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# NUTSHELL

VOL. 4 NO. 4

MENTAL PATIENTS ASSOCIATION NEWSLETTER

OCTOBER 1976



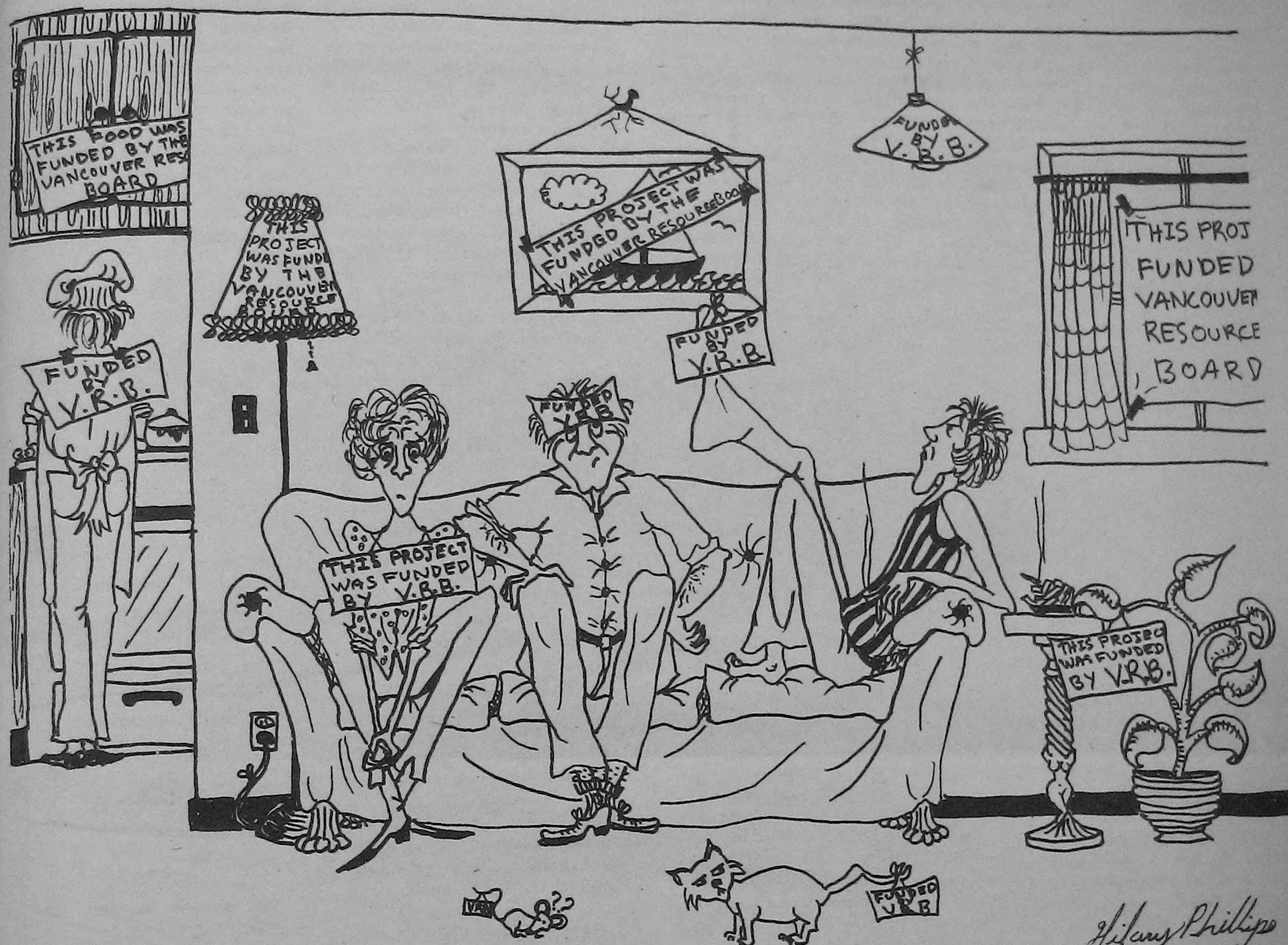
VANCOUVER FOUNDATION GRANT GIVES M.P.A. HOUSES WASHERS, DRYERS,  
LAWNMOWERS, BEDS, BEDDING, VACUUM CLEANERS, CARPETS, see page 10.

Mental Patients Association. 2146 Yew St. Vancouver, B.C. 738-5177





# IN A NUTSHELL



DIRECTIVE: ALL PROJECTS FUNDED BY THE VANCOUVER RESOURCES BOARD MUST POST NOTICES IN A CONSPICUOUS PLACE

## Words of Wisdom From C.M.H.A.

### PRESIDENT'S REPORT:

..."I am critical of two aspects of C.M.H.A. The first is that so much of its attention is devoted exclusively to the individual, at the neglect of the institutional framework and environments within which individuals live. The second, is that the major features of our orientation is on the illness of the population rather than on the prevention of illness and the promotion of health.

### ATTENTION TO THE INDIVIDUAL:

I would like to share an anecdote. Earlier this

month while at a conference sponsored by mental health durham, I listened to several members of the Vancouver Mental Patients Association eloquently criticize the health care system (they included C.M.H.A. as part of this system). Their perception was that they couldn't be helped by the existing health system because it defined them as the problem and ignored the causes of poor mental health. The several hours of conversation which followed repeatedly pointed to inadequate maintenance, protection, education, being devalued as people and loss of free choice and individual liberty as the major causes of their poor mental health. Ironically,

they described their treatment as "mental patients" as "increasing" rather than "removing" these causes of poor mental health.

The help this group wanted from C.M.H.A. was political, economic and social support for community-based self-help programs including access to employment, housing, recreation and educational alternatives that don't devalue or deprive them of their dignity or freedom. Their strong distrust of health care workers rejected C.M.H.A. along with professionals as poor sources of more personal forms of support or assistance. Health care workers were described as available when it suited their needs, and

schedule rather than when help was required. The modal form of helping they reported to have experienced was described as paternalistic, controlling and fostering dependency and was viewed as unhelpful and therefore not desired.

This group made me wonder about C.M.H.A. Do we not for the most part support the assumption that if a person has psychological difficulties, that the problem lies with the person rather than the society? Are we not involved in subtle and sometimes not so subtle ways by our behaviour in support of that partial truth?"

(Ed Bennett)



# WORKING IT OUT

BY ROCHELLE SHAW,  
SASKATOON.

I would like to see a very positive approach taken in that part of your program dealing with the employment problems of people who have been mentally ill and are now attempting to re-enter the mainstream of life.

Personally, I have never seen a program which would provide support and encouragement to those who have arrived at this phase of the recovery attempt. This stage is extremely important - if you fail at this point, you could go back to square one.

After recovering to some extent from a brief but traumatic illness, I went to day hospital at the McKerracher Centre in Saskatoon. I went there last summer when I was unable to find a job and was very discouraged. It helped to relieve the misery: counsellors to talk with, crafts to counteract the boredom, group activities in the afternoons such as bowling and swimming. Plus we were all encouraged to do our part in running the program: shopping, preparing meals, washing dishes, vacuuming, etc.

But the program staff wrote to my psychiatrist that I seemed uncommitted to the program. And, yes, that was true. Because I felt that none of the activities could help me to achieve the goal that I desperately sought: a full-time job. And I wasn't alone with respect to that area. There were several others like me.

After attending the centre for a short time, I was rehospitalized for depression. I was given some new medication and was fortunate enough to find a job that I could more or less cope with shortly after discharge.

Had I not found that job, who knows what would have happened? The futility of my existence would probably have resulted in further hospitalizations. Perhaps I would have become one of the legion of "professional mental patients".

Finding a job after an emotional breakdown can be extremely difficult. Your employment record may have been detrimentally affected. It is difficult to decide whether or not to be completely honest with prospective employers. You may be rejected again and again.

Though it may be difficult to find a job, it may be even more difficult to keep a job.

Your employer, if he does not know of your medical history, will expect you to perform as well as other employees. You may also experience some anxiety in regard to his reaction if he were somehow to find out about your previous illness.

If he does know your medical history he will be watching you very closely, in which case you will have to prove that you can adequately deal with the pressures and problems of your job.

Your stamina and ability to concentrate may not be at their peak. There may be days when you feel an overwhelming depression. You may not want to report in to work. You may feel that the gratification you receive from working as inadequate to compensate for the misery that may accompany the nine-to-five daily grind. Because of your illness, you may indeed be working at a job that provides very little satisfaction in terms of status, flexibility or salary.

At this point, some may ask, "Is it really so important for people who have been mentally ill to return

to work as soon as possible?" Maybe not, if the person has adequate resources to enable him to satisfy his needs without having to work at a regular job. However, I believe it is necessary for most people.

The benefits to be received from working at a full-time job may seem obvious to most people, but I feel they need to be strongly emphasized to those who have been mentally ill.

A job may provide you with an opportunity for independence: you may be able to afford an apartment and not be forced to live with relatives or in a small room. You may be able to buy clothes and improve your appearance. You may have an opportunity to travel when on vacation. You may be able to enjoy recreational and educational activities that would have been impossible had you been on welfare. Working at a full-time job may increase your confidence and provide you with a sense of purpose and direction. And with the money that a job provides, you could possibly find mental relief through hypnosis or transcendental meditation.

I would like to see a program that would help these newly employed people to determine their priorities and to budget their finances accordingly.

I believe most people on welfare or unemployment insurance are able to "exist", but they are not able to "live". Not in our society.

I would like to see a program that is similar in concept to Alcoholics Anonymous or Weight Watchers - a program for people who know that they can't make it alone in the marketplace.

It may sound simplistic, but I can't help but remember a maxim that we learned

in elementary school:

"There are three keys to mental well-being: the need to be accepted by our peers, the need for affection, and the need for achievement."

I would like to see a program that would attempt to help the mentally ill to satisfy these legitimate, universal needs. If the program succeeded, perhaps there would be fewer "professional mental patients".

Rochelle Shaw.

Ed. note:

Rochelle wrote this article for Saskatchewan readers who don't have an organization like M.P.A. to give ex-patients emotional support after discharge from hospital.

She has now worked for more than a year, after numerous hospitalizations and more than half a dozen jobs in the past few years. Dogged determination has driven her to keep trying to make it, after every stint in hospital. Now she writes us that she's hoping to go back to college, as soon as she saves enough money.



THANKS

To every member of the Mental Patients Association - your love, which has just been wonderful, has been the factor which enabled me to go through my most frightening, recent illness.

To all of you, I just love you. Thanks.

- Tom Pollok -

Layout of the Nutshell this issue thanks to: Ed, Flora, Margaret, Bill, Dennis, Dave, Bela, Fran, Linda, Lorna, Alex, Jane, Jackie, Debbie

## XMAS ALREADY?

WE NEED HELP AT CHRISTMAS

This seems early to think of Xmas but we may not get another Nutshell out before then.

We like to make Xmas week a big thing in M.P.A. Most of the people who are here are here because they have nowhere else to go. They come because they really want to be home at that time and this is as close to home as they can get.

