

in a **NUTSHELL**

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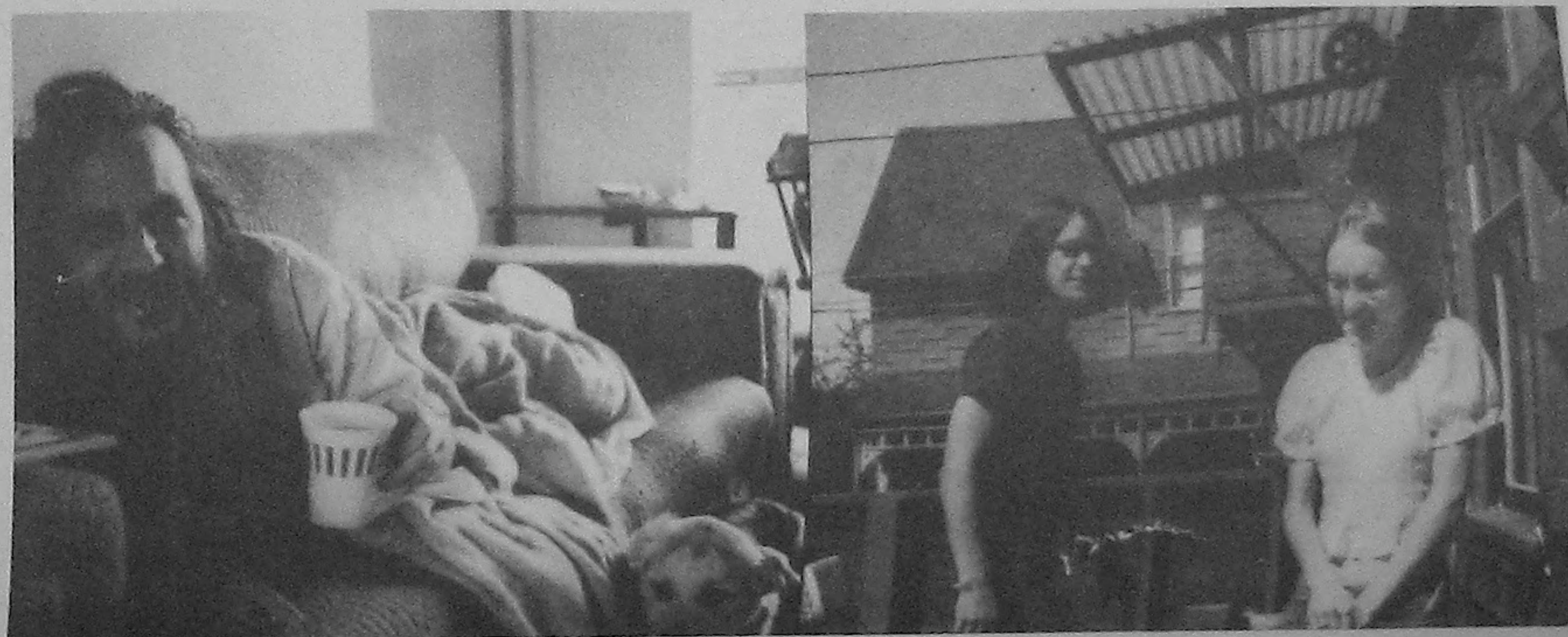
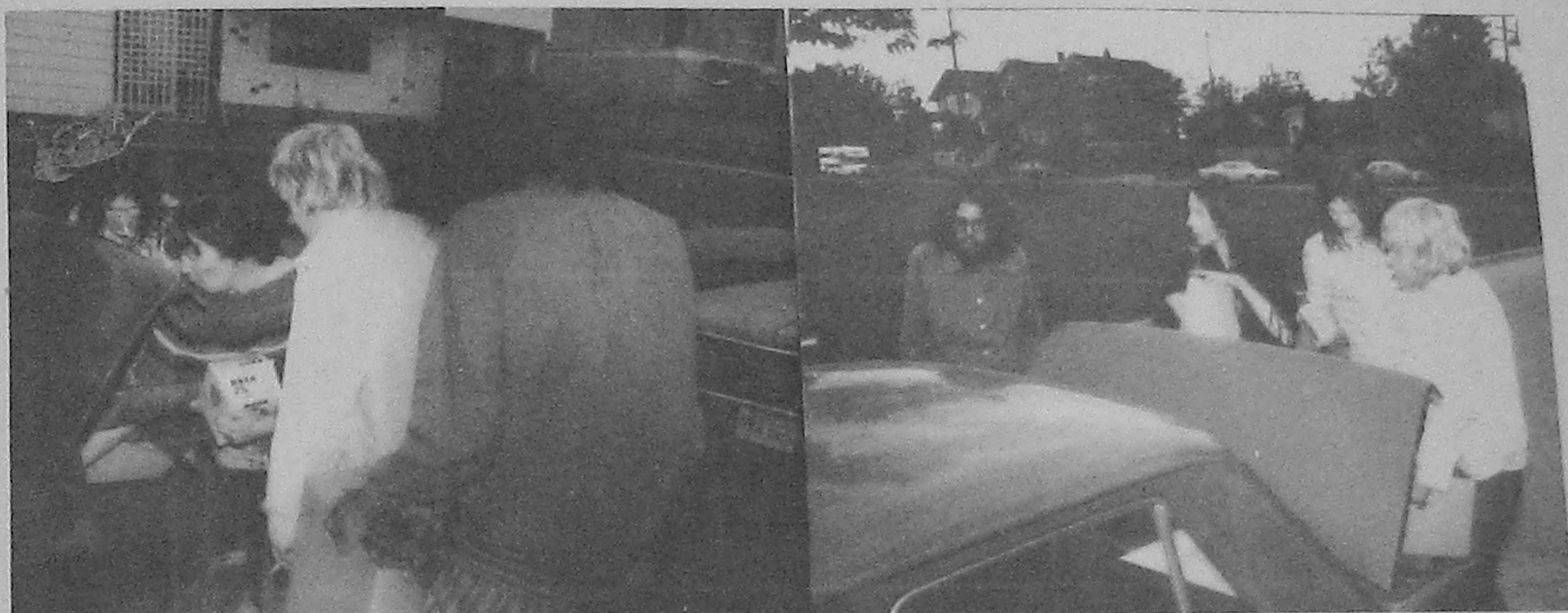
Mental Patients Association Newsletter

1982 W. 6th Ave.

Vancouver, B.C.

Phone: 738-5177, 738-1422

bringing home the bacon to east end



jim is one of 17 elected earl is back on the job

Table
Local Area Income and Corresponding VGH Emergency Ward "Psychiatric Problems"

Area	Mean Family Income*	"Psych Problems"/100,000**
1. Strathcona	\$3,000	1,506
2. Central Business District	\$3,300	4,433
3. Mount Pleasant	\$4,500	1,017
4. Grandview-Woodland	\$4,600	785
5. Fairview	\$4,700	1,152
6. Cedar Cottage	\$4,700	501
7. Hastings Sunrise	\$4,800	393
8. Riley Park	\$4,900	466
9. Renfrew Collingwood	\$5,000	346
10. Kitsilano	\$5,000	817
11. Victoria Fraserview	\$5,100	369
12. South Cambie	\$5,200	677
13. Sunset	\$5,200	439
14. West End	\$5,200	707
15. Marpole	\$5,400	415
16. Killarney	\$5,700	438
17. West Point Grey	\$7,000	286
18. Oakridge	\$7,400	242
19. Arbutus Ridge	\$7,400	194
20. Kerrisdale	\$7,600	194
21. Dunbar	\$7,800	246
22. Shaughnessy	\$9,600	164

MENTAL ILLNESS AND SOCIAL CLASS

The above chart shows the average family incomes alongside the instances of emergency treatment for psychiatric problems in Vancouver General Hospital's psychiatric ward. As you can see, the lower income areas in Vancouver have a much higher instance of psychiatric "problems", while the higher income areas are much lower in these instances. The figures here lead us in the general direction that poor and working people are more likely to wind up in hospital, at a ratio of about 10:1 if you take the highest and lowest areas, than the wealthy and middle class people.

There are 22 areas listed in the chart. These areas make up together the whole of Vancouver. From one to 16 represent average incomes from \$3,000 to \$6,000 per year. These incomes represent wage labour or welfare incomes. The areas 17 to 22 are all over \$7,000 per year. These go from professional incomes up to millionaire status. The instances of known psychiatric problems in this area fall by almost half. The poorer areas on an average have 2 to 10 times the problems. A graph chart would look like this with the curve representing a mean or average point system.

The evidence here is not totally conclusive, but it points to the fact that mental illness is a social condition, not a medical condition. It has always been obvious that poor or working people have more pressures and economic and social insecurity than wealthier

people. Here we are not talking about "neurotic quirks". We are talking about the real economic and social problems people face in society and, most importantly, a person's chances of being labelled by medical people as a "psychiatric problem" or "mentally ill" and winding up in hospital. In this respect, the chart speaks for itself.

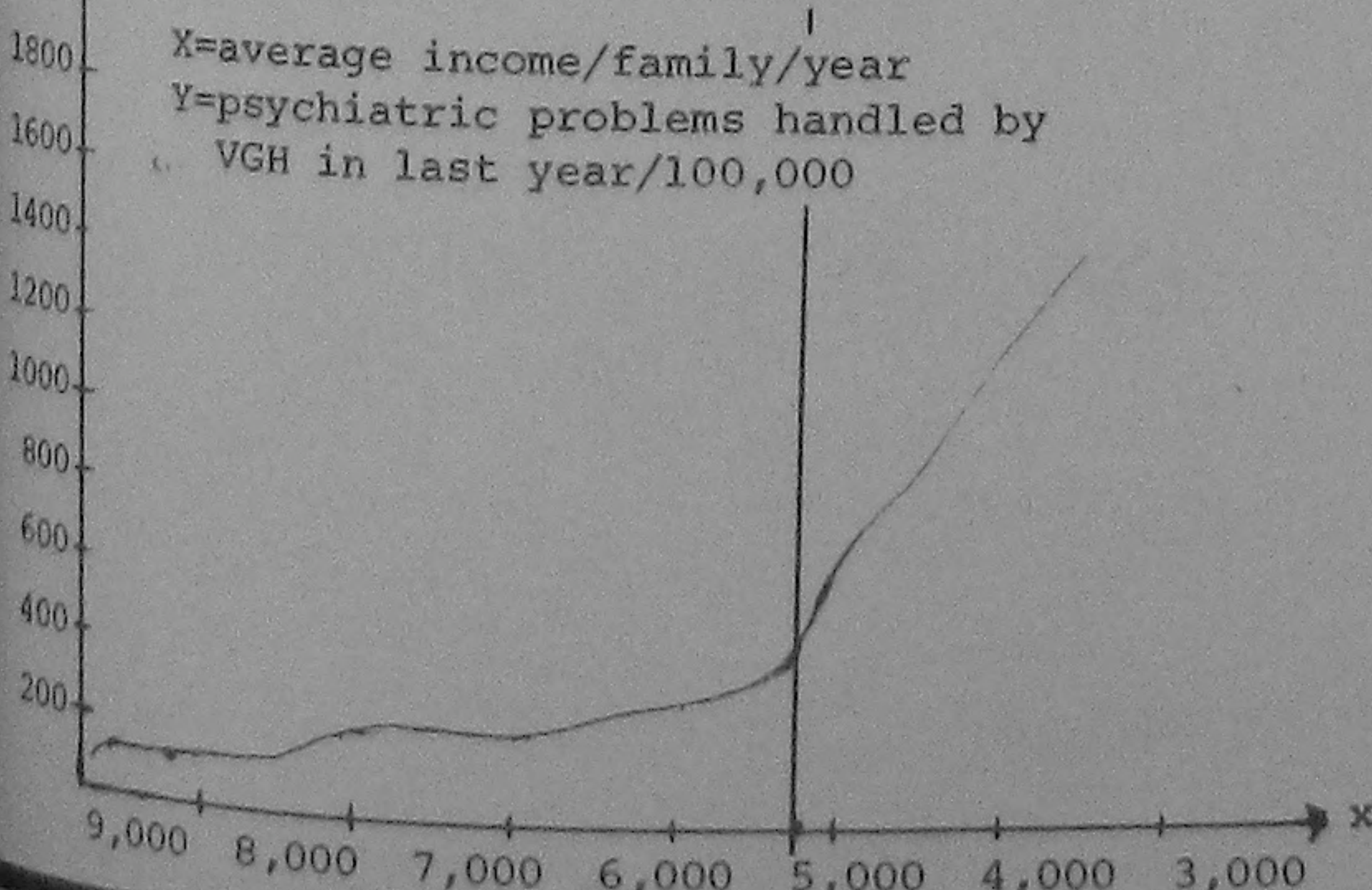
In future, the MPA research committee hopes to provide more evidence and further analysis along these lines. It has always been our experience that poor people form

the vast majority of cases in hospitals while rich people seek their own expensive and private forms of therapy or escape. Future work and evidence should be able to substantiate our case and make it known to the public in a conclusive way.

