuffled around in a kaleidoscope of combinations to give the appearance that there are actually different groups of people keeping an eye on different aspects of the programme. At first, all of this seemed promising, exciting and relevant. As time passed, and the bureaucrats established sub-committees to investigate the issue of citizen participation and asked the citizens to submit briefs on why citizens should participate, the fun wore off and people began to feel that what they were doing was ironically becoming further and further removed from their original goal of securing humane help for people in trouble.

The bureaucrats took a look at the Kits-prepared budget, gulped once, and bounced it right back to the citizens as unacceptable. The friendly governmental rhetoric of the early days gradually disappeared. Nasty rumours about "those radicals in Kits", "rabble-rousers", and

"unrepresentativeness" began to float about.

Usually, at this point in the process, an energy dynamic that favours the existing bureaucracy comes into effect: the administrators have time and a well-paid corps of minions who will consistently arrive at the appointed place to make the appointed decisions. The citizens groups will get tired of concluding another fruitless meeting (that passed a motion to send off one more polite letter to the Hon. So-and-So) with, "Okay, now, who's going to volunteer to do some phoning?" to coax the others out to one more evening meeting after an eight hour day. The traditional atrophy didn't occur in Kitsilano. Deciding it was important to be "reasonable", the Kits group dug in and began a round of bargaining negotiations in midsummer.

In August, the Metro Board of Health, without wild enthusiasm, gave their okay to the Kits budget and sent it off to Dr. Tucker's Victoria bureau for what was supposed to be rubber-stamp approval.

The budget process had been long and arduous. For the citizens it had been frustrating. The alternative budget they were submitting was not all that different from the original structure and funding laid down by the government. Yet, even with the compromises, there was something to show for all the work. The Kits budget was unique. It was the first one by a representative citizens group. Other Vancouver neighbourhoods (West End, Strathcona, and Mt. Pleasant) had been stuck with the original plan. Also, the Kits budget spoke to local needs unmentioned in any other area.

At the formal political level, the Kits group had survived a grueling test on government ground. Survival meant they could continue to press for citizen representation at middle administrative levels. They were particularly interested in the Mental Health Coordinating Committee (which, for some not obviously rational reason, was currently being transformed into something called the Executive Committee), where, eventually, representatives from local citizens groups would constitute a majority on a body that, for all practical purposes, would have charge of the project. This may seem like an obscure point at first glance. The reform signified by this possibility was the shift from a medically-controlled model of a mental health plan to a citizen-controlled model. Finally, at the Inter-Area Council, an all-citizens group where representatives from different parts of the city could share information and ideas, people in other neighbourhoods were beginning to get interested in the Kits organizing process. Just how much all of this added up to a threat in bureaucratic eyes is impossible to know simply because the bureaucrats are keeping mum.

On October 20, 1973, came the big unsurprise. After two months of sitting in Victoria, the Kits budget was rejected again. Victoria sent the word to the Metro Board of Health and project boss Kyle dutifully relayed the message to the folks in Kitsilano. There's no need to run down the point-by-point items of dispute. It's enough to say that in each place where the citizens wanted the "form of service" tailored to the neighbourhood, the government, after asking for expressions of community diversity, insisted that the services be uniform with that of other areas and uniformly easy to watchdog from the vantage point of centralized authority.

Ironically, on October 19, the day before Victoria rejected the Kits budget, Health Minister Cocke's governmental neighbour, Human Resources Minister Norm Levi NDP MLA for the Vancouver-Burrard riding which includes Kitsilano), announced an even grander plan to decentralize welfare payments through a series of Community Resource Centres that would be controlled by local citizen Resource Boards. Levi's press release contained some now-familiar remarks on citizen participation and neighbourhood needs which need not be repeated.

Any reasonably sane person might begin to think that the government was trying to drive the citizens crazy. Meanwhile, Director Kyle was making house-calls. Cumming's "Plan for Vancouver" was served up for public consumption with the slight addition of some hysterical, near-patriotic padding, in Kyle's presentation to the local branch of the staid Canadian Mental Health Association on November 1, 1973. "One of the cornerstones of this project is community participation. I see it as a vital component and am personally committed to it", trumpeted Kyle. By now, however, he was somewhat more cautious about the kind of citizen he was looking for: "The Citizens Committees desperately require mature leadership...the contribution of the community must be constructive rather than destructive, positive rather than negative, cooperation rather than confrontation." Could it be that Kyle was thinking of the Kitsilano citizens as "immature, destructive, negative, and confrontational?" "The project is trail-blazing in the arena of community mental health, we are making history", the Director concluded.

Four days after the Kyle speech, on November 5, the Kits Citizens met and decided to stick with the situation. They found themselves with an unlikely temporary ally, the Metro Board of Health, who apparently were also surprised by the Victoria rejection (which was also a rejection of the Board of Health's own power) and voted to resubmit the Kits budget as it stood. In the expanding bureaucracy of late capitalism, such instances of inter-bureaucratic rivalry are common enough. The roots of this rivalry are located in a) the contradictions of capitalism at this level and b) the disjuncture between Social Credit leftovers vs. NDP newcomers.

In addition to re-affirming their budget to the Metro Board of Health, the Kits group voted to shoot off a message to the Community Care Services Society in Victoria that again 'reasonably' explained the issues, and arranged a meeting between themselves and one of Health Minister Cocke's assistants.

On Wednesday, November 21, the citizens were diverted by Clay Perry, Cocke's executive assistant, who explained to the Kits group the vast internal confusions and problems of the Ministry and asked for sympathy. At the very moment, in a City Hall committee room, Cocke was laying down the law to an unscheduled meeting of the Metro Board of Health. Accompanied by Deputy Minister Tucker, the ever-present John Cumming, and Director Kyle,

Cocke's message was clear.

"Can you *imagine* citizens being involved in staff hiring or budgeting? It's unworkable," Cocke told the Board. Of course, he didn't come right out and say there would be no further citizen participation. Cocke said the scheme was to be defined strictly as a "bed replacement project." It would only deal with the most chronic population—'adult psychotics'—and attempt to keep them out of Riverview. This definition of the project became subsequently referred to as a "narrow mandate". (Euphemisms of this sort play a useful part in such schemes. Once enshrined as 'the word', any middle-level administrator faced with complaining citizens can reasonably throw up his hands and abjure responsibility by whining, "But we've been given a narrow mandate".) The task of the project was no longer, as citizens had been led to believe for six months, that of meeting whatever mental health needs there were in a community. It was now narrowly defined as a replacement for beds presently being occupied at Riverview. We won't belabour the point with humanist comments about the mentality that views people and beds as interchangeable.