On Xmas day, some of our people give up their own

Xmas to provide a beautiful full course turkey dinner. We decorate the place and there's a holiday spirit all week.

During that week, think of us. Leftovers from parties, candy, baking - anything that would help us give our drop-in a real Xmas spirit will be gratefully received. --- ah! and Xmas decorations, do you have any old ones? Call us at 738-5177 or just bring them to the drop-in at 2146 Yew.

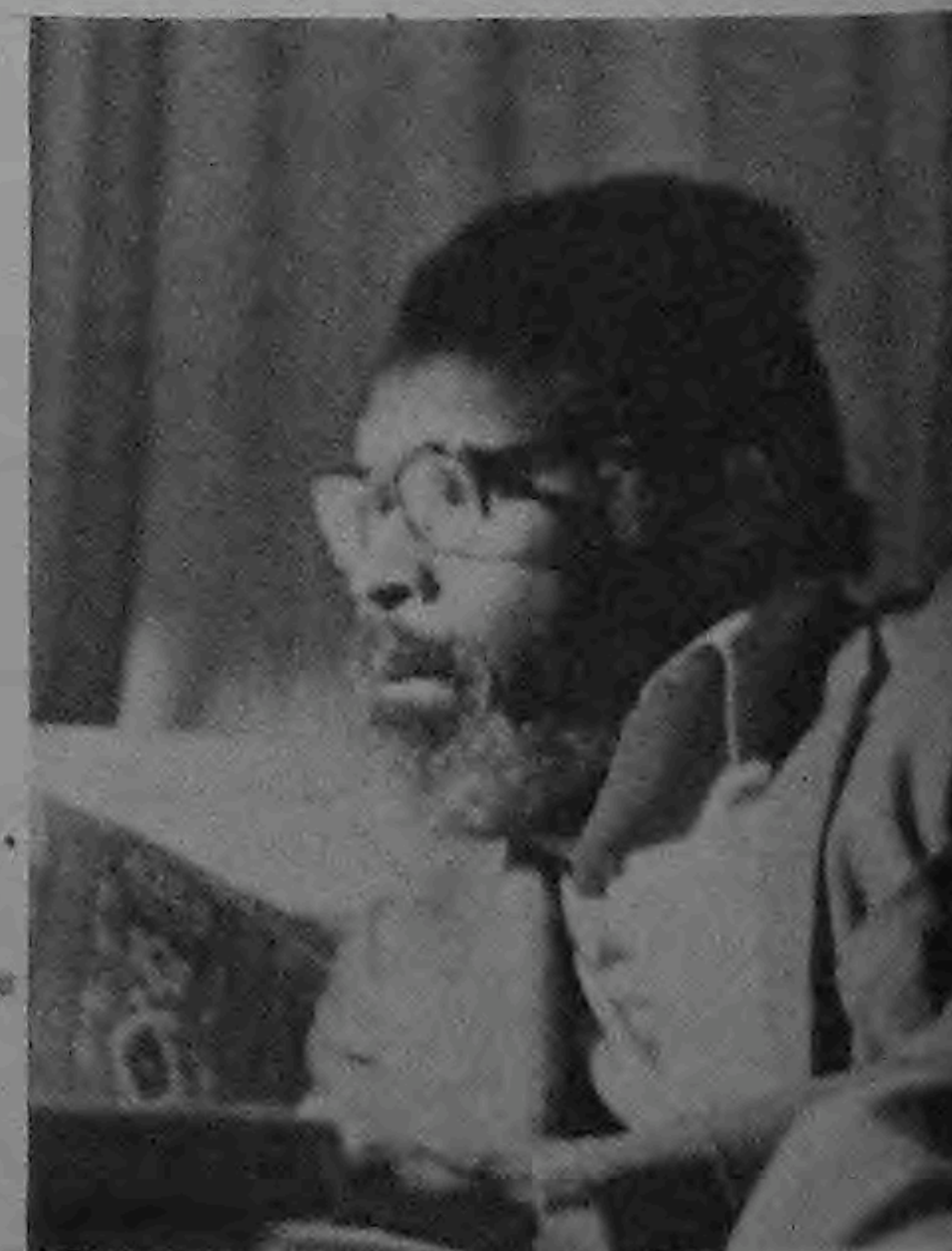
- Molly -



Pumpkins cause mental illness.

Acute diffusion anxiety with an over-riding paradoxical depression?

Apply hot compresses to the affected part.



OWEN IN A PENSIVE MOOD.





# PAT AND JOE



Congratulations and best wishes for the future to Pat and Joe Sinclair who were married on October 8th at the C.M.H.A. Activity Centre. C.M.H.A. staff held an intimate reception for the couple who are regular members. Joe is now on the staff of the Activity Centre.

## M.P.A.'s Residence Program

JOHN OLLDYM

As of July 1, 1976, M.P.A.'s five houses began operating as part of the Vancouver Resources Board Personal Care Program. This program provides funding for people on Social Assistance, H.P.I.A. and other forms of income who live in our houses. This funding is on a per diem basis and is a responsibility of the provincial Dept. Of Human Resources.

This new program brings with it certain changes. These changes include the creation of a new position at M.P.A. called the Housing Coordinator; the registration of new people moving into the houses with the Health and Special Care office of the Vancouver Resources Board at 1675 West 10th Ave. and the keeping of a set of records on the houses to properly evaluate the residence program by M.P.A.

Let's follow an imaginary new resident through this new process to discover what happens. Jim Smith will be

the name of our imaginary new resident.

Jim Smith comes to the Drop-In Centre one day and finds out that there is a vacancy for a man at the West 10th house. At this point he is advised to go over to the house and meet the people there so that they have a chance to get to know him. He does this for several days and on the day of the weekly house meeting he is voted in. What happens next?

The residence coordinator then takes down the following information: name, birthday, date of moving in, and the person's basic income source, whether or not the person is on V.I.P. or receives a dietary allowance.

Next day the residence coordinator arranges for Jim to go to the Health and Special Care office of the V.R.B. to see Katherine Sanford. This office doesn't look like a welfare office but it very much is one. So

Jim comes down the next day and gets registered on the program. All Jim's financial needs are taken care of through this office as long as he is in one of our houses.

If, at the time he registers he needs some money to tide him over until the end of the month, he can get an advance on his monthly comforts allowance. He can also ask about a V.I.P. placement through her office. At this point, Jim is both officially in the house and on the program.

What happens next? Well, Jim is in the house and settling in, and the next part of the process starts. The residence coordinator who took the information noted previously then passes this information on to the Housing Coordinator. The Housing Coordinator receives this and similar information from the other residence coordinators which he then checks with Katherine Sanford once a week, as well as

giving her the vacancies for our houses. This information is then used by the Housing Coordinator to ensure that M.P.A. will be paid the correct amount for each person in our houses, and to ensure that each person is receiving the proper amount of money due him or her at the end of the month.

When Jim Smith decides to leave the house, he has to give a week's notice to the house and the residence coordinator. He then goes and finds another place to live. When he has done this he then goes to the local Community Resources Board office of the area he is moving into and applies for welfare.

The residence coordinator then passes on the information to the Housing Coordinator that Jim has left the house and he then notifies the V.R.B. of this fact, and proceeds to work out the amount owed M.P.A. by the V.R.B. and Jim has moved into the community.



# LETTERS

Dear People,-

I came over to your drop-in centre, hoping there was something I could do to help out, such as typing, working for patients' rights, talking to people or whatever. After my visit, I came to some conclusions.

First of all, I had four involuntary admissions to hospitals, starting when I was 17 years old. I am now completely well and feeling better than ever before in my life. Megavitamins did it for me; they may not be the answer for everyone, but they are sure worth trying, and no-one could fail to benefit from improving their diet, eliminating caffeine and tobacco etc.

Life is short and since we don't know exactly what, if anything, follows our stay on this planet, we should not waste one day of it being physically or mentally unwell, playing games in our head concerning guilt and other assorted garbage, or letting people tell us we aren't able to participate fully in life. We all have a right to be here.

It is obvious that many people, neurotic, psychotic, or whatever, enjoy the game they are caught in and really don't want to know the way out. They are entitled to their misery, if this is all they want for themselves. For those who really want to get out of it, I offer the following:

You are strong enough to make it. You only have to believe in yourself, give your body a chance to function properly, and be determined to do it. It's not as hard as it may seem, and gives you a terrific feeling of power to control your own life. Avoid like the plague people who try to bring you down or tell you that you are sick.

Eliminate all poisons from your diet. This includes tea, coffee, sugar, refined foods, white flour, cigarettes, and drugs. Personally I believe the body is capable of handling small amounts of these substances, but regular or habitual use of them is an insult that will overwhelm the body's resources and lead to sickness, nervousness and unhappiness. All drugs, legal or otherwise, blunt your senses and keep you from experiencing life. Find a doctor who is a human being concerned about you as another equally valid person, who is straight and honest and not playing any doctor-patient games

and who is willing to try something which is new to him.

If you are placed on a megavitamin regimen, don't be fooled by doctors who prescribe small doses and tell you they are megavitamins. Dr. Abram Hoffer recommends 3 GRAMS per day of nicotinic acid (Vitamin B3), 3 GRAMS of Vitamin C, and smaller amounts of Vitamins B1 and B12. Don't accept 300 or 500 mgs. of Vitamin B3 as megavitamin therapy. An excellent book outlining the treatment is MENTAL HEALTH THROUGH NUTRITION by Judge Tom R. Blaine. I bought my copy at Lifestream for \$3.45. You must stay with the vitamins and diet for at least one year. Don't stop as soon as you feel better.

Get out under the sky, feel the sun and the rain, don't be afraid of your feelings. Find something useful to do. Stand up for yourself, short of physical violence, which will bring society down on your neck. Care what is happening to others and to the environment. Listen to your body.

This letter pretty well sums up what I have learned in 33 years of ups and downs and I hope it will be of value to someone.

Sincerely,  
Jean Mohan.

\*\*\*\*\*

The Editor,

I am writing to you re my experience with the drug fluphenazine. I was on this drug for a year and a half and it made me sleepy, bored and unable to concentrate. For a year and a half I wandered around feeling tired and unable to interest myself in anything except occasional games of pool at the drop-in. Last June I decided not to show up for my bi-monthly injection and, with the help and support of a close friend, I am now entirely free of its side effects.

The reason that I am writing to you is that there may be someone at M.P.A. who is feeling tired, bored and unable to concentrate and who is on fluphenazine. I would urge this person to consider not taking this particular drug. Of course his feelings may be due, as in my case, to suppressed

anger and fear and anxiety, and he will have to face this when he ceases to take the drug but the drug itself is to my mind, a curse rather than a help. Perhaps I should clarify my last sentence by saying that the drug (all such drugs and electric shock treatment?) helped me to avoid my feelings of anger, fear and anxiety. But if a person wants to get better, and he is on fluphenazine then I would suggest that he seriously consider his dependence on such a drug.

Now that I am off the drug I am able to read and write, to express my anger, albeit hesitantly, and to try to do something about my feelings of fear, anger and anxiety, albeit with the help of a close friend. I have even written to my psychiatrist at Riverview to express my feelings re his prescription of this drug.