*These figures represent the average family income for the areas portrayed here. Some families in a certain area might make much more and some much less. For example, in Shaughnessy many of the residents are millionaires. The figure \$9,600 was an average arrived at after a sample of income was taken from the area. As such it doesn't give a true picture but only an average. You can see, however, the vast difference in income between people living in Shaughnessy and people living in Strathcona. The best proof is to go to each area and see for yourself. (These figures are taken from a report titled "Local Areas of Vancouver" recently revised and published by United Community Services).

**Here figures are worked out on a basis per 100,000 population. This provides a better and more standard rate of comparison since figures would vary from area to area depending on the population. This way we have a comparison which backs up our thesis even more that the poorer you are in general, the more chance you have of being put in a mental hospital. A real figure for Kitsilano, given the fact that Kits has a population of 36,000, would be 294, or, $36,000/100,000 (.36) \times 817 = 294.12$. (These figures are taken from the Victoria Community Care Services Society study on VGH psychiatric emergencies).

On a graduated curve the numbers of recorded instances of psychiatric problems increase dramatically in income groups below \$5,200/year.

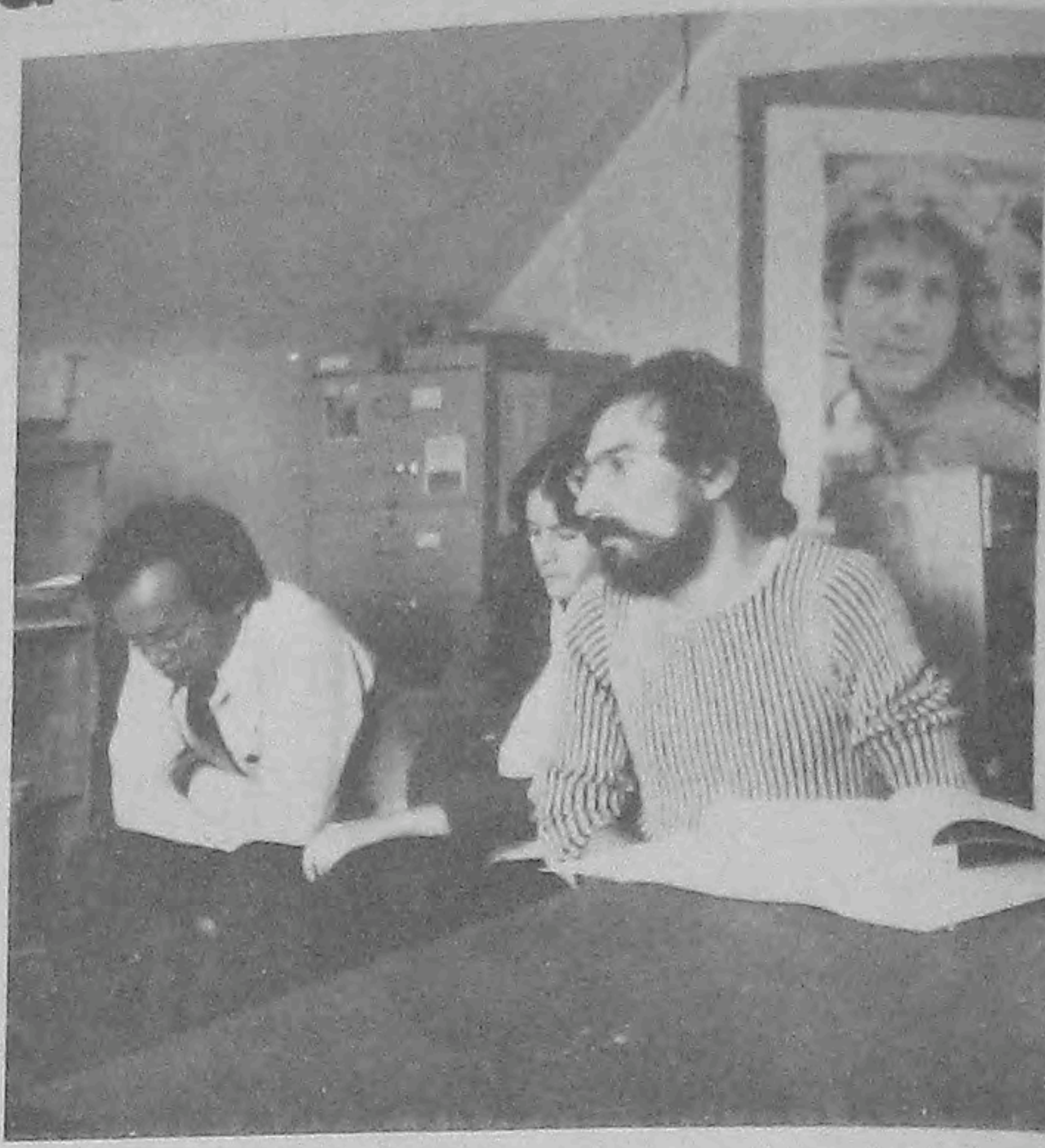


...and now for the good news



The good news is mostly friendly and familiar faces at MPA's drop-in center and 4 residences. Photo above left is the "real" Cathy Batten. The reason we say "real" is because when we published a piece

of her writing in a previous issue we ran a picture of the poet Marianne Moore as an illustration. And people kept saying: "But that doesn't look like Cathy." More of her writing in this issue. Photo above

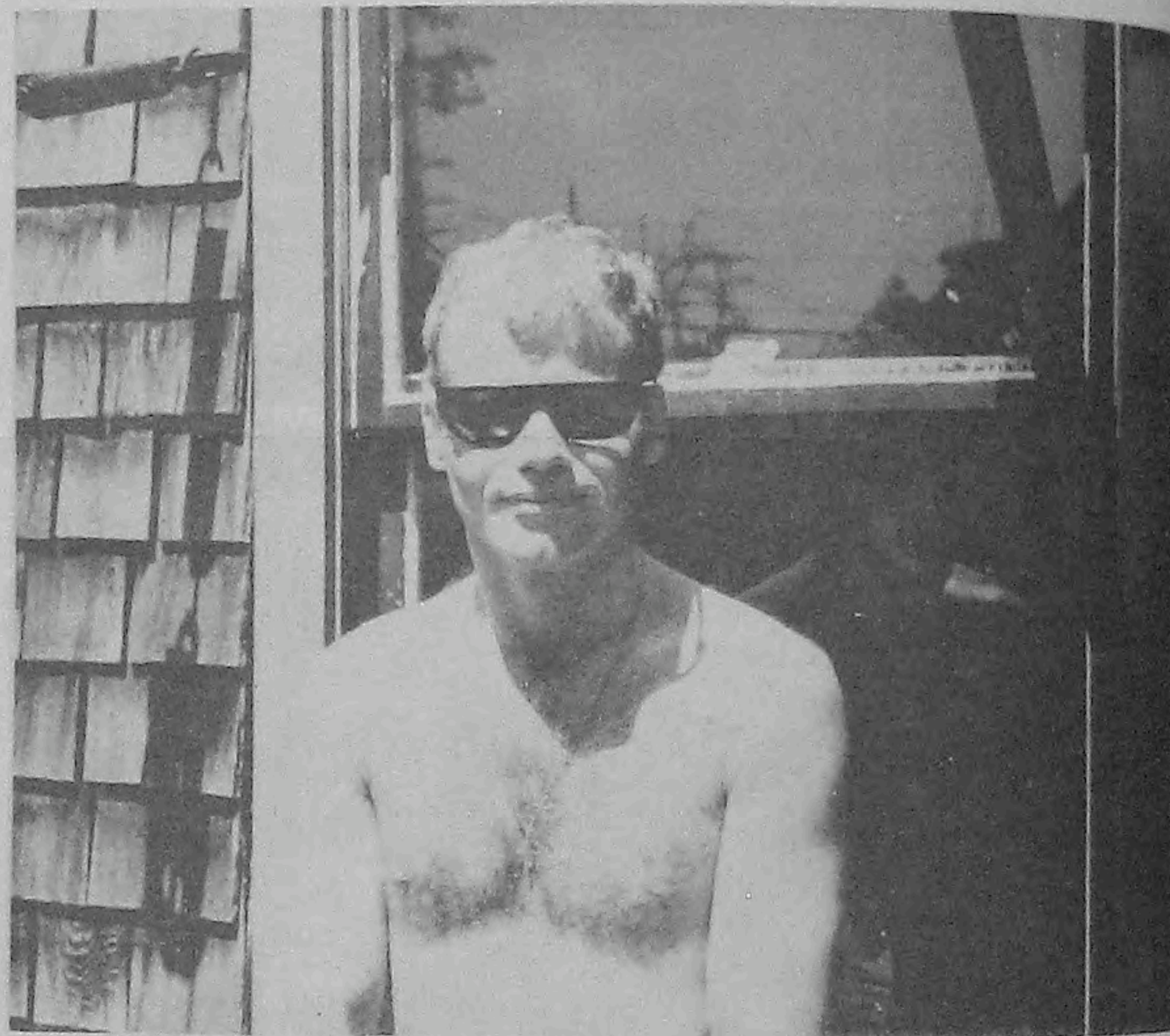


right is Sid. He's a lawyer who helps MPA when the contracts get to the fine print. Ron, an architect is on Sid's left, Ryan O'Neal is on the wall behind him and R.D. Laing is going up the wall on his right.



Photo above left is an easy moment at West End house before a general meeting. The smiles belong to Val and Karin. Photo below left is Gary.

He lives at West End. Photo above right is (also a) Gary. He's going to school in Nanaimo, and comes in on weekends to get a little sun-



shine. The sundeck at the back of the drop-in center is recommended. Photo below right is Joyce in the drop-in living room....and now back to heavy issues of the day...



Kits citizens urge crisis facility, Bureaucrats say: later, no, maybe, uh...

By ROBERT SARTI
Mental health crises don't go home at midnight, the citizens' advisory committee for the planned new Kitsilano community mental health centre warned Tuesday.

The 80-member committee voted unanimously to press the provincial government for a short-stay crisis residence to provide overnight and long-term accommodation for individuals who are suffering severe mental distress.

The recommendation is for an eight-bed facility to be established in a renovated residential house in Kitsilano, but committee members said the need in Kitsilano is for at least three times that number of beds.

Lanny Beckman said the Mental Patients Association's drop-in centre in Kitsilano has to turn away four or five individuals nightly.

"These people are not together enough to get some place to live or something to eat, and they wind up walking the streets or sleeping on the beach," said Beckman.

"One of the most frustrating things is running a drop-in centre and having to turn people out at the end of the night."

Another committee member cited the example of an elder-

ly man who turned up at a Kitsilano drop-in centre the previous night in such a state of disorientation that he had lost his \$12 welfare food voucher for \$4. The centre staff managed to find a bed for him on the North Shore — but they had to drive him there at 2 a.m.

Several committee members emphasized that the residence should be designed to serve all age groups — and not be solely youth-oriented.

The planned mental health community centre, which may get under way in three months, is meant to decentralize mental health services and substitute small, familiar neighborhood clinics for Riverview mental hospital.

The Kitsilano undertaking is part of the new Greater Vancouver Mental Health Project, which eventually plans to operate eight community outpatient clinics as the first experiment of its kind in Canada.

Responsibility for the clinics resides with the Metropolitan Board of Health, a body of municipal politicians and medical health officers.

But the Kitsilano advisory committee — which represents such groups as the Kitsilano Information Centre, Kitsilano Area Resources Council, MPA, SPEC and the Vancouver Legal Referral Service — has been battling with the government to ensure citizens participation in planning and running the clinics.

Committee spokesman Jeff Marvin told the meeting that the committee had been seeking citizen membership on the Metropolitan Health Planning and Advisory Board, one of the governmental overseeing bodies.

"There are no citizens on that board now," said Marvin. "We asked for membership and they appointed a committee to look into citizen participation."

"It's a new type of personnel that we need, people more involved in their community than is usual with mental health workers," said Marvin. "They have to be familiar with the resources of the community, where to get jobs, welfare, housing."