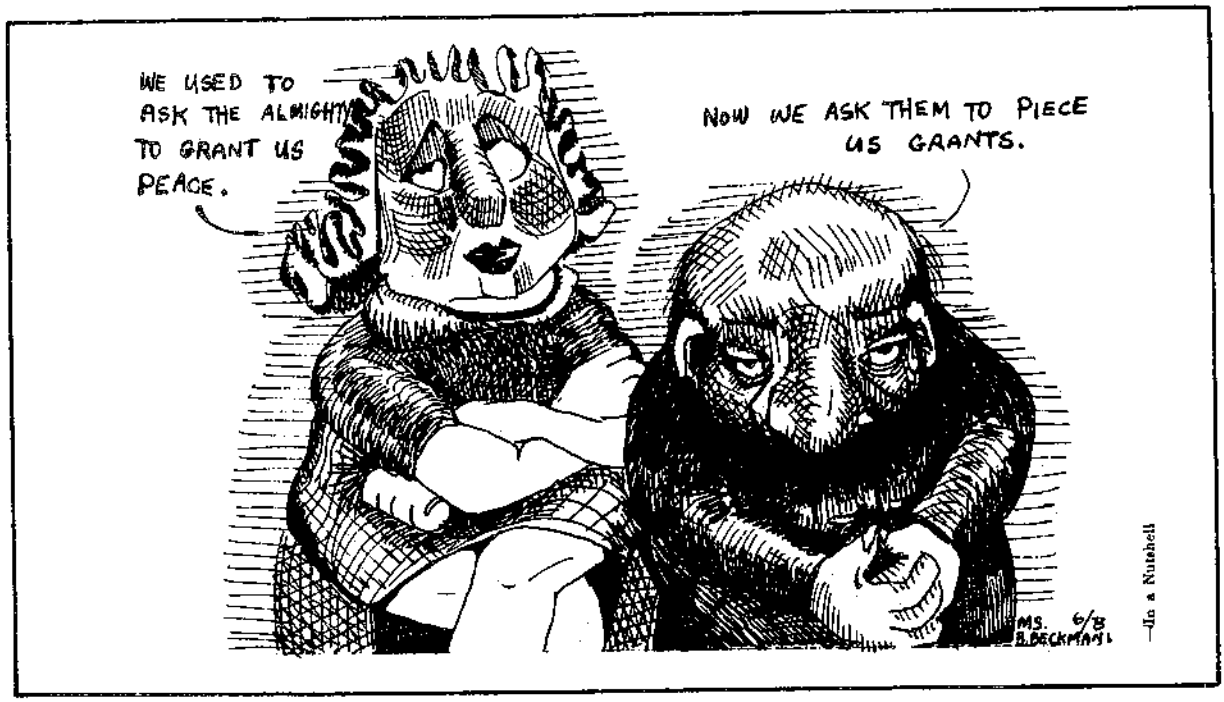
Similarly, Cocke didn't wipe out citizen power arbitrarily. Instead, he quite rationally stated that "as a matter of administrative principle" citizens shouldn't be involved in budget planning or hiring of staff. Cocke hinted that these 'administrative principles' had existed from time immemorial. It was conveniently forgotten that this particular eternal principle had been activated only upon the Minister's utterance of it.

Finally, to tidy things up, Cocke concluded his ultimatum to the Board by rejecting the proposal that citizens groups' representatives should constitute a majority on the proposed Executive Committee and announcing that the Kits budget had been deleted and approved. 'Deleted and approved' is government slang for: they took out what they didn't like and left in what they did like. As the local mental patient liberation newspaper, *In A Nutshell*, described it in their December, 1973 issue, "Cocke's deputies chopped away at the body of the Kits budget until, heartless and mindless, it was acceptable to them." The corpse bore a remarkable resemblance to the original government budget proposal. Since citizens' budgeting powers had also been deleted, it meant that Cocke wasn't planning to listen to any protests.

If the Board of Health wished to continue administration of the project they would have to accept the Minister's demands. They did.

The Perpetuation Of Psychiatric Mythology

PERHAPS THE MOST DISTURBING ASPECT of the situation is the government's maintenance of established psychiatric definitions of reality. What is an 'adult psychotic?' About all we really know is that it's someone over 19 years of age. Two big standard categories of 'mental illness' are 'psychotics' and 'neurotics'. For the time being, 'neurotics' are ruled out of the picture. But where's the dividing line between the two categories? As the joke goes among critics, psychotics are people who say '2 and 2 are 5' and neurotics are people who say '2 and 2 are 4, but I don't like it'. Presumably mental health administrators are people who say, "I may not know what 2 and 2 add up to, but I do know that the answer might change as soon as I get the word from Victoria."



In a more sober vein, psychiatric critic Thomas Scheff points out in his well-known essay, "Schizophrenia as Ideology", the notorious instability of these categories, "There has been no scientific verification of the cause, course, signs, symptoms and treatment (claimed) for almost all of the conventional diagnostic categories. Psychiatric knowledge rests almost entirely on unsystematic clinical impressions and professional lore. It is quite possible that many psychiatrists' 'absolute certainty' about mental illness represents a spirited defense of the present social order."

Cocke's community mental health scheme is, at least, a spirited defense of the present psychiatric definitions. What we have is the spectacle of a self-proclaimed progressive government fostering a progressive and more humane mental health system that leaves intact all of the reactionary constructions of reality. Again, social democratic theory manages to juggle the absolutely contradictory.