Yours sincerely, Al Todd.

\*\*\*\*\*

The Editor:

I know that this is my second letter to you but I feel impelled to express what I feel in writing. In my last letter to you, I wrote mainly about my experience of the drug fluphenazine. In this letter, I want to explore in more depth the causes of my various breakdowns. M.P.A. has been very helpful to me in the past, but mainly as a place to go and play pool. Lately I have enjoyed reading a book at the Drop-In Centre. Perhaps in the future as I continue to progress, to become more sure of myself, I will be able to make a more significant contribution. Exactly what, I don't know. Maybe just share my experience with others.

I had my first breakdown in March of 1968. It lasted only for a week and did not result in hospitalization. But it paved the way for what was to come. Looking back on it, I think that the reason I had a breakdown at that time was that I decided to give up playwriting which I had been engaged in for about two years. I also remember feeling that I should move from Armstrong, B.C. north of Vernon, where I was

living at that time, to Vancouver. I tried to ignore what I was feeling and as a result put myself through considerable agony. However that was comparatively mild compared to what was to come later.

In February of '70, as a result of a very powerful occult experience, I destroyed most of what I valued at that time - books, drawings, plays I had written, my sculpture and pottery. I was very angry and my anger turned within and led me to destroy myself or what I most valued. My self-destructive anger and fear led me to a long series of irrational behaviours which finally put me into hospital in April of 1972. At that time I was under the delusion that I was Jesus Christ, a delusion which was caused by suppressed feelings of anger, fear, and anxiety. At least this is what I feel when I look back on the events of that time. The delusion that I was Jesus Christ was to recur for the next two and a half years, during which time I was in and out of Essondale where I received very little help in attempting to come to grips with the cause of my irrational behaviour.

For the past year I have been in the fortunate position of working closely with a therapist who has helped me to get in touch with what I am feeling and to express what I feel, verbally and in writing.

Now that I am in the process of recovering, I would like to return to writing plays and poetry and to express what I feel, so that I can share with others my feelings of anger and fear and anxiety and, hopefully, joy and pleasure.

This is a rather cryptic summary of events of the past years, and my hopes for the future. If I were more sure of myself no doubt I could express myself with more vigour and lucidity. I trust that will come as time goes by. In the meantime, here are a couple of poems that were written a couple of years ago. Bulldance No. 1 was published in your newsletter I think in late '74.

With warm regards,  
Al Todd.





# M.P.A. RIVERVIEW

## EXTENSION PROGRAM

On September 10th, M.P.A. applied for a Local Initiatives Project grant to fund the Mental Patients Riverview Extension Program.

The goals of the program as outlined to L.I.P. are as follows:

"To provide companionship to patients of Riverview Psychiatric Hospital, Essondale, whatever their status.

"We especially desire to develop relationships with patients classified as "chronic", patients in locked wards and those with ground privileges and day passes, in order to aid in the process of reintegration into the community. Project staff will be available to accompany patients off grounds as requested. We will provide liaison between patients and appropriate local community service personnel. We will help patients about to be discharged from hospital to obtain suitable living accommodation within the community and attempt to provide transportation for this purpose when necessary.

"We will provide a drop-in centre at the hospital for patients to socialize, develop new relationships, secure assistance in legal matters, and obtain advocacy in hospital-related affairs.

"We will encourage patient use of services currently available both at Riverview and in the community. Also, we will provide neces-

sary services not presently existent such as an adequately developed housing registry, familiarizing patients with the Lower Mainland transit system, and attempting to provide or secure necessary and suitable short-term accommodation to enable patients to make use of overnight or weekend passes. In addition, an attempt will be made to supply any other services within our means that are deemed necessary but not available during the life of the project."

The total project cost which we seek from the Local Initiatives Project is \$51,558, of which \$42,560 will pay salaries to ten workers. The project will operate from November 1st, 1976 to May 31st, 1977.

Well, it sounds pretty good but what does it really mean? One of our women members who spent 5½ years over an 11 year period as a patient in Riverview, mostly in "chronic" wards, says that a new patient adjusts very quickly to the behaviour of fellow inmates. However, what may be acceptable behaviour in hospital is not necessarily acceptable in the community. Upon discharge, a long-term patient has lost touch with the outside world, is unsure how to behave and as a result, often returns to hospital.

She believes that visits by community members from R.E.P. to "chronic" wards

(where visitors are few), would give patients the opportunity through conversation and observation to learn about fashions, hairstyles, interests of people in the community and other ordinary things we take for granted but which are so necessary for survival.

At one time, M.P.A. was able to visit locked wards. A girl now discharged from the Order-In-Council women's ward, told me that our visits gave her the incentive to get herself together and out of there.

There are many patients in Riverview who would be given off-grounds privileges if they had someone to accompany them. Often, through lack of relatives or friends and staff shortages, this is not possible. Even if allowed off-grounds alone, it can be a very lost feeling if one has nowhere in particular to go and no-one to go with. R.E.P. staff would meet this need.

The need for support and companionship is equally pressing at discharge time when suddenly it is necessary to find a place to live and to deal with workers in the community services such as social assistance. R.E.P. staff will be available to offer moral and practical support in these situations.

The drop-in centre at Riverview will have information available regarding housing and community resou-

rces of all kinds. Legal assistance will be of the nature of connecting people to appropriate legal services and accompanying them to interviews if necessary. Advocacy in hospital-related affairs could be offering service on a review panel or perhaps helping a patient with a problem on the ward.

These are a few of the ways the program can work. It has the support of Mr. Ian Manning, Executive Director of Riverview Hospital. Requests for letters of support have been sent to various hospital staff and workers in appropriate agencies and organizations in the community. Replies will be forwarded to L.I.P.

If you would like to support the M.P.A. Riverview Extension Program, write us a letter as soon as possible and we will forward it to L.I.P. In your letter, please include our project number which is CX-1774-1.

In the third week of October we should know if the project has been accepted. If you want to find out or are interested in working with R.E.P., phone the M.P.A. Drop-In Centre (738-5177) around that time.

Meanwhile, keep your fingers (toes, legs) crossed and don't forget to take your medication.

Dave Beamish.



SMILING ED - AMIABLE DUDE



OPERATOR? LONG DISTANCE INFORMATION -  
GET ME JESUS ON THE LINE!

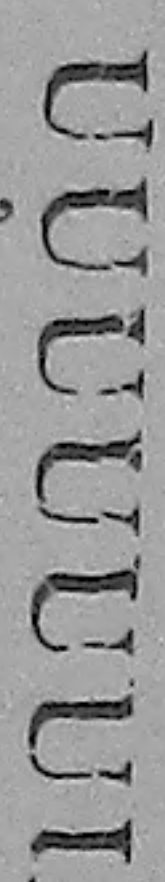




SHE IS A BITCH

when the rain falls softly on the rooftop -  
the many coloured leaves and rainbows fill the sky,  
then I will know you won't return  
and the scar on my heart will be permanent.  
yet I love you still  
as the seed that survives the winter -  
but merciless you are.  
shame is upon you -  
you believe so much in the Christ,  
yet you would not believe in me.

Evan.



## UNITY

i am a me and a me is an i  
you are a you and that is a why?  
that he is a he and she is a she  
they are a they and we are a we  
us is an us and them as you see  
are persons or people  
a humanity;  
as God is our God and meant this to be:

dennis mcinnis



I shall find harmony  
In the embrace of mother earth.  
I shall find warmth from the glow  
of my brother the sun.  
I shall find guidance from my sisters  
the stars.  
I shall find love, peace, and happiness  
from my creator.

Misty.

# IN THE HOLE

Thrown into the pit of desperation,  
Consumed by the longing of inspiration  
And the warmth of love  
Stumbling into fantasy  
Into the depths of dusk and trembling  
personality  
And wildly driven to inspire a spark  
of love within you.

\* \* \*

Daydreaming about your lost pillows  
Comforted:  
And imagining the shuddering of  
your soul  
Distorted:  
Oh how I feel  
Oh how I shudder  
Babe I must steal  
Into the comfort of your imagined  
caring heart.

Skree



THOUGHTS OF LOVE

Kind is the word which sends Love,  
Love is the word that's from a dove,  
Deed is the seed that's from above,  
Above is here that's for sure Love.

Love me kindly love me sweet,  
Tell me that you care.  
Oh my darling I love you,  
Always. Anywhere.

R. Leach

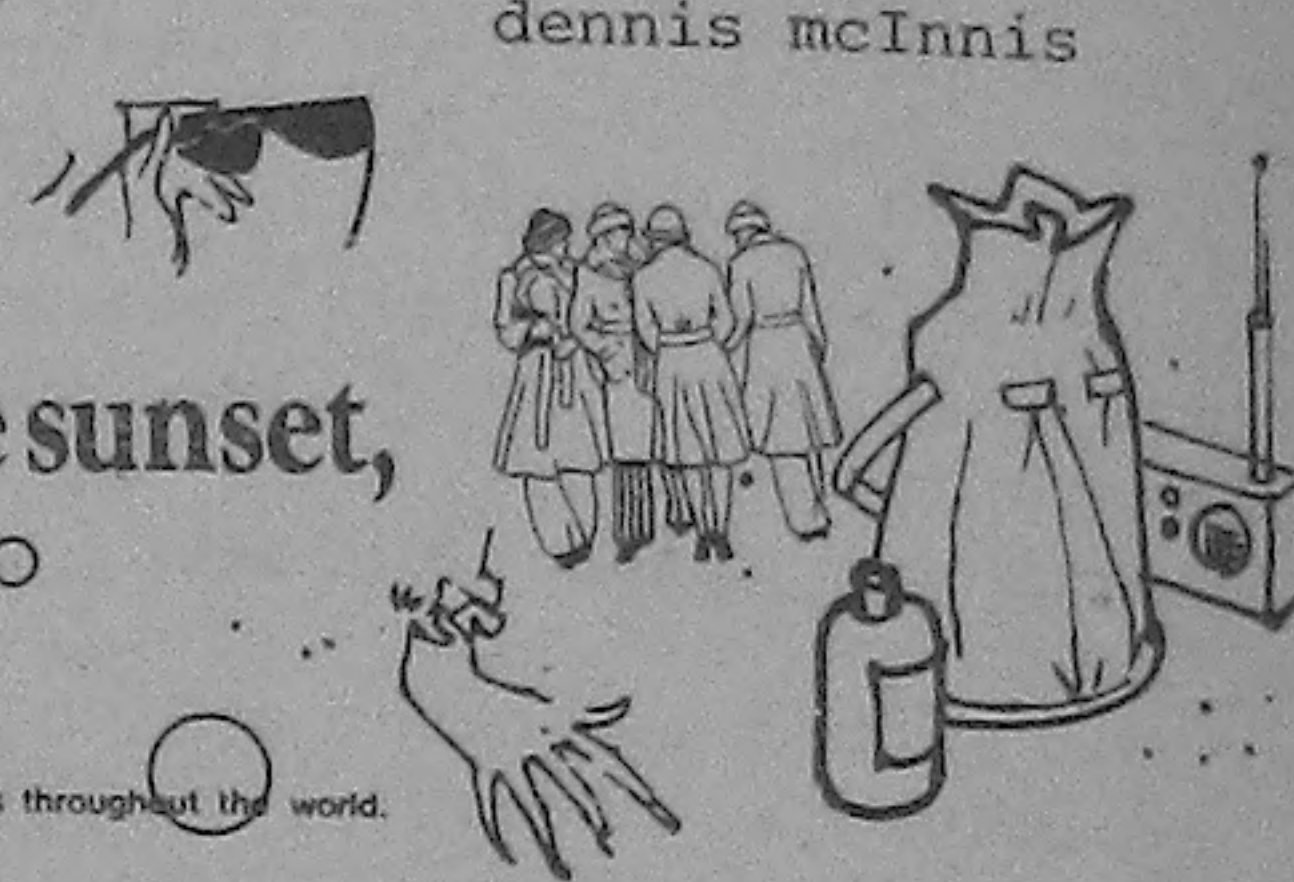
UNTITLED

thirty days hath september, april,  
june and november  
all the rest have loneliness  
except february  
it has self-pity

dennis mcInnis



as they rode off into the sunset,



products are protected widely by patents and patent applications throughout the world.