For some time now we have been talking about the need for a crisis house. All too frequently we find one of our members facing a sudden crisis. With the extent of services we now provide for people trying to adjust to living again in the community we often find ourselves unable to sustain those who need more than a short period of time.

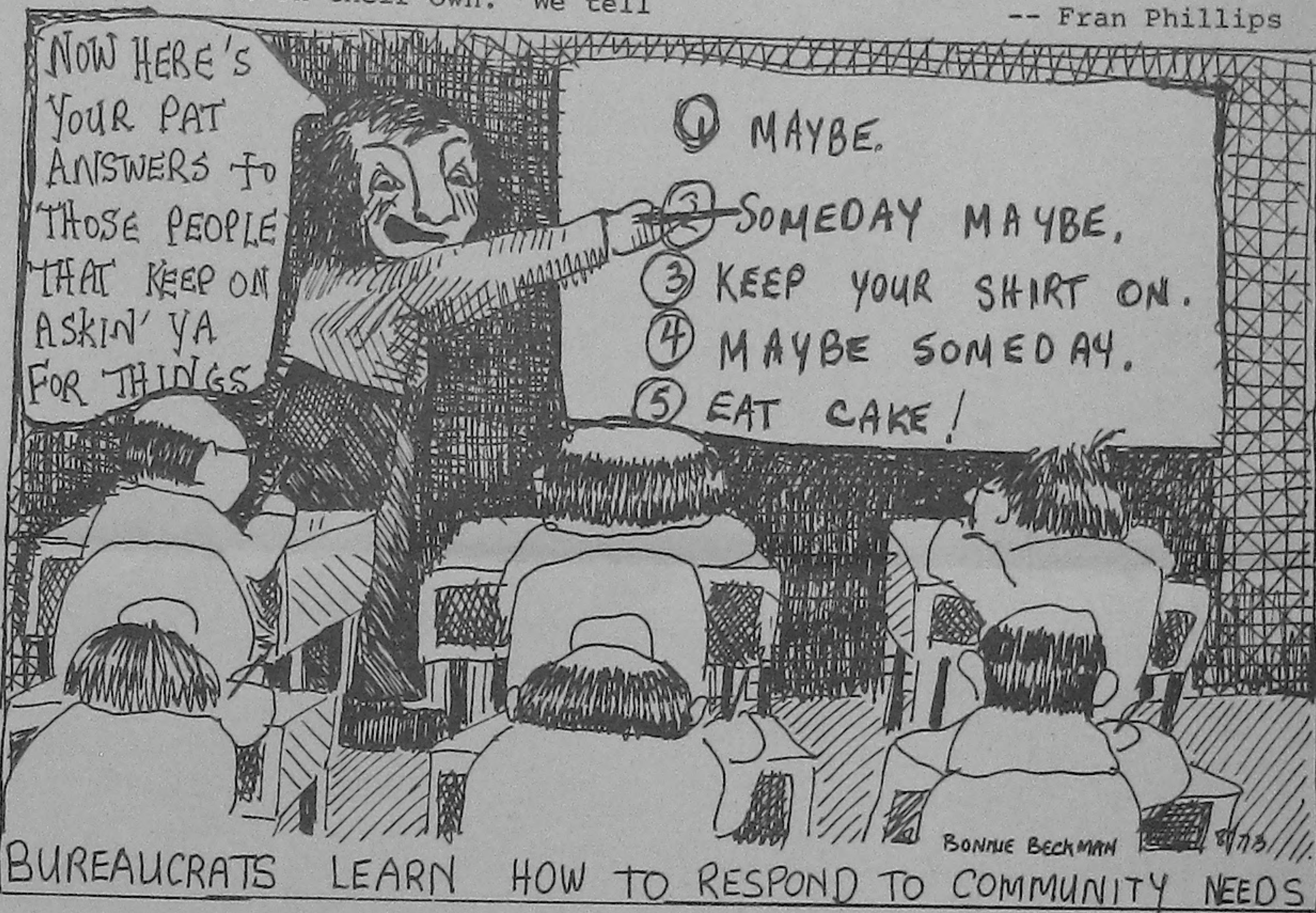
In the last few months our experience has shown that a number of people we have accompanied for assessment to VGH or Health Sciences have not been deemed admissible for treatment. There are others who refuse to accept professional help.

Such people have been asked to leave residences or the Drop-in center when they disturb the rights and needs of the majority. We, and all groups and agencies essentially dump such people into the community to make it on their own. We tell

them to go away and get "sick" before we will help and that help has then to be admitting them to hospital—often involuntarily.

Members at MPA have been aware of this problem. We have presented a crisis house proposal to the provincial government. Nothing has been heard from this source. The Kitsilano proposal for a crisis house to be attached to their mental health centre has been (for the time being) vetoed by the Coordinating Committee of the Greater Vancouver Mental Health Project. The objections are that it is too costly to staff and MPA and crisis centers serve the needs. Hospitalization is not cheap. Members in MPA do not agree that they are meeting crisis needs. We all know what it's like to try and find a crisis bed in the city at any time.

-- Fran Phillips



Story above from The Sun, July 25.

Story below from The Grape, July 18.

Proposed budget turned down

Mental health citizen committee ignored

by Sue Conrad

The Coordinating Committee of the Greater Vancouver Mental Health Project in a meeting at City Hall has turned thumbs down on a proposed budget prepared by the Kitsilano Citizens' Committee. The Committee, formed to ensure adequate citizen participation in the mental health team being proposed for the area, had spent considerable time getting the budget together, and a spokesperson for the group expressed displeasure at the treatment accorded the delegation which went to the Coordinating Committee meeting to formally present the budget.

"The atmosphere was cold, at night," said the spokesperson. "We weren't even invited to sit around the table with the other members, but clustered against the wall by ourselves." The budget, totaling some \$250,000 in funds, lays out the citizens' conception of what a mental health team should look like. Though different in form from the purely medical model brought in for other areas, it is a compromise budget.

Its main features include equalized salaries for mental health workers, a 24 hour drop-in center for the Kits area, and as an adjunct, a short-stay crisis residence. A third aspect, long-term hostels, was held out of the budget for fear of adverse reaction on the part of the Coordinating Committee.

Dr. John Kyle, executive director of the project and a member of the C.C. remained silent throughout the meeting letting other committee members detail their objections to the proposed budget.

Dr. John Cumming, the man whose report spawned the mental health team concept in local areas, was visibly shaken. He listed 5 main objections he had to the budget:

(1) a hostel for the Kits area alone would cater to only about 50 people a year.

(2) the demand would be too low to justify a 24 hour drop-in centre.

(3) given the number of workers, the supervisory staff allotted in the budget was too few.

(4) the "general expenses" section was unwarranted and

high.

(5) equalized salaries for the workers would cause an administrative nightmare, and reiterated the need for uniformity throughout the Vancouver region.

Dr. Coates, formerly of Riverview Home Treatment and now looking for work somewhere in the Project, was more to the point. He called the budget anti-professional and confrontational.

A spokesman for the Kits Citizens Committee refuted these points.

"First of all," he said, "Kitsilano needs a drop-in as an integral part of this plan. I don't know where Dr. Cumming gets his figures, but let him go out on the streets at two in the morning and see if a drop-in wouldn't be in demand here."

"Secondly, we are trying to create a more human approach to mental health and get away from the drug therapy routine. This necessarily means treating problems in a different manner from before. We need general expenses to help people in emergency situations where they are hungry or can't get a

babysitter when they're cracking up. These things do happen, contrary to what Dr. Cumming thinks."

"Finally," said the spokesperson, "the whole idea behind equalized salaries for the worker (but not the Administrator, who earns \$5000 more - ed.) is to do away with the false distinctions that arise by the rigid job descriptions used elsewhere in the civil service."

CITIZENS COMMITTEE BROADLY REPRESENTATIVE

Members of the Kits Committee are disturbed over a number of rumours being spread designed to undermine their credibility.

These have included MPA-baiting (accusing the Committee of being dominated by members of the Mental Patients Assoc.)

Butch Leslie, in his statement to the Coordinating Committee, pointed out that only two of eight elected representatives on Standing Committees are from MPA. While their work has been notable, he said, their

presence is easily countered by other members who include a psychiatrist, a child-care worker, a youth worker, a businessman, a postman, and an unemployed mental health worker.

"If anything," said Mr. Leslie, "we can be criticized for having too many agency people on the Committee. We've got to become even more representative."

Another rumour that has come to the attention of the Committee is the formation of a dissident splinter group in Kitsilano.

"If there is one," said Jeff Marvin, a member of the Steering Committee, "we haven't seen or heard from them. We'd really like to, so we could invite them to our next meeting to see for themselves what we are about."

The Citizens' Committee thus far has operated in a democratic manner, with an elected steering Committee and Personnel Committee.

They have announced a large public meeting on Tuesday, July 24, 7.30 p.m., at the Kits United Church. Everyone is welcome.

MPA HOME NEWS

WHOLE LOT OF HOUSES GOING ON

The farm is now closed. We gathered volunteers from the East and South houses to rent and drive a truck to Whonnock and pack up the furniture. Barry did a dandy job as driver. Darin and Tom from the South house along with Rudy and John from the East house worked all day as swappers. Pat and Fran worked more or less as sidewalk superintendents. The East house swapped their old couch and chair for one in much better condition. They sent their cast-offs along with the freezer and extra chairs to the West house. A half dozen chairs went to the Drop-in Centre. The dressers and some extra goodies

ing for a smaller more comfortable quarters for their South house group and found a place on 3rd near the Drop-in.

The East house and Fran have been going through a rather hectic month while a new group of residents work through the problems of adjusting to living outside the institution and living together. The usual troubles are who's going to cook, who left their dishes, choosing food everyone else likes, who left that mess etc. etc. We have been talking with a home nutrition-

ist who may find time to help some of the residents learn to cook and plan meals.

The West house has already got a nutritionist working with people in their house once a week. The rest of us see no reason for not stealing a good idea. The residents have been very good about MPA-as-a-whole invading their house every 3 weeks for General meetings. Clyde has a full house these days. They are carefully tending Al Kuenzli's tomato plants. There's one coordinator who fulfilled election promises.

FARM BITES THE DUST

Fresh air, sunshine, an easy going life-style in the country. It all adds up to a perfect setting for people who are going through emotionally hard times.

Or so we thought.

For the past 2 years we have struggled to keep the farm going because we knew it was supposed to work in theory. But practice was another matter.

Though dozens of people have derived solid benefits from the farm, it really hasn't provided services equal to those of the city residences. People getting out of hospital are just not that eager to live in the country. Also, it was much harder to provide back-up support when the farm ran into a crisis.

The group has decided that, all in all, our efforts are put to better use in city houses. So we have reluctantly closed the farm. It is being replaced with another residence in Vancouver.

Polluted air, a frantic pace, noise. We know it sounds crazy, but it works.

3 YEAR SECURITY

Great LEAP forward

Great news on the grant front. MPA has just learned that we will be receiving funding from the Local Employment Assistance Program (LEAP), a program within the Department of Manpower and Immigration, is designed to provide employment to those "who would otherwise be unable to find work in the normal labour market."

The MPA grant covers twenty salaries plus operating costs and will enable us to continue at the present level of service operation.

A one year contract has been signed and is renewable to a maximum of three years.

job openings

There are very often job openings at MPA.

If you are interested in a salaried position with the association contact Dick or Lanny in the MPA office, 738-5177.

bob's worried about ndp



**Bob
HUNTER**

Admitting that his government had "done very little" to change B.C.'s medieval mental health treatment system, Premier Dave Barrett last week offered the wishy-washy excuse that he had "not faced much pressure from professionals" for reform.

Ah, come off it, Dave.

I vividly recall standing outside the gates of Riverview Mental Hospital a few years back, having been refused permission to investigate the place by virtually every "professional" in sight. What were they hiding?

Standing next to me was Opposition Leader Barrett. Quite brilliantly, I thought, he was arguing with the superintendent and, by telephone, with then Health Minister Ralph Loffmark. It took some fancy verbal footwork, but in the end Barrett managed to break down the barriers and I was grudgingly allowed inside to investigate the place.

At that point in time, there was certainly no pressure being generated by professionals for reform. If anything, many professionals had been guilty for years of an almost criminal abdication of responsibility. They had, after all, been unwilling to fight the old government to have conditions at Riverview

changed, even though everybody knew that the place was understaffed, overcrowded, and that patients were processed through an institutional machine as inhuman as any in existence in our society.