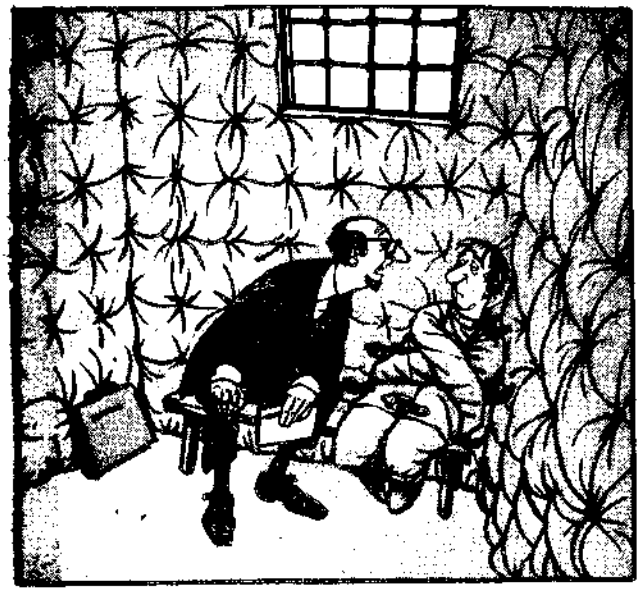
Meanwhile, Back In An Unreal World

THE AFTERMATH OF COCKE'S NOVEMBER 21 PRONOUNCEMENTS were about as ironic as other aspects of the programme had been up to that point. Many project participants obstinately insisted nothing had happened. An area team administrator said, "We can continue to work together with citizens very closely". Another team administrator for the West End area, said, "We still have the effect of citizen input". Whether such perceptions of reality would stand up before a psychiatric review panel is debatable.

But the classic case of bureaucratic evasion was provided by Dr. John Cumming who describes himself as "a problem-solver between the provincial government and the Metro Board of Health". Asked whether Cocke's move wiped out citizen power, Cumming said, "I don't much like the word 'power'." Wasn't the Minister's move a dramatic reversal of policy, Dr. Cumming? Cumming: "I wouldn't call it 'dramatic'." Beyond semantic parries, Cumming chided all and sundry: "There's been remarkably little comment about the fate of the mentally ill."

Finally, Cumming, in a halting manner allowed that something did happen. "We started off relatively open and we got to a place where...we've had a correction. We get further in the end by making some honest mistakes."

As the impact of the initial defeat wore off, the Kits group began to consider alternative strategies. It was at this point that the inherent weaknesses of a transitional neighbourhood movement without a solid base became more apparent. Still, strategically, some of the suggestions adopted made sense. Rather than engage unprepared in a *frontal attack* against the mental health bureaucracy and its agents, a primitive strategic retreat was made: one that would permit the survival of the group as a working unit and would still permit some fairly close monitoring of the project. Banking on psychiatrist Parfitt's Rooseveltian liberalism and willingness to distribute the crumbs of the participatory democracy pie amongst those 'citizens' still around, members of the Kits group successfully tried to ensure that 'good' people were hired. The operational definition for 'good' in this context was 'unobjectionable liberal'humanists'.



Norris, Vancouver Sun

"Just Between Ourselves, Your Obsession that the Rest of Society Is Mad Is Probably True. . . . But They Are in Charge."

Implications For Action

THESE TRANSITIONAL GROUPS may take the possibilities of opposition into "new constituencies and new dimensions". The contradictory elements in social democratic politics will, for the time being, continue to generate opportunities.

Such an opportunity was not long in coming. Slightly over a month after Cocke took the community out of community mental health, the minister was again squirming with embarrassment. The occasion was the late-December, 1973, release of provincial health consultant Richard Foulkes' *Health Security for British Columbians*, a 1200-page report containing 264 recommendations that added up to a

sweeping proposal for the restructuring of health care around the concept of the community health clinic staffed by salaried physicians and controlled by citizens.

The mental health section of the report was blistering. Foulkes labelled "the present mental health service ... the most inefficient, out-dated and discriminatory of all our existing social and medical programmes". Unimpressed by the Mental Health Branch's mad scramble to establish a neighbourhood mental health system, Foulkes called for an immediate moratorium on new programmes, urged that local boards of citizens be empowered to manage existing mental health institutions, and said that as long as the present Mental Health Branch exists, "The mental health problem will persist and will be compounded."

The kind of hospitalization that takes place at the Riverview complex, Foulkes claimed, "actually harms patients more than it helps. The destructive and inhuman characteristics of the 'total institution' where work, play and sleep proceed in monotonous regularity...under the same relentless and unyielding authority, are obvious...this in itself causes mental disorder." Foulkes proposed that, as alternative community-based facilities come into existence, Riverview literally should be demolished brick by brick.

Although himself an advocate of a community-based-and-controlled clinic system, Foulkes warned that decentralization is not a panacea. To the chagrin of minister Cocke, the consultant demanded that the alternative facilities be "developed with maximum citizen involvement in...planning and control."

Cocke issued the report along with a nervous press release which included instant disagreement with the section condemning the administration of mental health services. Less than 10 hours after the report was made public, Cocke was calming an overflow crowd of physicians at the Vancouver Medical Association with the assurance that the community health clinic proposal would not even be feasible until well after 1976.

The expected squeals of affront were heard. The local *Vancouver Sun* saw red, discerning in Foulkes the spectre of Karl Marx. In fact, a major weakness of the report was the absence of a Marxist method of analysis that could link the inadequate health care system to the oppressive capitalist society as a whole. In many ways, the critique continued to be moral rather than political, in the tradition of earlier social democratic criticism. By late-spring 1974, however, the report had gained backing from a solid majority of persons working in health care. The 15,000 registered nurses of B.C., The Hospital Employees Union's 12,000 workers, and the 3,000-person health section of the B.C. Government Employees Union had all, through their organizational channels, voiced overwhelming support for what Foulkes had in mind.

In Conclusion

AGAIN, CITIZENS COMMITTEES like the one in Kitsilano can see strategic possibilities in the present situation. It's a period of "partial struggles", and to gain some "partial victories", it's necessary to understand that the social democrats took the route they did in mental health innovating because their perspective of moral humanism (an ideology several in the present ruling group acquired at schools of social work in the 1950s) substitutes for class politics.

Because the parliamentary NDP does little direct organizing on a class basis, its social service programs have to be balanced within any given year's repertoire of bills to be pushed through the legislature in a way that will not arouse the slumbering dinosaurs of the opposition parties and press. Finally, moral humanism doesn't have a theory of state that goes much beyond the Boy Scout pledge, and thus its practitioners would never think of taking apart the apparatus that gives an operational character to well-intentioned plans.