NEVER

-Never trade food for alcohol.  
Never trade good quality energy food for a pep pill.  
Never trade a loaf of whole grain bread for a tranquillizer.  
Never trade an orange or a tomato for a sedative.  
Never trade night chores with coffee (depending on extra energy) or a glass of milk, a chicken leg, etc. (depending on weakness) for a sleeping pill.  
Never take a pain killer before the pain arrives.  
Never misunderstand the level of your energy; but know when it is time to be active or when it is time to rest.

Francis Nathan Milton.

Maison  
Mason  
Masseur  
Monsieur

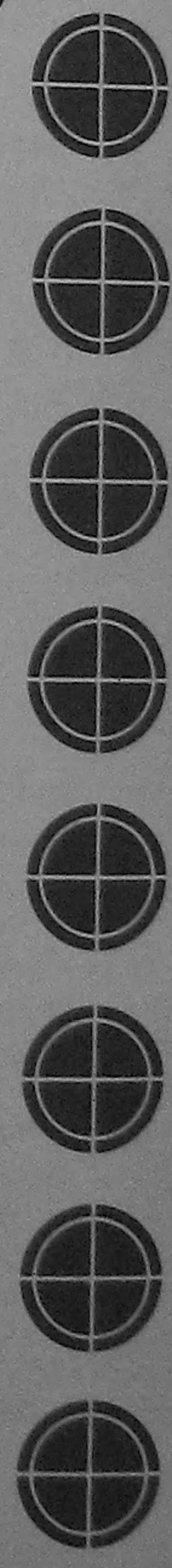
Such problems  
with Identity  
with Labels  
    & with sex  
    a big one Dr. Shrewd  
    a big one Dr. Lewd  
    or Nude Doctor

Hey,  
(Straw's cheaper)  
Who's to say  
I'm a good lay  
(Oh lay lady lay)

The TV in corner  
 (the cozy corner on D - 4?)  
 the radio at the chess table  
 games anyone  
 I mean Dr. Berne  
 (Switzerland, Lilly  
 or cuppa  
 or can ya  
 or would ya  
 No, Know, N.O. - no  
 sensibilities are surrend-  
 ered

& shure you shall  
shelve the Self  
& seek newer  
greener fields,  
Straw-Barry.

Kit  
West 4





To Cathy, on her taking another redundant course in Shakespeare.

Note: I should explain what occasioned this poem. I had written to Len that I was auditing a course in Shakespeare at UBC and that the instructor looked exactly like a London bobby (policeman) - all he needs is the helmet. The result of my remark is the following flight of fancy.

Cathy Batten

Last night beneath taut  
Sweated sheets I tossed,  
And fate seemed so unkind  
All purpose lost,  
But morning came and your  
Good letter did appear,  
With images so sweet  
To mind and ear!  
A Bobby teaching Shakespeare!  
Beating out the blank verse  
With baton on a board?  
The lights dim  
As hat tilts forward over chin---  
Then Shylock strides, triumphantly,  
Across the stage,  
And passes a pound of hamburger  
To some sweet Danish maid.  
Some people think  
That Hamlet had it coming.  
Do ye know?  
After all that melancholy cock and bull.  
Such lines I troth, forsooth?  
Surely? must have read;  
Trippingly, through some  
Elizabethan head?

Len Lorimer.

UPON OUR BEING

the water is lonely  
and it tells the fish;  
the wind is lonely  
and it tells the trees;  
the sun is lonely  
and it tells the stars;  
but most of all the moon is lonely  
and it tells the earth as I tell you with love;  
dry your tears now;  
share your loneliness with others  
and you will see the beauty of existence.

Evan Watts.

MANITOU

Listen  
Above the waters  
Some cold starlit night  
Hear that whining  
Hear that howling  
Hear that wailing  
In the night  
Beyond the distant lonely mountains  
Above the endless snows  
Something is watching  
As we pass  
Where we go

"Terror is good for you...Isn't it?"

Rick Fraser

FOR YOU

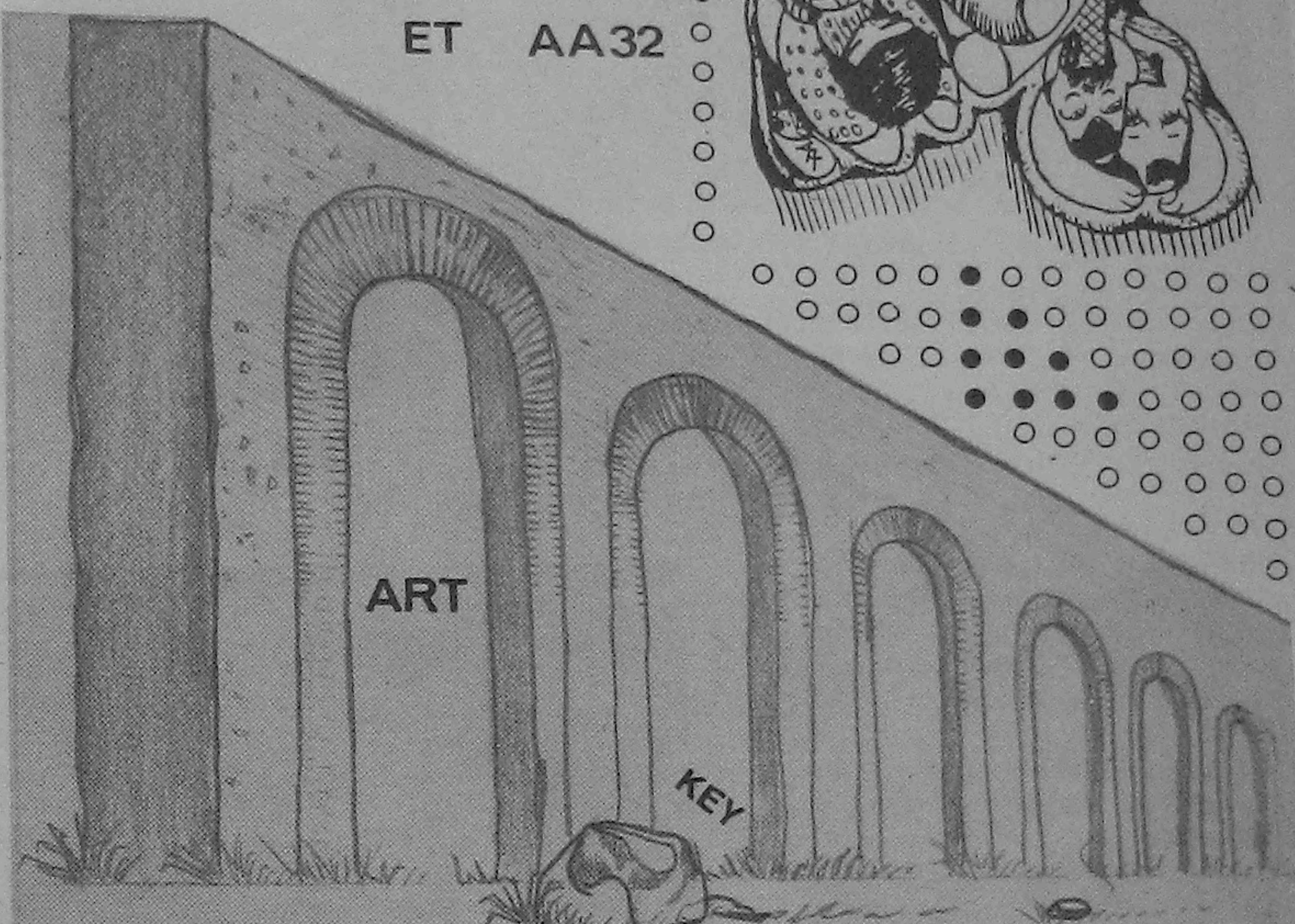
When you were here  
you had many daft ways  
to tease tears to my eyes,  
and I laughed.

Now that you're gone  
I remember them all  
and the tears well again,  
but I weep.

Dave Beamish.



ET AA32



SHE

What did you see in the pit, Mom?  
I saw that everything in life has a rhythm.  
We each have our own rhythm that fits  
into the whole which has its own rhythm.  
I saw that first of all I have to learn my  
own rhythm.