The professionals were an establishment unto themselves, more concerned with order, control and management than with anything else. The best some of them could imagine was to zonk their patients with pills or electricity so that they wouldn't bother anybody.

The actual amount of treatment going on in Riverview was almost zilch.

The professionals were those people who went along with the whole farce of "mental health treatment," when they knew, in their hearts and heads, that they weren't treating anybody—they were just babysitting a bunch of tranquillized zombies.

So Premier Barrett has to be indulging in one of his famous put-ons when he makes that sort of a comment. The thing that I'm concerned about is not so much what he's saying in public on this matter, but rather what is actually being done.

For instance, an order-in-council was passed June 11 which amends Section 27

of the Mental Health Act to allow police to arrest people on the basis of the policemen's own observations or on the basis of information received by the police.

This sounds suspiciously like a plan put forward by Dr. John Cumming, who borrowed it from New York State. It is intended to give community mental health workers some additional backing when they go into homes to deal with patients. In effect, it makes the police into thought police. Certainly, it gives them more power than they had before.

The problem with this sort of power play is that, conversely, it makes the potential "patient" even less able to resist the intrusions of the state into his mind. Theoretically, a social worker will now be able to call in the cops a lot more easily.

What is particularly disturbing about this order-in-council is the indication that Barrett, or at least Health Minister Dennis Cocke, has been listening to Dr. Cumming, who not long ago published a paper reflecting the position of Mental Health Branch. In addition to suggesting the extension of police power which has now been granted, Dr. Cumming's paper called for an increase in the amount of time a person could be held in a place like Riverview against his will. Specifically, Dr. Cumming suggested increasing the period that a person could be held without appeal from 30 to 60 days.

Is the government going to go for this too?



Residence coordinator Pat Lagos

went to the South house. They will also store extra beds. A new first for an MPA activity--the whole show was on the road at 9 a.m.!

By the time of publication we should have moved in to the North house. Mortgage arrangements for purchase from the East Enders Society are all but complete. Jerry has been working with Pat getting things in shape for the move. Helen and the residents have been twiddling their thumbs for three weeks now waiting for officialdom to give them the go-ahead.

In the meantime, the South house is beginning to burst at the seams housing the group who will move to the North house along with a new core group for the South house. Al and Nancy have also been busy look-

CMHC comes thru again

MPA has just purchased its second residence with a CMHC mortgage. The house, at 4th and Commercial, to be called the North End House, has 5 bedrooms and will make a fine group home. Residents will be moving in as soon as all the forms are signed.

MPA's long range housing goal is to buy houses to replace those we are now renting. We now own two (the West End and the North End) and are renting three (the East End, the South End and the drop-in center).

ENGLISH PATIENTS FORM UNION

Following up last issue's report on patient organizing in the Berkeley area, Nutshell foreign correspondent (we've got 'em everywhere) Eve-Lynne Rubin provides a first-hand account of the situation in England.

Mental patients liberation groups are rapidly developing in England. Approximately six months ago in London the Paddington Day Care Hospital -- then the most progressive of the mental health units -- was closed down due to its "permissive" attitude toward mental patients. The result was that a number of angry persons who had been using the services of the hospital as out-patients decided to form their own organisation -- Mental Patients Union -- and to provide themselves with the help that they were not receiving through the ordinary channels.

GROWING PAINS

Six months later the Mental Patients Union has some 600 members in London and the surrounding counties, and branches of the union exist in at least ten areas throughout England. The union is tied together by a General Meeting held at least every three months. The last one was in London, but members came from as far away as northern Scotland. At this meeting some basic policy was established by the members.

Essentially the movement is a political one, concerned with the struggle to establish rights for an oppressed group of individuals. The aims are not unlike those of mental patient liberation groups throughout America. They demand the right to choose to enter a hospital or not, to determine treatment, to refuse shock therapy and the administration of drugs, to participate wholeheartedly and freely in determining their future, and, of course to de-mystify the role of the professional mental health person.

Behind these demands is the basic conviction that society in its present form in Britain is responsible for the oppression of mental patients. Also, the greatest number of mental patients in the UK come from the working class. A curious but indisputable fact.

MPU in London is one of a considerable number of unions throughout Britain currently undergoing

labour pains to give birth to their organisation. They have a small office in Camden Town where they are squatters, i.e., they reside in an abandoned house, pay no rent, are responsible to the Camden Council for rates, electricity, telephone, etc., but have no long term expectations of staying in that building.

NEED MONEY

They are negotiating for a permanent home, but do not expect that to go through for some months. MPU is severely restricted by lack of funds. It relies on support from members, and interested parties. The situation in Britain is much different from here. There are no provincial or federal grant systems. Money can be arranged by applying to charities, local councils, or even higher government organs, but this would severely restrict their activities which are highly political. Thus they decided to fund themselves as long as they can hold out. Of course this means that no person is employed to work there. The office is manned voluntarily, and therefore, inconsistently. Frequently it can appear that there is no MPU, at least in the crisis context.

MPU is taking things slowly so as to ensure their long-term effectiveness. While they are currently unable to provide a good crisis situation, they do give support to people who call up and drop

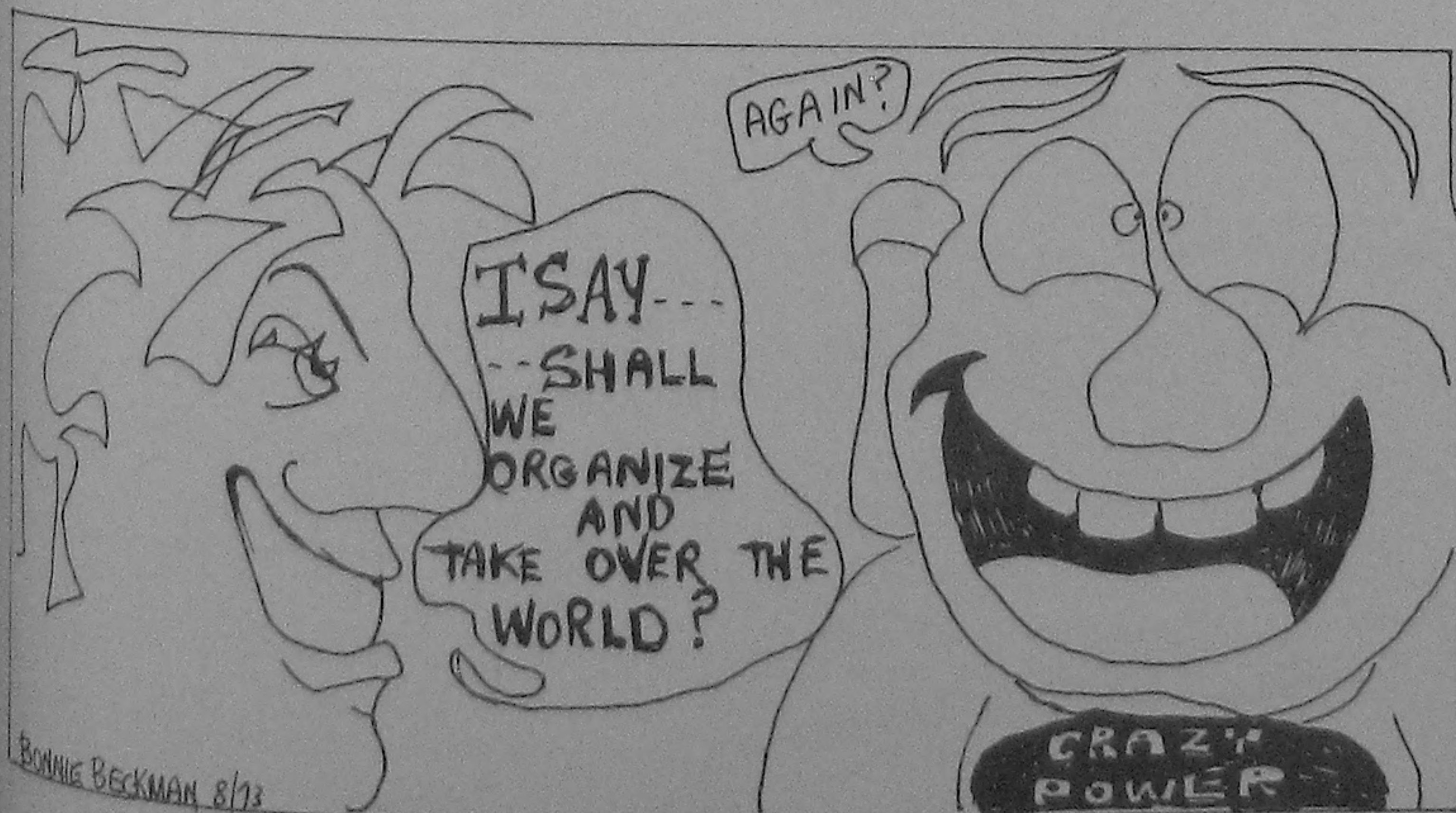
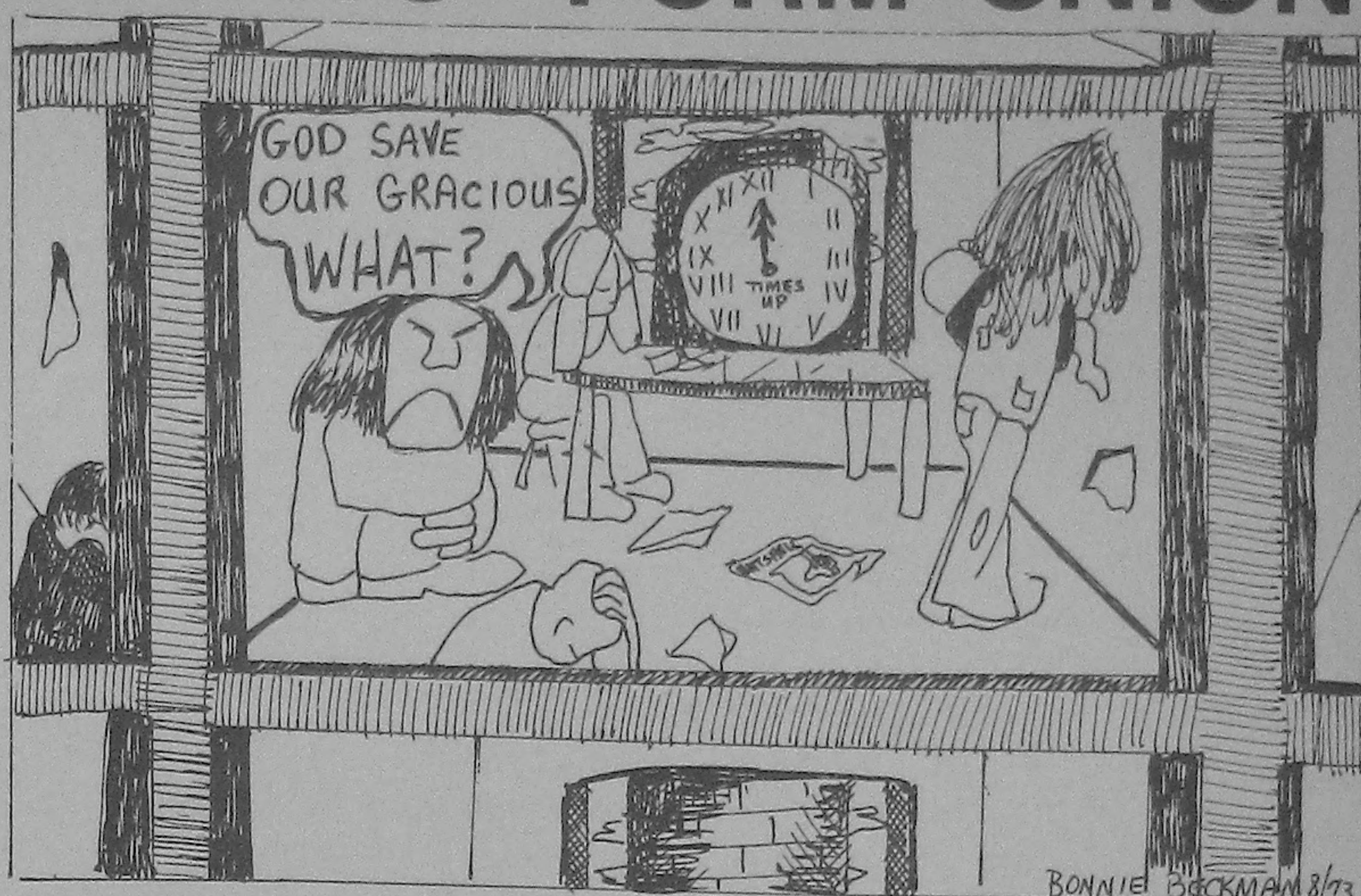
by. They are trying to encourage this but feel that the real people-helping will only become possible when they have a permanent home.