Correspondingly, it is opposition to these features of the social democratic ensemble, expressed in popular forms, that form the basis of a strategy for neighbourhood groups which pushes beyond humanism. Nobody would pretend that working lcass organizing in the neighbourhood is easy. However, the development of overall programs (rather than isolatable issues) and the undercutting of divisions within the working class (and divisions between workers and other sectors)—having to do with women, ethnic groups, employed/unemployed, even the split, workplace/home —become feasible as the social democrats themselves launch increasingly overall programs (confused mixtures of social planning and social control) that demand comprehensive political replies, albeit of a defensive character at this particular point in time.

in a NUTSHELL

Mental Patients Association free Founded 1971

Masthead of the Mental Patients Association Newspaper

How the NDP's Dennis Cocke took the community out of community mental health…. and why.

By Stan Persky and Michele Brunet

A case study of the relationship between social democracy and the political economy of psychiatry in B.C.

The bourgeois state admits workers and Social Democrats into its institutions, into its own democracy, in a way, and only in such a way that it filters them by filtering away the revolutionaries; wears them down by turning them into officials…wins them through bribery: "you will train them and shall buy them…", keeps them busy, engulfs them in work, chokes them under reams of papers, the foetid air of "reforms", large and petty; perverts them with the philistine comfort of a "culturally" bearable philistine life- Lenin, Marxism on the State

Canada, 1974, and the word is around that British Columbia is the place to be for radicals. Scores of displaced leftists from the previous decade, grant-seeking liberal-humanists, aesthetically=oriented progressives, and the odd disenchanted Waffler, flock to the Ramparts-legitimized semi-socialist mecca of the West. The faint hope amongst almost all is that although this may not be the "it" of political day-dreaming and/or serious analysis, the very nature of the social democratic state should make the limits of tolerance wider, the process of cooptation through direct government employment less painful than a non-renewable LIP grant, and most important, the act of daily living more humane.

Even if social democracy in B.C. and elsewhere, does not and has never constituted a "threat to the existing system of power and privilege", it is commonly accepted that it indeed presents an attractive picture of widespread and well-intentioned reform. Social democracy for the left-leaning, entrepreneurial activist promises "a certain humanization of the social order" and for the time being, the availability of an extended system of human services predicated upon a grass-roots participatory base.

Put briefly and in classic Marxist terms, the program of the social democrats proposes to alter the relations of production whilst maintaining the old mode of production albeit with slightly changed appearances.

However, in the light of the prospects of revolutionary action in English Canada, these welfare developments represent a unique source of consumption and a place of contact with the growing lumpenized segments of the population.

Moral Indignation

Before coming to office in B.C. in August, 1972, the New Democratic Party as opposition (along with various other critics) was vocal in its denunciation of the 2,000 patient Riverview Mental Hospital complex as outdated, barbaric, inhumane, ect. The critique was made more from a

philanthropic perspective than from a purely political one. As such, the elements without which an understanding of the nature of mental hospitals and the mapping of truly liberatory alternatives are impossible, were lacking. There is no evidence that the inflammatory rhetoric against Riverview was based on a thorough analysis of the class basis of that institution and/or on the examination of the soundness of the classificatory schemes of clinical psychiatry.
In going back to some of those early statements of moral indignation on the Riverview issue, one is reminded of the enlightened French humanists of the early 19th Century. These men, of whom Phillip Pinel and Samuel Tuke are the best remembered, were busily re-evaluation 'humanity' and in many ways trying to determine the place madness was to occupy within it. Their intentions remain 'honourable' even in the light of other circumstances and more than a century later: "the liberation of the insane, the abolition of constraint, and the constitution of a human milieu".
But hand-in-hand with the gestures of those men went a series of operations which "organized the work of asylums, the methods of cure, and at the same time the concrete experience of madness." By the same token, the humanitarian ideals propounded by the NDP in its attack on Riverview engendered another series of similar-in-kind operations which now attempt to organize a universe of community mental health care, of new methods for the management of the mentally ill, and of "lily-pas madness." And just as the gestures of the well-meaning philanthropes have been historically evaluated by the institutions they helped to create, so must the intentions of the government begin to be evaluated against its implementational machinery.

The Greater Vancouver Mental Health Project

One installed in office, NDP Health Minister Dennis Cocke, a former insurance executive, bought a plan put together by Dr. John Cumming, psychiatric consultant to the Mental Health Branch since Socred days. Cumming's professional reputation is based on a study of attitudes toward mental illness, carried out by him and his wife, Elain Cumming -currently a University of Victoria sociology prof- 15 years ago in a small Canadian town, and on his experience in heading up a community mental health programme in New York during the 1960's. The Cumming proposal was a comprehensive plan for the care of the mentally ill incorporating the following features:

1. The Treatment of mental illness in the community.
2. The use of less professionalized persons as prime therapists.
3. The use of unorthodox control systems for the management of severe and chronic mental illness.

Cumming's idea, described in a widely circulated paper entitled, "A Plan for Vancouver", called for the *development of community care teams staffed by professionals in the subordinate health disciplines* under the quasi-direct supervision of a psychiatrist. These teams would treat mentally disturbed people right in their own community rather than sending them to places like Riverview. More than a dozen of these centres would be scattered like lily-pads through the city. More specifically, they would be located in areas with a high incidence of mental pathology which, of course, roughly coincides with the high incidence and high prevalence of

unemployment, poverty, and associated discomforts. Eventually, part of the looney bin (Riverview) would wither away and the other part would be smoothly integrated with the Greater Vancouver Mental Health Project as a back-up service.
The creation of community-based psychiatric services (e.g. day hospitals, sheltered workshops, ect.), the securing of beds for mental patients in the general hospitals, and the establishment of an efficient centralized psychiatric record system completed Cumming's experimental but moderate proposal. The plan, with its various reforms and timidities side by side with the development of new social integrative mechanisms, was a perfect miniature scale model of typically social democratic policy.