Molly Dexall

PLANT ME

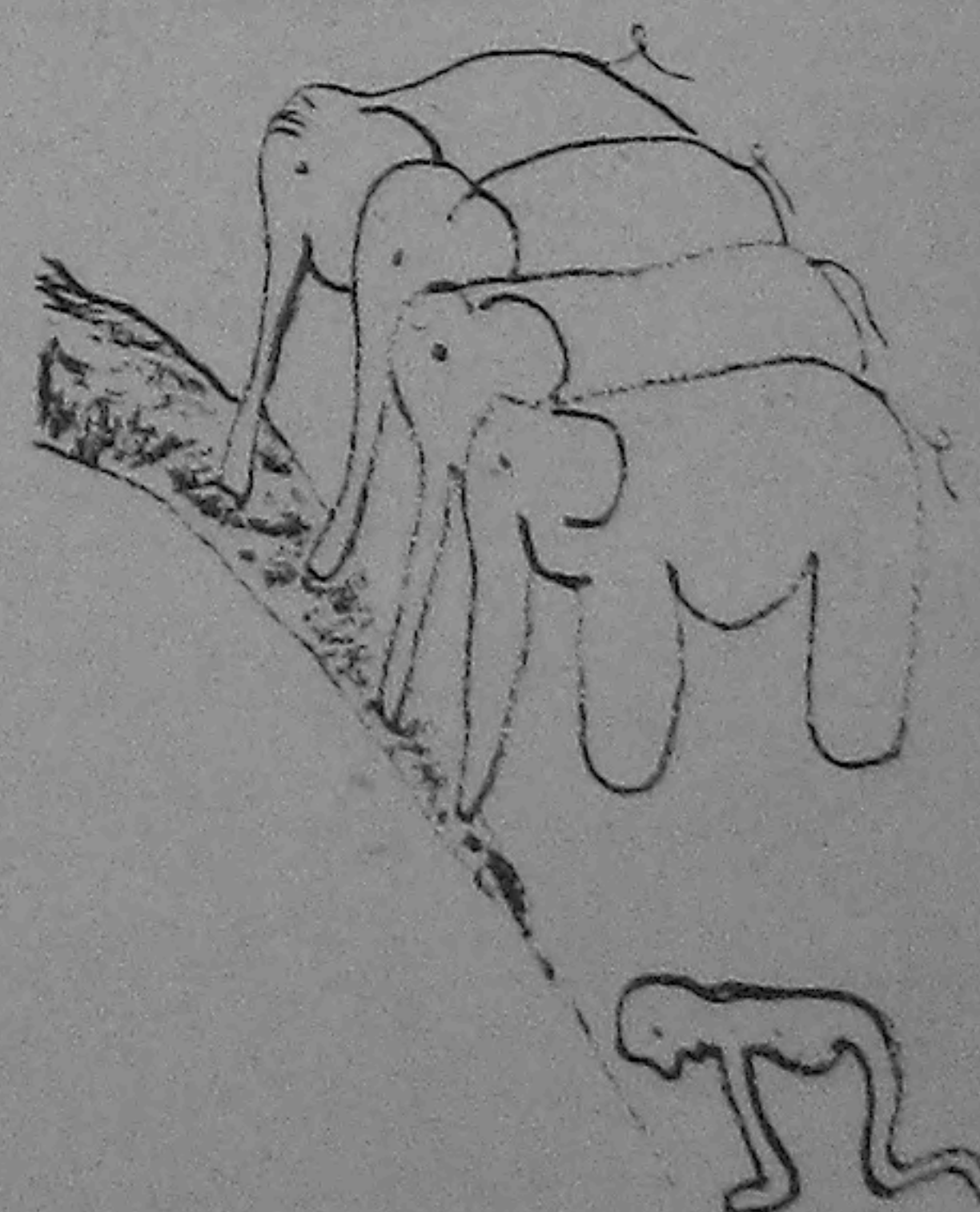
Plant me  
On the south side  
Of a mountain  
Facing the sun  
Where hopefully  
I can give sustenance  
To a tree  
Clinging

To  
A  
rock.

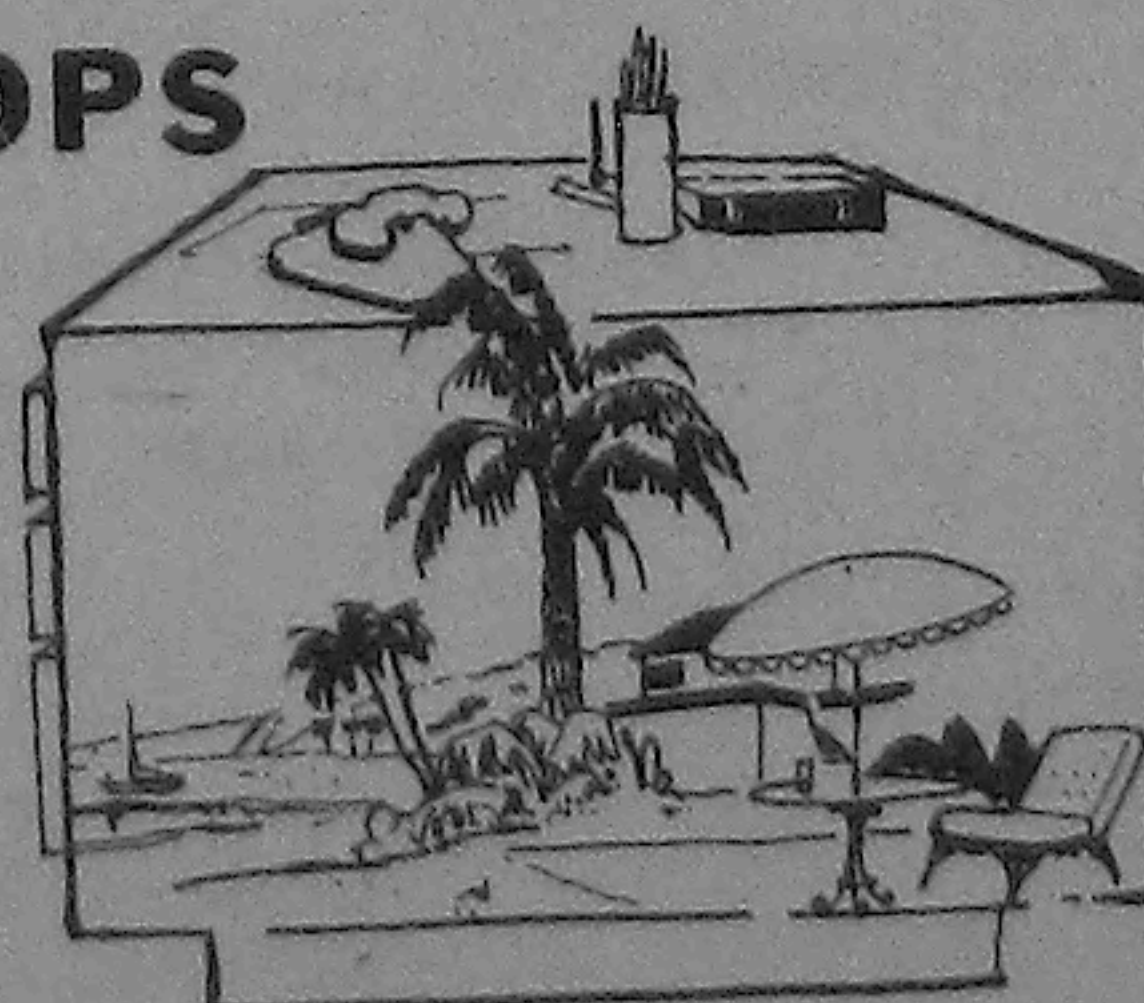
June Johnson and  
Molly Dexall.

FRANKFURTER

ZZZZZZZZZZI ZZZIII,



OPS



Order yours today.

POETRY



# more poetry

## TOGETHER

This word can stand for many degrees.  
 Together can stand for this, when  
 Two people love and care for each other.  
 When they show their true love in  
 a special way.  
 Together is wonderful in its own-  
 way.  
 Remember when two people split up and  
 They come back together that is the real  
 meaning of together.  
 I know this is true for I lived it.

P.S. Together is wonderful if two share it.

Francis MacKenzie.



## JOSEPHINE

Whirl away, foolish kitten,  
 chase after your vanishing tail,  
 take heroic, crazed leaps at the birdcage,  
 impossibly high out of reach.

Soon enough you're the cunning huntress,  
 stalk with meticulous care  
 more appropriate, catchable prey  
 for a sensible, grown-up cat,  
 embarrassed by slightest reference  
 to kittenish indiscretions.

Yet I remember a day, quite recent,  
 with great dignity and pride  
 you sprang from the kitchen window,  
 laid delicately across my feet  
 a writhing, still fresh, skipping-rope.  
 I tried not to laugh.

Poor city cat,  
 not your fault,  
 you'd never met a snake.

Dave Beamish.

## TIME

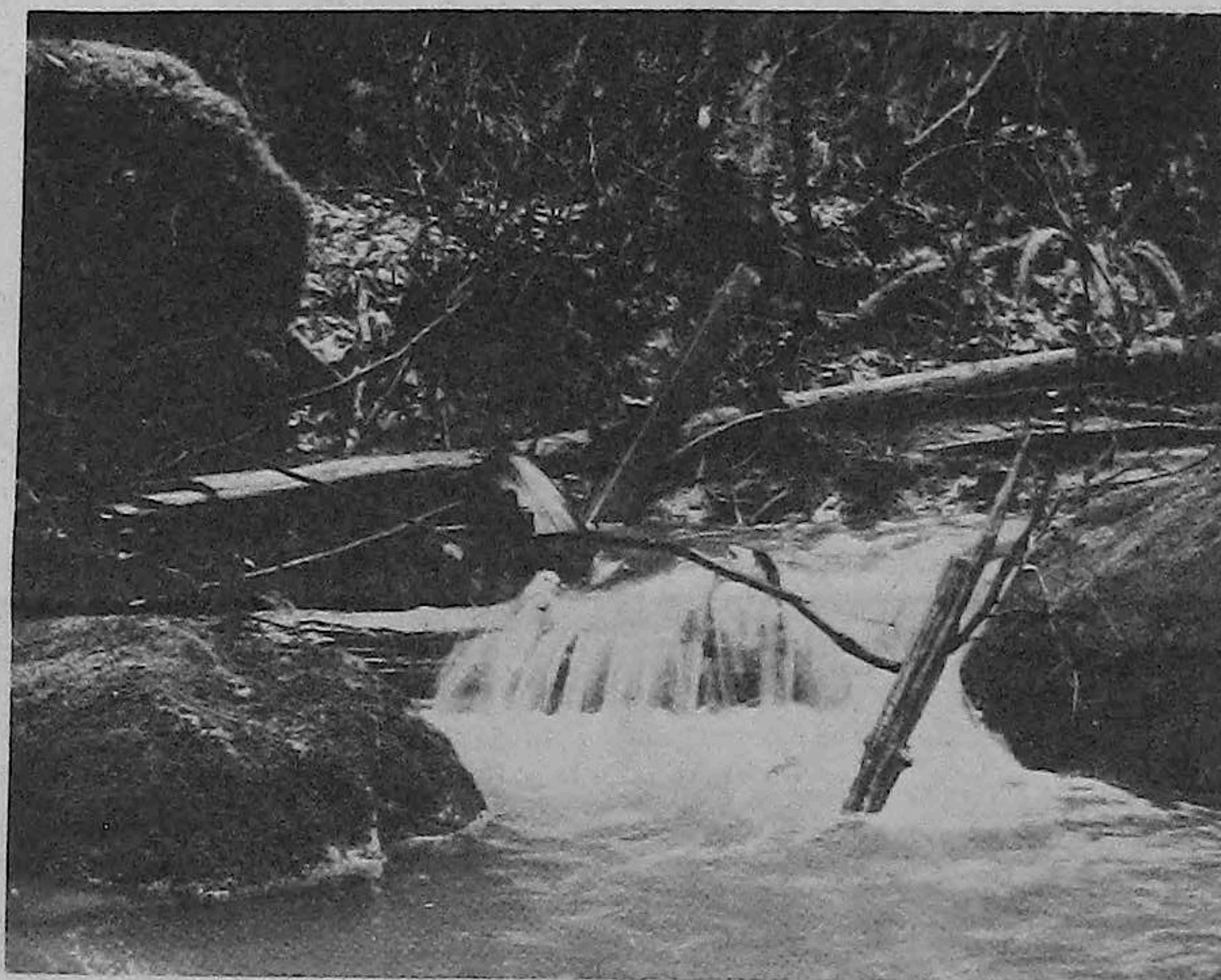
I have time on my hands;  
 So much time on my hands.  
 Time to think,  
 Time to understand,  
 And time to wander  
 Most of the time.

All this time  
 I have to wonder.  
 Because:  
 I have the time, time, time.