Their activities center around visits to mental hospitals to make patients aware of their existence, and they have solicitors who attempt to deal with some of the cases that come up. For example, they are fighting the case of a 16 year old girl committed to an institution by her parents after a breakdown. She is doing her "A" levels and the interested party is her school as well as MPU. They are also investigating the case of a woman who mysteriously died in a mental hospital earlier in the year. The woman had abusive marks on her body at the time of her death. MPU is supporting the case of a South African man in a UK prison who is subject to deportation on his release. In SA he has a long history of incarceration in mental hospitals for political activities, and this is where he will end up if the deportation goes through.

At MPU people come together in the Camden office on Wednesday evenings to discuss all these happenings, and to decide where they are going. The meetings are heated, not at all unlike those at MPA, and have a highly "therapeutic" value in a very unconventional manner. The main problem in London is the complex nature of the city -- it is immense, and people are frighteningly dispersed throughout it, often unable to afford the fares to the office. The situation in a small city or village is obviously much better with fewer people coming together more frequently.

MPU was interested in and inspired by the success of MPA in Vancouver. One research item they produced - a leaflet on the effects of the most commonly administered drugs - seemed to me of great value to MPA. The aim of the leaflet is to help an individual differentiate from the symptoms of anxiety he/she may truly be experiencing, and those that are related to the drug being taken. Copies of this are available in the MPA office.

- Eve-Lynne Rubin



GROUP FACES BIGGEST CRISIS YET on violence & mp

MPA has long fought against the stereotype of the violent mental patient. We have often quoted statistics which show that patients are not more violent than non-patients.

Our own experience over the past 2½ years has supported these statistics. Although we have had our share of property damage (108 cups and 76 windows according to the MPA Bureau of Statistics) there have been no incidents of serious assault on other persons.

can be vented within the boundaries of MPA and not in the outside community where they will be less tolerated and more dangerous. Unquestionably, we have prevented many minor crimes of violence by providing an atmosphere which can cushion and re-direct destructiveness. The group acts as a kind of safety valve to release pressure before it becomes truly dangerous.

If you were to add up all the damage at our centers over the

other people?" I would usually sidestep the question by replying that this is a very, very rare occurrence and that you don't want to create laws affecting thousands of mental patients to take account of one or two homicidal people.

The issue here of course has to do with involuntary commitment. As a last resort, defenders of commitment often argue that involuntary procedures are necessary as a means of incarcerating potential murderers before they have the chance to kill. Using such rare instances to justify widely applied repressive laws is often a red-herring. In the past, it has been especially easy to psychologically dismiss that line of thinking because MPA had never had to contend with murderous violence.

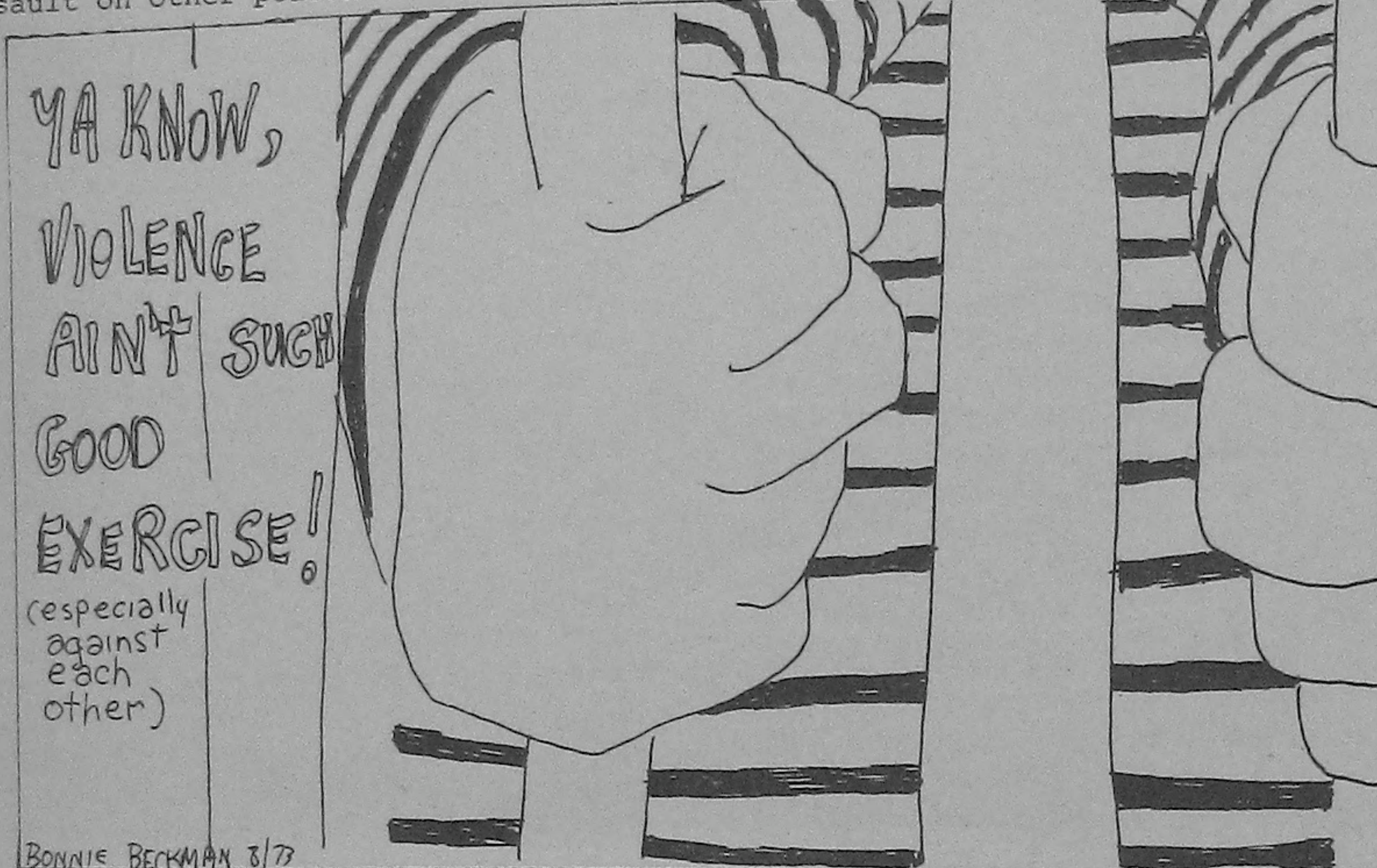
NEARLY FATAL

In early July, however, we as a group faced our most serious crisis when one of our long-standing members lost complete control and committed two very serious acts of aggression, the second nearly fatal.

Shock waves shot through the group as we strained, hour by hour, to deal with a horrifying situation.

It was almost impossible to believe that this person, whom we all knew and respected, had suddenly transformed into someone who was dangerous and unreachable. The top priority, we all realized, was to prevent injury. But there were other priorities. We did not want to commit the person against his will unless absolutely necessary. We tried to reach him on a human basis and to convince him through reason as well as compassion that violence against other people is wrong. Further, we wanted to handle the situation in a self-sufficient way so as not to have to call in the police. We tried, unsuccessfully, to convince him to enter hospital voluntarily.

In such an extreme crisis situation, there were no pat formulas to fall back on. We groped frantically for a solution. Increasing numbers of people got involved. Phone calls went back and forth to alert people to the possible dangers. We endeavoured not to leave the person alone but to have others with him constantly.



BONNIE BECKMAN 8/73

This in itself is quite a remarkable record considering that our door is open to anyone -- sometimes because there's no glass in it.

TWO TYPES OF VIOLENCE

The group has always tended to distinguish between two types of violence: one against property and the other against persons. While we have not condoned property damage, neither have we come down very hard on it. Sometimes we ban the person for a period of time; sometimes we ask him or her to repair and pay for the damage; sometimes, if the person is extremely disturbed, we let it pass.

There are so many people wandering around in this society bottling up their rage. At times, breaking a window may be the least destructive way of expressing anger. In fact, one of the real functions MPA provides in the community is to focus certain violent urges so that they

years, it might come to a few hundred dollars, a small price to pay for safely containing what could have been seriously harmful behaviour.

But dealing with property violence, while it is a nuisance, is really kid's stuff.

THE REAL ISSUE

The real issue is violence towards people. This is where the group has drawn the line. Though, if the truth be told, there was not much of a line to draw. The record -- if we kept records -- would show no occurrence of major assault and a handful of incidents of minor assault -- pushes, slaps and punches. None of these came close to posing a threat of serious injury.

I have often drawn on this basically peaceful history in discussions on the violent mental patient. People would say, "Well, what do you do about someone who goes completely crazy and tries to kill

nutshell

IN A NUTSHELL can always use staff, people to help with typing, layout, editing, proof-reading, all the tasks that go along with putting out the paper. If you would like to help and learn newspaper skills in the process, contact Stan at the Drop-In Centre.

We get many requests for subscriptions to IN A NUTSHELL. We have no fixed rates for this but any person who is able to contribute towards the costs may do so. IN A NUTSHELL is free to all people in

hospitals and to all hospital staff as well as MPA members or anyone else who has been in hospital. All movement and community service grass-roots organizations can get the paper free. Write and tell us who you are and where you are staying.

IN A NUTSHELL is the official publication of the MENTAL PATIENTS ASSOCIATION. Our address is 1982 W. 6th Ave., Vancouver, B.C. The telephone number is 738-5177.

Dear Nutshell:

I have just finished reading the June-July issue of your newsletter. I found the article on page 9 by Evelyn to parallel some of my own experiences. I know what she went through and is going through. Also, I was delighted with Len Lorimer's delightful story "The Quest".

Please keep up the good work. You're communicating with each other, but with all of us too.

Phyllis F. Young
Minister Without Portfolio
(Consumer Affairs)

After the first serious assault, the logic of events took over. There was no choice. We were in over our heads and the police had to be called. They apprehended the person and took him to VGH. We all counted our blessings that his victim was not seriously hurt.

Then irony of ironies: the hospital released him! There was MPA, stalwarts against involuntary commitment, calling the police. And there was the hospital, renowned for devouring civil rights, releasing a truly dangerous person.

TOO CLOSE

To say the least, we were astonished. We knew we had a very serious problem on our hands. Despite the intensive efforts of a dozen people, the person slipped away and returned to one of the MPA residences late at night, where a vicious attack occurred. We again called the police and prevented the person from escaping until they arrived. Very luckily, the victim of this attack survived and is now recuperating in hospital in good condition.

The whole episode was far too close for comfort and we have been forced to re-think many of our basic principles and strategies concerning violence and commitment. Two special meetings, totalling 8 hours, were held to deal with the aftermath of the situation. We went over the detailed circumstances leading up to the attacks so as to prevent false rumours from circulating. We discussed how to support the victim and her parents and how to support the residence where the attack occurred. The entire episode was re-hashed in an effort to understand where we failed and what should be done to prevent future occurrences.

WHAT TO DO

The group agreed that it is impossible to set out firm guidelines for dealing with extreme crisis situations. To a large extent you have to rely on spontaneous judgment, balancing the rights of the potentially violent person against those of his potential victims. The more likely violence is to occur, the more important are the rights of potential victims.

It was recognized that if violence cannot be handled within the MPA community, then incarceration must be considered. In these situations, quick decisions must be made but over-reactions must be avoided. Easy to say and hard to do. The special meetings on violence recommended that, wherever possible, a group ought to be involved in making the decisions.

Included in the minutes of the meeting are the following proposals:

"1. Situations should be assessed as they develop, using group wisdom, not the intuition of individuals, to determine if the situation is really extreme, i.e., decisions as to whether we need outside help or whether MPA can deal with it alone.

2. If a person must be sent away from the drop-in center, we must make sure at least one other person goes along to deal with the person and keep him/her out of trouble.

3. If the need is great enough to go beyond 24-hour constant care, then a hospital should be considered. This proposition must be put to the person as often as possible, no matter how freaked out, to make him understand what may happen.

4. When a situation is prolonged and there are several people in different centers involved, information must be passed between these persons.

5. Take freak-outs more seriously. There is a distinction between acting crazy to let off steam and an actual, serious freak-out. When persons are in danger, there is still reluctance to call for outside help. We should not be so reluctant to realize that hospital may be the only alternative. We must look into other procedures -- e.g., Form A warrants, cops or mental health act."