The Dispersion of The Medical Model

The Cumming Plan was not radical in the sense of going to the roots of the problem and doing something about it. Instead, the now-NDP mental health consultant accepted the "inherent superiority" of the medical model in the diagnosis and treatment of the "mentally ill" and adapted it to the dominant philosophical assumptions around him. To conform to NDP populist inclinations and impervious to the mental health movement's experience in the United States, Cumming outlined the technique of dispersing orthodox psychiatric services to local settings. The implication of the plan was clear from the very beginning. The notion was accepted that the decentralization of unaltered systems of care was good by definition. Hence, in actual practice the emphasis was to be not in *the de-institutionalization and change of current psychiatric practices* but in *the institutionalization and psychiatrization in local settings of very straight forward and simple modalities of help.*
Underlying the plan was an ideological base far morsattractive than the now discredited psychoanalytic theories. Ego psychiatry with its emphasis on norms, goals, and instrumental skills, while preserving an essentially intra-psychic approach to the understanding of the individual and of social issues, was functionally appropriate both of the government and to the psychiatric sub-sector of the medical profession. Its acceptance by other groups- users and providers of services- increased the territorial claims of psychiatry and legitimized its authority and power in areas where reason and common-sense dictate otherwise. In so doing, the spin-off for the government was quite clear and valuable: It would reduce once again some of the embarrassing actualities of class inequality to the interpersonal realm making the problems susceptible to the only sphere social democrats can make their mark in: Service delivery.
The government and Cumming were possibly thankful that many interested on-lookers had not familiarized themselves with the mental health centres' experience in the U.S. and that the most militant of the concerned were in the dark until quite late in the process of bureaucratic finagling. The Cumming plan was little less than the inventive articulation of all the previous mistakes in the field of community psychiatry perpetuated elsewhere by medical empresarios including Cumming himself. The transfer of very expensive and inappropriate features of medical institutions of community settings (i.e., staffing patterns), the further segregation of mental patients in the community, the dispersion of psychiatric stigma, and the extension of psychiatric facilities without closing the obsolete ones, are a few of the highlights of the plan and of the errors of the past so well documented in the Nader report on mental health centres.

The Necessity of Community Participation

Since the teams would be located in neighbourhoods and the government was committed to the rhetoric of participatory democracy, the plan sought to fore-stall both local fears and public protest by including neighbourhood residents in the shaping of the scheme. “There should be substantial local participation in planning the form of service which should emerge”, wrote Cumming. User or consumer participation was never considered, possibly in keeping almost pre-consciously with the mystification of psychiatric practice. And just what kind and what amount of citizen participation was never spelled out.

However, the citizen participation pitch (or put-on) went into high gear once Victoria hired John Kyle to head the Vancouver project in mid-1973. Kyle was hand-picked for the job by plan-architect Cumming. Kyle’s father and Elaine Cumming’s father, were once professional colleagues in the legal circles of a Saskatchewan town, which possibly explains how Kyle, an industrial sociologist, got the inside track on this $22,000-a-year managerial job. The newly-appointed director’s first move was a whirlwind tour of the mental health committees that began to spring up in the designated target areas. He was to let the citizens know how important they were and promise they would have a real say in what took place.

The development of these committees, beginning in the spring of 1973, was uneven, both in terms of political consciousness and representatives. For instance, in the Mt. Pleasant area- a blue collar working class- district a small citizens’ group consisting, not of working class residents, but rather of people working for existing social service agencies was formed and obviously promised little trouble to project administrators. On the other hand, the committee in Kitsilano- in class terms, a mixed district of white collar office workers, shopkeepers, professionals and students- was large, surprisingly cohesive in its views, and made up of youthful paraprofessionals involved in innovative and often oppositional neighbourhood associations and self-help groups. In addition, there was, due to the involvement of the Kitsilano-based Mental Patients Association, some categorical representation of users of mental health services and of ex-mental patients.

Do Communities Exist?

Many community organizers involved in the mental health field were not insensitive to the fact that, even in the case of Kitsilano where a lively group quickly hot together such groupings are not automatically ‘representative’ of the people living in the area, nor is the ‘control’ they are asking for automatically ‘in the best interest of’ their community. Some of these activists knew that the very notion of community organization is theoretically fraught with difficulties, to say nothing of the practical problems they encounter.

Some of them had read and wrestled with radical social critic Marjaleena Repo’s scathing attack on several modish ideas in her essay, ‘The Fallacy of Community Control”, (printed in *Transformation* Magazine, January, 1971), where she writes, “The problem with the concept of community control is that it is a thoroughly amorphous concept, unclear and vague, ill-defined and wobbly like a huge marshmallow. It means different things to different people, yet it has become an unquestioned given, seldom if ever critically examined by those advocating it.” Repo’s point is that ‘community control’ arguments often serve as little more than a disguise for hiding the existence of social classes under the pretence of classless neighbourhoods.

Almost invariably, she argues, the interests of the oppressed working class are undercut in the cries of 'participatory democracy' and the interests of the middle and upper classes are once again served.
In the case of the Mental Health Project, the question never reached such a sophisticated stage. The issue, for the Kitsilano (Kits) group anyways, became: could any group of residents in a neighbourhood have any control over the community care team's activities or would all the power remain with the government, its bureaucratic cast of thousands, and its hired professionals? Could the high-powered medical association be effectively challenged at the neighbourhood level? Could some of the mystification surrounding the identification and the treatment of the mentally ill begin to be debunked? And finally, could the establishment of more effective methods of social control at the community level be avoided?
After months of arduously seeking answers to these questions, the final reply came: No.

Money and Mental Illness

Kitsilano is an area of 35,000 people that is draped around the southern shores of Burrard Inlet. Mostly consisting of rambling, older-type houses, it is undergoing rapid transition, with 50-75 homes bulldozed yearly to make way for three story walk-ups. The highrise developers are waiting on the fringes, hoping City Council will change the zoning laws and let them in. Citizens of Kitsilano, wary but willing to try, decided to treat the government call for local participation in mental health planning at face value. Working with Dr. Hugh Parfitt, a liberal psychiatrist living in the area and hired by the Mental Health Project to get community participation and the team going, a Citizens Committee was formed in a church basement in May, 1973.
The group quickly put forth a set of liberal "guidelines" for how the team ought to do its job, secured veto power over who would be working on the team (the okay came directly from project boss Kyle) and began proposing, upon invitation, a budget to establish local mental health services in the community.
On the face of it, creating a budget may look like dull and unrewarding business. The Kits citizens, however, were quick to learn that the dry figures of a budget were at the heart of "the form of service that should emerge." How you spend the money directly determines the structure of the services provided.
Rejecting the government's original budget structure calling for an all-professional team operating in an office environment, the Kits Citizens came up with an alternative. The citizens suggested that the Mental Health Centre be located in a comfortable old house, run a 25 hour drop-in service, more or less equalize the salaries of the workers on the team, minimize top-down administration, provide more money for clients' needs than originally planned, hire people on the basis of their ability to work with other people rather than on paper-certified "professional qualification", establish a much needed crisis centre, and deal with whatever mental health needs there were in Kits.
The citizens' alternative was itself a compromise. Through a majority of the more-than 50-member citizen group believed in more radical proposition they were sensitive to the tensions of the situation: they had to present a budget that would be reasonable enough for the medical bureaucrats and politicians of the Metro Board of Health to approve, and also reasonable enough to maintain their credibility in the 35,000 person neighbourhood as 'reasonable' people