I used to be a slave.  
 Work's no good for me;  
 Only free time.  
 So I'm content with my time.  
 On! On my hands.  
 So I'm content with my time;  
 So much time,  
 I have so much time.

See the breeze, feel the trees.  
 See the waves, feel the ocean.  
 See how many ways  
 You can see.  
 Cause I took the time.  
 Time, time, time.  
 So much time of my side.

Feeling free!  
 With so many to see,  
 on the way to my grave,  
 I'll know.



WE ARE THE PEOPLE  
 who run wild and free,  
 But our land is being  
 ruined, so our running  
 and being FREE is limited.  
 We shall stand together  
 and fight for what is ours,  
 so that OUR children  
 shall run wild and free.  
 That they shall live  
 In harmony with the  
 White man.

Misty.



May many suns shine,  
 on your everyday. So  
 my brother the Sun can  
 shine your way to the  
 end of the day that should  
 never end.

Misty.

Cause I have time.  
 Cause I need time.  
 So much time time,  
 On my hands,  
 In your hands,  
 Oh - Oh the time.

lyrics by David John Millen.

## BULLDANCE NO. 2

Christ said that men are less than  
 Tiger lilies.  
 Chuang Tzu has it that we are butterflies.  
 Maybe the soul has the shape of  
 the golden dome of  
 Jerusalem,  
 a red arrow's thrust  
 and the fat of a walrus.  
 What strange songs the serpent sings!

## BULLDANCE NO. 3

The iron christ, Flayed and thawed by the sun  
 (no ram's horn)  
 spins a green spear down from his plangent side.  
 Cells dissolve, ferns unwind the braided robe  
 and a myriad gods gaze on a retreating earth.

Al Todd.

## TOO MANY LONG DAYS

Too many days  
 lie long  
 long in lassitude

Too many long days  
 cannot move my mind  
 from mooning, mourning

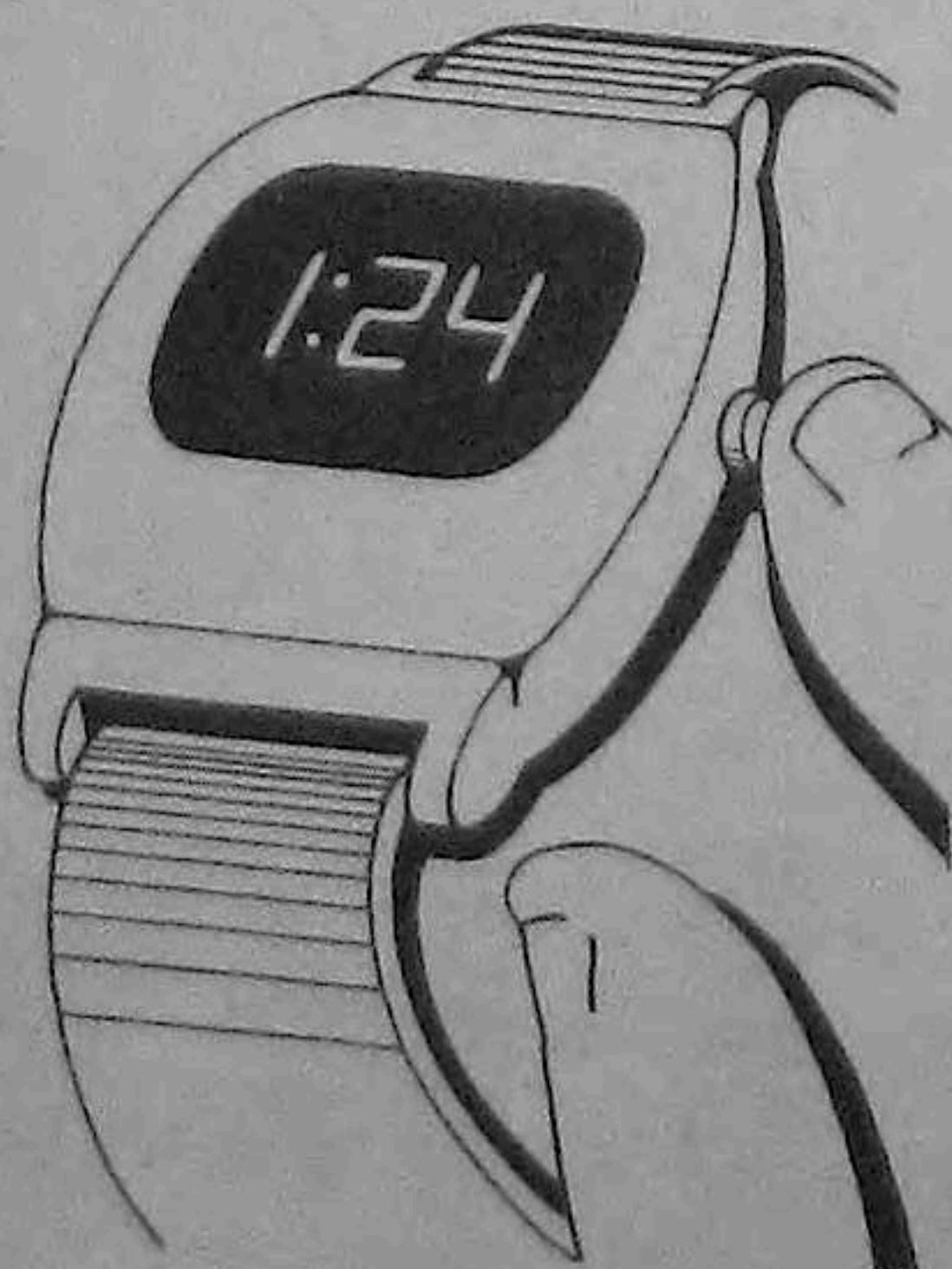
Too many long days  
 cannot stir my body  
 from its motiveless  
 maundering way

Too many long days  
 expect a full beard  
 touch instead  
 one slow day's gray growth

Too many long days  
 count endless raindrops  
 falling  
 no one else hears

Too many long days  
 too many long days  
 too many long days...

Dave Beamish.





# TOO MUCH ABUSE

In all interactions between human beings there is a potential for physical or emotional abuse. Fortunately in most instances individuals set limits beyond which they will not tolerate another's behaviour. And with this setting of limits and respect for the other person's being, social intercourse and transactions are possible.

But put one of the individuals in the unnatural setting of a mental hospital where another individual or individuals - doctor, nurse, orderly, or attendant - holds unconditional power over the patient, and the potential for abuse is greatly increased. Some people enjoy exercising power over others. In a mental hospital, power can be an awesome weapon, particularly where conditions are neither ideal, nor even normal.

Some members of M.P.A. have experienced physical or emotional abuse in psychiatric hospitals, by reason of forced shock treatment, forced and unexplained chemotherapy, and through a variety of situations in which the mental patient is made to feel socially and intellectually inferior to mental health staff.

The mental health professionals and workers who treat patients fairly and as equal human beings quickly become known to all of us, like Vince, Doris, Brenda, Ken, Fred, Neva, Marj, Len, Harold, Bill, Kaye, Bobby and many, many others in V.G.H. Health Sciences, Riverview, St. Pauls, etc.

The heavies also become well known. Rumours of abuse spread quickly amongst mental patients, potential patients, and relatives.

Fear of abuse plays a large part in preventing those who need help from seeking it, and is at the root of the dread of hospitalization amongst M.P.A. members. I have personally been informed of two nurses who pinioned and slapped a woman patient at Lions Gate Hospital; of a doctor at Riverview whose patient was denied visitors with no explanation and no apparent reason; of a male nurse who struck a patient in Westlawn, Riverview, then kicked him after he fell to the floor. I received a call from a staff member at Lions Gate pleading that M.P.A. "do something" to prevent a patient who was neither depressed, psychotic or aggressive from getting electroshock treatment he had refused in great fear. Luckily he was able to engage a lawyer just in time to avoid the scheduled treatments - but only because he was financially able to do so, and had all his wits about him.

A few weeks ago I took a call from a Riverview staff worker who had witnessed one of two nurses strike a patient in the face and injure his nose. The staff worker who phoned could no longer stomach this and other abuse and had called M.P.A. because there was nowhere else to turn for help. Unfortunately M.P.A. is powerless to do anything in cases like this but to encourage those involved, both patients and staff, to lay charges of assault. So far no-one has dared.

And why won't those involved take action? Our guess is that staff members sensitive to brutality are so intimidated by their abusive colleagues or so fear-

ful of losing their jobs that they won't speak out, except anonymously.

We know only too well that patients won't speak out for a variety of reasons: fear of reprisal by those in control over their bodies and minds; fear of publicity - (no-one in his or her right mind, or unright mind, wants to be publicly identified as a mental patient); possession of such a poor self-image or guilt feelings that abuse seems relatively unimportant or just apathy over abuse engendered by heavy medication, or the nature of their illness itself.

We would like to see a full and immediate investigation of every case of assault; a physical examination of the person abused, by a physician outside the institution, and immediate transfer of the patient to another institution. Until a patient advocate or ombudsman or patients' rights office becomes a reality in B.C. mental health facilities, we would like to suggest the use of lawyers or M.P.A. members as a part of investigations into assault. M.P.A. members are already filling an advocacy role on Review Panels.

As a secondary referral institution Riverview now admits the "sickest" people in the province. Thus it has become a more difficult place in which to work, compared to the psychiatric units of acute care general hospitals, or care teams in the community. There are a good number of very dedicated, very idealistic people at Riverview who accept their difficult role by reason of their own humanitarian feelings and the know-

ledge that they can truly help the mentally ill in their care. And, obviously, there are others who are neither concerned nor caring. These few can make life a hell for fellow staff members and more particularly for patients.

Dr. Ralph Shulman of Vancouver General Hospital, and an M.P.A. member have both publicly expressed the importance of rotating staff throughout the mental health system, within and without the institutional setting. Surely these recent assaults serve to emphasize the importance of doing everything humanly possible to reduce the frustration and overreaction of staff to the demands of their job. This is not to excuse those who actually strike patients. They should be immediately dismissed, and suitably dealt with under Section 20 (2) of the B.C. Mental Health Act which states that:

"A person employed in a Provincial mental health facility or a private mental hospital or any other person having charge of a patient who ill-treats, assaults, or wilfully neglects a patient commits an offence punishable under the Summary Convictions Act."

The membership of M.P.A. abhors violence whether from patients or staff. We hold hospitals responsible for their failure to investigate reported cases of violence and for their failure to devise safe and anonymous systems of reporting both from patients and staff. It is our feeling that the reports which have come to us represent a small percentage of actual cases of abuse.

Jackie.