Recognizing that state institutions may be necessary in some cases does not indicate a "shift to the right". While MPA continues to oppose involuntary commitments where no criminal activity is involved, we obviously oppose violence against persons. Dangerous people must be incarcerated for the protection of others. Threats of assault are offenses under the criminal code. In cases where the threats are serious, we must be prepared to use legal channels to have the person confined.

Keeping in mind how very rare these cases are, and without losing sight of principles of individual freedom, we must be prepared to take dramatic steps to prevent vio-

lence.

The revised mental health act written by MPA proposes that one of the only allowable grounds for involuntary commitment be dangerousness to others. Our section is similar in many respects to the present California act which states that a person may be committed for 90 days if it is demonstrated that he has "...attempted or inflicted physical harm upon the person of another...and presents, as a result of mental disorder, an imminent threat of substantial physical harm to others."

Given our recent experience, we cannot see any way around having such a clause in the mental health act. To ensure that the procedure is not abused, stringent and frequent reviews and appeals must be provided for. The use of the procedure, when used judiciously, can be of benefit to the dangerous person, himself, by preventing an assault which could result in a far lengthier confinement. Ninety days of prevention is worth a lifetime of cure.

The special meetings on violence agreed that we must give much more serious consideration to the issue of dangerous behaviour. A Committee therefore was struck to organize a crisis training program (our third since MPA began).

The committee's objectives were defined as follows: "To cover areas of crisis, legal procedures, police dealings, medical emergencies and group work with heavy situations. People in the committee are to prepare a manual updating previous handouts on procedures in these areas. Sessions hope to include group work, role playing, and video tape aids."

The episode of violence which sparked all this activity has had as happy an ending as could be hoped for. The woman who was attacked is coming along well and will hopefully be moving back into the residence soon. Her parents have been remarkably understanding and supportive of our efforts through this terrible ordeal.

The person who committed the attack is in custody and will likely be incarcerated for some time, but it is impossible to tell at this point. He has had many visitors from MPA and is receiving a lot of compassion through this horrible period in his life.

The group has held together through the experience and in many ways is stronger for it. We have all had a very sobering lesson.

- Lanny Beckman

RIGHT IN

Dear Nutshell:

The enclosed five dollars is to help towards production costs of In a Nutshell -- we think you're a great collection of people.

Bill & Nina Carney

Dear Nutshell:

Jamie Jenkins' June issue of your paper arrived in care of my name;

before forwarding it on to him, I read it, and enjoyed it. On a forthcoming visit to Vancouver I would like to visit with some members of your association, but in the meantime I would appreciate receiving the paper on a regular basis. Enclosed please find a cheque for \$10 to cover the cost, or, help in a small way to "bring home the bacon".

Walter D. Fenz
Prof. of Psychology
University of Waterloo



Studies in a dying counter-culture

The not-so-great escape

by Stan Persky

Timothy Leary, *Confessions of a Hope-Fiend* (Bantam Books, 1973)

Whatever happened to Timothy Leary, the ex-Harvard psychologist who turned on to LSD, tuned in to his own ego, and dropped out of the academic establishment to become more firmly established as a hero-teacher of the U.S. "counter-culture" during the 1960s?

Part of what happened is told by Leary himself in *Confessions of a Hope-Fiend*, a book that covers the period mid-1970 to mid-1971 when Leary escaped from a California jail and made his way to Algeria for a brief political honeymoon with Black Panther Eldridge Cleaver.

In *Confessions*, Leary is a surprising competent and entertaining journalist. However, politically he's still as myopic as he was at any previous period. In the 60s his super-romanticism (hippie revolution is right around the corner and everybody is god) seemed slightly closer to reality for many people than it does during these more sober days. His penchant for hanging on to sluggy ideas at the present time just comes off as purple-passage prose. (Quoted example to follow.)

Since writing this book in Switzerland in 1972, Leary wandered through a few more countries, got recaptured by the U.S. police and is again serving time for a series of pseudo-crimes involving drugs.

In 1970 Leary was in a California jail facing local charges; he'd recently been tagged in a Texas court with a barbaric 10 year sentence "for being in a car in which someone else possessed less than half an ounce of marijuana", and he was scheduled to be flown to New York to be tried for more "crimes". Therefore, his successful strategy to get shipped to the minimum security prison at San Luis Obispo, California, and his decision to make an escape bid were very sensible moves.

Sandwiched between uncritical accounts of the joys of yoga, nonsensical manifestos, and dreadfully incorrect political predictions is the interesting practical stuff on how hard it is to escape from jail and how he did it. This is by far the best written and most exciting part of his *Confessions*. The remnants of the "underground" press gave the impression at the time that Dr. Tim miraculously walked out of the joint and equally magically was spirited off to safety.

Leary completely dispels the illusion that there was anything easy about the break. He provides a suspenseful detail-by-painful-detail description of how he just barely scrambled out in a mid-air monkey-crawl along a treacherous heavy cable that left him panting with exhaustion and fear.

Once outside, the details were efficiently handled by the Weathermen, a short-lived group that wavered across the political spectrum from extremes of terrorism to mother-earthism. The fact that they were together enough to handle Leary's escape lulled the



Tim Leary still thinks the revolution looks like this

gullible guru into thinking they were the answer. Here's a sample of Leary waxing his lyric worst:

...three dear Weather souls were blown to pieces in a Greenwich Village town house. That forever destroyed our belief that armed struggle is the only real revolutionary struggle. It's a spiritual revolution.

Bernadine's serious eyes met mine understanding. It was what I was waiting to hear.

--The revolution is totally new, seven liberations: genetic; neurological; sexual; cultural; economic; political; and armed struggle only when it is forced upon us.

I do not see the Weathermen as violent. They violate no life. They dig human life. They realize that love is the key to the revolution. They live the new life-style!...The models are not tired Bakunin, Trotsky, Marxist dogmas. The American Indians are one model, living in the mountains close to land. Sitting around the council fire. Smoking up the peace pipe. Watching the white machinery destroy itself.

About all that's missing from this idyll is "Mr. Pibb. It goes down good." In Leary's thoroughly misleading estimate of political forces (based on a few groovy escape days in an American National Forest) he imagines that "our underground" (a handful of middle-class leftists) is equivalent to "their underground" (the entire state apparatus of the U.S.). The slightest acquaintance with the "tired" Marxist idea of social classes could do our would-be revolutionary nothing but good.

The second half of *Hope-Fiend* is taken up with the genuinely bizarre relationship between the Guru and the Revolutionary Leader. For an insignificant moment in time there was the thought that

Leary and exiled Black Panther Eldridge Cleaver could combine forces. Besides various other difficulties, there was the insurmountable problem that neither commanded many "forces".

Thus, what Leary describes is a head-on collision in which two men with strong personalities (and big egos) who have been imagined by the mass media as politically powerful are themselves seduced by their public images. In fact, neither Cleaver nor Leary (especially Leary) had a great deal of real political power at the time of Leary's flight to Algeria. Cleaver was painfully isolated from whatever actual mass base he might have (at the same time - spring, 1971 - his Party was undergoing a split, with Cleaver on the ineffective end). As for Leary, he was merely deluded by a countercultural hangover. His vision of the powerful American underground tribe was almost pure fantasy. The record that follows, then, is simply one of gruesome anecdotes, resulting in Leary splitting for new places in which to be homeless.

Despite the publisher's exaggerated blurberings ("one of the great escapes of all time", "his trial began 2000 years ago with Socrates", "tarnished angel of the academic community", "the impact of this book will be felt for years to come!") the main impression one receives of Leary is that he's a slow learner. After all of his "incredible" and "sophisticated" experiences, he remains relentlessly and pointlessly innocent of the world situation and his small role in it. Rather than "the stirring ring of history in the making" claimed by his publisher, Leary's *Confessions* have the tinny clang of a man rattling in a time warp.

inside kingsley hall

Mary Barnes: *Two Accounts of a Journey Through Madness*, by Mary Barnes and Joseph Berke (Penguin Books, \$2.50)

This is a difficult book to review. While it presents a moving account of a woman's courageous struggle with her past life into a more liberated view of herself as a person, it also shows how she found relief in a type of unorthodox religious mysticism. As much as I feel that escape into religion is a type of mystification which can prevent us from seeing ourselves as we really are in the world along with the concrete day to day problems and conflicts which oppress us, at the same time I found much in Mary Barnes' story which was compelling.

Mary Barnes was Kingsley Hall's most famous "resident". She became the symbol for a group of progressive psychiatrists in London whose aim was to create a place where people could freely "get into" their "madness" in order to re-emerge as fuller human beings. As you can see, this is a very vague idea but Mary gave expression to it by actually doing it.

For a number of years Mary "went down" to the point of her childhood - to the point where that experience became so vivid she wallowed in her excrement and had to be bottle-fed. Mary was in her forties when she did this. By this action she was able to repeat her life in such a way that she became free from her family and the confusion living in that situation caused. In other words, she came into her own place in the world of inter-personal relationships.

As for her dependance on religion, her absolute reliance on God, she never really shook this off. As her own account of her life shows, she converted to Catholicism at a time when she was very "freaked out". If I could risk a psychological interpretation of this, I would say that she used religion as "prescription" to get her through the hard times. Also she left her parents' church to become a Catholic as a revolt against her family and their religion which was Anglican.

What happened after that in Kingsley Hall becomes a two-sided event. On the one hand she became free of the tyranny of her past life which was infused into her by years in an authoritarian family. On the other hand her Catholicism, as a "crutch" developed earlier in life, stayed on and grew stronger. Joe Berke, the co-author of the book and the person who was closest to Mary throughout her stay at Kingsley Hall, as much as says in his summation at the end of the book that Mary became a religious mystic. Still, he refrains from passing judgment on Mary or her ex-

perience. I guess I'm in the same position. If Mary is to shake religion she has to do it the same way she shook her family, in her own way and through her own experience. Joe Berke did not work with her to force things on her. He was simply there to help or explain things when she was ready.

In this context it is important to remember that traditional psychiatric methods are based on coercion and force. To truly aid a freaked out person is not to force them to do anything unless they constitute a danger to themselves or to others. Then the force should go no further than to remove them from any source of danger. To "lay a trip" on Mary about religion at any time would have been wrong and confusing. Only through a lot of work, one-to-one or group discussion and support, could Mary have abandoned her religious dependencies. And then only when she was ready.

The rest of Mary Barnes represents an important work. It shows that even the most freaked out people don't require hospitalization in order to get through the many problems which weigh them down. A community situation based on equality and mutual respect, without forceful "therapies" and locked wards can work better. Mary's own account written in an uninhibited, personal and easy way is proof of this.

Joe Berke's sections in the book are full of information about the people who were involved in setting up Kingsley Hall, its day to day routines, its conflicts. He also gives the clearest, least rhetorical account yet published of the principles which motivate anti-psychiatry. The book is in paperback and it's worth reading for anyone who wants to know more about Kingsley Hall and what that experiment meant.