rather than raving radicals. So, for instance, the citizens avoided confronting psychiatric economics: at one meeting, psychiatrist Parfitt (who had announced his intention to apply for one of the jobs) on being asked why he should be paid $21,000 for half-time work, frankly replied that he thought he was worth that much and furthermore, he “couldn’t ask his family to make the sacrifice” of living on less. The citizens decided to lay off that particular issue. Although finally uncontested, it’s important to see the ideological implication of this sort of thing. A group of people, mostly earning $10,000 a year or less, trying to secure care for another group of people, many of whom will be on welfare and therefore, earning less than $3,000 a year, are cornered into accepting the ‘right’ of another person to earn in excess of $40,000 a year. The rationale for such disparities are to be found in the high-prices person’s mysterious powers as a psychiatrist and the power of the medical profession.
The people on the Kits committee simply decided to accept the proposed salary as a necessary defeat to be traded off for other possible benefits to people being served by the Mental Health team. Readers will be pleased to learn that psychiatrist Parfittt’s family didn't have to “make the sacrifice.” He got the job a few days later.

The Budget was Bigger

The Citizens budget came to $40,000 more than the $180,000 a year slated by the government for the neighbourhood centres. Still, this wasn't terribly out of line with the sentiments expressed in Cumming’s document. The plan “will be modified by the various areas concerned in order to better meet with their particular needs”. He wrote in his proposal. That’s what the Kits citizen thought they were doing.
The government had announced it was willing to shell out slightly over $2 million annually as an operating budget for the teams. Additional monies for support services would be forthcoming. If the plan worked at all, the $18 million a year spent maintaining Riverview Hospital might be considerably trimmed. Cumming hammered away at the financial angle in his “Plan for Vancouver”: “Therapeutically and fiscally inpatient treatment should be minimized… The problem of cost is assuming more and more importance. We have, in the past, developed a very expensive system. Before we extend what we currently offer, we will have to consider how to make what exists less expensive.” It was a strong selling point and the social reformer hordes in Victoria, who had obviously not done their homework, were pleased. Had they paused for a moment to reflect on the overall vagueness of professional home treatment coupled with the opening of psychiatric beds in general hospitals without the closing of Riverview facilities, perhaps they would have had second thoughts on the plan-architect’s financial pronouncements.

From Reason to Rabble-Rousing

The budget prepared by the Kits group was duly shipped off to the whole maze of administrators. The Mental Health Project Coordinating Committee; Director Kyle; the Mental Health Advisory Committee; the Metro Board of Health, ect, ect.. Eventually it would reach Deputy Minister of Mental Health, Dr. “Tommy” Tucker’s Community Care Services Society which administers this particular show from the Victoria end. At one point it was explained to one of the authors that the Community Care Society was simply a device for bureaucrats to get

around the bureaucracy. Its board is made up of those bureaucrats who themselves want to get around the bureaucracy to do things they would otherwise not be able to do.

A major spin-off of the citizens' initial participation, besides having to acquire an enormous amount of knowledge about the ins-and-outs of civic government, was the opening up of a second front of scuffle to acquire more citizen power within these higher administrative levels. Most of the local bodies consist of a finite group of bureaucrats who are shuffled around in a kaleidoscope of combinations to give the appearance that there are actually different groups of people keeping an eye on different aspects of the programme. At first, all of this seemed promising, exciting and relevant. As time passed, and the bureaucrats established sub-committees to investigate the issue of citizen participation and asked the citizens to submit briefs on why citizens should participate, the fun wore off and people began to feel that what they were doing was ironically becoming further and further removed from their original goal of securing humane help for people in trouble.

The bureaucrats took a look at the Kits-prepared budget, gulped once, and bounced it right back to the citizens as unacceptable. The friendly governmental rhetoric of the early days gradually disappeared. Nasty rumours about "those radicals in Kits", "rabble-rousers", and "unrepresentativeness" began to float about.

Usually, as this point in the process, an energy dynamic that favours the existing bureaucracy comes into effect: the administrators have time and a well-paid corps of minions who will consistency arrive at the appointed place to make the appointed decisions. The citizens groups will get tired of concluding another fruitless meeting (that passed a motion to send off one more polite letter to the Hon. So-and-So) with "Okay, now, who's going to volunteer to do some phoning?" to coax the others out to one more evening meeting after an eight hour day. The traditional atrophy didn't occur in Kitsilano. Deciding it was important to be "reasonable", the Kits group dug in and began a round of bargaining negotiations in mid-summer.

In August, the Metro Board of Health, without wild enthusiasm, gave their okay to the Kits budget and sent it off to Dr. Tucker's Victoria bureau for what was supposed to be rubber-stamp approval.

The budget process had been long and arduous. For the citizens it had been frustrating. The alternative budget they were submitting was not all that different from the original structure and funding laid down by the government. Yet, even with the compromises, there was something to show for all the work. The Kits budget was unique. It was the first one by a representative citizens group. Other Vancouver neighbourhoods (West End, Strathcona, and Mt. Pleasant) had been stuck with the original plan. Also, the Kits budget spoke to local needs unmentioned in any other area.