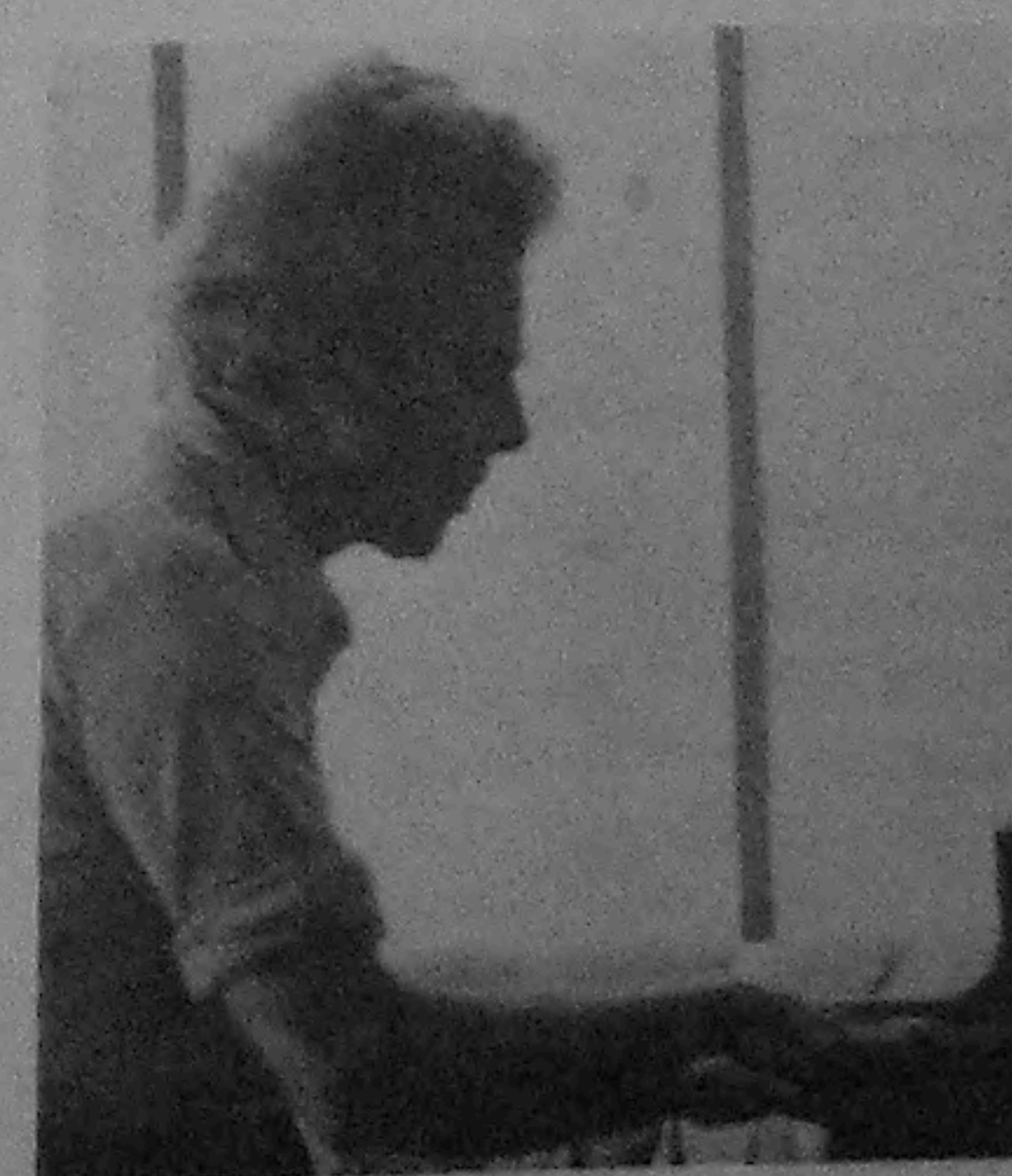
## What's good about being on WELFARE?

I am on welfare, my life is not easy. For one reason I only get one hundred and sixty a month. Ninety dollars of my precious money goes on rent alone. And the rest goes on food, clothing, blankets to keep me warm when the heat is off, as I may not have any money for my electrical and heat bill. When I go to my social

worker, besides feeling guilty about not having money to pay it, he sits back and says, "If you can't pay it, freeze for the rest of the month." Sometimes I run out of money to pay bills so I can't buy food. So the worker gives me a food voucher of five or ten dollars. When a welfare recipient goes to get food with a

voucher the store treats you very poorly. It's also very embarrassing. You feel a little bigger than two inches. So what's good about being on welfare, the money?

Linda Haidei



AL'S MORNING SERENADE



# HOUSING DESIGNATION

ONE SMALL STEP FOR M.P.A. - one giant stride for humanity.

Three years of persistence by M.P.A. and the support of many individuals and groups throughout the city of Vancouver have paid off. On October 5, 1976, City Council approved the recommendations of the Standing Committee on Community Services with the exception of Section E in which aldermen insisted neighbours must continue to be notified when halfway houses plan to move into their neighbourhood.

The recommendations are:

A. THAT all Group Homes, Halfway Houses and related types of facilities be designated "Community Residential Facilities" for civic by-law and administrative purposes.

B. THAT the following definition be added to the zoning and development by-law and apply to all development

permit applications concerning Community Residential Facilities:

## DEFINITION

A Community Residential Facility shall mean any group-living arrangement for a maximum of ten (10) persons with physical, mental, emotional, or related handicaps and/or problems, that provides food and/or lodging and that is developed for the personal rehabilitation of its residents through self-help and/or professional care, guidance and supervision.

C. THAT community Residential Facilities be permitted as a conditional use in all commercial and residential areas.

D. THAT the development permit application for a Community Residential Facility be subject to the approval of the Director of Planning, after recommendation of the Director of Social Planning and that as a general guideline community residential facilities

should not constitute more than 10% of the population within a two (2) block radius.

E. THAT notification of neighbours respecting a proposed Community Residential Facility be at the discretion of the Director of Planning, after recommendation of the Director of Social Planning.

F. THAT the Director of Legal Services and the Director of Planning report to Council on the necessary by-law amendments.

M.P.A. couldn't be more delighted with the progress that has been made around the crucial zoning issue which has prevented residents of halfway houses from legally integrating with the general community. Our members represent a cross-section of people from all areas of society - yet citizens refuse to recognize their responsibility to facilitate the return of people to similar neighbourhoods from which they have come.

People blatantly suggest that ex-mental patients go somewhere else, anywhere else but where they, the citizens, are currently living. Their children, copying their parents' narrow vicious views, taunt our residents until living in the neighbourhood becomes intolerable. Such was the case with our house at 8th and Semlin in Vancouver. From our current knowledge of the incidence of mental breakdown it is likely that some of those very children who threw eggs at our door, who made funny faces and giggled, will themselves become mental patients. We would hope that they will receive more compassionate and responsible treatment than their parents were willing to give while we lived amongst them. Of course it is easier to legislate zoning changes than compassion!

-Fran Phillips -

## VANCOUVER FOUNDATION

### GRANT

The Drop-In Centre now has a beautiful, cleanable, colourful new-tiled floor to replace the old, grey, coffee-stained, cigarette-butted carpet, thanks to the Vancouver Foundation grant. West 11th house has been able to remove all the old pots and buckets from under the rafters since the new roof replaced the old leaky one - thanks to the Vancouver Foundation grant.

The second-hand sheets, and moth-eaten blankets in our residences have been replaced with bright coloured linens and residents no longer have to be reminded that they are society's outcasts - thanks to the Vancouver Foundation grant.

Health standards in our houses have greatly improved

with the addition of dishwashers, pots, pans, etc. - again thanks to the Vancouver Foundation grant.

The lawnmowers should be a welcome relief to residents who were expected by the community to keep immaculate lawns without the necessary tools to do the job. With the remaining money we were able to buy a carpet here, some paint and wallpaper there, for a bit of redecorating.

Our members have really appreciated this very necessary help to make our Drop-In Centre and houses more livable and to allow people the dignity of a pleasant environment. To the Vancouver Foundation we express our heartfelt thanks.





# DIRECTORY INFORMATION

## HOSTEL BEDS (FREE)

Catholic Charities	150 Robson	683-0281
Lookout (Walton)	90 Alexander	681-9126
Central City Mission	233 Abbott	681-3348
VRB Night Line (If hostels full)		733-8111
St. Francis Hotel (Women)	Cordova and Seymour.	Days: 681-1920 Nights: 733-8111
Catherine Booth Home (Women)	1190 Wolfe	731-7320
City Centre Youth Resources	52 Water	688-2565
Tribal Village (teenagers)		874-9009
Cordova House	368 E. Cordova	682-6911
(by arrangement/longer term)		

## PLACES TO EAT FREE

Harbour Lights (Salvation Army)	119 E. Cordova 11:30 a.m./8 p.m.
Downtown Community Health Society	373 E. Cordova / Soup at Noon
MPA	2146 Yew St. Wed. dinner Sat. breakfast

## FREE MEDICAL

Pine St. Clinic	1985 w. 4	736-2391
V.D. Clinic (VGH)	828 W. 10	874-2331
Reach	\$2 charge 1144 Commercial	254-1354
Vancouver Women's Health Collective	1520 West 6th Ave.	736-6696
Downtown Community Health Society	373 East Cordova	685-2744

MPA DROP-IN CENTRE	2146 Yew St.	738-5177
MPA RIVERVIEW OFFICE	LOCAL 538	738-1422 521-1911

## MPA RESIDENCES:

1071 East 33 Ave.	873-1929
1754 West 11 Ave.	732-8222
1656 East 4 Ave.	253-6996
2805 West 7 Ave.	733-5733
2756 West 10 Ave.	738-5177

## LEGAL HELP

Legal Aid Society	687-1831
Legal Assistance Society	872-0271

## DROP - IN CENTRES

Coast Foundation	876 E. 18 Ave.	879-2363
Coast Fdn. Office	2940 Main St.	879-3032
Vancouver Activity Centre (CMHA)	2207 West Broadway	732-5022

## CHEAP PLACES TO STAY

Jericho Youth hostel (\$10 membership/ \$2 per night/ 4 night stay)	
Ft. Discovery and N.W. Marine	224-3208
YWCA	580 Burrard \$9 683-2531
YMCA	955 Burrard \$8 681-0221

## PLACES TO EAT CHEAP, GOOD FOOD NR. MPA

Gladys Snack Bar	4th Ave. nr. Yew
Minnie-Vern	10th Ave. nr. Yew
(till 3 p.m. only)	

## EMERGENCY

Vancouver City only	
Fire & Inhalator	
Police/Police Ambulance	911
Ambulance	

## HOSPITALS

Vancouver General	876-3211
St. Pauls	682-2344
Health Sciences (U.B.C.)	228-3731
Riverview	521-1911
Lions Gate	988-3131
Burnaby Mental Health Centre	434-4247
Shaughnessy	876-6767