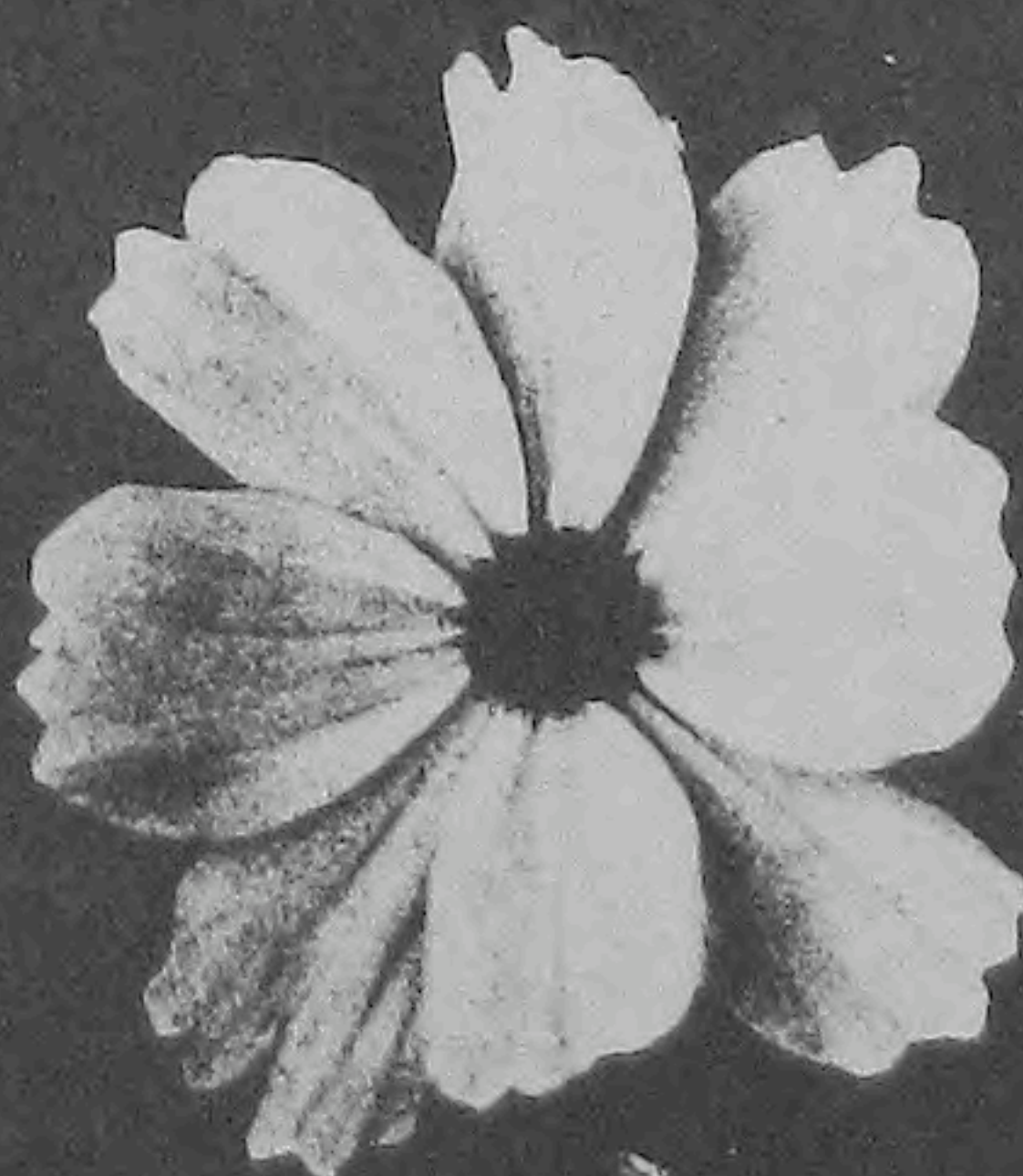
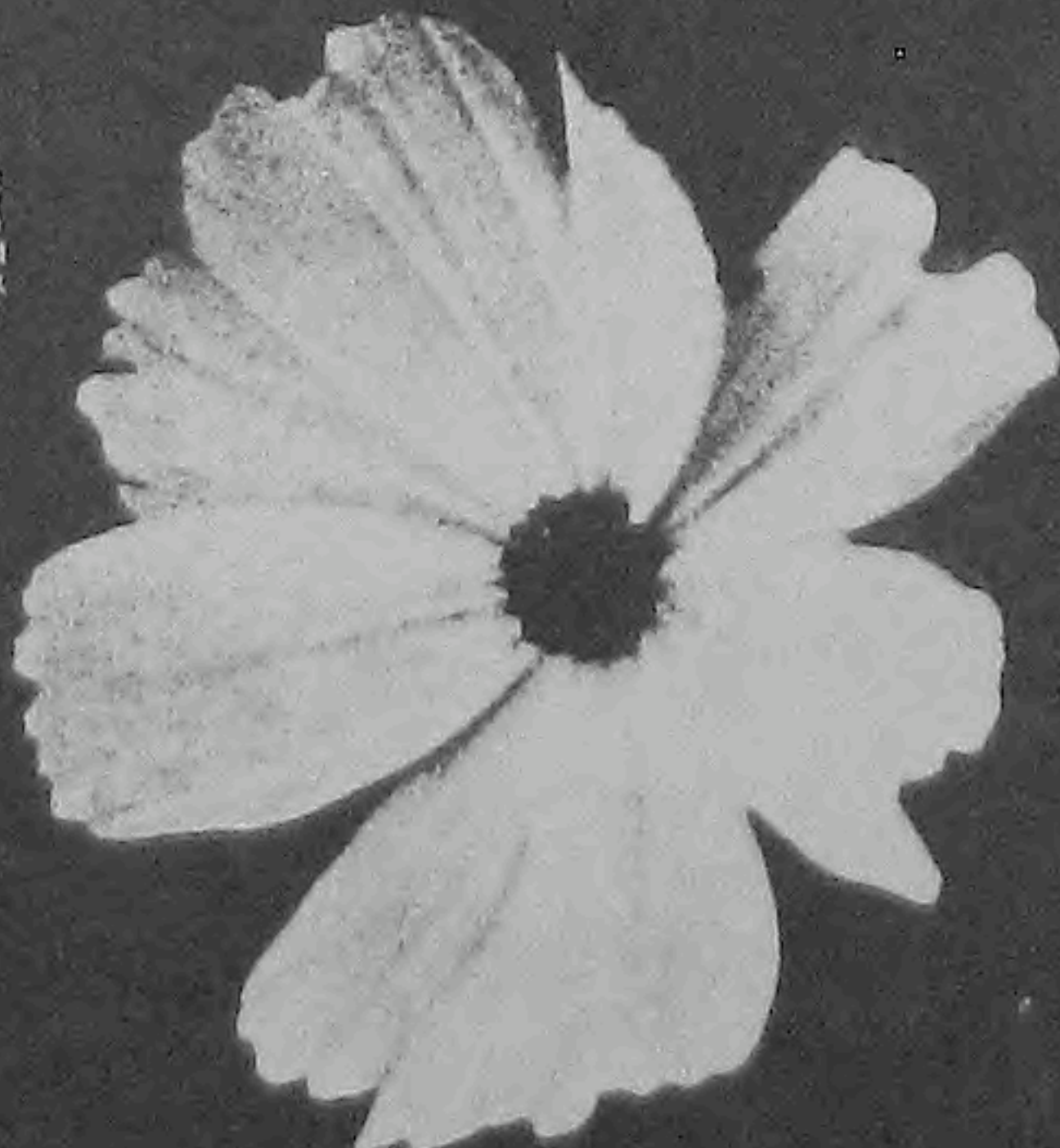
- Dick Betts



TO WHOM IT MAY CONCERN

The reasons for my feeling the way I do about killing myself are that (1) I have had no girl friends in my life that I have gone to bed with, because I was too shy, (2) I can't hold onto a steady job, as I feel I'm not doing the job right so I get all frustrated and I foul the job up, (3) I want to do something that involves some kind of responsibility towards helping other people. (4) I don't want to live by myself; it reminds me of prison too much, but I don't think MPA will or can understand this. (5) I am scared of myself when I get emotionally upset. I must be with someone. (6) Sure, I feel a little sorry for myself, but I feel more hurt by the people of society than by anything else.

-- Thomas Mackenzie



THE LAST PEGASUS

This story, as all good stories must, begins once upon a time long long ago in a land far away. There was an exquisite pegasus called Herman who could not only fly but could also talk. Despite his wondrous abilities Herman was very, very unhappy and lonely because he was the very last pegasus left on the earth. You see, ladies of that time thought it a fine thing to wear the beautiful feathers from the wings of a pegasus in their hair. Needless to say, that brought greedy men of all sorts out to hunt down and kill the beautiful flying horses for their feathers. Besides, they reasoned, they're no good to anyone anyhow. You couldn't hook them up to a plow, for the silly things refused to respond to orders and besides, their wings got in the way. You couldn't eat them either--the muscles they developed from flying made them too tough -- so what good were the silly things -- they didn't make life easier for man.

Herman was very sad as he watched all his friends and relatives hunted down - not to mention lonely - but I don't imagine I have to say anything about loneliness, do I? For awhile he tried to amuse himself by frolicking through the emerald meadows and soaring through the clear blue skies which were things pegasus did to please themselves, but it was no use. The best things in the world were no fun alone (there's that word again).

Herman got sadder and sadder. I'm sure if you could have seen him you would have been sad too. His proud arched neck gradually lost its arch and his beautiful blue hair lost its shine; the once-beautiful rainbows he wore on his back--his wings

--drooped forlornly down his shoulders and began to molt. But the saddest thing was his eyes -- sad and always brimming with tears. Finally, in desperation, Herman decided to give himself up to the hunters. What good was being alive when you're only half-alive -- what good was anything?

He trudged into town to give himself up. The hunters took one look at him and laughed, small children threw stones at him. Not even the hunters wanted him. His feathers had become so colorless and limp he wasn't even worth killing. Herman was mortified. How humiliating.

He turned and slowly walked away, big tears running down his nose, destitute and alone. He wandered to his favorite spring where he used to romp as a young colt and laid down and waited to die. (Now this would be a very bad way to end any story, so I will go on.)

As he lay there he heard a faint buzzing in his ears. The end must be near, but the buzzing grew louder. Herman reluctantly opened one eye and there was a beautiful little fly perched on his wing. She sparkled with vitality and was looking right in Herman's eye.

Her name was Emma and she was, in her own humble way, as remarkable as any pegasus for she had taught herself to talk. She asked Herman what was wrong and why he was so sad. Herman was so happy to have someone to listen to him he poured the whole story out. She told him, well, nothing is all bad. I can talk with you and I can also fly.

Herman had found a friend. You

may think the friendship was a strange one, but Emma was a remarkable little fly and just the ointment Herman needed to pick up his spirits. He kept saying over and over, I have a friend. Together they flew through the skies all day and sat around talking til late at night, and their friendship grew, as friendships sometimes do, into love.

They talked about children, but it was impossible. He was too big and she was too little, so they just dreamed about it. Then one day they overheard rumors of a strange little boy who could perform wondrous feats of magic.

They sought him everywhere and just as they were about to give up in despair they saw a little tow-headed boy walking towards the spring. I know you're looking for me, he said, so I came. What do you wish? Herman and Emma told him in detail about their unrequited love and asked him if he could do anything. The boy looked at them and said, My magic is very pure and will only work for those pure in heart. I have to be careful who I do magic for, for those with greed in their hearts will drain my magic from me. But I will do my best.

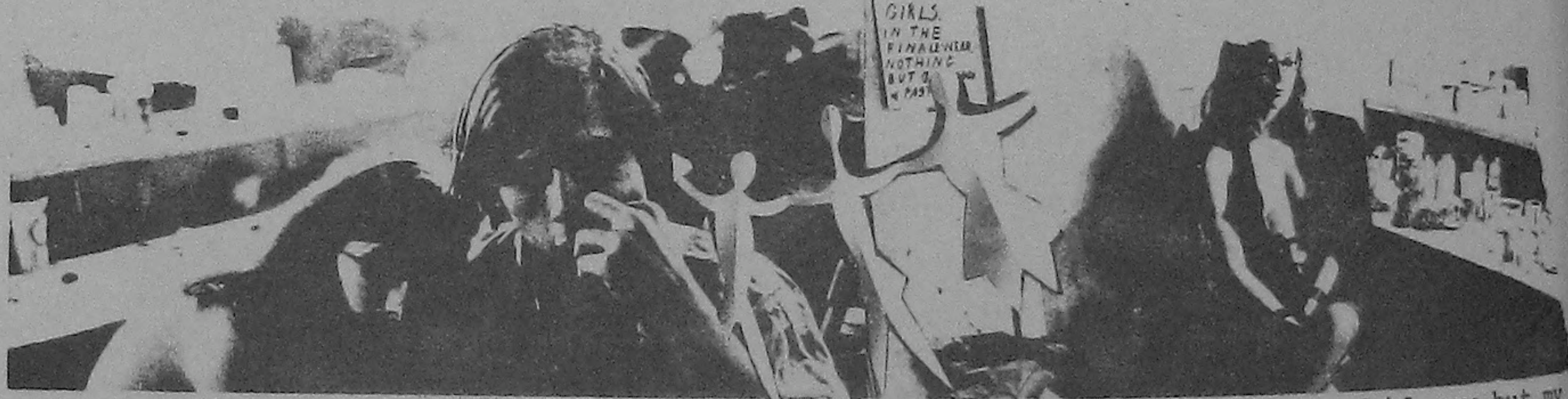
He got out his magic wand and waved it in arcs over their heads and Herman began to shrink. He got smaller and smaller until he was standing on a leaf and looking right into his beloved Emma's eyes.

Of course they thanked the boy profusely and lived happily ever after.

By the way, they had their children, and you know what? We still have horseflies to this very day.

- Patty Servant

paper people



What makes me so very different from the supposedly paper people I see in the media and all about me. Is it only my perverse paranoia that should be diagnosed and treated?