At the formal political level, the Kits group had survived a grueling test on government ground. Survival meant they could continue to press for citizen representation at middle administrative levels. They were particularly interested in the Mental Health Coordinating Committee (which, for some not obviously rational reason, was currently being transformed into something called the Executive Committee), where, eventually, representatives from local citizens groups would constitute a majority on a body that, for all practical purposes, would have charge of the project. This may seem like an obscure point at first glance. The reform signified by this possibility was the shift from a medically-controlled model. Finally, at the Inter-Area Council, an all-citizens group where representatives from different parts of the city could share information

and ideas, people in other neighbourhoods were beginning to get interested in the Kits organizing process. Just how much all of the added up to a threat in bureaucratic eyes in impossible to know simply because the bureaucrats are keeping mum.

On October 20, 1973, came the big unsurprise. After two month of sitting in Victoria, the Kits budget was rejected again. Victoria send the word to the Metro Board of Health and project boss Kyle dutifully relayed the message to the folks in Kitsilano. There's no need to run down the point-by-point items of dispute. It's enough to say that in each place where the citizens wanted the "form of service" tailored to the neighbourhood, the government, after asking for expressions of community diversity, insisted that the services be uniform with that of other areas and uniformly easy to watchdog from the vantage point of centralized authority.

Ironically, on October 19, the day before Victoria rejected the Kits budget, Health Minister Cocke's governmental neighbour, Human Resources Minister Norm Levi NDP MLA for the Vancouver-Burrard riding which includes Kitsilano, announced an even grander plan to decentralize welfare payments through a series of Community Resource Centres that would be controlled by local citizen Resource Boards. Levi's press release contained some now-familiar remarks on citizen participation and neighbourhood needs which need not be repeated.

Any reasonably sane person might begin to think that the government was trying to drive the citizens crazy. Meanwhile, Director Kyle was making house-calls. Cumming's "Plan for Vancouver" was served up for public consumption with the slight addition of some hysterical near-patriotic padding, in Kyle's presentation to the local branch of the staid Canadian Mental Health Association on November 1, 1973. "One of the cornerstones of this project is community participation. I see it as a vital component and am personally committed to it", trumpeted Kyle. By now, however, he was somewhat more cautious about the kind of citizen he was looking for: "The Citizens Committees desperately require mature leadership… the contribution of the community must be constructive rather than destructive, positive rather than negative and confrontational?' "The project is trail-blazing in the arena of community mental health, we are making history", the Director concluded.

Four days after the Kyle speech, on November 5, the Kits Citizens met and decided to stick with the situation. They found themselves with an unlikely temporary ally, the Metro Board of Health, who apparently were also surprised by the Victoria rejection (which was also a rejection of the Board of Health's own power) and voted to resubmit the Kits budget as it stood. In the expanding bureaucracy of late capitalism, such instances of inter-bureaucratic rivalry are located in a) the contradictions of capitalism at this level and b) the disjuncture between Social Credit leftovers vs. NDP newcomers.

In addition to re-affirming their budget to the Metro Board of Health, the Kits group voted to shoot off a message to the Community Care Service Society in Victoria that again 'reasonably' explained the issues, and arranged a meeting between themselves and one of Health Minister Cocke's assistants.

On Wednesday, November 21, the citizens were diverted by Clay Perry, Cocke's executive assistant, who explained to the Kits group the vast internal confusions and problems of the Ministry and asked for sympathy. At the very moment, in a City Hall committee room, Cocke was laying down the law to an unscheduled meeting of the Metro Board of Health Accompanied by Deputy Minister Tucker, the ever-present John Cumming, and Director Kyle, Cocke's message was clear.

“Can you imagine citizens being involved in staff hiring or budgeting? It’s unworkable,” Cocke told the Board. Of course, he didn't come right out and say there would be no further citizen participation. Cocke said the scheme was to be defined strictly as a “bed replacement project.” It would only deal with the most chronic population- ‘adult psychotics’- and attempt to keep them out of Riverview. This definition of the project became subsequently referred to as a “narrow mandate”. (Euphemisms of this sort play a useful part in such schemes. Once enshrined as ‘the word’, any middle-level administrator faced with complaining citizens can reasonably throw up his hands and abjure responsibility by whining “But we’ve been given a narrow mandate”.) The task of the project was no longer, as citizens had been led to believe for six months, that of meeting whatever mental health needs there were in a community. It was now narrowly defined as a replacement for beds presently being occupied at Riverview. We won’t belabour the point with humanist comments about mentality that views people and beds as interchangeable.

Similarly, Cocke didn’t wipe out citizen power arbitrarily. Instead, he quite rationally states that “as a matter of administrative principle” citizens shouldn't be involved in budget planning or hiring of staff. Cocke hinted that these ‘administrative principles’ had existed from time immemorial. It was conveniently forgotten that this particular eternal principle had been activated only upon the Minister’s utterance of it.

Finally, to tidy things up, Cocke concluded his ultimatum to the Board by rejecting the proposal that citizens groups’ representatives should constitute a majority on the proposed Executive Committee and announcing that the Kits budget had been deleted and approved. ‘Deleted and approved’ is government slang for: they took out what they didn't like and left what they did like. As the local mental patient liberation newspaper, *In A Nutshell,* described it in their December, 1973 issue, “Cocke’s deputies chopped away at the body of the Kits budget until, heartless and mindless, it was acceptable to them.” The corpse bore a remarkable resemblance to the original government budget proposal. Since citizens’ budgeting powers had also been deleted, it meant that Cocke wasn't planning to listen to any protests.

If the Board of Health wished to continue administration of the project they would have to accept the Minister’s demands. They did.

The Perpetuation of Psychiatric Mythology

Perhaps the most disturbing aspect of the situation is the government’s maintenance of established psychiatric definitions of reality. What is an ‘adult psychotic?’ About all we really know is that it’s someone over 19 years of age. Two big standard categories of ‘mental illness’ are ‘psychotics’ and ‘neurotics’ are ruled out of the picture. But where’s the dividing line between the two categories? As the joke goes among critics, psychotics are people who say ‘2 and 2 are 5’ and neurotics are people who say ‘2 and 2 are 4, but I don't like it’. Presumably mental health administrators are people who sat, “I may not know what 2 and 2 add up to, but I do know that the answer might change as soon as I get the word from Victoria.”