## CRISIS LINES

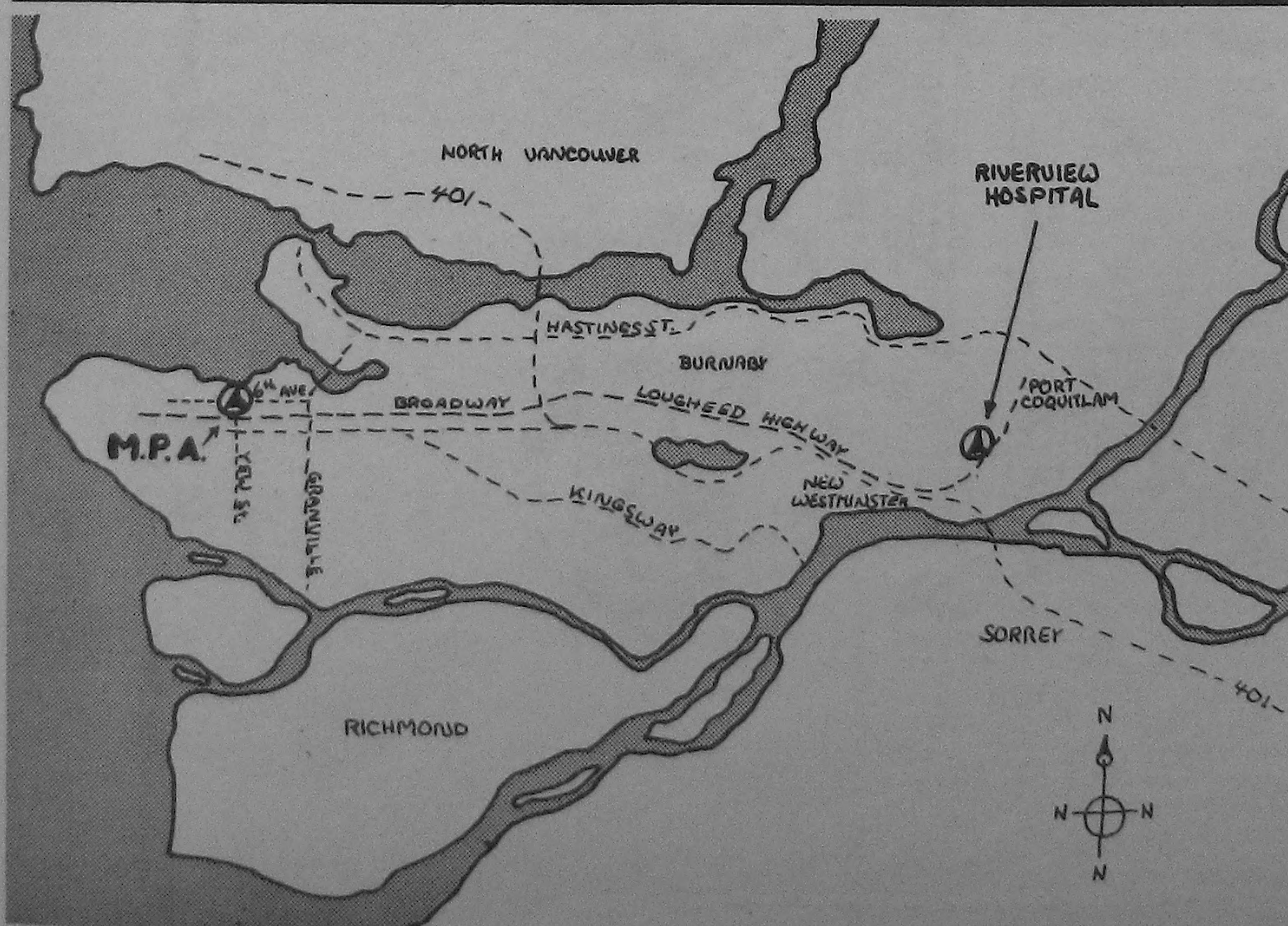
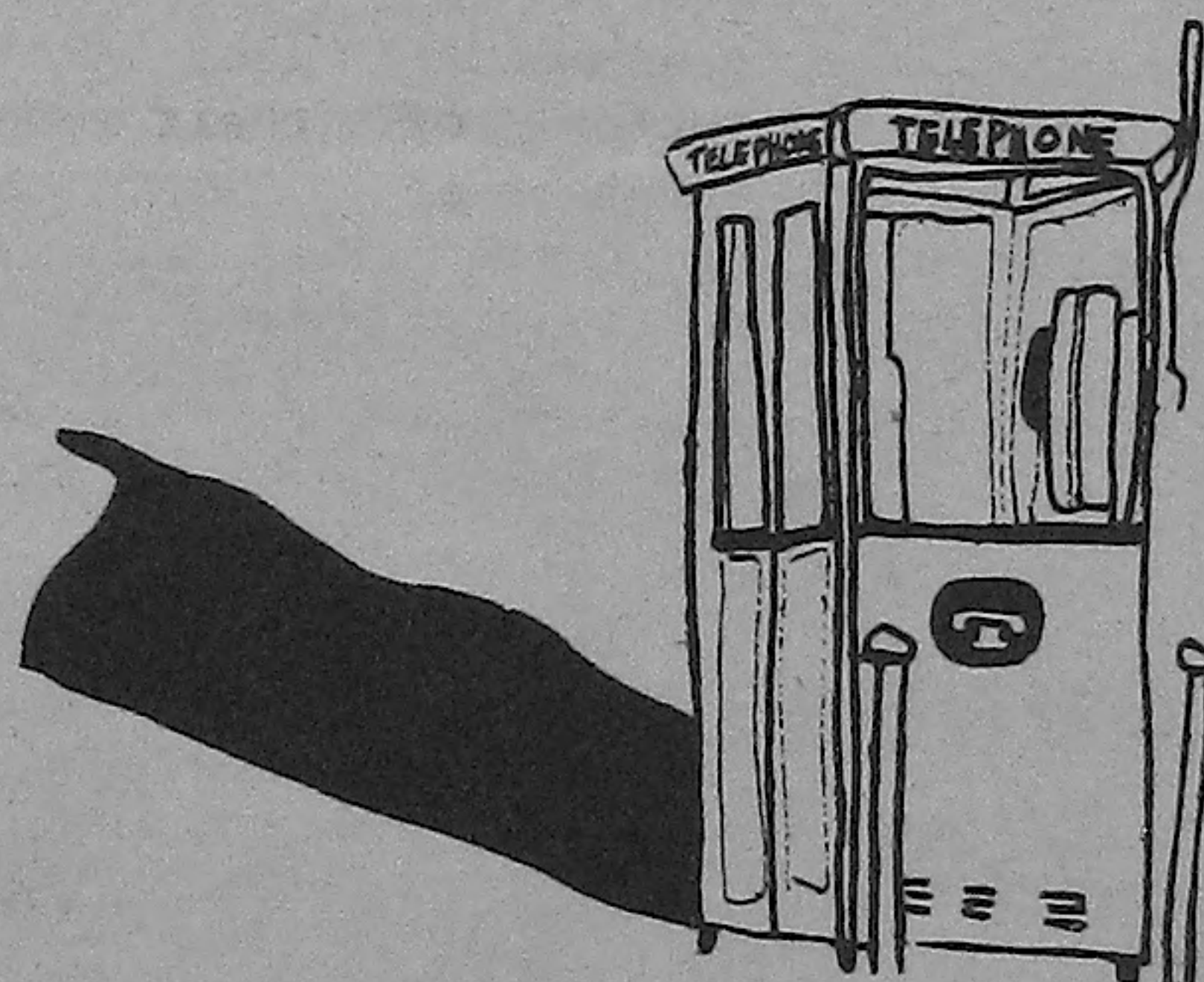
Crisis Centre	733-4111
Now (Youth Line)	733-4115
Chimo (Richmond)	273-8701
Lifeline (Coquitlam)	526-4444
MPA	738-5177

## FREE DENTAL

V.G.H. 9 - 12 weekdays	876-3211
Emergency 6p.m. - midnight	874-9848
Reach 1144 Commercial	254-1354
\$2 charge if no medical card	
Gordon House 1068 Davie St.	683-2554
Tue. 7-9 p.m. free/ first come first served	

## OTHER USEFUL SERVICES

The House (soft drug bummers)	732-3301
Multi-Use Centre 44 E. Cordova	684-1744



## HOW DO YOU GET HERE?

Catch the 933 Lougheed Pt. Coquitlam bus at the Tuck Shop. Get off at Hastings and Granville Sts. in downtown Vancouver. Transfer to a 10 UBC or a 7 Dunbar bus and get off at Broadway and Yew Sts. Then walk down Yew to 6th Ave.



## HOW MUCH DOES IT COST?

Buy a 50¢ bus pass on Sunday and you can travel on it all day. At other times fare is 25¢ from 10-3 every day and after 7 every night. It's 40¢ other times.



# The Great Pumpkin

THE GREAT PUMPKIN, M.P.A. VERSION. Cry your eyes out Schultz.

Hallowe'en is upon us and the moon is setting low over the M.P.A. Drop-In Centre. The witches and goblins called a meeting (of course) and after wrangling for a half an hour or so "Lacy" finally won out and took the chair. (Her name has been changed to prevent the community care team from returning her to Riverview).

Everybody had gathered around to plan a far-out Hallowe'en party but "Loopy" created a diversion by collecting all the Vancouver Resource Board signs from the windows, lamps, pictures etc., and posting them in the toilet. We called him before the meeting and accused him of violence and of disturbing the quiet enjoyment of the V.R.B. employees who thought their signs were being conspicuously displayed in our Drop-In Centre.

Woodcock was Loopy's most vocal defender. He screamed and flapped his wings everytime anyone tried to speak. He successfully shut off debate by claiming the toilet was an appropriate place and certainly as conspicuous as anywhere else to display V.R.B. signs.

As usual the witches and goblins split down the middle when it came time to

vote. Lacy was forced to break the tie. As a result Loopy was banned to the doghouse. He collected his helmet and goggles and left in a huff.

Shortly after, the police dropped by to investigate a report from neighbours that they saw a doghouse flying through the sky shooting bursts from a machine gun and piloted by someone who fitted the description of one of our members. We immediately set up a committee to organize psychiatric help for the neighbours.

By this time, the meeting was in a shambles - everyone accusing everyone else of power-tripping. Meanwhile Troeder played the Moonlight Sonata over the din.

Snarly Brown finally took the floor by ignoring Lacy who was insisting he was out of order. He made it on a point of information - that "Mynas" was rendered catatonic by all the noise and confusion and was standing immobile in the centre of the meeting sucking on his blanket. The entire group centred their attention on poor "Mynas". Some argued there was no point in sending him to Riverview; his past 15 admissions had really done nothing to solve his problems. Others argued that to leave him with no

help was cruel and unusual punishment. Others suggested sending him to England for a crack at 3 months of sleep therapy. Since he already had the blanket we decided that the proceeds of the Hallowe'en party would be used to pay his fare. Big-pen immediately offered to accompany him providing we pay his fare and put him on full coordinator's salary. Lacy stepped down from the chair to insist that Big-pen agree to be deloused and take a bath before he would be considered. She pointed out to the meeting that as a long-standing member she should be considered for the job. Besides she offered to do the escorting for half the salary.

When Snarly Brown objected to her manoeuvrings she offered to hold a football for him and let him kick it through the remaining large window of the Drop-In Centre. She jumped to the centre of the room, knocking over Mynas in the process, held the football and promised not to pull it away this time. Snarly Brown was last seen sailing through the DIC window. Fortunately it was one of the smaller panes.

If you wanted a story about the Great Pumpkin you can damn well think it up yourself.

Linda, Doreen & Fran

FLASH: Come to party at the Drop-In Centre; October 30th!