What makes me dishonest in the presence of paper people. I know why darling! It's because your honest self has been labelled and sealed away in the past to an institution and only "coping" could save you. And in my case, coping means sitting in an office doing their thing with their typewriter.

I have coped now for five years since the lock-up by hiding myself within and through fear of being once more thrown to the wolves.

But I grow weary and begin to find salvation in the bottle. My frustration builds into violent

thoughts.

It struck me suddenly at the office that day that not only did I not wish to be there, but that I could not be there. So I left.

It struck me suddenly that I don't wish to wear shirtwaist dresses and nylons as part of the performance to pay my rent.

I realized with a new vision that I wished to find truth and beauty and joy in living. For not to feel joy in life is certainly a sin.

I cry because I cannot fit into the mold of hypocrisy. Yet I am the worst hypocrite if I do not find, somewhere in myself, the strength to be honest about my desires in life.

No one can do this for me as my mind wanders into other visions of

a lonely death on skid row but my mind also wanders to sense the joy of perhaps freedom and the joy of discovering a new self.

I tremble with fear yet I must try and because I tremble it is mandatory that I strike a blow for freedom in spite of the possibility of failure.

Do not dismiss me lord of the paper people with a wave of the hand, a shrug and the comment that I'm too lazy to work or that really, she has always been a little "odd". If I am odd I exult in it.

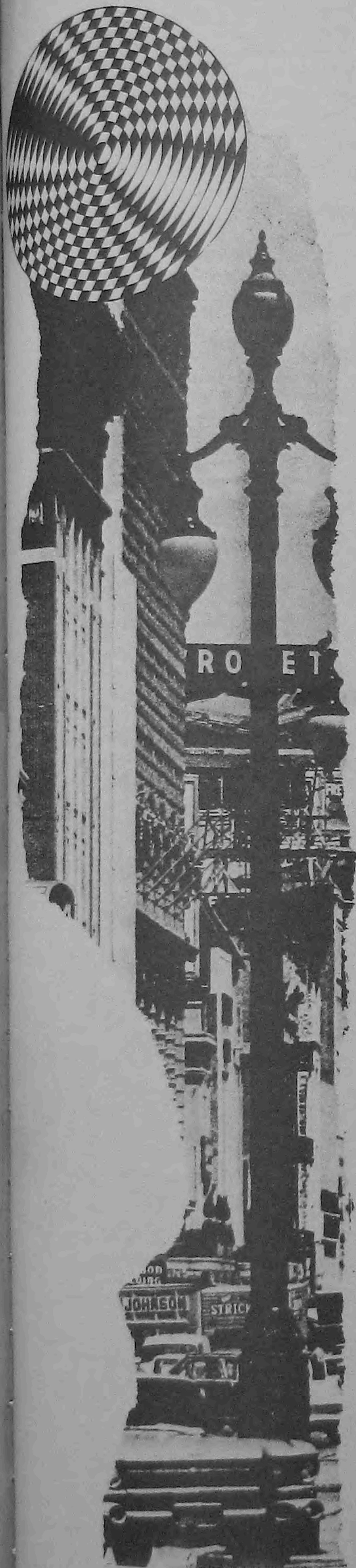
And I do wish to work. But I have one life only and that life, to me, must mean a fulfillment and development.

It is light I am longing to see and cool spring fresh waters.

- Petra Graves

CATHY'S

JOURNAL



Wednesday afternoon: doing my washing, which has remained undone for so many weeks. I'm just coming out of a bad state in which any task was too much. I wonder how much of my lifetime I've spent sweeping the floor, mailing letters, buying the milk, washing my hair...It's the sameness that kills. Maybe I'll feel more connected to people today. I've felt as if voices were far-away echoes coming to me where I am in a deep well. Funny--I must present a pretty normal appearance. Nobody's known that I wasn't really hearing them. But then, most people don't seem to expect as much response, or as precise a one, as I do. Sometimes someone thanks me for talking with him when all I've done is listen (with divided attention) because I had absolutely nothing to say.

There seems to be some connection between me and the rest of the world which is like that of a lamp --plugged in or not. When I'm plugged in, people are interesting, I can like them (or perhaps only imagine I like them); when I'm not, I'm "under glass"--nothing really gets through.

Friday morning: yesterday I went on the Riverview visit, and found myself in Intensive Care. Whenever I go to Riverview I feel as if I won't be allowed to leave, and have to keep on reassuring myself that they haven't got anything on me. But to find myself locked in a little ward with about ten rooms in it--! I didn't think I would get out in one piece. When the nurse came around with the thermometers, I fully expected her to have one for me. And to be told, as one patient was, that I couldn't have a cigarette yet because it wasn't time. That terrible feeling of marking time that goes on in any hospital, physical or mental. Having one's blood pressure taken might almost be the major event of the day. Physical hospitals are so much more dramatic. People rush in for dressing changes--whoosh; clatter in with a wash-basin--bam. There was a big, noisy Dutch nurse who always waited until I had visitors

to pound in and shout in a voice that could crack the ceiling, "Did you had a bowel movement today, Miss Batten." And having a blood transfusion entailed the efforts and rushings of all sorts of people, including, usually, the intern at 3 a.m., when something went wrong.

Reading Simone de Beauvoir's *Memoirs of a Dutiful Daughter*. It started me trying to re-create my own past. Every winter I made birthday cakes out of snow with icicles for candles. I used to wander around outside after the lamps were lit, looking in at the rooms and imagining that I was an orphan with no home, looking for someone to take me in. It was years before I would believe that electric light was superior to coal-oil lamps. They threw amazing shadows on the rooms. The lamp-holder in the kitchen, for some reason, I imagined to be a coachman driving his horse through a London fog. At night I'd hear the cows lowing. When I was three, frightened by one of them: "That's silly Katy," said my mother, "crying for her calf." And after that, whenever I saw the cows, I would ask which one was silly Katy. I thought she was some relative of K-k-k-Katy, in the song. One day, in a very mild manner, my mother told me of the devil; he made me do bad things, she said; and for a while I played that the devil would give me some jelly beans if I would kick the furniture. Before I was six I was never conscious of being lonely, but on the rare occasions when I saw other children I loped happily off to join them, even if they were years older than myself; I knew nothing of the rule which says nine doesn't play with five.

Sadly enough, nobody will ever share any of this experience with me--or anything that happened to me for years afterwards. My parents were very much caught up in their private war. But even if they hadn't been, how much do children really tell adults of what's happening to them? And there was nobody else. I came to imagine that I was the only person in the world who really thought and felt.

- Cathy Batten

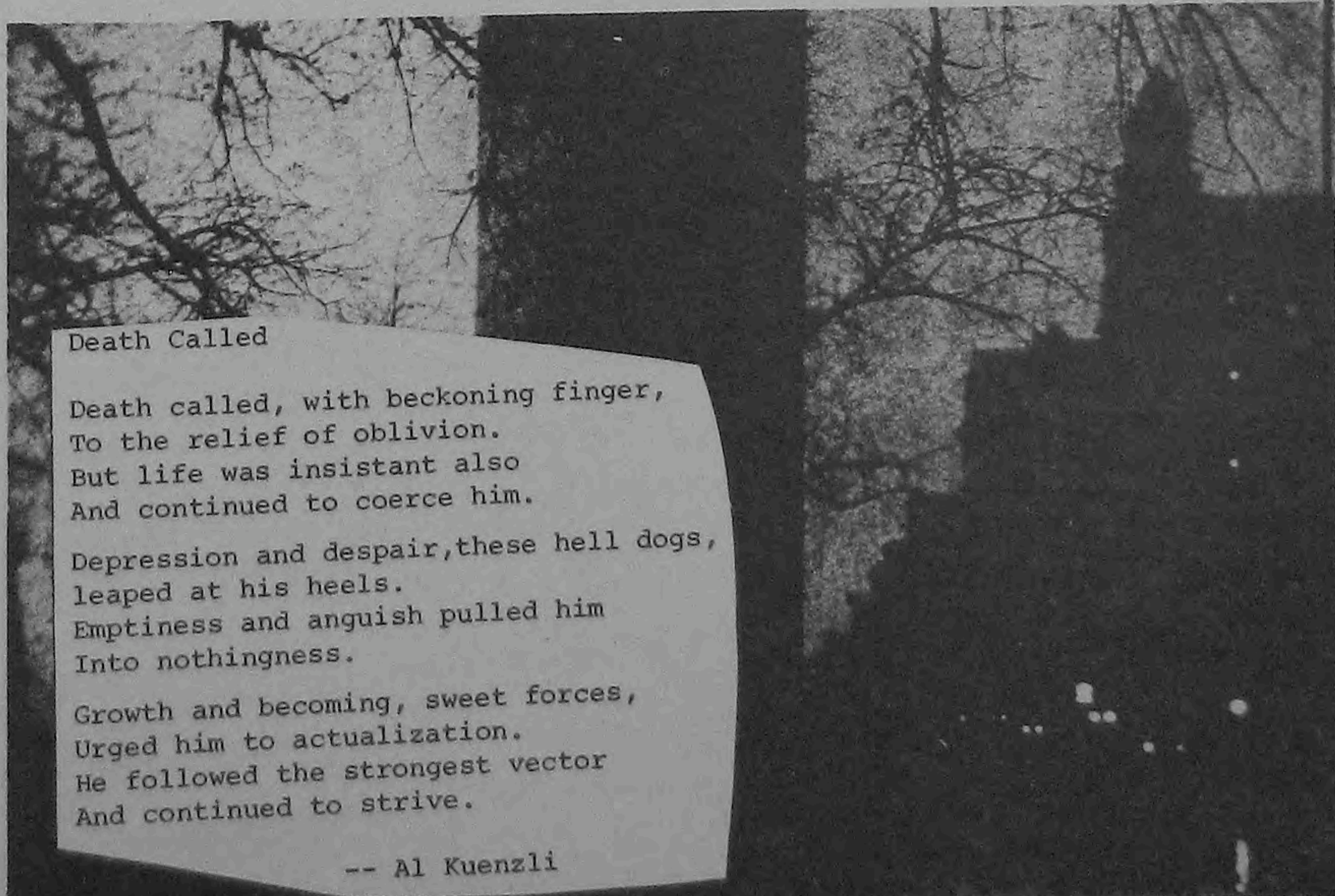
Death Called

Death called, with beckoning finger,
To the relief of oblivion.
But life was insistant also
And continued to coerce him.

Depression and despair, these hell dogs,
leaped at his heels.
Emptiness and anguish pulled him
Into nothingness.

Growth and becoming, sweet forces,
Urged him to actualization.
He followed the strongest vector
And continued to strive.

-- Al Kuenzli



CALENDAR

SUN

MON

TUE

WED

THUR

FRI

SAT

is special

12:30 Writers Group 2:00 Baseball 7:30 Male/Female Discussion	10:30 Crafts at Residences Noon Drop-in Centre Meeting 8:00 Group with Tom Sandborn* 8:00 Mental Patients Lib Rap Group*	Noon Business meeting 7:00 Hairdressing 7:30 Religious Discussion 8:00 Drinkers Group (SMASH)	June 27 6:00 Supper 7:30 Politics Nite	10:30 Crafts 10:30 Riverview Visit 8:00 Therapy Group	10:30 Farm Visit Crafts at Farm	11:00 Breakfast 1:00 Outing 8:00 Sing Along
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NOTES & SPECIAL ACTIVITIES

Activities listed across the top are regular events at the Drop-In Centre and happen everyday. Wednesday is special and is listed down the center of the page through July 25

*One of these events will likely change times to avoid schedule conflict. Check bulletin board.

Gay Group forming at MPA. See bulletin board for announcement.

NEWSLETTER: Rutshell meetings will be announced on the Activities Board. They have a habit of being on Thursdays at 2:00.

BASEBALL: The season is now on. And transportation is available.

July 4

6:00 Supper
7:30 Politics Nite

July 11

6:00 Pot Luck
7:30 GENERAL MEETING (West End)

July 18

6:00 Dinner
7:30 Politics Nite

July 25

6:00 Supper
7:30 Politics Nite

"SMASH" / DRINKERS GROUP: This group is for people with drinking problems.

PICNICS: Picnics will be happening spontaneously throughout the summer.

OVER - 30 WOMEN'S GROUP: A quiet rap group. If you're interested, please contact Molly or Cathy Batten.

CRAFTS & WORKSHOP: The Crafts and Workshop areas are always available, even when regular activities aren't posted.

DROP-IN CENTRE: Open 7 days a week from 9 until midnight. You're always welcome to come by. Hot coffee and juicy gossip regularly available.