In a more sober vein, psychiatric critic Thomas Scheff points out in his well-known essay, “Schizophrenia as Ideology”. The notorious instability of these categories, “There has been no scientific verification of the cause, course, signs, symptoms and treatment (claimed) for almost all of the conventional diagnostic categories. Psychiatric knowledge rests almost entirely on

unsystematic clinical impressions and professional lore. It is quite possible that many psychiatrists 'absolute certainty' about mental illness represents a spirited defense of the present social order."
Cocke's community mental health scheme is, at least, a spirited defense of the present psychiatric definitions. What we have is the spectacle of a self-proclaimed progressive government fostering a progressive and more humane mental health system that leaves intact all of the reactionary constructions of reality. Again, social democratic theory manages to juggle the absolutely contradictory.

Meanwhile, Back In An Unreal World

The aftermath of Cocke's November 21 pronouncements were about as ironic as other aspects of the programme had been up to that point. Many project participants obstinately insisted nothing had happened. An area team administrators said, "We can continue to work together with citizens very closely". Another team administrators for the West End area, said, "We still have the effect of citizen input". Whether such perceptions of reality would stand up before a psychiatric review panel is debatable.
But the classic case of bureaucratic evasion was provided by Dr. John Cumming who describes himself as "a problem-solver between the provincial government and the Metro Board of Health". Asked whether Cocke's move wiped out citizen power, Cumming said, "I don't much like the 'power'." Wasn't the Minister's move a dramatic reversal of policy, Dr. Cumming? Cumming "I wouldn't call it 'dramatic'." Beyond semantic parried, Cumming chided all and sundry: "There's been remarkably little comment about the fate of the mentally ill."
Finally, Cumming, in a halting manner allowed that something did happen. "We started off relatively open and we got to a place where.. we've had a correction. We get further in the end by making some honest mistakes."
As the impact of the initial defeat wore off, the Kits group began to consider alternative strategies. It was at this point that the inherent weaknesses of a traditional neighbourhood movement without a solid base became more apparent. Still, strategically, some of the suggestions adopted made sense. Rather than engage unprepared in a frontal attack against the mental health bureaucracy and its agents, a primitive strategic retreat was made: one that would permit the survival of the group as a working unit and would still permit some fairly close monitoring of the project. Banking on psychiatrist Parfitt's Rooseveltian liberalism and willingness to distribute the crumbs of the participatory democracy pie amongst those 'citizens' still around, members of the Kits group successfully tried to ensure that 'good' people were hired. The operational definition for 'good' in this context was 'unobjectionable liberal humanists'.

Implications For Action

These transitional groups may take the possibilities of opposition into "new constituencies and new dimensions". The contradictory elements in social democratic politics will, for the time being, continue to generate opportunities.
Such an opportunity was not long in coming. Slightly over a month after Cocke took the community out of community mental health, the minister was again squirming with

embarrassment. The occasion was the late-December, 1973, release of provincial health consultant Richard Foulkes' *Health Security for British Columbians,* a 1200-page report containing 264 recommendations that added up to a sweeping proposal for the restructuring of health care around the concept of the community health clinic staffed by salaried physicians and controlled by citizens.

The mental health section of the report was blistering. Foulkes labelled "the present mental health service… the most inefficient, out-dated and discriminatory of all our existing social and medical programmes". Unimpressed by the Mental Health Branch's mad scramble to establish a neighbourhood mental health system, Foulkes called for an immediate moratorium on new programmes, urged that local boards of citizens be empowered to manage existing mental health institutions, and said that as long as the present Mental Health Brance exists, "The mental health problem will persist and will be compounded."

The kind of hospitalization that takes place at the Riverview complex, Foulkes claimed, "actually harms patients more than it helps. The destructive and inhuman characteristics of the 'total institution' where work, play and sleep proceed in monotonous regularity… under the same relentless and unyielding authority, are obvious… this in itself causes mental disorder." Foulkes proposed that, as alternative community-based facilities come into existence, Riverview literally should be demolished brick by brick.

Although himself an advocate of a community-based-and-controlled clinic system, Foulkes warned that decentralization is not a panacea. To the chagrin of minister Cocke, the consultant demanded that the alternative facilities be "developed with maximum citizen involvement in..planning and control."

Cocke issued the report along with a nervous press release which included instant disagreement with the section condemning the administration of mental health services. Less than 10 hours after the report was made public, Cocke was calming an overflow crowd of physicians at the Vancouver Medical Association with the assurance that the community health clinic proposal would not even be feasible until well after 1976.

The expected squeals of affronted were heard. The local *Vancouver Sun* saw red, discerning in Foulkes the spectre of Karl Marx. In fact, a major weakness of the report was the absence of a Marxist method of analysis that could link the inadequate health care system to the oppressive capitalist society as a whole. In many ways, the critique continued to be moral rather than political, in the tradition of earlier social democratic criticism. By late-spring 1974, however, the report had gained backing from a solid majority of persons working in health care. The 15,000 registered nurses of B.C., The Hospital Employees Union's 12,000 workers, and the 3,000-person health section of the B.C. Government Employees Union had all, through their organizational channels, voiced overwhelming support for what Foulkes had in mind.

In Conclusion

Again, citizens committees like the one in Kitsilano can see strategic possibilities in the present situation. It's a period of "partial struggles", and to gain some "partial victories", it's necessary to understand that the social democrats took the route they did in mental health innovating because their perspective of moral humanism (an ideology several in the present ruling group acquired at schools of social work in the 1950s) substitutes for class politics.

Because the parliamentary NDP does little direct organizing on a class basis, its social service programs have to be balanced within any given year's repertoire of bills to be pushed through the legislature in a way that will not arouse the slumbering dinosaurs of the opposition parties and press. Finally, moral humanism doesn't have a theory of state that goes much beyond the Boy Scout pledge, and thus its practitioners would never think of taking apart the apparatus that gives an operational character to well-intentioned plans.

Correspondingly, it is opposition to these features of the social democratic ensemble, expressed in popular forms, that form the basis of a strategy for neighbourhood groups which pushes beyond humanism. Nobody would pretend that working class organizing in the neighbourhood is easy. However, the development of overall programs (rather than isolatable issues) and the undercutting of divisions within the working class (and divisions between workers and other sectors)- having to do with women, ethnic groups, employed/unemployed, even the split, workplace/home- become feasible as the social democrats themselves launch increasingly overall programs (confused mixtures of social planning and social control) that demand comprehensive political replies, albeit of a defensive character at this particular point in time.